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TCM with Biopsychiatric Characteristics:  
Marketing and the Imaginary of 'Five Phase Balance Regulation Therapy'

A Thesis Submitted in Partial Satisfaction of the Requirements  
for the Degree Master of Arts

in

Anthropology

by

Amanda Jayne Howard

Committee in Charge:

Professor Janis Jenkins, Chair  
Professor Thomas Csordas  
Professor Steven Parish

2013

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Chair

University of California, San Diego  
2013

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ABSTRACT OF THE THESIS

TCM with Biopsychiatric Characteristics:  
Marketing and the Imaginary of ‘Five Phase Balance Regulation Therapy’

by

Amanda Jayne Howard

Master of Arts in Anthropology

University of California, San Diego 2013

Professor Janis Jenkins, Chair

This thesis explores the imaginary in the marketing of integrated medicine in China through an analysis of an episode of the television show, “Health Appointment” (健康有约 /*Jiankang Youyue*), which airs on CCTV (China Central Television), the primary state television broadcaster within the People’s Republic of China. Primarily, I seek to address how the self is implicated in the imaginary of integrated medicine and, ultimately, show how the notion of a ‘genetic self’ emerges as an attempt to resolve the issues of subjectivity faced by persons diagnosed with mental illness. The ‘genetic self’ integrates to Five Phase Theory into biomedical notions of the ‘neurochemical self’ (cf.

Rose 2003) and, in doing so, indicates that, in the intersection of biomedicine and traditional Chinese medicine (TCM), biomedicine is not entirely hegemonic. Relating this to economic, historical, and political processes, I show that globalization consists of reciprocal processes in which traditional Chinese medicine is not replaced, but rather reinterpreted, and biomedicine is reformulated in accordance with traditional medical beliefs. The repeated emphasis on a cure throughout the promotion of ‘Five Phase Balance Regulation Therapy’ on “Jiankang Youyue” illustrates how TCM and biomedicine are both reformulated through the integration of the two cultural systems of medicine.

## Part I. Introduction

*So the ideal cure for a mental illness requires arriving at a complete treatment to not give the mental illness a chance to recur. Five Phase balance regulation treatment can arrive at this type of treatment result. First, it can comprehensively control the patient's symptoms to make the patient rapidly break away from the mental, cognitive, and emotional illness barriers to gain control and prevent further damage to the brain. Second, Five Phase Balance Regulation Therapy uniquely possesses the trait of restorative activity. It is capable of correcting the abnormal gene locus fragment to advance restoration, completely controlling the influence of the abnormal gene locus, and rewriting the fragments of genomic DNA to make the gene locus restore normality. At the same time, it corrects the damage done to the cranial nerves to advance a comprehensive and effective restoration [and] regenerates neurons to make the patient completely break away from insomnia, depression, and psychosis. – Wang Zhu Ren*

[所以说理想的精神性疾病治疗方案必须要一次到位全面治疗不给精神性疾病复发的机会。而五行平衡调控疗法就能达到这样的治疗效果。首先它能够整体控制患者的症状使患者迅速的摆脱情绪认知感觉上的障碍病情得到控制阻止对大脑的进一步损害。其次五行平衡调控疗法独有的修复合活性因子。能够对异常的基因座片段进行修复全面的控制异常基因座的影响并改写基因 DNA 的片段使基因座恢复正常。同时对受到损害的脑神经进行全面有效的修复再生神经元使患者彻底的脱离失眠抑郁精神障碍。 – 王主任]

In the field of biomedical psychiatry, practitioners rarely, if ever, consider the possibility of curing cases of mental illnesses. Practitioners of biomedical psychiatry almost always orient their medical care towards reducing the symptoms of psychological disorders rather than curing them. Integrated forms of medical treatment in contemporary China use biomedicine in an attempt to grant traditional Chinese medicine (TCM) the perceived rigorousness that patient-consumers associate with biomedicine, however the claims that it makes for recovery – that is, treating the root of the illness rather than its effects – is consistent with the principles of TCM practice.



In this paper, I explore the imaginary in the marketing of integrated medicine in China through an analysis of an episode of the television show, “Health Appointment” (健康有约/*Jiankang Youyue*), which airs on CCTV (China Central Television), the primary state television broadcaster within the People’s Republic of China. Primarily, I seek to address how the self is implicated in the imaginary of integrated medicine and, ultimately, show how the notion of a ‘genetic self’ emerges as an attempt to resolve the issues of subjectivity faced by persons diagnosed with mental illness. The ‘genetic self’ integrates to Five Phase Theory into biomedical notions of the ‘neurochemical self’ (cf. Rose 2003) and, in doing so, indicates that, in the intersection of biomedicine and traditional Chinese medicine (TCM), biomedicine is not entirely hegemonic. Relating this to economic, historical, and political processes, I show that globalization consists of reciprocal processes in which traditional Chinese medicine is not replaced, but rather reinterpreted, and biomedicine is reformulated in accordance with traditional medical beliefs. The repeated emphasis on a cure throughout the promotion of ‘Five Phase Balance Regulation Therapy’ on “Jiankang Youyue” illustrates how TCM and biomedicine are both reformulated through the integration of the two cultural systems of medicine. The prominence of advertising ‘Five Phase Balance Regulation Therapy’ as a ‘genuine cure’ (‘真正治愈’/*zhengzheng zhiyu*) also shows how the biopsychiatric paradigm of mental illness is insufficient in dealing with the paradox of ‘recovery without cure’ (cf. Jenkins and Carpenter-Song 2005). These reformulations of TCM and biomedicine open up new possibilities for the imagined possibilities of the self for patient-consumers diagnosed with mental illnesses and their family members.

On “Health Appointment”, a man named Wang Zhu Ren (王主任), who is dressed in a laboratory coat, but is not explicitly identified as a doctor, speaks as a representative of a hospital in Beijing and an authority on the treatment of mental illness. He promotes the use of what I have translated as ‘Five Phase Balance Regulation Therapy’ (*Wu Xing Pingheng Tiaokong Liaofa* 五行平衡调控疗法)<sup>1</sup>. Wang Zhu Ren describes this particular treatment as a type of integrated medicine that is used for various mental illnesses and is rooted in “the study of genes and the study of cellular balance” [“基因学以及细胞平衡学”/“*jiyin xue yiji xibao pingheng xue*”]. This particular treatment, he explains, was innovated by a small group of research experts at his hospital in consultation with some canonical TCM texts and based off of clinical practice and research. The treatment, ‘Five Phase Balance Regulation Therapy’ is promoted as both stabilizing and preventative; by enabling change at the level of the genes, the guest explains, this therapy does not only cure the current condition, but it also prevents a recurrence of the disorder in the future and prevents the inheritance of the genetic disposition for patients’ progeny. The concepts of balance and imbalance as they relate to health and illness aid the convergence of divergent ideas on the causation of mental illness.

The hospital being advertised on this program, The Number Two Armed Police Chinese Medicine Hospital of Beijing (武警北京总队第二医院科 / *Wujing Beijing Zongdui Di Er Yiyuan Zhongyi Ke*), is a public traditional Chinese medicine hospital in the Xicheng district of Beijing, which was founded in 1949. It was one of the first public

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<sup>1</sup> *Wu Xing* (五行) translates to ‘Five Phases’. *Pingheng* (平衡) means ‘balance’. *Tiaokong* (调控) translates to ‘regulation’ and *liaofa* (疗法) translates ‘therapy’.

hospitals established under the Communist government. It has been conferred by the Chinese government with numerous awards including, “Designated hospital clinic for the armed police” (“武警官兵定点诊疗医院”/“*Wujing guanbing dingdian zhenliao yiyuan*”), “National Model Hospital for the Promotion of Minimally Invasive Treatment” (“国家微创诊疗指定推广示范医院”/“*Guojia weichuang zhenliao zhiding tuiguang shifan yiyuan*”), “China Citizens’ Hospital of Choice” (“中国百姓放心示范医院”/“*Zhongguo baixing fangxin shifan yiyuan*”), and “People’s Choice Hospital for Youth Otolaryngology” (“青少年耳鼻咽喉普查指定医院”/“*Qingshaonian erbiyanhou pucha zhiding yiyuan*”).<sup>2</sup> Though the particular therapy being advertised is highly idiosyncratic and very unusual in its assertion that TCM can be used to deal with major psychiatric disorders, the fact that this particular hospital has such a long history and prestigious reputation, added to the context of the advertisement appearing on CCTV, indicates that this integrated treatment is, in fact, significant in spite of not being prevalent throughout other TCM clinics and hospitals.

I will not attempt to analyze the veracity or the legitimacy of the claims being made about ‘Five Phase Balance Regulation Therapy’; rather, I will examine this advertisement as a particular cultural phenomenon that is located at the convergence of two medical belief systems and the ways in which ‘Five Phase Balance Regulation Therapy’ is promoted to evoke the imagined possibilities for a ‘genuine cure’ among patient-consumers and their family members. By invoking the imagined possibilities for a ‘genuine cure’ and a recovered selfhood, this advertisement both relies on the

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<sup>2</sup> This information comes from a Chinese news website, 新浪网 (Sina news), at <http://zhongyi.sina.com/news/jyzs/20133/151520.shtml>.

biopsychiatric paradigm of the ‘neurochemical self’ (cf. Rose 2003) and highlights the limitations of this paradigm.

In referring to the imaginary of integrated medicine, I draw on Jenkins’s (2010) conceptualization of the pharmaceutical imaginary, which is influenced by Castoriadis’s (1987) definition. Jenkins studies the role that pharmaceuticals play in persons’ subjective illness experiences. In doing so, she explores how pharmaceuticals shape persons’ conceptions of and possibilities for subjective experiences of selfhood. She explains, “If, following Castoriadis (1987), we understand the imaginary as that dimension of culture oriented toward conceivable possibilities for human life, then the pharmaceutical imaginary is that region of the imaginary in which pharmaceuticals play an increasingly critical role” (6).

Here I look at the imaginary insofar as it pertains to the imagined possibilities of the self through the use of integrated medicine. Thus, my use of the term ‘imaginary’ is focused more on the imagined *possibilities* for the self rather than the productive capacity of the imaginary to construct culture. In other words, the imaginary of integrated medicine draws largely on the imagined possibilities for the future self – a self that is, in this particular case, advertised as the *actual* self, or the self prior to a particular type of genetic expression that leads to the development of mental illness. Similar to Jenkins’s observations on the intention of psychopharmaceutical advertisements to “stimulate the pharmaceutical imaginary of the physician-consumer” (21), I argue that the guest on this particular program intends to evoke the imaginary of integrated medicine among viewers diagnosed with mental illnesses and their family members.

Whereas Jenkins describes the term ‘biomedical imbalance’ in biopsychiatry to be a “dead metaphor that can provide only fleeting and superficial succor” and “[wreak] havoc” with problems of subjectivity” (36), I suggest that the metaphor of balance as it is used in the advertisement evades these issues of subjectivity by marketing a solution that *eliminates* a disposition towards the types of imbalances (both described as genetic and across the Five Phases) that lead to mental illness. In an attempt to sidestep the issue of subjectivity by asserting a guarantee of the elimination of a biochemical imbalance, however, the subjective problems of the ‘neurochemical self’ are not eliminated, but rather, they are echoed in the construction of a ‘genetic self’.

## Part II. Traditional Chinese Medicine with Biopsychiatric Characteristics

... disease is not simply a physiological or biological state of an individual human body. Neither is it a reflection of such a state in the experience of the sufferer or in a particular representation of disease – in the literature of the biomedical sciences, in the conversations of clinicians and the information produced by their technologies, in the host of ‘opinions’ on the condition articulated in the social world, or in the documents produced by administrative and political bodies which have authority to classify disease and disability and respond. Disease is a particularly complex and dynamic form of relationship among these, a synthetic object *par excellence*. (Good 1994, 166-167)

Medical anthropologists have long observed that the interpretation of illness and the subjective experience of sickness are not simply based on the physical realities of disease, but are also socially constructed. Good (above) notes that disease is not reducible to its biological, social, professional, or political representations – rather its form emerges through a multifaceted and dynamic relationship between these multifarious representations. In this sense, he compares the interpretation of disease to that of a work of art, which can be reduced neither to the reader nor to the text. Likewise, I assert that medical treatment itself should not be minimized to its physical or physiological effects; rather, medical treatment reflects and incorporates the political, economic, and social trends of its environment, which, in turn, are subject to the influence of meta-processes of globalization. Thus, medical treatment does not just reflect knowledge of the functioning of physical bodies, nor does it merely affect its curative properties upon physical bodies; rather, medical treatment reflects and influences social, economic, and political processes.

China’s transition away from a socialist economy into a more market-oriented system has concurrently produced an environment that is more receptive to foreign medical ideas. The socialist market economy, which blends aspects of socialism and

capitalism, has its origins in Deng Xiaoping's economic reforms, which began in 1978 and instituted "capitalism with Chinese characteristics" (中国特色社会主义/*zhongguo tese shuhui zhuyi*), as he coined the term (Sandby-Thomas 2011). Under "capitalism with Chinese characteristics", the PRC became integrated into the world economy by becoming open to foreign investment and enterprise; additionally, limited private competition was permitted (Ibid). His model of the socialist market economy blends state-owned enterprises with an open-market economy (Ibid). The result is a number of business models, which employ variable ratios of public and private funds and assets and with differential control exerted by the government (Ibid).

I use the term 'TCM with Biopsychiatric Characteristics' in reference to the expression 'capitalism with Chinese characteristics' in an attempt to indicate the intimate link between the economic structure of society and how particular economic policies may be mirrored in the provision of healthcare services. These terms highlight how 'traditional' (or classical) forms of medical treatment in China are increasingly measured by particular standards set by biomedical practice and research. This expression acknowledges the hegemonic nature of biomedicine, but it also calls attention to the hybridity that characterizes the practices of TCM and biomedicine in China. This expression also refers to the increasingly entrepreneurial nature of medical treatment in China, as has been noted by Farquhar (1996) in her research on the privatization and commodification of medicine through small entrepreneurial (*getihu*<sup>3</sup>) medical

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<sup>3</sup> 'Getihu' literally translates as 'one-body household'. Generally, it refers to a single-proprietor or single-family business. Farquhar (1996) points out that this term has become important in the socialist market economy, as successful small business owners,

practitioners in a rural area in Shandong province. Similar to the “new kind of medical embodiment” (247) that Farquhar describes – in which a doctor’s perceived skill is linked to his or her popularity, wealth, and ability to incorporate divination, superstition, and magic into medical practice – practitioners of integrated medicine attract new patients by cultivating a unique style, particularly for persistent and intractable diseases. Integrated medical treatments not only allows practitioners to develop individualized ways of practicing medicine and create remedies for obstinate illnesses, they also enable practitioners to market TCM treatments as being consistent with the principles of biomedicine. Zhang (2007b) notes that integrating these two medical systems is becoming a greater concern for TCM practitioners and researchers, as there is an increasing pressure not just to illustrate contemporary TCM’s continuity with the ancient canons of Chinese medicine, but also to exhibit its alignment with modern science. Similarly, Farquhar (1996) notes that Maoist nationalism has been superseded by a desire to participate in global capitalism and “scientific internationalism” (240).

Though neoliberalization of the economy in the People’s Republic of China has aided the rising influence of biomedicine, the development of biomedicine has not been entirely hegemonic. China’s socialist market economy has contributed towards a contradictory set of policies and economic conditions for the continued use of TCM. In turn, this has created a climate in which novel forms of integrated medicine emerge. By selectively drawing from biomedical and TCM theory, such forms of integrated medicine sometimes make claims to guarantee medical consumers idealized (*lixiang* 理想) forms

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working with their families and a limited amount of resources, are “evidence that the economic reforms can work even for the average Chinese family.” (243).



of recovery. Not only have integrated forms of medicine emerged, but the canonical texts of TCM have been reinterpreted. As Farquhar (2002) has noted, since the last wave of influence of biomedicine in China, there has been a returning to and rereading of canonical Chinese medical texts in an attempt to explain biomedical practice as aligned with traditional Chinese medical views. The historical contingency of TCM textual interpretation was also exhibited during Mao's rule. Hsu (1998) observes that many critical TCM texts have been read through the framework of dialectical materialism due to the emphasis of this ideology under the Communist government. Accordingly, these readings resignified yin-yang relations of mutual complementarity as controlling through opposition. These trends illustrate that Chinese medical beliefs have not been replaced, but rather hybrid forms of practice have emerged and traditional medical texts have been reinterpreted.

The limitations of biomedicine's hegemony are also evidenced by the increasing interest in TCM in other parts of the world. Shen et al. (2011) note that chronic and functional diseases have become increasingly prevalent in the developed world. Changing patterns of disease, they argue, have led to an increasing interest in TCM, as biomedicine does not always have effective long-term solutions for many of these chronic diseases. Additionally, as Song et al. (2011) have observed, issues with side effects, drug tolerance, and high costs are making people more interested in TCM. The World Health Organization has stressed the importance of non-biomedical solutions and integrated medicine for achieving the goal of 'Health for All'; in 2000 the WHO proposed that traditional medicines should adhere to the standards of evidence-based medicine (Song et al. 2011). Global interest in TCM has led to an increase in

international pressure for the standardization of TCM. Standardization has been discussed over the past few decades in China – that is, since around the time of Deng Xiaoping’s economic reforms (Song et al. 2011). Though quality and safety controls have been implemented, systematic standards of efficacy have only recently been established (Ibid). Song et al. explain that the lack of standardization of and evidence for TCM have made many biomedical practitioners weary of its merit; they explain, “some professionals are skeptical and critical of TCM because they think it is based on inaccurate and mysterious interpretations and experientialism rather than scientific evidence such as definite pharmacokinetic analysis, toxicity testing, and double-blinded clinical trials” (262). Furthermore, the quality of these evidence-based medicine studies of TCM, particularly the randomized controlled trials, have been criticized for a lack of transparency and scientific rigor (Ibid). Such criticisms have led to the suggestion of an international registration of clinical trials of TCM (Ibid).

Hybrid forms of biomedicine and TCM have also developed within Chinese psychiatry. During the 1980s, psychiatrists in China began to develop integrated forms of care using Western models of psychiatric treatment in conjunction with TCM (Yip 2007). Psychiatrists began to integrate psychopharmaceuticals, electroshock therapy, psychosocial treatment, acupuncture, and herbal medicines (Ibid). Though many researchers have noted the predominance of biomedical discourse in the contemporary practice of psychiatry in China (Ma 2012; Lee 1999), I suggest that integrated approaches to psychiatry in contemporary China may highlight the limitations of biomedicine for the treatment of psychiatric disorders. Biomedical discourses, however, may predominate discourses of causality and notions of the self that are implicated by these models of

causation. As a result, biomedical discourses of selfhood may drive treatment regimens that are predominantly informed by the practices of TCM.

My analysis of ‘Five Phase Balance Regulation Therapy’ will draw attention to the particular way in which a predominantly biomedical framework of illness causation is used to explain the *cause* of mental illness as a genetic disposition and TCM is used to provide a *solution* for the genetic expression of mental illness. Specifically, the cause of mental illness is located in a physical defect in the genes, which lends itself towards a disposition of a particular genetic expression – an idea that is conventionally ‘biomedical’ in its orientation. Though the hospital representative in this program discusses a biomedical model of illness causation, the treatment that he advocates is based almost exclusively on TCM theory. The treatment is rooted in TCM theories about the Five Phases and is called ‘Five Phase Balance Regulation Therapy’ [‘五行平衡调控疗法’/‘*Wu Xing Pingheng Tiaokong Liaofa*’]. He refers back to a biomedical model of illness to discuss what therapeutic *effect* the treatment is having on the individual receiving treatment, as the therapy is supposed to “eliminate the pathological changes of the patient’s genes” [“消除患者病变基因”/‘*xiaochu huanzhe bingbian jiyin*’].

Given the positive attitude that many Chinese people have about the perceived rigorousness of biomedicine, it appears that biomedical language is used with the intention of lending scientific legitimacy to TCM treatment. In other words, biomedical language is coopted into the discussion of ‘Five Phase Balance Regulation Therapy’ in order to convince viewers of its scientific objectivity. Thus TCM is measured by the

standards of biomedicine and by how well it can explain TCM efficacy in the language of biomedicine.

Although biomedicine is referred to in order to assert a particular standard of objectivity that qualifies this integrated therapy as scientifically legitimate, ‘Five Phase Balance Regulation Therapy’ draws on TCM theories of the Five Phases to deal with the shortcomings of the biomedical treatment of mental illness. One particular inadequacy of the psychopharmaceutical treatment of psychiatric disorder that is highlighted in this particular program is the paradox of ‘recovery without cure’ (cf. Jenkins and Carpenter-Song 2005), in which persons with mental illnesses whom consume psychopharmaceuticals experience great improvement in reducing the symptoms of their illness and the intervals of their illness episodes, yet feel frustration for the lack of a cure from illness. The guest on the television program attends to this shortcoming by promoting ‘Five Phase Balance Regulation Therapy’ as a “genuine cure” [“真正治愈”/“*zhenzheng zhiyu*”], which gives the patient their “desired ideal healing effect” [“理想疗效的目的”/“*lixiang liaoxiao de mudi*”]. He defines this ‘genuine cure’ as one that effectively eliminates the genetic disposition for and expression of mental illness so that the illness has no chance of recurrence or inheritance.

### **Part III. Traditional Chinese Medicine and Biomedicine in China's History of Psychiatry**

Ingersoll (2010) has noted that Western medicine and Chinese psychiatry were nearly absent in China until the end of the 19<sup>th</sup> century. After the fall of the Qing dynasty in 1912, however, under the influence of European colonialists and in an effort to distance the new government from the dynastic rulers and provide a renewed sense of nationalism, political figures in China encouraged embracing Euro-American ideas; Ingersoll notes: “the influence of western imperialism and an ideological narrative centered upon national development and progress led to the widespread adoption of Euro-American norms and practices in China” (29). The political changes and social disorganization that occurred during this period (1911-1949) created a climate that was unfavorable to the traditional system of Chinese medicine. The mass intrusion of Western medicine, in addition to specific measures taken by the Kuomintang government in 1929 to limit and forbid the teaching of TCM, greatly challenged the status of TCM (Marie 2011). Western medicine not only threatened TCM at this time because of its role in promoting a particular type of nationalism that was trying to distance itself from the dynastic system, but also because Western medicine was more effective at adopting technologies to improve its practice. Additionally, there was no concerted movement within TCM practice at that time to modernize under the criteria of the scientific method.

Marie (2011) explains:

Chinese medicine was too slow to adopt the technological tools that enabled Western medicine to make the leap forward that distinguished its progress during the twentieth century. It did not modernize its terminology or even, at the very least, make its dialectics more accessible while preserving its intellectual rigor, nor did it develop an investigation and

research methodology that would have enabled it to meet the usual scientific criteria. (6)

Ironically, Chinese medicine was “a victim of its own completeness” (6). That is, due to TCM’s self-contained logic and esoteric nature, it was difficult for TCM to assimilate other branches of science as Western medicine did with sciences like biology, chemistry, and physics. (Ibid) During this time period, Western psychiatry first infiltrated China. The first comprehensive academic program in psychiatry was established at Peking Union Medical College in 1932 by an American doctor, Richard Lyman (Pearson 1995).

After the founding of the People’s Republic of China by Mao Zedong in 1949, however, there was a distancing from biomedical theories of mental illness; instead, under the influence of psychiatric theories then popular in the Soviet Union, psychiatric disorders came to be viewed as neither medical nor psychoanalytic disorders, but rather the product of social and ideological problems. Yip (2007) explains:

During the Cultural Revolution, in line with Maoism, mental illnesses are interpreted as the result of the evil influence of Capitalism... in the process of diagnosis, persons with mental illness were not only characterized by their related psychiatric symptoms but also by their political orientation in terms of problems in understanding Communism, Marxism and Maoism as well as over-involvement in evil Capitalism. (10-11)

This is not to say, however, that biomedical theories were completely disavowed under this system. Ma (2012) points out that, according to Maoist dialectical materialism, “mental activities would change the biological substratum” (58); thus biomedicine and TCM were used in conjunction with social interventions. Medical interventions were important not only for their curative effects in combatting individuals’ illnesses, but also for their socio-political value in effecting change upon the “pathological sociality” (58).

Moreover, medicine was used to correct socio-political ideological problems, and pathological ideology and problems in the social environment were considered deleterious to individuals' mental health (Ibid).

At the same time, the Communist government took a mixed position in regards to Chinese medicine; it was paradoxically rejected as feudal medicine and supported as a national treasure that required preservation – particularly in consideration of the hegemony of Western medicine and the “undesirable ideological tendencies of practitioners trained in Western medicine” (Marie 2011, 7). In the field of psychiatry, there was a decisive movement during Mao's reign to construct a nationalist agenda within the psychological healing paradigm. The first national conference for specialists in psychiatry took place in Nanjing in 1958 (Pearson 1995). A formal declaration was made at this event to move away from the hegemony of Western Euro-American theory and to develop indigenous texts with an emphasis on the necessity of collective action to overcome issues of mental illness (Ibid).

However, the death of Mao Zedong in 1976 and the rise of Deng Xiaoping and the popularization of his goals for market liberalization and modernization in the post-Mao years and the subsequent collaboration with foreign investment brought biomedical ideas of psychiatry back to China. Ingersoll (2010) notes: “For Deng Xiaoping's ‘open up and reform’ policy in the 1980s impacted not only state organs, state-run enterprises, and even the nascent sector of private-owned businesses, but social institutions nationwide.” (31) The degree to which biomedicine has impacted psychiatry is certainly evident as psychiatrists feel a push to match their practice with global norms in order to gain

institutional acceptability. This push is particularly strong for psychiatric practitioners whom wish to partake in dialogue about healthcare issues in China. Ingersoll observes:

To facilitate profitable interchange with international organizations and professional communities, obtain access to and intervene in local and state health policy, and establish the legitimacy of psychiatry as a specialized discipline of medicine in China, required that Chinese psychiatry assimilate itself to the globalized norms and practices adopted by and relevant to each of these domains. (32)

Biomedicine has undeniably become very popular in China in the 20<sup>th</sup> century and the biomedical view of psychiatric disorders and the *very conceptualization and formulation of psychiatric disorders as distinctively mental phenomena* has been popularized in modern China largely through the influence of biomedicine. China's CCMD (*Chinese Classification of Mental Disorders*), a clinical guide used for the diagnosis of mental disorders in China, bears a striking resemblance to the DSM, which is published by the American Psychiatric Association and is based primarily on a biomedical framework. The first attempts to establish a classification of mental disorders in China began in 1958 and were largely influenced by Russian psychiatry (Lee 1996). The first published nosological system in China emerged in 1979; this was later revised and published under the name of CCMD-1 (the first publication of the *Chinese Classification of Mental Disorders*) in 1981 (Ibid).

Sing Lee (1999) has documented the processes by which the biomedical category of depression has come to replace the previously recognized somatic disorder, neurasthenia<sup>4</sup> (神经衰弱 *shenjing shuairuo*), since the 1980s when Arthur Kleinman

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<sup>4</sup> Neurasthenia, a medical category that was coined by the American neurologist George Beard over a century ago, refers to the exhaustion of the nervous system. (Lee, 1999) Symptoms include fatigue, poor concentration, memory loss, weakness, headache, and



initially did his fieldwork in China and noted that patients whom would have received a diagnosis of depression in cultures using a model outlined by the DSM, were being diagnosed with neurasthenia in China. Lee (1999) attributes this shift to the changing diagnostic criteria of neurasthenia in successive revisions of the *CCMD (Chinese Classification of Mental Disorders*, the Chinese equivalent of the *DSM, Diagnostic and Statistical Manual of Mental Disorders*) as well as the pressure exerted by pharmaceutical companies to diagnose patients with depression, as depression is promoted as treatable with psychopharmaceuticals. Lee points out that this pressure from pharmaceutical companies is substantial – in fact, he states that the influence of these companies has been greater than that of the CCMD: “For better or worse, pharmaceutical companies are ahead of the CCMD schema in expanding the perceived burden and concept of depression.” (364). Pharmaceutical advertisements are highly influential for several reasons:

First, many Chinese psychiatrists do not have direct access to the English-language scientific literature on new psychotropic drugs, while others may be barred by the language barrier from understanding it. As a result, they have to rely heavily on educational information and activities from drug firms. Secondly, because there is little consumer activism that speaks for psychiatric patients’ rights, and access to medicolegal help is very limited, drug-related complications are much less likely to be documented than in the West. Finally, and most remarkably, the power differential between salespersons and doctors in China is very different from that in Western countries, Hong Kong, or Taiwan. (362)

The production of the highly popular SSRIs (Selective Serotonin Reuptake Inhibitors) in the 1990s provided pharmaceutical companies with an even greater

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decreased appetite, among others. (Ibid) This diagnosis, once popular in the United States, fell out of use by the early 20<sup>th</sup> century. (Ibid) The Chinese translation of neurasthenia, *shenjing shuairuo* 神经衰弱, literally translates as ‘nerve weakness’ or ‘nervous system weakness’.

incentive to expand the biomedical model of depression in China. The favoring of pharmaceutical treatments was greatly facilitated by the shift towards privatization of healthcare services and the decrease in government subsidies. Lee (1999) points out: “Since hospitals now have to generate their own income to cover the escalating cost of operations, they can no longer provide free medical service as in the pre-reform era.” (363-364).

In spite of the popularization of biomedicine, many Chinese individuals prefer to see TCM doctors to deal with problems of minor mental illness – that is, psycho-emotional problems of a non-psychotic nature – though many individuals suffering from minor mental illnesses forgo any kind of healthcare treatment (Kolstad and Gjesvik 2012). Individuals suffering from severe mental illness (referred to in Mandarin as *jingshenbing*, literally ‘spiritual illness’) – particularly from psychosis under schizophrenia or bipolar disorder – are predominantly treated in biomedically-oriented clinics (Ibid). Before the introduction of biomedicine, and in more remote parts of China, serious mental illness was (and is) treated by shamanic and religious healing techniques (Kleinman 1980; Ots 1990).

The majority of laypeople and TCM practitioners see ‘minor’ and ‘major’ mental illnesses as two entirely different and non-related categories – the former category of minor mental health issues are largely considered “problems of life” and the latter as severely debilitating conditions (Kolstad and Gjesvik 2012, 80). Though, TCM textbooks use the term *jingshenbing* to refer to both minor and major mental illnesses, many patients and practitioners do not use the term ‘*jingshenbing*’ to refer to non-major mental illness. Hsiao et al. (2006) point out, “Chinese people believe that psychotic illness is the

only type of mental illness, and that non-psychotic illness is a physical illness.” (58).

Additionally, although practitioners generally believe that both minor and major mental illness can be caused by *qi* (vital energy) stagnation, most TCM practitioners refuse to treat major mental illness (Ibid).

In the advertisement for ‘Five Phase Balance Regulation Therapy’ there is no conceptual difference between major and minor mental illnesses. Depression, insomnia, and schizophrenia are all equally identified as being caused by various imbalances of *qi*, neurochemical imbalances, and ‘cellular imbalance’. By juxtaposing these different conditions and stating the relevance of the therapy to treat these disorders, it is implied that they are similar in nature.

Though many researchers of psychiatry in China have noted the tendency of Chinese patients with mental illnesses to present somatic complaints, it is worth noting that traditional Chinese medicine does not simply ignore affect or mental processes. Though the *Huángdì Nèijīng* (*The Yellow Emperor’s Inner Cannon*, 黄帝内经 – one of the oldest and most revered texts of traditional Chinese medicine) doesn’t contain any medical disorder like depression, it does discuss the seven cardinal emotions<sup>5</sup>. Additionally, the *Huángdì Nèijīng* examines more serious mental illness through the observation of *diān* (癲) and *kuáng* (狂), both of which would roughly translate to ‘madness’. In the discussion of *kuáng* (狂) in the *Huángdì Nèijīng*, there is a general

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<sup>5</sup> The seven cardinal emotions discussed in the *Huángdì Nèijīng* are anger, grief, fear, shock, worry, over-thinking, and joy. The book contends that these emotions, if experienced in excess, can lead to adverse health effects. Such excesses can cause yin-yang imbalance, irregularities in the flow of blood, qi blockages in the meridians and impairment of vital organ functions.

description of acute psychosis, however no differentiation was made between mania, schizophrenia, or other psychotic states. Treatments for mental disorders have likewise been present in TCM practice throughout the history of TCM. Herbal medicines have been used to treat psychiatric illnesses in China for over two thousand years (Yip 2007).

Although there are few TCM books that explicitly deal with mental disorders, theories of emotion and mental disorder are not absent from TCM texts. Rather, such emotional and mental disorders are not explicitly divided from physical functioning. Thus, to say that TCM does not have theories of emotion or theories of mental processes is to view TCM through the lens of biomedicine. Furthermore, it is worth noting that there are TCM texts that explicitly deal with mental disorders. One of the more popular of these texts is Zhang Jinyue's 16<sup>th</sup> century book, *Methods of Curing Mental Illness* (Pearson 1995). According to Liu Xiehe (1981), a manual of prescriptions used for the treatment of psychotic disorders was compiled before the first century AD; however, it was later lost (Ibid).

#### **Part IV. Opportunities for Integrated Medicine in the Socialist Market Economy: Challenges to Traditional Chinese Medicine and Limitations of Biomedical Treatments**

The term “TCM” (Traditional Chinese Medicine) is a modern construct, which came about in the mid 20<sup>th</sup> century, after Chinese medical practice was revived under the Communist party (Kolstad and Gjesvik 2012). As part of a nationalist campaign by the Communist party, the previous wave of ‘modernizing’ medical practice by adopting Western science, which began in the late 19<sup>th</sup> century, was rejected. Previously, TCM was known simply as ‘Chinese medicine’ (Ibid). The term ‘TCM’ is an apt name insofar as it highlights the relative continuity that has existed throughout the history of this medical tradition. Marie (2011) points out that there has been a “remarkable epistemological continuity of its theoretical foundations,” which has been maintained until very recently (5). Such epistemological continuity was enabled by the common use of a corpus of medical texts. Though there have been disagreements about the interpretation of those texts, those disagreements have, nevertheless, operated within a particular philosophical and epistemological framework. Marie explains that the relative continuity of TCM “was made possible for centuries by the transmission of knowledge via a whole range of filiations, lineages, and classical schools that, despite occasional disagreement on certain specific points, demonstrated complementarity and overall paradigmatic consistency because they were based on the same founding texts and the theoretical construction stemming from them.” (6).

While there have been changes and additions to Chinese medicine, in the absence of any equivalent to the scientific revolutions that have effected Western medicine since

the start of the nineteenth century, it has not been subject to fundamental transformations (Ibid). However, the term has been criticized by some for creating a false impression of Chinese medicine as being either unchanged and “passed on in a seamless fashion” (6), or, paradoxically, denoting a false distinction between a ‘modern’ and ‘traditional’ Chinese medicine (Ibid).

Traditional Chinese Medicine (TCM) has encountered a great deal of pressure to adopt biomedical services in its clinics. Faced with the inability to maintain financial solvency by relying on its traditional treatments, TCM clinics have adopted an increasing amount of biomedical services as a pragmatic approach to economic survival (Shen et al. 2011)<sup>6</sup>. Currently, the majority of revenues for TCM hospitals come from the provision of biomedical treatments. The pragmatic adoption of biomedical services to maintain financial survival is evidenced by the large increase in revenue from expensive biomedical procedures like surgery and lab tests (Ibid).

Chinese government policy decisions have contradictorily worked to conscientiously promote TCM and to inadvertently contribute towards its demise. On the one hand, the Chinese government has made a number of policy decisions to directly promote the use of TCM. On the other hand, the recent shift towards privatization of the healthcare system, which has entailed government cutbacks of public medical services and the implementation of managed care, has largely favored the use of biomedical treatments. In a campaign to foment nationalism, the Communist government under Mao

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<sup>6</sup> In a survey of 97 TCM hospitals and 103 general hospitals in China from 2000 to 2004, Shen et. al. show that the percentage of revenue from biomedical services increased from 44.3% to 47.4% during that period; the percentage of revenue from TCM services declined from 26.4% to 18.8%.

Ze Dong actively began to promote the use of TCM. Since 1949, the Chinese government has consistently promoted the development of more uniform standards around the training and use of TCM (Shen et al. 2011). As one of the three guidelines for the development of the healthcare system, the government firmly believed that the integration of TCM with biomedicine was necessary to ensure healthcare delivery to the billions of citizens in China (Ibid). During the 1980s – a time period marked by a gradual economic transition into a more capitalist based economy – the government continued to promote the integration of TCM and biomedicine (Ibid). In an effort to maintain the continued use of TCM, the central government established quantitative requirements for the use of TCM services in TCM hospitals. Shen et al. (2011) explain that county-level TCM hospitals are required to have 85% and 70% of their prescriptions based on herbal medicines for outpatient and inpatient services, respectively. Additionally, county-level TCM clinics are required to have at least 70% of their medical staff trained primarily in TCM. In short, there are targeted quotas that TCM hospitals have to meet so that the proportion of TCM services that they provide to their patients far exceeds the use of biomedical services. The government continued to support the integration of TCM and biomedicine in the 1990s; in 1997 the government demanded an increase in the number of TCM hospitals and the number of beds per hospital (Ibid). In 1950, there were only four TCM hospitals and an average of 30 beds per hospital; in 2008 there were 2,668 TCM hospitals and a total of 350,000 beds (Ibid).

In spite of these explicit government policies to promote the use of TCM, the economic conditions of the healthcare industry do not encourage the use of TCM in clinical practice. This is evidenced by the fact that, in spite of specific quotas to use TCM

in the healthcare treatment, TCM hospitals are, in fact, far from meeting national standards (Shen et al. 2011). Rather than increasing the use of TCM medication in TCM hospitals, the use of TCM in these hospitals has actually decreased over time. This has led to a weakening of TCM hospitals by general hospitals (Ibid). Since the PRC's transition to the market economy in the 1980s, Chinese psychiatry has been dominated by a system of managed care, which is concerned with reducing healthcare expenditures by the state, accelerating patients' improvement or recovery from illnesses, and defending society from the potential perils posed by individuals with mental illnesses (Ma 2012). Similar to the US, biomedical intervention via psychopharmaceuticals now dominates psychiatric discourse and practice in China (Ibid).

Ma (2012) notes that psychopharmaceuticals have gained rapid popularity to treat psychiatric disorders in China because they appear to be the easiest and most effective remedy for doctors, patients, and their families. Ma explains, "Pharmaceutical treatment of madness dominates the psychiatric discourse and practice as it is the most cost-effective and scientific treatment." (58). Whereas social readings of mental illness were previously common, particularly in the era of Mao Ze Dong, they have become extremely sparse in the system of managed care. Instead, Ma notes, doctors prefer to repair the body as a "failed machine with the 'magic bullets' of drugs" (69) in hope of a quick fix.

In spite of the wavering confidence in TCM within China and the preference that many Chinese persons with acute or aggressive illnesses have for biomedical treatment, patients with intractable illnesses that biomedicine has no good remedy for turn to TCM for alternative treatments. In this respect, it is important to note that in "Jiankang Youyue", although the hospital representative is making the claim that 'Five Phase



Balance Regulation Therapy’ is an effective treatment for a large variety of mental illnesses<sup>7</sup>, he discusses schizophrenia at length and largely focuses on schizophrenia<sup>8</sup> – particularly while talking about the types of mental illnesses that ‘Five Phase Balance Regulation Therapy’ can treat. Whereas the guest and host only briefly refer to other types of mental illnesses that can be treated through this therapy and refer to what are often considered to be symptoms of particular mental illnesses under the DSM model, such as psychosis (精神障碍/*jingshen zhangai*) and insomnia (失眠/*shimian*), the guest goes into a very detailed description of different types of schizophrenia<sup>9</sup>. This is notable

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<sup>7</sup> Insomnia (失眠), depression (抑郁), psychosis (精神障碍), and labile moods (哭笑无常情绪) are, for instance, referred to by both the guest and the host of the show as examples of mental illnesses that can be treated according to this therapy.

<sup>8</sup> Schizophrenia is a translation of *jingshen fenlie zheng* (精神分裂症). Though translating some diagnostic categories of mental illness from Mandarin to English can be difficult, as there are a number of disparities across clinical categories, the clinical category of schizophrenia and *jingshen fenlie zheng* are largely equivalent. In a comparative study of the Chinese Classification of Mental Disorders-Second Edition (CCMD-2) and the DSM-III-R, Zheng et. al. (1994) point out that diagnostic categories like schizophrenia, bipolar disorder, delusional disorder, and depressive disorders are consistent across the two manuals; the greatest disparities were reported to be in neurasthenia and hysterical neuroses.

<sup>9</sup> The hospital representative on the TV program describes five different subtypes of schizophrenia: paranoid schizophrenia (偏执型的精神分裂症/*pianzhixing de jingshen fenlie zheng*), youth-type schizophrenia (青春型的精神分裂症/*qingchunxing de jingshen fenlie zheng*), anxious schizophrenia (紧张型的精神分裂症/*jinzhangxing de jingshen fenlie zheng*), simple schizophrenia (单纯型的精神分裂症/*danchunxing de jingshen fenlie zheng*), and undifferentiated schizophrenia (其他型精神分裂症/*qitaxing jingshen fenlie zheng*). These categories map very closely onto Sing Lee’s (1996) translated subdivisions for schizophrenia in the CCMD-2-R (The second, revised edition of the *Chinese Classification of Mental Disorders*), which are: paranoid schizophrenia, hebephrenic schizophrenia, catatonic schizophrenia, simple schizophrenia, other schizophrenia, and undifferentiated schizophrenia. Given the similarity in the description of ‘youth-type schizophrenia’ on the TV program with the CCMD-2-R’s ‘hebephrenic schizophrenia’, it is very likely that ‘youth-type schizophrenia’ is the more literal translation for the same clinical category. Given the similarity in the description of ‘anxious schizophrenia’ on the TV program with the CCMD-2-R’s ‘catatonic

because it signals that he is highlighting the use of this treatment for a particular mental illness that can be difficult to treat and is often considered threatening to one's selfhood. Elkis (in Elkis and Meltzer 2010) points out that biomedical remedies for schizophrenia are not effective for many patients: "Generally, it is assumed that 20-30% of patients who have schizophrenia do not respond to treatment with conventional antipsychotics, but some reviews have identified higher rates (up to 60%)." (3).

In addition to the high rates of patients that don't respond to conventional antipsychotics, those that do have a significant recovery are still often stigmatized (Jenkins and Carpenter-Song 2009). Jenkins and Carpenter-Song point out that awareness of stigma among persons with schizophrenia is often linked to an identity of being a person who habitually takes medication. Though an equivalent study has not been conducted in China, it may be the case that stigma, or awareness of stigma, is associated with routine psychopharmaceutical consumption.

The biomedical framework of mental illness causation may also pose challenges to issues to subjectivity in contemporary China. Ma (2012), who conducted ethnographic fieldwork at a psychiatric hospital in Guangzhou, observes that discourses that posit mental illnesses as the result of biological abnormalities have the power to both reduce the subject to a biological life and transform the subject back to his or her 'normal' self. Ma explains, "while psychopharmaceuticals may reduce an intimate subject into a contingent biological life that threatens the intimate bond... they may also transform the subject into a properly committed partner so as to recuperate intimacy." (52).

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schizophrenia', it is also very likely that 'anxious schizophrenia' is also just a more literal translation of the category 'catatonic schizophrenia'.

Pharmaceuticals constitute the nature of the pathology and the type of life that needs to be restored. There is ambivalence in the use of pharmaceuticals.

Biomedical solutions for psychiatric problems don't provide a guarantee of mental health. Patients may relapse, suffer from adverse side effects to medication, and require a long process of trial and error. Individuals practicing integrated medicine have an incentive to market their techniques to individuals with illnesses that are difficult to treat. Given the high rate of individuals with schizophrenia that don't respond favorably to psychopharmaceuticals, it is unsurprising that the guest on this TV program discusses schizophrenia at length and advocates the use of 'Five Phase Balance Regulation' for its treatment. The convergence of biomedical and TCM treatments for mental illnesses provides medical practitioners ways of individualizing their own methods for medical treatment. That is, the hybridization of these medical traditions allows medical practitioners the opportunity to distinguish themselves and individualize their practice of medical treatment by fusing distinctive medical traditions in unique ways.

## Part V. Promoting ‘Five Phase Balance Regulation Therapy’

“Five Phase Balance Regulation Therapy” is not explicitly mentioned in the canonical texts of TCM as a type of *therapy*, though Five Phase *theory* is fundamental to various treatments in TCM – including acupuncture, herbal medicines, cupping, scraping, and massage. Lu and Liu (1998) explain that Five Phase (or Five Element) Theory is so crucial to TCM theory and practice that it “influences almost every aspect of TCM.” (36). The Five Phases are related to the Five Zang Organs and theories of the phases are mapped onto these organs. The attributes of these five organs in turn determine the attributes of the six *fu* organs. In physiology, Five Phase Theory is used to explain the properties and functions of these organs. In pathology, Five Phase Theory explains how diseases influence these organs. In treatment, the Five Phases are used to explain the properties and actions of herbs and therapeutic methods (Ibid). Five Phase Theory is traditionally a specific therapeutic method; rather it is a way of thinking about the operation of any type of system and its endogenous and exogenous relations. It is not conventionally conceived of as a technique in itself, but rather a theoretical framework for applying various methods of treatment.

Five Phase (*Wu Xing* 五行) theory is premised upon the mutual generation or mutual production (*xiangsheng* 相生) and mutual overcoming or mutual control (*xiangke* 相克) of the phases – Wood (*Mu* 木), Fire (*Huo* 火), Earth (*Tu* 土), Metal (*Jin* 金), and Water (*Shui* 水). Farquhar (1996) explains that these phases “constitute a system of analyzing symptoms and pathological processes in the visceral systems of function” (248). This method of analyzing symptoms and pathological processes generates a

narrative of illness causation that is rooted in excess and deficiency. When one of the phases becomes deficient or excessive, the systems of mutual production and mutual control can become pathological (Ibid). This narrative of illness causation, Farquhar points out, can adequately account for complex presentations of symptoms. Additionally, she points out, this narrative of illness causation is well formulated to correspond with therapeutic techniques and resources. The shortcoming, Farquhar asserts, is in the ability to interpret illness causation in a multitude of ways; she explains, “The limitation of the Five Phases analysis, however, is that it is too tightly circular: each of the five positions is too closely related to all four others, and there are too many possible narratives of interaction.” (248)

The interpretative nature of TCM has been noted by many scholars (Kaptchuk 2000; Hsu 1999; Lu and Liu 1998; Sivin 1987). Farquhar (1996) points out that the interpretative nature of TCM comes largely out of its attention to the “particularities of place, time, and person” (249); she point out that this is quite different than the biomedical approach to diagnosis and treatment, which relies on “giant disease clauses that lump many different syndromes together” (249).

Five Phase Theory originated in the Warring States period; due to the importance of agriculture, the systematic understanding of the seasons and nature was vital at that time (Lu and Liu 1998). It was theorized that the five seasons – spring, summer, late summer, fall, and winter – defined the order of the Five Phases (Lu and Liu 1998). That is, according to the theory, the order of nature maps onto the order of the phases, which are sequentially Wood, Fire, Earth, Metal and Water. Five Phase Theory situates the human body in the natural world and conceptualizes health as a microcosm of the natural

order (Sivin 1987). Sivin explains, “Cosmos and body correspond part to part and function to function” (54). Thus, an understanding of the transformations that occur in the Five Phases can be elucidated by a comprehension of the changes in the natural world. Lu and Liu explain the logic behind the sequential order of generation and restriction for the Five Phases: “These relationships are based on the observations of the ancient Chinese on natural phenomena. For example, trees depend on water for growth, so it must be that Water generates Wood instead of Wood generating Water. And metal tools can cut trees, so it must be that Metal restricts Wood rather than Wood restricting Metal.” (45)

The mutual generation and mutual restraint of the phases can occur within or between them. Given the holistic model of this system, abnormalities in one of the elements arises out of and may be detrimental to the relations between the elements. Thus, Lu and Liu point out, the methodological treatment of disease under the Five Phase model does not isolate discrete pathologies: “in the analysis and treatment of a disease of an organ, the disturbance of relations occupies a more important role than does the diseased organ, itself.” (46).

The Five Phases are usually referred to as ‘phases’ rather than ‘elements’ because of the theory’s focus on process, change, interaction, and relation – however some translations to English refer to ‘Five Elements’ rather than ‘Five Phases’. Five Phase theory is not only used in TCM; it is also used to explain phenomena in the natural, social, and cosmic world. As applied to Chinese medicine, the Five Phases are mapped onto the

*Zang Fu* (脏腑) organ system in the body<sup>10</sup>, which categorizes internal and external tissues and organs into five groups, which are related to the Elements or Phases (Lu and Liu 1998). Thus, the body is integrated into a holistic system with the natural world under the classificatory system of the Five Phases; this holistic system integrates the organs into a system, which reflects a microcosm of the order of the universe (Ibid).

In TCM practice, psycho-emotional distress is explained by the *five-element theory*, which is centered around vital energy (*qi*) and the balance of *Yin* and *Yang* in the meridian system through which *qi* travels (Kolstad and Gjesvik 2012). Treatment of psychological problems in TCM practice entails rebalancing *qi*, which is thought to link the body, psyche, social relations and cosmology (Ibid). The diagnosis and treatment of psychiatric problems is not largely dissimilar from that followed for physical ailments; this is likely a result of the non-Cartesian model of TCM, which does not put a strong emphasis on a dichotomy between body and mind (Maciocia 2009). Consequently, physical symptoms may be interpreted as psychologically induced and vice versa (Ibid).

The hospital representative, named Wang Zhu Ren, frames the problem of mental illness in biomedical terms, but the solution that he gives largely draws from TCM theory. It is worth noting, however, that he does not give specific information about the therapeutic method of ‘Five Phase Balance Regulation Therapy’. TCM treatments usually rely on some combination of herbs, acupuncture, massage, cupping, scraping. Most commonly, patients receiving psychiatric care in TCM are prescribed herbs and provided with verbal instructions to “help adjust the patient’s orientation to his social environment”

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<sup>10</sup> The five Zang organs include the Heart, Liver, Lung, Spleen, and Kidney. The six Fu organs are the Gallbladder, Stomach, Large Intestine, Bladder, and San Jiao.

(Zhang 2007a, 58). Reorienting oneself in relation to the social environment is seen as crucial for many TCM treatments of psychological distress because many psychological illnesses are considered to be the result of a stagnation, which leads to bodily congestion (Ibid). None of these treatments are explicitly mentioned on the program. The predominant biomedical treatment for mental illness, psychopharmaceuticals, is also not mentioned on the program. Rather, the advertisement focuses on types of mental illnesses, the cause of mental illness, and what effect the treatment will have on patients. The lack of emphasis on the actual methodological process of treatment and the attention to cause and effect indicate that the *idea* of ‘Five Phase Balance Regulation Therapy’ is being marketed to the patient-consumer. By promoting the idea of this therapy rather than the therapy itself, the advertisement intends to provoke the imaginary of integrated medicine.

In order to indicate how ‘Five Phase Balance Regulation Therapy’ is compatible with current biomedical theories on the role of genetics for the development of mental illness, the hospital representative locates the genetic disposition for serious mental illness on the short arm of the X chromosome. He explains:

According to the discoveries of modern medical research, a physical defect in genes is the primary cause of many serious mental illnesses. The short arm of the X chromosome [refers to a region on the short arm of the X chromosome as 1 区 1 带] (on this region) there is a gene locus, HSU 93305, which has a close relationship with mental illness. This demonstrates that perhaps on this region of the chromosome there exists a genetic susceptibility for mental illness. When people with this genetic susceptibility encounter psychological or social stress this may lead to suffering mental and psychological illness.

[根据现代医学研究发现基因缺陷是许多严重精神疾病产生的重要原因。X 染色体短臂 1 区 1 带上的 HSU93305 基因座与精神性疾病存在着很密切的关联。这显示了这一染色体区域 可能存在有精神性疾病的感基因。在人们遇到心理和社会环境压力的时候只有那些携带致病基因者才有可能罹患精神心理疾患。 / *Genju xiandai yixue yanjiu*



*faxian jiyin quexian shi xuduo yanzhong jingshenbing chansheng de zhongyao yuanyin. X ranse tiduanbi 1 qu 1 dai shang de HSU93305 jiyin zuo yu jingshenxing jibing cunzaizhe hen miqie de guanlian. Zhe xianshi le zhe yi ranse tiquyu keneng cunzai you jingshenxing jibing de gan jiyin. Zai renmen yudao xinli he shehui huanjing yali de shihou zhi you na xie dai zhibing jiyinzhe cai you ke neng huan jingshen xinli jihuan.]*

He asserts that ‘Five Phase Balance Regulation Therapy’ has the potential to effectively “eliminate the pathological changes of the patient’s gene”. He links balance not just to the Five Phases through the naming of the therapy (‘Five Phase Balance Regulation Therapy’), but he also links balance of the Five Phases to balance at the cellular level; he states, “So, to treat insomnia, depression, and schizophrenia, we must start treatment from the study of genes and the study of cellular balance.” [“所以说要对症治疗失眠抑郁以及精神分裂症必须从基因学以及细胞平衡学上着手治疗。”/“*Suoyi shuo yao dui zhengzhiliao shimian yiyu yiji jingshenfenliezheng bixu cong jiyinxue yiji xibao pinghengxue shang zhuozhe shou zhiliao.*”] Thus the concept of balance links two divergent medical systems into the therapeutic paradigm advertised on the program. Wang Zhu Ren asserts that ‘cellular balance’ occurs as a product of balancing the Five Phases. An imbalance in the five *zang* organs is equated to a biological variation in the genes:

For a natural treatment, the underlying cause of imbalance of the five viscera needs to first be eliminated, which is also a [biological] variation of the gene locus. Carrying out an effective control and treatment is synchronous with executing the restoration and fine tuning of the five viscera [heart, liver, spleen, lungs, and kidney] in order to achieve control of the illness state and restore cranial nerves to produce the desired ideal healing effect.

[那么在治疗上自然就要先消除五脏失衡的根本原因也就是变异的基因座。针对其进行有效的控制与治疗同步进行五脏的修复与微调以达到控制病情修复脑神经产生理想疗效的目的。/Name zai zhiliao shang ziran jiu yao xian xiaochu wuzang shiheng de genben yuanyin ye jiu shi

*bianyi de jiyin zuo. Zhendui qi jinxing youxiao de kongzhi yu zhiliao tongbu jinxing wuzang de xiufu yu weitiao yi dadao kongzhi bingqing xiufu naojing chansheng lixiang liaoxiao de mudi.*]

The “underlying cause” that Wang Zhu Ren describes is both genetic and an imbalance in the five viscera. Control of the imbalance in the five viscera is related to the restoration of cranial nerves.

‘Five Phase Balance Regulation Therapy’, Wang Zhu Ren asserts, is “capable of correcting the abnormal gene locus fragment to advance restoration, completely controlling the influence of the abnormal gene locus, and rewriting the fragments of genomic DNA to make the gene locus restore normality.” [“能够对异常的基因座片段进行修复全面的控制异常基因座的影响并改写基因 DNA 的片段使基因座恢复正常。”] / “*Neng gou dui yicang de jiyinzuo pianduan jinxing xiufu quanmian de kongzhi yichang jiyinzuo de yingxiang bing gai xie jiyin DNA de pianduan shi jiyinzuo hui fu zhengchang.*”] He also claims that the therapy “corrects the damage done to the cranial nerves” [“对受到损害的脑神经进行全面有效的修复”] / “*Dui shoudao sunhai de naoshenjing jinxing quanmian youxiao de xiufa*”] and “regenerates neurons” [“生神经元”] / “*sheng shenjingyuan*”]. The promises that Wang Zhu Ren makes for a complete recovery are highly optimistic, as he guarantees that patients will “completely break away from insomnia, depression, and psychosis” [“彻底的脱离失眠抑郁精神障碍”] / “*Chedi de tuoli shimian yiyu jingshen zhangai*”].

## Part VI. Notes on the Translation

In the transcript below, I use “H” to refer to the host and “G” for the guest of the show. The guest on the show is a representative from a hospital in Beijing, 武警北京总队第二医院中医科 (*Wujing Beijing Zongdui Di Er Yiyuan Zhongyi Ke*, The Number Two Armed Police Chinese Medicine Hospital of Beijing). The host refers to the guest by his name, 王主任 (Wang Zhu Ren), but his specific relationship with the hospital he is representing is not mentioned. The name of the hospital appears at the bottom of the screen, though it is never explicitly stated that the guest on the show is an employee at or representative of the hospital. Thus, while the show is not an explicit advertisement for the guest or the hospital, it does advertise services that the hospital provides.

The term ‘精神’ (*jingshen*) can be translated variously as mental or spiritual. ‘障碍’ (*zhangai*) is closest in meaning to barrier or obstruction. ‘精神障碍’ literally translates either “mental obstruction” or “spiritual obstruction”, however it is closest in meaning to the English equivalent of “psychosis”. For the sake of simplicity, I will translate “精神障碍” (*jingshen zhangai*) as “psychosis”. Additionally, ‘思维’ (*siwei*) is usually translated as thought; paired with ‘障碍’ (*zhangai*), ‘思维障碍’ (literally, ‘thought obstruction’) is closest in meaning to ‘thought disorder’ and, thus, will be translated as ‘thought disorder’.

## Part VII. Transcript

**Host** : 观众朋友们大家好。很高兴我们又在《健康有约》中与大家见面了。今天我们要和大家一起来讨论的话题是关于精神方面疾病的。说起精神方面的疾病大家首先想到的也许就是失眠，抑郁，哭笑无常情绪紊乱不受控制。其次也许就是很难治，治不好，好了也会复发。那么事实上究竟是不是这样呢？我们今天也是请到了王主任。在接下来的节目当中他将为我们大家详细的讲解有关精神分裂的治疗问题。首先还是欢迎王主任来到我们的节目中。你好王主任。

*[Bottom of the screen:*

武警北京总队第二医院中医科  
地址：北京市西城区月坛北街丁3号  
电话：010-59535633]

**Guest** : 你好。观众朋友们大家好。

**H** : 精神性疾病这个名词可以说是一点也不陌生的了。但是精神疾病究竟包括哪些范围呢？王主任，请你给我们简单的介绍一下。

**G** : 好的。精神疾病其实是一个总称。它包括很多方面。其中包括失眠，抑郁，精神障碍。而精神障碍又包括有思维障碍。包括有思维速度障碍。比如说，思维过程的速度加快或着缓慢。思

**Host**: Welcome to all of our friends in the audience. I'm very happy to see you all again at "Health Appointment". The topic we will discuss with everyone today regards mental illness. Speaking on the topic of mental illness, everyone will first perhaps think of insomnia, depression, and labile and uncontrollable, chaotic moods. Second, perhaps, [people will think about illness that are] difficult to treat, incurable, or get better then relapse. In reality, isn't it like this after all? Today we have invited Wang Zhu Ren [name of guest]. In this show he will answer questions about the treatments for schizophrenia and explain it in detail. First let's welcome Wang Zhu Ren to our show. Hello, Wang Zhu Ren.

*[Bottom of the screen:*

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**Guest**: Hello [to the host]. Hello to all of the friends in the audience.

**H**: It could be said that the term 'mental illness' is not even a little bit strange [i.e. unfamiliar]. But what is the range of what's included as a 'mental illness'? Wang Zhu Ren, please could you explain this to us in simple terms?

**G**: Okay. Actually, mental illness is a generic term. It is comprised of many different aspects. Among these, it includes insomnia, depression, and psychosis. Psychosis also includes thought obstruction

维形式的障碍又有联想障碍。比如联想的结构缺乏目的性。思维松弛，思考的过程不符合逻辑。思维控制的障碍表现是妄想所至。患者常常感到自己的思维不属于自己。感觉自己的思维是在受外力所控制而不受自己的意志所控制。还有思维内容障碍包括妄想或类妄想强迫性观念等。再就是幻觉像幻听幻视幻触等等。以及一系列的阴性症状与瓦解症状。

**H**：王主任，咱们经常在医学上会听到有一种专业的名词叫阴性症状还有瓦解症状。能给我们简单的解释一下吗？

**G**：可以。像精神分裂症外在表现出来的。比如说听到不存在的声音，思维障碍等。这些都叫作阳性症状。那么部分精神分裂症患者还可以出现情感倒错意向倒错这就是瓦解症状。再往后出现的情感迟钝意志减退。这些不很明显的就称为阴性症状。对于精神分裂症阴性症状的患者来说主要是人格，情感反应，意志行为和社会功能的障碍，比如缺乏情感，缺乏始动性，言语贫乏，兴趣缺乏，行为懒散，社交退缩等。

and obstruction of the speed of thoughts. For example, the speed of the thinking process accelerates or slows down. The form of obstructed thinking also has obstructed cognitive associations. For example, the structure of cognitive associations lacks an objective, thinking is dulled, and the thought process is illogical. The obstruction of thought control is expressed through delusions. The sufferers often feel that their thoughts don't belong to themselves. They feel that their thoughts are being controlled by an external force and it is not within their will power to control them. There is also psychotic thought content including obsessive thoughts, and so on. There are also hallucinations like auditory hallucinations, visual hallucinations, tactile hallucinations, and so on. As well as a series of negative symptoms together with positive symptoms.

**H**: Wang Zhu Ren, at the hospital we often hear specialized terms called negative symptoms and positive symptoms. Can you give a simple explanation [of these terms]?

**G**: [I] can. [Positive symptoms are] the outward manifestations of schizophrenia. For example, hearing things that don't exist, thought blocking, and so on. These sufferers of schizophrenia still can express warped emotion and aberrant intention. Then in the future, the expression of feelings is dulled and willpower ebbs. These less obvious symptoms are called negative symptoms. Regarding the sufferers of negative symptoms of schizophrenia, it primarily affects personality, emotional reaction, willpower, behavior, and it hinders functioning in society. For example, lacking emotion, lacking motivation, blunted speech, lacking interest, lazy behavior, avoiding social contact, and so on.

**H:** 那么精神分裂症是不是可以根据这些外在症状的不同而分为多种的类型呢？

**G:** 是的。从临床上来说精神分裂症可以分为五大类型像最普遍的偏执型的精神分裂症其临床表现主要想和幻觉。但是以妄想为主妄想为原发性的妄想主要有关系妄想被害妄想疑病妄想嫉妒妄想及影响妄想。这些妄想常结构松散内容荒谬。再就是青春型的精神分裂病。这是一种起病多在 18-25 岁的青春期的精神障碍。他的临床表现主要是思维情感和行为障碍。再往后就是较为少见的紧张型的精神分裂症。这种病型较为少见多在青壮年期发病。他的临床表现主要是紧张性的木僵。病人不吃不动也不说话。就像泥塑木雕或者像蜡像一样的。第四种类型就是单纯型的精神分裂症。这也是较为少见的一种精神障碍。多在青少年期发病。他的其临床表现为思维贫乏情感淡漠或者是意志减退等阴性症状为主, 但没有妄想幻觉等明显的阳性症状。病情严重的时候精神衰弱日益明显。第五种类型就是把除了上述四种精神分裂症之外的精神障碍。归总到一起称其为其他型精神分裂症。具体来说又有未分裂残留型和抑郁型等几种类型。

**H:** Can schizophrenia be subdivided into many different types based on these different external symptoms?

**G:** Yes. Schizophrenia can be clinically separated into five major types. The most common is paranoid schizophrenia; the major clinical presentations [for this type] are delusions and hallucinations. But it is centered primarily around delusions related to paranoia, hypochondria, jealousy, and disturbing delusions. These delusions are often loosely structured with absurd content. Then there is youth-type [hebephrenic] schizophrenia. This type of mental disorder usually appears during ages 18-25. The primary clinical presentation is psychotic thinking, feelings, and behavior. Next there is anxious [catatonic] schizophrenia, which is relatively rare. This type of illness has a relatively rare onset in the prime of one's life. The main clinical presentation is strained rigidity. The sick person doesn't eat, doesn't move, and doesn't speak. He is like a mud model, woodcarving or like a wax figure. The fourth kind is simple-type schizophrenia. This one is also relatively rare type of psychosis. The onset is usually during adolescence. The primary clinical presentation is impoverished thinking, apathetic mood, decline in willpower, and other primarily negative symptoms, but there are not delusions, hallucinations or other obvious positive symptoms. When the state of the illness is serious obsessive-compulsive disorder becomes more obvious every day. The fifth type contains other types of psychosis in addition to the four aforementioned types of schizophrenia. It gathers these together into undifferentiated type of schizophrenia. That is to say, this category has not divided the remaining types [of schizophrenia] and depressive types into several categories.

**H:** 关一个精神分裂症就有这么多分裂啊! 看来精神疾病的症状还是比较复杂的。不能一概而论。

**G:** 对除了精神分裂症以外失眠抑郁症的临床比较单纯, 但是原因又是比较复杂的。而且, 无论什么精神性的疾病他的复发率都相当的高。而且复发的次数愈多疾病所造成的精神缺损也就越严重给病人家庭社会造成了巨大负担 危害是相当大的。

**H:** 那我们应该如何来治疗失眠抑郁精神障碍等等这些精神疾病呢?

**G:** 根据现代医学研究发现基因缺陷是许多严重精神疾病产生的重要原因。X 染色体短臂 1 区 1 带上的 HSU93305 基因座与精神性疾病存在着很密切的关联。这显示了这一染色体区域 可能存在有精神性疾病的感基因。在人们遇到心理和社会环境压力的时候只有那些携带致病基因者才有可能罹患精神心理疾患。所以说要对症治疗失眠抑郁以及精神分裂症必须从基因学以及细胞平衡学上着手治疗。那么在这一理论的基础上我们医院的专家研究小组参考了中医的经典组方同时通过多年来临床实践与研究。推出了一套能够消除患者病变基因。并稳定治疗患者症状防止复发的疗法。它就叫五行平衡调控疗法。

**H:** Oh there are so many divisions of schizophrenia! It seems like the symptoms of mental illness are pretty complicated. They can't be clumped together.

**G:** Yes, aside from schizophrenia, insomnia and depression have relatively simple clinical presentations, but the causes are also pretty complicated. Also, no matter what type of mental illness, the rate of recurrence is quite high. Also, multiple recurrences can bring about an increasingly severe decline in spirit and it can bring a huge burden to the patient's family and to society; the danger is equivalently large.

**H:** How should we treat insomnia, depression, psychosis, and these other mental illnesses?

**G:** According to the discoveries of modern medical research, a physical defect in genes is the primary cause of many serious mental illnesses. The short arm of the X chromosome [refers to a region on the short arm of the X chromosome as 1 □ 1 □] (on this region) there is a gene locus, HSU 93305, which has a close relationship with mental illness. This demonstrates that perhaps on this region of the chromosome there exists a genetic susceptibility for mental illness. When people with this genetic susceptibility encounter psychological or social stress this may lead to suffering mental and psychological illness. So, to treat insomnia, depression, and schizophrenia, we must start treatment from the study of genes and the study of cellular balance. On the foundation of this theory, a small group of research experts in our hospital consulted with a set of Chinese medicine canonical texts while, at the same time, going through many years of clinical practice and research. [They] put forward [a method that] could eliminate the

pathological changes of the patient's gene. Furthermore, the treatment stabilizes the patient's illness in order to prevent a recurrence. It is called Five Phase balance regulation therapy.

**H:** 这种疗法是用五行学说来治疗精神疾病吗？

**H:** This method of treatment uses Five Phase theory to treat mental illness?

**G:** 对，你理解的很对。五行学说是用五行之间的生克关系来阐释事物之间的相互关系以及五行的特性来分析研究机体的脏腑经络。生理功能的五行属性和相互关系阐释它们在病理情况下的相互影响。他认为任何事物都不时孤立静止的。而是在不断的相生相克的运动中维持协调平衡的只有维持其五行平衡了身心才能够达到真正意义上的健康。自古以来中国的先贤把五行理论巧妙的运用于医学领域。以五行辩证的生克关系来认识解释生理现象。尽力的适应内部的自然规律以养生治病救人。努力的掌握人体运行机制以防病治病。取得了无比丰富的经验和成果。这一理论在治疗精神疾病上同样有效。对于中医来说无论是失眠抑郁还是精神障碍这些患者都可以归类为五脏失调以至于情绪失衡。那么在治疗上自然就要先消除五脏失衡的根本原因也就是变异的基因座。针对其进行有效的控制与治疗同步进行五脏的修复与微调以达到控制病情修复脑神经产生理想疗效的目的。

**G:** Yes, you understand it very well. Five Phase theory uses the growth and restraint relation between the five phases to explain the mutual relations between things and the properties of the five phases to analyze the organs and energy channels of the human body. The physiological function of the properties and mutual relations of the five phases explains how they mutually influence each other under the situation of pathology. According to [this theory], nothing is isolated or still. Rather, uninterrupted mutual engendering and constraint movement maintains harmonized balance; only when there is harmony of Five Phase balance will the body and heart arrive at real and meaningful health. Since ancient times in China, distinguished sages ingeniously used Five Phase theory in the sphere of medicine. [They] used the dialectic of birth-restraint in the five phases to understand and explain physiological phenomenon. [They] strove to adapt the rules of internal nature to maintain good health and treat disease. [They] strove to grasp the mechanism of motion of the human body in order to defend against and treat illness. [They] acquired incomparable abundant experience and results. This theory was equally effective in treating mental illness. For a Chinese medicine practitioner, regardless of whether it is insomnia, depression, or psychosis, these sufferers all can be classified by an imbalance in the five viscera, which leads to imbalance in mood. For a natural treatment, the underlying cause of



imbalance of the five viscera needs to first be eliminated, which is also a [biological] variation of the gene locus. Carrying out an effective control and treatment is synchronous with executing the restoration and fine tuning of the five viscera [heart, liver, spleen, lungs, and kidney] in order to achieve control of the illness state and restore cranial nerves to produce the desired ideal healing effect.

**H:** 那你刚才讲到五行平衡调控疗法。这种疗法可以达到一个什么样的治疗效果呢？能像患者们所希望的那样真正治愈失眠抑郁以及精神分裂症不复发不反弹吗？

**H:** Okay, you just discussed Five Phase balance regulation treatment. What type of medical result can this type of treatment have? Can it have the type of genuine cure that patients suffering from insomnia, depression and schizophrenia desire? Patients won't relapse or have negative repercussions?

**G:** 完全可以。由于精神性疾病的特殊性它每复发一次就会更加重对大脑的损害程度。一般多年迁延不愈反复发作的患者他的预后较差。所以说理想的精神性疾病治疗方案必须要一次到位全面治疗不给精神性疾病复发的机会。而五行平衡调控疗法就能达到这样的治疗效果。首先它能够整体控制患者的症状使患者迅速的摆脱情绪认知感觉上的障碍病情得到控制阻止对大脑的进一步损害。其次五行平衡调控疗法独有的修复合活性因子。能够对异常的基因座片段进行修复全面的控制异常基因座的影响并改写基因 DNA 的片段使基因座恢复正常。同时对受到损害的脑神经进行全面有效的修复再生神经元使患者彻底的脱离失眠抑郁精神障碍。睡得好心情好精神好不复发不反弹。更阻断了家族的传性。为什么这么说患者即使有家族病史？从他治愈的时候起以后的后代就再不具有异常的基因也就不存在发病危险了。

**G:** [It] completely can. Due to the unusual nature of mental illness, each recurrence will have an increasingly higher degree of brain damage. Usually, a long delay of many years without healing [and] repeated flare-ups means a rather poor prognosis for the patient. So the ideal cure for a mental illness requires arriving at a complete treatment to not give the mental illness a chance to recur. Five Phase balance regulation treatment can arrive at this type of treatment result. First, it can comprehensively control the patient's symptoms to make the patient rapidly break away from the mental, cognitive, and emotional illness barriers to gain control and prevent further damage to the brain. Second, Five Phase Balance Regulation Therapy uniquely possesses the trait of restorative activity. It is capable of correcting the abnormal gene locus fragment to advance restoration, completely controlling the influence of the abnormal gene locus, and rewriting the fragments of genomic DNA to make the gene locus restore normality. At the same

time, it corrects the damage done to the cranial nerves to advance a comprehensive and effective restoration [and] regenerates neurons to make the patient completely break away from insomnia, depression, and psychosis. [The] sleep is good, mood is good, spirit is good, [there is] no relapse, [and] no negative repercussions. Even more, it will obstruct family inheritance [of mental illness]. Why say that even if the patient has a family medical history? From the time when he or she is cured, the posterity won't again have this abnormal gene, so there also won't exist a danger of contracting the illness.

**H:** 也就是说通过五行平衡调控疗法的治疗患者不仅能够达到自身的治愈更可以消除其遗传性保证他的后代也不再具有精神疾病的风险了是这样吗？

**H:** So, you're saying that going through the treatment of Five Phase Balance Regulation Therapy, patients not only are able to reach their own cure, but also can eliminate the genetic transmission to guarantee his or her posterity won't again have the risk of mental illness, is that right?

**G:** 你理解的完全正确。一般患者在接受五行平衡调控疗法的治疗以后都反映有脑袋一下子清醒的感受。从精神到身体都出现了明显的好转。我们医院随访两年以上没有见复发的也没有见反弹这一个科学临床研究成果在我们医院运用以来。使很多的患者摆脱了精神疾病的困扰走上了健康之路。因此我院的五行平衡调控疗法在全军乃至世界医学交流会上都赢得了很高的荣誉。所有到会的各国专家一致的意见。五行学在中医学中既用作在理论上的阐释又具有指导临床的实际意义。

**G:** You understand it completely correctly. Usually, after patients receiving Five Phase balance regulation treatment are cured they all report feeling a sudden clear-headed mental capacity. From spirit to body, an obvious improvement emerges for all of them. For over two years since our hospital has put the results of this scientific clinical research to use, we haven't seen relapses or negative side effects in our visitors. This has made many patients break away from the complications of mental illness and go onto a path to health. Therefore, in exchange within the army and even the world about my hospital's Five Phase balance regulation treatment all gain a high honor. All countries can arrive at a unanimous belief. The study of the Five Phases within the study of Chinese medicine both is used in the explanation of theory and also possesses significance to guide clinical practice.

**H**：既可以治愈患者的病情又能够保证患者后代不再冒发病的风险更可以解决精神病患者家属负担重压力大的问题。真可谓是一举三得啊。一种好的疗法的出现必将伴随着一种顽疾的消失。而五行平衡调控疗法的出现则是对失眠，抑郁，精神障碍等这一曾经的疑难杂症有了有力的一击。从此后我们将不再为精神疾病而苦恼更不必忍受他的折磨好的观众朋友。我们今天的节目由于时间关系到这里就结束了。感谢王主任来到我们的演播室带来精彩的讲解。我们下次节目时间再见。

**H**: Both can cure the illness condition of the sufferer and guarantee there will not be a risk of emitting the illness to the posterity of the sufferer; further, it can resolve the problematic and stressful burden of mental illness for the family members. It really could be said that one action obtains three [results]! The disappearance of an ineradicable disease accompanies the emergence of a good method of treatment. The emergence of Five Phase balance regulation treatment is a vigorous strike against insomnia, depression, psychosis, and other formerly hard-to-treat cases. From now on after, we don't need to be distressed because of mental illness; what's more, we need not endure the torment of mental illness, good friends of the audience. Because we're running out of time we'll have to finish today's show. Thanks to Wang Zhu Ren for coming to our broadcasting studio to bring this wonderful explanation. We'll see you again on next time's show.

## Part VIII. Concluding Remarks

China's economic system of 'Capitalism with Chinese Characteristics' has created certain environmental conditions for the emergence of 'TCM with Biopsychiatric Conditions'. 'TCM with Biopsychiatric Conditions' refers both to the hybridization of TCM with Biomedicine and the biomedicalization of TCM through establishing criteria for the evaluation and standardization of TCM that relies on biomedical assumptions. These integrated forms of biomedicine with Traditional Chinese Medicine are not merely reflections of which treatments are efficacious in their physical effects upon diseased bodies; integrated medical treatments also mirror larger economic trends and government policy decisions, which may directly or indirectly affect medical care. Under these particular economic conditions, integrated medicine may draw on the language of biomedicine – including biomedical nosologies and causatory frameworks – to appeal to consumers' desires for a particular standard of scientific rigor that many Chinese patient-consumers associate with biomedicine.

Integrated forms of medicine may rely largely on the techniques of TCM, however, as the demands of evidence-based medicine require TCM to be measured by standards of repeatability set by biomedicine, such techniques may increasingly rely on nosological terms and frameworks of causation that have been established within biomedical practice. Consequently, the self is likely to be implicated in similar terms to biomedical discourses of the 'neurochemical self' (cf. Rose 2003). With the promotion of 'Five Phase Balance Regulation Therapy', the self is largely conceptualized as a *genetic self* – that is, a self that is largely determined by one's genes and the expression of those

genes. This *genetic self* bears a great deal of resemblance to the ‘neurochemical self’ but is distinguished in this particular context by Wang Zhu Ren’s assertion that one can use ‘Five Phase Balance Regulation Therapy’ to effectively change the genes so that neurochemicals are restored. In other words, the *genetic self* in the imaginary is similarly biologically determined, but can override the issues of subjectivity faced by the ‘neurochemical self’ by eliminating the root of the neurochemical imbalance encoded by the DNA.

Wang Zhu Ren, attempts to make ‘Five Phase Balance Regulation Therapy’ appear scientifically rigorous by invoking biomedical nosologies and terms of illness causation. In other words, a treatment that is largely inspired by theories of TCM is being applied to an illness that is described through the nosological framework and causatory framework of biomedicine. Such marketing is meant to provoke the imagination of the viewer of the possibility of a perfect recovery from an intractable illness, as it selectively chooses elements of both medical systems in order to formulate an idealized recovery.

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