

## PERSPECTIVES

# What Does It Mean to Practice an Energy Medicine?

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### ABSTRACT

The concepts that energy exists and moves and that health is homeodynamic form the core assumptions of medical practices such as acupuncture that are known as energy medicines. These assumptions lead logically to practice characteristics that distinguish energy medicines from materialist medicines.

### INTRODUCTION

I was trained by Chinese teachers in a Traditional Chinese Medicine style (a popular style of practice that dates to the 1950s although it draws on older material). When I graduated, I found myself constantly returning to the question “What does it mean to practice an energy medicine?” I asked this question as anthropologist and human biologist interested in the deep character of medical systems, and as novice medical practitioner. I did not have a ready answer because the conventional bodily paradigms of the West do not discuss “energy” (apart from the etiolated concepts of fatigue versus pep) and the acupuncture I had been taught had little to do with concepts of flow. Instead we were expected to assess symptoms and signs and link them to *Zang-fu* disorders that, in their tendency to seem static and apart from the patient, closely resembled biomedical diseases.

In February 2003, Mark Seem, Ph.D., L.Ac., founder and head of the Tri-State Acupuncture School in New York City, with Warner Seem, M.S., L.Ac., head of research, and other faculty, hosted a unique seminar during which five master acupuncture practitioners demonstrated and explained themselves to an attentive group of 12 acupuncture researchers. The master practitioners included two women and three men, Mark Seem (New York), Arya Nielsen, M.A., M.S., L.Ac. (New York), Wei Liu, T.C.M.D. (Minnesota), Kiiko Matsumoto, L.Ac. (Massachusetts), and William Skelton, M.S., L.Ac. (North Carolina). As I watched these masterly

hands tap, press, and sweep across patients’ bodies, and as I heard reports of change and listened to the practitioners’ efforts at self-explanation, I was again provoked to ask “What is an energy medicine?”

What follows is my first approximate answer. It has two parts. In the first I identify features of a true energy medicine. In the second, drawing on the seminar, I describe what master practitioners do when delivering an energy medicine. My examples are taken from Chinese/Oriental Medicine.

### CHARACTERISTICS OF AN ENERGY MEDICINE

Early in the twentieth century physics struggled to choose between two models: one that emphasized the parts of atoms and located them, and another that assessed waves of energy produced when the parts moved. This argument can be thought of as one of tension between noun and verb—localization and itemization versus movement, flow. Philosophers might simply understand that sentences require both, but in practice, the tension recurs as people think about science and medicine because our dominant metaparadigm is materialist—we *prefer* nouns—yet, verbs inevitably prove useful.

Biomedicine, the dominant Western medicine, is materialist, and creates a noun-based reality. Even its physiology is phrased in terms of chemicals, cells and cell membranes,

organs, and body systems. Flow is implied, but typically stopped and materialized. For example, the synapse is a moment during which something essential changes yet it is named and taught as if it were a locus. Clinically, biomedicine focuses on the physical body, identifies a plethora of diseases that are formally defined in textbooks and more easily assessed by laboratory results than by how they manifest in patients, and emphasizes two materialist interventive modalities, pharmaceutical drugs and surgery. In a typical biomedical office encounter, the patient expects to go through a lengthy process of diagnosis (today mainly laboratory tests) followed days or weeks later by receiving prescriptions for medications that themselves may take some time to create change, and may require yet more time for fine-tuning if they produce side-effects. If the laboratory results do not clearly point toward “a disease” the patient may be told that “there is nothing wrong” even if he or she insists that he or she does not feel well.

Patients tend to live in a world of feeling, that is, a world of verbs. Increasingly, patients are seeking complementary and alternative medicine (CAM) care because they sense that it offers “something different”—often rather difficult to define. Many say that CAM practices differ because they are holistic, suggesting they treat body and person, or body, mind, and spirit and of these, mind, spirit, and person are not material. Clinically, however, it is entirely possible to bring a noun-based sensibility to holism. Two examples include treating the spirit with drugs and providing nutrient supplementation in a model that closely resembles the prescribing of pharmaceuticals. So “holism” alone does not lead one into an energy medicine.

To enter truly into an energy medicine mind-set we must start by radically accepting two perceptions: (1) The body–person is homeodynamic—moving, changing, metabolizing and (2) All its parts are linked, thus the whole is represented in the parts, and the parts in the whole. These twin verb-based perceptions draw in their logical train significant changes in how physiology, health, disorder, and patient care are understood, producing a medicine quite different from one that reasons from locality and itemization.

If “all the parts are linked” and *qi* (“energy,” “breath”) is “constantly moving,” then one can treat any part of the body–person, and expect change elsewhere. Energy is nonlocal: the energy of the heart is in every part of the body, as is that of the brain, the uterus, the hand, the gastrocnemius muscle. And so, with acupuncture, we can treat the eye by needling at the ankle; steady the heart rhythm by needling on the wrist; or ease thigh pain by inserting a needle in the ear. Chinese Medicine offers two models to explain this. One is to say that *qi* moves throughout the body and can be accessed by touching or needling acupoints, which are organized in relation to several meridians that relate, in turn, to internal functional Organs (a functional Organ, too, is expressed throughout the body; it is not located like its anatomic counterpart). Another is to say that there are many microsystems in the body, each

of which reproduces the body in its entirety, hence, one can treat on the hand, foot, ear, scalp, and affect specific distant parts.

Another point to note is that a body in homeodynamis is in energetic balance, and yet this balance is not static, which is why I am not using the word homeostasis. The point of balance for each individual is also the point of health, the spot at which all systems are working together and the person’s experience of wellness is “transparent,” that is, he or she can just get on with life, without experiencing distress. But this point *changes*—this body–person changes—with season, with age, in response to the stressors of daily life including accident and illness. What does this mean? It means, first, that the body–person, in a verb-based medicine, is perceived as responsive. This in turn suggests that intense and invasive treatment modalities are unnecessary; simple and relatively gentle guidance will support a return toward homeodynamis.

The fact that this body–person changes also means that (1) there can be no set-apart well-defined “diseases” but only various ways in which energy can show up as perturbed; (2) thus, the practitioner can always reach a diagnosis; and (3) the sick person always has the opportunity to improve or perhaps to heal, because conditions, no matter how materialized, also have an energetic component, and finally, (4) the practitioner must follow the patient’s changes and individualize treatment.

If we could map “health” for individuals, we would find it falls somewhere in the middle of the person’s own circle of life, or (speaking more linearly) normal curve, with malfunctions of excess and deficiency at the periphery. Indeed, a remarkable characteristic of acupuncture is that stimulating the same point will treat either excess or deficiency. In short, needling tends to move the body back toward homeodynamis (Hammerschlag, 2002).

## WHAT DO MASTER PRACTITIONERS DO?

Implied above is that, in contrast to a materialist medicine, an energy medicine works more with what is felt than measured. Calipers cannot show it is there, but by whatever name—*qi*, *prana*, vital spirit—it can be tracked with attentive fingers, eyes, ears, nose. (Electromagnetic devices are increasingly providing external confirmation of how and where energy moves during treatment, offering evidence that is highly meaningful to materialist thinkers.)

At the February seminar the masters each offered a somewhat different explanation for what they were doing as they treated patients, yet all were united on several points, which strike me as core to the delivery of Chinese Medicine and energy medicines in general. The characteristics I have abstracted below are major reasons why patients seek out and like to be treated by practitioners of energy medicines (Cassidy, 1998a).

First, all of the masters showed that one needs to *touch* patients—Chinese Medicine is a hands-on medicine. In

touching one feels the energy perturbations, feels change, and by the intimacy of touch creates a relationship not only with flesh, but also with person. The touch of master practitioners is intentional and highly knowledgeable: the five practitioners used it to reassure the patient, to diagnose energy perturbation, to follow the progress of treatment, and to assess the quality of their intervention.

This is a significant point: in an energy medicine, diagnosis, intervention, and the measurement of response to treatment are linked so seamlessly that in the hands of a master one cannot segregate them. The practitioner continually seeks feedback from the body–person that he or she is treating and modifies his or her intervention in response to it. The process, as demonstrated by the master practitioners, goes like this: It begins as the practitioner uses his or her hands to press, push, pull and stroke to map the geography of pain, tension, stagnation, deficiency, then chooses where to put the first needle. The needle is inserted and the hands continue their exploration, but now they are testing for response, a muscle twitch, a letting go, a filling up. Another needle is inserted; the practitioner's eyes and ears are also at work, seeking change in color, tension, voice quality, the glow of *shen* ("spirit" especially as expressed by the Heart Organ). Again and again, the master rests fingers on the patient's pulses. Ongoing changes guide the next choice of needle, and the decision to stop needling. The treatment arises out of this continual checking back—it is not the product of a predetermined needle protocol.

During treatment, the patient is helped to notice change. Every master practitioner emphasized how he or she trains patients to describe and track their experiences. This learning has downstream effects, mobilizing hope, and empowering healing as the patient helps to guide the intervention: together the practitioner and the patient form a dynamic health-seeking unit.

Change happens fast: in the here and now the pulses even out, holding patterns release, a haggard face relaxes, eyes brighten, and the patient says, "I feel better." In subsequent days there will be more change, but significantly, with acupuncture there is no need to wait days or weeks for the onset of pharmaceutical effectiveness. The patient receives a rapid reward—so does the practitioner—and this, also, is characteristic of practicing an energy medicine.

Finally, although a point the master practitioners could not show, the relief delivered by acupuncture (or any other energy medicine) is not simple. If care is successful, the distress caused by the primary complaint dissipates as the person's energy pattern moves back toward homeodynamics. But because treatment has addressed flow, and thus the entire body–person, patients discover that more has changed than merely the pain in the shoulder or the burning in the urinary bladder. They sleep better, they can sit in traffic with less tension, their unreported rash disappears, their teenager proves delightful after all, or they do not seem to need antidepressants anymore. These are "expanded effects of care," also called secondary and tertiary effects of care, the result

of caring for a whole body–person instead of a part or a disease (Cassidy, 1998b).

## RETURNING NOW TO MY BEGINNER'S QUESTION

After watching the master practitioners guide rapid response in their demonstration patients, and applying my own perceptual filters gained from practice and from being a medical anthropologist, I feel more confident that I know what I mean when I say, "I practice an energy medicine." This means (among other things) that you use your hands as well as your eyes and ears and nose and mind and spirit; that you monitor the effectiveness of your intervention on-goingly; that you engage your patient in a relationship such that he or she becomes more body-aware, more able to guide treatment and do self-care, and potentially filled with hope. At the deep level it means that you use a model of reality that experiences body–persons as responsive, changeable, dynamic—positing that their malfunctions can heal and their biases can be controlled so that disorder can be prevented as the person's energy pattern returns toward their own unique homeodynamic.

I began by recalling that physicists used to argue about whether object or movement was the better descriptor of atomic reality. Eventually, we know, the answer became "both-and"—both models are accurate and the real task is to know when to apply the rules of which model. A similar argument works for medical models. Biomedicine is similar to the physics of atomic structure, while Chinese Medicine/energy medicine relates to the physics of waves. Both models serve. The fact that their deep structures differ means, however, that we must tend the differences consciously and carefully as we design research, create institutional controls, and deliver care, else we run the danger of mistreating one or both of these effective medicines.

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