

Shen-zhi Theory: Analysis of the signs and symptoms

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The *Huangdi Neijing* (Yellow Emperor's Inner Canon) contains numerous references to 'spirits' that are said to reside within the body. The term '*shen-zhi*' means 'spirit-mind' and telescopes the five spirits (*shen, hun, po, yi, zhi*) of early Chinese medical theorising. *Shen-zhi* theory explains the principles for understanding Chinese medicine's perspective on human consciousness. The theory describes how each of the *wu shen* (five spirits) govern certain aspects of mentality and are closely related to sensory faculties, body tissues, visceral systems, and physiological substances according to the *wu xing* (five phase) framework of correspondence and relationship. Spirit activities thereby provide the human organism with its distinctive array of mental and sensory abilities including intelligence, insight, focused attention, and memory. *Shen-zhi* theory is derived from key sections of the *Neijing* that define the nature of the *wu shen*, their physiological activities and relationships. When these resources and relationships are disrupted a variety of common or more serious disorders may result. We discuss some of these, and a number of specific disorders that have a particular connection with the five spirits and *shen-zhi* theory. Broadly speaking, they are 'mind' or 'mental' disorders. Analysis of their signs and symptoms illustrates the theory and clarifies its diagnostic relevance for modern clinicians.

Keywords

Consciousness, mental disorder, mentality, neurosis, perception, psychology, psychosis, *shen, hun, po, yi, zhi, shen-zhi* theory, *shen-zhi* bing, spirit.

Introduction

Despite the enormous differences in time and perspective the traditional Chinese medicine (TCM) practitioner can analyse and interpret the signs and symptoms of mental disorder as they appear in the Chinese medical classics and in today's modern clinics by using frameworks such as *shen-zhi* theory. The TCM view of mentality and mental disorders does overlap with modern western psychological and psychiatric parameters, to some degree. Instances where the Chinese medical

perspective does not correspond with modern medical and psychiatric nosologies however are not uncommon.

For example, the term *xiao ke* (消渴 dispersion-thirst) was first mentioned in the *Jingui Yaolue* (Essential Prescriptions of the Golden Cabinet)¹ and is often suggested as an equivalent TCM disease name for diabetes. But while *xiao ke* includes diabetes, it is in fact a much broader disease category. For the purpose of our discussion, we also note that the *xiao ke* patient experiences a loss of *jing* (精 essence) because of the kidney's 'failing to hold'. Diabetic polyuria, a symptom of kidney failing to hold, exacerbates *jing* loss and sensation disorders such as peripheral neuritis, numbness, or feeling like they are

wearing a glove or sock are common. Clearly *xiao ke*, depleted *jing*, diabetes, polyuria and peripheral neuritis are not symptoms of mental disorder. But Chinese medicine's view of human consciousness includes the reception and interpretation of sensory information; and TCM physiology emphasises the functional links between its visceral systems and their associated substances, tissues, sense organs, – and spirits. As we will see, disordered sensations such as diabetic neuropathy demonstrate the *po-jing* (physiological) relationship and resultant *shen-po* (mental-sensory) disharmony. (Explanations for these terms and relationships are given below.)

Areas of theoretical disparity between traditional Chinese and modern western

ns and symptoms of mental disorder

medicines provide a point of interest and challenge for clinicians today. Furthermore, very early Chinese conceptualisations of mentality and psychology permeate its medical tradition and persist to the present. Rather than a Cartesian separation of the physical and mental, Chinese philosophy emphasises the 'one *qi* running through heaven and earth' (*Zhuangzi* 22, cited in Zhang, 2002: 49), and Chinese medicine assumes an integrated body-mind. Which is not to say that classical Chinese literature does not discuss the mind.

Information from the classical literature is examined to explain Chinese medicine's

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perspective on mentality, its development and resources, and to confirm the meaning of relevant terms and relations. Five key features of spirit-mentality are set out in the *Lingshu Benshen* (chapter 8 of the *Huangdi Neijing*, *Lingshu – the Yellow Emperor's Inner Canon*, *Spiritual Axis*). This provides the origin and basis of *shen-zhi* theory. The final section of the paper will use the *shen-zhi* model presented in *Lingshu Benshen* to discuss and interpret some of the clinical presentations that signal disordered mental function. Signs and symptoms of mental disorder illustrate the discussion and identify key factors for differentiation according to TCM diagnostic protocols.

Section 1: Human consciousness

According to Zhang Dainian the most detailed discussion of the mind in Chinese literature before the Qin Dynasty can be found in the *Xunzi*.

Xunzi 22, *On the rectification of Terms*:
The mind gives meaning to impressions.
(Cited in Zhang, 2002: 395)

The *Xunzi* goes on to say that the mind encounters the outside world directly via the five senses and its 'impressions' include its ability to recognise and assess the information we perceive. But, what is the 'mind', and how do the ancients explain these abilities?

In early Chinese medical literature philosophical concepts such as *yin-yang* (陰陽) were adopted and elucidate a fundamental shift towards incorporating the newly burgeoning naturalist perspectives. A number of key terms are relevant for this discussion.

During the Warring States period, things that were most pure or quintessential 'were considered [精 *jing*-essence], be they offerings presented to external spirits or the potency of the spirits themselves'. Then, from around the 4th century onwards, medical-physiological theories were formulated 'which fused the physical and spiritual components of the human organism, and which made [气 *qi*] the source of each'. (Harper, 1998:119)

At conception, female and male *jing*-essence combine to form the new life. The ovum and sperm provide *yuan jing* (元精 original, or congenital essence) and *yuan shen* (元神 original spirit) for the new life. *Yuan jing* and *yuan shen* are the new individual's pre-heavenly 'life material' and 'life energy'.

This idea is first presented in the following two lines of the *Neijing Lingshu*:

Lingshu Benshen, lines 21 and 22²
生之来谓之精
sheng zhi lai wei zhi jing,

两精相搏谓之神。

liang jing xiang bo wei zhi shen.
Life [its coming forth and evolution] indicates *jing* [essence], when the two *jing* [*yin-yang*, egg-sperm] combine this indicates *shen* [spirit].

The *Huangdi Neijing* (*Yellow Emperor's Inner Canon*) itself does not differentiate between pre- and post-heavenly *shen*. *Neijing* terminology uses only '*shen*'. It is not until the Song Dynasty that the difference between pre- and post-heavenly (pre- and post-natal) *shen* is discussed in the literature. After birth, pre-heavenly resources are stored in *ming men* and the kidneys, and Li Shizhen (Tang Dynasty) says that *yuan shen* is stored in the brain.³

Daoist meditators place great importance on *yuan shen* as 'spiritual consciousness'. Because it exists before birth it is thought to be part of the *qi* that pervades the whole universe. *Si shen* (思神) on the other hand is 'ordinary consciousness' and consists of the senses, feelings, thoughts and perceptions we experience during our lifetime. (See Kohn, 1989 & Robinet, 1997)

At conception the new life comprises the inherited or pre-heavenly *yuan jing* and *yuan shen*: these provide the foetus with basic developmental resources, information, and instinctual functions. Unlike our acquired or post-heavenly resources, *yuan shen* is undifferentiated life energy: there is no cognition, memory or analysis as such, none of the sophistication of the post-natal human psyche.

Post-heavenly creation is the myriad beings of *Laozi*, chapter 42: human life and the 10,000 things arise at the intersection of heaven and earth. For human life, conception is the primary example of the meeting of heaven and earth, the essential *yang* and *yin*. 'At the level of the symbolic meaning of Three [Heaven-Humanity-Earth], we have life, the living, the vital thrust *sheng* (生)' (Larre *et al*, 1995: 23, commenting on *Benshen*, line 21 above).

...speaking can relieve pressure on the heart and talking with friends can be recommended therapeutically

The *san bao* (三宝 three treasures) or *jing-qi-shen* triad refers to this stage or level of pre-natal resources. Our life resources develop and differentiate from them and according to *wu xing* (五行 five phase) manifestations. Post-heavenly *wu shen* (五神 five spirits) differentiation mirrors the generation of the *wu zang* (五脏 five viscera) – Chinese medicine's internal organ systems. The *wu shen* therefore represent the differentiated post-natal spiritual resources that arise from an undifferentiated *yuan shen*.

In modern TCM texts, *shen* (神) is translated as 'spirit' and in a broad sense refers to post-natal life activities. More specifically, the post-natal heart-*shen* governs human intelligence: it makes us awake, alert and responsive during the day. At night it becomes inactive and returns to its lodging in the heart. The heart-*shen* is linked with human consciousness, and importantly for TCM, the term incorporates physical and mental activities. Its function in healthy physiological and mental activities can be observed in the body's external manifestations, such as healthy complexion, bright eyes, physical agility, and coherent speech.

Shen-zhi (神志) is another name for the spirit or 'spirit-mind' (Wiseman & Feng, 1998: 551). The term implies the *wu shen*: the *shen hun po yi zhi* are the 'spirit', 'ethereal soul', 'animal soul', 'ideation', and 'mind' (Wiseman & Feng, 1998: 207). 'Shen-zhi' is made up of the first and last serving to telescope all five spirit resources. Lines 21 and 22 of *Lingshu Benshen* provide the basis of *shen-zhi* theory by setting out that life activities,

with respect to *wu shen* physiology and mentality, are based on *jing*-essence.

Section 2: Lingshu Benshen

Chapter 8 of the *Neijing Lingshu* is titled *Benshen* (本神 *The basis/root is spirit*). It expounds the psychological aspects of the visceral systems presented in chapter 8 of the *Neijing Suwen* (entitled *Ling lan mi dian lun* 灵兰秘典论 *The Secret Treatise of the Royal Library*).

Benshen lines 21 to 30 are of particular interest for *shen-zhi* theory. The passage deals with the *wu shen*, the five spirits that produce and are responsible for various facets of the human psyche. Orderly, integrated *wu shen* activities perceive and analyse sensory information; their interdependent functions create human consciousness, intelligence, and cognitive ability.

The number five signals that *wu xing* systematic correspondence provides the theoretical underpinning, and that all its relational qualities apply. The normal course of *shen-zhi* activities therefore requires, includes, and depends on the close relationships between the *wu shen* and with their respective *wu zang*, *wu guan* (五官 five offices or sense organs), and *wu ti* (五体 five body tissues). These relationships are essential for understanding the pathogenic mechanisms and interpreting the signs and symptoms of mind disorder.

All five systems provide specific kinds of sensory information. The heart-*shen* governs the tongue and transmits language information. This is why speaking can relieve pressure on the heart

and talking with friends can be recommended therapeutically. The spleen-*yi* transmits taste information, the kidney-*zhi* transmits aural information, and the *lung-po* transmits tactile and olfactory information. The liver opens to the eyes so the *hun* participates in sight and the transmission of visual information. Because it governs the sinews and the movement of joints, the liver-*hun* also transmits sensory information regarding movement, balance and proprioception.

Lingshu Benshen line 25:

所以任物者谓之心
suo yi ren wu zhe wei zhi xin,
when something takes charge of
the myriad things, this indicates
xin [heart].

The human organism perceives and responds to the external world every waking moment via a steady stream of sensory information, and according to line 25, all external matters and perceptions are received and co-ordinated by the heart-*shen*. The information includes not only received information, but also how we perceive, recognise, process, and interpret that information.

Lingshu Benshen line 26:

心有所忆谓之志
xin you suo yi wei zhi yi
when *xin* applies itself this
indicates *yi* [ideation]

The term 'yi' invokes a range of interpretations such as attention, intent, ideation; and spleen-*yi* governs thinking, memory and recollection. So when the heart-*shen* applies itself to reception and co-ordination, it is supplied by the spleen-*yi*'s attention to and analysis of the information received by the five senses.

At the level of human mentality, the heart and spleen relationship works to process perceptions; the spleen-*yi* contributing focussed attention and recollection of information. Their harmonious interaction

produces immediate, first-stage analysis and assessment.

Lingshu Benshen line 27:

意之所存谓之志。

yì zhī suǒ cún wéi zhī zhì.

when *yì* can manage the myriad things this indicates *zhì* [mind]

In line 27 the spiritual resource associated with the kidney *zang* has an all-encompassing and somewhat conclusive role: the results of perception, ideation and mental processing are taken up by the kidney and called '*zhì*'.

English translations of *zhì* again indicate a multi-layered concept – 'mind', 'memory', 'power of concentration', 'will', 'direction' and 'determination' (Larre *et al.*, 1995: 16; Wiseman & Feng, 1998: 395; Wu, 1993: 39; Wu & Wu, 1997: 542); and the kidney system itself evokes a sense of power and permanence. Kidney-*zhì* functions provide a breadth and depth of understanding that give the human organism the potential to reach levels of wisdom and intelligence. 'Will' and 'determination' are both dependent on kidney *jīng*, and provide *zhì xiàng* (志向) ideals and ambition).

Kidney *fēng cāng* (封藏 seal store) function preserves the quintessential: physiologically this is *jīng*, and for human consciousness it is long-term memory. Thus it would appear that the heart, spleen and kidney all contribute to memory – *shen* for reception, *yì* for processing, and *zhì* for storage of information. It seems appropriate that the faculty of memory should be cared for by the three post-heavenly systems most closely associated with ancestral resources.

Suwen, chapter 8 says that skill also comes from the kidney. In the context of human mentality, skill is related to wisdom, but in Chinese medicine the idea includes physical skill as well. This is why any skilled achievements, whether those

of a pianist, gymnast, or doctor, are a reflection of the person's kidney-*zhì*. It is kidney-*zhì* that provides determination and concentrates the mind and the *jīng*.

According to *Lingshu Benshen* the heart-*shen* receives and co-ordinates all our perceptions, responses and cognitive processes. Together the heart-*shen* and spleen-*yì* perform the initial processing of sensory information to accomplish first-stage analysis and assessment. Whilst *yì-shen* deals with initial ideas and first-stage analysis, the kidney-*zhì* refers to deeper conclusions and the more refined results of cognitive processing, and *zhì-shen* to these being stored in the kidney. The kidney-*zhì* and heart-*shen* relationship therefore enables more sophisticated processing and depth of understanding.

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The symmetry of content in the 8th chapters of *Suwen* and *Lingshu* suggest the connection and so far, the spiritual resources discussed in *Benshen* mirror the physiology of their visceral systems in chapter 8 of the *Suwen*. The spleen's *yùn huà* (运化) function provides first-stage digestion or processing, involving the 'movement and transformation' of raw substances taken into the body. Kidney *qì huà* (气化) second-stage 'qì transformations' involve pure *qì* and *jīng* substances, and *fēng cāng* the storage and protection of them.

The heart-spleen-kidney/*shen-yì-zhì* spirit functions are presented in *Lingshu Benshen* lines 25-27. These few lines show some of the links and relationships that contribute to the complex processes involved in sensory perception, analysis,

consciousness and cognition. It is the nature of *shen-zhi* activity that these processes are accomplished instantly.

Life emerges through the interaction of heaven and earth, *yang* and *yin*. Our pre-natal resources are embodied post-natally by the *jīng-qì-shen* triad, and the full energetic configurations of post-natal human life manifest in accordance with *wu xíng* systems. Pre-heavenly *jīng* and *shen* form the basis of post-heavenly manifestations and produce the body form.

Section 3: Body-mind

In a passage that echoes *Lingshu Benshen* (lines 21-22), the *Taisu* refers specifically to the body form, its development and relationship with *jīng* and *shen*.

When the two spiritual forces [male and female *jīng-shen* 精神] conjugate, they unite to shape a physical form [*xíng* 形]. They [thus] always come into being before the body [of the offspring, for they provide its initial endowment of vitality as well as its form]. This is called *chíng* [*jīng* 精]. (cited in Sivin, 1987: 149).

Certainly for Chinese medical thinking, physicality and mentality are not just closely linked: the body form (形 *xíng*) is the house of the *shen* and *shen* governs the body form. When *xíng-shen* are unified the functional activities of the *wu shen* manifest externally through the *wu zang*, *wu guan* and *wu ti*. Disintegration occurring in any of the relationships between the *wu shen*, and with their respective *zang*, *guan* and *ti* can disrupt human life and consciousness.

Furthermore, chapter 23 of the *Suwen* states that the *wu shen* are 'stored' in their associated *zang*. Lines 100-120 of *Lingshu Benshen* link this with *zang* physiology and storage of vital substances. For example, in line 100: 'The liver stores the blood, and the *hun* adheres to the blood.'

Heart stores the *shen*

Suwen, ling lan mi dian lun
心为君主之官，神明出焉
xin wei jun zhu zhi yi, shen ming
chu yan.
heart holds the office of supreme commander, *shen ming* [spirit light] stems from it.

The *Suwen* states that the heart-*shen* plays the leading role in consciousness and controls the proper functioning of our mental activities. If there is disruption with any aspect or at any stage of the *wu shen* activities (and their *zang-guan-ti* interactions) this can influence the heart, *shen*, and *shen ming* (神明 spirit light).

In TCM the heart opens to the tongue, governs the blood and vessels, and heart blood holds the *shen*. Normal heart-*shen* functioning ensures consciousness and cognition are healthy and ordered. Consequently the five *shen*, *zang*, *guan*, *ti*, and *shen-ming* function harmoniously, and body-mind activities are responsive and apposite.

Laughing is a heart sound and the heart governs the act of speaking. When spoken and emotional communication are lucid and appropriate we know what we should or should not do or say, when to laugh and when not to. Social, behavioural and communication skills therefore provide a clear indication of the healthy heart-*shen* maintaining orderly spirit and mental faculties.

Disordered *shen ming* and heart-*shen* are observable in the complexion and eyes, and the person may experience

disturbances involving speech, consciousness, inappropriate moods and laughter. Clinical manifestations indicating *shen* disturbance include dyslogia, aphasia, or incoherent speech, coma, psychosis, mania, or delirium.

Liver stores the *hun*

The liver governs the sinews, opens to the eyes, stores the blood and liver blood holds the *hun*. Therefore the liver-*hun* participates in the perception of visual information and in the movement and function of the joints. The *Lingshu* establishes another important relationship between the *hun* and the *shen*:

Lingshu Benshen line 23:
随神往来者谓之魂
sui shen wang lai zhe wei zhi hun
That which faithfully follows the *shen* going and coming indicates *hun*.

Wang lai (往来 going and coming) applies to the communication between internal (mind-body) and external (out-of-body) environs, which is accomplished by the heart-*shen* and liver-*hun*. This is an area of

the *shen* wants to look at something, the *hun* follows and focuses immediately on the object of attention. The heart-*shen* receives visual information via the liver-*hun*-eyes, engages recall, and ascertains meaning.

If the *hun* fails to follow the *shen*, a person's *xing-shen* is no longer unified. Their eyes are blank because the liver-*hun* cannot correctly transmit what it is seeing to the heart-*shen*, or the heart-*shen* cannot assess the matters being perceived by the *hun*-eyes. This is why in Chinese medicine we say that the liver stores blood, liver-blood nourishes the eyes and houses the *hun*, heart-blood houses the *shen*, and the *shen* and *hun* must always follow each other.

When the *shen-hun* are orderly and harmonious, their coming and going is swift and light, barely registering in our conscious mind. *Shen-hun* activity and relationship allow human consciousness to realise the kind of understanding that comes from this subtle connectedness. Larre and Rochat de la Vallée (1995: 39) call this 'spiritual intelligence' – a kind of

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subtle energetic exchange and relationship that depends on the *shen-hun*'s ability to move freely between the two. Their relationship and movement is supported by a peaceful mind, nourished by the liver and heart blood, and disturbed by agitation, emotional upset, pathogenic heat, or depleted physiological resources. The coming and going of the *shen* and *hun* therefore is a physiological state.

Visual perception is an important aspect of *shen-hun* interaction and one that exemplifies their relationship and movement – 'going and coming.' When

mental faculty that might also be called 'insight', or 'perspicacity' – and remind us that (especially in chapter 2 of the *Zhuangzi*) the *hun* often makes these connections and relationships during sleep.

Lung stores the *po*

According to the *Neijing* the lung stores the *po*, opens to the nose, and corresponds to the skin and body hair. The lung-*po* therefore participates in perceiving sensations and information via the nose and skin. The *po* is sensitive to the environment around the body,

registering cold and heat, and helping us to avoid danger. Healthy lung-*po* activity gives us robustness, responsiveness and agility (Cheng, 1988).

In contrast to the *hun*, this is a more corporeal faculty. As well as sensitising the body, the *po* enables physical movement, especially involuntary and instinctual movements and reactions. For example, the *po* is thought to be responsible for a newborn baby's ability to cry and take milk; and bodily cycles and rhythms such as respiration animate the body and are governed by the lung-*po*. (Larre, 1995: 38; Wiseman and Feng: 180)

It is said that the *hun* and *po* begin to function at birth. A set of contrasting features create balance and symmetry between them: the *yang* and the *yin* souls, the ethereal and corporeal, their relationships with blood and *qi*, the *shen* and the *jing* respectively. The *po* is closely associated with the *jing*.

Lingshu Benshen, line 24:
并精而出入者谓之魄
bing jing er chu ru zhe wei zhi po
That which associates with the *jing*
in their exiting and entering
indicates *po*.

'Exiting and entering' (出入) suggests parallels with the *shen-hun* activities, but as we might expect from the more substantial *jing* and more corporeal *po*, '*chu ru*' refers to more concrete survival issues and the physicality of life. 'The first of the exits is the exit into the world [birth]... Conversely, the last of the entrances – burial, the return to earth – is death.' (Larre et al, 1995: 40)

With the first breath the lung-*po* becomes active, and when we die the *po* leaves the body via the anus and returns to the earth. From birth and until the end of our physical existence, the *po-jing* relationship sees to the day-to-day direction and maintenance of life that requires taking in

nourishment and rejecting waste – inspiration and expiration, assimilation and excretion.

Depleted *jing* can disrupt the lung-*po*, and compromise *jing-po* exiting-entering functions; *shen-po* mental-sensory activities may also become disordered. The account of *xiao ke* and diabetic neuropathy above illustrates the physiological relationships

the reason a patient with heart blood and spleen *qi* vacuity complains of slow-thinking and poor memory is that their *ying-xue* (营血 construction and blood) is depleted.

In cases of acute blood-loss the spleen can no longer lodge the *yi* and the patient goes into shock. In severe cases the *shen* also flees and they lose consciousness.

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and sensory disruptions. Once there is *shen-po* disharmony, signs and symptoms will include disordered or abnormal sensations. Anosmia, olfactory or tactile hypersensitivity, dysaesthesia, skin paraesthesia, and olfactory hallucinations are examples. Depleted *jing* also affects the *po*'s role in physical movement so that, unfortunately, falls are common in the elderly as they lose their strength and dexterity.

Spleen stores the *yi*

Spleen-*yi* is the mental faculty that deals with the products of sensation and perception, focussing and forming ideas. Essential to heart-*shen* processing of sensory and perceived information is its relationship with spleen-*yi*'s recalled experience and knowledge.

Lingshu Benshen line 103:

脾藏营，营舍意
pi cang ying, ying she yi
The spleen stores the *ying*
and *ying* lodges the *yi*.

Shen-yi reflection and analysis processes depend on the spleen's production and storage of *ying* (营 construction [qi]). When we are tired and hungry our *ying qi* is weakened and this causes our thinking to become muddled and slow. Similarly,

The coma patient clearly is incapable of sensing, responding or information processing. (However, even in the vegetative state basic life functions are maintained thanks to the continuing presence of *yuan shen*.)

Kidney stores the *zhi*

Kidney opens to the ear, and governs *feng cang* (seal store). The mental faculty associated with kidney-*zhi* therefore enables the perception of auditory information, and participates in and completes the storage of information. According to *Lingshu Benshen*, line 27, when spleen-*yi* processes are retained as part of the psyche's stored experience, the kidney-*zhi*'s *feng cang* function performs this. *Jing* provides the material basis for all aspects of kidney physiology, so when *jing* is abundant the *feng cang* function is strong.

Where the heart-*shen* and kidney-*zhi* activities are not harmonised patients may experience auditory hallucinations. Kidney *jing* vacuity can disrupt this relationship and patients often encounter problems with memory or auditory function. Many elderly patients experience some degree of memory failure and/or auditory deficit corresponding to the decline of *jing* that normally occurs with age.

Age-related Cognitive Decline is a recognised disorder where deterioration in mental function is related to the ageing process. Solving complex problems, or remembering names and appointments becomes more and more difficult with this condition. The impaired memory function and multiple cognitive deficits of Dementia patients also correspond to disordered kidney-*zhi* activity (see DSM-IV: 702 & 127).

To summarise the discussion so far, *shen-zhi* theory refers to *wu shen* activities and physiology. The theory is derived from the *Lingshu Benshen*, and describes how the five spirits participate in the experience and analysis of sensory perceptions and the cognitive processes of human consciousness.

The discussion of *shen*, *hun*, *po*, *yi*, and *zhi* above has largely relied on the separate and sequential presentation of each spirit. The reader will note that to some extent this is an artificial device, that *wu shen* activities are very closely integrated, and that the separation used here is for the purpose of clinical understanding and diagnostic identification. Although, it must be said that their individual characteristics and physiological relationships do contribute in particular ways to cognition and mentality.

During early life, post-heavenly *wu xing* differentiation proceeds in stages. Babies are known for sleeping rather than for thinking so at this early stage, differentiation emphasises the heart-*shen*, liver-*hun* and lung-*po* activities to ensure physical survival. The *shen*, *hun* and *po* also allow babies to receive sensory information from the external environment, and show how important this is for early development.

Immediately after birth, spleen-*yi* and kidney-*zhi* activities are minimal because at first, the infant's middle *qi* and kidney *qi* are immature and unstable. Again, physiology and mentality are inseparable.

Whilst sensory perceptions and responses arise relatively quickly, the cognitive processes involved in *yi-zhi* mentality, recollection, analysis, judgement and memory develop slowly over a number of years.

The *Huangdi Neijing* says the heart is the supreme commander and in the *Lingshu Benshen* its leading and co-ordinating role is presented in terms of the *shen-hun-po-yi-zhi*. *Shen-zhi* processes depend on close and harmonious relationships between the *wu shen*, and with their respective *zang-viscera*, *ti-tissues*, and *guan-senses*. Various aetiological and pathogenic factors can disrupt these relationships and their functions causing *xing-shen* ('somatopsychic' (Unschuld, 2003: 227)) disorder, or *shen-zhi bing* (mind disorder).

Section 4: Shen-zhi disharmony

Healthy *shen-zhi* activity can be affected by factors from within or outside the body. In the *Jingui Yaolue* Clause 11-12 Zhang says that *hun-po* disorder (where 'the patient cries out as if haunted...') is due to depleted blood and *qi*.⁴ According to the *Nanjing's* 20th Difficulty, a doubling of *yang* or *yin* will lead to insanity – mania in the case of excess *yang* or depression if the *yin* is excess.⁵ *Qi* or blood vacuity, *yin-yang* imbalance, or any other disturbance due to the usual pathogenic suspects (phlegm, blood stasis, heat, fire, toxins, and so on), can cause problems for *shen-zhi* activities.

When the *wu shen* are disordered the body-mind (*xing-shen*) relationships disintegrate and separate. This results in psychotic or neurotic signs and symptoms, such as visual hallucinations or hysterical paralysis. The following provide some clinical examples.

Shen-hun disharmony

Shen-hun disharmony means that the *shen* and *hun* fail to follow each other. Sometimes this is called 'shen is gone' (走神 *zou shen*) or 'hun is fallen' (掉魂 *diao hun*). Typically, a person with either

of these, watches but sees nothing. Such behaviour can indicate serious mental illness, but on the other hand is very common in mild forms of aphelia such as daydreaming or absent-mindedness. Someone with *shen-hun* disharmony will to some extent be inattentive or indifferent to his or her external environment.

When the *shen-hun* relationship is disordered, the heart-*shen* cannot fulfil its function of receiving and co-ordinating information, and then, all the processes involved in perception, cognition, analysis, judgement and so on are interrupted and incomplete. Therefore, the *shen-hun* disharmony potentially encompasses many kinds of signs and symptoms but often, disturbance to normal sleep patterns is a key feature of the clinical presentation.

Insomnia and dream-disturbed sleep

At night we are able to sleep peacefully when the *shen* and *hun* return to their lodgings in the heart and liver *zang*. Disturbed sleep and excessive dreaming occur if they fail to do this. In some cases the person can remember their dreams clearly when they wake. Because the *shen's* governing role oversees the whole process of information perception and storage the patient with restless *shen* is able to remember their dreams.

When the patient cannot remember their dreams this is due to the *hun* failing to lodge/store: they cannot remember their dreams because the *hun* alone cannot process and remember. In many cases where there is sleep disturbance, both the *shen* and *hun* will require 'settling' treatment strategies. But when a patient cannot remember their dreams, more emphasis may be given to calming the *hun*.

Often an unsettled *hun* is associated with liver *zang* dysfunction and especially with patterns involving liver blood vacuity. Sleepwalking is another example of the *hun* failing to be stored.

Sleepwalking and *shen* wandering

In the DSM-IV's Sleepwalking Disorder there are 'repeated episodes of complex motor behaviour initiated during sleep, ... During [which], the individual has reduced alertness and responsiveness, [and] a blank stare...' (p.604).

Here the *hun* and *po* take the body form for a walk. Together the *hun* and *po* can manage the functions of vision and movement to the extent that the sleepwalker can avoid obstacles and so on. But the *hun-po* cannot take the *shen*'s place in governing *shen-zhi* activity. Normal perception, processing and completion of cognitive information also require that heart-*shen* recalls (*yi*), and that *yi* is stored (*zhi*). Without the *shen* in charge, *xing-shen* are not unified, the person is unresponsive, their movements are abnormal, they cannot remember their sleepwalking and may not know where they are when they wake out of their bed.

Like sleepwalking, *shen you* (神游 *shen* wandering) is another example of *shen* and *hun* failing to follow each other. *Shen you* manifestations are similar to sleepwalking but the disturbance is more serious. Instead of occurring at night while asleep, *shen* wandering takes place during the day while awake. For example, in cases of Dissociative Fugue there is

...sudden, unexpected travel away from home or one's customary place of daily activities, with inability to recall some or all of one's past [and] accompanied by confusion about personal identity or even the assumption of a new identity... (DSM-IV: 493)

In *shen* and *hun* wandering cases the patient is extremely nervous and under immense pressure.

Shen-zhi bing

In a general sense '*shen-zhi bing*' (神志病 spirit-mind disease) encompasses many kinds of mental disorder, both severe and less severe. An acute or long-term pattern where the *shen* and *hun* fail to follow can develop into a serious *shen-zhi bing*. This is a broad category similar to psychosis, in which the heart-*shen* cannot govern *shen ming*.

Suwen, Ling lan mi dian lun

心为君主之官，神明出焉

xin wei jun zhu zhi guan, shen ming chu yan.

heart holds the office of supreme ruler, *shen ming* stems from it.

...主明则下安

...*Zhu ming ze xia an*

...if the ruler is bright there is peace below

...主不明则十二官危

...*zhu bu ming ze shi er guan wei.*

...if the ruler is not bright the twelve officials are in grave danger.

Ming means bright, radiant, clear, so *shen ming* (spirit light) here signifies correct, healthy or spirited mentality and the power of human consciousness. Orderly heart-governing functions will have positive ramifications for all the body systems and especially the mind. But when the *shen* cannot process, co-ordinate or complete the information transmitted from the five sense organs, *shen ming* is disturbed, and this will result in mental illness.

Severe forms of *shen-zhi bing* correspond to schizophrenia and psychosis. Such cases present with grossly disorganised speech and behaviour, auditory, visual, olfactory, gustatory, and tactile hallucinations, catatonic stupor or excitement (DSM-IV: 281-2). From the TCM point of view the *shen* is severely disordered. Visual hallucinations, hysterical paralysis, trance,

or catatonic stupor indicate that the *hun* and its functions are also disordered; and the patient's feelings of physical discomfort are due to *xing-shen* disharmony.

As an aside we note that TCM's *dian* (癲 withdrawal), *kuang* (狂 mania), and *xian* (癲 epilepsy) are severe forms of *shen-hun* failing to follow each other, and examples of severe *shen-zhi bing*. Whilst, *dian* and *kuang* overlap with modern mental illness classifications, *xian* is a neurological disorder.

Less severe types of *shen-zhi bing* roughly correspond to modern psychiatry's neurotic, depressive, or anxiety disorders. Two famous examples are given in Zhang Zhongjing's *Jingui Yaolue*. *Zang zao* (脏躁 visceral agitation) in Clause 22-6 describes a woman who cries constantly as if haunted (see Garvey, 2001); and *bai he bing* (百合病 lily disease) in Clause 3-1 provides an illustration for *shen-po* disharmony.

Shen po disharmony

The lung-*po* participates in the physiological functioning of the skin, body hair and nose, and in the reception of tactile and olfactory information. A disordered *shen-po* relationship therefore can result in sensory and perceptive dysfunction. Olfactory information, or tactile and environmental sensations may become hypersensitive, distorted or disordered. According to Zhang Jiebing's *Leijing (Classified Canon)*, 'The function of the corporeal soul is to enable the body to move and perform its function; pain and itching are felt by it.' (Cited in Wiseman and Feng, 1998: 180)

This is why some patients with mental illness experience various kinds of paraesthesia, or present with abnormalities of psychomotor activity and mannerisms (pacing, rocking, grimacing, posturing). Stereotypic Movement Disorder includes

more serious examples of repetitive, non-functional motor-behaviour including 'head-banging, self-biting, picking at skin or bodily orifices, or hitting various parts of one's own body.' (DSM-IV: 123)

Some psychiatric patients cannot feel burning, seem insensitive to cold, or their clothes are inappropriate for the weather. Some do not realise they smell bad, are dirty, or are eating stool. Their skin and nasal tissues are physically normal, but the *shen-po* connection, the transmission and interpretation of sensory perceptions, is disordered.

Whilst modern TCM texts interpret Zhang's *bai he bing* formulae for the

treatment of lung and heart *yin* vacuity patterns, the features described in the *Jingui Yaolue* clearly emphasise the concomitant *shen-po* disharmony. The patient's experience of hot and cold sensations are unrelated to fever, chills or environment; s/he may want to walk about, but soon becomes tired; although the food is delicious this person finds its smell repugnant. The desire to eat with dysphagia and the need for rest with restlessness is also typical of *xing-shen* disharmony: bodily responses are discordant with heart-*shen* inclinations.

Once again, we note that signs and symptoms corresponding to *bai he bing* can occur in mild cases or the early stages

of degenerative neurological disorders such as Parkinsonism, Parkinson's disease, or multiple sclerosis (Flaws & Lake, 2001). In modern practice and with appropriate clinical presentations, Zhang's *bai he bing* can also apply to clinical depression or anxiety disorders, and to neuroses such as somatisation disorder or histrionic personality disorder. But importantly, although there may be no organic explanation in the case of neurotic disorders, symptoms are not feigned and should be distinguished from factitious disorders and malingering (Garvey, 2001).

Conclusion

It is almost a truism nowadays that the Chinese tradition does not

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radically distinguish between body and mind. Yet it would be a gross simplification to assume that body and mind are one and the same in the Chinese tradition. There is a distinction between the two in idea as well as language, but they are not understood as fundamentally different in nature. (Kohn, 1992: 169)

The notion of *xing-shen* in the Chinese medical tradition is patently dualistic, but there is little resemblance to the mind/body split of the European tradition. The *xing* and *shen* are more than intimately linked because, for the ancient Chinese and for modern students of Chinese medicine, the concept of ‘*qi*’ includes the convertibility of matter and energy. Consequently, ‘*xing-shen*’ presupposes a model of the human organism that is built on the functioning interrelatedness of material and energetic resources.

Shen-zhi theory elucidates important distinctions, interrelationships, and features of *xing-shen* physiology and disorder. The theory is derived from classical descriptions of the *wu shen*, and therefore draws upon *wu xing* systems of correspondence. To produce human consciousness the *wu shen*, their associated viscera, sense organs, tissues, and their harmonious interactions process a complex stream of visual, olfactory, taste, tactile, auditory and other perceived information. The smooth analysis and synthesis of information, the ability to respond, recall, and communicate, the accomplished elegance of human consciousness, are manifestations of orderly *shen-zhi* activity.

Here we have discussed the *shen hun po yi zhi*, and noted some of their functions and relationships. In order to do this we have followed the *Lingshu Benshen*’s use of the *wu xing* model in describing and distinguishing them. This not only provides a useful method to examine Chinese medicine’s ‘mind’ theory, but is helpful for the clinical analysis of ‘mind’ disease. Careful observation and correct understanding of signs and symptoms allow us to recognise pathogenic mechanisms, identify patterns, differentiate *shen-zhi* disorder, and thereby select appropriate treatment strategies and formulae.

The clinical models presented in modern TCM texts are drawn from its classical literature. And, while western psychiatry has investigated and categorised mental illness in great detail, TCM pattern and disease identification tend to favour broader categories. Therefore, TCM categories may overlap but do not always find direct correlations with modern psychiatric classifications. Thus, in its narrow sense *shen-zhi bing* refers to serious mental and neurological disorders such as schizophrenia and epilepsy. More broadly it refers to the theory of *shen-zhi* and to any functional disturbance causing spirit-consciousness, body-mind, and cognitive-sensory disorders.

Glossary

| | | |
|--------------------|-----|---|
| <i>bai he bing</i> | 百合病 | <i>Bai he bing</i> , or ‘Lily Disease’ – is named after the entry in the <i>Jingui Yaolue</i> describing a state of mental and physical restlessness due to vacuity heat. <i>Bai he</i> (lily bulb) nourishes the heart and moistens the lung to calm the mind. |
| <i>feng cang</i> | 封藏 | (kidney) seal and store |
| <i>hun</i> | 魂 | ethereal soul |
| <i>jing</i> | 精 | essence |
| <i>po</i> | 魄 | animal soul |
| <i>qi hua</i> | 气化 | <i>qi</i> transformations |

Qin Dynasty

| | | |
|------------------|----|------------------------|
| <i>shen</i> | 神 | spirit |
| <i>shen ming</i> | 神明 | spirit light |
| <i>shen you</i> | 神遊 | <i>shen</i> wandering |
| <i>shen-zhi</i> | 神志 | mind, or spirit-mind |
| <i>si shen</i> | 思神 | ordinary consciousness |

Warring States Period

| | | |
|------------------|----|--|
| <i>wu guan</i> | 五官 | five offices or sense organs |
| <i>wu shen</i> | 五神 | five spirits |
| <i>wu ti</i> | 五体 | five body tissues |
| <i>wu xing</i> | 五行 | five phases |
| <i>wu zang</i> | 五臟 | five viscera |
| <i>xiao ke</i> | 消渴 | dispersion thirst |
| <i>xing</i> | 形 | body form |
| <i>xu</i> | 虛 | vacuity (weakness, depletion, emptiness) |
| <i>yi</i> | 意 | Ideation (our ability to reflect, imagine, and form ideas) |
| <i>yuan jing</i> | 元精 | original essence |
| <i>yuan shen</i> | 元神 | original spirit |
| <i>yun hua</i> | 运化 | (spleen) movement and transformation |
| <i>zhi</i> | 志 | mind |

Footnotes

- 1 *Jingui Yaolue* (*Essential Prescriptions of the Golden Cabinet*, c.200 ce), clause 13-4.
- 2 As with our previous publications, quotations from Chinese medicine's classical literature are not attributed to a particular translator or English-language publication because, where possible, a variety of Chinese and translated sources have been consulted. By not using any single or 'authoritative' edition, the authors intend to avoid the inference that there is consensus as to interpretation, and advise that quotations given here are derived from Chinese sources in the first instance. We favour the inclusion of characters to allow readers better access to the original, and with the hope that this might encourage more interest in the Chinese language.
- 3 'house of the original spirit' 元神之府 *yuan shen zhi fu*: 'The brain.' (Wiseman & Feng, 1998: 293).
- 4 血气少也 *xue qi shao ye*.
- 5 重阳者狂, 重阴者癫。 *Chong yang zhe kuang, chong yin zhe dian*.

References

- 灵枢经. 人民卫生出版社: 北京 (1963). (*Lingshu Jing*. Peoples Medical Publishing House: Beijing, 1963) [*Yellow Emperor's Inner Canon, Spiritual Axis*].
- 中医学医经. 黄帝内经素问. 上海科学技术出版社: 上海 (1959). (*Zhong Yi Xue Yi Jing, Huang Di Nei Jing Su Wen*. Shanghai Science and Technology Press: Shanghai, 1959) [*Yellow Emperor's Inner Canon, Simple Questions*].
- 秦越人. 难经集注. 人民卫生出版社: 北京 (1956). (*Qin Yue Ren, Nanjing Ji Zhu*. People's Medical Publishing House: Beijing, 1956.) [*Classic of Difficulties*].
- 李克光. 金匱要略讲义. 上海科学技术出版社: 上海 (1985). (Li Keguang (Chief Ed.) *Jingui Yaolue Jiang Yi*. Shanghai Science and Technology Press: Shanghai, 1985.) [*Essential Prescriptions of the Golden Cabinet*].
- American Psychiatric Association** (1995). *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. Washington DC: American Psychiatric Association.
- Chen Jinding** (1994). *Treatment of Diabetes with Traditional Chinese Medicine*. Jinan, China: Shandong Science and Technology Press.
- Cheng Zhiqing** (1988). Comments on the *Hun* and *Po*. In Flaws, Zhang, Chace, Helme, Wolfe & Dzo (Eds.), *Blue Poppy Essays*. Boulder CO: Blue Poppy Press.
- Flaws, Bob & Lake, James** (2001). *Chinese Medical Psychiatry: A Textbook and Clinical Manual*. Boulder CO: Blue Poppy Press.
- Garvey, Mary** (2001). Hysteria. *Clinical Acupuncture and Oriental Medicine*, Vol.2, no.4: 221-227.
- Harper, Donald** (1998). *Early Chinese Medical Literature: The Mawangdui Medical Manuscripts*. London: Kegan Paul International.
- Kohn, Livia** (1992). *Early Chinese Mysticism: Philosophy and Soteriology in the Taoist Tradition*. Princeton NJ: Princeton University Press.
- Larre, Claude & Rochat de la Vallée, Elisabeth** (1995). *Rooted in Spirit: The Heart of Chinese Medicine* (Stang, Sarah, Trans.). Barrytown NY: Station Hill Press.
- Luo Xiwen (Trans.)** (1987). *Synopsis of Prescriptions of the Golden Chamber*. Beijing: New World Press.
- Robinet, Isabelle** (1997). *Taoism: Growth of a Religion*. Stanford CA: Stanford University Press.
- Sivin, Nathan** (1987). *Traditional Medicine in Contemporary China*. The University of Michigan.
- Unschuld, Paul U.** (2003). *Huang Di Nei Jing Su Wen: Nature, Knowledge, Imagery in an Ancient Chinese Medical Text*. Berkeley: University of California Press.
- Wiseman, Nigel and Ye, Feng** (1998). *A Practical Dictionary of Chinese Medicine*. Brookline: Paradigm Publication.
- Zhang Dainian** (2002). *Key Concepts in Chinese Philosophy* (Ryden, Edmund, Trans.). Beijing: Foreign Languages Press.