



Chinese Medicine and Psychoanalysis: An Integral Perspective Part I: Denial and the Diaphragm

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Editor's note: East Asian medicine, a blend of modern and traditional treatment strategies and techniques rooted in ancient Chinese classics, provides a unique opportunity for scholars to research and explore these classics from a philosophical or anthropological point of view. The editorial team at MJAOM is pleased to present the perspective of one of this field's master scholars, Lonny Jarrett.

Abstract

This article considers the intersection of Chinese medicine, Freudian analysis, and integral thought respectively corresponding to pre-modern, modern, and post-modern ways of knowing. Both Chinese medicine and psychoanalysis are inductive synthetic methods of discerning the quality of interior human functioning. It is therefore not surprising that they would share some similar perspectives on the human condition. The integral perspective aspires to a synthesis of all perspectives into a comprehensive and developmental framework leaving no part of the self behind.

Part I examines the psychoanalytic ideas of suppression, repression, sublimation, shadow, and the unconscious in terms of their relevance to the practice of Chinese medicine. These are considered specifically in relationship to the diaphragm as the physiological embodiment of "wall." The physiological consequences of denial are considered in the terms of CM and acupuncture and herbal treatments for "liberating" the diaphragm are presented.

Key Words: acupuncture, analytical psychology, Chinese medicine, denial, diaphragm, Freud, integral, integral medicine, Jung, shadow, unconscious, *Ban Xia Xie Xin Tang*

Introduction

Carl Jung's famous foreword to Richard Wilhelm's translation of the Yijing served as my first introduction to Chinese philosophy. The historic meeting of Jung and Wilhelm laid an important foundation for East/West integration. Wilhelm's translation of the 17th century Chinese alchemical text, "The Secret of the Golden Flower" (*Taiyi jinhua zongji*), furnished significant evidence for his theories of the unconscious, its symbolism, and potential for human transformation.¹ The importance of this connection has been noted and beautifully elaborated by Shirley S.Y. Ma.²

In light of the last century of development in the field of medicine and culture it is easy to view Freudian analysis as *passé*, a relic of the Victorian era. However, it is important to acknowledge that he was one of the most significant thinkers in the 20th century. His elaboration of parts of the self, such as the *id*, ego, and unconscious, and psychodynamics, such as repression, suppression, negation, sublimation, and transference expanded our knowledge of the human condition beyond that of the pre-modern traditions (all of the "-isms"). His work was seminal, and much development of thought in diverse fields that followed was either an elaboration of, or a reaction to, it. As part of my ongoing synthesis, I've been reading the analysts as well as their critics and will share some insights here.

Part I reviews some of the important concepts contributed by psychoanalysis to our understanding of human nature. Part II will discuss Freud's work on the anal character type as it shares some interesting overlap with Chinese medicine (CM) regarding the metal constitutional type. Like the Chinese, Freud was thinking synthetically, using functional concepts to describe the inner dimension of humanity. Therefore, it's not surprising that his insights would complement and correlate to a degree with those of our medicine's founders.

Background

"One who contains *de* in fullness is to be compared to an infant. ... Such is the perfection of its life-force (*jing*)."*Daode jing*³

In Freud's view, the infant is flooded with Eros (life force)—the entire surface of its body constituting, in essence, an erogenous zone. In the newborn, there is no distinction made between "self" and "other" or between the infant's mouth and the mother's nipple. In short, there is no self-awareness. The infant is held to be bisexual, having not differentiated into genetically based and culturally reinforced categories of identification. Freud uses the term "polymorphic perversity" to refer to this state of unbridled expression of Eros free of repression. I understand Eros as the life force, creative impulse, and evolutionary impulse. In CM terms I

consider that it overlaps the notions of *de* (德: "Original nature, Virtue"), *jing* (精: "Essence"), *zhenqi* (氣: "authentic *qi*"), *zhengqi* (正氣: "upright *qi*"), and *yuanqi* (元氣: "original, primordial *qi*").⁴

The sole motivation of the infant at this stage of development is to pursue what is called the "pleasure principle." A substantial basis of Freudian thought rests in understanding the mechanisms whereby the self internalizes culture as a denial of this pursuit. We may understand "the pursuit of the pleasure principle" as the lowest (first and second chakra: CV-1 and CV-2) expression of the life force in its trajectory toward the true, the good, and the beautiful. At later, higher stages of development, transmission of the positivity inherent in the life force is expressed as the cultivation virtue based on a selfless motive (fourth chakra and higher CV-14 to CV-20).⁵

Freud elaborates three stages of early development: the oral (breast feeding, thumb sucking), the anal (control of feces), and the genital (adult sexuality). In response to genetically-based and culturally reinforced conditioning, Eros is gradually withdrawn from the body's surface eventually to be concentrated in the genitalia. Subsequently, sexuality as a substitute gratification for unity is constrained to orgasmic release, contextualized by all of culture's taboos internalized as fear and desire. Hence is born Freud's universe of psychological complexity.

The psychoanalytic theory of infantile sexuality and its sublimation, which I critique later on, suggests that there is a hidden connection, both functional and physical, between the lower organs of the body and higher spiritual endeavor. In other words, the pursuit of the pleasure principle is *sublimated* into the pursuit of virtue.

"Sublimation," a term borrowed from alchemy, implies that the erotic impulse is redirected to achieve higher aims that are at once more socially acceptable while at the same time helping us cope with what was for Freud the relentless pressure arising from the sexual impulse. In the context of CM we can understand "sublimation" to be the process whereby *shen* and *jing*, fire and water, heart and kidney interact to manifest the myriad traits and capacities of human beings the pinnacle of which is the emergence of virtue (*de*:德).

Difficulty arises when unrepressed Eros manifests as the ecstatic embrace of life, with the entire self in pursuit of the pleasure principle, is discovered to be at fundamental odds with the "reality principle," that of having to adapt and work to survive in the context of cultural values. Brown notes that the human infant is shielded from this reality principle by parental care and therefore has a significantly longer time to pursue pleasure than any other animal.⁶ Problems arise as the growing infant comes into increasing contact with the reality of social mores that forbid acting upon what are perceived to be "lower impulses."⁷ Such

lower motivations are repressed and suppressed causing neurosis or worse and at best are sublimated into higher aspirations and achievements.

The ego, intuiting and suppressing knowledge of its eventual death, seeks substitute gratifications as it strives in vain for its own immortality.⁸ An in depth discussion of ego is beyond the scope of this text but, in short, we may think of ego in two ways. Ego can be considered a healthy stage of normal development, a necessary foundation for transcendence to higher stages. Ego may also be thought of as an individual line of development present at all stages. As such, it can be understood as “the habit of focusing attention on the personal domain of experience in denial of the universal aspects of the self,” “the illusion of separation,” and as “the force of habit that maintains the status quo,” i.e., the stubborn and irrational refusal to evolve in the face of the challenges engendered by the limitations inherent in one’s current stage of development.

The infant seeks the mother’s nipple as a substitute for having left wholeness while the adult seeks fame, fortune, and sexual union. Eros—the creative force, the life impulse, the evolutionary impulse—is diverted laterally as the individual becomes increasingly embedded at his current stage of development (ego, for most of us), the soul ceases its vertical ascent, and consciousness fails to evolve.

Suppression is never selective. The truth that we refuse to face and shove out of sight creates divisions within the self that undermine subsequent development as well as the integrity of functioning in diverse realms of the self that we in CM recognize as “officials” (organs) in the inner kingdom. The roof of a house is only as reliable as its foundation.

From a CM perspective, syndrome patterns denoting both *qi* and blood stagnation and the separation of *yin* and *yang* are physiological metaphors for such divisions within the self. Chinese medicine is the science of catalyzing the emergence of greater integrity. Hence we diagnose the separation, and catalyze the reunion, of *yin* and *yang* and promote the flow of *qi* and blood. In so doing, we inevitably make the unconscious conscious as constructed walls melt within as the self evolves toward unity.

The Unconscious and Shadow

These are two important dimensions of the self not accounted for in the classic texts of CM where inner forces were often conceived of as spirits (*shen*, *ling*, *hun*, *po*), ghosts (*gui*), and evils (*xie*, *gu*), ultimately as “other.” Freud’s insight that the unseen interior dimension of the human being is, in fact, “self” represents a significant advancement of perspective.

The unconscious (ucs) and shadow may be used as synonyms, with “shadow” referring to the entirety of the ucs. Shadow may

also refer specifically to aspects of the personality that one denies within one’s self, yet projects onto others as discussed below. Freud humbly attributed the discovery of the ucs to poets, though he was the first to significantly mapped its terrain. Jung is responsible for the elaboration of the ucs as “shadow.”⁹

In his seminal work, *The Atman Project*, Ken Wilber elaborates five realms within the ucs that are briefly reviewed here.¹⁰

Ground Unconscious

The foundation is the “ground-unconscious,” referring to all future potentials that are enfolded within us that have not yet arisen to enter awareness. Wilber notes that the fetus possesses a ground-unconscious consisting of “all the deep structures existing as potentials ready to emerge, via remembrance, at some future point.”¹⁰ Such potentials are unconscious but not repressed, as they have not yet emerged. The ground unconscious includes the following four dimensions:

Archaic Unconscious

The “archaic-unconscious” is the most primitive dimension of the ucs. It is phylogenetic in origin and also not repressed because it has yet to enter awareness. It is not the result of personal experience but rather consists of fundamental urges such as alimentary drives, emotional-sexual influences, and mental-phantasmic images. These are related to unique predispositions inherited from one’s ancestry and phylogenetic past.

The archaic unconsciousness is largely pre-verbal and is associated with the functioning of the lower brain stem. The archaic-unconsciousness may be thought of as including deep structures within the self, perhaps rooted within the condition of the soul, that relate to the experience of all of humanity, as well as one’s people, through evolution. The term “one’s people” encompasses all women, all men, and one’s specific ethnic, regional, and national heritage.

This has profound implications in terms of framing our “personal” healing as a responsibility owed to others for the rectification of our own souls for their sake. For example, when I take on “my” conditioning, I take on the conditioning of all Jewish men, of all white Americans, etc. The commitment is that “the karmic line stops here.” This principle points to the practice of medicine from a non-dual perspective. When we treat the patient, we treat culture. In holistic medicine, personal integrity is the foundation of clinical efficacy, and all theory and technique are in service to that. Hence, integral medicine is based on the recognition of “one self.”

Submerged Unconscious

The “submerged unconsciousness” consists of material that had been previously conscious and that we have made unconscious through simple forgetting, negation, disassociation, or repression. Wilber refers to the personal dimension of the submerged

unconscious as the “shadow,” spanning the spectrum from the most primitive dimensions of the archaic unconscious up through verbal scripts and injunctions. Simply, the submerged-unconscious consists of all that we have chosen consciously or unconsciously not to face because it threatens to disrupt the *status quo* and our ego’s self-image.

Embedded Unconscious

The “embedded-unconscious” represents the state and stage of development of an individual’s actual condition right now. It is the perspective, the set of eyes that one is looking through but can never be seen. Freud called this the “super ego,” referring to that aspect of the ego as self that is aware of thoughts, feelings, emotions, sensations, and the body but never sees its own self. It is the inner voice, the judge, the protector, and the seeker that represses but is blind to its own existence.

A significant point of holistic medicine is to identify this dimension of the self and to help make this subject, the “I” sense, an object in the patient’s awareness so that he may begin to act upon it. What we can and will see, we can change. The embedded-unconscious is the part of the self that is not repressed yet is hidden from us. And it is this part of the self that is capable of repressing content and sending it into latency.

Emergent Unconscious

The “emergent-unconscious” manifests as the call of our future self. Whereas the ground- and archaic-unconscious have been likened to the history of all oak trees inherent as the template within the acorn, the emergent-unconscious represents the specific unique potentials of the unfolding of the individual as a specific tree.¹¹ Just as the past is pushing to assert itself within consciousness, so too is the future. Intuitions of the future can be repressed in just the same way as past experience and for the same reason, they threaten to dislodge us from the status quo. In the face of this calling the ego intuitively its own death.

Shadow

“Shadow” manifests in two ways that concern us in the practice of medicine—projection and irony. Projection involves rejecting in others those parts of our own self that we repress and will not own. For example, not liking someone because we deem him to be arrogant and failing to see his own arrogance. I take everything a patient tells me about an “other” as most significantly a reflection of his relationship to his own self. Hence, if a patient says “I can’t stand my brother, I’m nothing like him,” when I have asked “Really? What is he like?” I take the patient’s answer to be a statement about himself. Conversely, if a patient says “I really admire my sister,” when I ask “What do you most admire about her?” I listen with ears attuned to the presence of self-doubt and pride within the patient. In this case, she has possibly projected a positive attribute onto another, failing to value those very virtues within herself.

“Unconsciously identified with his resistance, the patient is unaware he is giving voice to the motive force of stasis inherent in the illness itself. A patient’s affect can also contradict the content being communicated. I assess this in terms of the patient’s quality of expression gleaned from observation.”

Irony manifests when a patient literally contradicts himself as if two different people with entirely different motives were speaking. In this regard it’s quite possible that the patient’s authentic self (a selfless motive) will begin a sentence and the patient’s ego (a selfish motive) will finish it by directly contradicting the words initially spoken.¹² For example, after receiving therapeutic advice a patient might say, “I know everything you say is true but here are the reasons I can’t comply.” More subtly, when asked to take his herbs three times daily a patient might say, “I’ll try.” Implicit within these two simple words is a world of impure motive, victimization, and resistance to the effort expended in, and stated goals of, seeking treatment.

Unconsciously identified with his resistance, the patient is unaware he is giving voice to the motive force of stasis inherent in the illness itself. A patient’s affect can also contradict the content being communicated. I assess this in terms of the patient’s quality of expression gleaned from observation. For example, when discussing his marriage, a patient might say, “I love my wife,” while communicating repressed anger and a diminishment of openness in the heart and pericardium. This can be gleaned from the sound of shouting changing to lack of shouting in the voice and a transition to an ashen (lack of red) facial color.¹³

A final example is that of a patient who emphatically impressed upon me how apathetic she felt toward her relationship, her work, and life in general. I pointed out the irony of the high level of care she was demonstrating to be certain I understood her message and that, in actuality, this embodied both her care as well as a simultaneous denial of it. In anticipation of our next meeting, I asked her to direct her attention to how frequently she denies her sincere care about things in her life. She returned a week later reporting that all her symptoms had subsided, her depression had lifted, and that she felt enlivened and positive. Often a simple reframing by directing attention to a dynamic is all that is needed to shift it.

Revealing Shadow: Making the Implicit Explicit

Even at the stage of the fertilized egg, the template of the body embodies structures that condition consciousness as the body develops. Archaic patterns of culture and of mind are encoded at the moment of incarnation—a moment that has a trajectory and is not neutral. Unconscious motivations lead to actions that tend to build the past, continuing through the present and into the future. Hence, the outcome of an unconsciously lived life is determined by forces we are unaware of or don't understand. Actions based on ignorance tend to engender unnecessary suffering for self and other. Suppression creates division within the self in a way that thwarts the life impulse in its trajectory toward the true, the good, and the beautiful.

Plato considered that the true, the good, and the beautiful were universal essences embodied to various degrees in the world of form. From an evolutionary perspective, the trajectory of human development is toward the conscious embodiment of these virtues. French Jesuit priest and paleontologist Teilhard de Chardin conceived of an "omega point," identifying it as a future moment in which the entire universe gains awareness of "self as god," comprising the trajectory and motivating force of all development.¹⁴

The syndrome patterns named in CM can all be understood as metaphors for such division. Cold, wind, damp, heat, blood and *qi* stagnation, exit/entry blocks, possession, etc. can all be taken as functional constructs describing inner separation. Dysfunctional behaviors are predicated on, and reinforce, such division. The fundamental motive of authentic medicine is to remove what is false and strengthen the presence of what is real.

The clinician must discern the degree to which such separation is perpetuated by various degrees of input from unconscious motivations. Any condition has multiple sources of input. A significant goal in authentic holistic medicine is to remove the patient, to whatever degree possible, as the source of his own illness and suffering. Hence, the healer endeavors to help make what is implicit explicit, so that the subject (the patient's self-sense or ego) becomes an object in awareness that can be acted upon by the more aware emergent self.

We endeavor to make the unconscious conscious so that the outcome of an individual's life is shaped relatively more by freely-made choices inspired by the better future he intuitively feels possible and relatively less by unconscious reactions to a hidden past. In this way, behavior is relatively more motivated by a positive striving to manifest higher potentials and is relatively less dictated by genetically based and culturally reinforced habit.

In coining the term "integral," the Indian sage Sri Aurobindo referred to a practice of yoga (Sanskrit, literally "union") in which no part of the self is left behind. He conceived the purpose of such practice as the explication and evolution of spirit through the manifestation of all involuted implicit potentials.¹⁵ Chinese medicine can be understood as the art and science of integrity; that is to say, it diagnoses the separation of *yin* and *yang*, and all intervention is aimed at the elimination of separation and toward reunification of these two principles.

All traditions of authentic holistic medicine proceed in this way as evolution toward wholeness implies eliminating separation and catalyzing the emergence of a higher unity. All separation inevitably has psychological and emotional manifestations; hence, helping to make the unconscious conscious is an integral part, and the inevitable consequence, of healing.

The Diaphragm: Suppression, Repression, and the Internalization of "Wall"

Only an unrepressed humanity, strong enough to live-and-die, could let Eros seek union and death keep separateness.

Norman O. Brown¹⁶

Man has forgotten how to die because he does not know how to live. Rousseau¹⁷

Here, stagnation in the diaphragm is examined as one embodiment related to the physiological consequences of failing to face our own condition. Suppression results when we expend resources to deny dimensions of our experiences that challenge us. Repression is similar to suppression but constitutes an outright denial that the repressed material even exists.

The diaphragm represents the internalization of "wall." Above that wall shines the sun (heart), the moon (lungs), and the stars (the sensory orifices and GV-20, 23), representing the light of conscious awareness.¹⁸ In Daoist alchemy, enlightenment is mediated by the opening of the Mysterious Pass (*yuanguan*: 元關), a portal between non-being and being, the unconscious and the conscious.¹⁹ While the Mysterious Pass is a functional metaphor having no specific location in the body, it's interesting to consider its function in relationship to the diaphragm.

Denied material is forced beneath the diaphragm with a concomitant tightening of that muscle as resources are expended to hide truth from awareness. All twelve channels run through the diaphragm; hence, denial (suppression/repression) is never selective and has global consequences. Denied material in the unconscious agitates in lower dimensions of the self to motivate

us in unseen ways. Such is the nature of anxiety when we are pursued by content that we will not face.

The life force continually pushes to ascend, and it requires physiological resources to keep material from entering awareness. The life force incarnates into water (*yin*) as form and is drawn upward by the wood element as it strives toward the heart as sun. Evolving perspective is the imperative of the wood element whose charge it is to face directly into the truth without denial.

Despite our best attempts at denial, the life force, Eros, continues to push and assert itself into our awareness, bringing with it that which we would prefer to hide from, hence, to repress and suppress is to deny life. In CM we may understand the embodiment of this denial as *qi* and blood stagnation, with their associated symptoms of depression, frustration, and memory impairment.²⁰

"Opening the diaphragm" is an important first step in treatment that may yield results across a broad spectrum of imbalances and symptomatology. Such treatment can also allow for emergence of repressed content into awareness, creating some distance between that content and the self so that it may be framed relatively more objectively. With such material integrated and reframed, the patient may cease to expend so much effort repressing the past and be able to more effectively turn attention toward the better future she aspires to create.

Opening the Diaphragm

Consciousness as an infinite field recognizes no separation and from that perspective, all "wall" is constructed and thus illusory. The diaphragm itself is "merely" a muscle, and its condition and function represent the confluence of a great many influences.

Reviewed here is a group of points and two herb formulas useful for liberating the diaphragm. (Note that these are covered at length in my texts.²¹)

Acupuncture: Lv-3, 13, 14; Gb-40, 24; Hp-6; CV-12, 15; Lu-1; Bl-17, Bl-46 (41 Worsley system)

Herbs: *Banxia houpo tang*, *Banxia xiexin tang*

Analysis:

The journey of *qi* from Lv-14 to Lu-1 is by far the longest exit/entry couple by a factor of 4-6 times.²² It's also the most circuitous route of *qi* through an internal pathway connecting any pair of exit/entry points. Metaphorically it's the embodiment of the creative circumvention of "wall," the place that aspiration (wood)—our motive force of striving—meets inspiration (metal), i.e., the shiny object in heaven that we desire. This represents the

union of the *hun* (evolutionary impulse, light rising through the vehicle of the mind/body within) with the *po* (the descending light cleansing and bringing clarity to the form of the body/mind).

Liver-13 addresses the past (*Zhangmen*, 章門, "Gate of law" unresolved injustices, "Chapter Gate" supporting finishing with the old and starting the new). Liver-14 (*Qimen*, 期門) as "Gate of hope" is relatively more future-facing. In Lv-14 the character *qi* (期) denotes the passage of a period of time as well as "hope" in the sense of looking forward.

In a personal communication, Heiner Fruehauf pointed out the association of *zhang* in Lv-13 with the Metonic 19 year cycle that includes all possible celestial combinations of sun, moon and stars. As the last point in the circulation of *qi* (氣), Lv-14 represents death, finality, and letting go back into the abyss of the lung. Such *qi* carries with it the report of accrued merit to the place in the imperial compound, in heaven/consciousness, where records are kept denoted by its progression to Lu-1 the "Central Storehouse." Note that in the phrase *qiwang* (期望) meaning "hope," *wang* denotes the full moon after which it will fade (death). As the cycle begins again with entry into Lu-1, *qi* (氣: a homophone of 期) is renewed with each breath, and *po* (魄), the spirit of the lungs, presides over the waxing phase of the moon as light is brought to bear on that which was hidden in darkness.

The use of *po* referring to the waxing of the moon is a symbol of the rebirth of the soul. The moon is *yin*, yet can reflect the light (*shen*, spirit) of the sun. Within the human, *po* brings light to and extracts value from what is dark and thus hidden. The function of *po* may be likened to that of the bacteria in the intestines that digest waste and convert it to light in the form of ATP. In the context of this article, "waste" is all that we've buried down in the basement. The light within it is the lesson to be learned, a lesson that we expend resources to avoid for the sake of preserving the ego's fragile status quo. Zhuangzi refers to the words in ancient texts as "dregs and sediments" (糟魄), referencing their failure to convey reality as compared to actual practice. In this context, "po" denotes "dregs."²³

I use *banxia houpo tang* to address *qi* stagnation in the diaphragm, chest, and throat, and to "disappear" grief that I think of as "insubstantial phlegm."²⁴ This is useful when there are suppressed yet tender feelings in the heart coming into conflict with a rising rage from the liver in regards to painful separation.²⁵ Associated symptoms can include, depression, anxiety, pressure in the chest, and "plumpit *qi*." I choose *banxia xiexin tang* when there is loss of appetite and difficulty digesting food, thought, and experience. This dynamic is typified by confusion, ambivalence, and difficulty sorting while both speaking and listening, which implicates dysfunction in the small intestine as well as "heart sickness."²⁶

This formula is given when there is “binding of hot and cold” that prevents the spleen from “raising the clear *yang*” and the stomach from “descending the turbid *yin*.” This binding (*pi*: 痞) typically is experienced over the diaphragm in the region of acupuncture points CV-14 and CV-15, the heart and heart protector mu points respectively.²⁷

“Failure to raise the clear *yang*” can be taken as a metaphor for denial of that truth concealed below the diaphragm (in the unconscious), endeavoring to impress itself on awareness. “Failure to descend the clear *yin*” can be taken as a metaphor for failing to let go of unwholesome attachments that accumulate to become burdens (damp).

I interpret the description of the formula’s actions as a physiological metaphor for the presence of ambivalence that inhibits the healthful processing of available options. This ambivalence is a result of stagnation, i.e., the failure to choose and act in a positive and proactive manner or, in the words of the *Yijing*, in a way that “furthers.” Such a dynamic often presents when one is ending a significant relationship and is caught in the clash between the experience of love (heat) and love lost (cold) (“should I stay or should I go?”). In my studies with Ted Kaptchuck, he has metaphorically translated the name of this formula as “Heartbreak Soup.”

Opening the diaphragm allows for the free ascent and descent necessary for a healthful relationship between innate and acquired resource, early and later heaven. Acquired *qi* (food/water/air/life experience/thought) descends via the stomach channel, while kidney *jing* ascends as marrow is engendered and a disordered relationship to fear is transcended congruent with the emergence of wisdom.

Between heaven (fire, heart, *shen*) and earth (water, kidney, *jing*) the earth and wood can be at war contributing to suppression through constriction of the diaphragm. Wood represents spontaneous recognition (no time) and earth represents process (transition of the seasons through time).²⁸ Conflict between spontaneity (wood) and process (earth) can tighten the center, resulting in disharmony of the human dimension involving *qi* and blood. Note that the virtues associated with the middle, wood, and earth, are *ren* (仁) and *xin* (信), both possessing on the left the radical (亻) for humanity. Conflict in the center, with its associated constraint, can prevent proper communication between *shen* (consciousness) and *jing* (potential).

Cutting off from, i.e., repressing, what we consider to be “soiled” and “not self” in our depths is never selective and thus impedes our connection to our authentic potential (*jing*). To the ego, facing the truth that the fears and desires on which it is based are merely constructed is analogous to death. To paraphrase Brown, “he who is not strong enough to die is not courageous enough to live.” A

goal of integral medicine is to help the patient truly live, becoming what both *Laozi*, Freud, and Jung might call an “authentic individual” (*zhenren*: 人).²⁹

Summary and Conclusions

Part I has briefly considered the import of some basic psychoanalytic concepts and their relevance to the clinical practice of CM. The concepts of sublimation, repression, suppression, the unconscious, and shadow all can be understood within the constructs of Chinese physiology and herbal and acupuncture point functions. The examples of tension and stagnation in the diaphragm have been presented to illustrate these relationships, but any and all human phenomena can be looked upon from the perspective of this synthesis.

The capacity for synthesis is a great strength of the quality of mind found at the heart of CM. As CM has migrated to the West for the last 350 years it has evolved to become a world medicine. For CM to attain its full potential as the leading integral medicine of the 21st century, we can find much to embrace in the past 100 plus years of philosophical insight into the human condition that has emerged in the West.

Part II will consider Freud’s writings on the anal character type as they pertain to some basic correspondences in CM. I will also discuss the strengths and limitations of Freud’s psychoanalytic theory regarding its relevance to both the outlook and the therapeutic goals of our medicine while striving toward a deeper synthesis in our understanding of the human condition.

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11. Ucik M: 2010.
12. In my most recent text, I elaborate on the difference between ego and the authentic self.
13. Diagnosis by color, sound, odor, and emotion (CSOE) is covered at length in Jarrett LS: 1999:137-298.
14. Chardin T: 1963.
15. Aurobindo: 1999:153, 279, and throughout.
16. Brown N: 1956:106.
17. Cited in Loy D: 2000.
18. Note that the left half of the character *shen* (神) depicts heaven and earth as the two (二) between which emanates the light of the moon, the stars, and the sun, "the mutations of which reveal to men the transcendent things." Wieger L: 1965. Lesson 3D;29.
19. See Jarrett: 1999:20-21. Also, Ma S: 2005:242.
20. For a review of the inner dimension of qi and blood stagnation see Jarrett LS: 1999:299-314. Denial can be correlated with any of the stagnations identified in CM.
21. The acupuncture points are covered individually in my clinical practice text (Jarrett LS: 2004). For a discussion of exit/entry blocks and the diaphragm see pp. 83-84, 681-682, 691-692. For BI-17 see pp.288-289 and 388-389. For BI-40 (45) 41 (46) see pp.404-405.
22. For a review of the exit and entry points and their relationship to the heart and sensory orifices see Jarrett LS: 2004:75-93.
23. Zhuangzi CH.9. Watson, B: 1964.
24. For a discussion of *Banxia houpo tang* and the dynamics of the diaphragm see Jarrett, 2004, pp. 83-83 and 129-131.
25. For a discussion of the diaphragm pulse See Hammer, L: 2001, pp.450-451.
26. For an excellent review of this formula and its modifications see: Xu H & Zhong W: Modern applications of *ban xia xie xin tang*, and their development. *Australian Journal of Acupuncture and Chinese Medicine*. 2008;3(1):25-30.
27. In the Five-Element tradition of JR Worsley, CV-15 is used as a *mu* point for the pericardium.
28. For a discussion of the relationship between wood and earth see Jarrett LS: 2004:554-6, 646-648.
29. For a discussion of *zhen* see Jarrett LS: 2015.

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