

The Four Assumptive Worlds of Psychopathology IIIA: The World of Inappropriate or Blocked Distribution of Bodily Energy, Fluids or Functions

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As I mentioned in Essay Two, European notions of psychopathy were not always dominated by the Church and a theology of madness. Before the Christian Church became the primary source of “knowledge” about psychopathy, we find competing notions about the emotional and mental struggles experienced by some people. This was particularly the case in Ancient Greece. We also find quite different assumptions about psychopathy in regions of the world outside Europe. Alternative perspectives were particularly prevalent in many Asian countries—and these perspectives continue to prevail in many contemporary Asian societies. Furthermore, the wisdom inherent in these alternative views have now begun to influence many Western notions about psychopathy.

In approaching this second assumptive world, I will turn first to European perspectives and the early “medically” oriented assessments of psychopathy—which were soon to be overshadowed by the assumptions of spiritual aberrations. The European (Western) perspective was based primarily on an assessment of bodily fluids and their flow (or blocked flow) in the human body. My attention then shifts to nonwestern (primarily Asian) perspectives. These perspectives tend to be highly interdisciplinary, with a mixture of disciplines (that are often differentiated in Western societies): philosophy, religion, culture, medicine and psychology.

While Europeans focused on the movement of fluids through the human body, Asians have tended to focus on the distribution, flow and blocked flow of bodily energy. Clearly, there are important differences in Western and Eastern assumptions about psychopathy; yet, both of these assumptive worlds offer an important, alternative perspective to that offered by the Christian church. Both assumptive worlds might be considered more secular than that to be found in an assumptive world filled with evil forces, devils, and possession. No repressive Witch’s Hammer is operating in these more humanistic (and humane) worlds of bodily fluids and energy.

Western World: The “Medical”/Physiological Alternative to Spiritual

The thought leaders of Ancient Greece tended to be profoundly interdisciplinary in their approach to assessing the human condition. They offered a mixture of philosophy, psychology, and medicine in seeking to explain why people operate as they do—especially when they operate in a manner that is in some way different from the way that is deemed most uniquely human: namely being rational and moral (the ideal citizen). We can point to the writings of such giants of Greek culture as Hippocrates, Plato, Aristotle, and the Scholars of Alexandria

The work of Hippocrates is particularly noteworthy. As the author of the medical code of ethics names after him (the Hippocratic Oath), this early medical analyst conducted some of the first studies of epilepsy, mania, melancholia, and paranoia. He identified these as the four major forms of psychopathy. We find Plato offering a similar classification of psychopathologies. Most importantly, both of these proto scientists (and many other analysts) proposed that morbid humors in the human body reach the irrational soul producing sadness, chagrin, audacity, cowardice, defect of memory, and stupidity.

Let me unpack this very rich proposal, using more contemporary terms. First, there was an assumption that the human body is regulated by a set of fluids that flow through and energize behavior. When in balance, these fluids keep the human body – and human mind and soul—in fine operating shape (meaning primarily that a person is being rational and not too emotional, which was the Greek ideal). But something has happened. The fluids are blocked in their flow through the body or one of the fluids becomes too prevalent (in volume or power). With this disturbance comes the empowering of one element of the soul that is irrational. When this element is empowered, the person begins to exhibit the psychopathic conditions listed above.

There is one other important assessment being made during these years of highly productive and influential speculation about psychopathy. This assessment was directed at a particularly mysterious form of psychopathy that was found primarily in women. This psychopathological form was called “hysteria” and concerned the manifestation of physical illness and dysfunction among women (for example, numbness of one’s fingers or frequent fainting spells); yet, there were no obvious sources of this illness or dysfunction.

Were these women simply “making up” their illness; was their dysfunction nothing more than a search for attention? These obvious explanations did not hold up. Instead, the etiology was traced to a “wandering of the womb” in the woman’s body (the word “hysteria” comes from the Greek word for womb). While this assessment of hysteria is quite bizarre and anatomically invalid, it held force for many centuries and was

only dispelled in the late 19th Century (in part as a result of work being done by four prominent psychiatrists: Charcot, Janet, Breuer and Freud).

Eastern World: The Dominant Intermixing of Philosophy, Religion, Culture, Medicine and Psychology

As we approach a quite different set of assumptions regarding psychopathy, we must begin with the observation that there was no Christian Church against which to operate in Asia. There were many competing spiritual perspectives—ranging from the Jain and Buddhist perspectives that were founded in India to the Confucius and Daoist perspectives of China (and the variants on these diverse perspectives that emerged in other Asian countries, such as Japan, Korea, Thailand and Taiwan). What was common to all of these perspectives was a lack of boundaries between disciplines that are often differentiated in Western societies: philosophy, religion, medicine, psychology and (more generally) traditional cultural practices.

The Eastern societies also can be distinguished from Western societies in that many of them have tended to focus more on the distribution and flow of energy (often called “chi” in Chinese) rather than the flow of fluids when attending to the elusive processes of psychopathy. In the Chinese language, chi (or qi) is synonymous with breath. Thus, at some level, psychopathy can be attributed to a blockage of breath and its treatment often requires some form of “breath work.” As we dig more deeply into the concept of chi, the role played by breath becomes even more profound. Much as in the Judaic focus on breath, there is a sense in many Asian cultures of breath being equated to the fundamental life force – we “breath life” into all living forms. Thus, psychopathy becomes at a very basic level, the disruption of energy that is providing life. Psychopathy is about non-breath – it is a gasping for air and a struggle for the sustenance of life.

There are many other Asian cultures that focus on energy and life force. In Japan, for instance, this energy is called *ki*, whereas in India, this life force energy is called *prana*. Medicine and healing centers on energy in each of these Asian cultures. Energy (chi) is life, while death is the absence of energy. Traditional Chinese Medicine is based on the act of balancing chi and bringing chi more fully into the life and body of the person being treated. Just as Western medicine traditionally thought of psychopathy (and many other illnesses) as a blockage in the flow of fluids through the body, so we find a similar perspective in Eastern medicine of blocked energy.

It does get more complex, however, for many different cultures operate in the vast swath of land called “Asia” (just as there are many different cultures operating in the Western world). While many of the Asian societies and sub-cultures tend to focus on the flow of energy and the physical structures in which the energy does flow (or is blocked from flowing), other societies and sub-cultures tend to focus on the nature of reality and one’s perspectives (clear or warped) regarding realities. These Eastern traditions are much more closely aligned with mind (and thought) than with body, physical substances and energy. I have asked my colleagues Jayan Warriar and Richard Lim to convey the essence of these Asian perspectives in a separate essay (Essay IIIB)

While I encourage you to read their essay, I want to focus in the rest of this essay on the Asian perspectives regarding energy and physical substances. I am indebted to Jayan Warriar and Richard Lim for their assistance in preparing this section. Most of the diverse Asian perspectives regarding energy and physical substances have tended to share a taxonomy regarding five elements and sources of energy in the universe: fire, water, earth, ether/air, and spirit. Wood, fire, earth, metal, and water is a variant on these five. Obviously (given the words being used to identify each element) a shattering of boundaries between human beings and the natural world resides at the heart of this taxonomy. While Western Christianity tended to place humankind at odds with (and often dominant over) the natural world, there has been a profound sense in many Asian societies of human beings as inherently a part of nature and as finding their energy and balance within this natural world.

With these five elements in place, there emerged an assumptive world regarding psychopathy. For some reason and in some way, one or more of these five elements were out of balance: they were too strong, too weak, operating in the wrong way or at the wrong time. There were many competing versions regarding what occurred to bring about this imbalance and about what to do that brings about a more balanced interplay of these powerful elements. Restoration often required a series of physical activities, such as cleansing of the body and application of certain herbs to the body or consumption of some herbs. Practices of meditation and what we now call “mindfulness” were also commonly prescribed, as were more extreme measures (such as going on retreat for an extended period of time or engaging in fasting). Other Asian traditions were more closely aligned with the Western medical focus on bodily functions. For instance, one school in India placed dysfunctions in one of four functional areas: there is dysfunction of perception (*manas*), intelligence (*buddhi*), consciousness (will, ego, doingness) (*ahamkara*), and

respiration (*prana*). These dysfunctions were often addressed through engagement of specific Yoga practices. For instance, Pranayama is a practice in the yogic tradition specifically intended to heal the prana (vital air or breath). We find some of these prescriptions and practices still operating in the world-wide use of Yoga (in its many forms).

There is one other related perspective on the human condition and specifically human dysfunction (psychopathy) to be identified in our brief foray into Asian cultures and practices. This perspective brings us specifically into the spiritual world—but it differs dramatically from the way spirituality is engaged in the Western world. Psychopathy results, in this school of thought, from the interruption of the soul's transmigration. This interruption can be blocked by faulty perception (*manas*) (the kind of blocking that Warrior and Lin address). It also can be blocked, as I noted above, by inappropriate and ineffective breathing (*prana*). In many Asian traditions, breath representing the living force (or soul). In the West, we see the hints of a similar equation of breath with soul in not only Judaic culture but also in the contemporary ritual of saying “God bless you” or *Gesundheit* (German for “health”) when someone sneezes. While this ritual does not come formally from the Christian Church, it is based on a very ancient belief that the sneeze represents the potential exit of evil spirits from one's body – or more negatively the exit of some small portion of one's inner soul.

Conclusions

The critical point to be made about this second assumptive world is that psychopathy is assumed to be based on an internal warfare within the human body. It is not caused by some evil external agent—but is instead a product of the practices in which human beings engage. In this sense, the Asian perspectives on psychopathy can be said to be “humanistic” and the treatment of this pathology (like the treatment of any physical illness) takes place through the altering of one's behavior and often through the introduction of certain contemplative practices. Internal locus of control abounds, reinforced by strong cultural traditions and deeply held religious and philosophical beliefs. The Asian perspectives offered by Warrior and Lin expand even further on this alternative way to conceive of (and “treat”) psychopathy. I invite you to turn to their essay.