



The Patient History-Reimagining the Body in Illness

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ARTICLE HISTORY

Received 04 Sep 2024

Accepted 10 Oct 2024

Published 18 Oct 2024

Because archetypal medicine depends so much on intuition, a function whose perceptions occur in leaps, it cannot be presented systematically. Inasmuch as its nature is nonlinear, does not follow a logical progression but is, rather, intuitive, archetypal medicine can only be conveyed as illuminated parts, *luminosi*, in the hope that the parts might come together as broadly as possible as a collection of quasi-axiomatic images, a *galerie des tableaux*.

Is it possible to take a patient's history and rather than mine it for information that supports a particular behavioural network of conventional diagnostic categories, be open to different hidden forces at work in pathology beyond the pathogen bacteria or arterial stenosis? [1].

Can we offer a perspective emanating from inside the patient, a reverent deviation from the dualistic, traditional Western conceptualization of patients as objects of treatment separate from their healers and even from the diseases that help define who they are as people. A theory of illness that requires understanding the patient as a person in process, into whose reality we enter in order to understand how the personality interacts with the dynamics of the illness and refusing to interpret the illness apart from the person experiencing it. We need a powerful "psychologico-medical" alternative for understanding symptomatology as besides the internal, lived reality of sick and diseased persons ("patients" in medicine and "clients" in psychotherapy).

In fact, as others have argued, so inseparable are we from our illnesses that we actually create them within the context in which we live out our lives. We cannot separate our illnesses from ourselves, our souls, so objectifying the illness as a diagnostic category actually dehumanize the symptoms and the dis-order.

In seeking a new theory, we need models to describe the forces at work resisting such heretical ideas. Firstly, we need to describe the human and non-human forces involved in past behavioural repertoires in patients physicians and the non-human systems supporting the maintenance of the status quo.

Latour's Actor Network Theory

Latour's actor-network theory states that human and non-human actors form shifting networks of relationships that define situations and determine outcomes. I find this theory particularly applicable to the way both physicians have been influenced unconsciously to think behaviorally in given medical and diagnostic situations as well as patients who have been socialized to respond to physicians in a particular clinical way [2].

It is a constructivist approach arguing that society, organizations, ideas, and other key elements are shaped by the interactions between actors in diverse networks rather than having inherent fixed structures or meanings.

- Actor network theory, usually abbreviated as ANT, aims to describe any phenomena such as climate change or a birthday party in terms of the relationships between the human and non-human actors that create that phenomenon.
- In actor network theory, sociological and technological factors hold equal weight. No phenomenon can be solely social or technological. This stands in contrast to social and technological determinism.
- Actor network theory fundamentally consists of actors or actors and assemblages or networks. These networks have power dynamics leading to phenomena such as translation (the transport with deformation of an idea).
- In actor-network theory, all assemblages are made of actants, and all actors are themselves assemblages. In describing phenomena, scholars must use discretion in determining the level of complexity of their network.

History

Actor-network theory, often abbreviated as ANT, is an influential but controversial approach to understanding humans and their interactions with inanimate objects [3]. This theory is intended to counter the competing theories of social and technological determinism, which assume that all phenomena can be described exclusively in terms of social or technological factors. Actor-network theory grew out of French and British studies investigating the sociology of science and technology beginning in the 1980s. The most notable of the field's early researchers were Bruno Latour and John Law [4].

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Actor-network theory's main premise is its focus on inanimate objects and their effects on social processes. To illustrate this, consider the social network Facebook. According to actor-network theory, the technological activities computers, and phones have the same amount of agency, and are as important to the network, as the people and the communication they support. Actors or actants are not objects, but an association between different elements that in themselves create their own network (Cresswell, Worth, & Sheik, op cit).

For example, a human consists of a number of physical organ systems the circulatory, endocrine, respiratory, and so on and thoughts and expectations. All of these components can be broken down into their own, complex, systems, which act in tandem with each other. The psychological and spiritual also have equal say at the table. Sociologists account for the complexity of all of these systems working together by considering them to be one unit, or a "black box." This ability can be measured in terms of, say, their ability to force entities to pass through labs or clinics in order to harness scientific evidence and to enact actions that influence outcomes [5].

Principles

Actor-network theory has three main principles: agnosticism, generalized symmetry, and free association. In short, these principles embody the argument that there is no complete distinction between the social, the natural, and the technological.

The first principle of actor-network theory, **agnosticism**, advocates for abandoning any assumptions that the researcher had beforehand about the nature of networks, what caused them to form, and the accuracy of the accounts of their actants. Actor network theory imposes impartiality and requires that all interpretations of the system be unprivileged.

The second principle of actor-network theory is **generalized symmetry**, which employs a single explanatory frame when interpreting actants, human and nonhuman.

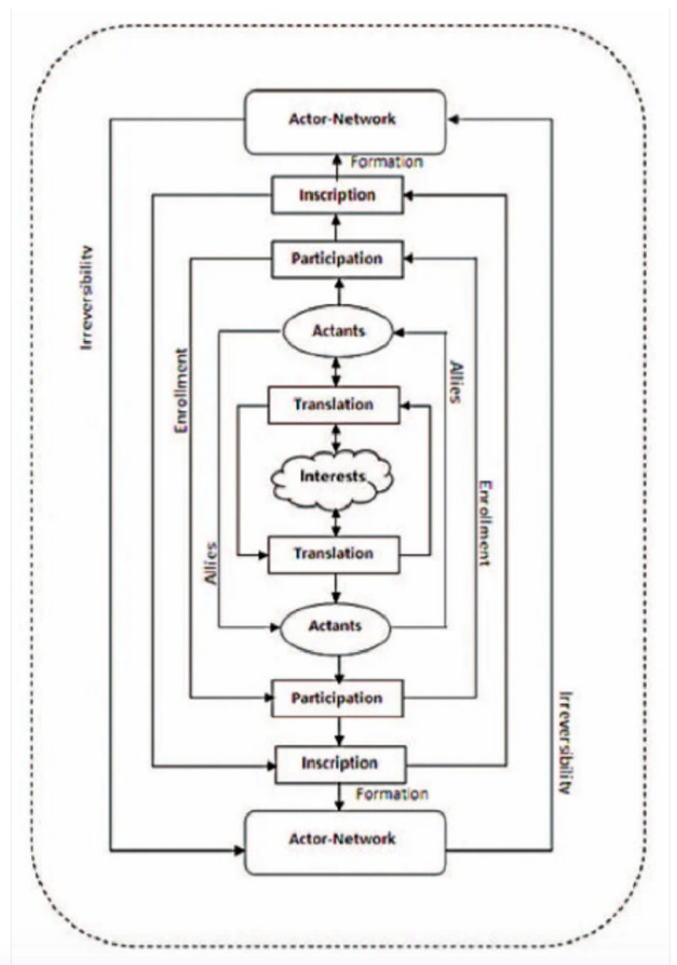
The third principle of actor-network theory is **free association**, which advocates for abandoning any distinction between natural and social phenomenon. These distinctions, the theory argues, are the result of the effects of the network, are not causal, and cannot provide explanation.

Adoption

On a practical level, researchers consider actor-network theory useful in helping to appreciate the complexity of reality and for providing a lens into understanding how technology shapes social processes. The theory can also be used to provide a theoretically-informed approach to sampling by emphasizing all of the informants who are related to a certain technology as well as providing a conceptual tool and vocabulary that can shape these interpretations (Ritzer, op cit). Scientists and technologists have used actor-network theory more and more in studying how socioeconomic worlds come into existence. These amounts range from subjects ranging from law-making to organization, religion, art, medicine, and architecture. ***This also includes the influence of insurers, hospital conglomerates,***

government agencies and medical societies on the physician delivering care.

Actor-network theory has also yielded methodological insights. Work on medical diseases, for example, have illuminated the many factors and interactions between factors that influence how people experience illness. I find this theory useful in describing the forces at work both human and non-human influencing behaviours from the president and CEO of the hospital to the clinical staff down to the janitors. In a re-visioned health care delivery space these networks and how they control coerce and inform all parties in the healing space will have to be made conscious before any change in behavior can occur.



Actor Networks [6]

The attitude is not as widespread in empirical medicine where pain is pain; body, body, and psyche, psyche. One is more likely to encounter the determined resolve to bring about a particular state denoting "health." Empirical medicine characterizes the situation as "serious, but not hopeless" and never as "hopeless, but not serious." Destinies become nightmares. Empirical medicine cherishes the belief that it—like the early church—carries the responsibility

Empirical Medicine

Reductionism (i.e., traditional Western medicine) and the statistical empirical paradigm in psychology, as valuable as

they are in their own right [7], nevertheless tend toward reductionism. This has effects in not seeing the entire patient as a human being and has historical roots in the western enlightenment. Empirical medicine reduces illness to groups or clusters of symptoms to be treated or cured [8] while empirical psychological research reduces relationships to statistically significant indices between and among constructs, illnesses, traits, and environmental demands [9]. In neither case is the person's "living of the symptoms" connected with the experiencing person. Reductionism focuses on patients and their illnesses only from the outside (Polkinghorne, op cit). Keen [10] agrees, suggesting that viewing only the malfunctions and pathologies of people without reference to them as whole persons render them objects and fails to respect their internal subjective reality. He argues that nosology is the process of labeling people from the outside and, if we never get past the labels, we never reach the person.



Critique of Psychological Theories

The body, the physical structure of human beings, is subject to a paradox within psychology. At times, it is described as an isolated system, with its drives, desires and workings. At others, it is linked to the mind and viewed as part of the psyche [11]. It is suggested that Jung, while considering the body in his collected works, did not discuss any clear way to work with the body in psychotherapy [12]. This alleged ambivalence percolated to the post-Jungians, resulting in the body receiving comparatively little interest in analytical psychology. In a psychology that seeks to understand communications from the unconscious, dismissing the body, which has been said to account for 55% of communication [13] is a missed opportunity. In other psychotherapeutic fields, such as dance therapy, the body is used as a mechanism of treatment for mental illness. The body's importance cannot therefore be ignored. Seeing the body in illness a patient creates a conscious and unconscious mental image of the self in dis-ease which the close listener must unpack as he might interpreting a sacred text. Using principles of hermeneutics as he might with a biblical text or Homer, he is able to see beneath the literal reading the patient presents to uncover the hidden deeper truth.



The Mind-Body Problem

The mind-body problem, concerning the nature of the relationship between the physical body and the experience of consciousness, has a long history. A brief description of this topic is of relevance, given the subject matter of this review. A paper by Kaylo [14] details this history and begins in the medieval period, where he alleges the body and soul were inseparable. However, as the Enlightenment period started, the body's separation from the soul began. Descartes applied mathematics to the body, giving mechanical explanations to biological processes while keeping the mind separate and elevated. This split was named Cartesian dualism, derived from the Descartes family name in Latin: Cartesius [15]. In the Western world, dualism would be the accepted way the mind-body connection was explained until the 1900s. Following Descartes, further studies of anatomy led to locating mental disturbance in the nervous system, and some, such as physician Thomas Willis, suggested that the soul could be situated in the body in his case, the location being the arteries at the base of the brain that still bear his name today [16]. This assertion notwithstanding, in general, the soul and consciousness became concentrated in the mind and wholly separate from the body. Mental illness became either a purely physical illness requiring medication, or a behavioral one requiring moral therapy.

Moving into the Romantic era, Mesmer, who thought that a "subtle physical fluid" connected all matter, used this physical connection to enact treatment for mental disorders. Mesmer's students and other academics attributed a more psychological (i.e., of the mind) explanation for his cures, and thereby set a precedent for a new psychological treatment of mental disorders (Kaylo, op cit). Mesmer's induced trances contained the "unsolved problem of the relationship between psyche and soma," according to the physician Charet. Mesmerism progressed into hypnotism, and brought us to the time of Charcot, Freud, and Jung at the turn of the 20th century.



Charcot at the Salpêtrière Fragment of André Brouillet's well-known painting, showing Charcot and the hypnotized Blanche Wittmann

As an alternative to this approach, John B. Watson suggested behavior of an organism is an observable response to stimuli. The non-physical mind was removed in this approach, which was termed radical behaviorism. There were difficulties with this approach, not least that it denied the existence of the mind. A subsequent alternative theory, the central state identity theory, equated mental states and events to neurophysiological processes. This brought the mind back into the discussion but relied on its physical makeup. More recently, in the age of computer science, functionalism was postulated as a solution to the mind/body problem. Here parallels are drawn between the mind/body and software/hardware. In contrast to central state identity theory, the behavior of an individual does not depend on its physical (e.g., neurons) makeup, but rather on the way the physical attributes are organized.

Multiple attempts to address the mind-body problem have still not resulted in anything conclusive. The more recent psychological theories have attempted to transgress the border of mind and body. However, it is also important to note the parallels between more modern discussions and the work of, for example, Thomas Willis, who suggested the mind had a physical location. This speaks to the timelessness of this discussion.



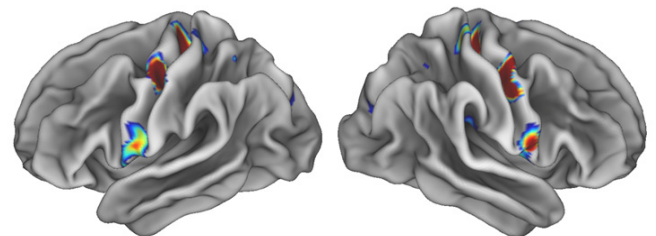
Symptoms as Realities of Reflection

People are their symptoms: and they are not. Symptoms constitute elements of information which, when explored as syndromes, or archetypal images, tell us a story about the patient. Symptoms are metaphors, referring to and mirroring realities deeper and more elusive than themselves [17]. As human scientists and helping professionals, we must unravel the story in order to truly understand the patient [18].

Keeney [19] expresses this well:

Since symptomatic behavior is part of a larger interpersonal gestalt, an individual's symptom may be taken as a metaphor about his interpersonal relationships. A husband's chronic stomach aches, for example, may actually be a metaphor about his marriage... The marriage may be seen as a metaphor about an entire social ecology... The broader view suggests that symptoms are indicators for an entire ecology of relationships, (p. 124).

Symptoms, then, constitute the apex of a considerably broader "life-pyramid," in which they play the role of the most fundamental micro-elements reflecting a reality deeper than themselves. This, in turn, reflects an even more fundamental aspect of the patient's life, until, ultimately, the patient's entire lived experience (the base of the pyramid) is reflected by all that is more incremental than itself. To treat the symptom is, in this context, clearly not synonymous with treating the person. One now begins the process of engaging the grounding of the patient's life, from which all else emanates.



EVAN GORDON

Three colored spots on each half of the brain illuminate special areas in the movement areas of the brain that connect to areas involved in thinking, planning and control of basic bodily functions such as heart rate. The hotter the color, the denser the connections. Researchers at Washington University School of Medicine in St. Louis say that these sites represent a nexus between the body and the mind.



Epistemological Issues: Data

Our usual way of understanding of medicine is reductionistic and dualistic, both argue that the "datum" under study is inappropriately perceived as separate from those studying it in conventional medicine and psychology [20]. With the increasing influence of positivism in science, what is "known" must be "proven," but in positivistic psychology, this translates into experimental designs and statistical analyses. This epistemology assumes a natura l science premise, affecting not merely how we know but what we know [21]. It also informs the way we conceptualize the patient. Positivistic epistemology leads us to see patients as separate from therapists; hence, therapy as a mutual experience between two human beings with interdependent and interrelated dynamics may be forgotten or ignored. Thus, we may find ourselves, having accepted the received "wisdom" of sheer positivism as "proof of knowledge, practicing both "split" science and "split" therapy [22].

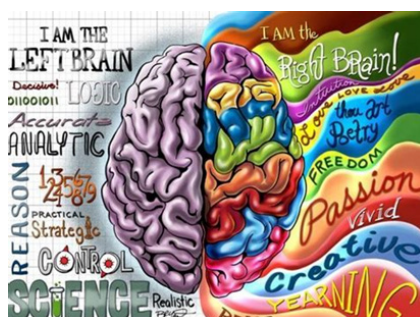
Since truth-finding in human science and psychotherapy requires integrating client experience with treatment method, scientists and practitioners must find the best match between the "datum" (i.e., the client's life experience) and method of intervention.

Cognitive Abilities	Emotions	Personality Traits
<ul style="list-style-type: none"> • Language • Complex social cognition • Memory • Hypothetical reasoning • Problem solving • Planning 	<ul style="list-style-type: none"> • Basic emotions • Self-conscious emotions 	<ul style="list-style-type: none"> • Extraversion • Neuroticism • Openness • Agreeableness • Conscientiousness

Illness Integrated into The Life of the Spirit

Even William James, in his very early work, recognized the psychospiritual nature of intensely mystical and transformative experiences [23], likening some of them to what St. John of the Cross called the "dark night of the soul." Somehow, we intuit that transcendent experiences hold important meaning for our lives [24] but that we must interpret them in a de-literalized or symbolic way.

People often discover themes between and among what they perceive to be various lifetimes, which enlighten present life circumstances. This enlightenment is typically interpreted by clients as helping them comprehend the etiology and teleology of current psychological, psychosocial, and physical symptoms in their lives. Health and illness and life and death are opposite sides of the same reality, the same fundamental oneness, each requiring the other to reflect itself. Both ask, "Without death, what sense would life make?"



Complementarity, Wholeness, and Balance

The topological prerequisite for archetypal medicine does not lie as much in the capacity for registering sense perceptions—in extroverted sensation, in other words—as in the activity of subjectivity, of introverted intuition and an understanding of symbols. It requires a *cogitatio aurea*, a "golden" understanding, because *habentibus symbolum transitus facilis est* (those with symbolic understanding have easy passage), according to an alchemical text. The maxim applies to medicine as well. Archetypal or symbolic understanding is also not an affair of the extroverted thinking function of intellectual manipulation but an *affaire de cœur*, of private feelings of universality that bring a particular harmony to all knowing.

Our behavioural training in medica and nursing school is to focus on what is "wrong" with people [25], but the dialectic insists that we also be cognizant of what is "right" or healthy about them.

All dialectical relationships comprise both antagonistic and complementary factors which complete each other [26]. To emphasize one at the expense of the other is to "split the dialectic," that is, to think fragmentally rather than holistically. In doing so, we disturb the natural process of balance endemic in nature itself [27], deny certain dimensions of the phenomenal whole [28], and treat only split-off symptoms we have somehow decided are "sick."

Keeney says:

A whole, healthy, integrated person is not necessarily... symptom-free... Health and pathology are sides of a cybernetic complementarity... Pathology is part of a more encompassing whole called "health." (p. 126).

People are simultaneously sick and well, healthy and unhealthy, integrated and fragmented. Disintegration is embedded within overall integration and may be more or less obvious depending on the type and degree of disintegration.

In traditional empirical medicine and psychology, the coexistence of health and pathology, although perhaps discussed as a virtual truism, is, in the reality of day-to-day practice, often overlooked.

Ziegler describes the antithetical relationship between empirical and archetypal medicine as follows [29]:

Archetypal medicine does not depend so much on objectivity as upon subjectivity where the accent, in varying degrees, is clearly on individual experience and its priority. It does not concern itself principally with the observation of symptoms but moves toward phenomenological amplification, toward the symbolic essence of what is observed...Archetypal medicine turns up images which carry the symbolic essence and are accompanied by a perceptible physical resonance... Archetypal medicine... is an affaire de coeur...

It is no longer sufficient to merely identify and treat dysfunction without reference to the larger reality, it makes little sense to understand the metaphorical nature of symptoms without

supplying available options, it cannot be separated from the human spirit, or the psychology of being human.

Although both traditional and archetypal medicine are requisites for treating whole persons in an integrated way, the premise focuses on disease images (metaphors and archetypes) rather than on isolated symptoms, it uses language as its primary curative tool, and it attempts, through images, to comprehend the role and function of symptoms within the context of a person's entire life pattern.

Ziegler's mode of reflection belongs to *sophia* (wisdom) rather than to *logos* (intelligence). Wisdom as a mode of knowing works with polarities without splitting them apart; it knows from within, by communion. It is filled with contradictions that do not seek resolution. It contemplates rather than analyzes, functions through the entire body and not just the head, replaces insight with empathy, seriousness with drama, causal logic with poetic imagery. Under the aegis of Sophia, the human being suffers not because of a deviation from health but because suffering belongs to the unavoidable conflicts that arise in the spiritual, cosmic, archetypal, and natural worlds. Changeableness and mutability are seen to be the essence of human reality.

In essence, it is a perspective on health and illness which argues that we are our health and illnesses; we do not have them. Health and illness are both aspects of the same lived experience [30]. To render illness the enemy and health the friend, as in traditional medicine, is to destroy the natural, dialectical, complementary relationship they share, since each requires the other to make any sense at all. This idea reflects not merely Jungian dialecticism [31] but is also reflective of Fromm's exegesis on the fundamental nature of the dialectic in human life, particularly as it relates to existential loneliness, love, and death [32].

TRAUMA, CULTURE, AND METAPHOR

Language and Metaphor

In our interactions with patients, verbal language usage is the norm; however, patients often become deeply involved in the silent language of the body as they journey through their stories. In my interaction with my patients both verbal language and the silent somatic language are salient factors for healing. But the therapist must remember that it is the story, the metaphor which is vital.

Listening to patients' stories and really hearing them will tell us what is perceived as "true" and "valid" for them, and these are the signs by which patients will guide their lives. Whether the narrative is physical or psychological, verbal or silent, helping people unravel their metaphors feels healing and spiritual for them. Hence, unraveling metaphors is a central and irreplaceable tool in healing, whether one is talking of cancers, itching, diabetes mellitus, or past life therapy [33]. Both types of intervention allow people's symptoms to speak through

their stories and, when they do speak, they inevitably lead us to a reality beyond the obvious, a larger reality of a human being in pain, a human being who is struggling to make meaning out of what life is presenting in the moment. Metaphor is the language of true understanding.



Developmental Understanding

In the *Structure of Behavior*, published in 1942 (English translation, 1967), and *The Phenomenology of Perception*, Merleau-Ponty draws extensively on a phenomenology of the lived body.

A major presupposition that is often made in developmental psychology is that the child recapitulates the development of a culture. Merleau-Ponty's examination of the child's relations with the real can be summarized by saying that the perceptual world of the child is an action affect commerce with the world. This understanding of the real necessitates a re-examination of the imaginary.

The classic conception of an image is that it is like a 'picture' in the mind, that imagining something is like perceiving something, only it is weaker than perception. Sartre [34] has critically questioned this way of thinking about images. To conceive of an image as a 'picture' is to make an image into a copy of the thing. From here it is easy to become concerned with pseudo-problems such as where these 'things' are kept, and this leads to speculations about the brain as a storehouse of images. In order to break through these kind of preconceptions we must begin with the experience of imagining rather than with conceptual, theoretical knowledge about images.

The image is thus not something observable. We believe we see because the image is not a thing it gives us the idea of a direct, absolute communication. Perception binds us to the present where each thing is given from a point of view. When we imagine, the distance that separates is abolished.

In the classical view consciousness and language are separated. Consciousness since Descartes is considered a '*res cogitans*', a closed container of already completed thoughts. Language is viewed as of words which are accidental and conventional. Signs and words are as objects. When someone speaks, it is only to convey an already thought, to transmit with a degree dependent on the accuracy of the vehicular signs, an already formed truth. From such a point of view, language or words have no power of their own. They serve only to remind what one already knows. The best language, from this point of view is the most neutral language possible, language free from any ambiguity.

Merleau-Ponty [35] points to three developments involving of language which bring this classic view into serious question. First, the work of Goldstein with aphasics indicates that language always bears a relation to a situation. An aphasic may not be able to say the scissors' but may be able to say 'paper-cutting scissors' in a situation of cutting paper with scissors. Thus, a word is not just a thing. The aphasic does not lose words, but an ability of expression that is general. Second, the science of linguistics has shown that a word is not a one-to-one sign relationship. Language is a whole in which each word receives its signification in relation to others as a differentiation from other words. Merleau-Ponty concludes language is more than that. Language is more than oneself and a thing. Language is neither thing nor spirit. Language is at the immanent and transcendent. The task Merleau-Ponty sets for himself here is, taking this view of language as having a signifying power of its own, to articulate the laws of language development. He relies on a phenomenological reading of the data of linguistics and experimental psychology, which elucidate for him the philosophical problem of language.



Self-Consciousness

If we begin with the classical notion of consciousness as completely individual, it is not possible to give an account of direct encounter between people. If the radicality of the cogito is accepted, I can never perceive the other directly. The other can only be the conception that I have of him, mediated by bodily appearance. I am present to the other in terms of certain manifestations which I must decode. This type of presence would entail a very complex procedure for consciousness. I must be conscious of myself. Through sensations I am in touch with the image of my body. I see the body of the other. Through a motor image I imitate the motor-action of the one I see. I must then imagine or guess what the other person is feeling or thinking if he moves in the way that I am imitating. Consciousness is a relation. Consciousness is turned toward the world, turned toward things. Merleau-Ponty (op cit, p.49) says:

'The self must become bound up with certain situations. We must link the very notion of ipseity to that of situation: the ego

ought to be defined as identical with the act in which it projects itself. The self and others are conscious of one another in a common situation.'

A consciousness turned toward things meets in things the actions of others. The question is no longer how we know others but is transformed into the question of how we know the actions of others. To transform the question of consciousness to one of conduct or action also results in a different way of understanding our own body. As long as consciousness is individual, a closed container, the experience of our own body is the experience of a series of private sensations. Altering the question of consciousness to that of conduct means that our body is a system rather than a series of private sensations.

I am present to myself as an acting person, not a conglomeration of sensations. The consciousness I have of my body is of my body-in-a-situation. I am conscious of my body-in-relation-to-the-world and to the things of the world. I am conscious of my body's position in relation to what is above and below, in relation to what is in front of and behind, in relation to what is vertical and what is horizontal [36].

The objective world is always shifting as is the "objective" patient so we cannot rely on sense data alone in getting the full picture of the illness.



Midrash and Biography

Rotenberg has developed innovative theories based on psychological interpretations of Hasidic and Midrashic concepts [37]. He describes his approach as "re-biography", i.e., "rereading one's biography so it becomes possible to live with the text."

"All of life is a text, and I am proposing a new term re-composition, rewriting the melody of life. You do not have to erase the past, but it can be re-composed, and to that end I cite examples from the Talmud."

The language of contemporary western society reflects an egocentric, individualistic and self-assertive approach that fosters widespread loneliness, alienation, adversarial relationships and power-struggles. The language of Psychology and Dialogue counters this via a mutual-responsibility model that reclaims the psychological principles found in Midrashic and Hassidic literature. Here was a therapist demanding his patients see themselves as sacred texts to be interpreted through their own biographical lens.



Tzimtzum

Rotenberg's theory is based on the concept of *tzimtzum*, contraction, creating space for 'other,' which was first postulated by the 16th century Jewish mystic, Rabbi Isaac Luria. He claimed that the Deity vacated space to make room for the creation of man and the world, making man responsible for his own destiny (freewill) [38].

In stark contrast to the language of western psychology, the community-centric *tzimtzum* approach mirrors the rabbinic dictum "all of Israel are guarantors one for the other."

The *tzimtzum* paradigm can be articulated at three levels:

- Inter-personal level - parents/children, husband/wife, between friends
- Intra-personal level - between an individual's separate components, between different periods in a person's life, or between different personal inclinations
- Human level:
 - For every contraction (*tzimtzum*), another part expands.
 - Creating space for others, thereby creating space to co-exist. This differs essentially from the concept of self-effacement, which involves the individual being subsumed.
 - Tzimtzum* is dynamic. Sometimes there is contraction, sometimes there is extension or expansion. No single constant force controls the other.
 - Tzimtzum* is about individual responsibility. Mutual contact requires mutual contraction.
 - Tzimtzum* strengthens, not weakens.

Applying these ideas to organic medicine resists the cartesian split between psyche and soma inasmuch as the mystical notion of *tzimtzum* affects everything in this natural world holographically. The spirit inhabits the psyche which inhabits the physical body. The "incarnation" of spirit in body binds the two in an unconscious but dynamic way each influencing the other. My claim is that this concept is yet another example of integration in the psychological field, yet I wish to attempt to stretch the current allopathic notions of psychosomatic dysfunction to extend them to physical disease. Despite objective proof and diagnostic tools that might be well documented in terms of blood tests, imaging studies and genetic analysis, without attention to the spiritual and psychological behavioral history we are missing vital pieces of the healing puzzle.

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