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Psychosomatic Compartmentalization

The Root of Qi and Blood Stagnation

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Summary

Stagnation of Qi and Blood are basic clinical patterns of Oriental Medicine, but their origin from splits in consciousness is rarely considered clinically significant. This article suggests that the root of stagnation lies in the mind's attempt to control existential anxiety through strategies of energy containment which give rise to psychosomatic compartmentalization. The author then goes on to suggest that attention to these strategies is at least as important as any particular acupuncture protocol.

Key Words: Acupuncture, Qi & Blood stagnation, chronic pain, regional pain syndrome, dissociation, compartmentalization, Multiple Personality Disorder (MPD), psychosomatic cysts.

Introduction

To the Western trained physician, the diagnostic categories of Oriental medicine (OM) can appear a bit mystifying, and frequently seem to obfuscate more than clarify. Oftentimes, the conditions referred to in OM appear to be quite bizarre descriptions of things considered quite irrelevant in regular practice. Qi and Blood stagnation/excess/ deficiency are a case in point. I've read the definitions all right, as no doubt any acupuncturist has. But in my practice I seem to be regularly confronted with patients who have a mish-mash of chronic pain, numbness or parasthesias, in association with such systemic symptoms as fatigue, frustration, and general stuckness, all overlapping. Despite the best of intentions I often have little idea how to accurately categorize such patients energetically, since they seem to have all the features of Qi and Blood stagnation, deficiency, and excess all at the same time. Such diagnostic confusion doesn't help me to formulate a coherent treatment plan and as a result, I have occasionally found myself tampering with the heretical notion that maybe such categorizations are not particularly useful. Perhaps more to the point, I have wondered whether these energetic diagnoses are not reflective of something more fundamental in consciousness which if understood, would provide a more integrated basis for approaching chronic problems.

What is Stagnation?

Definitions of stagnation can be found in any acupuncture text. For example, Ted Kaptchuk defines Qi stagnation as a pattern of excess that occurs when the smooth follow of Qi is stuck in an organ or meridian.[1] The primary symptoms are pain, soreness, or distension which characteristically change in severity and location. In contrast, he defines

Blood stagnation as an excess Blood pattern is characterized by a fixed and stabbing pain. It's essentially a deeper disharmony which may be preceded by stagnant Qi.

Syndrome	Symptoms	Pulse	Tongue
Qi Stagnation	Pain, soreness, distension, soft lumps which may come and go. Often changes in intensity and location. Soft lumps which come and go	Wiry	purplish
Blood Stagnation	Fixed stabbing pain – may be preceded by Qi stagnation, Cold, trauma or haemorrhage, fixed lumps	Choppy	Dark purple with red spots

Table 1 – Comparison of Qi and Blood Stagnation

Lonny Jarrett goes further by adding a metaphysical view. He says that Qi stagnation occurs when an individual meets a life situation so challenging that the Qi cannot flow smoothly around it. Similarly, he goes further with Stagnant Blood – pointing out that it can arise when some trauma has occurred which is too painful to assimilate.[2] He adds that Blood stasis can present as lost memory of painful events, or difficulties with trust and intimacy, together with feelings of betrayal. According to both authors pain is due to some kind of stagnation, while weakness is due to deficient Qi, and numbness to deficient Blood.

It seems to me that these various OM diagnoses are arising out of deeper archetypal forces in consciousness. In particular, they may be the direct result of the way in which the ego manages its existential anxiety. In a previous article I have discussed how a number of splits arise in the psyche as a result of the process of individuation.[3] To briefly summarize, a primary existential split arises during ego construction, and leads to a sense of alienation which is experienced by most people as a background anxiety – known as 'existential anxiety'. This anxiety tends to feed on itself to produce further splits which have been classified as the life/death, mind/body, and the persona/shadow.[4] Yet another split – the love/sex split – has been included by some authors as a separate entity, although it might equally well be understood as a subcategory of the mind/body, and persona/shadow splits.[5]

Moving away from Pain

If we can accept for a moment the basic premise that the ego constructs these psycho-somatic splits, then if we were to follow the ego's strategy a little further we might intuit how the process of splitting might lead to the Qi and Blood stagnation of OM. This might give us a deeper understanding of the relationship between consciousness and those pathologies. We could begin this discussion by considering the limited choices the mind has when encountering different experiences and see how these choices lead to trouble down the road. And the choices really are limited – because the mind simply likes something or it doesn't. Consciousness therefore either moves toward an experience or away from it, either permitting energy flow or blocking it. It accomplishes this feat using the dual strategies of *filtering/diversion* and *containment/dissociation*.

Strategies - Filtering and Containment

Filtering/diversion refers to the mind's ability to interfere with the natural flow of original energy through its discriminating function. The mind distinguishes between appropriate and inappropriate energies, and permits the flow of only those energies which the ego feels are socially acceptable. Unacceptable energies get caught in the filtering mechanism, and then get diverted to an energetic dumpsite known in Jungian terms as the *shadow*. A good analogy might be the quality control function of an assembly line worker, who lets good product flow through while rejecting inferior or damaged articles. If a significant percentage of the flow is diverted, then a back-up develops on the main energetic route (stagnation or retardation), while concomitantly, the diverted energy becomes a disposal problem.

Filtering is achieved through tightening the muscles in an area where an unacceptable energy is felt most intensely. For example an individual will tighten the jaw, shoulders or stomach muscles to control anger, tighten the chest to avoid sadness or grief, tighten the lower back to contain fear, and/or tighten the pelvis to control sexual energy

Containment/dissociation refers to the way in which the mind disposes of such diverted energy. To the ego, unacceptable energies will always remain unacceptable, so diverted energies are generally never permitted to return to the general overall flow. Consequently, all diverted energy must be disposed of by sending it to the dump. Containment refers to process of dumpsite construction, and dissociation refers to the mechanism of ignoring the fact that the dumpsite is there.

Filtering/Diversion and Stagnant Qi

While 'filtering' and 'Qi stagnation' may appear to be synonymous terms, in actual fact there is a difference. One gives rise to the other – so that while filtering/diversion is an ego strategy, stagnation is the experiential consequence of the strategy, and not the strategy itself. The therapeutic significance of this is that if we wish to ease stagnation, it would be wise pay more attention to the mental strategy behind the stagnation than we do to the stagnation itself.

In OM, the Wood sector (Liver and Gall Bladder) is the aspect of consciousness which discriminates between things – such as this and that, good and bad, or here and there. It is this process of discrimination and classification which is said to bring apparent order out of the chaos – the appearance of the ten thousand things out of the chaotic unity of the Tao.[6] Thus, through observation we 'create' our reality in the very process of 'naming' it. In OM the Liver is said to control the smooth flow of Qi precisely because it is the Liver's discriminating function which is responsible for 'constructing' reality in the first place. Of course there is nothing wrong with naming and observation, but the discriminating mind must never forget the ultimate unity of all things, or else the process of discrimination is not rooted in wholeness. It is this forgetting which actually obstructs the smooth flow of Qi and leads to stagnation.

The Western scientific tradition is very much an expression of this process of naming and categorizing. We observe and classify, and consider that to be science. But ironically it's a kind of science that has forgotten the essential wholeness which lies in the background. Unfortunately, a society built on the premise of reductionism and endless classification

sooner or later loses the ability to allow the smooth flow of Qi. As an aside, it is also interesting to consider that this loss of smooth flow is occurring in a country in which Wood energy is almost a national characteristic. The creativity, competitiveness, and youthful vigour of the USA, together with its high levels of violence, points to a strong Wood component in the collective consciousness. Thus it's probably no coincidence that in North America, one of the most common OM diagnoses is stagnation of Liver Qi.

Containment/Dissociation

The manner in which consciousness deals with filtered/diverted energy is of prime importance in the manifestation of material pathology. The fundamental technique is quite simple. Unacceptable energy is 'dumped' somewhere in the body's energy field, and then the ego tries to ignore the existence of the dumpsite. It can do this for a long time quite successfully, until such time as the dump gets so full it overflows, or the site location impinges on consciousness in some other way – such as pain. The process of dumping in a confined site might be called *containment*, while the ignoring of the stench coming from the dumpsite might be called *dissociation*. Containment is an energy management strategy, while dissociation is a distraction technique – and the combination of the two leads to the development of cordoned off areas in the psyche-soma in which there is compromised flow of Qi and Blood. Clinically, this will look very much like Blood stagnation. However, the symptoms from such a walled off area will be more than just the classic 'fixed stabbing pain' of Blood stagnation. They will include both *pain* – emanating from the contained and stagnant Qi, and also a paradoxical parasthesia or *numbness* emanating from the dissociation.

It is becoming increasingly evident that chronic pain, and many other chronic illnesses are dissociative phenomena.[7] Contrary to popular thought, dissociation is not a rare or unusual phenomenon occurring in people who have been severely traumatized. Rather it is a universal phenomenon, one with which everyone is thoroughly familiar. For example, most people have had the experience of injuring themselves while engaged in physical activity – like contact sports – without feeling any pain at all. During intense physical activity the mind dissociates from the body, firstly in order to focus on the larger strategy, and secondly to permit the body to be pushed beyond its usual limits. When an injury occurs at such times, there is generally very little pain until later, when consciousness slowly settles back into the body. In the acute situation therefore, dissociation permits the performance of extraordinary feats which in some situations might be crucial to survival.

In chronic illness, a strategy of dissociation generally has a less favourable outcome. Dissociation begins with some simple avoidance manoeuvre – such as favouring an injured extremity – which involves a physical adaptation. This adaptation in turn leads to increased stresses on other areas of the body. Eventually those other parts may become foci of pain, which in turn will lead to further favouring. In that way the whole body can become involved in a process of increasing dissociation until the entire physiology begins to breakdown. Since avoidance behaviour is universal, dissociation and containment are really "normal" insofar as they represent the common strategy of the collective.

Compartmentalization

Containment and dissociation are really two aspects of a strategic continuum, which are usually found together in varying combinations of inseparability. If we seal off feelings somewhere and then dissociate from the sealed off area, we have effectively compartmentalized that part – forming what might be called a *psychosomatic cyst*. The part may then be 'sacrificed' in order for the ego to maintain its sense of identity. More commonly, no specific part is sacrificed, but rather the entire body becomes the dumpsite for rejected energy – leading to a systemic pathology.

Although tragic, localization and sacrifice is clinically quite fascinating. For example, trauma patients will frequently contain and dissociate from an injured extremity. One such patient I recall who had electrocuted her hand in a live light-switch socket, seemed to have a functioning arm, but she just wouldn't use it. Closer examination revealed the telltale signs of Blood stagnation. Mentally she seemed quite normal except when she was asked to look at her arm, which she said she "didn't like". During acu-bodywork the arm would shake violently, but before long she'd visibly dissociate. It was almost like someone had flipped the switch again, and she just went out.

Another fascinating variety of compartmentalization is the *multiple personality disorder* (MPD), now officially known as *dissociative identity disorder*. In MPD, whole personality gestalts become compartmentalized, so that different personalities, containing different aspects of blocked energies, exist as separate personas within a single body. The different personalities can even have different physiological correlates – like for example different handwriting styles, drug responses, visual acuity, or even symptoms.[8] It has long been recognized that people who are skilled at dissociation are more likely to have suffered severe childhood trauma.[9] Such people may have very little body awareness, unrecognized MPD, or other marked psychic disturbance. Because they are not fully present in their bodies, they tend to be accident-prone, and/or develop illnesses that resist all conventional intervention. Such people have great difficulty with the healing process, which demands they be present and aware, because that is the last thing they want to do.

Perhaps the easiest way to understand how compartmentalization can develop is graphically. *Figures 1-3* depict three different varieties of compartmentalization – two extreme situations, and one depicting the more common overlap situation. The really fascinating thing about compartmentalization lies in realizing the complementarity of two apparently unrelated conditions – MPD and regional pain syndromes, which might be better understood energetically as *psychic* and *somatic cysts*. This insight suggests a common origin of many bizarre chronic pain conditions and at the same time provides an explanation of how Qi and Blood stagnation arise first as potentials in consciousness.

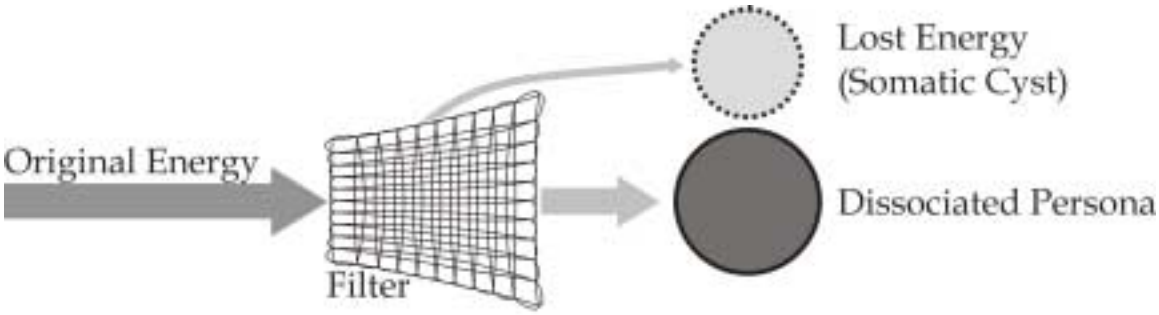

Fig. 1 – Containment/Dissociation leading to Somatic Cyst formation

In *Fig. 1*, the diverted energy is siphoned off into a somatic cyst – which may present as a regional pain syndrome. In this scenario the somatic compartment may well exhibit features of Blood stagnation, while the rest of the body may appear relatively normal, or exhibit some milder containment phenomena. An entire limb may be sacrificed in this way – as in the case of the electrocuted arm, but of course it is perfectly possible for more than one limb to be involved. Here the contained energies are separated from the main personality in *space*.

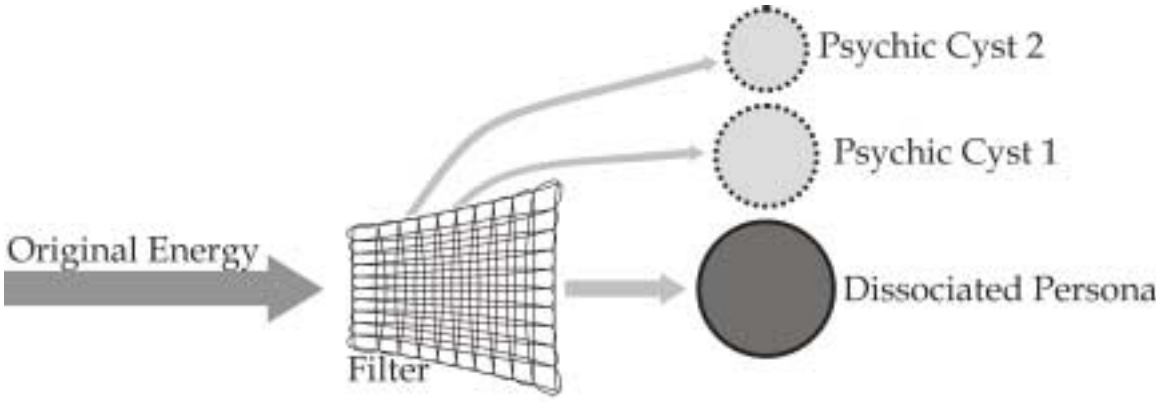

Fig. 2 – Containment/Dissociation leading to psychic cyst formation

In *Fig 2*, the original energy is scattered and diverted into one or more psychic cysts which may present as MPD. Each psychic cyst expresses a sub-personality and will exhibit different degrees of containment. Frequently, the sub-personalities will carry most of the bodymind's emotional pain, while the main personality will present with some somatic complaint – such as headaches, dyspnoea, or depression. The presence of amnesia or time lapses is the clue that MPD may be involved. Here the compartmentalization occurs mostly in *time*.

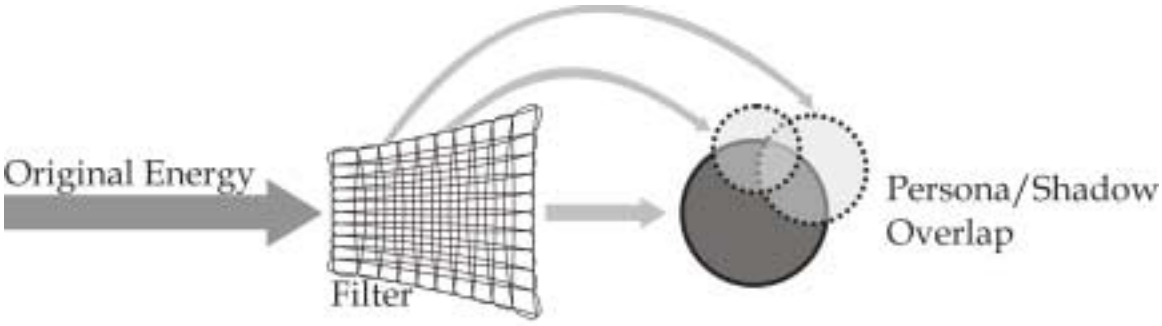

Fig. 3 – Containment/Dissociation interpenetrating with the persona

In *Fig. 3*, the contained and dissociated energies interpenetrate the main persona, so that all the various different energetic structures overlap – resulting in a complex pattern of psychosomatic cyst formation (persona/shadow overlap), and varying degrees of Qi and Blood stagnation. This is actually the most common scenario, but ironically the most difficult to grasp, because it involves the conceptual leap that one can be simultaneously present, contained, and dissociated all within the same physical space. It is possible because the body's energy field is a complex interference pattern of waves and troughs, all of which overlap.[10] There's really no particular compulsion for a contained/dissociated psychosomatic cyst to be located in a discrete area of space/time, although obviously that is possible. Indeed, the classic 'multiple personality' and/or 'dissociated limb' is rare in comparison to the number of people presenting with interpenetrating stagnation. Interestingly, the image of interpenetrating circles – known as a *mandorla* – is a motif common to a variety of disciplines ranging from Christianity to Jungian analysis, and has been interpreted as reflecting the challenge of bringing the persona and shadow together to form a greater whole.[11]

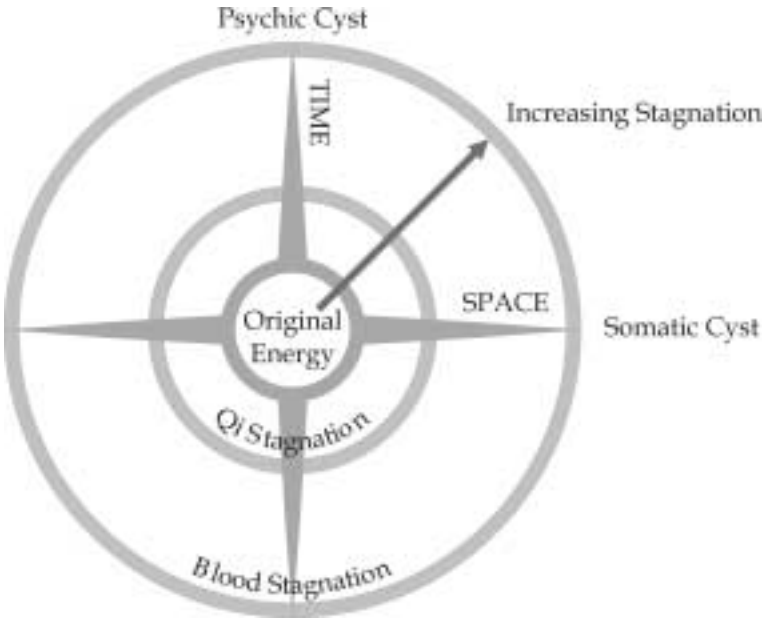

Fig. 4 – Relationship of Psycho-Somatic Cysts to Blood Stagnation

Fig. 4 shows how Blood stagnation arises as the result of a compartmentalization/ dissociation strategy instituted by an alienated ego as it gets increasingly separated from a centre of authentic, or original energy. The 'overlapping' of compartments leads to the appearance of systemic stagnation of Qi and Blood. Compartments are separated from the energetic centre in both 'time' and 'space'. Purely spatial separation presents as somatic cyst formation and somatic sacrifice (regional pain), while purely temporal separation presents as psychic cyst formation and psychic sacrifice (MPD). In the more common presentations an interpenetration of both axes leads to overlapping of compartmentalized psychosomatic fields in what appears to be a big mish-mash. Such individuals will exhibit personality variability (ie. inconsistent behaviour), but with continuity of memory between personas. They will also have incomplete somatic compartments – so that even if their pain is relatively localized, there will be evidence of Blood stagnation systemically.

The division of psyche and soma is ultimately an artificial contrivance – which means that at the end of the day, MPD and regional pain syndromes are different expressions of the same disorder – which might be called separation from a centre of authentic energy, or *separation from the Tao*. The truth of this statement will often be found during acupuncture treatments. For example, exploration of a somatic pain compartment with acupuncture will not uncommonly expose a psychic cyst – that is to say there can be an eruption of emotional material which – if intense enough – can take on the appearance of a sub-personality. When such material is brought to consciousness and integrated, the original somatic pain can disappear, confirming the energetic equivalence of psyche and soma. Most commonly, the nature of the energy contained in a psychosomatic compartment is predicated on reaction patterns based in constitutional typing, and is not intense enough to generate a personality gestalt. But it can sometimes be hard to tell the difference.

Signs and Symptoms of Blood Stagnation/Compartmentalization

As described in the texts, Blood stagnation presents as fixed and stabbing pain with or without lumps. But in chronic pain syndromes, interpenetration of contained energy and dissociated compartments leads to the paradoxical symptoms of pain and numbness existing simultaneously – which can be quite confusing if its origin is not fully appreciated. In cases of extreme separation, a painful/numb area may be so sensitive that the patients won't even permit light touch. Of course the act of touching calls awareness back to a dissociated area – which is the last thing these patients want, so they will continue to refuse light touch until they understand the necessity for reversing their conscious stance.

Examination will reveal compromised microcirculation, with blanching and slow capillary return after pressure. Because of sluggish Blood movement the skin temperature may be cool – or even cold - and the skin turgor thin or boggy. When such a situation goes on for a long time in an extremity, the area in question may display the 'hyperalgesia, allodynia, and hyperpathia' triad, characteristic of reflex sympathetic dystrophy (RSD). Or a deteriorating neurological condition will develop - such as multiple sclerosis (MS). Either way, an examination of such patients will often reveal the typical features of Blood stagnation in the affected extremities.

Drugs

When symptoms breakthrough the containment/dissociation barriers, patients will generally reach for drugs or worse, consider more drastic interventions such as surgery. In this way modern medicine then gets dragged into the process of containment/ dissociation, and physicians become unwitting extensions of their patients' primary ego strategies. Indeed, many drugs are designed to mimic the functions of containment and dissociation. For example, drugs which *contain* include the antidepressants (such as amitrityline). Drugs which *dissociate* include opiates and anxiolytics.

The fact that antidepressants are often effective in chronic pain, when they are supposed to be anti-depressants, is an interesting observation with no coherent biologic explanation. As physicians we often interpret this finding to imply that chronic pain patients are actually depressed, while somatizing their depression. However, since breakthrough pain pushes people to look for increased containment, then there's a simple energetic explanation. Indeed, people on antidepressants often report that their feelings are better contained, they are less emotionally labile, more balanced or "in control".

With opiates, pain will often be registered in the usual way, but it just doesn't irritate at all. The experience has been described as dissociative bliss. Ever since Candace Pert discovered the opiate receptor in 1972, research has focused on how to utilize and improve upon the body's own endogenous morphine.[12] Her research has implied a direct correlation between "thoughts" and "neuropeptides". In other words, *thoughts create molecules which are the material equivalent of the thought* – a particular thought creating a particular neuropeptide. Thus the endorphins – the body's endogenous morphine-like molecules – are actually the neuropeptides which represent and carry out the thought of dissociation.

Dissociative bliss has often been interpreted as positive, and researchers are always hoping to find a drug which will produce a blissful state without inducing dependence. Similarly, much of acupuncture pain research has focused on the production of endorphins.[13] But if endorphin production reflects the strategy of dissociation, then making more endorphins will only exacerbate the problem. For example, it's been shown that in rat models of RSD, the opiate receptors are maximally utilized.[14] This means that in this particular from of chronic pain, the body's endorphin output is already maximized – which implies that the individual is already maximally dissociated. In my view, if pain is going to break through a state of maximum dissociation, surely its time to try a different approach.

Anxiolytics dissociate patients from feeling their existential anxiety, which perhaps explains why they are considered to be so addicting. Of course, the anxiety continues to accumulate, but the patient just doesn't feel it. Any attempt to come off the drug leads to an overwhelming experience of anxiety – which is often interpreted as withdrawal and blamed on the drug. In reality, the patient is just feeling their own anxiety again, but in a more intense way since they have been dissociated from it for a while.

Acupuncture

In some ways I hope this article will enjoin the reader to consider moving beyond point prescriptions and formulas. Because it should be clear from the foregoing that using a

particular point to move stagnation in a particular meridian is not going to achieve much in the presence of largely unconscious archetypal forces operating in the opposite direction. The key point is that any acupuncture approach aimed to mobilize Stagnant Qi and Blood will likely be more successful if attention is paid the contributing factors. Since these factors lie in consciousness itself, improvement is more likely if the underlying ego strategies are brought to the surface and examined. The treatment focus for all these conditions might be summarized as *de-containment*, *re-association*, and *integration*.

Stagnant Qi

Stagnation of Qi is generally easier to work with, particularly if it is of relatively recent onset. Since the energy diversion has not progressed to dissociation, there is no lack of awareness to deal with, and all that is really required is to take the brakes off, for the energy to flow freely again. Indeed, oftentimes patients may actually be more present, being called to a heightened awareness by the pain itself – that is assuming they are not taking painkillers. In this early situation, almost any theoretical approach will be successful – from TCM to anatomical. In very recent trauma, the tendinomuscular meridians is very effective. For pain of longer duration, a linear N-N+1 input into the zone of involvement is a good first choice – front (YangMing-TaiYin), side ShaoYang-JueYin), or back (TaiYang-ShaoYin), plus local points.

A typical example would be low back pain treated with KI3(Taixi), BL62(Shenmai) & 40(Yixi), SI3(Houxi), HT7(Shenmen), and local points such as BL23(Shenshu).

Stagnant Blood/Dissociation

As any acupuncturist knows, treatment of stagnant Blood is a more difficult proposition – a fact which is usually explained by some abstruse understatement – such as Blood is thicker than Qi, and therefore harder to move. However, there may be a better way of understanding the problem. If Blood stagnation points to dissociation, then there is little chance of effecting a change unless the individual concerned reverses their strategy of dissociation. It's difficult to see how re-association can be engendered without the individual consciously deciding to return to areas previously dissociated. This can be very challenging, because it often involves an excruciating exacerbation of symptoms – which can be more than sufficient to prevent any further progress. Furthermore, skilled 'dissociators' tend to have weaker egos than average, perhaps because they have learned to cope with life by escaping reality. If they seriously try to heal their various splits, their fragile egos can easily become overwhelmed by the intensity of the material contained in their psycho-somatic cysts. Of course, when this happens everyone gets thoroughly frightened and within a short space of time the individual retreats back to the safety of dissociation. All this can make healing for dissociators a slow and protracted affair, with fits and starts and set-backs. Oftentimes the most they achieve is a stalemate, in which they are more present than before, but retain enough elements of their symptoms to feel legitimized in their illness.

The Role of Intention

In a previous article I discussed the concept of intention and its role in acupuncture treatment.[15] To summarise, patients must *intend* to move toward their pain rather than

away from it, if they want to get better. Re-association proceeds much more quickly if intention can be clarified at the start of treatment. Because without such a willingness on their part to re-awaken the area in question, treatment becomes increasingly frustrating, as the patient resists the increasing awareness engendered by acupuncture treatments.

Working through this difficulty can be tough. A good strategy is to warn the client that if treatment is successful, there may well be a paradoxical increase in pain, and that should it occur they should resist the urge to abandon treatment and/or take analgesics. Of course, if they are already taking containment/dissociating medications – which many of them are – then they need to understand that this is in itself a demonstration of inappropriate intent, and is only going to delay the healing process. A serious unwillingness to consider the negative impact of medication indicates that intent is unlikely to shift, and sometimes it might be better to dismiss such a patient early rather than risk getting involved in a protracted tug-of-war.

- Help the patient to become aware of their dissociation
- Stress the need for them to choose to re-associate, which means that they be willing to be present with their pain.
- Clarify the notion of 'moving toward' pain instead of habitually fleeing it
- Encourage patient to reduce containment/dissociation medication
- Point out that pain may get worse before it gets better
- Counsel patient they may have to confront emotionally charged material

Table 2: Adjunctive Strategies to move Blood Stagnation

As with Qi stagnation, a good basic approach is the N - N+1 circuit on the affected zone, with local points at the margins of the somatic cyst. The intent here is to open energy flow into and out of the painful area. Oftentimes preparing the points with Moxa prior to needling can be very helpful. A second approach is through the use of the extraordinary meridians, again with local 'a-shi' points at the margin of the affected zone. The Chong Mo – being the Sea of Blood – is always a good curious Meridian to invoke, using points such as SP4(Gongsun), MH6(Neiguan), and ST30(Qichong). In my experience, the lighter energetic equilibrations are less likely to be effective in initial work with Blood stagnation, but certainly can be used later, when there is a good understanding of the principle of intent. Of course, specific points for Blood stagnation can always be used as an adjunct – such as BL17(Geshu), SP6(Sanyinjiao), SP10 (Xuehai), or SP8(Diji).

Oftentimes in long-standing cases, intending a gradual softening is more likely to be effective than going for the big explosion. Here the use of a multifrequency infra-red lamp – such as a TDP lamp - can be very beneficial.[16] Also gentle massage, acupressure, and cupping are all complementary, and can be effective ways of bringing blood and circulation to areas of stagnation. It seems that with long-standing deep-seated blood stagnation, the gentler the intervention the better – to the point of seemingly doing nothing at all. For example, *Forceless Spontaneous release* (FSR) – a form of Yin Tuina – has been shown to be helpful in Parkinson's disease, occasionally even leading to recovery.[17] But be prepared for emotional release as a cyst is opened up, because hands-on work can sometimes be startlingly effective at exposing the emotional body.

Case Studies

Traumatic Compartmentalization

Opening a dissociated area can be much like physically incising an abscess. Contained memories, traumas, and feelings can burst forth in an overwhelming way. The following are two similar cases with different outcomes.

Debbie was a 45-year-old woman who developed a frozen right shoulder shortly after what appeared to be a minor strain lifting a heavy stack of linen at work. When she came to see us three years had gone by and there was little sign of any improvement. She held the arm across her chest, refused to use it for even minor things, and complained that it hurt with minimal movement. In that regard she exhibited a strange resignation – almost as though she'd given up – but paradoxically she had plenty to say about her resentment toward the Workers' Compensation Board (WCB) and her physicians for mismanaging her case. When asked, she explained through some grimacing that though she had accepted the fact of her disability, she was not about to let those "idiots down at the board" off the hook.

Examination revealed all the features of Blood stagnation/Dissociation in the affected arm. Treatment involved clarifying intent, opening a ShaoYang-JueYin circuit, using local points at the containment barrier and gentle massage.

During one acupuncture-bodywork session, without warning Debbie entered the void and spent several minutes violently hitting a pillow with the injured arm.[18] Later she revealed she had imagined dispatching her ex-husband, who had been somewhat abusive. After emerging from the altered state, she was quite astonished to realise she had been using the arm/shoulder which was supposedly frozen.

Aaron

This case wasn't so successful. Aaron was a 28-year-old man who injured his left knee in a saw mill accident. Like Debbie the actual physical injury appeared relatively minor, but two negative arthroscopies and three years later he was still in pain, with the extremity showing all the signs of Blood stagnation. Meantime, Aaron seemed strangely blasé about his disability. On one occasion he told me quite firmly that he never allowed himself to get angry, and never would under any circumstances, because once in the past he had 'lost it'. In this case the injury actually provided a curiously complete solution to several problems simultaneously. By containing the Wood energy in the leg and then dissociating from the leg, Aaron created a disease which provided 1) an acceptable solution to the problem of his rage 2) an acceptable idea of himself as a victim of circumstance and 3) an income from disability insurance. As of this writing Aaron remains in severe disability. There seems little point in working with him further until he makes a few fundamental decisions.

Dysmenorrhea

Bernice was a twenty-five year old woman with dysmenorrhea and perineal pain. She had attended various pain clinics – including a vulvodynia clinic – with no improvement. Her pulse was choppy and there were dark red spots on the sides of her tongue. The lower Jiao was cold compared to the middle and upper, while above the neck she was hot. She

was very interested in alternative approaches and picked up on the idea of intent quite early. Bernice alluded to having an emotionally sterile upbringing, in which sexual matters were considered dirty and never discussed. Meantime she had dreams with sexually suggestive imagery.

Treatment involved a Chong Mo input and clear intent (SP4(Gongsun),MH6(Neiguan) with Moxa, ST30(Qichong), CV3(Zhongji), & CV4(Guanyuan). With this, Bernice began to allow the pelvic movement of which she had always felt ashamed. Within a short time she experienced heat and tingling moving up the Du Mo – suggesting Kundalini awakening. After this simple experience her dysmenorrhea and vulvodynia disappeared for the first time in years. Of course the improvement was initially only temporary, but with perseverance and home dynamic meditation she eventually became pain free.[19]

Angie

Angie was a 44-year-old woman with MS who was into personal growth and all kinds of alternative medicine. Over several years she had progressed out of a wheelchair to walking with canes. Although her disease had actually regressed – which in itself was astonishing – she felt sure there was much more she could do to reverse her disease. Angie's legs were cool and showed the typical blanching of Blood stagnation. Her pulse however, was quite robust indicating she had lots of potential energy. She was more then willing to consider she might be dissociating, and was ready to reverse her intention once the concept was explained. In the context of a safe environment, she contacted a killer energy and kicked me half-way across the room while mouthing various obscenities. Afterward, she was astonished at how much power she had in her legs.

Conclusion

Despite common beliefs about illness, we actually have a lot more input into our illnesses than we would care to admit. As physicians we may intuit our patients' responsibility, but avoid bringing it to their attention for fear of provoking vigorous denial. In reality, illness rarely arises for no particular reason from an uncaring universe. More often, people are not so much victims of circumstance as they are unconscious participants in their own demise, actively bringing on their difficulties through attitudes and behaviours which are self-destructive. Moreover, there is a generally a steady progression of energetic imbalances preceding the materialization of pathology, which patients studiously ignore.

That many people who are chronically ill often feel victimized speaks directly to the issue of alienation – the existential split which indicates the primary separation from the Tao. That is the ultimate root of illness, and it needs to be made conscious if we are ever to solve the conundrum which illness presents. Once the origin of illness is brought to awareness, then the individual has a choice to shift their attitude and see what happens. Occasionally when this is done, an apparently untreatable illness will evaporate as in just the same way as it arose.

The stagnation we see in our patients is a stagnation of their consciousness, a belief in their separateness from other things. However, in the final analysis the idea of separateness is false. To see the false as false is a simple way out of the trap, and acupuncture is a great tool for awakening such awareness. But we should never forget it's only a tool, and the skill of using the tool lies with the practitioner.

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[18] The void is a state of simultaneous inner/outer awareness. Interested readers can refer to my previous article on *Intention* in Med. Acup. J. Vol. 11, No. 1, or my book *Braving the Void*, Paradox Publ.,© 1997.
[19] 'Dynamic Meditation' is a home exercise in which movement is brought into daily meditation. I have briefly discussed it in a previous article on *'Splits'* - Med Acup J., Vol.11, No.2, Fall/Winter 1999: 11-16.