

1.1. Generalisation

It is generalisation and the application of its principles that lead to the best results. Even specific measures and modalities are useful in as much as they restore general function. Bear in mind that the hollowed Oriental Medical philosophies such as that of Heaven Man and Earth (天地人) are also principles of generality (“POG”).

Specialist” is a term that encourages trust and a belief that good or better than normal (“special”) results will be obtained. However, often the reverse is true. The specialist is often hampered by “tunnel vision” and thus may make unwise decisions.

The true oriental medical practitioner is a “specialist in generality”. The tendency to specialise is unfortunately another manifestation of “looking for a short-cut” and the “grasping mentality of the mind”.

The application of generality in ones daily life is a type of enlightenment. On the train whilst travelling toward your destination you will better appreciate the view, the sky, the sunshine, the shadows on your lap.

In more specific examples, the same is true. Application of general principles (letting go of the goal oriented mentality) results in better form which must in turn lead to better results. At this stage the goal specific mentality can be introduced as an energy source but never at the expense of the general principles.

Thus in *Tai Chi*, movement is not the goal. Rather it is the result. If movement were the goal, then after learning and remembering a number of set movements the study would be complete. This is however not the case. Instead of the person demonstrating movement with their built in faults intact, we target the faults by means of general principles. It is when these principles are applied that the movement becomes perfect. In the case of *Tai Chi* the principles are so profound that their correct application

will automatically mean great health, peace of mind, longevity and extremely satisfactory fighting prowess. Unfortunately if any of these attributes becomes the focus, this “specificness” will greatly interfere with the “generality” of the principles and thus lead to reduced results. This is especially true of fighting prowess which if introduced as a goal early on, will severely hamper one's progress.

Perhaps the ultimate display of *Tai Chi* principles can be seen in the standing meditation. This is where movement is completely taken out of the equation leaving only the general principles to discipline the body and mind. This curious exercise has produced people with serious fighting ability, power and grace, amongst them my teacher Tam Sam sifu (師父).

In social interaction as well, generality and its application will lead to generosity in a very natural way. An appreciation of the predicament of one's fellow man and one's own part in it is a natural consequence of generality. In business the urge to sell is tempered by a wider vision including that of the buyer, leading to greater understanding of consumer demand. Consistent application of generality will lead to a gradual cessation of shortsighted, short term profit oriented business practice. Instead, holistic long-term business practice where the relationship between buyer and seller rather than the sales figures will again be restored to its rightful place.

This will lead to trust and confidence which, at the end of the day, drives all financial markets and business. Over time this must also lead to better use of resources and a natural inclination toward sustainability.

Now as you can see, I think I have made the case quite clearly and strongly for generalisation. But still when we approach treatment we have to be extra vigilant not to lose these principles. The patient, after all, most commonly presents with a specific complaint and whilst suffering from this disease is in no position to view things in generalist terms. Indeed, we can say

that in many cases it is a lack of generality that predisposes them to disease in the first place.

As practitioners it is important that we apply the principles of generality (“POG”) to allow us to experience empathy with the patient as well as to see the big picture. This can be distinguished from over-identification with the patient to the extent that the POG are lost. When this occurs the patient and the practitioner will find that they both inhabit a dark narrow hole burrowed deep by tunnel vision. This is especially prevalent when there is an emotional attachment between the patient and practitioner.**

No, the patient and their suffering must be illuminated by application of the POG so that correct treatment and a genuine sense of compassion is evoked resulting in a cure.

Genuine treatment then, is the result of applying the POG to remedy an ailment whether it be specific or not. The hallmark of genuinely low level treatment is the application of specific principles to a specific illness resulting not in a cure but a more serious general disease.

** I am reminded at this point of an incident that occurred in the autumn of 2009. It concerned a female patient and a female member of my staff. I do not know whether them both being female has any bearing on the subject of not but I suspect it has.

I was a little busy that day so I asked the female member of staff to enter the cubicle where the patient was lying face up and question the patient as to her condition. This is standard practice as it allows my staff to gain valuable practice in the art of questioning and the processing of the information gained by it. It also allows the patient to have a free reign and say anything without me being present. The latter is occasionally a very good thing because the mere presence of the practitioner may result in an unconscious tendency by the patient to give a better than is state of their condition. I usually walk in at an appropriate

moment and the member of staff normally gives me an ordered and succinct account..

As soon as I walked in I was immediately assailed by the overwhelming impression that there was not one, but two patients in the cubicle with me. Sure enough this was confirmed when the member of staff began to report on the patients condition. Instead of an orderly, reasoned account, it was ragged and incoherent with bits of information added almost as afterthought. In short it was something that I like to refer to as “a dogs dinner”. It was the work of a sick person. An account of a diseased person recounted by the diseased. The member of staff had lost the POG and crossed over from empathy into total identification with the patient.

I smiled as I began to treat both of them.