

MING  
QING  
YANJIU



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Angelika Messner

## EMOTIONS IN LATE IMPERIAL CHINESE MEDICAL DISCOURSE: A PRELIMINARY REPORT

Emotions within traditional Chinese medical discourse are not private “soul-states”, in no way do emotions form a category apart from the intellectual and the physical. They form part of a universal system of correspondences. Within this global pattern of thinking, their value for the human being and his behaviour towards society, emotions seem to be neither emphasized nor underestimated. Since they are perceived as certain “processes” produced by a conglomeration of essence-*qi* (*jing-qi* 精氣), they are liable to be “worked upon” like any other *qi*-manifestation. This view can be supported by more than fifty late Imperial medical writings on madness, which I analyzed for my dissertation project.<sup>1</sup>

For our purpose it is of interest that the most extensive work ever printed in China, the Encyclopedia *Gujin tushu jicheng* 古今圖書集成 presented to the throne in 1726, is one of the earliest examples<sup>2</sup> in the history of China where emotions (*qingzhi* 情志) were identified as a special and explicit topic.<sup>3</sup> One has to wonder why this topic has been included in the subsection on medicine (*yibu* 醫部). Moreover, why does the great part of the classical passages cited therein refer to madness (*diankuang* 癲狂)?

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<sup>1</sup> “Wahnsinn im China der späten Kaiserzeit bis in die 30er Jahre des 20. Jahrhunderts”. [Münchener Ostasiatische Studien] Stuttgart, Franz Steiner Verlag (forthcoming).

<sup>2</sup> See *Minglun huibian* 明倫彙編, *renshi dian*, in *Gujin tushu jicheng*, especially from *juan* 51 to 62, but also the following chapters. Cf. P. Santangelo 1994, note 36, and id., 1997, introduction, chapters 1 and 3.

<sup>3</sup> See *Qinding Gujin tushu jicheng*, vol. 44, 341:54737-54749.

This could lead us to think that the compilers - at least those living at the beginning of the 18th century (the time when the *Gujin tushu jicheng* was compiled) - perceived emotions *per se* as something basically pathological.

The direct association of emotion and madness might result from the simple fact that different 'excessive' emotional expressions were more evident in such phenomena which are described as mad or deviant.

It is well known that the fundamental paradigms of Chinese medical thinking are based on the idea of balance and harmony of *yin-qi* 陰氣 and *yang-qi* 陽氣, the balance between depletion (*xu* 虛) and repletion (*shi* 實) of *qi*, and last but not least the balance within the sequences of the five phases (*wuxing* 五行). *Shen* 神 in medical discourse could not be reduced to a "spirit"<sup>4</sup>, which "resides" somewhere in the body and would be able to exist independently from the body: *Shen* is essentially to be looked upon as an "active force", which results from a specific "combination" of essence (*jing*) and *qi*<sup>5</sup>. Generally it corresponds to the heart, but simultaneously it "flows" through the whole human body, through the vessels and resides within the five *yin*-organsystems.<sup>6</sup> The harmony of the state of the human being was generally considered a manifestation, that is to say: disease was not more and not less than an imbalance of bodily and cosmic harmony.

When medical texts deal with emotions, they explicitly deal with excessive or enduring emotions, as mentioned above, without stating it. Everywhere, "emotion" investigated as a "pathological factor" means either too less or too much of *jingqi* 精氣. The latter alternative we find pronounced by the *Huangdi neijing Suwen* 黃帝內經素問. The respective passage within the *Suwen* informs us about the development of emotions. The passage is part of a longer section, in which the number five plays the role of a denominator for arrangement of topics. This arrangement is based on the correlation of all macrocosmical phenomena with the microcosmos (the human being). Emotions

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<sup>4</sup> Whereas Unschuld (1980) translates "Lebensgeist", which seems appropriate, because there is a note of the living bodily (*leibliche*) meaning in this word, Kubny for instance (1995) translates "Geist". The translation as "spirit" with the additional explication as "the body's governing vitalities" (Sivin, 1987), p. 59 reflects the meaning of "Lebensgeist". Charlotte Firth translates *shen* as "Psyche" (1999).

<sup>5</sup> See for instance Wu Qian (1723-1795) et.al. (eds.), [1742] (1982) vol 1. p.53.

<sup>6</sup> *Huangdi neijing Lingshu* 2 (8): 183

here are named the “five concentrations” (*wu bing* 五并) of the *jingqi* 精氣 (essence *qi*):

When the essence *qi* [of all five *yin*-organsystems] concentrates in the heart, it will give rise to joy (*xi* 喜); when it concentrates in the lungs, it will give rise to sorrow (*bei* 悲), when it concentrates in the liver, it will give rise to worry (*you* 憂); when it concentrates in the spleen, it will give rise to dread (*wei* 畏); when it concentrates in the kidneys, it will give rise to fear (*kong* 恐). Such are the five concentrations (*wu bing*).<sup>7</sup>

The paradigm of the Five Phases - formed by Han philosophers (221 B.C. - 220 A.D.) - categorized all phenomena of Heaven, Earth and Human Beings as being associated with the dynamic transformations within the sequence of production or of overcoming one another. When applied to the human body, these Five Phases (Wood, Fire, Earth, Metal and Water) are associated with the five *yin* visceral organs (*zang* 藏). In regard to these more emphasis was put on their functional processes than on their structural and substantial forms.

Emotions were thought of as being associated with the five *yin*-organsystems: as manifestations of the conglomeration of *qi* within this respective viscera system. *Qi*, the fundamental “odem” which penetrates the whole universe - macrocosmos and microcosmos likewise - not only connects the macrocosmos and the microcosmos but it leads to the perception of the macro- and microcosmos as essentially the same. *Qi* is everywhere, the “quality” of *qi* is its fluent movement. If *qi* jams, knots or reverses itself somewhere, illness or even crisis on the level of society takes place. If every *yin*-organsystem “holds” his own essence-*qi*, no illness will occur, but if the essence-*qi* of all five *yin*-organsystems accumulates in one organsystem, a superabundance of evil-*qi* (*xieqi* 邪氣) will arise, and depending on the particular *yin*-organsystem, emotion will appear in an extreme manner (*taiguo* 太過), as explained by a late Ming-commentator.<sup>8</sup> Another viewpoint was that

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<sup>7</sup> *Huangdi neijing Suwen* 7 (23): 364.

<sup>8</sup> This is the explanation of the late Ming-commentator Wu Kun 吳崑 (1551-1620) and his view is what interests us here more than the - maybe different - original meaning. See HDNJ *Suwen* 7 (23): 364-65. Hence in this I do not agree with the statement by Martha Li Chiu (1986), p. 121, who makes out a passage in the *Liji*.bk.XVII [where emotions are seen as potentially

if there is a state of depletion in a *yin*-organsystem, essence-*qi* will be stuck there and there will be no way to control the corresponding emotion (*zhi*).<sup>9</sup> The connecting point of the two different explanations is based on the paradigm of harmonious flowing of the *qi* within the body. If one element happens to be in an unbalanced state (depletion or repletion of *qi*) imbalance will also follow in other elements within the whole system.

The development of five different emotions within the five *yin*-organsystems does not testify that emotions *per se* are seen as pathological factors. The respective *yin*-organsystems are not perceived as only the “lodging” places of arising emotions, rather they are participants in the process, their respective “quality” has to be taken into consideration for the specific distinctiveness of the specific emotion.

The “consistence” of emotions is not perceived as a kind of “static locus” or condition, but as a “flowing” process. *Qi* is not the cause of the process, because *qi* is not separable from its movement. If we hold that the movement, that is to say, the conglomeration of *qi* and essence are involved in the emergence of excessive emotions, then we also have to take into consideration that blood - which was perceived as flowing together with *qi* in the vessels<sup>10</sup> - could also play a central role in developing emotions.<sup>11</sup>

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destroying factors] as an underlying pattern for the view of medical writers giving emotions this potential force. It is true however that many passages within the *Huangdi neijing*, where emotions appear, deal with causes for illness, but this is true in the same sense for other factors such as heat, cold, etc. .

<sup>9</sup> This is the explanation of another commentator. Ma Shi 馬蒔 (1586). See *Huangdi neijing Suwen* 7 (23): 364-365.

<sup>10</sup> There existed at least two different concepts: one which postulates that *qi* and blood circulate in different vessels, the other which postulates that *qi* and blood circulate together in the same vessels. Both concepts can be found in the *Huangdi neijing*.

<sup>11</sup> “[...] Excess of *qi* leads to coughing, panting and uprising *qi*, [...] deficiency of *qi* leads to difficulty in breathing [...], excess of blood leads to anger (*nu* 怒), deficiency of blood causes fear (*kong* 恐) [...], excess of physical shape (*xing* 形) leads to abdominal distention and difficulty in urination, a deficiency [of physical shape] leads to uselessness of the four limbs.” See *Huangdi neijing Suwen* 62 (17): 108-132.



## Madness and emotions

Madness was perceived as a disease like any other - this finds support in the fact that there is not a single indigenous medical textbook which devoted itself to madness exclusively. And as such, madness was seen as caused by *yinyang* disharmony, *qi*-imbalance, and according to the particular or current tenet of the respective author. The scattered remarks on madness are arranged within passages on general topics such as heat diseases (*wenre bing* 溫熱病)<sup>12</sup>; cold diseases or general depletion (*xu*), or madness was explained as a manifestation of striking by wind (*feng* 瘋) or as an imbalance of the five *yin*-organsystems, etc. These examples should be sufficient to show that madness was fundamentally incorporated under the term of **disorder**. As such, madness was more a symptom (that is to say a special mode of disorder) than the disease itself. On this basis a fundamental dichotomy between madness and other behavioral, somatic or emotional symptoms cannot be established and not a single medical author tried to do so.

Now we can most plausibly explain the incorporation of *qingzhi* (emotion) as a subtopic of medicine as well as the real nature of its intimate connection with madness. Since the state of health is perceived as a state of balance and harmony, any single element will be clearly visible - and can be focussed upon - **only** when the primordial balance and harmony is disturbed - thus allowing the function of one element to override the orderly functions of the whole system thus creating **disease**. In this respect, emotions as they are treated by Chinese physicians form only part of the conventional reality, their laws are **not** philosophical *nomoi*, eternal laws, which could be subject to philosophical thinking. As practitioners<sup>13</sup> the Chinese physicians were always confronted with empirical reality and therefore could remain abstinent from any kind of generalisation. But, on the other hand, they had to treat a "living matter", which limited the application of too-broad abstract patterns and maintained influence on actual discourse. Therefore they never had to determine what

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<sup>12</sup> Since the 12th century, medical practitioners had to focus on epidemic diseases. but the big epidemics emerging around 1640 in whole China were possibly the cause for a systematization of the concept of heat as a major pathogenic influence. See Helen Dunstan, 1975: 1-59; Lu Dong et.al., 1995. See also Ouyang Bing, 1995: 92-94.

<sup>13</sup> Because in Chinese context no break between theory and practice - which took place in Euroean context after the time of Galen - emerged, we can perceive medical writings (and even philological commentaries) as writings from practitioners. See Sivin, 1988, p. 743.

emotion would be in general; they only had to care about its effects in some special case, allowing the application of basic paradigms to be reconfigured according to special demands.

### On some special cases taken from late Imperial medical textbooks

One of the most prominent medical scholars from late 17th century is Chen Shiduo 陳士鐸 (1687)<sup>14</sup>. His explanations on madness are extensively quoted within the chapter on madness (*diankuang* 癡狂)<sup>15</sup> and also within the chapter on emotions in the *Gujin tushu jicheng* (1726).

He differentiates between more than a dozen different kinds of manifestations of madness<sup>16</sup>, which all belong to different forms of disharmony between *yin* and *yang*, depletion (*xu* 虛) and repletion (*shi* 實), cold and heat, sputum, and an imbalance of sequence within the paradigm of the Five Phases (*wu xing* 五行) and hence - as we shall see - emotional disharmonies. Chen describes a case of madness (*dian*), which broke out because of too much brooding:

Too much brooding injures heart and blood; [the affected person] either laughs or weeps, goes around naked and mumbles with closed eyes incessantly to oneself. People assume that it is a case of *huadian* 花癡 (flower-falling-sickness - which occurs only in woman who suffer from lovesickness). Who knows that actually it is a case of the loss-of-will-madness (*shi zhi dian* 失志<sup>17</sup>癡). [Excessive] thinking and

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<sup>14</sup> Chen (zi: Jingzhi 敬之; hao Yuangong 遠公) was born in Shanyin 山陰 (in the present Province Zhejiang). He studied medicine in Beijing with a prominent scholar, after he had failed the civil-service examinations several times. In 1687 he returned to Shanyin.

<sup>15</sup> *Gujin tushu jicheng* (1985), vol. 44, 315-318:54466-54502.

<sup>16</sup> More than one edition exists. Although the work is generally known under the title *Bianzhenglu* 辨証錄 (14 *juan*) - this is the copy by Yao Shiyu 陶式玉 - it is held that the edition with the title *Bianzhengqiwen* 辨証奇聞 (15 *juan*) is the most "original" one. See Chen Shiduo. *Bianzheng qiwen* (reprint of the 1824 edition) in Wen Shoujiang ed., 1993. It is not the place here to resolve the question, if both works (the *Bianzheng qiwen* and the *Shishimilu*) are recom compilations or copies of former (similarly titled) works by Fu Shan 傅山 (1607-1684), also named Fu Qingzhu 傅青主 from the present Taiyuan 太原 in the present province Shanxi. See Cheng Menglai ed., 1987, pp. 372-74.

<sup>17</sup> Actually the will or intent (*zhi*) corresponds to the kidney.

brooding injures the spleen. If the *qi* of the spleen is diminished, [the spleen] can no longer pass the essence (*jing*) to the lungs. The *qi* of the lungs becomes injured and any order [on the part of the lungs] of preventing other illness will be a failure. Hence the *qi* of the spleen has to suffer even more injury. The spleen is the child of the heart<sup>18</sup>. If the spleen is ill, the heart must come to help. As soon as the heart realizes that the spleen is [already] injured [it behaves like a deeply hurt mother]. Hence it happens that the heart loses its will and within the heart there's nobody there. [The heart still] wants to help but there's no one who would obey [his orders], [then it] wants to forget [the injury] but it is unsuccessful. [The heart] calls [its] neighbours but no one replies. Fear and hate both penetrate the heart, and therefore [the man] forgets who he is<sup>19</sup>, he will do something dangerous to himself.<sup>20</sup> When he sees people he speaks hesitantly, he turns away and speaks garrulously, in the end he becomes mad without realizing it. For treatment [the physician] must quickly clean [the patient's] heart [from sputum], but because the illness of the heart results from that of the spleen, [the physician] must replenish the heart by consolidating the will (*zhi*). In order to settle the *zhi* the best way is to replenish the spleen and then the *shen* would [come again into the heart]. (Generally speaking madness occurs mostly because of sputum, treating the sputum [the physician] must replenish depletion, otherwise it will not be successful.) [...] By administering [the here not translated medicine] *shen* will have support, hence the will (*zhi*) will have the support of *shen* and both will live together, not only the lost will return again, but also the *shen* which originally stayed [outside the heart] will be settled forever. [...]<sup>21</sup>

The scenery shows the underlying paradigm of the interwovenness of all elements involved within the bodily system. Excessive emotions, extremely unsocial behaviour (naked and incessant mumbling) are the starting point of the description, the very scene is not the outer appearance but the inner

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<sup>18</sup> In the "Mutual-production-order" of the Five Phases, fire ( which corresponds to the heart) produces earth (which corresponds to the spleen). Hence the spleen is the child of the heart, the heart is the mother of the spleen.

<sup>19</sup> Word-for-word: *wang qi shen* 忘其身.

<sup>20</sup> *Jiang wei cong jing zhi shi* 將為從井之事. See *Lunyu, yongye* 論語·雍也

<sup>21</sup> Chen Shiduo, 1993, p. 121.

process. The protagonists are the *yin*-organsystems (heart, spleen, lungs, liver and kidney), which are in an extremely perilous juncture. The question of whether the disharmony within the inner organsystems is the initial cause of the illness - or vice-versa the excessive emotional **expression** - seems pointless. This is shown by the following description of a form of madness, which would occur only in woman.

If a woman occurs to be mad (*dian* 癡), she does not know any shame. If she sees a man, she will be like sugar; if she sees a woman she will be extremely angry. If [the situation] is serious, it will lead [her] to undress completely. This means that the liver-fire leaps up: she is thinking of a man and can't get him; [*qi*] is staunching and becomes knotted (*yujie* 鬱結) and this leads to madness *dian*. How can liver-fire lead to madness? A woman [generally] has full liver-wood. Liver-fire threatens the heart, hence the heart-ruler descends from his throne. If the heart-envelope protects from the outside, how can [the liver-fire] threaten [the ruler]? [Other physicians] do not know that in the case of liver-fire depletion prevails and [at the same time] fire. (...) How can it be that she will not die?

[This is due to the fact that] kidney-water is helping. When she thinks of a man but she does not get him, the kidney is depleted. Although there is fire in the kidney, and thus kidney-water is dried out while the liver-fire comes dangerously close, there must be the support of kidney-water; hence she will not die although being mad [in this way]. The therapy consists of purging the liver-wood, depleting the kidney-water and simultaneously spreading out the staunching *qi*.<sup>22</sup>

Here, excessive emotions are clearly perceived as a product of physiological disharmony. The extreme emotional imbalance expresses itself through the desire for a man. It is so strong that it makes the female strip off her clothes and produce a strong aversion against other woman - the last remark could also be a "moral hint". But Chen lays stress only upon the correspondences within the body. Thus to conclude any judgement about the behaviour of the woman would be false and totally inappropriate.

The implementation of the paradigm of the "five phases" on every aspect of the bodily processes however can be found in many other medical writings of the period.

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<sup>22</sup> *ibidem*, p. 120.

Liu Mo 劉默 (1673)<sup>23</sup>, a contemporary of Chen, explicitly indicates emotions as being responsible for the sudden outbreak of madness. When he was asked “how can it be that someone who originally is not ill, can at once suffer from falling sickness (*dian* 癲), or raging madness (*kuang* 狂) can arise all of a sudden?” His answer is very clear: “This is a matter of ‘emotional motion’ (*qingzhi suo gan* 情志所感) and it also has a lot do with an imbalance of *yinyang*.”<sup>24</sup>

[The state of] depletion (*xu* 虛) of the heart is manifested by dejection or cowardice (*danqie* 膽怯), hence there prevail lots of doubt; [the state] of depletion of the kidney is manifested by the loss of will (*zhi* 志), hence there prevails shame about himself; [the state] of depletion of the spleen is manifested by the loss of the intention (*yi* 意), hence there prevails joylessness (*bu le* 不樂); emptiness in the lungs is manifested by sorrow (*you* 憂) and hence this is followed by the disposition for grief (*bei* 悲); depletion of the liver is manifested by depression (*yiyu* 抑鬱) and thus followed by the tendency to anger (*nu* 怒). All this [occurs] because the *shenzhi* 神志 of the five *yin*-[organsystems] first suffers from depletion and then [it occurs that] the lucidity of *shen* (*shenming* 神明) becomes stricken by illness. And although sputum and fire predominate [and it seems to be a matter of repletion], it is [actually] a matter of depletion by inadequate repletion. Therefore it is appropriate not to discharge (*xie* 瀉). Only the following recipe can cure the illness [...]<sup>25</sup>

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<sup>23</sup> Also named Mo Sheng 默生, was a native from Hangzhou (in present Zhejiang). His teacher was Miao Zhongchun 繆仲醇 (1556-1627). During the change of dynasty Liu Mo moved from Hangzhou to Suzhou, where it is said he achieved great success in healing patients. His *Zhengzhi baiwen* 証治百問 (ed. 1673) is an enlarged version of his *Qingyao yiwen* 青瑤疑問 (consisting of 4 *juan*) with the second title *Zhengzhi shijinglu* 証治石鏡錄.

<sup>24</sup> Liu Mo, *Diankuang*, (1673, in *Diankuangxian*, 1990) p. 141.

<sup>25</sup> *ibidem*. The text is part of a larger text which deals with *diankuang* 癲狂 (insanity).

Here, emotional states are described as producing other emotional states. These processes take place within a specific constitution of the *qi* in the respective *yin*-organsystems. The author focuses on ‘negative’ dispositions, hence the concentration of *jingqi* (essence-*qi*) cannot take place in an orderly manner, because there is a depletion of *qi*.

The depletion of *qi* within the *yin*-organsystems also means a lack of emotionality (i.e. depletion) and the loss of activity or active force (*wu shen* 無神), i.e. depletion. This special “depletion-pattern” of Chen Shiduo is only one among other theories, explaining the causes of madness in general. But everywhere, “emotion” investigated as a “pathological factor” means either too less or a too much *jingqi*.

### On melancholy

The term *yu* 鬱 appears within the *Huangdi neijing* not regarding the human being but whether in the sense of “vaporizing, evaporating” or in the sense of a general “curdling” of *qi*, in the sense of an “extreme jamming (*yu ji* 鬱極)”<sup>26</sup> of *qi*. All of the three passages refer to an atmospheric phenomenon and not to a bodily (inner) state. Another early passage referring to *yu* is to be found in the *Lüshi chunqiu* 呂氏春秋 (300 B.C.), where *yu* appears in the sense of “angrily and morosely”.<sup>27</sup> By the late 17th century the meaning of “moroseness and depression” had been fully integrated within medical discourse.<sup>28</sup> But the meaning of *yu* as a *qi*-jamming - without explicit connection to emotions and/or depression - still played a prominent role within medical writing of late Imperial China. Therefore we cannot speak in terms of replacement, but more of a widening of the concept *yu*.

Chen Shiduo (1687), whose writing we already explored above, differentiated between five forms of jamming of *qi* (*wuyu* 五鬱) according to the five-phases paradigm.

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<sup>26</sup> HDNJ, S. 189 Diss.

<sup>27</sup> See *Lüshi chunqiu jinzhū jinyi*, 1990, vol. 1, p. 129.

<sup>28</sup> Hans Agren quotes a passage from a Song-text, where the term *yuyu* 鬱鬱 forms part of a list of other terms like *fanfan* 煩煩 (irritability), which according to Agren indicate “hostile depression”. See H. Agren, 1982, pp. 573-81, here p. 581.

1. Chen begins with the phase “earth” and its not flowing, but pressed-down *qi* (*yi* 抑鬱), which influences the spleen and the stomach, because they correspond to the earth.<sup>29</sup>

2. If a person coughs, “people would think that it is due to dryness in the lungs, but actually it is due to a *qi*-jamming in the lungs. If the lungs-metal is suffering loss, then the depression-illness (*yi* 抑鬱之病) arises.”<sup>30</sup>

3. Arthritis due to cold-injury is manifested by pain of the heart. It is because of water-jam (Wasser -Stau) (*shui* 水鬱).

4. Difficulty in breathing, swollen body, etc. is due to a fire-jam “and not how people think due to sputum-fire, which causes the evil.”<sup>31</sup>

5. If someone fears cold and heat, “people think it would be due to wind-evil (*feng* 風邪), who knows however that this is due to wood-jam (*mu* 木鬱) in the liver and gall-bladder: the person suffers headaches and in extreme cases the person does not recognize his own people any more, he collapses unconscious.”<sup>32</sup>

6. The sixth form of depression-illness according to Chen is an illness which mostly occurs among women, it is rather difficult to cure. If the woman lies down idiotically (*chi* 痴臥) and does not speak, people suppose wrongly that this would be due to “deficiency” (*da* 呆病):

But who knows that the thoughts (*si* 思) are knotting in the chest that the *qi* is jamming (*yu* 鬱) and not extended. If [the physician] totally relies on medicine, this would be certainly without [success], if he tried without medicine, it would also be without [success]. In general the knotted thoughts must be dissolved through joy. Inducing great anger would also dissolve [the depression]. The spleen controls the thinking, if thinking goes too deep, the spleen-*qi* will close and not openly [flow].<sup>33</sup>

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<sup>29</sup> Here, as in all the following situations he administers dissolving medicine. See Chen Shiduo, 1993, *juan* 4, p. 100.

<sup>30</sup> *Ibid.*

<sup>31</sup> *Ibid.*

<sup>32</sup> *Ibid.*, p. 102.

<sup>33</sup> *Ibid.*, p. 103.

Emotions such as thinking and brooding appear as causes of the depression-illness, therefore other opposing emotions can induce the balance. The crucial point of this view lies in the perception of emotions and their manifestations as an imbalanced *qi*-flow. Knotted thoughts are knotted *qi* and vice-versa. Not the thoughts *per se* produce illness, but their knotted state is seen as the manifestation, cause and result of the illness.

Depression was perceived by many physicians of late Imperial China as the potential cause of madness. For instance Zhang Lu 張璐 (1617-1698)<sup>34</sup> writes:

[Madness] is due to depression and unrealized [desires] (*yuyibusui* 鬱抑不遂), failure and disappointment (*chachi* 侘傺), being without activity (*wuliao* 無聊) [...], pondering (*sili* 思慮) and anger.<sup>35</sup>

Other emotional expressions such as grieving, singing, laughing or crying, etc. were seen as a result of “sputum straying in the heart-holes”.<sup>36</sup>

The interpretations of the sceneries were however most different and heterogenous. Whereas some focus on the connection between depression and epilepsy, others emphasize depression as a harbinger and manifestation of possession by demons (*guiwu pingzhi* 鬼物憑之). This form of depression is manifested by jamming [of the *qi*] and “thoughts revolving always around the same subject”.

The following figure shows the analogy of emotions, organsystems and *shen* (vital force):

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<sup>34</sup> Also called Zhang Luyu 張璐玉 and Shiwan laoren 石頭老人. He is known as one of the most renowned supporters of the *wenbu pai* 溫補派 (Warm-replenishing-school), also known as the *wenre xue* 溫熱學 (Warm Disease School) which intended to address the inadequacies of the pattern of six stages. This school (occurring from the beginning of the Ming dynasty (1368-1644 A.D.) through the Qing dynasty (1644-1911 A.D.)) focused strongly on treating febrile diseases. See Ted J. Kaptchuk, 1991, p. 271.

<sup>35</sup> Zhang Lu, (1644-95), in Hua, 1990, p. 159. The book is also known as *Yitong* 醫通.

<sup>36</sup> According to Zhang Lu this would be the term “people would call this state” (DKX, p. 159).



<i>wuxing</i> 五行	<i>yin-</i> organsystems	<i>yang-</i> organsystems	Emotions	<i>wushen</i> 五神
wood	Liver	Gall Bladder	anger 怒	<i>hun</i> 魂
fire	Heart	Small Intestine	joy 喜	<i>shen</i> 神
earth	Spleen	Stomach	worry 思	<i>yi</i> 意
metal	Lungs	Large Intestine	grief 悲	<i>po</i> 魄
water	Kidney	Bladder	fear 恐	<i>zhi</i> 志

In the passage on the emotional states by Liu Mo, cited above we note that both [active or vital] forces (*shen*) and emotions (*zhi*) within this passage appear to be mutually interwoven: in two cases the elements contained inside the “row” related to the five emotions (*wuzhi* 五志 are not named ‘emotions’ - instead they are named “active forces” (the spleen according to the original pattern corresponds to thought or contemplation (*si*) as emotion - instead of this the vital force *yi* 意 (intent) appears; the kidneys generally correspond to fear (*kong*) as emotion - instead of fear here the active force of will (*zhi* 志) appears. Moreover, the kind of “cross-classification” within this passage is also reflected by the applied term *shenzhi* 神志. *Shenzhi* itself can be taken as a verbal expression of this interwovenness. The translation of it as “emotional state” (Gemütszustand) seems to be most appropriate because the term indicates both emotional and mental aspects.

### On attempts of reconfigurations

Wang Kentang 王肯堂(1549-1613) (a well known physician of late Ming-times) used the term *shenzhi* 神志 first. In his *Liuke zhengzhi zhunsheng* 六科證治准繩[1602] he subsumes under the term “*shenzhi* 神志”<sup>37</sup> 18 different emotional and behavioral states including madness. It should be noted that madness is also included under other topics, such as for instance *zhong men* 中門 (breakdown caused by external factors).<sup>38</sup>

<sup>37</sup> See *Liuke zhengzhi zhunsheng* [1602] (1960), vol. 1, part 5, p. 275. *Shenzhi* is arranged between other categories such as “different winds” (*zhufeng* 諸風, which subsumes topics like epidemic, bad ulcer, cramp and various different (*zamen* 雜門), which subsumes writings on insomnia and ‘too much sleeping’.

<sup>38</sup> Madness (*diankuangxian zong lun* 癡狂癩總論) is differentiated in three forms (*kuang*, *dian* und *xian*) beside bodily states such as irritability and restlessness (*fanzao* 煩躁), depletion-

His explanations of all these states did not differ in the slightest from former medical writings on madness and related phenomena. The application of this term for classification of emotional and deviant behaviour has to be seen mainly as an attempt to systemize the whole field; not as an attempt to “create” a new term for - what we would call - psychological phenomena. This is also supported by the fact that no physician in subsequent times adopted his arrangement. *Shenzhi* should be taken as a group-term for the “vital force”- and the “emotion”-sequence. And as such it stands for “Gemütsregungen” (emotional states in movement).

On the other hand, the stated re-articulation, reconsideration and reconfiguration of the established patterns should not be underestimated - although the patterns themselves remained essentially the same. If we take into consideration a certain re-evaluation of emotions (in the sense of “cult of sentiments”) in late Ming-times among intellectual circles of Jiangnan<sup>39</sup>, a shift in medical discourse in this respect - at least at the level of systematization - can be found in Wang Kentang’s textbook.

Since the therapeutical method of “inducing the five emotions” (*wuzhi xiangsheng fa jie zhi* 五志相勝法解之<sup>40</sup>) always demanded simultaneous consideration of all sequences, physicians could act on different levels of all analogous sequences.

As we have seen above, *shen* in medical discourse cannot be reduced to a “spirit” (Geist) as a combination of essence (*jing*) and *qi*, it is not to be understood as one single entity but rather as one element within the “fiveness” of the correspondences of “five-phases”. It is assumed that it is stored in five different places within the human body, manifesting itself in five different “appearances”. They exist in an interactive and functional relationship with the organsystems. It is impossible to deduce a major site for the active forces or the organsystems or the emotions.

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restlessness, delirium (*zhanwang* 譫), touchiness (*zao* 躁), anger (*nu* 怒), grief (*bei* 悲), fright (*jing* 驚), fear (*kong* 恐), forgetfulness (*jianwang* 健忘), tendency to sigh (*xi tai xi* 喜太息), tendency to incessant laughing (*xi xiao buxiu* 喜笑不休) and palpitation (*ji* 悸). See *Liuke zhengzhi zhunsheng* [1602] (1960), vol. 1, part 5, pp. 303-34.

<sup>39</sup> Santangelo (1998), p. 656.

<sup>40</sup> This pattern was not formulated before Song-times. See Christian Schütz, 1991, p. 201. For See for instance Shen Shiyu, *Yiheng* (1661), in Hua, 1990, p. 138.

## Conclusion

I have shown that Chinese traditional medical concepts of emotions are intimately connected with the concepts of deviance, that is to say, the historical medical writings on madness and related phenomena directly show how deviant behavior, such as excessive emotional expression, was perceived, defined and handled.

Expression of emotions is nowhere illegitimate. But there are certain modes of expression which were thought and feared to harm the larger system (family or society). Therefore these diagnosed imbalances had to be treated - this is basically the view of pragmatists. Physicians never philosophized about the nature of emotion *per se*: the fundamentally “systemic” approach did not demand any definition of a single element in its isolation from the whole since it was never thought to be isolated from it. As they are processes ‘acting’ within at least five different places, which on their part are not thinkable without their systemic connection within and with the whole bodily system, they are “bodily states”.

This pattern ensured that even most anti-social behaviour was explained as a manifestation of bodily imbalances by Chinese medical thinkers and not as morally reprehensible.

Medical case histories relating madness and emotions show that the expression of emotions - even in the worst sense - were never perceived as taboo. As emotions within the medical discourse were not perceived as what we would call private ‘psychic’ phenomena, they never had the power to destroy social relationships: the social order existed independently of any emotion.<sup>41</sup>

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<sup>41</sup> See Sulamith Heins Potter, 1988, vol. 2, pp. 181-208, here p. 186.

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