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# Thinking Hearts, Feeling Brains: Metaphor, Culture, and the Self in Chinese Narratives of Depression

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This paper explores the heart and brain metaphors used in the meaning-making efforts of Chinese individuals diagnosed with depression. Past studies assert that the origin of Chinese language metaphors for thinking and feeling can be found in traditional Chinese medico-philosophical theory, where the heart is viewed as the seat of thought and emotion, and the brain, which constitutes the cognitive center in western theories of the self, is secondary. While most participants employed heart metaphors to express thinking and feeling, many of the participants also employed brain metaphors. Instead of suggesting that this multiplicity implies westernization, this paper argues that cultural understandings of the self can be multiple. To appreciate this, it is necessary to look at spontaneously generated speech in a narrative context. This paper thus analyzes three participant narratives, a process that carries several implications for studies approaching the relationship between metaphor, culture, and the self.

## INTRODUCTION

In cognitive linguistics, metaphors of the heart and brain have been held up as exemplars of cultural difference between China and the English-speaking west. Chinese metaphors for both thinking and feeling, argues Yu (2005), are shaped by the underlying cultural model provided by traditional Chinese medicine and philosophy, in which the heart is considered to be both the cognitive and

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emotional center, or the “mind” (Larre & Rochat de la Vallée, 1991; Farquhar, 1998; Yu, 2005). In contrast, Yu (2005) suggests that the influence of Western medical philosophy, which tends to separate the “mind” and “body,” attributing emotions to the body or heart and thought to the mind, or brain, has given rise to the tendency for Westerners to use heart metaphors for feeling and brain metaphors for thinking (Parrott, 1995). As noted by Yu (2003, 2005), however, in the context of “modern” Chinese language, head or brain can also be used to metaphorically express mental experience:

It is also where one’s thoughts and ideas are stored and one’s thinking takes place...Nevertheless, this usage is limited to modern Chinese in a relatively small scope. On the other hand, the bulk of conventionalized expressions, including compounds, idioms, and idiomatic sayings, demonstrate that the heart, rather than the brain, is the locus of the ‘mind’ as known in English. (Yu, 2005, p. 13)

The fact that most conventional Chinese metaphors for thinking and feeling, derived mainly from various dictionaries and texts, revolve around the heart is certainly indicative of the salience of the heart in Chinese language and culture. The fact that the brain can also be used to refer to mental experience, however, suggests that traditional Chinese medical philosophy does not provide the *only* culturally relevant model of the thinking and feeling self in China. As Yu himself points out, since the Ming (1368–1644) and Qing (1644–1911) dynasties, “the functions of the brain as the organ for mental activities came to be recognized” in China (Yu, 2005, pp. 7–8). The notion that westernization is responsible for the presence of brain metaphors in China is thus questionable.

In a recent study based on semistructured interviews with 49 Chinese individuals diagnosed with depression in biomedical, traditional, and combined medical contexts (see Background), the two primary metaphors through which participants expressed their cognitive and emotional experience included metaphors of the heart (*xin*) and brain (*naozi/tou nao*). A total of 92% of participants used metaphors of the heart to express both thinking and feeling and 37% of participants in the study also used brain metaphors to express both thinking and feeling. The use of a combination of heart and brain metaphors to describe experience by 37% of the participants in the study described above suggests that, contrary to the implication that these metaphors suggest culturally distinct and contradictory models of the self, Chinese individuals can and do simultaneously hold various models from which they can draw upon in understanding and expressing their experience. This apparent multiplicity in terms of metaphorical models of the self in China thus offers a rich opportunity through which to approach the intersection of multiplicity and variation of cultural models, metaphor, and self-understanding in a Chinese context. To fully appreciate the complexity of this process, however, it is important to move beyond conventional metaphors and dictionary-based study and to ob-

serve metaphor in speakers' everyday linguistic and conceptual efforts to make meaning out of their experience. Meaning-making, which exists as "a complex and dynamic process at the intersection of personality, personal history, and the appropriation of various cultural models" (Mitchell, 2005; See also Geertz, 1973), often occurs in the process of narrative construction (Capps & Ochs, 1995; Mattingly & Garro, 2000; Bruner, 2002; Garro, 2003). As Garro (2003) points out, moreover, the narrative expression of experience, in illness or health, involves an "effort after meaning" (p. 21) in which individuals draw upon cultural and personal understandings to make sense of their experience.

Cultural understandings, in this sense, refer to the multiple and often variable resources for interpreting experience that are available in a given cultural setting (Garro, 2003). Sometimes referred to as cultural models, these understandings offer frameworks with which to conceptualize the physical, emotional, and cognitive self. Several scholars have suggested that the common metaphors in a language reflect underlying cultural models (Goddard, 2002; Kovecses, 2005; Lakoff & Johnson, 1980; Quinn, 1991; Wierzbicka, 1992, 1999; Yu, 1998, 2005). Lakoff and Johnson (1980), for example, note that that "the most fundamental values in a culture will be coherent with the metaphorical structure of the most fundamental concepts in the culture" (p. 22). Underlying this vision of the relation between metaphor and culture is the notion that culture has a profound effect on the way in which individuals both perceive and express their fundamental experience, including their thinking and feeling selves.

Interpretations and expressions of cultural models, however, are far from homogenous. Ever since Sapir (1958 [1932]), anthropologists have argued that any understanding of culture must include the variations that result from diverse personal interpretations of cultural models (Garro, 2000, 2003, 2005; Hollan, 1992, 2000; Sapir, 1958 [1932]; Schwartz, 1978; Shore, 1995; Wikan, 1990). Several of these scholars suggest that as individuals are exposed to different ways of understanding the self, they develop a set of multiple and often contradictory models, each with differing metaphorical entailments (Garro, 2003; Strauss, 1990). Rather than being forced to shape their narratives in terms of static culturally determined metaphors, then, people are able to strategically draw upon these differing linguistic forms and conceptual models in constructing accounts of their experience in different contexts (Ochs, 2002), drawing upon "whatever cultural resources happen to be at hand" to spin "webs of meaning" around their experience (Ortner, 1999, p. 9). Cultural models and their resulting metaphors thus often vary even within a single community (Kovecses, 2005).

This paper examines variation and multiplicity in the context of metaphors used to express thinking and feeling in three narratives of depression in China. A detailed examination of these narratives illuminates how Chinese individuals variably draw upon multiple, context-relevant, and fluid cultural models of the thinking and feeling self. These findings have implications for the future study of

metaphor and culture, including the way in which cultural models are understood to affect the conceptualization of experience, the ways in which to approach the issues of coherence, variation and multiplicity of metaphors in a cultural setting, and the methodology through which cultural models are accessed through metaphor. This paper thus argues for an augmented approach to conventional metaphor studies wherein the noting of broad cultural trends in metaphor are complemented by studies that emphasize the contingency and flexibility of such trends within a narrative context.

## BACKGROUND AND METHODS

Data for the present study consist of three narratives derived from a larger corpus of 49 interviews with patients diagnosed by biomedical or Traditional Chinese Medical (TCM) physicians as suffering from depression (*yiyu zheng*) or, in 16 cases, comorbid depression and anxiety.<sup>1</sup> The data were collected over one year in psychiatric or neurology departments of four large Beijing hospitals and one university outpatient clinic. Each clinic differed in its emphasis on biomedicine, Chinese medicine, or combined biomedicine and Chinese medicine. Twenty-one interviews were conducted at a clinic offering biomedicine only, eight at a clinic offering Chinese medicine only, and 19 at combined clinics. The informants' ages range between 73 and 17, with an average age of 35. The sex ratio was roughly equal, with 22 males and 25 females. Education level varied, with 19 informants having graduated from trade school, college, or higher, and 20 with high-school education or lower. Thirty-four were married, and 21 were single. The entire sample consisted of five students, 10 retirees, 15 office workers, one writer, one artist, and one professor. Sixteen informants were unemployed at the time of the interview. In all, 27 informants were taking some form of biomedical psychiatric medication, and five of these also were taking an herbal remedy. Seven were taking only traditional herbal formulas, and 15 were taking no medicine at all. Table 1 summarizes the distribution of informants according to diagnosis, medication, age, sex, education, marital status, and employment.

Participation in the study was voluntary, and consisted of the administration of a written self-assessment scale as well as a spoken interview made up of 11 open-ended questions designed to evoke informants' illness experiences and explanatory models (Kleinman, 1980). Questions included the following:

- What is the main problem for which you are seeking treatment?
- Is this your first visit to this clinic?

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<sup>1</sup>Although only 16 patients were diagnosed with both anxiety and depression, 41 of the 49 patients reported moderate to severe symptoms of anxiety.

TABLE 1  
Informant Distribution

<i>Diagnosis</i>	<i>Clinic</i>	<i>Medication</i>	<i>Age</i>	<i>Sex</i>	<i>Urban/Rural</i>	<i>Education</i>	<i>Marital</i>	<i>Job</i>
33 Depression	22 biomedical only	27 on Western Med (WM)	AVG: 35 22 under age 40	25 Female 22 Male	30 urban 10 rural 9 mixed (originally rural, urban for 6+ years)	29 high-school or HIGHER 20 high-school or LOWER	34 Married 15 Single	16 Unemployed 15- Office/Bus. 10 Retired 5 Students 1 Writer 1 Artist 1 Professor
16 Anxiety/ Depression	8 Chinese medical only 19 combined biomedical and Chinese medical	22 only on WM 7 only on Chinese Medicine (CM) 5 combined WM/CM 15 no meds	27 over age 40			(3 grad 15 college 11 trade 8 HS 7 MS 2 Elem 3 None)		

- How long ago did this problem begin and what precipitated it (be specific)?
- Describe how you feel on a daily basis, what exactly is happening when you experience your problem?
- In what way and to what extent does this problem affect your daily activities? What have you done thus far to treat the problem (self-help, other doctors, psychologists, etc.)?
- What do you feel has helped, and why?
- What kind of treatment do you think you should receive at this point?
- What are the most important results you hope to receive from the treatment?
- What emotion are you experiencing primarily at this time? (Anger, frustration, worry, fear, sorrow, lack of joy, others).
- List the three main physical symptoms and the three main emotional/mental symptoms which characterize your depression (illness/condition) at this time.
- Do you have any other related or apparently unrelated difficulties or problems?
- With all you're going through, have you ever experienced or are you now experiencing thoughts of harming or killing yourself?

All spoken interviews were conducted in Mandarin Chinese and were later transcribed by a native speaker. Written consent was obtained for all participants.

In a previously presented paper looking at all 49 participants (Pritzker, 2005), I examined all instances of HEART or CHEST and HEAD or BRAIN metaphors used to express such experience. The method by which these metaphors were identified proceeded according to a three-step process. Transcribed interviews were first compiled into a single file and entered in Concordance, a software program that allows for comprehensive searches for specific words and phrases. The frequency of all body-part terms, including heart and head, were noted, along with the frequency of emotional and metaphorical terms. All instances of HEART or CHEST and HEAD or BRAIN deemed to be indicative of some personal experience on behalf of the speaker were then separated and examined in terms of underlying conceptual metaphors. Following this, the metaphors were analyzed according to the three major categories of conceptual metaphors presented in Yu, 2005:

- Heart or Head as Container (for feelings, thoughts, or other aspects of the self)
- Heart or Head as Actor or Active Experiencer (agent of emotional or mental activity)
- Heart or Head as Self or Center of Self

Metaphors that did not conform to any of these three categories were also examined. Results from each category are presented below.

## RESULTS

Contrary to previous findings suggesting Chinese individuals are hesitant to express personal thoughts and emotions related to “psychological” disorders (Kleinman, 1982, 1986; Lee, 1998, 1999), many participants talked a great deal about their cognitive and emotional experience. In the broader study consisting of 49 participants, the heart was certainly used more frequently in metaphors of feeling, the heart and head or brain were both commonly used to metaphorically describe thinking. In total, 92% of participants used metaphors of the heart to express both thinking and feeling, and 37% of participants in the study also used brain metaphors to express both thinking and feeling. No informants referred solely to their brains in their narratives.

Eighteen informants used a combination of heart and brain metaphors, 27 used only heart metaphors, and four referred to neither the heart nor brain. In terms of the categories provided by Yu (2005)—Heart or Head as Container; Heart or Head as Actor or Active Experiencer; and Heart or Head as Self or Center of Self—the heart was spoken of metaphorically as a container for specific feelings or emotions 40 times, while the head contained specific feelings only 3 times. Furthermore, each individual speaking of the head as the container for a specific feeling also referred to the heart as container for feelings. The heart and head were represented as the agent of mental or emotional activity almost equally as often, and the heart metaphorically referenced the self or center of self nine times, while no instances of the head or brain as the self were found. The most common other form through which thinking and feeling were expressed through the heart and head involved the attribution of a feeling or quality to the heart or head. Examples include a sense of the heart “falling” in sadness or the brain becoming “chaotic” in confusion. The heart was also spoken of metonymically as a person’s motivation or focus by two different individuals. Finally, one individual used the metaphorical construction wherein the heart was a described as a platform for her psychological problems. The head was similarly described as a platform for indefinable worries or troubles by another individual. Some examples of the major conceptual metaphors represented in the study include:

- Heart or Head/Brain as a “CONTAINER” for feelings and thoughts:
- 心里烦
- *xinli fan*
- **heart-inside** vexation
- I am irritated/vexed in my heart.
  
- 我心里就这么想
- *Wo xinli jiu zhenme xiang*
- I heart-inside then like this **think**
- In my heart I think like this.

- 非典就恐怖得脑袋里有一点吓着了
- *Feidian jiu kongbu de naodai li you yidian xiazhe le*
- SARS then terrified MOD **brain inside** has a little scared PART
- SARS was so terrifying that in my brain I was a bit scared.
  
- 这脑子里老想这个
- *Zhe naozi li lao xiang zhe ge*
- This brain inside always **think** this CT
- In my brain I always think of this.
  
- Heart or Head as “*ACTOR*” or “*ACTIVE EXPERIENCER*” of feeling and thinking activity:
- 我心想，我是妈妈
- *Wo xin xiang, wo shi mama*
- I **heart thinks**, I is/am mother
- My heart thinks, “I am a mother.”
  
- 脑子想的事太多了
- *Naozi xiang de shi tai duo le*
- **Brain thinks** MOD troubles too much PART
- My brain thinks too much of my troubles.
  
- Heart as “*SELF*” or “*CENTER OF SELF*”:
- 确实从心里往外没有劲
- *Queshi cong xinli wang wai mei you jin*
- Actually from **heart-inside** directed out don’t have strength
- Actually I don’t have any strength (from my heart outwards).

Yu’s (2005) suggestion that the use of brain metaphors to describe thinking relate to a Western philosophical framework prompted me to examine how and if the use of brain metaphors reflected a more “Westernized” orientation in terms of age, sex, urban versus rural residence, education, or employment. Table 2 thus provides a look at these demographics for the informants who used both heart and brain metaphors.

Of the total 18 participants who mixed heart and brain metaphors, the average age was 37, two years older than the average age of 35 for the whole sample. Among them, there were seven office workers, three students, two teacher/professors, and one writer. Three were unemployed and two were retired. There was no significant gender difference, with 8 males and 10 females existing as “metaphor mixers.” In terms of the type of clinic attended, 9 out of 21 biomedical patients, 5 out of 8 Chinese medical patients, and 4 out of 19 combined bio- and Chinese medical patients used a combination of metaphors. Fourteen out of the total 30 urban

TABLE 2  
Comparison of Metaphor Mixers and Total Sample

	<i>Clinic</i>	<i>Urban/ Rural</i>	<i>Age</i>	<i>Education</i>	<i>Job</i>
Metaphor Mixers	9 bio 5 TCM 4 comb	14 urban 4 rural	Mean 37	17 HS or higher 1 MS or lower	10 prof. 3 student 5 unemp/ retired
Total Sample	21 bio 8 TCM 19 comb	39 urban 10 rural	Mean 35	37 HS or higher 12 MS or lower	18 prof. 5 student 16 unemp/ retired

residents and 4 out of the total 8 rural residents used both heart and head metaphors (see Table 2). There were thus no discernable patterns according to which the use of brain metaphors corresponded to being younger, more urban, or more prone to choose biomedicine over traditional medicine.

To more deeply address the multiplicity of metaphors for these 18 people, the present study focuses on three specific narratives. These particular cases were selected because they represent a variety of age, gender, urban/rural experience, educational background, and biomedical/traditional Chinese medical orientations. Through a detailed examination of these three narratives, I examine the process by which Chinese individuals variably draw upon multiple cultural models of the thinking and feeling self.

### METAPHORS TO THINK AND FEEL BY: THREE NARRATIVES<sup>2</sup>

#### Mr. Xian

A 32 year-old college-educated accountant, Mr. Xian grew up in the countryside, but came to Beijing to attend college approximately 10 years ago. Married for 8 years, he currently lives in the city with his wife, their young son, and his wife's elderly mother. He works in a large accounting firm, where his work is often stressful and demanding.

About a month prior to his first visit to the psychosomatic [lit *heart-body medicine*] department large traditional Chinese medical hospital, after a period of intense stress at work, he visited a friend at People's Hospital in Beijing. The next day, the hospital was quarantined due to several cases of Severe Acute Respiratory Disorder (SARS). When he learned this, he became increasingly agitated, worrying constantly that he might have been exposed to the disease:

So during that time the pressure  
on my heart was very great.

His worrying began to disturb his sleep:

SP: What first brought you to the clinic?

Mr. Xian: My emotions (*xinqing*) [lit. *heart-emotions*] were all over the place. It was hard to fall asleep.

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<sup>2</sup>The original Chinese for all quoted text can be found in the Appendix.

My brain was also pretty mixed up—  
 I would think of [my] problems, first this, then that—  
 I was pretty mixed up.

Mr. Xian's susceptibility to colds also increased, and he felt like he was constantly running a low-grade fever. For Mr. Xian, insomnia was something new:

In the past, I didn't have this problem at all—  
 I'd fall asleep the minute I laid down.  
 But because I felt so much pressure from this situation [SARS],  
 I couldn't rest (*bu neng fangxin*) [lit. *couldn't put down my heart*]

The pressure Mr. Xian felt was compounded by the fact that for two months prior to the hospital visit, he had been forcing himself to work long hours with little rest.

And then in April, you add SARS.  
 My whole physical and mental (*xinshen*) [lit. *heart body*]  
 situation was already compromised,  
 and I should have had time to recover.  
 But instead there was another problem  
 pressing on my heart-mind (*xinli*)—  
 the result was that it caused insomnia,  
 and my whole body felt a little bit off.

Because he doesn't trust biomedicine to treat the "root" of illness, which is the focus of Chinese medicine, Mr. Xian chose to come to the traditional hospital:

Any Chinese person understands this about Chinese medicine,  
 and in this type of chronic illness,  
 everyone seeks [treatment with] Chinese medicine.  
 [We] very much believe in Chinese medicine

Mr. Xian thus shunned the possibility of seeking treatment for his condition with anything other than herbal medicines, all of which he believes are effective in addressing psychological concerns. Adding that that it requires confidence both in himself and the physician, Mr. Xian is pleased with his experience at the hospital thus far.

For three months, he has been taking an herbal prescription for liver *qi* depression and heart *qi* vacuity, a combined diagnosis generally associated with irritability, depression, insomnia, and fatigue, among other things (Wiseman & Feng, 2000), and he feels a bit better. He still isn't completely recovered, however. His sleep is still somewhat disrupted, his brain tires more easily than it did prior to his illness, and he doesn't feel like his heart [organ] is strong enough to participate in

the martial arts exercises he used to do every day. All of this makes him irritable, frustrated that he has to work so much:

I don't want to spend all my time  
doing mental work [lit *brain work*],  
leaving no time for exercise.

Despite this, Mr. Xian remains optimistic, claiming that this whole experience has brought him closer to Buddhism:

Even though I'm depressed [lit *heart-emotions falling*] sometimes,  
I prefer to rely on myself to deal with it.  
And I believe in Buddhism, I am a Buddhist follower.  
That has brought advantages for me.  
Its the same as believing in Christianity,  
it lives in your heart.  
You can go to the temple to worship Buddha,  
to recite scriptures...these are all helpful.  
Its the same as believing in Jesus Christ.  
You can repent for your behaviors [sins], which is also helpful.  
Its a kind of trust, a hope for contemporary people,  
who [too often] don't have hope.  
So I think/feel that having this kind of hope has many benefits.

Mr. Xian also derives comfort and hope from his wife, who is extremely supportive. In addition to her own job, she deals with most of the household work, and also finds time to listen compassionately to her husband:

Sometimes I talk to my wife,  
talk to her about my emotions [lit- *heart-emotions*].  
She encourages me to think it through—she comforts me.  
I can also chat with friends, but they can't really accept me fully...  
I can't talk deeply with them—  
can't talk about what's in my heart.

For Mr. Xian, then, Buddhism and his relationship with his wife contribute to his feeling hopeful and strong.

### Mrs. Zhou

Fifty-four-year-old Mrs. Zhou grew up in the countryside in a large family. Because they needed her at home, she was only able to attend 2 years of elementary

school, and never learned how to read. She continues to reside in the countryside, where her daily life revolves around taking care of her family and their farm.

About a year before our interview, when she was released from the hospital after a gallstone removal operation, she learned that her son and his wife were getting divorced. The news came as a shock to her—no one had told her before because she had been sick and they didn't want to anger her. When she found out, however, she did get very angry, and since that time she has held that anger in her heart:

From the moment I knew,  
I put it in my heart and became angry.

After arguing with both her son and daughter-in-law about it to no avail, her beloved grandson was taken to live with his mother elsewhere. She hasn't seen him since.

She never spoke with anyone outside the family about what happened, and although she was able to maintain an outwardly composed demeanor, she retained everything that had happened in her heart, saying that "I [just] kept putting it in my heart." About four months later, however, her present illness suddenly erupted:

At the time, I constantly wanted to cry—  
there was awkwardness in my heart,  
and my brain would suddenly be unable to stand it—  
I couldn't sit still, I couldn't sleep, and I couldn't watch TV.  
I was afraid to be alone.

When she was first ill, her mother came to take care of her, bringing her to the local hospital for a head CT and a series of blood tests, none of which showed any observable disease.

I didn't get it  
Neither my brain nor my blood had any problems,  
but I still wasn't okay...  
I wanted to cry constantly,  
and there was such awkwardness in my heart.  
It was worse during the day—I couldn't restrain it...  
I didn't know what was wrong,  
but after I cried, I would feel better,  
[unconstrained] in my heart.

One day about 6 months later, after crying a great deal, she felt a bit better and crawled in bed to try and sleep. Her brain, however, couldn't stop thinking:

But the moment I turned out the lights  
My brain couldn't stop thinking of all of it.

At that point, she started to feel strange:

Whenever I left the house,  
my head (*nao dai*) [lit. *brain-bag*]  
didn't feel like my head anymore.  
Whenever I would start thinking,  
my head would feel awkward.

The people around her offered all kinds of explanations for her illness, suggesting that it could be a problem with the blood vessels in her brain, or that it could be due to heart blood vacuity, a common traditional Chinese medical diagnostic category involving symptoms of insomnia, dream-disturbed sleep, poor memory, and anxiety, among other things (Wiseman & Feng, 2000). She went to see a Chinese medical doctor, who gave her herbs to supplement her *qi* and blood, but she didn't feel any better. "I never thought that it might be a problem with my nerves," she said after finally being diagnosed as suffering from depression and anxiety at a large biomedically oriented psychiatric facility in Beijing, "and I just kept taking herbal medicines that didn't help at all."

When she was diagnosed by the psychiatrist in Beijing, she was given Paxil. After a few days, she was "back to normal." The most notable change was that she was able to be at home by herself. Presently, she still feels basically "back to normal," but her head (*nao dai*) [lit. *brain-bag*] doesn't function well, "isn't normal" at night especially, which contributes to her tendency to lose when she plays *majiang*. Her heart still thinks constantly about the situation—both the divorce and her subsequent illness.

When I think about it,  
my head becomes irritable,  
but I can basically endure it now...  
Maybe in the future I won't be able to stand it,  
but for now I can endure it, I can suppress it.

### Mei Ling

Mei Ling is a Beijing native who has a doctorate degree in law and works as an editor for a well-regarded national economics publisher. When we first met in the outpatient department of a biomedical psychiatric facility, she was 32 years old, had been married for 3 years, and had given birth to her first child, a daughter, 1½ years previously.

Immediately after her daughter was born, Mei Ling began to experience a series of minor “psychological changes” [lit *changes on the heart-mind*] that eventually developed into a feeling that she couldn’t control her own thoughts:

I’d think constantly about how others have hurt me,  
and I couldn’t shake this feeling like I wanted to turn inward,  
this feeling that I had been wronged...  
It felt like my head (*tou nao*) [lit. *head-brain*]  
was always thinking.

At the time, Mei Ling was just beginning to think that she had possibly made a serious mistake in marrying her husband, who she now realizes is extremely different from her:

We’re different in so many ways-  
including our daily habits,  
our perspectives on important issues,  
our beliefs,  
our way of interacting with friends,  
our taste in music, books,  
all the details in life...  
these basic personality differences  
make life enormously difficult.

Questioning her decision to marry him involved a great deal of regret about her intentions when she did so:

Actually when we were dating,  
until we got married,  
it was always me chasing him.  
He always said that our personalities were incompatible,  
that we weren’t suited to life our lives together.  
But I’m a strong kind of person, self-confident—  
I don’t permit setbacks of any kind.  
So when I look back on it,  
I realize that I was pursuing the feeling of my own success  
more so than I was pursuing a kind of love.

Since they got married, though, the strong and self-confident Mei Ling has changed a great deal, “For 3 years since I’ve been married, I’ve been in this state of oppression”

After her husband read her diary one day, her suffering quickly became unbearable, and she decided to seek treatment from a psychiatrist:

I suppose it reached a boiling point  
and then just exploded.

Immediately after coming to the psychiatric clinic, about 6 months prior to our interview, Mei Ling started taking Prozac:

I should've maybe been able  
to regulate my own psyche [lit *heart-mind*]...  
but under those circumstances I had no way to do so,  
and I felt like it really had an effect on my life,  
making my emotions unstable—  
I would get fired up [angry] and anxious so easily.

After 6 months of taking Prozac and participating in many activities which she feels can help her “release her emotional [lit *heart-emotion*] depression,” including getting more involved with her work, talking extensively with her good friends, listening to music, reading, doing yoga, aerobics, and folk dancing, and coming once a week to the clinic for psychological counseling, Mei Ling feels like she is much more stable than she was when she first arrived:

The doctor helps me, and he's great—  
throughout this whole process I've felt like I can come here  
and release what's in my inner heart...  
Now I consider him like a close friend [lit *a friend who knows my heart*]

The real problem regarding her marital situation, however, hasn't disappeared:

I think about the problems and I feel  
like I don't have the strength to solve them myself,  
so it generates this kind of distracted and depressed feeling.  
I think this can be considered normal [under the circumstances]

Mei Ling realizes that if she doesn't make a decision soon, her suffering will continue:

[Divorce] is a real possibility,  
because the difference in our personalities is so great...  
but I might not decide to get a divorce...  
because now it's not just my problem—

there's my daughter now, too...  
I can't make the decision myself.

The persistence of this feeling of being unable to decide has made Mei Ling acutely aware of how much she's changed:

In the past I used to make decisions quickly.  
But now I get stressed so easily—  
maybe its outside pressure,  
but it easily leads to pressure in my heart,  
creating an anxious, unsafe feeling.

## DISCUSSION

Mr. Xian, Mrs. Zhou, and Mei Ling all relay complex narratives about their suffering, each of which reveals some of the ways in which they variably draw upon metaphors of the heart and brain to understand and express their thinking and feeling selves. Mr. Xian's, Mrs. Zhou's, and Mei Ling's heart metaphors, for example, show that the heart, for all of them, is conceptualized as a container for thoughts, emotions, worries, memories, and beliefs. Mr. Xian, who describes himself as a traditional Chinese man, talks about the pressure in his heart, speaks of his belief in Buddhism as "living" in his heart, and refers to his deepest thoughts and emotions, which he can only share with his wife, as located "in" his heart. Mrs. Zhou put the anger over her son's divorce "in" her heart, and also describes feelings of awkwardness and irritability as being in her heart. Finally, Mei Ling also experiences even "outside" pressure as leading to pressure "in" her heart. Besides being a container for emotions and beliefs, the heart for Mr. Xian and Mei Ling is associated with the innermost self—both of them explain their conversations with intimate others in metaphors of "getting to" or "knowing" their hearts. The heart, for Mrs. Zhou, also "thinks"—in her case, it thinks constantly of her family situation and of her illness.

While all of these examples confirm the salience of the heart in Chinese metaphors of thinking and feeling, Mr. Xian, Mrs. Zhou, and Mei Ling also use multiple brain metaphors to express their experience. Mr. Xian's brain, for example, is "mixed up," which results in chaotic thoughts keeping him awake at night. Mrs. Zhou's brain is likewise "not normal," which makes it difficult to play *ma jiang* at night. Both Mrs. Zhou and Mei Ling, moreover, say that their brain or head "thinks." Finally, Mrs. Zhou repeatedly states that her brain, in addition to thinking, also "feels" awkward and irritable.

The tendency for these three individuals to use both heart and brain metaphors in their narratives thus suggests that for them, both organs are meaningful for

understanding their illness experience. Additionally, instead of representing two distinct models of the thinking and feeling self, the heart and brain in all three narratives are intimately connected. Mr. Xian, for example, links his insomnia and “mixed up” brain to the pressure on his heart, asserting repeatedly that if his heart wasn’t under so much stress, his brain might not have suffered so much. Similarly, it was only after putting her anger in her heart that Mrs. Zhou began to experience problems with her brain and head. For Mei Ling, her problem is “psychological,” which she describes with the term “heart-mind” (*xinli*), and includes both the feelings in her heart and the thinking of her brain. In all three narratives, although the heart retains a primacy that the brain does not—the heart, once affected, can rapidly cause both cognitive and emotional problems in the brain—the heart and brain are intimately connected. In other words, their metaphors suggest that the heart and brain can *both* think and feel, as well as they can respond to each other.

Given the cultural disparity Yu describes between Chinese and western models of the thinking and feeling self, how then are we to interpret the use of multiple brain metaphors as well as the important connection between the heart and the brain in the narratives of Mr. Xian, Mrs. Zhou, and Mei Ling? Are their brain metaphors reflective of a kind of cross-cultural hybridity in terms of the way these three individuals understand their thinking and feeling selves? Through processes of “acculturation” and “modernization,” in other words, has the western cultural model in which the brain “thinks” and the heart “feels” become part of Mr. Xian’s, Mrs. Zhou’s, and Mei Ling’s self-understanding? Mr. Xian, Mrs. Zhou, and Mei Ling, however, also clearly display slight differences in their use of heart and brain metaphors, making it difficult to separate their models of the self along these clear cultural lines. Mrs. Zhou, for example, is the only one of the three to say that her brain “feels” (a metaphor that is inconsistent with the “Western” model) and while she and Mei Ling both use metaphors wherein the brain “thinks,” Mr. Xian does not.

Are we then to approach the variable use of such metaphors within the narratives of these three individuals, as well as of the participants in the larger study from which the current cases are derived, as indicative of some social, regional, style, sub-cultural, developmental, or personal variation (Kovecses, 2005) existing among the participants? Rather than think about it in these terms, I argue that we approach the use of multiple metaphors of the heart and brain by Mr. Xian, Mrs. Zhou, Mei Ling, and others through the lens of anthropological theories that incorporate such multiplicity and variation into their understanding of “culture” (Garro, 2000, 2003, 2005; Hollan, 1992, 2000; Sapir, 1958 [1932]; Schwartz, 1978; Shore, 1995; Wikan, 1990). Thus, instead of viewing cultures as “shared metaphorical understandings of the world” that are “preserved” through their conventional metaphor systems (Kovecses, 2005, p. 284), it is possible to view *both* conventional and relatively unconventional metaphors as culturally available resources or “tools that both enable and constrain interpretive possibilities” (Garro, 2003, p. 6). In speak-

ing about themselves or their experiences, individuals thus variably draw upon these linguistic resources, together which form the “repertoire” of linguistic forms available to the speakers of a language and members of a culture. “Like a communicative palette, members draw upon this repertoire to portray particular stances, acts, activities, and identities” (Ochs, 2002, p. 113). It thus becomes possible to understand the less conventional, less widely shared metaphorical conceptualizations as “no less cultural” (Garro, 2003, p. 18) than the metaphors that appear to be shared by everyone. More conventional heart metaphors, which were shared by 92% of participants in the larger study from which the current cases are derived, as well as supposedly less conventional brain metaphors, which were also shared by 37% of participants, can therefore *both* be considered meaningful cultural models in a Chinese context.

Thus, although the social, regional, style, sub-cultural, developmental, and personal dimensions, including differential experience, contextual factors, and differential cognitive preferences and styles (Kovecses, 2005) do certainly influence peoples’ choice of metaphors, I suggest that in addition to attempting to categorize peoples’ metaphors according to these dimensions, it is also necessary to frame them within the context of the individual narrative process of meaning-making. While studying the many variations upon a cultural “norm” and hypothesizing about the social, cultural, and personal reasons for the way variability manifests is a rich and rewarding endeavor, I thus argue that it is equally important to study the process by which individuals draw upon such variations in their daily speech in various contexts.

By expanding our definition of culture to include such diversity and variation, we can thus begin to focus on the process by which individuals draw upon these multiple and variable models in understanding and speaking about themselves. Looking at spontaneously generated speech in a narrative context allows us to begin to appreciate this process, revealing that individuals’ cultural and personal conceptualization of themselves are far from fixed. To the contrary, as Garro (2000, 2003, 2005) explains, individuals often display an adept and flexible ability to negotiate between and draw from multiple, sometimes contradictory models of the self, many of which give rise to differing metaphorical expressions. The present paper thus augments previous studies of metaphor and culture, which have largely depended on isolated expressions and dictionary definitions, by approaching intra-cultural variation and multiplicity within a naturally occurring narrative framework.

The difference between the conventional approach in metaphor studies and the presently proposed view is thus purely one of degree. So while Kovecses and other metaphor theorists focus on broad culturally salient trends, the present approach advocates supplementing such analyses with a focus on the specific ways in which cultural trends are and are not enacted in the daily lives of individuals. The two perspectives are fully complementary, and could theoretically be carried out within a

single study, with one aspect of the study noting the broad trends (such as the larger study on which the present paper was based), and another aspect of the study examining how such trends are evidenced within a narrative context. Findings from both aspects of the studies could then be compared and discussed, a process that would allow metaphor researchers to expand on their work by providing both broad and specific perspectives.

## CONCLUSION

The move toward examining culturally informed metaphors within a narrative structure thus clearly carries implications for the future study of metaphor and culture. The way in which cultural models are understood to affect the conceptualization of experience can benefit from looking at the way in which metaphors derived from *multiple* cultural models are drawn upon to understand and express experience. Secondly, the out-dated notion of culture as constituted only through a set of shared, coherent understandings reflected in conventional metaphors needs to give way to current conceptualizations in which less shared understandings are understood to be cultural, rather than subcultural or personal *variations upon* or *deviations from* some mainstream cultural metaphorical understanding. This allows for a more nuanced appreciation of the complex, dynamic process by which metaphors both reflect and shape cultural and personal experience. Finally, in addition to the documenting and comparing of isolated metaphors, it is fruitful to also analyze such metaphors *within* their naturally occurring discursive context, looking at the ways in which they relate to one another, to the topic at hand, and the logic of reasoning in relation to the personal history of the narrator. The present paper demonstrates the importance of such considerations, indicating how distinctions arising from analyses of isolated metaphors are blurred once placed in a discursive framework. As stated above, the addition of such a framework to current theories of metaphor and culture provides a complementary perspective that allows for a greater depth of understanding in terms of metaphor, culture, and self.

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APPENDIX:  
Chinese characters for all quoted text

Mr. Xian

<sup>1</sup>所以那段时间心里压力特别大

<sup>2</sup>心情比较波动，入睡比较困难，脑子也很乱，想一些问题，一会这个，那个的，比较乱

<sup>3</sup>以前一点没有这些问题。因为我以前想睡觉的时候，一躺下马上就能睡着，但就因为这个事压力太大，心里也放不下

<sup>4</sup>4月又加上非典，整个身心状况到4月份已经不是很好了，应该有一个恢复期。结果心理又有这么大事压着，就造成失眠，身体整个有点不行了

<sup>5</sup>凡是中国人都对中医有这么一个认识，像这种慢性病大家还都是来找中医，挺相信中医的

<sup>6</sup>脑子也很疲乏

<sup>7</sup>不要把自己的脑力劳动完全都占据自己的生活时间

<sup>8</sup>有时候心情低落，确实有，但是这得靠自己排解...我信佛教，是佛教徒，所以还是有好处的...就跟信基督一样，主在你心里。可以到寺庙去拜一拜佛，诵一诵经...都是好的。就跟信基督耶稣一样，自己把自己的行为忏悔一下，也是好的，这也是...一种心灵寄托。现在人没有寄托了，所以我觉得有这么一个寄托也有好处吧。

<sup>9</sup>我有的时候会跟她大概讲一些。说一说我的心情，她也是劝我，说要想开，她来宽慰我...也跟朋友聊一聊。但是不能从根本上吸收我...不会很深入的把话说到心里去

Mrs. Zhou

<sup>10</sup>从那以后，在心里放着就生气

<sup>11</sup>我老是在心里放着

<sup>12</sup>从那老是想哭...心里就别羞，突然就脑子受不了了，这坐不住，睡不着，看电视挺惨的我就看不了，就怕一个人的时候

<sup>13</sup>我说没事那是怎么回事了呢，血也没事，可还是不成，从那开始，想哭啊，心理那股颈就开始别羞上了，他不老那样，开始吧就是白天严重点，到后面就轻了点，一说想哭就忍不住了，不知怎么那股劲就特别难受，后来就哭，哭完了以后心里就痛快了

<sup>14</sup>这灯线就断了，灯也灭了，这脑子里老想这个

<sup>15</sup>从家一走我就脑袋不像脑袋了，一想就脑袋别羞啊

<sup>16</sup>一直没想到是神经有毛病，吃了好多的汤药，不管用

<sup>17</sup>晚上这脑袋不正常了

<sup>18</sup>一想起来脑袋就烦...现在已经基本能忍住了，能坐住了，像以后一想起来就受不了了，现在能忍住能压住了

Mei Ling

<sup>19</sup> 开始上是一些心理上的变化

<sup>20</sup> 总是考虑一下别人对自己造成伤害的事情，而且摆脱不了一种内向的情绪，很委屈的那种情绪... 我感觉每天头脑里都在思考

<sup>21</sup> 很多方面都不一样，包括生活习惯，包括对一些问题的看法、信仰，包括自己的交友习惯，包括我自己对音乐、书籍，包括这个生活细节..性格上的差别会给人的生活带来非常大的困难

<sup>22</sup> 其实说从我们恋爱到结婚，一直都是我在追求他，而且他一直说我们性格不和，不适合在一起生活，我这个人属于人性比较强，自信心比较强而且不允许挫折的一个人，所以我现在回忆自己认为我在追求自我成功的一种感觉，不是在追求一种爱

<sup>23</sup> 时时处于一个被压运的状态，在我结婚的3年时间都处于这个状态

<sup>24</sup> 到那个时候大概有一个导火点，他就暴发出来了，就显示出来了

<sup>25</sup> 应该说可以自我心理上的调整...但在那个状态下我没有办法自我调整，所以我就觉得严重影响到我的生活，而且使我的情绪不稳定，容易上火，容易急躁

<sup>26</sup> 我排除这种心情郁闷的方式非常多

<sup>27</sup> 他在帮助我，而且很努力，而且在整个过程中我能感受到，发自内心的那种...现在我就是说他当成很知心的朋友

<sup>28</sup> 思考的这些问题都是自己目前没有办法和能力解决的问题了，所以就会产生一种比较恍惚和抑郁的情感感应-这也应该算是正常的

<sup>29</sup> 非常有可能，因为性格的差异很大...我可能不会选择离婚的...因为现在不是我一个人的问题，因为还有孩子...我自己做不了决责

<sup>30</sup> 过去的是决断非常快的人...另外就是容易产生压力，可能外在的压力，外在的变化可能很容易导致心里的压力，产生一种焦虑的感觉，不安的感觉