

Why We Are Who We Are: Diagnosing With Behavior

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The oldest texts in history's TCM libraries present this field as one rooted in spirit. Primary medical theories and practices were devised over 2,500 years ago when the causes and treatments for disease (all over the world) were largely spirit based. No matter the ailment, a practitioner was duty bound to uplift the spirit of the patient and to address the spiritual causes of an illness. These ideas are still tightly woven into the fabric of our work. Even today, if supporting a patient through to death's transition, we must not allow them to "perish" according to our oldest texts. Were a patient to "perish" under your care that would mean you have forsaken the spirit, personality, or soul addressing only the needs of the body as it died. According to the *Nei Ching*, laying hands upon a patient and meditating with him, to calm his mind and behavior, is as appropriate a treatment method as administering herbal decoctions to strengthen an internal organ.

We benefit our patients by exploring what we might consider to be their psychological and religious or metaphysical aspects. Other terms to insert here are behavioral and spiritual. All these words are incomplete and inadequate in describing what I am talking about, but each includes a piece of the whole as outlined by the *Nei Ching*.

It is through behavior that we unite that which is seen of the self and that which is unseen. Behavior is what exists as a result of anatomy (yin) and physiology (yang) the heaven of spirit, and Earth of the physical world. Behavior is not the body and it is not the spirit. But it utilizes one and reflects the other.

Qualities of *qi* determine behavior. Internal organs express their conditions through behavior. TCM theories that address organs directly, five element and *zang fu*, weave organ based behavior patterns together into beautiful and complex tapestries which we, as practitioners, are duty bound to understand and utilize in assessing our patients. Just as we must check the tongue color and shape of the pulse, we listen to stories about a patient's adventurous nature, watch the constant foot tapping, notice an over-used smile that accompanies a self-conscious laugh. We help our patients when we study their behavior and understand what energetic conditions they reveal.

For example, loud, demonstrative behavior, the "life of the party" type, can be diagnosed in many ways. It may express a strong heart and abundant *qi* or it could be the result of heat conditions, either full or empty. Negative self-talk resulting in self-destructive behaviors could come from a weak Earth element, expressing its deficiency in one's mind over and over. Deficiency *qi* states often create repetitive messages because we do not have the *qi* strength to break out of the thought or belief patterns that bind us.

Is behavior a symptom, a cause or both? Feeling hungry at night is often a result of blood sugar levels dropping. The craving for carbs or sugars is a result of a physiological process. Eating too much at night keeps the GI tract functioning when it should be resting and disturbs our sleep causing health disruption. The desire and resulting behavior of eating at night is a symptom and

yet it causes many other problems. Here we have an example of a behavior being both a symptom and a cause.

Patients are starved to know why they do what they do. "Why do I get so stressed when I'm not in control, why do I crave ice cream, why do I get angry so easily, why do I have such a strong sense of curiosity, it always gets me into trouble, why do I hate sitting at my desk at work, preferring to pace back and forth, why did I get sick? I was doing what I always do. Can you tell them why, from an energetic perspective, they are who they are behaviorally? Do you understand the energetic etiologies of behavior?"

The *qi* that runs through us is designed to create conflict and harmony. Inherent in the machine is the capacity to break and express pathology as well as to heal and renew. Disease is written into the program of who we are. It is not an accident. Without the light (yang) and the dark (yin) we would not have the full energetic expression range that we do as human beings. It is imperative that we come to know our own broad and magnificent spectrum of expressions for our own sakes and so we may assist our patients in knowing themselves. Patients must find the wisdom in their sicknesses and gain all they can from them. Simply, being sick sucks so if a patient has to go through an illness, you want to help them wring every possible benefit out of it and find as much silver in the lining of that cloud as possible. No matter the nature or intensity of the disease, you must use its challenges to guide each patient to the wisdom waiting inside their experience. One of our greatest tools for doing this is the ability to evaluate behavior.

Behavioral Dynamics As Expressed By Yin and Yang:

YIN BEHAVIOR	YANG BEHAVIOR
Nurtures that which already exists	Creates that which is new
Introverted	Extroverted
Withholds thoughts, feelings, information	Expresses thoughts, feelings
Domestic	Adventurous
Refrains from action	Takes action
Holistic or nondiscrimination	Analytic or discerning
Disorganized	Organized
Listens	Speaks
Reactive	Proactive
Dying	Being born
Calming	Motivating
Conciliatory	Combative
Inner-directed	Outer directed
Subtle Expression	Blatant expression
Receptive	Creative
Destructive	Constructive
Flexible	Directed

Easy going	Intense
Feminine	Masculine

This is, of course, only a partial list. But, it exemplifies that we can look at behavior from a Yin Yang theory vantage point. We can look at behavior through the lens of all our theories. Doing so gives us greater insight into life in general and the unique behavioral challenges facing our patients.

When considering five-element theory and its ability to define behavior, consider that each element is in charge of a full spectrum of experience, rather than having dominion of a single emotion. Emotions don't exist in OM as we define them in our modern, psychologically oriented lexicon. Human experience isn't "packaged" the same way as it is packaged in psychological theory. Fire governs the range of experience from joy to anxiety to hysteria, or loss of personal identity. Earth has dominion over patterns of thought, and dictates the way we express a total lack of concentration, focus and groundedness all the way through to obsessive, repetitive thought and behavior. Metal is what binds us to life in the form of breath and thus governs our sadness and sense of isolation, on one end of the spectrum, and our ability to bond deeply, to feel cherished and connected to the other. Water's spectrum ranges from complete terror to the deepest levels of acceptance and wisdom and Wood expresses rage on the negative side and includes all experience from that rage to loving kindness and warmth.

You can learn as much diagnostically by hearing how patients live their lives, the choices they make and the feelings they have, as you can from the more widely used diagnostic techniques of pulse, tongue, smell, face reading, etc. Many of us aren't used to viewing our medicine as being this large or as inclusive of psychology or psychiatry. But it is. And when you expand your use of traditional theories to incorporate an understanding of behavior, your practice gains another tool and your wealth and wisdom as a practitioner increases. That is the best perk of all, you know. The wisdom. It's the sweetest taste, the one that melts on your tongue and into your soul.

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