

# Catalyzing Emergence: Integral, Evolutionary, and Spiritual Perspectives on Chinese Medicine, Part I

By Lonny S. Jarrett

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doi: 10.32472/5.4/5

**Note:** This article is abstracted from Jarrett's new book in progress, tentatively titled *Deepening Perspectives on Chinese Medicine*, in which he focuses on integral, evolutionary, and spiritual perspectives on the practice of Chinese medicine. It is the first of three parts that will be published in *Meridians: The Journal of Acupuncture and Oriental Medicine*.

*"May I be the doctor and the medicine."*

–Shantideva's Bodhisattva vow

As evidenced in the *Shen Nong Ben Cao, Baobuzi*, and the *Shanhaijing*, Chinese medicine (CM) was born in magical thinking. It developed through mythic influences evident even in the opening lines of the *Neijing*, which describe "the people of high antiquity who exceeded 100 years of age and remained strong because they followed *yin* and *yang*."[1] It matured to a rational stage of expression in the Han dynasty when the classic texts, the *Neijing, Nanjing,* and *Lingshu,* were written. "Chinese" medicine has evolved through each stage of culture to become a world medicine. Having transcended the worldviews of Daoism, Confucianism, Buddhism, Marxism, and modernism, CM is now, at its leading edge, stepping beyond postmodernism to embrace integral values.

As we transcend nationalism and the relevance of geographically and demographically isolated nation states, we need new social, political, ethical, fiscal, legal, educational, military, and medical systems to address the realities of a global world. Practitioners of CM are potentially advanced holistic systems thinkers who understand the relationship of consciousness to biology, physiology, biosphere, culture, and kosmos.[2] It will take just such an appreciation to birth the new culture that is imperative for us to manifest if we are to successfully face the challenges that confront us. Medicine is politics and a potent vehicle for cultural change. We practitioners of CM are well situated to help catalyze this emergence.

While the tradition of CM is rooted in an ecological perspective, it reflects in some respects values and insights that have been transcended as our understanding of humanity and its place in the universe has evolved over the 2500 years since the classics were written.[3] To live up to our potential as healers of individuals, cultures, and the planet, the embrace of a more highly evolved perspective that utilizes the best of our knowledge is essential. During my time in clinical practice, three main perspectives on medicine have impressed themselves

upon me. These are the integral, evolutionary, and spiritual perspectives. In my eyes, these present different facets of a single view. Looking through this view, the goal of medicine is to catalyze the emergence of a more deeply and highly integrated self, culture, and kosmos. My new text, in the works, will present these perspectives in depth as a unified view.

In this series of three articles, I'll briefly introduce them and offer a few ideas of their importance in a medical context. Here, in Part I, I'll create a context for understanding Integral Medicine, outlining the Four Quadrants as perspectives through which all sentient beings view the world. Part II will discuss the relationship between state and stage development and the dynamics of stage pathology. I will examine repression, shadow, and projection as they manifest in stage specific allergies and fixations. Part III will focus on lines of development and typing systems. It will also discuss my understanding of the evolutionary and spiritual perspectives for the practice of medicine.

# I. Integral Medicine

## Theoretical Foundations

*"…..the process, being integral, accepts our nature such as it stands organised by our past evolution and without rejecting anything essential compels all to undergo a divine change."*[4]

–Sri Aurobindo

In formulating integral yoga, the Indian sage Sri Aurobindo conceived of a practice that left no significant dimension of the self behind. He asserts that, "The self contains the universe,"[5] "[b]ut this knowledge is valueless for Yoga if it is only an intellectual and metaphysical notion void of life and barren of consequence; a mental realisation alone cannot be sufficient for the seeker. For what Yoga searches after is not truth of thought alone or truth of mind alone, but the dynamic truth of a living and revealing spiritual experience."[6]

In my experience, the awareness of most people is constrained to the biographical dimension of the self. That self, born in time, consists of so many moments strung together like pearls on a necklace, creating the illusion of a separate existence. Upon dying, each pearl, each moment, spills like so many drops of water back into the ocean, the source of self.

We understand Chinese medicine to be holistic, to address body, mind, and spirit, recognizing no separation between them. In integral medicine, we endeavor to practice a medicine that leaves no dimension of the self behind. Yet we practitioners will only be able to access dimensions of the self in patients to the precise degree that we have an authentic living and developing relationship to those dimensions within ourselves. For the practitioner of integral medicine, the body, mind, ego, soul, conscience, spirit, emptiness, and the authentic self must be more than philosophical abstractions. The dictum "to know the patient, know the self," is based on the nondual recognition that patient and practitioner are one.[7]

From this perspective, a foundation of efficacy in treatment is the practitioner's orientation toward, and actualization of, evolving integrity across all lines of development and through all dimensions of the self. The practitioner of integral medicine endeavors to have an uncommon integrity, one that speaks prior to words or therapeutic actions—an integrity so compelling that it challenges the patient's cynicism regarding the degree of wholeness that they might obtain if they cared to. All knowledge and technique serve the healer's developing integrity. Hence the Bodhisattva vow affirms, "May I be the doctor and the medicine."

In this context, the force of the practitioner's integrity creates an alignment through resonance with the upright influences in the patient's core (Heart/Kidney axis) prior to acting. In medicine we can eliminate what is false (stagnation) and tonify the presence of what is true (*jing, qi, shen,* for example). Subtle alignment within the patient, reinforced through therapeutic action, initiates a dual process. On the one hand, all forces within and without that support the expression of the upright will marshal themselves to catalyze the emergence of a more highly developed and integrated self. Simultaneously, all forces of resistance committed to maintaining the *status quo* will emerge as resistance in the form of repression, denial, and self-defeating behaviors. It is the degree of the practitioner's victory over these forces within their own self that imparts the humility, compassion, and knowledge necessary to guide the patient, offering hope, inspiration, and the strength of doubtless conviction in the positivity of the process.

## Integral Theory

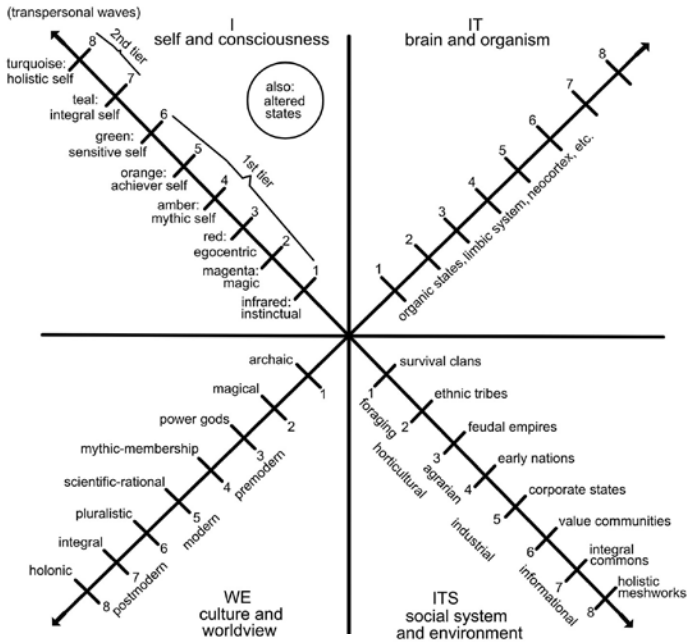
I have endeavored throughout my career to forge a medicine coherent with the time, culture, and place in which I practice. My first article in the profession, entitled "The Holographic Paradigm and Acupuncture," was based on *The Holographic Paradigm*, edited by Ken Wilber.[8,9] This work was elaborated upon in *Nourishing Destiny* and in my *Clinical Practice* text. In *Clinical Practice,* I presented a state and stage perspective of the evolution of CM, discussing the clinical import of an evolutionary perspective and presenting a case study.

My new text will, in part, address Integral Theory in detail as it relates to the practice of medicine. Wilber has been at the forefront of shaping Integral Theory and the field of transpersonal psychology for nearly the last 50 years.[10] Integral Theory offers an overarching meta-perspective, a map of maps, providing a compelling top-down view of human history, individual and cultural development, and our place in the Kosmos. This excerpt will discuss quadrants, the first element of Integral Theory. The remaining four elements, states, stages, lines, and types, will be discussed in subsequent issues of this journal.

## The Four Quadrants

The quadrants are four basic perspectives through which all sentient beings view the world (Fig. 1). These perspectives are enacted through at least eight methodologies, as illustrated in Fig. 2. The methodology we use brings forth the phenomena we experience, thus defining our reality by disclosing the world-space in which we live. The direction or *telos* of development in each quadrant is toward increased stages of complexity and integration. An integral approach always considers an "All-Quadrant All-Level" (AQAL) perspective on emergent phenomena.[11]

### Figure 1: The AQAL Map




Adapted from: Wilber K. A Theory of Everything: An Integral Vision for Business, Politics, Science, and Spirituality. Boston: Shambhala; 2000.

**Figure 1 Legend:** The quadrants define four perspectives that every sentient being looks *through*. Here are depicted stages in the evolution of the self (I), culture (We), the body (It), and society and ecosphere (Its). The trajectory of each line in each quadrant is toward increased complexity and integration. As each new stage emerges, it transcends the limitations of previous stages while retaining their strengths.

Integral philosophy recognizes that experience is viewed through four primary perspectives and that all phenomena can be viewed in terms of those four perspectives. The Upper Left Quadrant (UL) is the domain of individual ("I") inner subjective experience and development. These are enacted phenomenologically through meditation, contemplation, and introspection. The validity claim is truthfulness, sincerity, and authenticity relative to subjective reality. Here the self-line of development evolves from embeddedness in the unconscious, through ego formation, and into the transpersonal stages.

The Lower Left Quadrant (LL) is the domain of the interior of the collective ("We"). It is the sphere of culture, intersubjectivity, and mutual resonance between two or more individuals. This domain is enacted with hermeneutics, the study of meaning. Validity claims in the LL involve justness and mutual understanding.

The Upper Right Quadrant (UR) is the domain of the exterior-objective perspective of the physical body of a human being ("It"). It is enacted through empirical methods of quantification that we identify with Western, materialistic, reductionist science. The validity claim of the UR is objective truth.

The Lower Right (LR) is the domain of the exterior-objective view of the collective ("Its"). This is the domain where two or more individual "Its" interact with each other. This perspective is enacted through systems theory and its validity claim is "functional fit." Humans exist in relationship to two exteriors. The first is the cosmos, a subset of which includes nature in the sense of the earth's biosphere or "GAIA."[12] The second are the social systems that we create. The structure of society from its architecture and use of space, through its laws, rules, and regulations, constitute the exterior of the collective.

The individual ("I," UL) is situated in a culture of shared values ("We," LL), a body ("It," UR), and a society and ecosphere ("Its," LR). All four quadrants are inextricably linked and arise together. We are always implicitly taking these four perspectives. An understanding of Integral Theory helps to make them explicit, imparting insight into those we may be repressing, denying, or not sufficiently attending to.

These four quadrants correlate with Plato's "the true" (UR and LR), "the good" (LL), and "the beautiful" (UL). Those are the major domains explored though quantitative science (UR and LR), ethics (LL), and art (UL).[13]

Wilber has further divided each quadrant into an inner and outer view or "zone," yielding eight irreducible perspectives that are enacted through specific methodologies (see Figure 2).[14] The integral approach entails holding a Four-Quadrant, Eight-Zone (4Q8Z) perspective on phenomena.

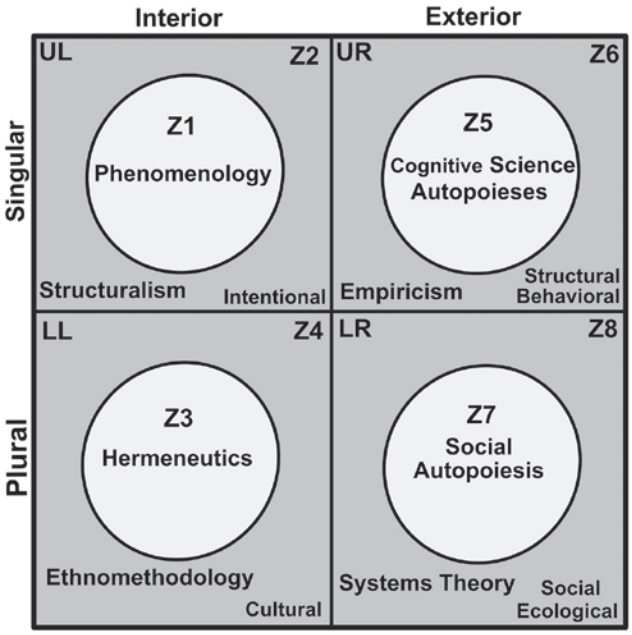
Each quadrant, zone, and methodology reveals only partial aspects of any phenomena being assessed. Hence we say that the perspective of each quadrant and zone is "enacted" through a specific methodology. For example, taking a patient's blood pressure, viewing an x-ray, or measuring blood levels of creatinine is the enactment of the perspective of the UR quadrant. Those methodologies will reveal nothing about the patient's belief system, hopes and dreams, or level of ego maturity, all of which fall in the domain of the UL as enacted through the patient's introspection and related through subjective report, or as revealed in the LL through therapeutic rapport. Similarly, empathically feeling into the patient's emotional state (UL) won't tell you anything about their bone density or the functioning of their heart valves (except through association, inference, and intuition that will always need to be verified quantitatively). Hence the perspective and methodology we use brings forth the phenomenon we are studying.

"From an integral perspective, we appreciate that the more angles we can view a phenomenon from, the more perspectives we can embrace, and the more whole and nuanced our understanding of and response to it can be."

If I take a patient's blood pressure, the phenomena of the heart and circulatory system present as a ratio of two numbers. If I empathically contemplate their heart, what may arise is a sense of woundedness, betrayal, dysfunctional protection, and lack of compassion toward the self. Each perspective and methodology yields a "true but partial" view of whatever we are studying (in medicine, the patient). A great strength of CM is the number of perspectives it correlates to arrive at diagnosis, prognosis, and treatment plan (for example, asking, looking, feeling, pulse, tongue, eye, hara, face, history, quality of rapport, etc.).

From an integral perspective, we appreciate that the more angles we can view a phenomenon from, the more perspectives we can embrace, and the more whole and nuanced our understanding of and response to it can be. Wilber emphasizes the imperative of holding a 4Q8Z perspective and terms this "Integral Methodological Pluralism (IMP)." The salient point is that the perspective, methodology, and validity claim of each quadrant is irreducible to the others and any approach that leaves out any of the quadrants or zones "is a less than adequate approach according to available and reliable human knowledge at this time." [15]

Figure 2: Four Quadrants, Eight Zones




Adapted from: Wilber K. Integral Spirituality. Shambhala: Boston; 2006.

**Figure 2 Legend:** Here each of the four quadrants is divided into an inner and outer zone (the zones are designated Z1-8), yielding a 4Q8Z perspective. The methodology for enacting the perspective of each zone is listed. An integral embrace recognizes the necessity of holding a 4Q8Z perspective on all phenomena, taking into account the "true but partial" nature of each perspective, methodology, and validity claim. [16]

## Integral Methodological Pluralism as a Unifying Force in Medicine

Integral Methodological Pluralism (IMP) provides the strongest philosophical argument for the appreciation of CM on its own terms. The ecological view of CM offers us a relatively holistic picture of the human condition and our place in the Kosmos. Still, because the medicine arose in a pre-technological era, the strength of its methods and perspectives are significantly centered in the left hand quadrants (contemplation, UL; cultivation of therapeutic rapport, LL). Consider that if the fundamental contemplative insights of East Asian culture are taken as an absolute perspective, the entire form of the universe as revealed with great nuance by modern technology from the subatomic to the galactic scale of proportion is a mere illusion. From the standpoint of these contemplative traditions, the body, the material universe, is a thin veil stretched over an infinite metaphysical (qualitative, functional) sea. From a depth view of CM, the physical organs are merely the tip of a profoundly submerged functional iceberg.[17] On the other hand, from the perspective of Western science, consciousness is a mere byproduct of the physical substrate of biochemical reactions. The inner states and stages of development described with breathtaking nuance by the contemplative traditions of the East simply aren't revealed by x-rays, CAT scans, or electrophoretic gels. From the perspective of an upper right quadrant absolutist, consciousness, let alone soul and spirit, are so much metaphysical mumbo jumbo.

Note that I am not claiming that CM is strictly a product of the left hand quadrants, as physical observations (UR) such as tongue, abdominal palpation, face reading, and pulse play an important role diagnostically. However, all such observations are always being assimilated subjectively by the practitioner according to their own stage development. The capacity to gather nuanced data regarding the body's physical structure has greatly increased in the technological era under the auspices of materialistic and reductionist sciences. In terms of the right hand quadrants, we can understand CM as a highly sophisticated and nuanced functional language of the inner zones (5 and 7). These zones relate to the inner self-organizing forces of autopoiesis within the body, society, and the environment that maintain homeostasis, self-renewal, and define the boundary between self and other. [18]

Chinese medicine's analysis of physical structure is primitive compared to that of modern science. However, its analysis of the inner configurative forces within the self and their relationship to the body and to behavior is quite nuanced and advanced. Another

of Chinese medicine's great strengths is its synthetic capacity to assimilate the findings of reductionist science and medicine, a capacity that reductionist medicine lacks in relationship to the functional insights of CM.

Significantly, IMP does away with this seeming unbridgeable gap between the perspectives of East and West by offering us a "post-metaphysical" view of the self in all its assessable dimensions. The 4Q8Z perspective reveals that, all the way down and all the way up, for every exterior surface that can be measured, there is a corresponding interior dimension, and that for every inner state of being from the gross through the subtle to the highest of nondual experience and beyond, there are exterior surfaces (the brain, brain states, ecosystems, societal structures) of increasing complexity and integration. Consciousness and form, being and becoming, emptiness and luminosity, arise together as one. This view is wholly consistent with Buddhism's principle of *dependent origination*, the recognition that each thing that arises in a given moment is dependent on everything else that arises with it for its existence. This is a significant basis of the inductive synthetic view at the heart of CM as I've elaborated it in my texts.[19]

The use of the term "integrative" in relationship to medicine has most significantly been a metaphor for "assimilation."[20] The validity claims, methodologies, and left quadrant perspectives of CM have been largely ignored while it has been subjected to reductionist perspectives and methodologies suitable to study of the right hand quadrants. Hence the authentic nature of the medicine is compromised as it is assimilated into a societal system (LR) whose materialistic values have little to do with its own core values. Embrace of the integral perspective should foster mutual respect between all clinicians regardless of paradigm as we come to appreciate the validity claims and methodologies of each perspective.

Integral Methodological Pluralism should also have a unifying influence within the culture of CM. The clinicians in their contemplation of clinical experience (UL), the academics in the hermeneutic determination of textual meaning (LL), and those researchers concerned with "evidence based medicine" (UR and LR) are all invited to stop making ultimate validity claims for their perspectives and methodologies and appreciate the "true but partial" nature of their own and each other's insights. Hence, we may better value all contributions to the co-creation of our medicine.

## A Four-Quadrant Perspective on Acupoint GB-40

As a quick demonstration of how the four quadrants can be practically applied to CM, Figure 3 below depicts a four-quadrant (4Q) analysis of acupoint function.

Figure 3: Four Quadrant Analysis of GB-40

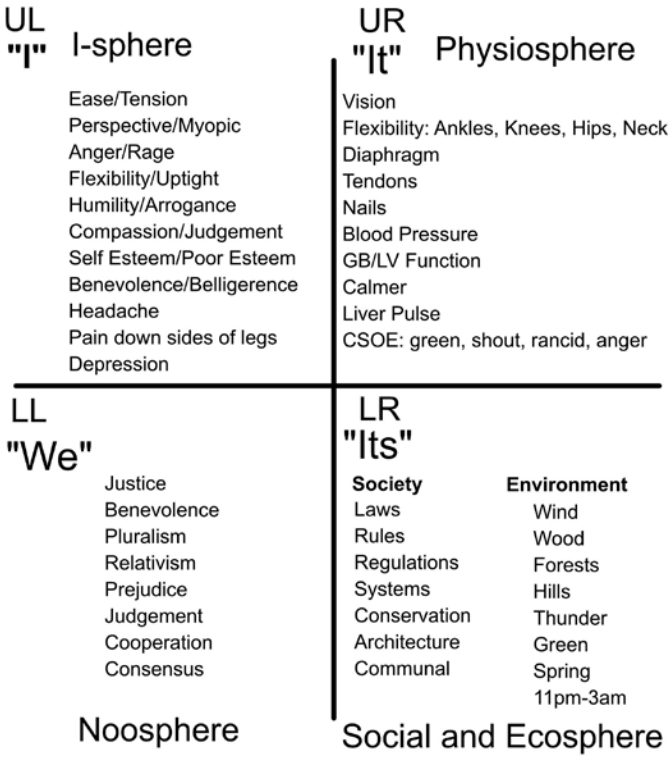



**Figure 3 Legend:** 4Q perspective on the function of GB-40, Qiuxu, "Wilderness Mound."[22]

In Figure 3, I present a 4Q perspective on the function of acupuncture point GB-40 as inspired by Jungian theorist Erich Neumann's presentation of the different faces of the feminine archetype.[23] Points, herbs, syndrome patterns, exit/entry combinations, and *Yijing* hexagrams can all be differentiated in this way (as can *any* phenomena). Points can be thought of as archetypes (in the Jungian sense), strange attractors of specific types of content that coalesce around themes with manifestations from the primordial, through the gross, subtle, and causal realms in all four quadrants.[24]

The UL specifies the patient's internal experience centered around the themes of pathology and virtue, excess and deficiency, associated with qualities of subjective experiences associated with

*"The UL specifies the patient's internal experience centered around the themes of pathology and virtue, excess and deficiency, associated with qualities of subjective experiences associated with the Wood element. The LL depicts shared social values relative to the Wood element. Some shared postmodern values include social justice, the importance of holding many perspectives, rejection of prejudice, and the relativistic notion that 'all perspectives are equal.'"*

the Wood element. The LL depicts shared social values relative to the Wood element. Some shared postmodern values include social justice, the importance of holding many perspectives, rejection of prejudice, and the relativistic notion that "all perspectives are equal." The UR lists locations, structures, and types of symptoms that can be measured and observed in the body and in behavior as associated with the Wood element. The LR depicts social structures relative to the enactment of justice, a theme for Wood. It also lists some environmental and cosmological associations of the Wood element.

Gallbladder-40, named "Wilderness Mound," is situated by the lateral malleolus (UR, Structure) an embodied metaphor for climbing a hill to gain perspective (UL, Consciousness).[25] Consider the application of this point to the symptom of "depression." The UL is the face of the patient's inner subjective experience. Depression can often be a displacement for the repression of anger, the emotion associated with Wood. Repression of anger constrains perspective and can inflate and/or lower self-esteem. The patient may fluctuate between passive aggressive projection of their sense of victimization and outright belligerence. Physically, they may feel pain and reduced range of motion along the Gallbladder channel.

In the UR quadrant we can quantitatively assess parameters such as vision, blood pressure, liver enzymes, the presence of gall stones, degree of limitation in ROM in the joints associated with the GB official and channel, and the quality of their nails. Repression can present as tension in the diaphragm, the physical embodiment of "wall" as the demarcation between the unconscious and consciousness.[26] We can also note their relative expression of ease, tension, and arrogance through touch and observation. Observations are made on a continuum from subtle "energetic" emanations of CSOE, to more embodied expressions of Wood in terms of the continuum of flow and constraint on the pulse, up through more explicit embodiments revealed through abdominal diagnosis, posture, speech, and behavior. [27]

In the LL quadrant we may determine that culturally given values such as "non-judgment" and moral relativism are constraining and depressing the expression of Liver *qi* and *yang*. The imperative of Liver *yang* is to rise, judge, and create clarity through establishing a hierarchy of motives in service of decisively choosing and striving toward what is higher and more wholesome.[28] In the LR quadrant we may determine that the patient is oppressed by certain cultural structures that contribute to their sense of victimization, rage, and low esteem. We may also note a vulnerability to wind as well as a love of heights, agitation at the sound of thunder, and attraction to the color green. Of course, any dynamic is possible, but it will center around these as GB-40 attracts and coalesces content involving these themes.

With treatment we expect wholesome, integrative, and evolutionary change in all four quadrants. Changes such as increased ROM, lower blood pressure, less tense pulse, decreased shout in the voice, healthier nails, and better vision can all be verified through measurement and observation (UR). In the UL we expect the patient's subjective experience to change as a victimized relationship to perceived injustice is transformed into the virtues of benevolence, compassion, and humility.[29] The practitioner can assess the authenticity of the patient's self-report, noting renewed creativity, increased perspective, ease in the face of stress, improved decision making, and less repression of anger with concomitant alleviation of depression.

"In the LR the patient is expected to have a more wholesome and less victimized relationship to social structures, eventually becoming a force for positive change."

We expect their quality of relationships (LL) to change as exemplified in real time through our subjective experience (UL) of them and in our relationship to them (LL). In this regard, I always take it as compelling when I meet a family member or associate of a patient who informs me of the magnitude of positive change witnessed and the wholesome effects in the family and at work (LL). This is evidence of better functional fit, indicating evolution in the LR as well.

In the LR the patient is expected to have a more wholesome and less victimized relationship to social structures, eventually becoming a force for positive change. In addition, they are expected to have less vulnerability to wind externally (LR) and manifest less wind internally. Internal wind may be evidenced in the UL as confusion and belligerence, in the LL as erratic communication, and in the UR as restricted blood flow and blurry vision.

The relevance of archetypes to point and herb function will be elaborated in my future writing. The salient point here is that any statement that we make in CM such as "Liver fire rising," "deficient Spleen *qi*," or "fire constitution" has manifestations in all four quadrants. Similarly, any biomedical diagnosis such as "headache" or "arthritis" will also have four quadrant implications. Every internal state and stage found through subtle "energetic diagnosis" is simultaneously expressed in all four quadrants just as any objective physical finding (UR) such as "high blood pressure" will have subjective (UL), inter-subjective (LL), and societal (LR) implications. Every physical finding has its interior correlation in thought, feeling, sensation, and emotion, just as every inner state is embodied physically. Congealed Blood, for example, exists on a physical continuum from subtle (initial silting of Blood felt on the pulse) through gross manifestations (tumor) as well as on an internal continuum from subtle feelings of betrayal, denial, and repression, all the way through the experience of extreme physical pain.

# Conclusion

In Part I of this series, I've laid the foundation for understanding the integral perspective as a foundation for the emergence of an integral medicine, a medicine that leaves no significant dimension of the self behind. We've seen how methodologies enact perspectives to reveal true but partial insight into phenomena. Through adopting the 4Q8Z perspective of Integral Methodological Pluralism, we can begin to construct an integral medicine based on the value of evolution in all dimensions of the self. I have suggested that the practitioner's own evolving integrity is an important foundation for integral medicine's capacity to catalyze the emergence of a more deeply and highly integrated self.

In Part II of this series, I will discuss the relationship between state and stage development and the dynamics of stage pathology. I will examine repression, shadow, and projection as they manifest in stage specific allergies and fixations.

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1. "Thou shalt follow the laws of *yin* and *yang*."
2. Cosmos with a "c" denotes the material universe. Kosmos with a "k" includes all exterior surfaces, as well as the corresponding interior dimension of evolving consciousness, thus leaving no part behind.
3. Rosenberg, Z, 2018.
4. Aurobindo, 1999, p.47.
5. Aurobindo, 1970-75, p. 1071.
6. Aurobindo, 1999, p. 115.
7. Adapted from the Bible, Luke 4:23 (King James Version): "Physician, heal thyself."
8. Jarrett, LS, 1985, pp. 36–41.
9. Wilber, K (ed), 1982
10. For an overview see Wilber, K. (2000). In the field of transpersonal psychology, nearly all subsequent work is inspired by, or a reaction to, Wilber's contribution. The field of transpersonal psychology addresses subtle dimension of the self, such as soul and spirit beyond the realm of the purely personal, the ego.
11. As well as consideration of states, lines, and types.
12. The GAIA hypothesis postulates that the earth and all life upon it form an interwoven, synergistic, homeostatic system. See: J. E. Lovelock (1972).
13. These designations are a simplification. Each quadrant has its own kind of truth, methodologies, and validity claims. The right quadrants represent "objective" truth, and the upper left quadrant includes a line of personal moral development congruent with ethics.
14. Space here is limited. The reader is referred to Wilber, K, 2017. pp. 681-682.
15. Wilber, K, 2006, p.33
16. The methodologies are elaborated in Wilber, 2017.
17. For a comparison of the functional versus structural natures of the synthetic holistic view of Chinese medicine versus the causal reductionist view of Western science see the appendix in Jarrett 1999, pp. 435-454 and Jarrett 2004, pp. 707-770.
18. See Varela, FJ, 1992 and Luhman, N, 1986.
19. See Jarrett, LS, 2004, pp. 707-770.
20. For an in-depth discussion of acupoint function, see Jarrett, LS, 2004, pp. 323-334.
21. For a discussion of Wilderness Mound in relationship to perspective see Jarrett, LS, 2004, p. 541
22. Neumann, E, 1955, p.82
23. The issue of archetypes and their "pre-" and "trans-" faces is significant and I'll address it in detail in future writing.
24. For a discussion of Wilderness Mound in relationship to perspective, see Jarrett, LS, 2004, p. 541
25. For a discussion of consciousness, unconsciousness and the diaphragm, see Jarrett, LS, 2016.
26. "CSOE" is an abbreviation for "Color, Sound, Odor, Emotion," core diagnostics of constitution in the five-element system. See Jarrett, LS, 1999.
27. Chapter eight of the *Neijing* associates the character zheng with the Gallbladder, describing its function as "rectifier" and calling it the "officer of *zhong zheng* (中正)." *Zhen Lifen* tells us, "中正 is the title of an official responsible for assessing the moral standing of certain people." *Wang Bing* comments of the Gallbladder, "It is tough, upright, and determined; hence it is the official functioning as rectifier. It is straightforward and knows no doubts; hence judgments and decisions originate from there." See Unschuld & Tessenau, 2011, p.156.
28. For example, consider Nelson Mandela. For a detailed discussion of virtue and transformation, see Jarrett, LS, 1999, specifically figure 9.3, p. 153.