

Acupuncture and Intention Needling without Needles

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The process of learning medicine never quite prepares us for the reality of the clinical encounter – and we soon discover that the real patient never quite fits the textbook description. This principle applies equally well to the clinical acupuncture encounter, where we are daily confronted with the complexities of oriental diagnosis, and the limitations of point descriptions and protocols. Nevertheless, its possible to become so focused on pattern recognition, point locations, mechanisms of action, endorphins, evidence based approaches, and so on, that we can sometimes forget that another intangible principle altogether may be at work.

The notion of “intention” in conjunction with needle insertion is a case in point. We can learn a point’s location of course, and with a modicum of training almost anyone can insert a needle into a correct location. But is that all there is to it? Are correct diagnosis and treatment formulas the foundation of acupuncture? Or, is there something going on behind the ritual of the acupuncture that accounts for many of the effects?

Practitioners over millennia have alluded this problem, and many have concluded that the intangible qualities of the physician/patient relationship can never be written down or taught. In writing of this issue in the preface to “Acupuncture in Practice - Case History Insights from the West” Ted Kaptchuk resorts to paradox by saying; “...The tension between theory and practice is necessarily resolved by an absence of resolution.”¹, and suggests that each of us must find our own way on the issue

To my mind a more encouraging response than that would be helpful, and I think we can go a long way toward acquiring those intangible skills of practice through a deliberate cultivation of principle of intent. It may take a long time to master the intangible, but let’s not assume it’s impossible and rely entirely upon point prescriptions and formulas.

What is Intention?

What do we mean by intention, and why should it be so important? Superficially intention appears obvious – patients’ request relief from their symptoms – so our intention surely should be to relieve those troublesome symptoms. And logically, if our point location is accurate, and our technique is correct, we should be able to get reproducible results. That certainly is the thinking behind the “science” of acupuncture. In a blinded trial, point location is the key issue because it is the only measurable issue. And if we want to know if “acupuncture” works, then we will want to design specific treatment protocols, and study their effects in the absence of subjective bias.

But what if *intention* is the whole key to the success of an acupuncture treatment? And what if the needle insertion is simply an expression of that intent? What then? Let me illustrate what I mean by the following story, taken from the same preface of *Case History Insights* - and referring to a patient of Zhang Zi-he (1156-1228).²

After a detailed and eloquent description of a shouting, angry, destructive and even dangerous woman, he immediately sends words to two assistants to enter the patient’s bedroom and pretend they are eccentric prostitutes. The patient laughs for the first time in months. To continue the laugh therapy, Dr. Zhang tells his assistants to dress as animals for the second day and so on, until the patient recovers in a matter of days. He *intentionally* [my italics] does not use any therapeutics that can be learned through books. The case itself seems to say that healing is ultimately life itself, and the doctor sometimes needs to provide it! Therapeutics are merely an expendable minor part.

Here the acupuncturist used no needles at all! He simply *intended* something - “needling metaphorically” so to speak, through psychodrama. In the circumstance it was clearly the correct course, but it was an intuitive leap, not a treatment regimen for a condition. The clinician saw where the energy needed to go and provided a means for it to go there. He ignored point protocols and acted intuitively.

If the above story can occur simply with practitioner intent, what startling things could happen if both practitioner and patient were to shift their intent? And if so, in what direction would they shift it? My hope is that this article will begin to answer that question.

Moving toward Symptoms

The idea that illness/pain carries a message – that it might be a call to expand our awareness – is not something generally acknowledged in medicine. We may pay lip service to the idea of course, but in the end there remains, even in acupuncture circles, an *a priori* assumption that compassionate relief of symptoms is the goal. However experience has taught me differently, and I now encourage the patient to *move toward*, rather than away from symptoms, even though that’s often the last thing they want to do. In other words we *intend* to explore – rather than get rid of – the symptom complex. In my experience such an approach can help us move toward oriental medicine’s highest potential, referred to collectively as the “hidden traditions”:

• Highest (Transformational):	Hidden traditions
• Middle (Constitutional):	Diet, supplements, herbs, TOM
• Lowest (Symptomatic):	Conventional Medicine, TOM

Table 1 - The three levels of Medicine

Philosophical Background

In Oriental medicine – which is grounded in Taoism – illness is understood as arising from the sense of separation (from the Tao), which occurs progressively as the ego develops. (Figure 1) The separation is said to start with “naming”, after which the mind begins to interpret life events in such a way as to prevent spontaneous behaviour.³ As the ego loses touch with its original nature, it creates a false sense of self, and the mind rigorously suppresses anything it deems unacceptable to the developing self-image. Thus the process of ego development is accompanied by the establishment of a “denial state” in which we habitually suppress energies we don’t like. This state might be understood as a *virtual illness*, or an illness just waiting to happen. Later, if symptoms

begin to manifest on a material level, we continue our denial by labelling the symptoms as a disease (diagnosis) and then trying to root the disease out, as if it were an alien invader.

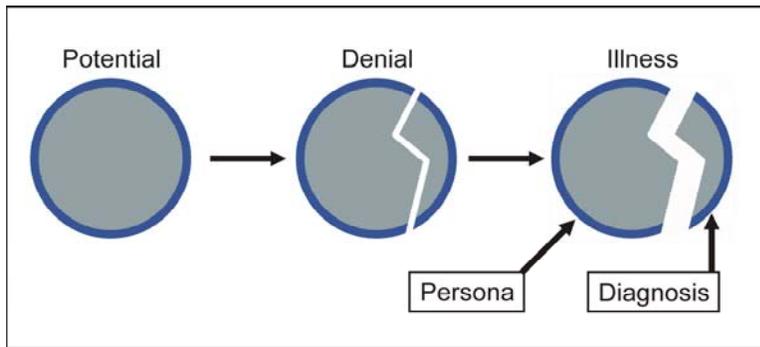


Figure 1: Ego Development: Denial and Illness

The difficulty is – the effort of maintaining a false self against the spontaneous movements of the Tao is tension producing, and energy draining, so at some point the surfacing of physical symptoms becomes inevitable. When the symptom threshold is reached, pain arises from the chronic tension, fatigue arises because vital energy is consumed in the struggle (energy

or “Qi” depletion) and depression arises as we directly experience our alienation. If we really knew this mechanism, we wouldn’t struggle so much against symptoms – as allopathic medicine encourages us to do – but rather we would try to retrieve any lost or buried energies, and integrate them into a new more authentic sense of self. The implication is that *our disease represents aspects of the self which we have lost.* (Figure 2)

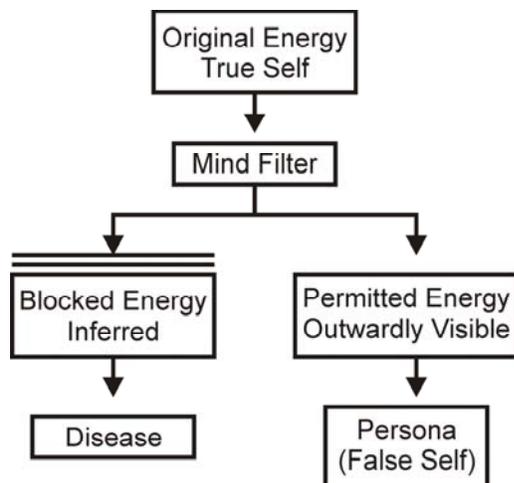


Figure 2: Expression of Original Energy Through the Filter of the Mind

Healing then becomes something quite different from what we imagine it to be. Relief of symptoms, though superficially compassionate, becomes a re-enforcement of denial if not placed in the larger context of healing. If as physicians our unquestioning intention is to relieve symptoms, then we are inadvertently directing our intention away from healing. In my view such an approach is not smart: a) because it guarantees a continuation of the disease process; b) because it sucks us into the energy vortex of the patient’s illness creating a co-dependent relationship in the process; and c) because it makes us an instrument of the patient’s denial. Apparently, to engender healing we would need to shift intent by almost 180 degrees.

Regression/Integration

It’s worth emphasising that the healing journey is not a simple reversal. The conventional adult ego consciousness is really a stage of development situated between the infant’s pre-conscious state and the super-consciousness of the sage. (Figure 3) The move toward wholeness is therefore a *pro*-gression, not a *re*-gression; an expansion rather than a contraction. It is not a return to a prior egoic state, but rather a move toward a new state altogether, one which generally involves some degree of ego transcendence. If we regress at all, we return only *symbolically* –

through inner experience – to the place where the energy was split off and recapture it, channelling it creatively with our adult awareness to progress to a new super-conscious state.

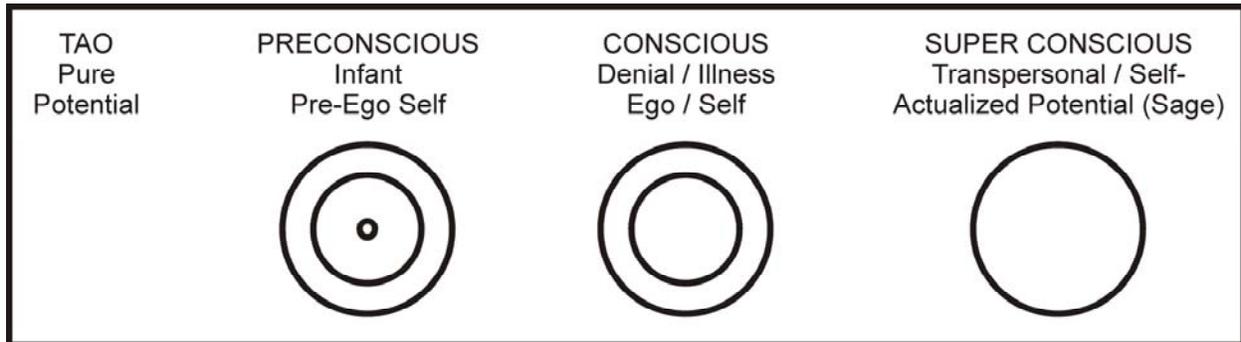


Figure 3. The Progression from Infant to Sage

When we become stuck in illness, it's usually because we don't recognize its transformational potential, and resist the changes it demands. Consequently, despite what we might say to the contrary, our intention remains firmly committed to maintenance of denial.

The Integration of Treatment & Healing

Although from a rational perspective, the directional vectors of treatment and healing appear opposed to each other, it is possible – by accessing a more integrated state of consciousness – to bring the two together in a larger embrace. (Figure 4) The integration of opposites can be understood philosophically as an expression of the principle of complementarity expressed in the familiar Yin-Yang symbol. The symbol suggests that the various apparent oppositions of treatment and healing, objectivity and subjectivity, allopathic and oriental

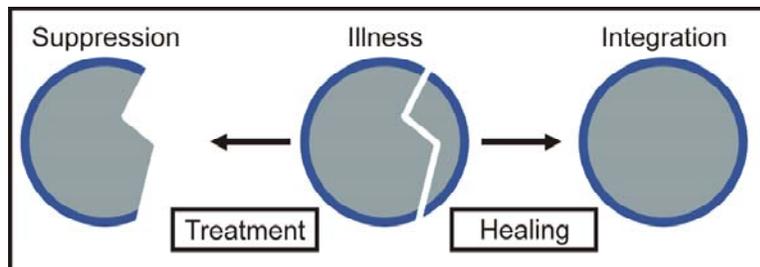


Figure 4. Directional Vectors of Treatment vs. Healing

medicine must be simply alternate ways of perceiving the same phenomenon. (Figure 5) The challenge then, is to move beyond any perspectives we currently hold, and find the *positionless position* which embraces all perspectives. Such integration can be accomplished through regular

introspection or meditation and returning to a state of perception prior to the imposition of pattern recognition (beginners or Zen mind), prior to the split between objective and subjective, a state we have referred to as the *Void*.^{4 5}

The Integration of Complementary World-Views in the Void		
OBJECTIVE/CARTESIAN WORLD VIEW <ul style="list-style-type: none"> • Outer • Objective • Mind/Body Split • Cause and Effect • Rational (Intellect) • Structural • Biomedicine 	V O I D	SUBJECTIVE WORLD VIEW <ul style="list-style-type: none"> • Inner • Subjective • Body-Mind-Spirit • Acausal • Irrational (Feelings) • Energetic • Acupuncture

Figure 5

Many of us became interested in acupuncture in part because a desire to get away from the excessive rationality of conventional medicine. As practitioners of both conventional and oriental medicine, we are in a unique position to incorporate both poles of the dialectic into our practices. However there is a danger – because of our scientific bias as physicians – of objectifying acupuncture, and reducing it to rational diagnosis and treatment model that would really be no different philosophically, from conventional medicine – a problem which has already occurred in China with the development of TCM. If we don't consciously enlarge our perspective, then our intention habitually gravitates toward symptom suppression

The polarity/antagonism of these two contrasting worldviews points to a schism in Western consciousness, a schism that we desperately need to heal – both individually and collectively. Acupuncture can be a remarkable tool to help our patients heal their split, but of course the onus is on us to heal our own first.

Intention and the Void

The void – or simultaneous inner/outer awareness – bridges the subjective/objective antagonism and accesses a more inclusive state of consciousness in both practitioner and patient. By consciously entering that state, and encouraging our patients to do the same through intention – *as part of the treatment* – then the stage is set for implementing the intent to explore.

The implication here is that if we want our patients to shift their intent toward exploration, we should first alter our own state of consciousness, as a prelude to the acupuncture treatment – a statement which might seem a bit odd at first. However, the problem is it can be very difficult to activate a shifted intent while patient and physician remain in rational consciousness, because rational mind simply cannot let go of the habitual. It is, after all, the rational mind that structured denial in the first place, and the ego simply refuses to move toward symptoms, no matter how compelling the argument might be to give it a try.

5-Phases & the Ego Cycle

The application of the 5-phase model to the stages of growth, development, and ego transcendence (Figure. 6), allows us to picture the process in a “spiral” rather than “linear” format. In the spiral model of ego development, the personal constitutional type (CT) exists within the larger context of a cycle of ego construction, degeneration and renewal. Going round

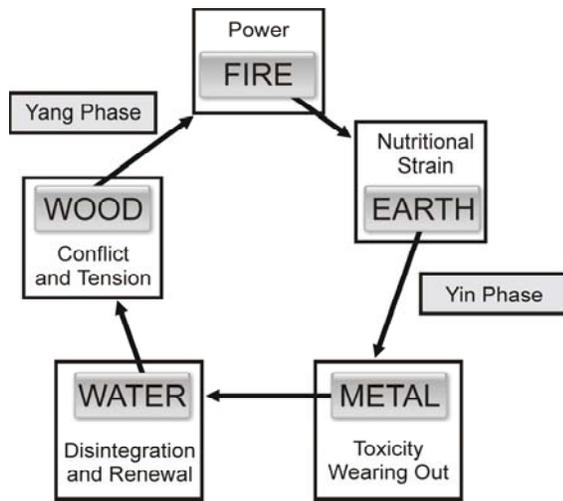


Figure 6. Elemental Phases and Chronic Illness

the circle, the Yang phase – the phase of ego construction – tends to be associated with conflict/power struggle, while the Yin phase is associated with wearing out, disintegration.

With this understanding, we can surmise where people might be in the larger scheme of things when they present with certain kinds of illnesses and such an understanding can profoundly affect the directional vector of our intent. For example, it may be less important to intend transformation with someone in the Yang phase (who is busy building an ego) than for someone in the Yin phase, (who must re-integrate buried energies or remain in chronic ill health)

5-Phases & the Void – The Golden (Metal) Gate

Most patients with chronic symptoms – regardless of the specific pathology – face an issue of letting go if they are to reach transformation, - i.e. they must relinquish an out-moded way of being, and find a new way of functioning which is not so tension producing. Thus they present in the Yin phase – in the region of the Metal element. From there the move forward into

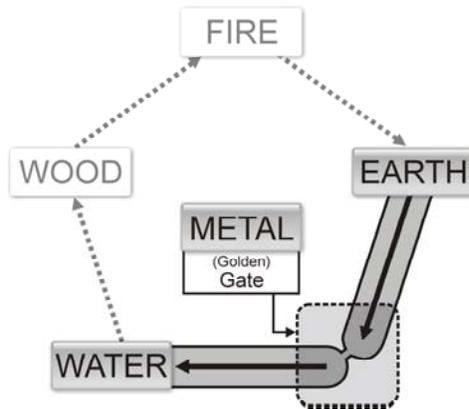


Figure 7. The Location of the Golden Gate

the apparent chaos of water. (Figure 7) This is so frightening that most people become paralysed in their symptoms, desperately trying to re-construct an ego which has outlived its usefulness. But move forward they must if they want to find healing, through what is essentially their own resistance, a psychic narrowing which has been likened to a constriction in an hourglass. In oriental philosophy, this constriction has been called the *Golden* or *Metal Gate (Jin Men)*, the *Mysterious Pass*, the *Door of Death*, and the *Gate of Birth*, so variously named perhaps because passage invokes a radical transformation.⁶

Intention & Transformation

Ultimately, we cannot avoid passage, although we can certainly delay it up until we physically die. The challenge of healing is to pass through the gate while still alive, creating a more authentic sense of self in the process. As practitioners of acupuncture we want to help our patients negotiate the passage. The difficulty is that in order for patients to pass through the gate

the practitioner/patient dyad must *intend* it without reservation, almost as if we *were* going to die, although obviously its only psychic death, not a physical one, that's being contemplated. Of course that's a tricky proposition, unless we've been through ourselves and know the way, which is perhaps why the ancients suggested it was only a sage in whom the intangible faculty of "intuition" was fully activated.

At the very least we can begin to explore the whole idea, as a means of beginning the process of "cultivating the intangible" within ourselves, because the principle of intention is really very simple, and passage through the gap is essentially automatic once the impediments to intention have been removed. The principles are: – *moving toward, silence, transformation and manifestation.*

1.	Moving toward	The directional vector which represents <i>symptom exploration</i>
2.	Silence	A state of quiet witnessing of whatever is going on
3.	Transformation	the automatic shifting dynamics of the gap
4.	Manifestation	the subjective reality which emerges from the gap

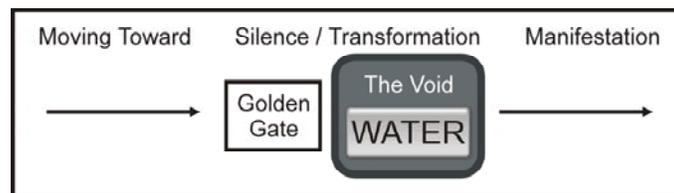


Figure 8. The mechanics of Transformation

Intention and Practice

It's one thing for the practitioner to have cultivated a healing intent, but quite another to engender a similar intent in the patient. But without a shift in their intent, patients' remain passive victims of their illness, waiting for us to perform some kind of miracle which will fix things for them. That attitude is of course unrealistic and needs to change – the sooner the better. One practical solution to this conundrum is to engage the patient actively in the therapeutic process as soon as possible in the treatment sessions. Ideally, the practitioner moves from Yang to Yin (i.e. becomes less active), while the patient moves from Yin to Yang (i.e. becomes more active).

As this reversal develops the practitioner moves increasingly into witnessing – the Yin aspect of the void (silence) – and in so doing intentionally grounds the transformational mechanics of the gap. Meanwhile the patient becomes more active – the Yang aspect of the void (transformational dynamics). From here on the subtle workings of the Tao decide what form the manifestation will take, which really has nothing to do with what we think ought to happen, and often takes a completely surprising course.

In my view we cannot force change to occur in our patients, but if we understand the mechanics of transformation, we can certainly set up an appropriate context in which change

naturally occurs. This is the magic of intention – the art of facilitating change without force. Without it, needle placement and circuit designs are generally less effective; and with it, needle insertion is often a frill and is sometimes not even necessary.

Principles of Intention

1.	Centering	Establish compassionate Heart centered awareness
2.	Rapport	Relieve symptoms, not as an end in itself, but as a way of establishing rapport
3.	Context	Provide a safe context for the emergence of transformational energies
4.	Exploration	Encourage patient to explore symptoms without pre-conceptions
5.	Attitude	Maintain a detached calmness when/if transformational energies emerge
6.	Trust	Trust the body's wisdom; and trust that outcome will be appropriate
7.	Manifestation	The phenomena which emerges from the void

1. Heart Centering

Modern research is confirming something healers have always known, that physiological rhythms associated with certain feeling states such as love, peace, and appreciation are conducive to activating the healing response. Practices which intentionally center attention in the heart area can lead to a calm, peaceful, harmonious and highly intuitive state, in which the practitioner can become aware of the minute currents of energy flowing through the body. The Heart centered state is associated with a coupling or *entrainment* of a variety of biological rhythms, including respiration, heart, autonomies, the patient's biological rhythms, and even environmental rhythms (Schumann resonance).⁷ Such energetic coupling between physician and patient can provide sufficient rapport for the patient and physician's intention to become congruent.

2. Rapport – Validation (Metal)

Metal relates to water through the Sheng cycle. The Metal element is associated with fall, of letting go. It requires the affirmation of honouring and validation, before the descent into chaos can occur. Such validation can be very difficult to achieve in the context of a cause and effect model of rational medicine, and the energetic approach of oriental medicine is generally better equipped to validate variegated symptoms because of its patterned thinking. Patients' need to find meaning in their experience before they are free to move on.

Of course, an effective way to create rapport is to relieve symptoms, which brings us back to the role of treatment. The idea of relieving symptoms, not as an end in itself, but simply as a way of creating rapport so as to secondarily re-orient the patient's intent, sheds a completely different light on the role treatment. It allows us to *intend* both treatment and healing at the same time. With such an approach, the relief of symptoms falls within the sphere of healing, rather than running in opposition to it, so that the directional contradiction is resolved.

3. Context – Safety (Earth)

A safe environment is necessary to permit the descent into chaos. The Earth element relates to Water directly through the Ko cycle, and Earth controls water through “safe containment”. (Figure 9) At the Victoria Pain Clinic we are fortunate enough to work in a residential setting, which provides a remarkably safe container. Although safety can certainly be provided in other contexts, it can be difficult in the busy physician’s office. The problem is that insufficient safety compromises intent, so a way needs to be found somehow, even if it means structuring treatment sessions outside of regular office hours. (Table 2)

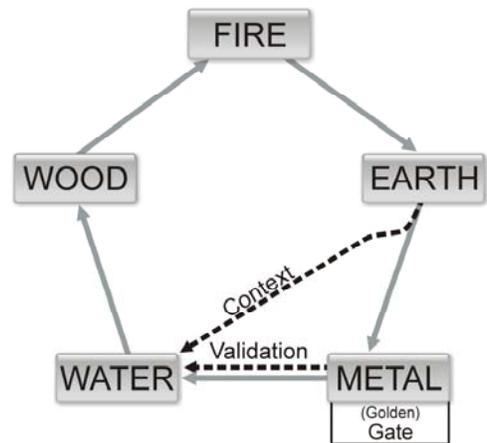


Figure 9. The impact of Earth / Metal energies on passage through the Metal Gate

Office	Residential
<ul style="list-style-type: none"> • out-patient setting • hurried appointments • impersonal environment • abreaction not appropriate • confidentiality issues 	<ul style="list-style-type: none"> • permits the development of rapport • validates patient's experience • provides safe containment • permits repeated acu-bodywork • facilitates the emergence of repressed energies • facilitates integration of new attitudes

Table 2 – Contextual factors, office versus residential

4. Exploration

The intention to explore without pre-conceptions gives the patient permission to experience the total flow of their energy without reservation. The idea is to help them move toward their pain rather than away from it, to embrace rather than reject.

5. Attitude (Silence)

Detached calmness is an essential tool for practitioners, and can be cultivated through regular introspection or meditation. When transformational energies emerge, they can be quite frightening to both physician and patient. Any anxiety on the part of the physician alters intent and thereby compromises and distorts outcome. Symptoms may arise (such as asthma or chest pain) which as physicians we have been trained to treat in other ways. To hold back and trust outcome in such situations can be challenging.

6. Trust

- a) The physician-patient relationship should be based on mutual trust, which demands absolute confidentiality, a difficult task in an era of third party funding for medical services. However, without it fear enters the picture and distorts intent – away from exploration toward symptom suppression.

- b) Trusting the body's wisdom requires an attitudinal shift on the part of both practitioner and patient. The extraordinary thing is that the body knows exactly what it needs to do to heal itself. If we act on that assumption, and encourage the patient to do the same, then the mystery of healing can unfold quite naturally with minimal effort.

7. Manifestation

Trust in the outcome, even though that outcome is unpredictable and unknown, removes performance and outcome anxiety, and frees the energy to move where it wants. The current love affair with outcome studies, and evidence based medicine points to a colossal collective misunderstanding of the healing process. Outcome cannot be controlled without compromising intent because the very attempt introduces a destabilising factor that interrupts the freedom of energy movement.

Unlocking blocks to intention

All things being equal, *moving toward* should flow quite naturally into *manifestation*, provided there were no impediments. That it does not do so speaks to the presence of unconscious blocks to the natural flow of energy, which have diverted intention into a different direction. As already stated, the two most common distortions involve a *diversion of intent* away from healing toward relief of symptoms, and a *shift of context* away from total safety toward fear and mistrust. Using the 5-elements analogy, we can identify the deeper issues on a theoretical basis, and take action ahead of time to remove such blocks in order to re-establish the natural flow. Here I will focus on the two most difficult energies, sexuality and aggression, which are universally suppressed, and indeed, often contaminated with each other. After that follows short examples of patterns involving the other elements in turn. Readers should take the following descriptions as examples only, not as an exhaustive list possible energetic patterns, which of course can take almost any recognisable form.^{1 8}

Wood - Aggression

Anger is a difficult energy to work with, so difficult in fact that as physicians we have skilfully protected ourselves by becoming objective, relying on technology, and reducing touch. Indeed, in some places touching a patient is almost illegal. But the objective defence, though apparently the safer course, changes intention away from the transformational gap, by suppressing a potentially healing energy. The problem is that suppression of anger leads to chronic muscular tension. Rather than avoiding the issue entirely, patients need to access their aggressive energy and then learn to channel it creatively. The main difficulty for practitioners – and the reason we avoid it like the plague – is that when it is first shows up, it often gets projected onto the practitioner, which makes us understandably reluctant to facilitate its appearance.

¹ A detailed discussion of psychic energetic patterns is beyond the scope of this article, and I would refer interested readers to Leon Hammer's book "*Dragon Rises & Red Bird Flies*"

If we wish to work creatively with the energy, it helps to spot the possibility of projection ahead of time in order to avoid being a target. The phase model suggests honouring patients' rage, while encouraging them to own it. (Metal controls Wood).

A practitioner friend of mine told me a story of a patient of his, whom he had inadvertently left in the treatment room with needles in place a bit longer than he would have liked, because he had been interrupted by a phone call. She ended up storming out of the office, and went on to bad-mouth him around town. No doubt she had a Wood imbalance, in which case my friend's treatment had been very effective, because the Wood energy surfaced. But his experience left a bad taste in his mouth - probably bitter - as her anger was successfully projected. We've all had such experiences, of course, but if as a result we habitually opt for avoidance, then the reluctance to provoke anger compromises intent.

One thing I like to do – if I suspect anger is an issue – is tell patients ahead of time that I want them to be free to feel their rage, but that they should strive to keep it impersonal with regard to me. And then, deliberately revealing a bit of myself I add: *“because if you should get personal, I won't feel safe”*.

The advantages of such an approach are:

1. It gives patient's the freedom to get angry
2. Everyone feels safer.
3. If they do get angry, they often conclude I'm a smart doctor for spotting it ahead of time, so I come out looking good, instead of bad.
4. The deliberate revealing of my humanity prompts the patient to assume some responsibility for their feelings. This actually supports intent rather than detracts from it.

Chong Mo - Sexual energy

Almost everyone has their sexual energy blocked to some degree, but it may be the key issue in patients with low back pain, stiff or tight pelvises, those with a history of physical or sexual abuse and so on. In these days of zero tolerance for sexual transgressions by physicians, the idea of working with sexual energy can strike terror into the heart of a practitioner – and understandably so. But again, the defence of objectivity and emotional distance only compromises intent, so we are left in a quandary with apparently no easy solution. The thing is that our sexual energy – being our primary energy – can be extremely healing if the energy is allowed to move. The problem is how to facilitate its movement without getting into trouble?

One answer – in much the same as with aggression – is that we need to find a way to let the energy move while keeping it impersonal. The trick with sexual energy is to encourage the patient to allow the movement of the pelvis, while maintaining a light-hearted matter-of-fact attitude. It's the movement of the pelvis that's important, with the intention being to retain the energy in the body. Such an approach opens the flow of kundalini and often produces very dramatic results, with general enlivenment, lifting of spirits, improved general health, and so on.

It goes without saying that this is an extremely delicate area of practice. For practitioner's who wish to explore this dimension, I would highly recommend working with a chaperone whenever the client is of the opposite sex. However the rewards can be incredible, and well worth the effort.

Water – Fear and Terror

Many water types are paralysed with fear and need heavy doses of reassurance. Often they refuse to have needles at all, which makes them difficult to work with. In such cases I have found moxa to be invaluable, often obviating the need for needles altogether². When the energy moves, it often begins with a fine shivering which the patient often misinterprets as a feeling of being cold.

The trick here is to resist the temptation to stop the shivering with warm blankets and hot tea, but rather to use the opportunity to have the patient create a new *referent* in their mind for energy movement, so as to differentiate the experience from shivering.

Fire – Joy and Sadness

The eruption of joy or laughter during treatment does not usually pose any difficulties, but the sadness, which reflects the flip side of the coin, can be a place the fire person is more reluctant to feel. One technique I find useful is to encourage patients to go deeply into the laughter until they spontaneously cry (or vice-versa). When the opposite emotion emerges – as it usually does eventually – I then suggest they allow themselves to experience the two poles simultaneously.

The intent here is to plunge the patient into a cognitive dissonance which forces them – on the basis of their direct experience – to re-evaluate the strategy of separating their highs from their lows.

Earth - Sympathy

Of all the elements I find this one the most “icky”. I know this is an invented word, but I can't find a better one for the feeling of stickiness I get when working with an imbalanced Earth. Oftentimes these patients will have anxiety attacks designed to draw attention and sympathy, and have a history of frequent visits to the emergency departments for one thing or another. These patients crave co-dependent-nurturing relationships, and intent quickly becomes compromised if we give in to their demands. Therein lies the “ick”. The difficulty is: how do we provide sympathy while avoiding being dragged into the quicksand?

² I recommend using the 5-element technique of super-gold moxa directly on the skin, rather than the cigar sticks, which are cumbersome and smelly.

Here is a great case for unbending intent, because the call for help from some of these patients can be hard to resist – both personally and professionally. One approach I find useful is to take them right into the anxiety attack, provide sympathetic support for them while they negotiate the terror, encourage them to set boundaries by accessing their rage (often at their mothers), and then suggest they imagine their own adult-self nurturing the abandoned child within. By encouraging them to do their own nurturing, I'm let off the hook.

Such an approach can take them to a peaceful place within a few minutes, but needs to be repeated as a daily meditation or else the call for help comes again.

Metal - Grief

While the need to grieve may be readily acknowledged by patients, the act of letting go of tension in a more general sense can be very difficult for people of a metal constitution. These are the obsessive-compulsive types who just go on and on about their various health problems – often involving their bowels. Maintaining focus in the face of such never-ending complaints can pose a real challenge, and I have sometimes resorted to trickery to help these patients lighten up (bringing Fire to Metal).

Here I would like to relate a case of my own which reminds me of the story at the beginning of this article.

“The patient (Tim) seemed to be in an endless loop of wailing, which was so noisy and annoying it was hurting my ears. In the process of looking around for earplugs, the only thing I could find within reach was some Kleenex. Without thinking, I promptly I rolled up a couple and stuffed them into my ears, leaving myself looking for all the world like Mickey Mouse. It was just at this critical moment that Tim opened his eyes to see me looking like something out of a cartoon strip. He howled with laughter and could not stop for half an hour. That experience helped him to lighten up a bit, and turn the corner on his chronic anxiety.”

Conclusion

In many ways the acupuncture experience is an elaborate healing ritual. Backed up as it is by thousands of years of collective experience and belief, the power of the ritual goes far beyond what is demonstrable by science, and touches on aspects of reality which we are only beginning to understand. Interestingly, the one consistent thing science has shown us again and again, is how enormous the influence of the subjective actually is, and how hard it is to remove from scientific trials. Philosophically, we could predict that the struggle to remove the subjective would be an impossible task, and therefore in long run destined to fail. Why not accept that reality and work with the subjective, rather than against it?

Much of the healing power of acupuncture lies in the intangibles of the doctor/patient relationship, with the act of needling being simply a physical expression of the energetic vector emerging from the interaction. I think it's a great mistake to put too much credence on the physical act itself – simply because it can be observed – and pretend that that is all there is to it. Unfortunately, the drive to integrate acupuncture into medical practice in a way acceptable to the

scientific community is pushing us all to compromise some very fundamental philosophical principles, in order to make acupuncture research fit the requirements of what is essentially an inappropriate investigational model. This mistake has been described as a “category error”, and its time someone pointed out the problem.⁹ Meanwhile, the collective belief in the mystical power of acupuncture has too often left patients in a powerless place, unaware of the meaning of the ritual and their own participation in it.

Far better, I think, to demystify the whole process, and let the patient in on the secret. When the patient is no longer baffled by the mysterious workings of the “oriental” medicine, the stage is set for the conscious establishing of mutual intent. The thing is, it’s an expression of the mutual intent anyway, whether we are aware of it or not. It’s just that for the most part, we haven’t taken the time to make sure the mutuality is both conscious and congruent. With intent pointing any which way other than healing, is it any wonder we don’t consider its effects to be significant? A little time spent on the issue is worth many acupuncture sessions, leads rapidly to patient empowerment, and a gratifying freedom for the practitioner.

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