

**The Role of Metaphor in Culture, Consciousness, and Medicine:  
A preliminary inquiry into the metaphors of depression in Chinese and Western  
medical and common languages**

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**Abstract**

After examining the modern theory of metaphor against the background of progress made in the understanding of consciousness, language, and cognition, the discussion approaches the role of metaphor in the construction of medical systems in China and the West. An inquiry into the metaphors used in the expression of emotion in English and Chinese follows. The greater portion of the article focuses on the metaphors of depression in Chinese and English common languages, and the metaphorical implications of the respective medical heritages in each of these. The possibility that the sharing of medical metaphors cross-culturally has broad implications for the deeper understanding of human dysfunction is approached. The inquiry also demonstrates that anyone reaching across cultures to treat Westerners with Chinese medicine, or Chinese with Western psychology/biomedicine, can benefit greatly by learning more about the basic structure of conceptual metaphors in each system. It is shown that this exercise allows for greater sensitivity to patients, more flexible treatment strategy, and better communication.

**I. Introduction—The contemporary approach to metaphor**

*In the past few decades, many scholars have argued that metaphor is not simply a form of speech but more fundamental: a form of thought with its own epistemological functions. Metaphors and other tropes not only serve as the foundation for much everyday thinking, they also continue scholarly theory and practice in a variety of disciplines, as well as providing much of the foundation for our understanding of culture.*

– Raymond Gibbs (1994, p. 122)

A metaphor is defined by American Heritage Dictionary (1992) as a figure of speech “in which a word or phrase that ordinarily designates one thing is used to designate another, thus making an implicit comparison.” In every language, metaphors abound. In English, when we say that *your eyes are pools of moonlight*, this is a clear demonstration of metaphor. When we say *I see what you mean*, however, the metaphor UNDERSTANDING IS SEEING (Gibbs, 1994, p. 158) is less obvious. This second example is an instance of what are called *conceptual metaphors* by the contemporary theory of metaphor, the cognitive perspective that separates linguistic from conceptual metaphors and claims that “metaphorical language is merely a surface manifestation of conceptual metaphor” (Yu, 1998, p. 32).

Many prominent cognitive linguists and psychologists have begun the task of uncovering conceptual metaphors in English and other languages. Their work is shaped by the notions that the way we think about and experience ourselves is revealed in the

metaphors we use, that the way we normally think is inherently figurative, and that existing metaphors in our language have a widespread influence upon the creation of ourselves and our world. A widely cited example of such a dynamic is our understanding of life in terms of a journey. The LIFE IS A JOURNEY metaphor is manifested in expressions such as ‘He got a head start in life’ or ‘I’m at crossroads in my life’ (Lakoff, 1994, as cited in Yu, 1998, p. 18), and points to the fact that we understand life metaphorically as a journey from a starting place to a destination. This view, which looks at language as an expression of deep underlying conceptual metaphors, differs from the much-debated Whorfian view of linguistic determinism, which espouses a position wherein language actually reigns in thought by imposing an implicit structure on consciousness (Gibbs, 1994, p. 440).

Proponents of the contemporary approach to metaphor have repeatedly pointed out that we use available models—the human body existing as the most basic—to create the metaphors we employ. The embodiment hypothesis in the study of metaphor asserts that “human beings systematically characterize abstract ideas—thoughts, religious beliefs, political and ethical situations—in terms of bodily movements and bodily functions” (Rohrer, 1995, p. 2). The above-cited LIFE IS A JOURNEY metaphor can thus be traced back to the embodied experience of motion, and the notion that we are moving through life as if moving through space.

Because concrete, direct understanding of the body is limited, it follows that many of our own interpretations of bodily experiences must rely on conceptual structures other than the body itself. Researchers in cognitive linguistics have thus also pointed out that in our quest to interpret the processes of the body (including emotions), we consistently turn to other natural and created systems in our environment to fashion the metaphors we use. Such systems include nature, technology, science, and religion.

While embodiment is hypothesized to create our impressions of external models, nature and human constructs are also hypothesized to influence our understanding of body. Language and thought and what they describe are thus engaged in a cyclical, interactive process. Our interpretations of ourselves create the world outside us, and the world outside us in turn influences the way we understand ourselves. Mihalyi Csikszentmihalyi (1993), in explaining the effect of environment and culture on consciousness, describes this interface precisely.

At the moment of its creation, the meme\* is part of a conscious process directed by human intentionality. But immediately after a meme has come into existence, it begins to react with and transform the consciousness of its creator, and that of other human beings who come into contact with it...So even though memes are initially shaped by the mind, they soon turn around and begin to shape minds. (p. 120)

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\* Memes, according to Csikszentmihalyi (1993), are “patterns of behavior, values, languages, and technologies” (p. 87).

The notion of embodiment places the human organism at the core of such interaction. As Yu (1998) puts it, “The locus of [this] interaction is the human body; the human body is the result of such interaction” (p. 22).

A basic tenet of the contemporary approach to metaphor, one which emerges directly from the embodiment hypothesis, is that as humans, we *map* structures of understanding from ‘nonmetaphorical’ domains onto concepts less concrete. These maps are based on *image-schemas*, or “concepts that have directly understood structures of their own” that “are used metaphorically to structure other complex concepts” (Lakoff, 1987, as cited in Yu, 1998, p. 27). The process of mapping thus allows us to reason abstractly and to talk about concepts that, without metaphors based on spatial and bodily experiences, we could not grasp concretely. In the case of LIFE IS A JOURNEY, when we say that ‘We’ll cross that bridge when we come to it,’ we are in essence mapping the concrete experience of crossing a physical bridge onto the more abstract concept of anticipated challenge. The image-schema underlying this mapping would be the SOURCE-PATH-GOAL schema, “one of the most common schemas that emerges from our constant bodily functioning” (Yu, 1998, p. 27). In this schema, we understand many categories of experience, emotion, and abstract reason through the basic bodily experience of movement from a starting point to a final destination, or movement through space.

The notion of mapping depends upon the fact that “a significant part of our conceptual system consists of nonmetaphorical concepts” (Yu, 1998, p. 12). If everything around us is construed according to deep-seated, sometimes unconscious conceptual metaphors, however, the notion of ‘nonmetaphorical,’ or ‘literal’ language/thought becomes tremendously slippery. What does it mean to say something literally when even our own understanding of self is constantly engaged in a co-creative interface with the changing environment? As Gibbs (1994) has observed, “People cannot reach a stable, unambiguous literal meaning for texts devoid of context and shared knowledge between authors and readers” (p. 75). Because of this context-specific aspect of language, it is difficult to say what ‘literal’ exactly means. However, for purposes of research and discussion, various forms of figurative or non-literal speech have been separated from what is likely to remain a vague definition of literal meaning (Gibbs, 1994). In this case, literal language is only available for situations that do not require the use of figurative speech and/or thought. This is a significantly narrower definition of literal than is used in the traditional objectivist sense, and presumes that metaphor, rather than literality, is the norm once one gets away from “concrete physical experience” (Lakoff, 1994, as cited in Yu, 1998, p. 12).

In the quest to differentiate literal versus figurative speech, researchers have also gone beyond description, turning to neuro-physiology for a potential answer. Some of the studies based on this approach suggest that the understanding of figurative speech is centered in the right hemisphere, while others suggest that both the left and right hemispheres work in concert to produce understanding (Rohrer, 1995). Still other experimental evidence shows that figurative language comprehension doesn’t differ at all from literal language understanding (Gibbs, 1994). The fact remains, though, that language in general, figurative or not, is a difficult phenomena to understand by merely

looking at the human brain. The evidence to date on figurative versus literal language and brain physiology simply does not allow any concrete affirmation of what exactly the difference between the two forms of representation are at a biochemical level, nor can we conclude based on the extant evidence that there even is indeed any difference.

The search for the meaning of literal vs. figurative language benefits from looking at research into consciousness that suggests that core consciousness is not linguistic to begin with. The widely respected neurologist Antonio Damasio (1999), based on years of research and scientific inquiry, describes core consciousness as the nonverbal prerequisite to verbal interpretation. In his words;

Core consciousness occurs when the brain's representation devices generate an imaged, nonverbal account of how the organism's own state is affected by the organism's processing of an object, and when this process enhances the image of the causative object, thus placing it saliently in a special and temporal context. (p. 169)

Further levels of consciousness, emotion, and self, Damasio argues, derive and evolve out of this core consciousness. Extended forms of consciousness include bodily awareness, feelings, and language. "Language," he says, "is a major contributor to the high-level form of consciousness which we are using at this very moment, and which I call extended consciousness. Because of this, it does require a major effort to imagine what lies behind language, but the effort must be made" (p. 108). This line of reasoning suggests that language is a translation of nonverbal images formed through the interactive process Damasio terms core consciousness. Certain aspects of these translated images, contemporary metaphor theorists argue, can be glimpsed by looking at conceptual metaphors.

## **II. Metaphor and Culture**

*Every culture is based on assumptions so taken for granted that they are barely conscious, and it is only when we study highly different cultures and languages that we become aware of them. - Alan Watts (1975, p. 11)*

As shown above, the structuring of consciousness, language, and metaphor is a process entailing the interaction of environment and body, self and other. According to the notion of embodiment, the metaphors we use both construct and are constructed by our bodily experiences. All humans have bodies, and thus it might be presumed that conceptual metaphors access an aspect of humanity that is universal. As Yu (1998) points out, however, "Bodily experience can only tell what are possible metaphors. Whether these potential metaphors are actually selected in a given culture is largely dependent upon the cultural models shared by individuals living in this culture" (p. 43). The interactive nature of consciousness, language, and metaphor asserts that environment, behavior, values, technology, and culture all influence the way we understand and experience ourselves and vice versa. If culture can then be understood as a constructed reality, in different times and in different places people's understanding of their embodied experience is apt to differ.

Looking at metaphors across cultures can further our understanding of how we differ from other humans based on cultural constructs that shape our world-views. “Culture and biology are mutually dependent and coexistent,” says Yu (1998), “For this reason, a complete study of human meaning must include both ‘encultured’ and ‘embodied’ meaning, so as to reveal the whole picture of human cognition in terms of how it is relative across different cultures and universal among all human beings” (p. 46). If searching for the deep underlying metaphors in our own language provides us with the opportunity to glimpse a core conceptual framework that we were previously unaware of, then looking at other languages and the metaphors in other languages is all the more important. By doing so, we can further our understanding of ourselves as conscious human beings with perspectives both similar to and different from humans in other cultures.

Communication across cultures is another huge implication of cross-cultural research into conceptual metaphors. As Unschuld (1998) has shown, when metaphors used by one culture or community are unavailable or inaccessible to those from another culture seeking to start a conversation is apt to be fraught with difficulty.

When such metaphors are unavailable, or transcend readily available experiences, (as for instance when scientists speak of a “curved space”), then it is most difficult for the layperson to follow the progress of knowledge, and a gulf develops between those who understand and others who do not. (p. 24)

This can arguably happen across cultures, as well as across medicines, whereby one practice uses metaphors that are not readily available to another. Uncovering conceptual metaphors then becomes a concern of utmost importance. In the modern world, where globalization demands effective and compassionate communication across cultures, and treatment across medical boundaries requires the use of metaphors based on cultural experience, the undertaking is even more pertinent.

Beyond the search for cognitive universals, or even the search for more productive ways of communication, the investigation into conceptual metaphors in languages and cultures other than our own has very practical implications for the expansion of our own way of thinking about ourselves and the world. Muhlhausler (1995, as cited in Yu, 1998) “believed that intensive study of non-Western metaphorical systems would even help solve problems such as social, technological, environmental, and philosophical in Western cultures by ‘generating alternative ways of looking at things’” (p. 46). As will be evidenced in the following discussion medicine could and should be included on this list.

### III. The Metaphors of Medicine: Western and Chinese

*The ideas of a nature of a healthy organism, or illness, and of appropriate therapeutic interventions that develop in medical systems, in China as in Europe, are highly reflective of the social and physical environment of the thinkers who developed these systems. Systems of medical ideas are, therefore, metaphors in themselves, revealing at least as much of the world where their authors lived, or would have preferred to live, as of what they tried to explain.*

- Paul Unschuld (1998, p. 23)

Examples of how medicine has been interpreted metaphorically through environment, culture, and available technological models abound. In Western medicine, Unschuld cites the following examples:

- Galen adopted images taken from the kitchen and from winepresses.
  - Paracelsus compared human physiology with the processes he had witnessed in the Carynthian foundries.
  - Descartes likened the organism to the mechanism of a clock-work.
  - Virchow explained the coexistence of cells on the basis of the coexistence of people with equal rights in the democratic society he envisaged.
- (Unschuld, 1998, p. 23).

In the field of Western psychology, Johnson (1995) cites Vroon and Draaisma (1990) in asserting that “the history of psychology closely parallels the availability of metaphors” (p.2). The examples given to support this statement are as follows:

- The wide availability of steam power in the late nineteenth century coincided with the genesis of psychoanalytic theory.
  - A telephone exchange, viewed as a black box, can be seen as a motivational metaphor for behaviorism.
  - The availability of radio and radar paralleled the rise of parapsychology with notions of waves, transmission, coding and noise.
  - Along with the computer revolution came modern cognitive psychology with models that share many notions with computer science, or are indeed described by programs.
- (Vroon & Draisma, 1990, as cited in Johnson, 1995, p. 2)

In keeping with the interactive notion in contemporary theory of metaphor, these externally generated, or environment-based metaphors, interact with embodied experience to create a complex interpretation of disease, treatment, and the quest for health.

In the case of Chinese medicine, conceptual metaphors have also been the norm for thousands of years. Nigel Wiseman (1995) describes the use of conceptual metaphor as “understanding by analogy,” differentiating this from “naming by analogy,” which he

calls metaphor (p. 45). An example of such analogical thinking in Chinese medicine is apparent in the following statement, taken from Ellis (1996, p. 7):

- Acupuncture points are holes into the body just as caves are holes into the earth.

Though this statement certainly qualifies as an analogy, it is also a *relational* metaphor, a subtype of metaphor whose “interpretation consists of a set of common relations rather than a common set of object descriptions” (Gibbs, 1994, p. 244). In this sense, relational metaphors are conceptual rather than merely verbal, and link embodied with encultured or environmental experience. In the above example, the embodied experience of having an acupuncture point needled or pressed is understood in terms of the environmentally generated experience of a cave and the access given by such a structure into the earth’s depths. It is interesting to note that people’s preference for relational metaphor as more understandable and more aesthetically pleasing has been experimentally shown (Gibbs, 1994, p. 245). This may point to the fact that creation of conceptual metaphor is based in an interactive, relational process, rather than just a one-sided imposition of environmental metaphors onto the experience of disease or vice versa.

Regardless of the implications of such a preference, the inclination towards relational metaphor has manifested in the relatively widespread use of relational metaphors in both English and Chinese. As shown above, Western medicine is far from free of such analogical metaphor. Ancient Chinese medical concepts are especially conceived of in such relational terms:

Without microscopes and testing devices, what could the ancient Chinese hope to understand about the body? The answer is simple: they observed phenomena very closely, and identified relationships and patterns. Instead of breaking a thing apart to determine its composition or analyzing an event to see how it arose, they compared and contrasted gross phenomena, and saw how they related to each other. (Wiseman & Boss, 1990, p. 2)

Acupuncture points as caves, organ-systems as officials in a Confucian hierarchy of military/government, channels as conduits, and disease as a complex environmental pattern are all examples of relational metaphor, or metaphor by analogy in Chinese medicine. These relational metaphors point clearly to the role of external circumstances in creating the metaphorical interpretation of bodily systems. As will be shown below, these metaphors exert considerable influence upon the perception of emotion in Chinese culture.

A further point worth noting is that Chinese medicine, much more so than Western medicine, has preserved the traditional philosophical perspective that gave rise to the original metaphors of the medicine:

In contrast, Chinese medicine developed along with and out of a systematic epistemology that provides its principal theoretical foundations. Western medicine, under the guidance of scientific development has largely separated itself from any philosophical underpinnings. (Zhu & Rose, 2002, *in press*)

The changeability of Western philosophical and scientific perspective can be seen in all the ways that interpretation of self and disease have been influenced by changing technological models. It is not to say that Chinese culture has not developed similarly changing metaphorical structures (indeed that is not the case at all), but looking at the preservation of a core philosophy in Chinese medicine is an extremely important aspect of interpreting the influence of Chinese medical concepts in expression and understanding of emotion and self in even modern-day China.

#### **IV. Metaphors of Emotion: the influence of Chinese medicine on Chinese expression and understanding of emotion**

*Observers both inside and outside the culture have speculated about the emotions of the Chinese. What in their emotional lives do the Chinese people share with all other human beings and what is unique to the Chinese? How do Chinese people understand emotion?*  
-James A. Russell & Michelle S.M. Yik (1996, p. 166)

Based on his view of consciousness, described above (see Introduction), Damasio (1999) describes an emotion versus a feeling, wherein a feeling is in essence an internal representation of a pre-verbal emotion. “Consciousness allows feelings to be known and thus promotes the impact of emotion internally, allows emotion to permeate the thought process through the agency of feeling” (p 79). Feeling in this sense is an interpretation, a mediator between verbal understanding and pre-conscious experience of emotional changes. If verbal and other forms of extended consciousness are indeed mediated by ‘encultured’ as well as embodied interpretations, then the possibility that the experience of feeling (not necessarily emotion) differs across cultures becomes apparent. The insight into core consciousness that conceptual metaphors provide then becomes all the more important when we seek to deal with medical or psychological terms.

Though many emotions have shown to be similarly expressed nonverbally across cultures, verbal translation can sometimes be dubious. A large part of the difficulty arises due to variant conceptual metaphors. Between Chinese and English, this difficulty is especially evident. As Russell and Yik (1996) point out, “Even if we obtain a one-to-one Chinese English translation replicable across different studies, we still need to consider the equivalence of their full conceptual structure, some of which is metaphorical” (p. 181). In written language, Chinese characters are in and of themselves metaphors based on experience that is not necessarily accessible now. To make them come to life, we must look at their ideographical and metaphorical structure. In many cases this entails tracing a characters origins back thousands of years. In the modern spoken language, metaphors expressing emotions are based on both recent and ancient cultural heritages that differ greatly those of the West.

Researchers have indeed traced many of the metaphoric and metonymic\* expressions of emotion in Chinese language to the inherited conceptual metaphors of Chinese medicine.

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\* Metonymy is a cognitive-linguistic phenomenon wherein “People take one well-understood or easily perceived aspect of something to represent or stand for the thing as a whole.” (Gibbs, p. 320)



Looking at conceptual metaphors in expressions of anger and happiness in Chinese, Yu (1998) shows that there is a fundamental correspondence between the metaphors ANGER IS HEAT and HAPPINESS IS UP between Chinese and English. However, divergence was found in a few basic categories:

While English has selected FIRE and FLUID metaphors, Chinese uses FIRE and GAS for the same purpose. Similarly, both English and Chinese share the UP, LIGHT, and CONTAINER metaphors in their conceptualizations of happiness, although they differ in some other cases. These two languages also follow the same metonymic principle in talking about anger and happiness by describing the physiological effects of these emotions. A descriptive difference observed throughout the study, however, is that Chinese tends to utilize more body-part terms, especially internal organs, than English in its metaphors and metonymies of anger, happiness, and other emotional states. (p. 50)

Although others have shown that many conceptual metaphors underlying expressions of anger differ in the West and in China (Russell & Yik, 1996), Yu (1998) traces the origins of the specific differences that he observed back to the five phases and yin1-yang2 theories of Chinese medicine. In fact, he also notes that many of the organ-based expressions used in present-day China reflect precisely the emotional correspondence inherent in the five phase theory. His conclusion that “these theories form cognitive or cultural models underlying the metaphorical conceptualization in Chinese” (p. 50) attests to the importance of Chinese medical heritage in the experience and expression of emotion in even modern-day Chinese. Likewise, Ots (1990) found that organs, in modern Chinese culture, are understood as metaphors for emotion. In line with the five phase theory of traditional Chinese medicine, anger is expressed in relation to liver problems, anxiety in relation to heart problems, and so on (Ots 1990; Russell & Yik 1996).

Similarly, the traditional medical concept of qi4 (for lack of a better term, qi4 can be understood as “vital energies”) has repeatedly been shown to play a huge role in modern Chinese expression of emotion<sup>Ψ</sup> (King 1989 as cited in Russell & Yik 1996; Yu 1998). The differentiation made by Yu of GAS versus FLUID metaphors in Chinese expressions of anger can be understood as rooted in traditional Chinese medical theory, wherein depression of qi4 results from strong emotions such as anger. “The causes for the impediment of circulation of qi4 are various, but negative emotions, especially anger, are most significant. This may point to the reason why qi4 is one of the basic words for the emotion of anger” (p. 72). King (1989) and Lin (1980) also found that “qi4 plays an important role in the understanding of emotion” (as cited in Russell & Yik, 1996, p. 184).

The overall emphasis of internal organs and qi4 observed in Chinese linguistic expressions of emotion has often led to the conclusion that Chinese patients tend to somaticize when dealing with “mental” illness. This phenomenon can be understood within the parameters of Chinese medicine, because in contrast to the psychologized clinical vocabulary of the West, “traditional Chinese medicine gives utmost importance to somatic dysfunctions” (Ots, 1990, p. 23). The somatic complaints of Chinese

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<sup>Ψ</sup> It is interesting here to note that “Relationships observed between separate events were also perceived as manifestations of qi4,” (Wiseman & Boss, 1990) thus making one of the definitions of qi4 relational metaphor.

medicine, however, are not the same as somatic complaints in a Western medical context, where “somatic manifestations of these [psychological and emotional] disorders are interpreted as ‘secondary’ or ‘non-specific’” (Ots, 1990, p. 23). It is true that the many organ-based terms are used in both modern spoken and traditional medical Chinese, but it cannot be overlooked that these terms are also metaphorically linked to emotional experience in a direct way that isn’t necessarily reflected in the Western use or understanding of somatic terms.

While the concept of using organs as metaphors for emotion is not entirely foreign in English, seen in expressions such as ‘I was so shocked I almost had a heart attack,’ it should be noted that these kinds of metaphors appear less, and are not based in a systematic philosophical-medical heritage as they are in China. This medical heritage, argues Bond (1993), comprises and supports a societal/familial philosophical ideal wherein interpersonal harmony is maintained by discouraging the expression of negative individual emotion. The “medical metaphor of health,” he explains, “is appropriate here because the goal is maintaining emotional balance to protect internal homeostasis: (p. 256). This would point to a FAMILY IS BODY metaphoric dynamic working through the cognition and language in China, and creating a system for self-expression based heavily in the more socially acceptable somatic metaphors. So although these somatic metaphors can be seen as playing a role in the Chinese experience of emotion, it cannot lead us to conclude that the emotion is actually a different embodied phenomenon as it is in the West.

## **V. Metaphors of Depression in language and medicine: a preliminary inquiry into expressions and experience in China and the West**

*Depression is a condition that is almost unimaginable to anyone who has not known it. A sequence of metaphors—vines, trees, cliffs, etc.—is the only way to talk about the experience. It’s not an easy diagnosis because it depends on metaphors, and the metaphors one patient chooses are different from those selected by another patient.*  
-Andrew Solomon (2001, p. 29)

The most common metaphors that Solomon (2001) found used to describe depression in English involved “falling into an abyss” (p. 27) or being “over the edge” (p. 27), despite the fact that most people have never had the experience of either falling into an abyss nor off an edge. These metaphors can be seen as conveying the following conceptual structures:

- DEPRESSION IS FALLING DOWN
- DEPRESSION IS DARKNESS
- DEPRESSION IS LACK OF CONTROL

In the following personal narrative, Elizabeth Wurtzel (1994) displays use of many of these conceptual metaphors:

I make my way out of the store, I move purposefully back to my dorm room, tracing my footsteps along the cobblestone paths, running from the darkness. I get to the building I live in, fidget with the keys, scurry through the vestibule, hurry up a couple of flights of steps, keep putting the wrong key in the lock, finally get into the suite, finally run into bed, where I hide under the covers and pray that the black wave won't drown me. Pray that if I lie here quietly it will pass. (p. 96)

Wurtzel uses the DEPRESSION IS LACK OF CONTROL metaphor, which can be understood in terms of fear, helplessness, and anxiety in this passage, as well as DEPRESSION IS DARKNESS (both demonstrated by the threatening black wave). Though she doesn't explicitly convey a sense of falling, as in DEPRESSION IS FALLING DOWN, she clearly displays in her description of hiding under the covers and waiting quietly in bed a sense of DEPRESSION IS DOWN, and DEPRESSION IS LACK OF MOVEMENT.

The concepts of darkness, lack of movement, and falling down can all be subsumed under the conceptual metaphor DEPRESSION IS DOWN. Being down is associated with sleep, or darkness, and when we are down, as in for sleep or rest, we are not moving. The journey that is life is restricted when we do not, or cannot, move. Although clearly there are connotations of something more severe than mere sadness in the above descriptions of depression, DEPRESSION IS DOWN relates directly to the widely observed SADNESS IS DOWN metaphors. This metaphor constitute the complementary conceptual metaphor to HAPPINESS IS UP (Gibbs, 1994; Yu, 1998). Yu (1998) explains this metaphor as arising from the fact that as humans we have upright bodies. "The erect posture typically goes with positive emotional as well as physical states, whereas the opposite is true with a drooping posture" (p. 61). Gibbs (1994) further elucidates this concept:

During the first few months of life, being down is a natural state serving maturational purposes, but later in life, when we grow up, being down is associated with all aspects of babyhood, such as dependence, helplessness, and inferiority. (p. 414)

Likewise, smiles in most cultures involve an upward turning of the lips, while frowning causes the edges of the mouth to descend. These clarifications of the fundamental embodied origins of SADNESS IS DOWN or DEPRESSION IS DOWN metaphors brings up the possibility that the embodied experiences that they reflect are not limited to English speakers.

Yu (1998) shows that Chinese does in fact reflect the SADNESS IS DOWN and SADNESS IS DARK metaphors. Examples of SADNESS IS DOWN in English and Chinese (Yu, 1998, p. 255) include:

- He's feeling low these days.
- CHINESE CHARACTERS  
(Ta1 qing1 xu4 di1 lu4)  
"He's feeling low and down"

Expressions in both Chinese and English reflecting SADNESS IS DARK (Yu, 1998, p. 255) are as follows:

- I'm feeling gloomy today.
- CHINESE CHARACTERS  
(Ta1 qing1 xu4 yin1 yu4)  
"He's feeling gloomy"

Yu also shows that Chinese expresses the notion of SADNESS IS HEAVY, which can be seen as related to the notion of being down (because heavy things sink down). His claim is that English expressions don't reflect this underlying metaphor. However, the following statements in English and Chinese show that this is not necessarily the case:

- This problem is really weighing me down.
- CHINESE CHARACTERS  
(Zhe4 ge4 wen4 ti2 rang4 wo3 xin1 qing2 chen2 zhong4)  
This problem is making my heart (emotions) heavy.

These examples reveal many similar conceptual metaphors underlying Chinese and English expression and experience of sadness. Depression, however, cannot be construed in terms limited to sadness. There are also dimensions of fear, worry, hopelessness, and anxiety that would be a stretch for the DEPRESSION IS DOWN metaphor to explain, and can be more easily grasped with the LACK OF CONTROL metaphor. By looking at the metaphors of depression in both Western and Chinese medicine and common language, we come closer to being able to identify how, if at all, the experience differs cross-culturally and what effect this has on treatment of people in one culture with medical metaphors of the other.

Depression in the English language has many meanings. The American Heritage Dictionary (1992) lists nine definitions of depression, only one of which is the formal psychological definition. Another describes a similar condition of "sadness or despair." Others include "an area that is sunk below it's surrounding; a hollow"; "a reduction in physiological vigor or activity"; and "a period of drastic decline in national or international economy", among others. Clearly, the metaphorical implications in these definitions point to the understanding in English-speaking culture of depression as a lack of activity, a state of being below or less than normal. These understandings can be traced metaphorically through DEPRESSION IS DOWN back to the definition as an area that is sunken or hollow, and can be directly related to the metaphors of sadness discussed above.

In clinical terms, the definition of depression in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) points to the existence of another dimension to the condition, one which extends beyond mere sadness. The DSM IV (1994) symptoms of depressed mood, diminished pleasure, decreased appetite, hypersomnia,

psychomotor retardation, fatigue, worthlessness, and diminished ability to concentrate (though arguably more severe than typical sadness) can all be understood in terms of the sadness-originated metaphors of DOWN, HEAVY, or DECREASED ACTIVITY. However, the clinical definition also includes symptoms one might not expect to see if metaphorical thinking were restricted to the notion of being ‘down.’ The symptoms are more restless, and include possible *increase* in appetite, insomnia, psychomotor agitation, and suicidal plans or thoughts. These symptoms point more towards the LACK OF CONTROL metaphor that was observed in the personal accounts given at the beginning of the section. This connotation is more often associated with anxiety and fear rather than depression, and indeed the above are all closely related in clinical terms (Kramer 1993; Solomon, 2001). The diagnostic guidelines of the DSM IV stipulate that an individual suffering from five or more of the above nine symptoms for a two week period or longer is clinically depressed. This makes it possible for each suffering individual to manifest differently, but within certain bounds. The conceptual metaphors implicated in the clinical definition are thus relatively flexible, allowing for the emotions associated with sadness, fear, and anxiety to manifest to varying degrees in depression.

Aside from digestive problems manifested through the appetite, and possible sleep disturbances, the DSM IV definition of depression includes no specific physical symptoms of the condition. This gives the impression that depression is a purely mental illness, and that any physical symptoms are irrelevant or secondary. The DSM IV (1994) does acknowledge that there are often somatic components to Depressive Disorder, saying that, “Individuals with Mood Disorders, particularly Depressive Disorder, may present with somatic complaints, most commonly headache, gastrointestinal disturbances, or unexplained pain” (p. 448). These complaints, however, must be “limited to episodes of depressed mood” (p. 448). Doctors in primary care settings in the U.S. are advised in the medical literature to pay close attention to physical complaints that may “mask” an underlying mental disorder. “Mental disorders are very common. When they present, they frequently manifest themselves, not as psychological symptoms, but as physical ones,” says one doctor at a prominent medical university, “Patients who present with physical complaints as a manifestation of depression or anxiety will have significant improvement in their physical symptoms when the mental disorder is recognized and appropriately treated” (Reuters, 2001, p. 1).

While many self-rated scales for depression, including the Hamilton Rating Scale for Depression (HAM-D) and the Burns Depression Checklist, ask about somatic complaints, the message in the literature is clear. Physical manifestations of depression are secondary, and treating the disease involves treating the mental disorder. This assertion is based in culturally generated medical/psychological metaphors that differentiate between mind and body, and ascribe priority to one or the other. Physical pain or distress, however, is a clear component of the depressive picture (from wherever it originates), and metaphors in other cultures unmistakably point to the physical aspect of the condition. Afghans describe depression “as if a strong hard hand was squeezing their hearts” (Kleinman, 1982, p. 133), and Chinese speakers often used physical metaphors to describe depression’s effects, as will be shown below. Apparently, patients in the West are not free of these embodied experiences, as evidenced by their physical complaints.

As Solomon (2001) explains, “To the person who is experiencing them, psychosomatic complaints are as real as the stomach cramps of someone with food poisoning” (p. 20). This might add a further metaphor to our list: DEPRESSION IS PHYSICAL PAIN/DISTRESS.

In China, the Chinese Classification of Mental Disorders (CCMD-2-R) includes depression as a diagnostic category similar to that of the DSM IV. Depression here has been formally translated as ‘yi4 yu4 zheng4’ CHARACTERS\* (restrained and gloomy/depressed/frustrated sickness). Sometimes this is referred to as merely ‘yu4 zheng4’ CHARACTERS (‘gloomy/depressed/frustrated sickness’). In common language, however, there are many translations for depression in Chinese. The list includes:

- ‘ju3 sang4’ CHARACTERS (dejection, sadness, dispiritedness)
  - ‘shi1 yi4’ CHARACTERS (lost and restrained)
  - ‘ya1 yi4’ CHARACTERS (inhibited, constrained, depressed)
  - ‘you1 yu4’ CHARACTERS (worried and gloomy/depressed/frustrated)
- (Russell & Yik, 1996, p. 178)

It is also common to find any number of the above characters in combination with others to denote the concept of depression in everyday language. In this sense, the terms are used similarly to the way ‘depression’ is used loosely in the English language, as in ‘I’m depressed today,’ but aside from the possible connotation of associated worry (in you1 yu4), the metaphors of anxiety are not directly derived from the Chinese words for depression. The notion of restraint or frustration is clearly displayed, however, a concept that is not necessarily conveyed in English terminology. This aspect of the connotation arises from the construction of the characters, as well as from concepts in Chinese medicine.

Each character in the Chinese language offers rich insight into the metaphorical construction of the corresponding concept. In the case of yi4 yu4 CHARACTERS, the term to express depression in modern clinical terms, Yi4 CHARACTER depicts a hand stamping, and means to restrain (Harbaugh, 1998). In combination with other characters, it can mean to self-restraint, repress, or control. The traditional form of yu4 TRADITIONAL CHARACTER shows a forest CHARACTER (two trees) and below, an ancient character showing the offering of a vessel of wine with decorative markings (Harbaugh, 1998). From this image, an alternative definition of yu4 as meaning ‘luxuriant’ or ‘verdant’ is immediately apparent, but from where can the notion of ‘depression’ be derived? Seeking the origins of such an implication, we place ourselves in a forest where there is very little light. Immediately, we are in touch with the notion of darkness, a concept related metaphorically to sadness in Chinese as well as English. The image of being *stuck* in a forest, restrained in the darkness, is conveyed when the character is in combination with yi4. When we are stuck, we are unable to move, and the LACK OF MOVEMENT metaphor is conveyed. By itself, yu4 also conveys lack of movement by the complex nature of the character, a pictograph that resembles a bramble.

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\* The Chinese Dictionary of Psychology translates depression differently, as ‘qing1 xu4 di1 luo4,’ shown above as meaning ‘emotions low and down.’

In Chinese medicine, the characters *yi4 yu4* evolved from two ancient characters DRAW CHARARACTERS. One of these characters depicts a pot with a lid on top and auspiciousness CHARACTER (words from a scholar's mouth) inside. The other shows a pot with a lid on top and inauspiciousness CHARACTER (a pit with an X) inside. Zhang (1997) shows how these two characters, in combination with different radicals, expressed various shades of meaning, encompassing the movement of the five phases, the changes of fate, heaven and earth, wind and darkness, growth and turmoil, and man's emotions in relation to all of these things. Zhang (1997) explains that in ancient Chinese medical philosophy, when heaven and earth are nourished, man's body is healthy. This can be understood as auspicious. When heaven and earth are blocked, this is inauspicious, and leads to the inability to release. Depression and illness are the result. "This is how [the two ancient characters] came to mean *yi4 yu4*" (p. 140).

From this perspective, we can see how the connotation of depression in Chinese medicine takes on special connotations. In this context, it refers to the lack of movement of the *qi4* in the five phases, a result of and cause of constraint imposed by the keeping of "badness" in a pot with a lid.

In physiology, depression refers either to depressed *qi4* dynamic (frustrated physiological activity) or to flow stoppage due to congestion. The term also describes inhibition of normal emotional activity, expressing itself in the form of oppression, frustration, and irascibility. (Wiseman & Feng, 1998, p. 123)

In all but the implication of 'irascibility,' *yu4* in the context can clearly be viewed as related to the LACK OF MOVEMENT metaphor, in this case referring to the lack of *qi4* movement. While Freud did identify depression as a possible inward turning of anger, in Chinese medicine the systematic relationship between emotional oppression, frustration, and anger traces its roots back to five phases theory. In this framework, lack of *qi4* movement leads both physically and emotionally to frustration and anger. If not expressed (or "coursed and rectified"), the bound liver *qi4* can result in a clinical picture resembling the modern notion of depression.

The liver, which is associated with wood in Chinese medicine, is the viscus most vulnerable to irritation by emotional disharmony. When wood is depressed, it is said, then earth becomes depressed (Chace & Liang, 1997, p. 13). Furthermore, earth depression leads to metal depression, which leads in turn to water depression, and finally to fire depression, and "it is understood that if wood is treated, then all the other depressions are cured as well" (p. 13). The sequence of depression in one phase engendering depression in all other phases is known as the five depressions (Wiseman & Feng, 1998), and is not solely understood in emotional terms. Physical symptoms play an equally important role in diagnosing *yu4 zheng4* (depression sickness), and indeed the emotional component of the binding depression of liver *qi4* can be a result of rather than a cause of physical disharmony\*. Besides despondency, depression of liver *qi4* can lead

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\* To the credit of Western medicine, depression due to a general medical condition is a recognized category.

to menstrual irregularities, headaches, rib-side distention, and many other physical symptoms. Despondency, in this sense, can also arise as the result of physical symptoms, whatever their causes may be. Earth depression is manifested not only in symptoms of worry and anxiety, but also in digestive symptoms, such as nausea, loose stool, or lack of appetite. While issues related to digestion can be seen in the Western DSM IV diagnostic criteria for depression (a decrease or increase in appetite), and many digestive disorders have indeed been connected to anxiety in Western terms\* (Solomon, 2001), the understanding of such symptoms is not based in a comprehensive theory such as exists in Chinese medicine.

It is interesting to note that the metaphor of LACK OF CONTROL, associated with symptoms of restlessness and agitation in the DSM IV definition of depression, can clearly be observed from several of the symptoms related to depression of liver qi4 in Chinese medicine:

Another characteristic of depressive liver patterns is that because there is a depressive binding of the emotions with worry and anxiety, and the qi4 dynamic is not soothed, then, over time, this [depressive binding] will transform into heat. This heat is also depressive and deep-lying and is therefore not easily drained. It is characterized by irritation, worry, and indignation, yellow and dark urination [and so forth], and is not the same as a surging of liver fire. Depressive heat thus wears the qi4, scorches the blood, and over time gradually depletes the body. This is characterized by symptoms of taxation such as tidal fever, night sweats, insomnia, palpitations, and irregular, rough, and slight menstruation in women. (Chace & Liang, 1997, p. 13)

Semantics can easily seduce us into linking a modern term (yi4 yu4, or yu4) with an ancient concept. Actually, liver qi4 depression, though it is the most prominent factor in depression (Flaws & Lake, 2001), is not the only Chinese medical diagnosis identified as a factor in modern cases of depression. In fact, there is some disparity in defining the exact Chinese medical patterns involved in depression, as it is understood in the DSM IV. In a review of over 10 sources, a total of 41 different Chinese medical patterns were mentioned in relation to depression (Pritzker, 2002b). Not all sources included every pattern, of course, but the most widely described patterns from all sources fall roughly into seven basic categories, as enumerated by Schnyer and Allen (2001). These are:

1. **Qi stagnation<sup>¶</sup>**, including liver qi4 stagnation, liver qi4 stagnation transforms heat, qi stagnation affecting the heart and lung, blood stasis and stagnation, spleen qi4 stagnation, and food stagnation.
2. **Shen1 disturbance, vacuity:** including heart blood vacuity, heart qi4 vacuity, heart yin vacuity, and heart fire flaming upward (heat from yin1 vacuity).

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\* Irritable Bowel Syndrome (IBS) has been shown to be associated in the West with anxiety (Solomon, 2001), and interestingly, this syndrome in Chinese medical terms is always understood as a disharmony between wood (the liver) and earth (the spleen) (Flaws & Sionneau, 2002).

<sup>¶</sup> Stagnation is another translated term for yu4.



3. **Shen1 disturbance, repletion:** including qi4 stagnation affecting the heart and lung, depressive heat affecting the heart or lung, exuberant heart fire, phlegm confounding the heart orifices, and phlegm (fire) heat harassing the heart.
4. **Qi4/yang2 vacuity,** including liver and gallbladder qi4 vacuity, lung and heart qi4 vacuity, spleen and heart qi4 vacuity, spleen and lung qi4 vacuity, spleen yang2 vacuity, heart qi4 vacuity, heart yang2 vacuity, spleen and kidney yang2 vacuity, kidney qi4 vacuity, kidney qi4 vacuity with replete kidney will, and kidney yang2 vacuity.
5. **Dampness and phlegm,** including spleen vacuity with dampness accumulating, phlegm confounding the heart orifices, heart vacuity with gallbladder timidity, phlegm dampness obstruction and stagnation, phlegm fire affecting the heart.
6. **Blood/yin1 vacuity,** including heart blood vacuity, heart yin1 vacuity, liver blood vacuity, liver yin1 vacuity, liver and kidney yin1 vacuity, heart and kidney yin1 vacuity, kidney yin1 vacuity, lung yin1 vacuity, and kidney and lung yin1 vacuity.
7. **Yang2 repletion with vacuity heat,** including liver depression transforms heat, hyperactivity of liver yang2, liver fire flaming upward, yin1 vacuity with vacuity heat, and spleen vacuity giving rise to vacuity heat.  
(pp. 88-89).

Each individual patient is not diagnosed with one pattern in Chinese medicine, and treated accordingly. To the contrary, the norm is for patients diagnosed with depression to manifest a variety of all of the above patterns (Flaw & Lake, 2001; Schnyer & Allen, 2001). This variation in diagnosis, as well as between sources, is partly because depression is a modern Western disease category.

The term 'mental depression' does not exist in Chinese medicine; it is a Western term and does not correspond to a specific classification of disease within Chinese medicine. In Chinese medicine this concept is linked with various traditional illnesses, one of which is called 'yu4 zheng4' or 'depressive syndrome.' This syndrome, however, fails to embrace all depressive mechanisms; therefore, it is necessary to refer to several 'Chinese' syndromes in order to study this disorder in a comprehensive manner. (Sionneau, 2000, p. 167)

In terms of metaphors, it is easy to see how the metaphors of Chinese medical understanding of depression vary considerably from the modern psychological conceptualization of the condition. Most of the patterns identified as factors in depression can be understood in terms of LACK OF MOVEMENT (stagnation or qi4 depression, phlegm, and dampness), HEAVINESS (phlegm and dampness), LACK OF CONTROL (shen1 disturbance and vacuity heat), or DOWN (qi4 or yang2 vacuity, phlegm, and dampness). There are also, however, implications in the Chinese medical metaphors of PHYSICAL DISTRESS much more salient than the metaphors extracted from English via the embodiment hypothesis. Likewise, metaphors based on concepts of qi4, yin1, yang2, and many other core philosophical concepts in Chinese medicine,

concepts that encompass weather, society, relationships, and family, bring a metaphorical dimension to the discussion that is difficult to analyze via metaphors based simply on embodied experiences common to individuals in both cultures.

In section IV, we saw that Chinese medical concepts exert a very observable influence on Chinese experience and expression. But it is also apparent in the common use of the word *yu4* that what the concept connotes is an emotion closer to sadness, with sadness being dark, gloomy, and ‘down.’ Looking at some of the other characters used in conjunction with *yu4* to convey depression confirms this association:

- *you1* CHARACTER depicts the image of walking slowly with a troubled head and heart, and means worry. (Harbaugh, 1998)
- *chen2* CHARACTER depicts water with a phonetic CHARACTER, and means to sink. (Harbaugh, 1998)
- *men4* CHARACTER shows a heart behind a door, and means stuffy. (Harbaugh, 1998)

Although stuffing of emotion can lead in Chinese medical terms to agitation and lack of control, these words and the context in which they are used rarely implicate the full modern clinical picture of depression, nor are these words the only terms used to express the experience of depression or sadness in China. There are also many slang terms, one of which ‘*yi1 lian3 jiu4 she4 hui4*’ means ‘face of old society,’ and points to the more modern notion of SADNESS AS PRE-LIBERATION.

In fact, the word ‘depression,’ translated clinically as *yi4 yu4 zheng4*, has not shown to be a comfortable expression for the Chinese to use in everyday or even clinical terms (Lee, 1998), despite the fact that in Chinese medicine, the term is exactly the same. This might seem to suggest a separation of some traditional medical terminology from the vocabulary of modern Chinese. While many of the conceptual metaphors are still present, the pursuant way of speaking cannot always be guaranteed. Confirming this point, Kleinman (1982) reported that most depressed patients in China “were either unfamiliar with or could not articulate a traditional Chinese medical assessment of their problem” (p. 151). More appropriate for expressing the complex picture of depression in clinical as well as every-day use is the term ‘*shen1 jing1 shuai1 ruo4*,’ the Chinese translation for neurasthenia.

*Shen2* may be translated as spirit, and is emblematic of vitality, the capacity of the mind to form ideas, and the desire of the personality to live life. *Jing1* originally refers to the meridians or channels that carry *qi4* (“vital energy”) and *xue3* (“blood”) through the body. Conceptually, *shen2 jing1* is treated by both Chinese physicians and laypeople as one term that may mean nerve, neurological, or nervous. *Shen2 jing1* can decline (*shuai1*) and weaken (*ruo4*) after nervous excitement, resulting in various symptom complexes. (Lee, 1998, p. 449)

Lee continues to show how the concept of *shen2 jing1 shuai1 ruo4* (SJSR) can be related back to traditional Chinese medical concepts and the terminology therein. These terms in

China do not present the suffering individual as “deranged in mind” or “dangerous to others” (p. 449), and are thus more comfortable than words translated from modern psychiatry or psychology. Taking this explanation of the comfort of the term a step further, Kleinman (1982) raises the possibility that SJSR actually “replaced traditional medical categories that played the same role at an earlier time before the biomedical paradigm became dominant in China” (p. 175). This points to the fact that *yi4 yu4* has changed implications in modern Chinese, and relates directly to the possibility that the metaphors of Chinese medicine are still strong, even while specific words no longer carry the Chinese medical implications. In noting the Chinese medical interpretation of SJSR, many of the patterns identified in relation to depression, are also understood to play a part in SJSR, including disharmony between the heart and kidney, spleen and heart vacuity, or phlegm accumulation (Liu, 1989).

Neurasthenia, which hasn't been used as a diagnosis in the U.S. for at least 30 years (Liu, 1989), can be understood as a combination of depression, anxiety, and masked depression in modern Chinese psychological terms (Xu, 1998). Indeed, the Western categories of depression and anxiety can trace their roots to neurasthenia (Liu, 1989). In the CCMD-2-R\*, SJSR is diagnosed if the patient is experiencing symptoms in at least 3 of 5 groups. The 5 groups include emotional disturbance (troubled vexation, irritability, depressed mood); easy excitation, brain fatigue (exhaustion after limited activity, poor memory); nervous pain associated with muscle tension (in the head, brain, neck, four limbs, or waist muscles); and sleep disturbances (insomnia, hypersomnia) (Liu, 1989, p. 179). From this description, it is apparent that SJSR captures a very mixed disease pattern, one that can present with physical and well as emotional symptoms, and in many dimensions resembles depression. Moreover, the factors that are understood in China to cause SJSR do not originate solely in the individual, but include societal, familial, and political elements (Kleinman 1982; Lee, 1998, 1999), factors not taken into account in traditional psychoanalytic or psychodynamic approaches (Liu, 1989) or even in psychobiological theories. What SJSR captures, then, can thus be understood as a metaphor for the type of thinking originating in Chinese medicine, where metaphors of interaction and mutual engendering are common, and illness is a combination of physical, psychological, and social factors. The fact that SJSR is a more acceptable term for Chinese individuals suffering from what in many cases would be diagnosed in the West as depression (Kleinman, 1982; Liu, 1989; Lee, 1998, 1999) thus points to the poignant impact of the way of thinking and talking in Chinese medicine on modern metaphors, even when not found in specific words.

From this discussion, the observation made by many researchers that Chinese patients tend to present ‘somatically’ as opposed to ‘psychologically’ in depression and other mental disorders becomes controversial. That physical complaints may play a larger role in the narratives of Chinese patients may not point to anything other than linguistic difference. The term ‘somatic,’ as explained in modern Western terms, presumes that the true condition is one originating in the psyche, an assertion that seems to diminish the

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\* Though still used as a diagnosis in China, the category of SJSR is the subject of much debate within Chinese psychiatry. The fact that it has been dropped from the scheme of the DSM influences the perception of SJSR in China as not completely legitimate (Lee, 1999).

physical components of “mental disorders,” and as Kleinman (1982) shows, perpetuates a conceptual scheme that is based in terms not necessarily shared by other cultures.

From this perspective it is an example of Western Cartesianism to assume that overt somatic complaints are any less ‘real’ than allegedly hidden psychological problems. The very metaphor of the former ‘masking’ the latter so popular with Western psychiatrists and psychologists would be seen as a reflection of this Cartesian bias that misrepresents a much more complex reality even when the culture of the patients also shares this conceptual dualism. (p. 132).

Somatization, Kleinman thus argues, is a category of the Western medical establishment, and as such, exists as a doctor’s concept, shared by the patient only to the extent which medical metaphors play a role in the expressions and interpretations of the people. “Somatization in the Chinese context,” argues Lee (1998), “is rarely an unconscious denial of ‘underlying’ affective and psycho-pathological states. Rather, it may be studied as a cognitive style, a negotiative tactic, a sociomatic language, and a basic way of being-in-the-world” (p. 452). The somatization metaphor as it is understood in the West thus reflects core assumptions inherent in Western cultural history, assumptions that are disputable when confronted with the way physical symptoms comprise a different set of metaphors in Chinese culture. These assumptions, one of which consists of the attitude that “psychological mindedness comes with higher education and Westernization” (Kleinman, 1982, p. 133), are not necessarily grounded in any more direct or evolved version of the “truth.”

This perspective makes us re-evaluate the notion that Chinese depression is any different than American depression. As Xu (1987) points out,

Somatic symptoms are, of course, an important part of the depressive syndrome in both Orientals and Occidentals. It is quite possible that the Chinese may have no more somatic symptoms accompanying depression than Occidentals, but they are more likely to complain of them as leading symptoms. (p. 369)

From Chinese medicine and traditional Chinese society, we can see a philosophical-linguistic heritage that emphasized physical symptoms as metaphors for less vocalized emotions. The fact that physical symptoms are regarded as non-metaphoric and secondary in the DSM IV does not eliminate the physical symptoms from the experience, even in the West. Although metaphors and descriptions used by practitioners construct “a new social reality which will also come to influence how the patient thinks and lives his illness” (Kleinman, 1982, p. 170), the conclusion that the experience of stomach cramping in depression, based on the metaphor of somatization, actually differs in China and the West is debatable. Clinical practice argues against this conclusion. “The DSM-III’s criteria of Major Depressive Disorders,” says Kleinman (1982), “need to be widened to include the somatic symptomatology that research with psychiatric patients in primary care teaches us is central to the disorder” (pp. 179-180). So while the metaphors used to express bodily experience do differ from culture to culture, this again cannot lead us to believe that the experience itself is different. The specific causes might be different, as they are apt to be for different individuals in the West, but the choice of terms may

simply be the linguistic expression of the philosophical thinking in the differing inherited medical world-views.

While the impact medical metaphors have on perception and interpretation, both clinically and socially, is not necessarily indicative of differing fundamental experience, it does play an important role in determining treatment. In a culture where somatization is supported as more acceptable than psychologization, Kleinman (1982) points out, “cultural sources of social support will be structured in terms of somatic patterns of help seeking (e.g., medical facilities and treatments), but not psychological ones (e.g., psychotherapy)” (p. 172). Moreover, the “idioms we learn to use to nurture and help” (p. 173), will also differ. In Western psychology-based treatments, we are apt to delve into the unconscious, or to explore and discuss negative cognitions and emotional patterns. In Chinese medicine, the most common strategy for eliminating liver qi<sup>4</sup> depression is ‘jie<sup>3</sup> yu<sup>4</sup>’ (to solve, untie, relieve, or eliminate frustration/gloominess/depression) using herbs, acupuncture, diet, and exercise therapies, with very little focus on talk. In modern times, both cultures treat depression or SJSR with antidepressants and other psychotropic drugs that affect neurotransmitters\*. To what extent, however, does the treatment determine the disease? Inasmuch as available treatment strategies and social responses reinforce certain conceptual metaphors and philosophical ideologies, treatment will have an effect on the specific manifestations of the disease. This can happen in any culture, however, and does not necessarily confirm any fundamental difference in consciousness at the level of the individual.

It is interesting to note that in the West, just as SJSR once did in China, biochemical brain dysfunction has somehow legitimized depression. The stigma associated with mental illness is alleviated by the notion, even in the psychologized West, that it is not your fault if “a problem is responsive to chemicals” (Solomon 2001, p. 102), while a problem responsive to psychotherapeutic dialogue is “a problem you should be able to overcome with simple rigor” (p. 120). The implication here is that when depression is seen as a solely chemically based category, evidenced by response to treatment with antidepressants, it makes it somehow “okay” to be depressed. This concept reinforces the metaphors that DEPRESSION IS LACK OF CONTROL (because if it isn’t your fault, you can’t control it), DEPRESSION IS DOWN (because serotonin and other neurotransmitter levels decline), and DEPRESSION IS PHYSICAL DISTRESS (because physiologically, the brain is distressed). Certainly the advances being made into the neurobiology of depression shed light on an important aspect of the condition, and treatment based on these discoveries provides significant relief for many suffering individuals. That these treatments legitimize the disease culturally, however, still falls short of defining the parameters of the experience. In China, patients who identify with the diagnosis of SJSR who respond well to antidepressants, still don’t necessarily accept that their diagnosis should have been yi<sup>4</sup> yu<sup>4</sup> zheng<sup>4</sup> (Kleinman,1982).

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\* An interesting translation of Prozac made its way into the Chinese language. ‘Bai<sup>3</sup> you<sup>1</sup> jie<sup>3</sup>’ literally means to undo, solve, relieve or eliminate a hundred worries (Lee, 1998). Jie<sup>3</sup> here points to the remaining impact of the term as it is traditionally used in Chinese medicine.

The metaphors used by Chinese medicine and Western medicine are in some respects very different, as are the metaphors used in common expressions of depression in both cultures. The main differences in common Chinese language are apparent in terms of more focus on internal organs, on qi<sup>4</sup>, and in some slang terms, on a cultural history not necessarily shared in the West. In the West, there is more focus on psychological process. If the embodiment hypothesis is taken literally, interpreting metaphors as a reflection of embodied experience, then it might be possible to conclude that Chinese embodied experience differs from that of the West. Instead of just focusing on the differences, however, we can also see many similarities, evidenced in these basic metaphors:

- DEPRESSION IS DARK
- DEPRESSION IS HEAVY
- DEPRESSION IS DOWN
- DEPRESSION IS LACK OF CONTROL

DEPRESSION IS PHYSICAL PAIN/DISTRESS is also a reasonably cross-cultural conceptual metaphor, used to different degrees in the West and China. This discussion raises the possibility that that it is only the metaphorical structures provided by the inherited ideological paradigm, manifested in the language and sanctioned by society, emphasize different aspects of the disease. The metaphors, while they may influence the experience, don't fundamentally change core consciousness, but only the way it is expressed, interpreted, and treated.

In English, we have a rich psychological language and a firm physical language, but we lack terms that unite the two. The language is so programmed to describe in terms of one or the other that the lack of this distinction in non-Western languages and cultures appears less evolved or educated. After reviewing the connotations of the word for brain in Chinese 'nao<sup>3</sup>,' Lee (1998) describes the problems inherent in literal translations that leave out metaphorical implications.

Located at the margin of physical and social space, "nao<sup>3</sup>" may instead signify a microcosm that mediates the dialectic between the corporeal self and the body social in the Chinese context of balanced complementarity. As such, it represents the kind of holistic vocabulary that is wanting in the English language for dealing with mind-body-society symbolic transactions. (p. 452)

In answer to such lack of terms, Ots (1990) suggests that the new combinations of words generated in the West to deal with such scarcity of linguistic configurations denoting 'mind-body-society' are necessarily limited by the origins of the term 'body.' "Etymologically, body stems from the old Saxon *bodig* (in current German *bottich*) which means 'vessel.' The body is understood as a vessel for the mind. The terms somatization and embodiment both rely on a processual change and are thus directional and temporal: they understand the body as an object of the mind" (p. 26). Instead, Ots suggests, the German word *lieb*, meaning body-mind, is more apt for describing many of the terms in Chinese medicine. The interpretation of Chinese common language, as well, would benefit from the introduction of such a term into the English repertoire.

The lack of conceptualizations for Chinese terms in English is a significant problem when translating, interpreting, and especially studying or treating any 'mental' disease using descriptions from Chinese. Likewise, the vocabulary of psychology, based heavily upon the Western philosophy-based metaphors of differentiated and prioritized subsystems, is hard to convey in Chinese. Translations seem to be lacking, and aside from requiring that everybody studying or using words from medicines based in foreign cultures study the history, linguistics, and philosophy of each culture, what can we do to better communicate? The study of metaphor offer one approach, as the process prompts us to question what in literal terms would suggest insurmountable differences in cognition. In the specific terms of understanding and treating depression, the complexity of the condition appears hard to capture in words based solely in Chinese medical terms, or solely in Western biomedical or psychological terms. The specifics of suffering differ even from person to person. We benefit greatly as practitioners, patients, or scholars by looking into the metaphors employed across cultures, and coming to terms with the pleasant discovery that the two languages and cultures have much conceptually to offer each other.

Learning from each other in this sense means that we must get away from dichotomies that suggest we are one way, and they the other. It is true that we must remain aware that "Chinese medicine comes from one ideology, and Western medicine from another, and when we attempt to combine the two, it is important to understand the way the ancients thought about treatment of psychological disease" (Pritzker, 2001, p. 41). Respect for the differences, however, doesn't mean that we impose the ideology on the experience of individuals, even when their experiences are manifested via differing conceptual metaphors. The notion that Chinese society and people are 'holistic,' while we are 'differentiated' in the West, when brought down to the level of the common experiences of disease in individuals, is simply absurd. Many of our metaphors are the same, while others differ. Moreover, the differences don't necessarily reflect an inflexible way of thinking or being, but instead indicate a different philosophical-linguistic heritage that is not necessarily set in stone.

In the modern West, many depressed patients are turning to healing systems based on the more 'holistic' metaphors of Chinese, Indian, and other ancient medicines. These approaches seem to offer a deeper connection to the complexity of the experience, to nature, and to each other. In modern China, psychological counseling services are becoming much more widely utilized than any time in the past, and these services are promoted based primarily on the notions that the treatments will help self-understanding, interpersonal relations, and self-efficacy (Pritzker, 1996). People in both cultures are thus utilizing the expansion provided by different terms, words and concepts that enlarge the language available to describe an experience. Depression, while not a modern problem, takes on a new dimension in the modern, fast-paced societies in both China and the West. Marsella (1980) argued that depression differs and "assumes completely different meanings and consequences as a function of the culture in which it occurs" (p. 261). Depression is a complex condition in any culture, and the metaphors employed are both alike and vary from person to person. The notion suggested by Russell & Yik

(1996) that “apparently there is no lexical entry in the Chinese language for depression” (p. 180), demands that we look more deeply into the possibility that there is not necessarily a functional lexical category for depression even in English. As shown in the quote at the beginning of this section, depression can be understood as an assembly of concepts, varying in degree. No single metaphor, either embodied or encultured, captures the way that the dis-ease is experienced by all.

This discussion exists as a preliminary inquiry, with many potential research options suggested. The lack of in-depth study of personal narrative in cultural context in the present work points to the necessity of such work. Without this, it is impossible to formulate any conclusions that can be generalized. Further study on the specifics of the metaphors, and other tropes, used in China and the West to express depression is called for. Likewise, while it is suggested that the two medical/cognitive-linguistic systems can have many things to teach one another, practical methods for doing so are not discussed in detail. As such, the present paper exists as an exploration in possibilities, rather than a definitive piece.

## **VI. Implications**

*Metaphors allow people to communicate complex configurations of information that better capture the rich, continuous nature of experience than does literal discourse alone.*  
– Raymond Gibbs (1994, p.125)

While writing this article, I had the pleasure of treating a woman with Chinese medicine for recurring migraine headaches. When asked whether her headaches were related at all to her emotional state, she reported that she had been trying for a long time to find a connection, but couldn't. In the course of the interview, the issue of bodily temperature came up. When asked whether her body changed temperature in the course of or before a headache, she explained that her solar plexus became warmer before and during a headache. While saying this, she made a motion with her hands as if packing something inside her abdomen. The metaphorical understanding of anger as a heated substance in a container immediately came to mind. I explained the metaphor to her, and asked whether or not her headaches and the associated warmth at her abdomen could be connected to anger. Upon this suggestion, she thought for a moment and reported that when allowed to express her anger, headaches were less likely to occur. Not only did this allow the patient to connect her emotions with her physical symptoms, but likewise allowed me to confirm her diagnosis in Chinese medical terms (liver qi depression transforming into depressive heat rising), and to explain to the patient the metaphor of liver qi and its relationship to headaches in Chinese medicine. This explanation allowed the patient to more deeply understand the way Chinese medicine is practiced, as well as it permitted construction of an herbal formula and acupuncture protocol designed specifically for this particular patient. Indeed, the patient experienced a profound release of emotional tension upon insertion of the needles.



This example demonstrates the vital role that understanding of metaphor can play in a clinical situation. Sensitivity to the metaphorical implications of linguistic expression and body language allows for both patients and practitioners to connect to and explore symptoms that previously were thought to be unrelated. Especially in complex conditions such as depression, when the manifestations may differ from patient to patient, this type of attention to metaphor can allow for the expansion of ways of thinking, treating, and healing. Though explanation doesn't constitute treatment, a deeper understanding of the condition does help in providing treatment, and understanding of conceptual metaphors may or may not play a huge role in the way that the patient achieves relief from suffering. Moreover, depression is a condition we understand so little about, and the metaphors from other cultural interpretations of the disease can help us greatly expand our own thinking about the role of culture in constructing the experience, the flexible nature of the illness, and the ways to treat it successfully.

The importance of sensitivity to metaphor doesn't merely apply to the Chinese medical situation, where most patients are unfamiliar with the employed metaphors, but is likewise applicable to Western psychologists or Chinese trained in Western psychological terms applying treatment or counseling to suffering Chinese individuals. From taking time to look more closely into conceptual metaphors employed in medicine and embodied experience, we can access the deeper cognitive understanding that is necessary to fully utilize metaphors across cultures, to maintain sensitivity to our patients, and to be able to explain and understand our approaches more completely.

Similarly, in cross-cultural research, sensitivity to metaphorical structure can play a crucial role in deriving appropriate conclusions. Russell and Yik (1996) ask, "Can emotion questionnaires or hypotheses arising from scientific theories of emotion be translated between, for example, Chinese and English, without changes of meaning?" (p. 174). Based on the present discussion, it is clear that many translations will indeed tap into metaphorical conceptualizations vastly different in China and the West. It then becomes extremely important to understand the metaphors of emotion across languages, not only for researchers of emotion, but also of medicine, healing, and social behavior.

Beyond the immediate clinical or research situations, the study of metaphors across cultures can also expand our conceptual vocabularies, making space for overcoming of growth-limiting ideology in science and medicine alike. While in China, Western concepts of differentiated and prioritized sciences have had a much longer history and greater acceptance than the "integrated" ideology of Chinese medicine has had in the West. Many concepts in Chinese language and medicine, however, are shown to represent integrated, relational systems such as body-mind-society. Above, this demonstrated to be an important reason for Westerners to study the metaphors of Chinese medicine. Our languages, with German existing as a possible exception, just don't reflect a heritage wherein things such as mind and body are intimately connected. Western medical sciences, psychology included, are currently struggling with this fact.

It's significant that a new science, referred to as 'complexity' and based loosely in terms of the more widely known 'chaos' science, is emerging in Western society.

Complexity's emphasis on the interaction between things, rather than the mechanical observation of things in isolation bespeaks an urgent need in the West for the type of interactive, change-based science that is represented in Chinese medicine and many Chinese metaphors for being-in-the-world. "What the SFI [Sante Fe Institute\*] will do if it studies enough complex systems," explains Brian Arthur, "is to show us the kinds of metaphor that might be appropriate for systems that are moving and in process and complicated, rather than the metaphor of clockwork" (Waldrop, 1992, p. 334). Within psychology, the metaphors provided by complexity and chaos come quite close to filling the type of gaps existing because of limited medical/psychological metaphors inherent in Western vocabularies of disease.

Though I believe that the metaphorical implications of chaos theory to psychology help us to broaden our vision and to expand our language base, this move helps to continue the Cartesian split between the mind and body. The science of chaos is an holistic science. The application of it to psychology should help us to answer the basic questions of "What influence does the mind have on the body, and how do body processes influence our thinking, emotions, and behavior?" "How are the two connected?" (Warfel, 2001, p. 5)

Metaphorical concepts in Chinese and Chinese medicine can be seen as playing this exact role for many Westerners studying and benefiting from the medicine.<sup>¶</sup> Thus, complexity has everything to gain from the study of what happens when the information gained through mechanical, isolationist metaphorical ideology are combined with the perspective attained through traditional Chinese metaphors.

Finally, the study of metaphor across cultures allows for a greater appreciation of the way in which interpretation, or inherited philosophical-linguistic explanation, plays a role in, but cannot define, the ultimate nature of ourselves. The barrier between East and West is thus broken down in a small but promising way. As we learn to view people in culture as complex creations of embodied and encultured experience, we begin to see that generalizations about 'collectivism' versus 'individualism' have much more to do with ideology than individuals. Especially in the modern world, where globalization creates an uncannily common culture of consumerism, business, and fast-paced living, it is important to remember this difference.

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\* The Santa Fe Institute is the research center established in New Mexico by many prominent Western scientists to study complex systems.

<sup>¶</sup> For more on complexity and Chinese medical correspondences, see: Rose & Zhu, in press & Pritzker, in press.

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