

The Collective as Aetiology in the Clinical Practice of Chinese Medicine

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Abstract

This paper examines the idea that in order to gain a more complete understanding of a patient's illness, one must also examine the influence of society and culture. The author proposes that culture itself may be a contributing factor in individual pathology. A review of the historical understanding of aetiology in Chinese medicine is followed by a discussion of the relationship between the individual and society. How society can make individuals ill is explored in the context of societies' systems and institutions. The notion that individuals can help heal a dysfunctional culture is also addressed. The final section delves into more practical clinical concerns, including how to converse and work with patients regarding collective sickness.

Keywords


Pathology, aetiology, culture, society, disease, status quo, systems, collective

Introduction

*'I say,' Helmholtz exclaimed solicitously, 'you do look ill, John!'
'Did you eat something that didn't agree with you?' asked Bernard.
The Savage nodded. 'I ate civilization.'*

-Aldous Huxley, Brave New World, p. 216

*'After gathering the pieces of information, it is the physician's
task to utilize to his knowledge and analyze through deduction
the entire picture of the patient's illness. Inability to do this
limits the physician's effectiveness.'*¹

 To frame the entire picture of a patient's illness is a formidable task. This requires nothing less than an integral perspective, that is, the ability to look through multiple lenses - personal and collective, internal and external, organic and inorganic. A chapter in the Huang Di Neijing Suwen (Inner Canon of the Yellow Emperor Basic Questions) titled 'The Five Failings of Physicians' emphasises the importance of collecting as much knowledge as possible when assessing the origin of an illness:

Chinese medicine is often praised for its holistic understanding of health and disease. Studying Chinese medicine I learned how climate, diet, emotions, lifestyle and accidents all contribute to disease. Yet there was one aetiology that I did not learn while in school, one cause of disease that was neglected: culture and society. If we want to follow the advice in the Neijing and analyse the entire picture of a patient's illness, we must investigate the idea that society itself may be a factor in individual pathology.

The first section of this article reviews the Chinese medicine understanding of aetiology to place the proposed

idea of culture as a cause of disease in the proper historical context. The next section examines the relationship between the individual and society. This is followed by an investigation of how culture can make individuals ill. The final section delves into more practical clinical concerns, including how to converse and work with patients regarding collective sickness.

Modern Chinese medicine aetiology

When we speak of aetiology we must keep in mind the ontological difference between the Western tendency to think in terms of cause and effect and that of classical Chinese thinking. Whereas the starting point in the mind of the Western thinker tends to be of a single cause that leads to a final effect, the ancient Chinese mind conceived of patterns and relationships rather than a linear progression in time. In terms of medicine this means there can be multiple, co-operating causes of disease. Ted Kaptchuk (2000) explains:

*'Chinese medicine and Chinese philosophy, as we have seen, do not concern themselves very much with cause and effect, or with trying to discover this cause that begets, in linear progression, that effect. Their concern is with relationships, with the pattern of events.'*²

Thus, Chinese medicine aetiology involves interrelated patterns of causes linked with effects.

At this point I must acknowledge that because I cannot read Chinese, I am confined to only English translations of medical texts. And out of those that have been translated into English, I have read but a small sample. Furthermore, there are innumerable philosophical, anthropological and religious texts about Chinese culture that may contain ideas about the effects of culture on an individuals' health. I have not examined those texts either. The present study is limited to English language texts that are part of the modern education of traditional Chinese medicine.

In most modern Chinese medicine texts, the causes underlying disease fall into three general categories: exterior, interior, and miscellaneous.

According to a standard textbook used in both China and the United States, Chinese Acupuncture and Moxibustion, the following are listed as aetiologies: six exogenous factors (wind, cold, summer heat, damp, dryness, and fire), seven emotional factors (joy, anger, melancholy, worry, grief, fear, and fright), improper

diet, overstrain, stress and lack of physical exercise, traumatic injury and insect or animal bites, phlegm fluid and stagnant blood.³ Along similar lines, Kaptchuk (2000) puts forth the following categories of precipitating factors in illness: environment/meteorological factors (six pernicious influences [liu-yin] or six evils [liu-xie], emotional responsiveness (excessively or insufficiently prolonged, inappropriate reaction, suddenly with great force), way of life, which includes inherited constitution (heredity), disposition, diet, sexual and physical activity, and miscellaneous factors (burns, bites, parasites, and trauma).⁴ The text, Practical Diagnosis in Traditional Chinese Medicine (2004), written by professor Tietao Deng, of Guangzhou, China, lists the following causes of disease: the six excesses (wind, cold, summerheat, damp, dryness, and fire), the seven affects (joy, anger, anxiety, thought, sorrow, fear, and fright), food/drink/taxation fatigue, external injury (falls, incisions, contusions, etc.), damage by insects, snakes, and other animals, worm damage, and phlegm-rheum and blood stasis.⁵ Another modern text, The Foundations of Chinese Medicine (2005), by Giovanni Maciocia, gives the following causes of disease: emotions (anger, joy, sadness, worry, pensiveness, fear, shock), climate (wind/bacteria/viruses/artificial climates), weak constitution (hereditary), overwork, excessive physical work and lack of exercise, excessive sexual activity, diet, trauma, parasites and poisons, wrong treatment, and drugs (recreational and medicinal).⁶

In the modern texts surveyed here there is no mention that society can be a cause of disease. However, from a classical Chinese medicine perspective, individual pathology and social dysfunction are connected according to the theory of yin-yang; this will be discussed in the next section. In the Suwen, for instance, the role of social circumstances in the formation of disease is mentioned:

*'Ineptitude in the investigation into the aetiology of an illness by neglecting to take into consideration the patient's social and material circumstances, immediate environment, dietary habits, emotional tendencies, and possible toxic contaminations constitutes the third blunder of a physician.'*⁷

It is intriguing that the failure to investigate a patient's social and material circumstances is listed as a clinical 'blunder', although what specific type of social and material circumstances would lead to disease is not revealed.

The personal and collective

In order to comprehend how culture contributes to sickness in an individual, one must understand the dynamic relationship between the personal and the collective. The fundamental Taoist idea of the interdependence of the macrocosm and microcosm dates back as far as the Han Dynasty and can be summed up as follows: Heaven/cosmos/nature/universe is conceptualised as the largest encompassing realm that exists and is deemed the macrocosm. The State/society is seen as 'a microcosm, a miniature replica of the universe'.⁸ In the *Suwen* it states, 'Anytime when there is imbalance in nature, catastrophes will descend upon the land and its people.'⁹ Nature is thus seen as macro, land and people as micro. Moreover, the individual human body was recognised as the microcosm in relation to both the state and nature. 'The Han medical masters greatly elaborated the idea of cosmos and body as interacting organisms ... Han thinkers often speak of the healthy body as in harmony with Nature, opening itself to illness if it does not maintain that concord.'¹⁰ As Huang Di proclaimed, 'People and nature are inseparable ... It is this chaos in the macrocosm that upsets the balance of the delicate ecology within people that produce disease.'¹¹

This ancient idea of macrocosm-microcosm thus places the individual and their culture in a dialectical relationship, where each influences and depends upon the other. Today the study of this relationship is found in the fields of sociology, anthropology, religion and psychology.

I would like to propose that we bring this idea more clearly and consciously into medicine, directly into the treatment room. 'You can't separate culture and clinic,'¹² says psychologist James Hillman. Each patient that comes into our clinic carries the effects and residues of culture. At the same time, 'When we treat the patient, we treat the culture.'¹³ Therefore, any change or growth on the part of the individual also changes the culture. If we admit that aspects of our culture is sick, then individuals can help heal the cultural sickness through their own healing.

Individual problems cannot be separated from wider cultural problems; we should recognise these problems as being reflections of each other and inextricably linked. But this recognition is not as easy as it sounds. As citizens we are members of many systems and institutions. Not only do we participate in these systems and institutions, we are unavoidably embedded in them. As the psychologist

Erich Neumann points out, 'the connection between the problems of the individual and those of the collective is far closer than is generally realised.'¹⁴ People often ask themselves, what's wrong with me? Why can't I get it together, why can't I cope? Less commonly do they ask, 'What about my culture is making me ill?'

If we fail to at least occasionally discuss the possibility that aspects of our culture contribute to illness, we may miss an important factor in our patients' condition. We may continue to fall into the trap of seeing the patient's sickness as a personal problem only, in which case the responsibility for healing and prevention of disease falls solely on them. It is in this way that personal problems and feelings easily become internalised, stuck in hyper-subjectivity. Thus a patient may assert, 'It's my problem and my wife's problem that we're not doing better - we've got to work on our relationship and on the kids, and find the inner motivations, and what happened wrong with us in our childhoods, and work it out somehow.'¹⁵ In fact, the cause of such dysfunction may be collective rather than individual.

Part of thinking holistically about health involves critically examining one's own culture. As clinicians we could start by inquiring how society influences us, especially in ways that are harmful. I will discuss this

idea more in the last section of this article, but for now what I am suggesting here is a deepening and widening of the aetiological perspective to include society itself. As Jeffrey Yuen suggests, 'Maybe the system needs helping and you need to change the system rather than change the client.'¹⁶ For instance, I notice that my jaw and abdomen tighten when I call a government office and cannot talk to a real person, but instead spend an hour listening to recordings - 'Press one for ... press two for ...' During the wait I reflect on the impersonal and technological coldness of our political and economic systems and feel sad and angry.

As psychologist Lyn Cowan points out, 'If we deal only with the personal dimension of their [patients'] disturbance, the collective status quo is undisturbed, and this is another form of repression. The truly subversive activity is to locate, identify and expose the collective systemic problem at the root of the personal problem, so it can be seen how such systems limit or destroy individuality.'¹⁷ In other words, to uncover the source of individual pathology, we sometimes need to examine our culture with a critical eye by questioning its systems, institutions and ethics. If it is true that society can make us ill, then the first question we

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need to ask is: what is actually happening in the culture that is pathological? In what way is our society sick and how does this affect the individual?

How culture makes us sick

Part of paying attention to what is happening in the collective involves looking at what is broken, ugly and dysfunctional. An equally dark shadow side balances all the virtue, beauty and achievement evident in our culture. We must be able to admit this uncomfortable fact if we are to proceed. Once we understand which parts of our culture are sick we can then assess how these parts affect our physical and psychological health. There are numerous areas of cultural pathology to examine, each deserving its own critical inquiry.

The following are examples of possible cultural pathologies that widely affect the health and well-being of individuals: consumerism (eg being bombarded by advertisements with constant pressure to buy), debt-based economy (house, car, student loan), individualism (rupture of social bonds, lack of meaningful relationships), denial of death (fear of ageing, prioritising quantity over quality of life), lack of organised initiation (addiction, suicide, gangs), noise pollution (car alarms, airplanes), achievement obsession (school test scores, sports and career), entertainment industry (celebrity culture distorting reality), social media (seeking online 'likes' and 'followers' instead of authentic human relationship), digital technology (being unable to keep up with constant change, less time spent with people, animals and nature), and a manic pace of life (more is better, always 'on', unable to relax). All of these examples create 'stress' in the human being in one sense or another. This stress may be physical, emotional or psychological. For instance, a patient may show signs of Liver qi stagnation and we may determine they are experiencing anger and frustration. Perhaps their frustration is because they are going deeper into debt and cannot see a way out. Or perhaps the frustration is due to pressure from their boss, who expects a response to his texts after working hours. The clinician should consider the deeper cultural factors that may be underneath their patient's signs and symptoms.

One dominant and compelling idea in much of the industrialised world is the importance of unlimited growth. This idea maintains that unlimited growth is not only possible on a finite planet¹⁸ but is also a desirable and noble goal. This worship of growth trickles down and permeates many areas of our society, 'strongly affecting our attitudes and the way organizations conduct their business and plan their future.'¹⁹ There are three intersecting areas of growth that critically influence not only the environment but also

our health: population, corporate and economic growth.

To understand population growth, look at the United States, which is the third-most-populated country in the world (about 330 million people). It is estimated that 80 per cent of the US population lives in densely populated urban areas. Overpopulation, now a legitimate concern, can be defined as too many people in a geographical area for the environment to sustain. Overpopulation puts a strain on natural resources. 'Life in large cities,' according to Aldous Huxley, 'is not conducive to mental health ... City life is anonymous and, as it were, abstract. People are related to one another, not as total personalities, but as the embodiments of economic functions, or, when they are not at work, as irresponsible seekers of entertainment. Subjected to this kind of life, individuals tend to feel lonely and insignificant. Their existence ceases to have any point or meaning.'²⁰ In addition to the psychological sufferings noted by Huxley, there are physiological effects of overpopulation (agitation, central nervous system exhaustion), social effects (competition for resources, lack of privacy) and environmental (pollution, poor sanitation and hygiene) and economic consequences (poverty, unemployment, wealth inequality).²¹ The detrimental effects of overpopulation should be seen as a pervasive cultural disorder and therefore a legitimate factor in disease.

Both the idea and implementation of unlimited economic growth has affected practically every area of our lives. 'The unlimited growth of GDP through the continuing accumulation of material goods is pursued relentlessly by virtually all economists and politicians, and is celebrated as the sign of a 'healthy' economy. That growth can also be harmful or pathological, like the growth of cancer, is rarely addressed.'²² On the micro level, we see employees permitted only a thirty-minute lunch break in order to maximise profit and not waste time. On the macro level, we have pervasive corruption, mismanagement of funds and unequal distribution of wealth. News outlets frequently report corporate CEOs hoarding billions of dollars in offshore, non-taxable accounts, while the majority of citizens sink deeper into debt.

One of the major areas of 'stress' that we encounter in our patients relates to work and money. Meaningless jobs are created to simulate more economic growth; examples include corporate lawyers, telemarketers and public relations consultants. 'It is humanly demeaning for millions of men to spend their lives performing needless and meaningless tasks, simply to keep up an inadaptive economic system. But more than demeaning, this is a fantastic and extravagant waste of human energy: the energy remains bottled up, unused, as men fill up the hours with needless and boring tasks.'²³ Meaningless jobs naturally take a physical and psychological toll on the individual, as a

lack of meaning in one's life is often at the root of lassitude, depression and suicide. As the prominent psychiatrist C.G. Jung observed: 'Meaninglessness inhibits fullness of life and is therefore equivalent to illness.'²⁴ What good is it to take herbs, meditate and think positive if one feels despairingly that their job is meaningless?

Corporations have come to dominate most areas of society, including governments, which can no longer control multinational corporations or govern currency fluctuations. Thus the idea of unlimited economic growth parallels the values of corporate growth. For instance, businesses such as HSBC, AstraZeneca, Amazon, Apple and Wal-Mart are huge, ultra-wealthy, impersonal corporations, the primary goal of which is to maximise the return on investment of their shareholders while minimising expenses. All other goals, however noble they might be, are subsumed under the golden star of profit, including ethics, employees' well-being and the environment.

In order to maximise profits as rapidly as possible, modes of material production tend to be quick, cheap, disposable and generally poor quality. 'Economic and corporate growth are pursued relentlessly by promoting excessive consumption and a throw-away economy that is energy and resource intensive, generating waste, pollution, and depleting the Earth's natural resources.'²⁵ Corporations also put enormous pressure on small businesses. This creates stress for many people. Large corporations either obliterate small businesses by selling their products and services cheaply or by buying out the smaller business. Thus, the notion of unlimited growth may be seen as a significant contributor to cultural pathology.

In sum, there are numerous areas in society that are sick and dysfunctional and which can have detrimental effects on an individual's health. What then are we clinicians to do with our patients? How do we bring culture into the clinic?

Culture in the clinic

In the Suwen, Qi Bo states: 'The paramount mission in healing is to dispel the pathogen and strengthen the patient.'²⁶ Yet if society itself is the pathogen, if the culture in which we are immersed is ill, how do we dispel that which we are? More specifically, what can clinicians do? The first step in addressing any problem or idea is to give it attention. If we are to expand our scope of aetiology to include our own society, we must first be aware of the influence that culture exerts on us. 'You cannot change something that you are not aware of,' Yuen asserts. 'Your awareness allows that person [patient] to become more aware.'²⁷ Doctors must therefore do their own inner work.

We might begin by asking ourselves some questions: Which systems and institutions in society are dysfunctional?

Which aspects of these collective systems are damaging to our lives? What is actually abusing me right now? Could my apparently-personal problems actually be collective dysfunctions instead? These kinds of self-reflective questions will bring the impact of culture into our awareness. This is important because the more we are attuned to ourselves, the more we can understand and connect with our patients. As an example, Jarrett asserts that, 'Materialism and narcissism are endemic in our culture, and are central forces at the root of the problems that we face. Our willingness and ability to face these forces in our patients will reflect the degree to which we have taken them on in ourselves.'²⁸

Whatever happens in the macrocosm is reflected in the microcosm. If parts of society are ill then that illness shows up in individuals in the form of symptoms. As my patients are telling me about their symptoms and I am asking questions to help form a diagnosis, I am also thinking, 'Is their pain or sickness due to personal factors, or is this a collective problem expressing itself in this person?' For instance, I ask a middle-school teacher about her 'stress levels' and she mentions her daily 45-minute drive to work in traffic, the pressure of following a rigid curriculum and her school's obsession with standardised testing. 'Maybe I should meditate more and think positive', she muses. Whilst it is likely that personal factors are involved in this woman's stress, but cultural systems and institutions are contributing to her stress as well.

Rather than seeing our patients' symptoms solely as part of a pattern of disharmony within the individual, we could recognise their signs and symptoms as appropriate reactions to a diseased culture. If we acknowledge, for instance, that Americans' pace of life is manic, would not depression be a natural reaction against such a frantic pace and a rebellion from the status quo of hyperactivity and limitless extravagance.

Failure to notice our patients' symptoms as a healthy reaction to a diseased society may prolong or even prevent healing; it also contributes to maintaining the status quo. 'What the patient needs - any patient, any of us - is not to learn how to adapt to the status quo, but how to change the status quo so it won't make us sick.'²⁹ The smoothing out of symptoms without addressing the possibility that the symptoms are reflecting a sick culture only furthers our collective illness.

Furthermore, our patients may start to think of themselves as crazy, unable to adapt to the status quo and resolve their symptoms, rather than realising that society itself is crazy. More sensitive patients are generally the ones who have the most difficulty with our sick culture; 'the sensitive citizen, if the society is dysfunctional, will not be able to cope.'³⁰ Often these patients will have stubborn

symptoms that are difficult to resolve. It is as if they refuse or are unable to adjust to the status quo. In order for the clinician to adequately respond to the symptoms of sensitive patients, she must herself become sensitive to the many ways society is pathological. 'The job of therapy, in part, becomes one of keeping you acutely conscious of the dysfunctional society.'³¹

Some patients are already aware that aspects of our culture are broken, sick and damaging to our body and psyche. Others will not be consciously aware yet intuit that some areas in society are not quite right. Still others will be completely oblivious to the impact of culture on their health. Regardless of where our patients sit in this regard, any discussion of aetiology would do well to include the influence of culture.

I have found that when I talk to patients about the problems and absurdities of our culture they are relieved to find a professional who gives voice to thoughts and feelings that have been simmering. When this happens, the rapport between doctor and patient is deepened and a stronger sense of intimacy and trust is established. Healing can occur simply through the validation that part of our society is sick. By bringing up areas of our own culture to be examined and criticised, we are helping our patients feel not only more connected, but also more sane ('It's not me, but my society that is nuts!').

Moreover, discussing healthier ways of living that are antithetical to cultural pathology is the beginning of changing our society. Some may say that bringing up all this 'negativity' in our culture is depressing and that we should be uplifting our patients. Yet what I have actually experienced myself and witnessed in my patients is quite the opposite: '... it doesn't feel depressing, it feels relieving, immensely relieving to know that it's not me that's at fault and I don't have to own and be the cause of all my own misery. There's something fundamentally wrong in the society and this relieves me of the blame ... of the guilt ... it excites me, draws my attention outside to more than myself. That's not depressing.'³² It is not a matter of avoiding personal responsibility regarding one's health, but rather of acknowledging the impersonal, cultural influences that also affect us.

By pointing out pathological aspects of our culture the clinician is embodying a different kind of role. Perhaps our role as doctors can be expanded to include subversive commentator or social critic? 'Medicine is politics and

a potent vehicle for cultural change. We practitioners of Chinese medicine are well situated to help catalyse this emergence.'³³ Moreover, if we want any of our societal systems or structures to change, we must be able to first recognise the dysfunction and then alter how we participate in those systems. The individual can affect the culture as much as the culture can affect the individual.

Conclusion

In this article I have proposed that our own culture has not hitherto been included as a cause of disease in modern Chinese medicine theory and practice. I argued that society itself may be a factor in individual pathology and should therefore be considered in any conversation involving aetiology of disease. To uncover the source of individual pathology we need to examine our culture with a critical eye by questioning its systems, institutions, and ethics. Chinese medicine clinicians are especially primed to widen their diagnostic perspective because the classical Chinese way of thinking is holistic in its attempt to understand the factors

of illness. As Jarrett notes, 'Practitioners of Chinese medicine are potentially advanced holistic system thinkers who understand the relationship of consciousness to biology, physiology, biosphere, culture, and kosmos.'³⁴ Clinicians would do well to bring awareness of their culture into the clinic.

This is accomplished by paying attention to the social and political systems and structures, as well as the accepted cultural values and norms; these are usually the ones that we are least conscious of and therefore the areas that we need to examine. This is important because 'the consciousness that brings on disease cannot be the consciousness that brings on healing.'³⁵ By speaking of culture in the context of aetiology we are encouraging our patients to recover social and public vitality, as well as offering them another lens through which to view their illness. As Hillman remarks, 'The patient's disorder, that he cannot function in the civilization, is the civilization itself declaring dysfunctional bankruptcy. For what is the value of a civilization if its citizens are made ill by it? And what is the value of therapy if it only abets the growth of civilization?'³⁶

By acknowledging culture as a cause of disease we are remembering the ancient principal of the interrelationship between individual and society. To recall the passage from the Suwen: 'It is the physician's task to utilize to his

When I talk to patients about the problems and absurdities of our culture they are relieved to find a professional who gives voice to thoughts and feelings that have been simmering.

knowledge and analyse through deduction the entire picture of the patient's illness.' In sum, recognition of cultural pathologies, from the medical standpoint, may change the way in which we conduct our medicine. It may also be one way that our dysfunctional society heals. 卍

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