

Splits In Western Consciousness – An Acupuncture Perspective

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In my acupuncture practice, I am regularly witness to what appears to be an extreme split between mind and body in my clients. It seems we Westerners - as a cultural group - have a unique energetic predisposition which emphasises *individuation* quite a bit more than our Eastern counterpart. So while the philosophy of Oriental Medicine certainly addresses the separations of Mind/Spirit, Mind/Heart, and Mind/Body in terms of Yin and Yang, I sometimes wonder whether the ancients ever contemplated the degree to which those splits have evolved in our culture.

The Westerner's strong ego, combined with his materialist bias and emphasis on the body being a machine in need of repair, means that his quest for healing generally needs to include some fundamental re-framing of his experience, so he can feel more directly connected to what is going on. The Westerner must not only re-establish balance and smooth flow of energy, but in order to stabilise any gains made he then faces the daunting task of transcending and integrating those primal splits in consciousness which give rise to his ferocious sense of separate identity in the first place.

One way to approach this topic might be to explore the way our collective consciousness has structured its sense of separate identity, and then compare that to the Taoist view. These splits have been broadly classified by Wilbur and others as: a) Existential (primary dualism), b) Life-Death (secondary dualism) c) Mind-Body (tertiary dualism), and, d) Persona-Shadow (quaternary dualism).¹

The Existential Split

The existential split is so fundamental that it might be said to be an *inherent feature* of Western consciousness. In a remarkable reflection of the Genesis myth, the birth process throws us out of the primeval Eden of the womb, to begin the process of building an individual self, an ego, or separate self. Contrastingly, the Eastern perspective is perhaps a bit less separating. From that standpoint, man is not necessarily tossed out of anything. On the contrary, since the Tao is all encompassing, as an observer of reality man is regarded as *the eyes of the universe looking at itself*.

In the Taoist view, man takes the place of the Chong Qi – the primal Qi which mediates between Yin and Yang – which puts him in the position of mediating the smooth flow of Qi between Yin and Yang.² The implication is that if we - as Westerners - felt appropriately connected to life, we might be able to let the flow of Qi be smooth. However, modern Western man is very much defined by his separate identity, which he vigorously preserves and protects, so he usually feels anything but connected. The price of valuing ourselves as separate individuals it seems, is that we have to *feel* the separation. Or to put it another way: the down-side of self-consciousness - as pointed out in Genesis - is a feeling of alienation, a feeling that that we have been tossed out, and not allowed back in, and there-in lies the source of our Western angst.



Fig. 1 The emergence of alienated man from the Tao

The sense of alienation which is at the root of Western man's benignity, makes itself known as a background anxiety, and might best be called *existential anxiety*. In my opinion this existential anxiety is a key factor in the modern Western patient, probably much more so than might be found in China, India or other Eastern cultures where the importance of the individual is less emphasised. Indeed, those who go to the East are often surprised at how happy people are, in spite of their abject poverty. It is existential anxiety which is the hallmark of the West, and it lies behind the unique manifestation of Western illnesses, from addictions to insomnia, to depression.

The tragedy is that the existential anxiety we are trying to escape is in fact our very life current, the very basis of our existence. It only feels bad because we misinterpret its meaning, think it as a threat to the ego, and resist it at every turn. *Life energy resisted feels like anxiety, while the same energy allowed to flow, feels like bliss*. It seems to me that a therapeutic approach for the Westerner – more than anything else – must address this very fundamental issue.

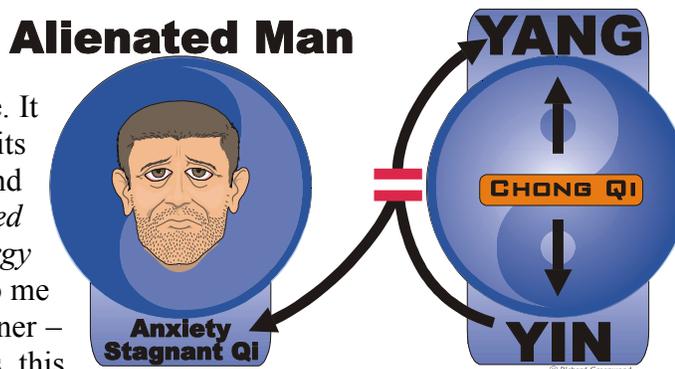


Fig. 2 The emergence of Stagnation and Anxiety

In Chinese Medicine the smooth flow of Qi is governed by the Wood element. If we feel separated, or excessively alienated, then the Qi will flow erratically, or become distorted in some way. This would present primarily as a blockage, or stagnation of flow, leading to “stagnant Liver Qi”, which perhaps is why that particular disharmony is so common in the West. Secondary manifestations would be in the Water and Fire sectors, presenting as varying degrees of severance between Yin and Yang. These would range from a fear paralysis (too much Yin), to anxiety, insomnia and the “empty fire syndrome” (Yin deficiency or ungrounded Yang)

The Life-Death Split

One consequence of the existential split is a *fear of death*, because as soon as we realise we exist separately from everything else, we also realise we will have to die some day. Of course the inevitability of death looms greater as life goes on, so to begin with we can deal with the problem of anxiety by simply ignoring or denying the issue. But as we get older, the issue of looming death can generate increasing anxiety, until it becomes an over-riding issue, often dwarfing any actual physical pathology that might be present.

The desire to avoid death at all costs becomes a real nightmare in modern medicine, and fuels all sorts of crazy interventions in a futile attempt to avoid the inevitable. Our hospitals are rife with

inappropriate death-defying medicine, fuelled by anxious patients, family, relatives, and physicians. As a culture, we tend to deal with this issue by avoidance and denial, and as physicians we often do the same, hiding behind the ethical premise that we should always preserve life (unless specifically instructed to do otherwise).

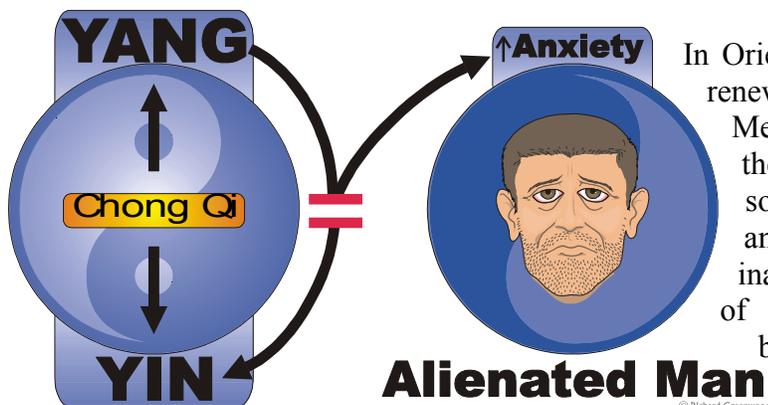
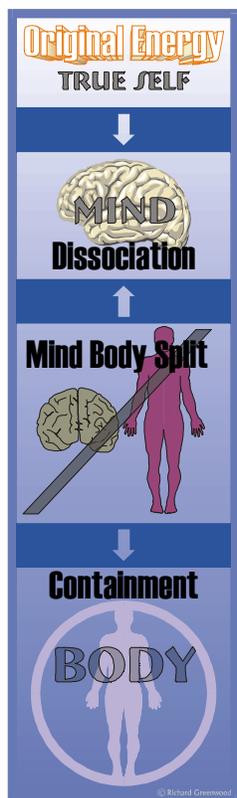


Fig.3 Increasing anxiety as death approaches

In Oriental Medicine the issue of death and renewal comes under the umbrella of the Metal element. The Metal energy governs the letting go in order to take in something new. If there is an excessive anxiety around dying with its associated inability to let go, then the natural flow of transformational energy becomes blocked, and we will exhibit clinging-type behaviours. If patient and physician focus on symptom suppression while ignoring the underlying energetic imbalance, then the stage is set for more anxiety and increasingly fruitless medical interventions.

As Yang becomes increasingly separated from Yin, blockage of flow back toward Yin exacerbates any previously existing anxiety, and leads to all kinds of secondary problems related to the inability to let go. Increasing Yin deficiency means the “empty fire” syndrome tends to get worse. And the focus of energy stagnation now shifts toward the elderly’s obsessive states, depression and bowel problems.



The Mind-Body Split

For many of us, the sense of identity is experienced as a “little person”, a “Wizard of Oz” figure located somewhere between and behind the eyes, operating the machinery of the body. The desire to avoid feeling our existential anxiety has led us to corner our sense of identity in the safety of the mind. Because the anxiety is felt in the body, we cut ourselves off from the body as much as possible. For this cerebrally located little ego identity, the body is a complete mystery, something to be used perhaps, but certainly not to be trusted.

There from our observation post in the gallery of the mind, safely encapsulated in our cerebral locus, we look out at a threatening world and try to figure out how to stay safe. It’s from here that the ego comes up with the notion that the body’s language should not be trusted, from here that we seek to explain away our existential anxiety by paradoxically worrying about every little ache or pain. Having retreated to the safety of the mind, the ego tries to contain the anxiety in the body through muscular armouring. It

Fig. 4 Containment/Dissociation of Authentic Energy

rationalises the body as separate from itself without realising that the separation exists only in its imagination. Because the anxiety is felt *in the body*, the ego views the body with suspicion, and every little symptom becomes a cause for alarm.

The ego's two main strategies to avoid feeling anything are *containment* and *dissociation*. Containment we might understand produces muscular armouring, which eventually surfaces as pain, tension, and joint breakdown. In addition, the intra-psychoic war it represents, simply soaks up all our available energy and leaves us with chronic fatigue. Dissociation on the other hand can co-exist with remarkably tension free physical body, but leaves the body mysteriously prone to falling apart with inexplicable neurological conditions, simply because we are not present to detect what is going on.

Compartmentalisation

After successfully cutting the mind off from the body the ego then takes the process further, and like a skilful surgeon begins to cut the body off from itself, in an increasingly desperate attempt to distance itself from its own anxiety. The ego's two strategies of containment/dissociation lead to the construction of somato-psychoic compartments, in which walls of tension are built to resist the movement of forbidden energies. At least four major bands of tension arise as frontiers of containment. The first, at the level of the neck and jaws, represents a physical manifestation of the mind-body split. Three further bands - in the pelvis, the diaphragm, and the upper chest/shoulders, create the compartments known in TOM as the three Jiaos.

The pelvic zone contains the energies of sexuality, urinary function and defaecation, and so roughly corresponds to the energies of Water and Metal (& Wood). Diaphragmatic tension produces symptoms in the mid-zone, which includes the stomach and issues of personal power, and so roughly corresponds to the energies of Earth (& Wood). The upper chest contains the lungs, the heart, and so tends to concern energies relating to Fire (also Wood & Metal).

Notice that Fire mediates the upper Jiao, Earth the Middle Jiao, and Water the Lower Jiao while Wood and Metal traverse the three Jiaos - Wood in an upward direction, and Metal in a downward direction. Readers should not take this analysis to be an accurate synopsis of Oriental medicine, because obviously, the Water, Fire and Earth energies traverse the three Jiaos too. However, Western Man's tension compartments often sever Yin from Yang, and Fire from Water in such a way as to produce this kind of picture.

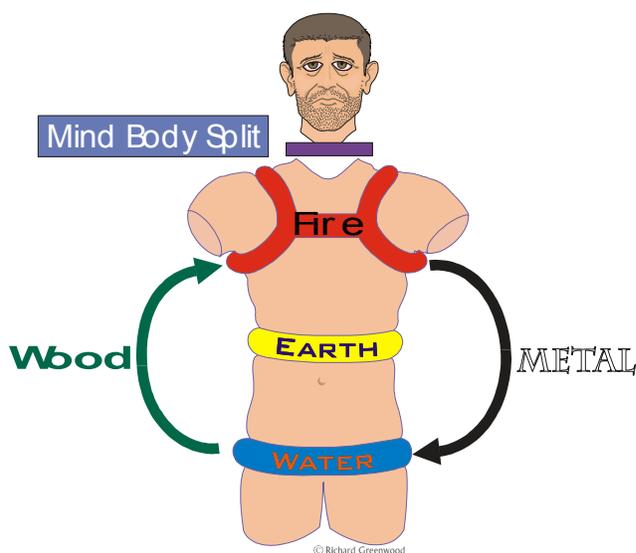


Fig.5 - Energetic compartmentalization

Compartmentalisation and Trauma

A traumatic experience will superimpose its own unique compartment syndrome on top of any pre-existing arrangement which might exist. For example, an injured arm may lead to a containment/dissociation phenomenon in which the entire limb is compartmentalised and summarily dismissed from the ego's notion of self. One patient I recall was a woman whose right arm had been had been electrocuted. Despite the fact that the arm had tested normal neurologically, she complained of numbness and poor motor control, both hallmarks of compartmentalisation. Furthermore, she admitted to an intense dislike for the extremity, and had so dissociated the arm she didn't even like to look at it.³

Multiple Selves

Compartmentalisation has both somatic and psychic manifestations. Since zones of tension contain different psychic energies, their existence reflects the existence of separated personas within a single individual. For example someone with a habitual pelvic tension, who has contained his sexual energy there, will have his/her sexual energy compartmentalised. Once this is accomplished, the sexual energy can only be accessed through entering an altered state of consciousness, rather like a multiple personality. Anne Stirling Hastings has written extensively on this subject, and has called that particular compartment the "shame compartment".⁴ From an energetic perspective, such splitting of psyche and soma is so common one could infer that everyone has multiple "selves", each one being dependent on a particular contextual frame for its expression, a view which has been put forward by Dr. Brugh Joy.⁵ Thus the classic "multiple personality" might simply be a variant of a common imbalance, just one end of a continuum of compartmentalisation patterns, in which the various psychosomatic states are effectively sealed off from each other.

One way or another, a significant mind-body or body-body split is present in almost everyone. The hallmark of the split is an undue suspicion of bodily symptoms, combined with a desire to rationalise or figure out "what's wrong". Sometimes the compartments can be physically detected by palpating temperature differentials around the body, in particular across the three Jiaos. In an extreme mind-body split, the head and neck may be hot to the touch while the rest of the body is ice cold (Such a patient will often complain of severe headaches or migraines). But blocks in any zone will produce altered sensation across the block, with symptoms above, below, inside, or outside the block.

Addressing the mind-body split requires more than just opening a block with acupuncture, and requires giving the patient an understanding of how he/she is habitually containing and dissociating. Without such an understanding, patients will simply re-establish their habitual energetic configurations. Thus it's not a matter of treating symptoms per se, but rather encouraging patients to become aware of their own particular avoidance strategies, so that they can consciously terminate them. The approach is not without difficulty however, because the mark of success is a resurgence of existential anxiety, which of course is the last thing patients want to feel.

Energetic considerations eventually force patients to confront the issue of personal responsibility, because sooner or later we must all face our own anxiety. The thing is, if mind and body are one, then the patient does not have a problem, he or she *is* the problem. To put it in another way, *whoever is presenting with a problem is the problem*. From an energetic standpoint, we don't acquire an illness, *we are the illness*.

The Persona-Shadow Split

One reason we like to think our mind and bodies are separate, is because it allows us to maintain the illusion that our ego is completely innocent, while we look around to find something separate from us which we can rationalise is the cause of the problem. Then we can attack that "cause" with righteous vigor, all the while maintaining our innocence, and lamenting the vicissitudes of life. To be sure, such an approach has worked quite well for many infectious diseases, which may be why the germ theory remains so popular today, and why we seem to take antibiotics for every little thing.

The difficulty is, pretending we are separate from our bodies encourages an adversarial approach to all illnesses. By maintaining the illusion of a mind-body split, and then projecting the problem elsewhere, we can blame microbes for attacking us, allergens for making us allergic, politicians for betraying us, or our physical body for failing us while simultaneously pretending that we have nothing to do with the problem.

This kind of deferral and projection of responsibility leads us to yet another split, one between different parts of the ego itself, between the persona – the little man behind the eyes – and what Carl Jung has termed the *shadow*. The ego, wanting desperately to believe in its own innocence, splits itself into 'what it likes' (the persona) and 'what it doesn't like' (the shadow) which it then rationalises as belonging to someone else. It's a very common to encounter this problem in illness, because not only do many people not want to own their illness, but also those same people would like to believe their illness is someone else's responsibility. The assumption is so all-pervasive that it's usually seen as self-evident, and patients are often quite affronted by the suggestion that they might in any way be responsible for what is going on in their bodies.

For example, many patients I see who are in chronic pain are extremely angry at anyone and everyone, without ever realising that the anger is precisely what is keeping their muscles so tight. They will frequently deny the anger in themselves while simultaneously blaming everyone around them for being unhelpful. And quite often they will look at me incredulously if I remotely hint they might be the source of their own tension.

These remarks should not be misinterpreted as callous or uncaring. It's only natural for the ego – habituated as it is to a victim position – to instinctively recoil when faced with the idea of personal responsibility. So it usually comes up with a spirited defence of its blameless position, rather than consider the benefits of adopting a more responsible perspective. The value of accepting responsibility is not to make the ego wrong, but rather to shift the locus of control back to the self, where it rightfully belongs. It's not a matter of blame at all. Quite the contrary, *we accept responsibility because we want to be free*.

The hallmark of a persona-shadow split is in the deferral personal responsibility. Patients with this level of split firmly believe everything has an external cause, and will often expend much time and energy trying to eliminate whatever they have rationalised as the cause of the problem. If they cannot find an external cause, they will expect the doctor to find one for them, and may get upset if the physician falls short of their expectations. To avoid such friction, physicians may feel pressured to come up with some plausible theory of disease causation which doesn't implicate the patient. That's the one "no-no" explanation.

The 5-Elements & Persona-Shadow Splits

It's at the persona-shadow level that the 5-elements system becomes a really useful metaphor. The directional vector of a patient's natural energy dictates the likely distortion the energy will take when the patient's rejected energy becomes projected. Such an exploration is beyond the scope of this article, and I would refer interested readers to available acupuncture texts (eg. Leon Hammer's book *Dragon Rises & Red Bird Flies*,⁶ Diane Connolly's *The Law of five Elements*,⁷ or Lonny Jarrett's *Nourishing Destiny*⁸).

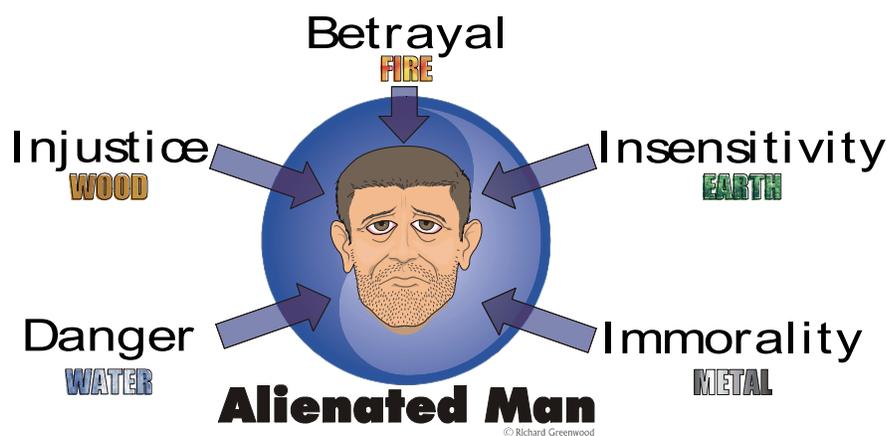


Fig.6 The projection of the shadow

energetic imbalance to which the patient is prone will simply re-assert itself. In the following vignettes I hope to give the reader a flavour of the various levels, and how they present. In any given situation the solution may or may not involve acupuncture, but the question of *intent* is highly relevant, and readers might want to refer to my previous article on the subject.⁹

Case Studies

1) Joe - A Persona-Shadow presentation, & traumatic compartmentalisation

The Wood energy reflects creativity and upward movement, and symptoms can arise in any of the areas along the trajectory of the Shao-Yang – Jue-Yin axis. The rejected energy is likely to be anger/hostility, which because of its transpersonal nature may take on mythical proportions. Projected/Rejected Wood energy becomes often presents as passive-aggressive hostility

One example I recall is a patient who presented with chronic pain in the left groin. There was a history of five surgeries in the area. The first two were for an undescended left testicle as a small

For the purposes of this discussion, the question is this: having moved the energy associated with the elemental imbalance, how does one go deeper and address the pre-existent mind-body and existential splits so that the energetic shift can be stabilised? Because without addressing those more primal levels, it's been my experience that any

child. Then as an adult Joe had strained his groin in a worker's compensation injury, and subsequently developed an inguinal hernia. The surgical repair included insertion of a mesh, but because of continuing pain, he had a further revision and eventual removal of the mesh. Perhaps predictably, the pain continued. By the time I saw him he had a "attitude" problem, and was hostile toward virtually everyone, including the WCB and his various physicians.

1. His persona-shadow split involved projected hostility
2. His rage was compartmentalised in the left leg, from which he had dissociated
3. His mind-body split involved mind-body dissociation, and a major band of tension in the diaphragm.
4. His primary split - his existential anxiety - was expressed through addictions to cigarettes, anti-depressants, and a variety of painkillers.

I initially worked with the Shao-Yang – Jue-Yin axis, which invoked extensive myoclonic shaking¹⁰ in the left leg, and used the principle of intention to help him connect to his rage. After a few sessions, in which I had focussed on creating appropriate rapport, Joe indicated a readiness to "explode". Then in the context of a safe container (a residential setting and support staff), I needled LV3, GB40 to open the Jue Yin - Shao Yang axis, LV10 to focus the energy in the groin, and LV14 – Lung 1 (the exit-entry points) to open the diaphragm and encourage the movement of energy into the Shao-Yin. Within moments he went into an altered state, began to growl like a large cat, pawed the floor as if he had claws, and even tore up the mattress cover with his teeth.

When he returned to normal consciousness he revealed he had felt and acted like a panther, and had experienced the energy of the animal entering his body. Interestingly, the panther image was one with which he had always felt a profound affinity, and with the recapture of such a primal energy, his hostility transformed to softness and warmth. With this experience he became intensely curious about energetic approaches, and so began an integration of his persona-shadow split.

Next, to encourage integration at the mind-body level, my strategy was to open the pelvis, diaphragm, and neck, and help him to re-frame the rage – represented by the panther – as positive. Because the panther energy might be understood to represent the Hun and Po (Ethereal and Corporeal Souls), in the next session I needled B47 (HunMen), B43 (PoMen),¹¹ and window to the sky points GB20, and TH16.¹² These points were intended to embody the panther energy, and to make a connection between mind and body. With these points he went into a deeply relaxed state.

However, impressive as it was, all this work might be in vain if Joe does nothing to address his existential split. To be sure, he had a big release and felt much better temporarily. But he was so used to mistrusting his body, living life from a place of invalidism, and doing nothing creative with his life, that his illness had become his "raison d'être", the creative expression of his Wood energy. Without his symptoms, it wasn't long before he was plunged into major anxiety, as he began to contemplate the implications of his experience. I will return to Joe's case later.

A Mind-Body Level Presentation

Another patient I recall was a long term Vipassana meditator, who presented with the troublesome symptom of ongoing nausea, which she volunteered as being a sensation of things going round and round. No stranger to daily spiritual practice, she could not figure out why she was not getting better despite years of introspection.

Karen's constitutional was probably Earth, because she had had symptoms in the centre, a slight yellow tinge to the skin, a sweet smell and a melodic, sing-songy voice. However, the problem was less to do with a persona-shadow split - which might have presented for example as food allergies or chronic fatigue - and more to do with a mistrust of body, a hallmark of the mind-body split.

While I began my approach with the Yang-Ming orbit, adding ST25 as a centering point, and window to the sky points such as ST9 and LI17, it was at the mind-body level that she made the breakthrough. I simply asked the question what would happen if she trusted the impulse to move around and around, instead of sitting still in mindfulness resisting the urge that was coursing through her body-mind. This was a new idea, but she was very open and quite willing to try anything.

We removed the needles as she began to move in a circular fashion, arms and legs circling rhythmically, responding to an inner compulsion she had resisted for fifteen years. A few moments later she stood up and began to dance, her arms moving round and round, looking for all the world like she was stirring a witches' cauldron. This movement went on for ten minutes, at which point she collapsed in a heap, her nausea totally abated.

This was a most gratifying case, because there was little problem persuading her to introduce a daily practice at the mind-body level. She was doing a daily spiritual practice anyway, so all that was required was that she tack on a short period of dynamic meditation to her existing routine. The problem was entirely based in her mind-body split, which had gone unrecognised.

A Life-Death Presentation

A presentation which clearly involves the life-death split is something such as terminal cancer. One patient I recall, himself a first-nations abuse counsellor, presented with a pleural effusion caused by secondaries from a non-specific adenocarcinoma, the primary site being unknown. Tim was desperately looking for alternatives, after being told there was no conventional treatment other than the possibility of enrolling in a trial which was to involve amongst other things - *Taxol* - an antineoplastic derived from the West Coast Yew tree. Although he was well aware of the minuscule five-year survival rates for someone in his situation, Tim remained outwardly in denial, insisting he was going to "beat" the disease.

As we talked he told me a remarkable story. In his job he had become friendly with a band elder, who some years previously had encouraged him to take part in a ritual which involved, amongst other things, that he make and take a traditional potion from the Yew tree. Because personally collecting the bark was part of the ritual, Tim had scoured a forested area for the rare Yew tree,

and eventually found a grove of them that looked like a suitable batch. However, as he approached the trees he felt overcome by an inexplicable sense of anxiety, which forced him to stop in his tracks.

At this point, not sure what to do next, Tim felt the best thing would be to ask permission from the trees to proceed, from a place of total vulnerability and surrender. So without a second thought he removed his clothes, plunged into a nearby river, and then posed his question:

“Is it alright if I take some of your bark?”

To his enormous surprise an answer came back immediately,

“Yes, - you must take some now!” And as if to confound him completely, along with the reply he felt a kind of “inner explosion”.

After going through this strange experience, Tim let the whole matter drop, and thought little more of the Yew trees. Perhaps the cognitive dissonance was just too much. But in any case he had completely forgotten the experience until now, and made no connection between the experience and his present situation, in which he was ambivalent over enrolling in a Taxol trial.

I recall the room going silent as the significance of his story sank in to both of us, and for a few moments we sat in awe of the mysterious workings of the Tao. In the end I didn't treat Tim with acupuncture, but instead suggested he return to see the band elder, meditate on the mystery of death, and do what he could to further integrate his experience.

I saw him a few months later, two weeks before his demise, to find him an astonishing state of grace, grateful for his life and looking forward to whatever was coming next.

The Existential Level

The quintessential presentation at this level is anxiety, which is worth remembering if someone presents directly with the symptom. However, more often than not patients present with the anxiety buried under several other layers of symptoms, and so it only comes to the fore as the treatment series progresses. However, it is bound to surface sooner or later, and when it does it can be quite shocking to everyone.

The surfacing of existential anxiety forces a confrontation between the ego's “view of itself” as separate, and “reality as it is”. It often surfaces at the moment symptoms begin to improve, when we are faced with what to do next, because if one is well then of course one has to get on with life. One fascinating thing about illness - which is rarely acknowledged or talked about - is that it absorbs our existential anxiety, and so deals with the primal problem of alienation in a way which justifies the attitude itself. The rationalisation goes thusly: *If the universe weren't out to get me, why do you suppose I have been so ill?*

Consequently, the threat of getting better simultaneously plunges us into a huge cognitive dissonance, as the whole rationale for our sense of alienation gets thrown into question. Here-in lies the ultimate secondary gain of illness, a sticky issue if there ever was one. When the anxiety resurfaces during treatment, it is often too much for the ego to handle, because the ego has structured its own self-image around the problem of alienation. Thus from the ego's alienated

perspective, getting better looks very much like annihilation. And faced with that possibility many people retreat right back into their symptomatology.

This is the true test of whether the patient is really sincere in their desire to heal, as we watch them struggle toward a more authentic sense of self, or let the opportunity slip between their fingers. From the practitioner's standpoint, here is a situation where clear intent is mandatory. The emergence of existential anxiety truly drops us at the entrance to the *Golden Gate*, the *gate of destiny*.¹³ The practitioner must encourage the patient to pass through the gate, but be willing to stand back and allow an uncertainty as to what will emerge.

This was exactly the situation for Joe, mentioned earlier, who contacted his repressed soul in a dramatic way. While he was initially ecstatic, his joy quickly gave way to an attack of existential anxiety which made him so tense that within a few days he had re-established his symptoms. Helping a patient traverse the existential crisis can call on the practitioners greatest skill.

- 1) At the constitutional level, one can give the patient repeated experiences of energetic flow, while reinforcing the notion that the experience of flow is positive rather than negative. Technically, this might involve nothing more than the use of source points on the meridians reflecting the constitutional type, plus local points in the symptom zone. In Joe's case, this would imply the Jue Yin - Shao Yang Axis, and the use local points in the area of pain.
- 2) At the mind-body level, one could utilise the "window to the sky points", based on constitutional type and local tenderness.¹⁴ These points are situated in and around the neck, anatomically located at the interface between mind and body.
- 3) At the level of intra-body compartmentalisation, one can repeatedly open the bands of tension, wherever they are found. For example:

Pelvic tension	Water Focus	CV4, GV3,4, BL 22,23,28
	Metal Focus	ST25,28, BL25
	Dai Mo	(GB41,TH5,GB26)
Diaphragm tension	CV12, BL20,21	
	Yin exit-entry blocks	SP21 – HT1
		KI22 – MH1
		LV14 – LU1
Upper Chest tension	Fire Focus -	CV17,GV10,11,BL14,15
	Metal Focus -	LU1,2,GV12,13,BL12,13
	Water Focus -	K23,24,25
- 4) At the level of Yin and Yang, one might try opening the Chong Mo. As the central axis, the Chong Mo mediates a direct connection between the Ming Men, the Heart and the Mind.¹⁵
- 5) From an existential perspective, one might choose points which directly mediate the connection between Heaven and Earth, such as CV4 (Origin Pass), CV1 (Meeting of Yin, Golden Gate), GV4 (Gate of Destiny), and GV20 (Hundred Meetings)

Dynamic Meditation

Of course, in the long run patients must negotiate the passage on their own, and for that most people must eventually take up a regular contemplative discipline. I have found a very useful technique that integrates mind and body is to have clients take up a meditative discipline, and

then encourage them to make part of the routine a self directed dynamic experience. That is because frequently people will use quiet sitting meditations in an entirely mental way, and in so doing inadvertently strengthen their mind-body split. To be effective at overcoming the split, the meditation must become *embodied*. Moving meditations such as Tai Qi or Qi Gong are of course ideal for this purpose,¹⁶ but if an individual is more attracted to a sitting discipline, all they have to do is to tack a few minutes of dynamic body-centred work to the end of it.

The trick with dynamic meditation is to begin to allow physical movement while in the state of mindfulness engendered by meditation. With this approach, it is often possible, with relatively little coaching, to teach people how to open the flow of their blocked energies on a day to day basis. In my experience such home practice simultaneously impacts all the various levels of split:

- 1) The ego-shadow split re-integrates as we familiarise ourselves with the previously rejected energy.
- 2) The Mind-Body split re-integrates as we learn to trust the messages coming from the body.
- 3) Existential anxiety and fear of death gradually transform into bliss as the experience of anxiety is increasingly interpreted simply as energy flow.

Conclusion

Western man's emphasis on individuation leads to a peculiar energetic imbalance, one which often leaves him extraordinarily resistant to healing so long as he holds tightly to the ego's self-image. Indeed, for many of us healing will require that we transcend our egos before we can find a resolution. Such a solution I believe goes beyond what acupuncture - as a technical skill - can provide, and demands the practitioner encourage patients to take up a contemplative discipline as part of their therapy. Furthermore, because the best teaching is through example, it places the onus on us as physicians to take up a contemplative discipline as well.

There is tremendous practical value to becoming aware of, and transcending one's own sense of separation, because much of the stress of medical practice can be related to this issue alone. Difficulties just keep piling up to the degree we view diseases, diagnoses, patients, and/or ourselves as separate entities, because at the most fundamental level, it just ain't so. Despite what we might imagine from our training and upbringing, there really isn't any separation, but only the perception of it. Because the Tao from which one can separate is not the real Tao.¹⁷

So the idea that the patient is separate from his disease, or indeed that the practitioner is separate from the patient, are in fact expressions of our own alienation. They are rooted in the idea that we are outside the loop of Yin and Yang, from which position whatever we might do is likely to distort the smooth flow of Qi. Perhaps we should remember that before we too quickly reach for the prescription pad, contemplate a procedure, or picture an acupuncture point.

Which brings us back to the core issue. The primal split in consciousness which lies immanent in most of our patients is not something we can treat in the usual way, because the very idea of "treating" is rooted in our own existential split. Were we to honestly face that issue, it would profoundly affect everything we do, and change the face of medicine beyond recognition. No

longer driven to change anything, we would strangely be freed from the constraints of theory, freed to be ourselves, and freed to allow healing to emerge as it will.

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- ¹¹ For a discussion of Hun and Po Spirit points see Maciocia, Giovanni, *The Foundations of Chinese Medicine – A comprehensive Text for Acupuncturists and Herbalists*, Churchill Livingstone, Robert Stevenson House, Edinburgh; © 1989-1998; p.72-74, 86-87, 80-81.
- ¹² Deadman, P, & Al-Khafaji, Mazin, *The Points of the Window of Heaven*, Journal of Chinese Medicine, No. 43, Sept.1993;p.32-34. Window to the sky points are listed in most acupuncture text books. They are: SI16&17,BL10,MH1,TH16,LU3,LI18,ST9, GV16,CV22.
- ¹³ Jarrett, Lonny, *The Loss and Return of Original Nature: The Law of Husband/Wife*, Am.J.Acup:1994,22(1); 29-45.
- ¹⁴ See xii
- ¹⁵ The Chong Mo opening and coupled points are SP4 & MH6. ST30 should be used too For a discussion of the Chong Mo see Helms, Joseph, *Acupuncture Energetics*, Medical Acupuncture. publ., Berkeley, CA, ©1995; 521-553
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