

What is the Point?

En-Spiriting the Practice of Acupuncture

by

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B.A., Carleton University, 1993

A Thesis Submitted in Partial Fulfillment of the  
Requirements for the Degree of

MASTER OF ARTS

in the Department of Curriculum and Instruction

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University of Victoria

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### ***Abstract***

The following is an inquiry into the phenomenon of “Spirit” and its relation to the practice of locating an acupuncture point. In this context of Traditional Chinese Medicine, which finds its roots in Taoist tradition, the aspect of Spirit *shen* is understood as being inextricably inter-related, inter-dependent and inter-connected with the Body and Mind aspects of this triune.

Eight practitioners agreed to participate in a taped interview describing the experience of locating an acupoint. Although each practitioner described an experience which was unique, four threads emerged which are similar: (1) the practitioner focuses a body mediated awareness inward; (2) this awareness is then extended to the patient; (3) then there is the experience of movement toward the point both with intention and a palpating finger; and (4) when the point has been located there is a pause, followed by the sensation of arrival of the patient’s *qi* at the acupoint.

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## ***Acknowledgements***

Over the course of this inquiry into the phenomenon of experience, I have met and been inspired by many wonderful people who have, in various capacities, helped me along my Way. For the most part, the names are too numerous to mention and, you know who you are. In particular, I express my deep appreciation to:

- Scott, for starting me on this en-Spirit-ed journey.
- Antoinette, for inspiration, understanding and your gentle hand along the Way.
- Vibe, for listening, hearing and reminding about ‘that which is perfect.’
- All the practitioners and participants whose responses have helped me to delve deeper into the mystery.

This has been a significant experience which will continue to inform me. Thank you all for your myriad forms of support and encouragement which have ushered me here to this point, and from which point I continue to proceed, transformed.

***Dedication***

I dedicate this work to all who walk the Path

– may we each find our way

Home.

***Preview: What is the Point?***

The following research looks at the relationship of “Spirit” to the practice of acupuncture. Acupuncture is a modality of health treatment that stimulates energetic points on the body in order to achieve health and harmony throughout the organism. It has its roots in the ancient Eastern cultures that attributed good health to the maintenance of a dynamic equilibrium between the energies of Body, Mind and Spirit.

My interest in this relationship originates from experience studying acupuncture and Traditional Chinese Medicine (TCM). During this time, my curiosity was stimulated by a dearth of information in two particular areas. The first area concerned Spirit. In class, we were told that the purpose of our practice was to balance the inter-related triune of what, in English, was referred to as Body, Mind and Spirit. (In this tradition, the triune is understood as being inter-related, inter-dependent and inter-connected: one is not affected without affecting the other two. In this way, the capitalized “Body, Mind and Spirit” is used to distinguish from the western body, mind and spirit.) However, over the course of study very little was ever mentioned about the experience, nature and effects of Spirit in acupuncture. The second area concerned the act of locating acupuncture points. Being guided by my own internal sense of point location, I was interested in how acupoints were located without the use of a formulaic anatomically based technique such as

the ones we were taught using translated Chinese texts. After I graduated, my curiosity concerning these two questions persisted.

Continuing with my personal studies subsequent to acupuncture school, while reading a translation of the Huang Di Nei Jing: Ling Shu [hwahng dee nay jing: ling shoo] (The yellow emperor's classic of internal medicine: spiritual axis, trans. in Lu, 1978), I came across a passage which seemed to be relevant to both topics of my original curiosity:

The Yellow Emperor asked Qi Bo saying, "the laws of acupuncture dictate that needling [of acupoints] should be, first and foremost, based upon the Spirit..." (p.725).

Although a nebulous directive, it indicated to me that the classics might provide more information about Spirit and non-formulaic point location where contemporary sources fell short. In pursuing this lead I found that, of the classics which exist and are translated into English such as the Huang Di Nei Jing (Lu, 1978; Veith, 1949), the information about Spirit is largely allegorical. The questions which remain for me concern the nature of the experience of Spirit and, the experience of locating an acupoint using other than a standardized formulaic method.

The title of this research, "What is the Point?" is a play on words, the significance of which varies dependent on the context. In this thesis, I will

attempt to answer the following interpretations of the question as a means to explore the relationship between Spirit and the practice of acupuncture:

1. What is the point that distinguishes the practice of acupuncture from the practice of Western medicine?
2. What is the crux of the practice of acupuncture?
3. What is an acupoint?
4. Is Spirit the point of acupuncture?

In order to provide context for these questions, the first chapter lays a groundwork of the philosophies and terms necessary to understanding the inquiry. Chapter two outlines my experience of finding an acupoint. In chapters three and four entitled, *A Knock* and, *An Answer at the Gate* respectively, the methodology of the study and the experiences of the participant practitioners are presented. Finally, chapter five provides an overview of the findings along with speculations about a new direction for cooperation between Eastern and Western medical practices and suggestions for an approach to teaching an en-Spirited acupuncture curriculum.

## ***Ch. 1: Introducing the land of the Point***

“Chinese Medicine” is a term commonly used to refer to a style of health care which has slowly gained acknowledgement in the West since the start of the 20<sup>th</sup> century. In many North American minds Chinese Medicine is rather nebulously understood, both in terms of the treatment it offers as well as the philosophy inherent in its approach to illness. Acupuncture, moxibustion (a technique of burning the herb mugwort to stimulate healing energy), Chinese herbalism, *tui na* [twee nah] (Chinese massage), *qi gong* [chee goong] an ancient internal approach to life force cultivation, dietary therapy and lifestyle counseling all fall under the umbrella of Chinese Medicine and are practices which have been developing and deepening over the past several thousand years. The unifying precept, regardless of the modality engaged, is to re-establish dynamic balance and harmony to the being. It is through this balancing process that the dis-ease of the being, human or animal, is relieved. The philosophy which has guided the evolution of Chinese Medicine has at its roots a combination of shamanism, Buddhist and Taoist sensibilities which, with the aid of strong oral tradition and written record, has survived the centuries to influence current systems of thought (see Needham (1996) Science and civilisation in China Vol.6 for more detail).

Some of the earliest ideas and practices of Chinese Medicine to be recorded are found in the Huang Di Nei Jing. It is common belief that the Nei

Jing was written as a compilation of long-standing medical oral traditions. The form in which the Nei Jing is written is quite unlike any other style of medical text; it is written as a dialogue between Huang Di, the Yellow Emperor, and one or another of his ministers, the most famous being Qi Bo [chee boh]. Thus, instead of following a single topic, the discursive style reads more like a treatise on how to live a balanced life, flowing beyond what allopathic medical historians would consider a strict medical text. It is a good example of how, at that time, medicine, philosophy and religion were all inextricably linked in an understanding of the processes of life.

Some historians believe that the initial transcription of the Nei Jing occurred during the Han Dynasty in the 3rd century B.C., some 2,300 years after the lives of Huang Di and Qi Bo.<sup>1</sup> In its present form, the Nei Jing, a compendium of twenty-four books, is thought to consist of an indeterminate amount of original text and many subsequent layers of added commentary. It has two parts, the Su Wen [soo wen], or Simple questions, and the Ling Shu [ling shoo], the Spiritual axis.

The classic writings from the subsequent centuries demonstrate that Chinese medicine is the result of a continuous tradition of observation, critical thought and the testing of these developed ideas about health and life, ideas which developed embedded in an ideology quite different from those which

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<sup>1</sup> "It sums up the experimental, physiological knowledge of all the centuries which preceded, for it systematized it in one chapter..." (Dawson, 1927, p.59).

influenced the Western world. In the Chinese classics, the accumulated understanding of health, regardless of differences in terminology and focus, seem to support and be based on the idea of wholism: in order to understand a single aspect of a living organism, one must understand it in relation to the whole (Hsu & Peacher, 1977). When one considers the relatively compartmentalized approach to medicine which dominant culture has accustomed us to in the West, it is remarkable how this ancient tradition integrates the diverse flows of life.

### **Philosophical Underpinnings**

Critical to understanding the origins of this eastern approach toward life and health, is familiarity with some of the rudimentary precepts of Taoist teachings. As Dr. Edward H. Hume (1942) wrote, "To understand the older conceptions of medicine, it is essential to form a picture of the cosmogeny, or philosophy of the origin of the world, existing for centuries, but given form chiefly by Taoism" (p.296).

When written in Chinese, the pictogram for "Tao" has been translated variously to mean "Way" as well as "Teaching." It is said that in the Tao Te Ching, "Tao" refers to the reality which gave rise to the universe because there was no other more appropriate term. According to one translation of

the Tao Te Ching (Wilhelm, 1985), "Tao" is a referent used for something nameless and un-nameable.

The Tao that can be expressed

Is not the eternal Tao.

The name that can be named

Is not the eternal name. (p.27)

If a person unfamiliar with this non-categorical epistemology attempts to understand the Tao, the mind will be challenged even to approach a place of understanding, because it is not with the intellect that one arrives at this appreciation. This is one of the underlying premises of Chinese Medicine.

Grigg (1995) translates Lao Tzu:

Although the Tao is simple,

it cannot be explained.

Because it cannot be explained,

no one can understand it.

If people would follow

its simple way,

The natural rhythm of all things

would rise and fall in easy order.

But thinking has divided  
the wholeness of things,  
Invented systems  
and given names to parts.  
Now there are systems for everything,  
too many parts to count,  
And no one knows  
when the dividing will stop. (p.101)

The Tao Te Ching is the first documented text to use Tao in a metaphysical sense – as the all encompassing, first principle (Wilhelm, 1985). We might be tempted to grasp at the idea that the Tao is the Origin, the beginning of all things, the causal key to the mystery of this grand effect. However, to the Western initiate, the Tao is full of paradoxes: The Way has no creator; it creates itself. Smith (1991, p.198) refers to the three meanings of Tao as the way of ultimate reality, the way of the universe and the way of human life.

What then of one of the Aristotelian keystones of Western philosophy: ‘Men do not think they know a thing until they have grasped the ‘why’ of it’ (Untermeyer-Jones, 1976). How do we come to understand this alternate form

of logic if there is no cause and effect relationship? According to Grigg's translation of Lao Tzu (1995)

Front and back

arise from each other.

Difficult and easy

determine each other.

High and low

define each other.

Long and short

measure each other.

Sound and silence

echo each other.

Being and non-being

are each other. (p.61)

Pascal, the 17<sup>th</sup> C French mathematician and philosopher, indicated a gateway to a larger understanding: "The last proceeding of reason is to recognize that there is an infinity of things beyond it" (1995).

Thus it is said:

Understanding the Tao

Is like being confused;

Finding the Tao

Is like being lost.

(Lao Tzu, trans. 1995, p.6)

An important aspect of my understanding of Taoism is that all nature is part of a larger cyclical flow which is continually unfolding itself. This flow is a synthesis in which all opposites depend on each other for existence, and in which each thing can be understood only in relation to the whole. An apt description of a Taoist perspective on the world and a platform for approaching Chinese Medicine is found in Needham's (1995) Science and civilization in China (cited in Kaptchuk, 1983, p.15).

Conceptions are not subsumed under one another but placed side by side in a *pattern*, and things influence one another not by acts of mechanical causations, but by a kind of 'inductance' ... The key-word in Chinese thought is *Order* and above all *Pattern* ... Things behave in particular ways not necessarily because of prior actions or impulsions of other things, but because their positions in the ever-moving cyclical universe was such that they were endowed with intrinsic natures which made that

behaviour inevitable for them ... They were thus parts in existential dependence upon the whole world-organism.

This form of logic, which places emphasis on Relation in contrast to Cause and omits reference to hierarchy, allows for an appreciation of the present manifestation of the cyclical flow – the flux of the larger dynamic organism. This is reflected in the religions of the East, in which the unifying premise is not the creator, but rather the pattern of the created. In the East, the Truth is in the moment, whereas in the West the general approach to Truth is that it exists somewhere, statically, waiting to be uncovered or grasped. Similarly, at its depth, moving beyond general symptomatic relief, a Western medical focus aims to discover the origin, the isolated cause of a disease; whereas Chinese Medicine focuses on the relational imbalance which gives rise to the symptoms of dis-ease, thus allowing for an understanding of these symptoms in the context of the whole being. Where Western medicine is analytic and reductionistic, Chinese medicine is organistic and psychosomatic (Needham cited in Yuasa, 1993, p.101).

In early Chinese Taoist thought, this ‘logic’ through which relationships, patterns and change are understood is an example of the *yin-yang* theory of complementarity. The Chinese character for *yin* originally denoted the shady side of a mountain while *yang* represented the sunny side of the mountain. As Watts (1975) writes, “The *yin-yang* principle is not,

therefore, what we would ordinarily call a dualism, but rather an explicit duality expressing an implicit unity” (p.26). Although each side of the mountain appear to have opposite amounts of light, they are still sides of the same mountain; one cannot exist without the other. It is similar with dualities which are associated with *yin* and *yang*. To name a few: passivity exists in relation to activity, form to energy, internal processes to external, darkness to light, cold to warmth, decline to growth and downward flow to upward flow. Another important premise of *yin-yang* theory is that nothing exists in static isolation: all levels of our universe exist and change in relation to others. Just as over the course of the day, the sunny side of the mountain becomes the shady side (and vice versa), *yin* and *yang* each contain the seed of the other, each alternately growing and fading as the cycle of energy flows back and forth between them. Within the context of a day and night, during the day there is more *yang* and less *yin*, while during the night the inverse is true. Applying the Tao to matters of health, the principles illustrated in the relationship of *yin-yang* are believed to be at the fulcrum of a balanced state of life; from the Su-Wen as quoted in Chan (1963),

Tao produced the One.

The One produced the Two.

The Two produced the Three.

And the Three produced the ten thousand things.

The ten thousand things carry the Yin and  
Embrace the Yang and through the blending  
Of the Qi they achieve harmony. (p.160)

So, at the same time that these ten thousand things belong to a greater macrocosmic balance of *yin-yang*, each individual unit of being contains its very own microcosm of *yin-yang*. There are several analogies which, to a limited extent, serve to illustrate the understanding. Picture a giant matryoshka – a set of Eastern European nesting dolls. Each doll contains a slightly smaller version of itself, within itself. So it is with each human: within the cosmos of each being, there exist many smaller worlds. Yet the exchange within humans is not restricted to containment, it is much more fluid: at each level dynamic movement plays out moment by moment, continuously balancing and counter-balancing the effects for the whole. Using a different analogy, Yuasa (1993) refers to the hologram to illustrate the relationship: “Each part invariably contains information about the whole, and holds the relationship of an interconnected web where the part is equal to whole” (p.100).

In Western medicine the concept of homeostasis serves to illustrate that levels of balance vary from person to person. For example, variance between people in average resting body temperatures demonstrates differences in the levels at which individual physiological balance comes to

rest. In a similar way, the balance of yin-yang in each person is affected by a dynamism unique to them: what may unbalance one person's dynamic of health may not affect another person's in the least. Chuang Tzu (Watts trans., 1975) referred to

Yin Yang [as] the alternating pulse of the eternal series of surprises we call oneself. (p.31)

With respect to human life, the Taoist belief is that there exists an optimum quality of dynamic tension between action and passivity, between living and being. Living in the midst of this tension entails *wuwei*, which paradoxically - yet not surprisingly - translates as "inaction," although the Taoists understand it as "pure effectiveness" (Smith, 1991, p.200). The characteristic of *wuwei* is evidenced in the apparent lack of effort with which expert skill is used. In keeping with the paradoxical nature of *wuwei*, the more expert the skill, the less it is noticed. In this way, the precepts which evolved guiding the Taoist views of life in relation to consciousness are similar to Buddhist views. Given that Traditional Chinese Medicine purportedly developed under the influence of both Taoist and Buddhist monks (Eisenberg, 1989), it seems likely that the time-honored practice of meditation as a way to access states of interconnected consciousness has affected the advances in TCM knowledge. Thus, we have a tradition of healing in which

humanity is understood as inextricably interconnected not only with the flows of nature and the universe, but also with consciousness.

### **Traditional Chinese Medicine: the flow from yin to yang**

Over the past centuries, a tide of new ideas from the West has gradually but persistently lapped at the shores of the Chinese traditions of thought and medical practice. During the 1950s, in keeping with a new political ideology and the desire for medical modernization, the character of traditional practice underwent a form of surgery; subtleties previously understood as integral to its dynamic flow were removed both from practice and texts. Previous to the integration of Western medicine it is apparent that reliance upon the subtle aspects of Spirit was essential to practice whereas, subsequently, practice took on a relatively more *yang* quality of outward focus.

### **Pre 1950s: “Classical” Chinese Medicine: more yin, less yang**

What is commonly known of the practices of TCM before the 1950s is relayed to contemporary times through remaining classical texts. Compilations of “classical medicine” included information not only about divine revelations, but also about folk, religious, and shamanic healing rituals (Sivin, 1987, p.21). In this context, any text considered as “classical” references

the earliest written recordings on the nature of health, being and the grand order of things; areas that are now considered distinct, such as philosophy, morality and medicine, were then inextricably connected and intertwined. “In China most traditions of science and art were traced from an initial revelation, incorporating a wisdom so deep that the minds of a lesser age could only aspire to approximate it” (Sivin, 1987, p.24).<sup>2</sup> In this way, the spirit of interconnectedness and flow was recorded as integral to an understanding of all aspects of life including medicine and the healing arts.

As written records, the original compilations may have provided all literate practitioners a common link to the roots of divine inspiration in classical medical practice. In writing about the Eastern traditions of knowledge, Yuasa (1993) illumines an important distinction when he defines “practical experience” as relating to first hand experiences of spiritual beings. He points out that “it is important to acquire practical experience rather than an intellectual proof” (p.98). For the uninspired practitioner, these compilations of classical medical traditions may have been the most dependable guides to a deeper comprehension and practice of traditional medicine.

Over the course of time, as the population became more literate, these compilations of traditional medical practices increasingly were studied by apprentices of traditional medicine. In this way, students received not only

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<sup>2</sup> The Huang Di Nei Jing is one such example.

the benefits of apprenticing with a live master, but also access to classical texts which imparted the deep wisdom of practice. These are the practices and recordings which interest me.

Following the history of health practices in China forward through the centuries, the 1600s marks the first encounters with a gradual but steadily increasing array of medical ideas and practices from the west. As western medicine has grown in popularity, the classical approach to medicine has been radically affected.

### **1950's: Maoist “Traditional” Chinese Medicine: less *yin*, more *yang***

Relegated to the margins for several decades, the health practices of acupuncture and herbalism came back into favour during the 1950s. Interestingly, Mao Tse Tung had a strong hand in reclaiming them to the mainstream of health practice. Currently re-cast with ‘modern’ sensibilities, they are practiced hand in hand with Western allopathy.

Given the background of classical Chinese Medicine, it may be challenging to understand how the distinct philosophies of these two approaches to medicine could be united. Answering one of the interpretations of the central theme of this paper, “What is the point that distinguishes the practice of acupuncture from the practice of Western medicine?” may heighten the reader’s awareness of the unlikelihood of this

union. Foucault's (1990) observations about medical perception in different periods of history seem applicable and provide an overview of the differences in approach of these two medical traditions.

Not only the names of diseases, not only the groupings of the systems were not the same; but the fundamental perceptual codes that were applied to patients' bodies, the field of objects to which observation addressed itself, the surfaces and depths traversed by the doctor's gaze, the whole system of orientation of his gaze also varied. (p.54)

Toward answering my question, the following contrasts may be helpful in setting the context: on the one hand an inductive, wholistic, pattern-centred, Spirit-guided TCM and on the other, an analytically reductive, isolated, agent-specific, physiological system of allopathy. How might these two perspectives meet? One perspective focuses on a state of being engaged in the moment - the experience of knowing, and the other focuses on grasping a static truth - on that which is known.

As regards speculation in China, the marriage between East and West has already engaged a pattern of relationship. What had once traditionally been a health system imbued with Taoist precepts in which Body, Mind and Spirit were each equally important suddenly became spiritually denuded as

Traditional Chinese Medicine was passed through the sieve of communist credo and caught in the arms of allopathic medicine. Around the same time, the idea that some of the older practices, many of them shamanistic in nature, recorded in the classical compilations were “feudal superstitions” (Sivin, 1987, p.23; Eisenberg, 1989, p.95) became more popular. Considered material deemed not suitable for scholarly study, they were “expunged” (Sivin, 1987, p.23) from reprints of classical medical compilations. Reference to the practice of ways of knowing which were clear, but elusive to describe “as though the wind has blown away the cloud” were discouraged (Huang Di Nei Jing Ch.26, trans. in Veith, 1949, p.222).

In response to a national Chinese campaign to integrate traditional and modern medicine Sivin (1987) notes that over time the texts of Chinese Medicine progressively changed the explanation for the etiology of diseases, promoting a blurring of the distinction between eastern and western philosophies of understanding and hence practice.<sup>3</sup>

The great strength of science is that it is rooted in actual  
experience; the great weakness of contemporary science is that

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<sup>3</sup> As an example, one can follow the explanations for jaundice as they change through several decades of literature, marking the shift from a clear classical explanation, toward a mixed TCM and Western explanation in which the organization is based primarily on the Western study of physiology (Sivin, 1987, p.113).

it admits only certain types of experience as legitimate. (Keepin, 1994, p.15)

As public policy in China in the 1950s commanded a modern integration of both kinds of medicine, acupuncture and herbalism, practices previously inextricably guided by Spirit, insight and the forces of nature, were deeply modified. Similarly, the traditional focus on divine revelation in the texts of classical medicine was almost completely overshadowed by the anatomical and physiological terms of western medicine. This new practice of Chinese Medicine which strove to ally itself with the characteristics of modern Western medicine, chose to focus on what was known and possible to evaluate systematically and scientifically (Unschuld, 1985, p.252; Sivin, 1987, p.18).

As we lose sight of Spirit in this modernized practice of acupuncture, let us return to where we have previously encountered Spirit: the classics.

### **Translation ... Interpretation**

Unfortunately, little remains of the extensive original body of classical writings. There are, however, a few classics which have survived the cultural overhaul wrought by changes in power and dominant perspective. Of these

few classics, even fewer exist which have been adequately translated into English.

Reliable English translations require not only a proficiency in both English and Mandarin, but a deep appreciation for the fullness and poetic flow of TCM. In Mandarin, both the variations of tone and the specific character used for the tone determine the interpretation of a given articulation.<sup>4</sup> Along with conveying a multiplicity of meanings in one phrase, as an ideographic language Mandarin's rules of usage are not only less rigid than English (with nouns and verbs often interchangeable), but also allow for the succinct expression of less linear concepts than does proper English usage (see Lin, 1938). As Watts (1975) points out, English and other "Standard average European" languages are structured so that verbs are, with a few exceptions, "set in motion" by nouns. "We cannot talk of 'knowing' without assuming that there is some 'who' or 'what' that knows, not realizing that this is nothing more than a grammatical convention. The supposition that knowing requires a knower is based on a linguistic and not an existential rule" (Watts, 1975, p.11). In this way, the challenge of translation from the less linear, ideographic Mandarin to a more linear, alphabetic English is

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<sup>4</sup> For example, with the articulation "yi" (written here in Pinyin), one of four different tones may be used to communicate different meanings (with some articulations, there is the possibility of a fifth, flat tone). When examining the first tone alone, there are sixteen homonyms, which also have completely different meanings and a variety of different grammatical functions. Although the following articulation would not be likely to occur, yi yi yi (all first tones) could be understood as 'one doctor's clothes.'

heightened. As Matsumoto and Birch (1986) point out, “ Often, there is no simple English equivalent; attempts to create simple cognates result in gross simplification or misuse of terms in some specific contexts. Meanings have flavor. ... Multiplicity is evident. ... Different words for the different functions of a single entity are not an unknown occurrence” (p.2).

For contemporary practitioners of TCM in the West, translations of classical texts offer one of the few ways of learning about the fullness of TCM, including the role of Spirit in practice. As a result, appropriate translation is critical. Wiseman and Boss (1990) express concern about the effects of existing translations:

What is now understood as Chinese medicine in the West is considerably simpler than what is practiced in China today, and is even further removed from the traditional Chinese medicine practiced before 1950. (p.4)

Of the Chinese classics existing today, the Nei Jing still references Spirit in relation to the practice of acupuncture. Even in the translated state (eg.: Veith, 1949; Lu, 1978; Larre, 1995), an essence permeates the writings and points the reader towards a deeper understanding of the connectedness of Body, Mind and Spirit in the practice of acupuncture. The following section is a sleuth-like

attempt at piecing together information in answer to the question: What is the crux of the practice of acupuncture?

### **Remnants of the Classics: Investigation and Way of Knowing**

An elderly practitioner of Chinese Medicine imbued with knowledge passed down from ancient texts and years of experience apprenticing with his<sup>5</sup> master would be remunerated for his skill in maintaining the health of his community. A combination of developing rapport with the patient, an understanding of the gathered information, and opening to the guiding principle of Spirit would allow him to skillfully diagnose the root of any individual's pattern of disharmony. An adept practitioner would determine where the depth or "root" of the manifested imbalance existed- whether at the physical, mental or spiritual level - and by treating accordingly, facilitate the restoration of balance in the human being.

Diagnosis, in this tradition, is an empirical practice which has been highly developed over the ages and makes use of a specific outline for gathering patient information. In order to diagnose the state of the patient's *qi* 'vital energy,' the practitioner observes, using his senses (seeing, listening,

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<sup>5</sup> As Quinn (1973) points out, the lineage of traditional Chinese medical transmission is purported to have been specifically male. This, in contrast to the pre-allopathic traditions both in Europe and N. America, of non-gender specific transmissions.

smelling, palpation and inner listening) and gathers information about patterns and symptoms by moving through “The Ten Questions” regarding particular areas of health. In order to do this, it is critical to

Cease listening with the mind

and listen with the vital spirit ... (Lao Tzu, trans. in Watts, 1975)

In the spirit of a classical practitioner, the next section gathers information about the patterns of *shen* Spirit and *qi*, and how they relate to each other in order to develop a better understanding of the relationship of acupuncture to Spirit.

### ***Shen-Spirit***

The Yellow Emperor asked Qi Bo saying, “the laws of acupuncture dictate that needling [of acupoints] should be, first and foremost, based upon the Spirit...” (Ling Shu Ch.8, trans. in Lu, 1978, p.725).

What is meant by “Spirit”? We find that what is implied by the term Spirit can only be hinted at, never fully articulated. Talking *about*, circumnavigating it is as close as we get with the limitations of words. The phenomenon of Spirit is reminiscent of works which evoke the Tao, primarily Lao Tzu’s Tao Te Ching; the words circling around, moving ever closer to, approximating the heart of that which guides. “The Tao that can be spoken is not the true Tao” (Lao Tzu, trans. in Mitchell, 1989, p.24). Wong (2005) references Guanzi: “By concentrating your vital energy [*qi*] as if numinous [*shen*],/ The myriad things will be contained within you” (Roth, 1991, p.616). Roth’s own interpretation of *shen* is as “the numinous power present within the mind” which he describes as enabling precognition (1991, p.617). In the following passage from the Huang Di Nei Jing, Qi Bo hints in a similar way at the nature of Spirit:

Qi Bo answered: Let me discuss *shen*, the Spirit. What is the Spirit? The Spirit cannot be heard with the ear. The eye must be brilliant of perception and the Heart must be open and attentive, and then the Spirit is suddenly revealed through one’s own consciousness. It cannot be expressed through the mouth; only the Heart can express all that can be looked upon. If one pays close attention, one may suddenly know it but one can just as suddenly lose this knowledge. But *shen*, the Spirit becomes

clear to man as though the wind has blown away the cloud.

(Huang Di Nei Jing Ch.26, trans. in Veith 1949, p.222)

Qi Bo's response to the Yellow Emperor speaks of inner listening, an internal perception revealed through one's consciousness, an experience of knowing. In TCM, one of the functions of the Heart is to house the *shen* Spirit: "only the Heart can express all that can be looked upon." The lyrical description of clouds dispersing suggests a sense of clarity, the source of which is elusive, and often fleeting.

Perhaps only when the Heart "is open and attentive" and "the eye brilliant of perception" does the way in which Spirit guides the needling of acupoints become clear, "as though the wind has blown away the cloud." Under these conditions, the practitioner is able to "suddenly know." Again, the Tao Te Ching is pertinent:

The clarity of seeing  
is blinded by bright colors.  
The sharpness of hearing  
is dulled by loud sounds.

The keenness of tasting

is overcome by rich flavours.

Indulging the senses  
interferes with insight.

Precious things  
are distracting.

Therefore,

The sage is guided by the subtle,  
rather than the conspicuous;

By what is inside,  
rather than what is outside.

(Lao Tzu, trans. in Grigg, 1995, p.73)

It seems quite probable that the focus is on connecting with the state of knowing, instead of the 'what' that is known. "There must be ... periods of waiting if the focal length of the mind is to readjust, withdrawing from the world's glare to the internal recesses of the soul" (Smith, 1991, p.210). Clarity arrives through the gentle process of focusing inwardly while remaining attentive to the patient; being in a state of knowing allows for the uniqueness of that which becomes known to unfold with each particular encounter. From the state of knowing, which might also be referred to as intuition, it becomes

clear to the practitioner how to in-corp-orate (from Latin *corpus* for body) that which becomes known into a treatment through the needling of acupoints.

Qi Bo: Let me discuss *hsing*, the body [the visible form]. What is the body? The body is regarded as holding that which is subtle and minute, and it is held responsible and investigated for its diseases. By searching into it and pondering over its regular conduct, much will become apparent; but to place the hand in front of it does not reveal the facts (details) of the case.

Therefore it is called *hsing* the body, the physical appearance.

(Huang Di Nei Jing Ch.26, trans. in Veith, 1949, p.222)

“The body is regarded as holding that which is subtle and minute, ...”

Although Qi Bo does not specify the name of what is “subtle and minute,” in a footnote to Veith’s translation Wang Ping, a physician in the Tang dynasty, is recorded as explaining the meaning of the Mandarin characters used in the original text. His clarification indicates that the body can be examined in order to treat “the Spirit and the energy” (Huang Di Nei Jing Ch.26, trans. in Veith 1949, p.222). This brings our attention back to an important observation, that both *qi* vital energy and *shen* Spirit are housed in the body.

As TCM is a discipline of relations, understanding the relationship between *qi* and *shen* may provide further insight into the nature of *shen*. In order to do this, we will first look a little more closely at the concept of *qi*.

### ***Qi- vital energy and its relationship to the body***

As Wiseman and Boss (1990) observe, the original representation for the character of *qi* was vapor rising from cooked grains. Vapor, similar to wind, is perceived more through its relation to surroundings than as a result of its visible materiality. In this way, both *shen* and *qi* are understood not by their parts, “but by analogy to other phenomena that were more clearly understood” (p.11).

In the TCM conception of the body, as in that of the universe (the body as microcosm – the universe as macrocosm), *qi* is fundamental. All phenomena are considered effects produced by the movement and changes of *qi*. In the body, there is no place that is not penetrated by *qi*. Without the movement of *qi*, the body would cease to live. One of the numerous elementary introductions to Chinese Medicine outlines the seven functions of

this “vital energy.” They are as follows: nourishing the body through the transformation of food; promoting the growth and development of the body; performing the functions of the organs; warming the body and adjusting temperature to keep the body functioning; defending the body surface against pathogens; regulating and checking the metabolism and emissions of bodily fluids; and, performing the inter-transformation of substances.

(According to the editor of a modern overview text of TCM, these substances are *jing* essence {the original energy we are born with, and with which we in turn procreate}, *qi* ‘energy,’ *jingye* body fluids {all other fluids besides blood} and *xue* [shway] blood) (Cheng, 1987).

In the West, we have come to regard *qi* as being synonymous with energy. Although the previously listed functions all evoke some quality which requires energy, examining the notion of *qi* in greater depth we see that it is not consistent with the extrapolations (misunderstandings) which have been generated through the use of the term “energy.”<sup>6</sup> In more recent years,

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<sup>6</sup> It seems quite possible that during the time of Nixon’s visit to China in 1972, when many of the Western media-viewing public first encountered the idea of acupuncture through the accounts of journalist James Reston’s post-operative experiences, requirements of quick-translation fixed on the term “energy” as understandable for Western audiences. Subsequently, authors such as Felix Mann (1973) helped to promote this understanding by expounding in various publications on the interpretation of *qi* energy as it related to electricity, the nervous system, and the conduction of nerve impulses. See Wiseman and Boss (1990, pp. 20-22) for further discussion of translation of the *qi* concept.

“vital energy” has become a more common translation, imparting an appropriate sense of enlivening to the English language understanding of *qi*.

### ***The inter-transformation of qi and shen***

In Zen and the art of archery, Herrigel (1971) gives a detailed account of his experience of Spiritual energy while studying Japanese archery. As he describes it, the experience of gradually achieving his master’s directives was directly related to a blend of “loosening up” and a very particular approach to breathing. The archery master counseled that, as a result of bringing awareness to his breath and posture during practice, Herrigel would experience a wellspring of “Spiritual energy” flowing through his arms and legs. Yuasa (1993, p.75) identifies this Spiritual energy as *qi*.

Initially it may appear that there is a question of appropriate translation in Herrigel’s story. Up until now, Spirit, *shen* or Spiritual energy has been construed as effecting an elusive and easily dispersed state of knowing; how does it now come to be a sensation? From Yangming’s Tanxilu (cited in Yuasa, 1993) comes an answer,

“Question: I would like to ask what the Taoist’s primal *qi*,  
primal *shen* and primal *jing* are.

“Master replies: They all mean one thing. When it is flowing, it is *qi*, when it is concentrated, it is called *jing*, and when its function is spiritually subtle, it is called *shen*”<sup>7</sup> (p.77).

So now, another piece of the puzzle comes alive. We now have more information about the nature of Spirit. It has been established that *qi* the flowing and, *shen* the “spiritually subtle” - also referred to as Spirit - are inter-transforming; so apart from being elusive and subtle, *shen* can become *qi*, and *qi* can become *shen*. We have also found out that a well developed practice exists of releasing or, contacting *shen* Spirit. Adopting a relaxed posture and certain patterns of breathing, opens one to experiencing Spirit in the body.

### ***Qi, shen and the body***

Returning to the relationship between the body and Spirit: “The body is regarded as holding that which is subtle and minute, and it is held

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<sup>7</sup> It is conspicuous that in recalling the last listed function of *qi* (Cheng, 1987) as “inter-transforming,” of the aspects cited in the inter-transformation, *jing* and *shen* are not included. An explanation for this is posited under the heading Maoist “Traditional” Chinese Medicine.

responsible and investigated for its diseases” (Huang Di Nei Jing Ch.26, trans. in Veith, 1949, p.222). From this we come to understand that the Spirit (subtle and minute) is held in the body, and that the body is accountable for the diseases of the Spirit. As needling, in acupuncture, is performed to restore balance to the being (when it is imbalanced or diseased), it follows that “needling should be, first and foremost, based upon the Spirit...” (Ling Shu Ch.8, trans. in Lu, 1978, p.725).

Yamai wa ki kara

Sickness is a thing of the Spirit (Japanese proverb).

In writing about Taoism, Smith (1991) outlines the order of flow: “energy rules matter, consciousness rules energy, and superconsciousness rules consciousness” (p.206). It is possible that this description is also applicable to the inter-transforming relationship of *qi* and *shen* Spirit. Although *qi* and *shen* Spirit are different, they do relate to each other; the *way* or order of their relating, is *wuwei*, flowing; without friction they inter-transform. Yuasa (1993) sheds further light on what this understanding of Spirit and *qi* affects in the system of relationships in the world.

Eastern medicine from the outset understood the body as an open system connected to the external world. ...although

undetectable by sensory perception, there is an exchange of life-energy of some sort between the body and external world, that is, there is an absorption and release of *ki* [*qi* is understood, italics in original] between them. Here we see a view of the human being as a microcosm corresponding to the universe as a macrocosm, and of the human body as a vessel for the flow of *ki* in the universe. (p.103)

In sum, the idea is that through the absorption and release of *qi* – another form of Spirit- we are all connected. It follows then, that if it is possible for me to feel Spiritual energy in my body (just as Herrigel was), and that we are all connected through the absorption and release of vital energy, it would not be so extraordinary that I should feel the Spiritual energy, or contact it, in someone else's body. This may be of relevance in answering the question which arose for me during acupuncture school about the experience of finding an acupuncture point.

In contemporary time, J.R.Worsley, a renowned acupuncturist and teacher of the Five Element style reputedly encouraged his students to first develop a deep rapport with their patients and then to allow themselves, as practitioners, to “become an instrument for forces beyond your own personal power” (citing Eckman, 1996, p.173). Perhaps it is the shamanic roots of the tradition which invite us beyond explanation, back to our own experience; in

this case, the experience of connection with Spirit which, as the revelation attributed to the divinely inspired Yellow Emperor states, is the law that guides acupuncture needling.

Explanation separates us from astonishment, which is the only gateway to the incomprehensible. (Ionesco cited in Connelly, 1986, p.35)

### **Trajectory to the Point**

Recalling the theory about Spirit (from the section entitled “Inter-transformation,” p. 26), if we are all connected through the absorption and release of vital *qi* energy, and if it is possible to feel the energy of Spirit in one’s own body, then it may be possible to sense it in a patient’s body. So, even though Spirit is elusive to define, having a sense of contact to the patient’s vital *qi* and being guided by it may be what the writings of the Huang Di Nei Jing: Ling Shu<sup>8</sup> referred to as following the laws of acupuncture.

There are a variety of ways to contact vital *qi*. In the practice of acupuncture practitioners commonly use acupoints to contact the *qi* of their

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<sup>8</sup> “the laws of acupuncture dictate that needling should be, first and foremost, based upon the Spirit” (Ch.8. translated in Lu, 1978, p.725).

patients. The following sections will present a brief overview of the system of meridians along which acupoints exist, the historical events which led to their standardization and the specific topic of interest: how experience guides the locating of an acupoint.

### **Energetic lay of the land**

Returning to “What is an acupoint?” as an interpretation of the central question of this inquiry, it is helpful to have a cursory understanding of the energetic pathways or, meridians in the body. The term “meridian” comes out of a French translation for the Chinese term *jing-luo*; *jing* signifying “a thread in a fabric,” or “to go through” and *luo* meaning “something that connects or attaches,” or “a net.” From this translation, one may envision the meridian system as a network of pathways which link together all the organs and substances of the body. (It is important to understand that Chinese meridian theory did not conceive of the meridians as anatomical blood vessels, and yet they are believed to carry vital *qi* energy, and *xue* [shway], or blood, as sources of nourishment and strength, to all parts of the body.) Some of the meridians run deeply while others carry *qi* and *xue* to the surface of the body. Acupuncture points are found in the skin, where the *qi* of the body is most accessible to the exterior, above this more superficial aspect of the meridian system “net”. In one of the modern elementary introductions to

TCM compiled since the advent of unified standards of practice, Cheng (1993) writes, "Acupoints are the specific sites through which the qi of the ... organs and meridians is transported to the body surface" (p.108). Textbooks also describe each acupuncture point as having particular therapeutic effects on the body. Again, according to Cheng (1993), "Acupoints are not only the pathways for the circulation of qi and blood, but also the loci of response to diseases" (p.108).

So, from commonly used general textbooks, we learn what acupuncture points are relative to the body's physical energetic net, and to disease. Not surprisingly, given the history of philosophical changes in China, contemporary translated teaching texts do not reference Spirit in relation to the location or needling of acupoints. However, as an extension of what we have induced about the inter-transformation of *qi* and *shen* Spirit, the idea of acupoints as sites of contact for the Spirit seems quite likely.

### **Guided by the Book**

In the 1950s, the World Health Organization (WHO) witnessed China's initiative to standardize acupuncture point location. This was part of the national reorganization of health care in order that acupuncture would be taught through a network of centrally controlled colleges across the country (Sivin, 1987, p.28). In the process, it was discovered that standardized

locations did not exist for the 360 meridian acupuncture points, as master acupuncturists from different areas had their own idiosyncratic variations around a general location. The origins of many of these unique locations have been lost as the point locations passed down, master to apprentice, generation to generation as part of the tradition of healing. After months of consultation between many masters and officials, the standardization of point location was born.

Currently, in contemporary translated texts, point location is generally based on modern anatomical terms. For example, a manual produced by the Academy of Traditional Chinese Medicine in 1975 describes the location of a common point as “ at the lateral side ... above the transverse popliteal crease between the *musculus vastus laterali* and the *musculus biceps femoris*” (cited in Kaptchuk, 1983, p.181). Classical texts, which do not reflect an interest in detailed anatomy, refer to that same point as the place where the tip of the middle finger naturally touches the thigh when the patient is standing.<sup>9</sup> In keeping with the contemporary texts, my contemporary training in acupuncture was largely based on standardized anatomical measurement. There were a few exceptions in the form of hints from teachers which referred back to methods described in classical literature. These referenced bodily

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<sup>9</sup> The earliest written description of this particular point (Gall Bladder 31, *feng shi*, Wind Market) is in Wang Shu-Chuan’s *Classic of Nourishing Life with Acupuncture and Moxibustion* (first recorded appearance in 1220 C.E., p.73) cited in Kaptchuk (1983, p.109).

landmarks such as creases, bony prominences, hairlines, and places where the skin changes color and texture. However, the more I asked about the personal experience of point location, the more frustrated I became.

In his book Images and Functions, Lade (1989) comes close to addressing the role of Spirit in acupuncture by discussing major points in terms of their spirit-evoking name and corresponding functions in the body. However, he does not address the subject of the experience of finding these points or, the experience of first knowing their function.

The Chinese language with the origin of its characters in pictograms draws on a tradition of notation to convey often subtle concepts rooted deeply in ancient history. As a result, inferences understood by a native speaker, by virtue of their embeddedness in the culture, might not be conveyed in translation or, might be conveyed differently dependent on the translator's interpretation. (Lade, 1989, p.xi)

In reading the phrase "the meaning of the point names ... is open to interpretation," I felt hopeful. I understood an allowance for a personal experience of the nature of the point. Here, apparent in its absence, was a subtle quality which had not been definitively labeled and isolated. "Rooted in ancient tradition" spirit-evoking names still dance around the essence of

the points, like age-old poetry which evokes but does not define. However inviting the opening to personal interpretation may be, I am still looking for information about how the points on the meridians were first experienced, and what the experience was.

### **Topic of Interest: What is the point?**

“Is Spirit the point of acupuncture?” is one of the interpretations of the thematic word play, “what is the point?” I am interested in furthering my understanding of how the elusive quality of what is referred to in Traditional Chinese Medicine as “Spirit” informs a contemporary acupuncture practice. The context I have chosen for this inquiry is the practitioner’s act of finding a point on a meridian. Prior to the advent of textbook definitions of standardized point locations, I believe that there must have been another way in which practitioners detected energetic points. I am interested in the experience which guides connection with the point of vital energy. Based on my personal experience, I believe that the subtle awareness inherent in following the flow of energy from an acupoint allows practitioners to open to guidance from *shen*, the elusive Spirit. I am further interested in how the acupuncture point is experienced by the practitioner, and what distinguishes the experience of a point on a meridian from a non-point.

A path and a gateway have no meaning or use once the objective is in sight. (a Sufi saying, Shah, 1971)

## ***Ch.2 Personal experience of finding the point***

It takes two to know one. (Bateson cited in Nachmanovitch, 1990, p.94)

My experience of the process of looking for a meridian point on a patient and successfully finding it can be likened to the experience of two people dancing tango. Optimally, when two people dance in a close embrace, each person maintains an awareness both of their sense of self as well as of their partner. When fluidity of motion is the desired outcome in dance, one may be directed to 'become One with the Other.' Whereas if one desires to achieve flow in an acupuncture session, I would describe the experience as a mutually supportive 'following.' This mutual following is conducive to facilitating both the practitioner and patient in contributing to the direction of the treatment.

### **Approach**

I first became more conscious of my experience of finding a point on a meridian when I was in acupuncture school. Finding points on meridians came with widely differing degrees of relative ease for those in my class. For

this reason, I started to examine the feeling of “just knowing” where the point was.

The next sections outline the successive stages of my experience of finding and contacting a point on a meridian.

### **“Relaxing ” or Centering Myself**

This feels to me like letting tension fall away from my body. I feel lighter in weight and density, and find myself in a state in which I am aware of my many more surfaces and movements in and around my body than I am in usual waking consciousness. In this state, I am aware of my heart-beat, the pulse of the blood through my veins, all the places where my skin is touching clothing and all the places where it is not. It is a similar level and quality of awareness to that of my experience of panic; however, instead of high anxiety I experience a sense of peace; instead of palpitations my heart seems to slow down; instead of my extremities going cold and pale, I often experience a flush of warmth throughout my body. This state is easier to achieve in a quiet and safe environment where there is a minimum of distraction.

### **Grounding Myself**

This is simply an intentional attempt at trying to keep myself in the above-described relaxed state, aware and receptive. Focusing on my breath and noticing the relaxed rhythm into which it falls seems to help. This rhythm becomes the unobtrusive background to which I begin my practice. Often, I will imagine an energetic filament of light connecting myself to the earth and one to the sky. If I engage this last visualization, the feeling of centredness described above seems more stable.

### **Focusing the Patient**

(If the visit is the patient's first experience in session with me, I will have previously asked them about their feelings about acupuncture and will have discussed some of the sensations patients commonly describe when they feel that an acupoint has been contacted.) In preparation for taking the patient's pulses, and for subsequently entering into the "dance" of treatment, I ask the patient to become aware of his/her breath. I am interested simply in entraining their attention on an aspect of their being which is readily accessible and has the potential to lead them into a meditative state of calm awareness.

### **Sensing**

Starting with the standardized location of the point, I palpate the area, often with my eyes closed. In so doing, a heightened awareness of the same area on my body comes into consciousness. Eventually, it is as if by virtue of contact with my patient, the corresponding area on my own body becomes sensitized. I use my body as a reference “map” to find the exact location of the point I am looking for on my patient’s body. While my fingers are palpating the patient, my awareness is divided between the patient’s body and my own. Then, one of two sensations usually arises which signal that I have contacted the energy of the point. Sometimes, I will get a very gentle sense which seems to arise in my upper torso or neck; very delicate in the sense that a whisper or the touch of an ethereal feather is delicate. Or, and this happens most often, I become aware of the same point in my body, the awareness of which acts as an indicator that I have touched upon that point on my patient’s body.

### **Following the Lead**

When I sense that I have contacted the point, I usually ask the patient how the point I am applying pressure to feels; whether there is another location which feels more “on,” or that wants more attention than the current one. I needle the point that the patient directs me to, unless I get a very strong sense while palpating that a particular location is ‘calling’ for attention. I

don't literally *hear* the call, rather it is a sensibility to some slight change in my internal response. It is almost imperceptible, and I would not be able to track it without keeping my awareness open to it and not distracted by extraneous stimuli. I might call it intuition, but in attempt to focus on the detail of the experience I could describe it as feeling a slight change in internal vibration or resonance.

### ***Ch. 3: A Knock at the Gate - A Method of Getting to the Point***

The purpose of this thesis is to describe the experience of finding a point on a meridian when the practitioner is guided by more than a formulaic anatomically-based technique, by what may be characterized as the ineffable, unnameable and elusive quality of Spirit.

#### **Purpose of Getting to the Point**

My body is in accord with my mind, my mind with my energies, my energies with my spirit, my spirit with Nothing. Whenever the minutest existing thing or the faintest sound affects me, whether it is far away beyond the eight borderlands, or close at hand between my eyebrows and eyelashes, I am bound to know it. However, I do not know whether I perceived it with the seven holes in my head and my four limbs, or know it through my heart and belly and internal organs...(Lieh-Tzu trans. in Graham, 1960, p.7)

This research was engaged in order to deepen my understanding of both the practitioner's embodied experience of finding an acupoint and the perception of it relative to the *shen* Spirit aspect referred to in TCM. The classics say that

needling should be based on the Spirit (Lu, 1978, p.725); I am interested in the ways in which Spirit is experienced by practitioners of acupuncture, and how this experience guides their practice. The point or 'period' at the end of the Point is to contribute to contemporary literature on the praxis of acupuncture.

### **The Phenomenon of the Point**

This qualitative inquiry is set within a subculture of health practitioners who, through their practice, acknowledge an energetic system of connectedness both within the body and between the body and the larger environment. Acupuncture points, located by a means other than a formulaic anatomically based technique, as sites for contacting vital *qi* energy, may be sensed subtly through another function of *qi* energy: a patient's *shen* Spirit. Due its subtle nature, articulation of the experience of *shen* Spirit poses a difficulty. It is possibly for this reason that despite a long tradition of recording praxes, accounts of the experience of point location are lacking.

### **The Way of the Interviewer**

The method of interviewing I used is informed both by my acupuncture practice and a method developed by Gendlin (1978) called *focusing*. From my

perspective, during an initial consultation, while the patient has my attention and I am interested in details of her/his life, I am also open to perceiving larger patterns in the flow of his/her story. On the one hand, consultation involves knowing what to focus attention on – deepening into certain areas with subtle questions, attending to the energetic of specific meridians and points; and on the other hand, it involves “cultivating a comfortable attitude toward not-knowing, being nurtured by the mystery of moments” (Nachmanovitch, 1990, p.21). The process of focusing informs the perceptions of the practitioner; the goal is to make contact with a very particular kind of body awareness that Gendlin (1978) calls the *felt sense*.

A felt sense is usually not just there, it must form. You have to know how to let it form by attending inside your body. When it comes, it is at first *unclear*, fuzzy [italics in original]. By certain steps it can come into focus and also change. A felt sense is the body’s sense of a particular problem or situation ... A felt sense is something you do not at first recognize - it is vague and murky. It feels meaningful, but not known. It is a body-sense of meaning.

(p.10)

In the context of this inquiry, my desire to learn more about the experience of point location acts as the structure to move us ever closer to the

meeting place of the practitioner's awareness (of contacting an acupoint) and the articulation of that experience.

My understanding of the interview process as I engaged it is reminiscent of how Stephen Nachmanovitch (1990) recounts the experience of a physician friend in *Free Play*, "You are immersed in the case itself, letting your view of it develop in context.... In this way you pass beyond competence to *presence*" (p.21, italics in original). In a similar vein, Heshusius (1994, p.17) refers to a "participatory mode of consciousness" in which the separation of 'I' is let go and one moves into "a state of complete attention." Participatory consciousness is not a method; instead, Heshusius is careful to point out, it is a way of knowing. "One is turned toward other (human or nonhuman) '*without* being in need of it' or wanting to appropriate it to achieve something" (Heshusius, 1994, p.16 quoting Schachtel, italics in original). Yet, on the surface of this inquiry, it probably seems apparent that I 'want to achieve something.' It may help to clarify the apparent discrepancy by looking at what happens in the space between desire and intention.

My desire or goal is to deepen my understanding of the practitioner's experience of acupoint location, whereas my intention - once the goal of my inquiry was made explicit in each interview - has been simply to be aware and present to the practitioner's response. Whenever a practitioner would agree to participate, the purpose of the interview was clarified and confirmed several times prior to the actual event. Consequently, once the interview was under way,

it was possible to proceed with openness, suspending the need to apprehend, allowing space for what would emerge naturally in response to the inquiry, following the felt sense. In this way, during the actual interview, I had no desire for a particular outcome. My attention was poised to respond to the other. If the thread of the interview was dropped, or the participant was unable to deepen into his/her experience, a list of pre-prepared questions designed to move him/her toward his/her felt sense were at the ready. Keeping within the organic flow of focussing allowed for a nest of participatory consciousness to exist. The participatory consciousness in turn helped to create the space in which experience could be contacted and then articulated.

### **Participant Selection**

Initially, my aim was to incorporate the experiences of a broad sampling of practitioners who use acupoints. I hoped that not only acupuncturists, but also acupressurists from a variety of traditions and trainings (e.g.: Chinese, Japanese, Korean, Five Element) would participate. However, it became apparent rather quickly that there were two limiting factors: the difficulty of articulating an experience of acupoint location which used other than a formulaic anatomical method, and the willingness to do so in a taped interview with me. It seemed that a number of potential participants were aware of the paradox of my request

to speak about an experience for which other capacities are used than the ones which produce verbal communication. These were the practitioners who responded that they didn't think they could verbalize their experience of finding an acupoint. As a result, although the initial list of contacts was generated by myself, with additional suggestions from a few members of the community, the selection of participants was random. In all, there were eight participants, of whom two are acupressurists and the remaining six are acupuncturists, and of these five have received their original training in the Chinese tradition, and one in the Five Element tradition.

## **Saturation**

An accepted order of qualitative research is to collect data until saturation occurs. Saturation is reached when no new themes or issues arise in the data (Gubrium, 1995). As there exist no standards or published guidelines regarding number of participants in qualitative studies, it is left up to each researcher to evaluate whether the richness of the results appropriately describes the breadth of experience. In this case, saturation was reached when information from the eight participants revealed repeating themes.

## **The Way of the Interview: Method**

When I initially approached the prospective participants, I introduced myself, my inquiry and invited each to participate by engaging in an hour long interview. Of the practitioners I contacted, those who participated self-selected based on their willingness and self-determined ability to articulate their experience. When each agreed to participate, we arranged a mutually convenient time and place to conduct the audio-taped interview. Each interview took place in a location chosen by the participant. Of the eight

interviews conducted, two were carried out in my home, with the remaining six at the respective offices or homes of the practitioners.

In all cases there was a period of re-acquainting and settling ourselves into the chosen space. While I would be setting up the recording device, I asked that the participant read and sign the Disclosure and Consent form (Appendix A) in which both the purpose of and selection criteria for participation were re-iterated, and an opportunity for further clarification offered. Before we started the interview each participant was offered a copy of the Disclosure and Consent form in which was included the names of two counselors should need to debrief arise for any participant.

Once we were settled and comfortable, I re-capped the purpose of the meeting from the Interview Schedule (Appendix B), and after all questions had been answered, and the recording device turned on, I started each interview in the same way: "So, you have kindly agreed to participate in my inquiry. I am interested in how practitioners experience finding the point when they are looking for a point on a meridian. What is your experience of this process?"

In the event that the participant seemed unable to deepen into her/his experience, I had included as part of the Interview Schedule (Appendix B) a list of questions worded with the intention of helping the participants to connect with their experience of point location.



#### **Ch.4: An Answer at the Gate – The Experiences of Spirit**

To undergo an experience with something – be it a thing, a person, or a god – means that this something befalls us, strikes us, comes over us, overwhelms and transforms us. When we talk of “undergoing” an experience, we mean specifically that the experience is not of our own making; to undergo here means that we endure it, suffer it, receive it as it strikes us and submit to it. It is this something itself that comes about, comes to pass, happens.

(Heidegger, 1971, p.57)

All the practitioners who chose to participate in this inquiry have had varying degrees of experience and training in locating acupoints. At the outset, it is important for me to acknowledge the willingness of each participant to delve into and articulate their personal experience of finding an acupoint. These experiences appear throughout the rest of this paper as italicized quotes and attributed to a set of initials which have been used as pseudonyms for the participants. For all the participants who extended their conscious awareness beyond the usual and made great efforts to elucidate the details of their experience, I am deeply grateful. As one participant said, *“It is hard to talk about this because it is on a whole different realm, and so to talk about it makes it almost unreal”* (LL).

LL's statement is reminiscent of Csikszentmihalyi's (1990) studies of flow, "In our studies, we found that every flow activity, whether it involved competition, chance, or any other dimension of experience, had this in common: It provided a sense of discovery, a creative feeling of transporting the person into a new reality" (p.74). It is interesting to note that the phenomenon of flow is not simply a modern day awareness, as a similar concept referred to as *yu* shows up in the writings of ancient Taoist philosopher Chuang Tzu. *Yu* is descriptive of *the way* of being on the Taoist Path and has been translated into English as "wandering," "moving without constraint," "flying" and "flowing." In their translations of Chuang Tzu's basic writings, both Cleary (1991) and Watson (1964) put forth that in the state of *yu* the faculties of awareness and appreciation cease and Spirit moves unhampered, at leisure. In this way, the ancient concept of "flow" can be thought of the embodiment of Spirit in action. Csikszentmihalyi (1990, p.151) maintains that

the mystical heights of the *Yu* are not attained by some superhuman quantum jump, but simply by the gradual focusing of attention on the opportunities for action in one's environment, which results in a perfection of skills that with time becomes so thoroughly automatic as to seem spontaneous and otherworldly.

If the two cultures joined hands on the bridge over the river *Yu*, I wonder if there would be a perceptual agreement when considering the flow.

Unfortunately, this study does not include the articulations of any Asian practitioners of acupuncture, and will therefore not be able to offer information toward answering the above speculation. The quotes which follow have been extracted from interviews with the participants who agreed to a taped interview, all of whom are Western practitioners. Some practitioners refer to Spirit, others to a variety of other sense words to describe their experiences. Although the descriptions of each participant are unique, several themes have emerged from the interviews.

In this next section, I will look at the collective experience of finding an acupoint using two filters. Through the first filter, I will focus on the experience of point location through the five senses. The second filter is inspired by Connelly's (1986) All sickness is homesickness and makes use of the allegory of home-coming with focus on the elements of movement and rest.

### **Moving Toward the Point**

The most difficult learning is to come to know actually and to the very foundations what we already know. Such learning, with

which we are here solely concerned, demands dwelling continually on what appears to be nearest to us. (Heidegger, 1977, p. 252)

In their approach toward the point, all the practitioners said that to some degree they used their knowledge of formulaic anatomical point location to guide them. At one end of the spectrum, LE adheres to the directive of taking *“no point location for granted,”* measuring out the location of each point first, and then later letting his finger refine the location because, *“you might have a location anatomically but that may not be exactly where that point lies on that particular person.”* DR has a similar experience: *“Often points aren't exactly where you expect to find them. They vary a lot from person to person. Sometimes if a meridian is blocked it will deviate slightly.”* In this understanding, there is no *“standard point location”* as energetic pathways shift and change depending on the condition of the individual. EE reflects on her experience of practice in China, *“the emphasis was not so much on location but on De Qi, the arrival of Qi at the point.”* LR provided yet another perspective, *“There is no difference in my experience of points. A point is a point is a point ... It is nice if they are on a meridian, but if they aren't they may have qualities more similar to trigger points<sup>10</sup>. Maybe I have less information about the point, fewer preconceived ideas, but it [the point] is no less important.”* These

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<sup>10</sup> A trigger point, sometimes also referred to as an ah shi point, is defined as a *“focus of hyperirritability in a tissue that, when compressed, is locally tender”*. (Travell & Simons, 1983. p.4). It is not uncommon for such points, upon palpation, to refer pain and tenderness in other areas, as well as autonomic phenomena and disturbances of proprioception.

insights from four practitioners demonstrate some of the divergent ideas about the practice of point location. Following from this observation, the range of actual location of acupuncture points in relation to the charted (and commonly understood as standard) 14 meridians varies greatly. In this way, it appears that the standardized point location only occasionally serves as a guide to finding the actual point. In the end, regardless of their approach to point location, the practitioners all shared a similar general goal or objective: to contribute to an energetic connection and shift in the patient through the stimulation of what each practitioner *experienced* as acupoints. Of these four practitioners, two reported occasionally consulting with the patient to determine which of a choice of locations in a particular area was experienced by the patient as most sensitive.

## **Focus**

Having an object or goal in mind, directs the focus of attention to it. In the case of finding acupuncture points, DR's experience confirms the obverse: *"It becomes hard to find points if the mind becomes too activated."* In a similar vein, LL details her experience as *"dropping out of my head space, getting more grounded, focusing on my breathing. It is almost like stepping out of that ...thinking person and into an intuitive, knowing, active person."* YK describes that the awareness of a buzzing fingertip -indicative of contact with an acupoint- is dependent on his focus, *"If I'm not focused, my finger won't buzz - if I'm scattered or the patient is chatting ...I need to clear my mind of all the other stuff and be open and receptive to it"*

*[the point] telling me that it's there.*" In the accounts of these practitioners, focus seems to be a concentrated faculty of awareness stemming from the body as a whole, as contrasted with the common Western understanding of focus being exclusively a faculty of the mind.

## **Sensing and Reference**

Sense information is received at numerous stages along the way to the point, and for the participants the kinesthetic-palpatory sense was the most referenced. When approaching a patient, before physical contact is made LR referred to being aware of *"the field around that part of the body. ... Sometimes it feels as if you have to push through something – a sense of density – but we are talking at a very etheric level."* In a similar way, EE *"sense[s] without moving my hands where the active acupoint is."* Getting closer to the patient, EE remarked on looking for differences in skin hue while references were also made to skin changes (YK, EE), including changes in skin temperature (EE, LR). LL uses visual landmarks to confirm her internal directional sense of where to locate the point. At the subcutaneous level, five practitioners referred to feeling for differences in the tone of the soft tissue. LL, RY, LE and YK remarked on the contrast between what would eventually be determined as the point and the surrounding area: *"more or less congested,"* and *"a difference in the tone compared to the spot next to it."* While LL, RY, DR and LE all mentioned *"a little depression"* in the skin sometimes

referred to as the “*men*,” which YK described as feeling like “*a little space underneath [the skin] is open.*” Three participants specifically described the feeling in terms of energy. “*Like an energetic vacuum*” (LL), “*it has a feeling of lesser electrical resistance*” (SY). RY summed it up in saying that “*The way I think of it is that electromagnetically, I feel the least resistant, most open spot.*”

In a few instances, practitioners identified the experience as a process of referencing both the patient as well as their personal, internal response to the patient. In each case the process involved a number of steps. For LL, “*The first layer involves touch and then another layer of referencing a very specific cognitive road map.*” EE has the experience of connecting the process one degree further, “*I think I am more sensorily based than visually based, so I often have my eyes closed and tend to rely on touch and visualization, rather than seeing.... It is like a process: knowing where the routes are and visualizing them and being able to discern from palpation and from the experience of holding points that the qi is connected to the organ.*” LR experienced it as “*a lot of senses working all at once, even before I touch the body. Tapping into their station: what the subtle energy field around the body tells me - welcoming, protection, particular emotion, images.*” Although I have only included quotes in this section from participants who identified a step-by-step process in their approach to point location, it will become apparent from the others’ descriptions, as we read in the themes of movement and rest, that process is inherent in their experiences of getting to the point.

## Movement and Intention

The straightest course wanders;  
The best teaching confuses;  
And the greatest eloquence is wordless.

So the sage balances  
The opposites of the world  
By moving with an inner stillness.  
(Lao Tzu, trans. in Grigg 1995, p.13)

As you will notice, 'arriving at the point' is expressed in an ongoing tense. The process of arriving is characterized by the practitioner's movement on several levels. RY relates specifically that direct knowledge of the point is received as a result of "*a tactile-intuitive motion.*" On another level EE speaks of intention: "*The intentionality and energy projection of the practitioner can make a point active.*" *Intent* according to Webster's dictionary (1969) comes from *intentus*, the Latin for "act of stretching out," in keeping with the sense of 'movement toward,' in this case, of mind. Although they pertain to language in the following passage, Heidegger's words are descriptive of the experience of moving toward that which calls us.

To a thinking so inclined that reaches out sufficiently, the way is that by which we reach-which lets us reach what reaches out for us by touching us, by being our concern. The way is such, it lets us reach what concerns and summons us. (Heidegger, 1971, p.91)

An example of movement on these two levels is LE's experience that *"There is a movement with my fingertip that is seeking to feel and to invite at the same time, the arrival of qi at that little men."* EE speaks of the power of intent through which the practitioner both summons and meets the transformative aspect of qi at the point. We will look at this further under the section entitled Intention.

For now, I would like to introduce another filter through which to look at point location. Inherent in every story is an intention and the initiation of movement along the storyline. In the following passages, I will liken the story of finding the point to a story about the movement of a journey towards home.

### **Setting out to meet someone**

The movement of the Tao consists in Returning ....

(Lao Tzu in Connelly, 1986. p.42)

The old adage "home is where the heart is" is applicable in the context of finding a point. In *All Sickness is Homesickness*, Dianne Connelly (1986) suggests that, "all practice of anything has humanity being at home with itself as its

underlying intent, its context, its living philosophy" (p.34). In this way, the practice of acupuncture can be thought of as a way of facilitating each individual's return to the wholeness of their being, their homecoming.

Our illnesses are born and bred on not recognizing ourselves, on not seeing that we are always already home while en route. If we are willing to take another human being with us ... to the places where we deny or do not recognize ourselves, then in the moment of arriving ... we enter ourselves newly ... The healing is the discovery of the self. It is the homecoming, the returning home, the restoring of all lost parts. (Connelly, 1986, p.24)

In a similar way, as a fractal of the practice, as microcosm mirrors macrocosm, the act of connecting through a point is a step in the journey homeward. The seeking to connect (with the patient through the points) that we do as practitioners mirrors the patient's journey to reconnect with a fully included self.

As LE details the experience which moves toward connection with a point, there is a quality of seeking, *"There is a sense of movement within my system, of momentum which I sense. It is a quality of energy from the heart: my own heart spirit looking through my finger to meet with the patient's spirit energy."* This momentum seems to move LE to the location through which to meet and connect with the

patient. In the following section we will look at experiences of being guided home.

## Guidance Home

“Now then, Piglet, let’s go home.”

“But Pooh,” cried Piglet, all excited, “do you know the way?”

“No,” said Pooh. “But there are twelve pots of honey in my cupboard, and they’ve been calling to me for hours. I couldn’t hear them properly before, because Rabbit *would* talk, but if nobody says anything except those twelve pots, I *think*, Piglet, I shall know where they are calling from. Come on” (Milne, 1957, p.265, italics in original).

*“The map comes up unsolicited from memory – it is just there and part of a sense of the landscape. Choosing direction is an internal sense, if I listen to that message – it is a felt sense, in my belly – of which way to go, oftentimes, there it [the point] will be.”* In LL’s description, a cognitive “map” provides a strong invitation to explore in a certain direction until she arrives at the point. While EE also talks about a sense of *“interconnected routes,”* it is the place where the route dissipates that she identifies as being significant in relation to finding the active point. *“I feel it as a disconnection or a dimming luminescence [of the meridian] where there is a blockage.”* Although both practitioners reference a form of map, there is a difference in the

experience of orientation of the map. While LL's sense is of a map leading to the point, EE's seems to over-'view' the whole body, with the lack of definition in the map indicating the neighborhood of energy blockage around a point.

According to a word-play, *e - motion* is simply *e*-nergy in *motion*. For LR, sensing the feeling or "*resonance*" of a patient's "*emotional landscape*" is an important aspect of connecting with the point. The emotional landscape may feel like "*like Mexico or Antarctica.*" If the former, a sense of "*comfort, warmth, like an embrace*" conveys a message which LR attunes to in order to navigate toward the point.

Another form of direction comes tacitly through tapping into the larger whole: the without that is within. We are all connected. Walt Whitman (1926) wrote, "I celebrate myself, and sing myself/ And what I assume you shall assume/ for every atom belonging to me as good as belongs/ to you." For LE, mutual belonging translates into the awareness of not being separate from the patient "*It is a very light movement of my skin contacting the skin of the patient, then there is that exchange of information through those appearing boundaries - which aren't really boundaries at all. That begins to make that connection for me and my patient energetically...*"

Because the Tao cannot be known  
 And oneness cannot be explained,  
 Opposites and differences

Define and explain each other.

And their shifting balance

Maintains the harmony of things.

(Lao Tzu, trans. in Grigg 1995, p.9)

For some practitioners the patient plays an important role in contacting the point. DR will often confirm his *"hunches"* about point location with the patient (ascertaining which is the most *"achey spot"*). Following a favourite TCM adage that 'energy follows mind' RY believes that *"the more consciousness that can occur in a process, the more impact it has. So, I invite the person's [patient's] intention and attention to be with where we are so that our mental focus can bring energy to the physical energy in that area."* In this practice, the enlisting of the patient's awareness and energy helps move both practitioner and patient toward the site of meeting, of contact: the point.

### **Recognizing the gate**

How do we recognize home? That 'place' of connection where we are always perfect in our being-ness, no matter what our experience may be. We are drawn there by an inner calling. For EE the *"Increased luminescence of the meridian in the area of the point"* draws attention to it. *"It is as if my whole body is moving into*

*that spot*" (LL). For SY the "*cool sense of slowing coming out of my hand*" seems to parallel the end of the search as the gate is recognized.

## **Arriving at the Point**

### **Pause**

In keeping with the analogy of coming home, in the interim between arriving and being welcomed in, the TCM adage *energy follows mind* catches up with us. The mind - as a component of the wholeness of the body - slows to the recognition that we are home. Intent, which has been reaching out, has recognized its goal. "*There is a shift in energy and intention when I feel I am on the point: a re-calming of my mind, as if my mind has been working a bit.*" DR

### **An aside to the reader**

Because words will never explain  
Why everything happens,  
And thoughts will never understand  
Why everything is,  
The sage attends to the peaceful stillness

Of an inner balance.

(Lao Tzu, trans. in Grigg 1995, p.66)

It may be that readers of this thesis are feeling lost on this 'journey home.' If this is the case, it may be helpful to express in the context of this logical and linear world that the words which I choose to express may also be the "words [which] will never explain" the experience of finding a point. How then do we, as communicators, make sense of descriptions when they may sound confusing and discrepant? Walpola Rahula (1959), in his book What the Buddha taught writes, "Words are symbols representing things and ideas known to us and these symbols do not and cannot convey the true nature of even ordinary things" (p.36). And yet, he does not reject words; he emphasizes that they can inspire us to move toward what we do not know, and to experience directly our relationship with all that nature holds. Grigg (1995) suggests a similar idea in writing about "the translation problem" with the Tao Te Ching, "The words nurture insights that are subtle and elusive, that are reached by cultivated intuition rather than rational construction." Although, in the face of confusion, we may cling to words which we hope will make sense, it seems likely that clarity may only be sensed by letting go of the drive for linear understanding. Allowing oneself to be carried by the gestalt of the descriptions may impart more sense than we may ever grasp, literally or figuratively. 'Understanding' then, is sensed as a function of the whole being, it is flow, just as 'being home' is.

### **A knock at the door ...**

*“That movement of drawing the men is a way of giving time to that person, to let spirit come to the point. If the space and time isn’t allowed for that, it becomes somewhat of any aggressive act. If you put the needle in the point, you still have an effect, but in terms of spirit, you don’t get the same effect” (LE)*

### **... And an answer**

LE describes two kinds of experience. The answer at the door can be gentle, like the whisper of a door opening, *“It’s like there’s a sensitivity on my fingertip, like a subtle energy communication through my fingertip from the men which I may not find elsewhere until I arrive right on that point, and then its like my fingertip recognizes a very subtle energy or sensation.”* And yet, it can also be very definite, *“most of the time it’s like connection with contact. Qi is there: a pull or a grab. It’s like contact with energetic substance, as opposed to empty space.”*

DR’s description of connecting with the point conveys the anticipation felt when knocking on someone’s door, and the hope that they will answer. *“I visualize that the Qi from my hands has come up against a blockage which suddenly opens up and the Qi which has been building up behind the blockage suddenly goes ‘Whoosh’ and there is contact!”*

LR describes the experience quite simply as a *“sense of being met.”* While LE expands on the experience by also relaying his sense of the patient, *“Yes, we are here. I think of it really as an arrival. It’s not just like I’ve found her [the patient’s] point, or she has revealed her point to me. It’s kind of like there has been an arrival of both of us at the point, and then that manifests...”*

### **Welcome Home**

Home is all embracing, a continuous inclusion of all events: this too and this too and this too and this too. Home en route. Home is the place from which I have come and to which I return. Home is where I always am. All circumstances call me to new steps in the dance. All sickness points me there. All sickness is homesickness. All healing is homecoming. Sharing moves me homeward.

(Connelly, 1986, p.25)

Once again, in describing the experience of arriving at the point, it was not unusual for participants to use various analogies to convey experience. A common pattern would be the use of one analogy to start with, and as a remembered experience was explored more deeply, other analogies were included to describe different aspects of the experience. For LL the experience is simple and clear. Arriving yields *“a sense of connection with the person through the point.”*

### *Sensing Spirit*

For EE, connection with the point is registered through the fingertip with what is generally known as *“the repertory of the 16 classical [Qi] sensations.”* These sensations form part of the common TCM vocabulary for describing the quality of moving energy and include, among others, such feelings as heaviness, floating and tingling. Although neither of the following two practitioners identified their experience as conforming to the repertory of classical sensations, the choice of contemporarily available vocabulary may only initially obscure the similarities. LE’s description is that *“Sometimes I’ve felt it like electricity”* and, for LR connection with the chosen acupoint is likened to the sensation of *“high energy and low resistance.”*

Using language evocative of the pull of magnetism alongside that of electricity is not uncommon. For SY the experience felt like *“a drawing in of my own Qi into the point.”* YK further clarified the experience of magnetism by contrasting it to what it was not: *“When there is a positive connection [with the patient], I feel it pulling me in with a magnet rather than not pulling me in [as compared to repelling me].”* While LR also infers a distinction relative to the state of the patient *“it [the point] will usually either push you away or draw you in depending on the receptivity of the patient.”* Yet another perspective which incorporates a variety of descriptors is DR’s: *“When I connect with the point [at the point], I can feel it pulse, maybe feel a shivery energy through my body.”* There is also the experience of

*“validation if I happen to be holding another point and I get a sense of pulse in it, or a sense of warmth.”*

Arriving home, at the point - making contact, especially after such focussed seeking - there is also a sense of settling in, of things being as they should be. *“When you are on the point that is active, when you touch it you make a connection with the person, there is a sense of integration or balance that can happen”* (EE). For DR, *“There is a sense of settling and ease which is meditative.”* Similarly, RY gets *“a peaceful feeling of acceptance and trust, of being deeply okay with how it is.”* The practitioner goes on to further clarify the experience as having *“a tactile sense of rightness. The ‘rightness’ is not a head-driven sense of ‘this fits’ my mental construction of it. It is a tactile sense of my finger just wants to rest in that spot.”*

These are examples of the experience of the state of *knowing* which characterize the practice of an en-Spirited acupuncture. Experiences in which connection with the patient through an acupuncture point is arrived at through a particularly attuned state of being.

Being’s poem, just begun, is man.

(Heidegger, 1975, p.4)

***Spirit Sensed Intuitively***

DR describes the experience as, *"Getting in touch with a sense that is deeper than the cognitive mind."* YK also distinguishes her experience from a predominately mental process, by indicating her heart area when defining it as *"An intuitive feeling – a sense of knowing."*

For RY intuition is related to the sense of touch, *"I experience intuition most strongly in a tactile way through my fingers."* At one point along the way in his exploration, LE refined the distinction between the located-ness of his intuitive experiences. *"I think it is first at my fingertip, then the recognition moves through me – it's a very quick process. It's almost simultaneous. But sometimes I know it here (motions to chest, in front of heart) before I know it here (indicates fingertip)."* One of his final observations was that, *"Recognition is almost a pure intuitive feeling [for me]. It's not even coming from the senses particularly. It is more an inner knowing which bypasses the senses, or even really mental knowing. It just knows. The contact's been made. I'm on the point. Those moments are more heightened moments, when my own inner sense is more expanded – more than just body oriented."* (LE)

### **The Aha! ...**

As we arrive home, the lights of recognition suddenly illuminate our connection. *"The way that I know is that it is like an 'Aha, there it is,' and often there will be a simultaneous response in the patient"* (LL). *"It feels like, 'Aach, that's it, that spot there. That's connected"* (RY). And, when RY finds that point, *"There is a*

*greater sense of rest when I am at the Aha place, than when I am looking.*" Finally, we are able to stop searching.

### ***Spirit Journey***

If the doors of perception were cleansed, everything would appear to man as it is, infinite. (Blake cited in Erdman, 1988, p.39)

In the Western world, the terms 'spirit' and 'journey' are often linked to conversations about shamanism. As noted in the Introduction, shamanistic elements associated with the medley of traditional practices were not included when the government initiated the standardization of Chinese medicine after World War II. Walsh (1994) defines shamanism as "a family of traditions whose practitioners focus on voluntarily entering altered states of consciousness in which they experience themselves or their spirit(s) traveling to other realms at will and interacting with other entities to serve their community" (p. 6). Maoist "traditional" medicine discarded the deemed 'superstitious' practices and promoted a synthesis of theories and methods of treatment based on a coherent rationale greatly influenced by western medicine. For those whose "porous

sensitivity" (Abram, 2001) enabled the development and use of a non-standardized perceptual faculty, no room was afforded their recognition, either publicly or politically. However, the phenomena of healing practices are beyond the control of the state; even though not publicly recognized or taught, the experience remains possible.

YK received direction while looking for the point and experienced it as a *"voice in the back of my mind that says, 'There! – Not There.'"* Moving into the experience of the point, one of the characteristics of the point for EE is as *"a portal into the whole connected system. All the organs connect and all the meridians connect. The whole body connects."* LR supplements this idea in describing his experience of connection through the point to a place without boundaries *"So, it's like meeting in the bigger unified field – meeting beyond the landscape of separation – it is a meeting in a much larger place."* In recalling this experience, a second analogy comes alive for LR. The experience is *"Like plugging into a circuit board that gives you a lot of history. Sometimes when you plug into points you get the visuals for how they got jammed or the emotional experience of the person that caused them to become blocked. So the sense is contacting the point at a soul or spirit level."* DR describes an understanding resulting from similar experiences, *"Somehow this energy system that is the body can tap into many different levels, emotional and spiritual. I wonder if finding the points is somehow a kind of tuning into the other person – if it can be a spiritual faculty that is finding the points, then it serves almost as an a-tunement to the other person's spirit."* These descriptions are reminiscent of shamanic work in

which communication and access to information occur on a different plane from the one in which the practitioner and patient are commonly observed.

***Intention to...***

Picking up the thread of intention, EE states, *"What I have experienced is that the practitioner is vital in making an acupuncture point useful or not."* If the intent of the practitioner is not engaged toward the benefit of the patient then the treatment will not be as effective. In EE's words, *"Any point on the meridian can affect the whole meridian and any point can be used as a portal if used 'right' for having therapeutic change. 'Right' is knowing what the person's problem is and directing the Qi to the therapeutic action you would like to achieve instead of randomly putting in a needle and hoping for the best."*

In the following description LE's use of intention includes an opening to what he refers to as the Divine. *"With my intentional awareness, I am speaking to the spirit of that point. By holding my intention to be for the highest benefit of my patient, I then surrender that to the Divine and let the Divine take care of how the potential of that point is going to be received by the patient."* In this case, it is not only important that the practitioner appreciates the therapeutic value of the point and has the experience of meeting the patient (at the site of the point), but it is also vital that a quality of openness is maintained. In this way, there is recognition of both the

limitation of the practitioner and the myriad unimagined possibilities in the flow of healing.

New organs of perception come into being as a result of necessity.

Therefore, increase your necessity so that you may increase your

perception. (Rumi, 1207-1273/2002)

## ***Ch.5 What is the Point? ... Discussions in the midst of Flow***

In approaching the point, my path of exploration in this Eastern discipline is influenced by my Western footsteps, which are also contemporary footsteps following a tradition of understanding and perception born thousands of years ago. My eyes, which chart this course, were born into a world of static mind-body duality and have chosen a path recognizing the interconnectedness of Body, Mind and Spirit.

In reflecting on the interviews and the words used to describe patterns of experience, I notice how the way in which language is used may say just as much about who we are as people (beyond the practitioner aspect of self) as it says about how we make cognitive sense of our experiences.

### **Summary of contemporary experience**

The Yellow Emperor said “the laws of acupuncture dictate that needling [of acupoints] should be, first and foremost, based upon the Spirit...” (Ling Shu Ch.8, trans. in Lu, 1978, p.725). These are the words which helped to initiate my exploration of contemporary experiences of Spirit in the practice of acupuncture. In setting out to develop a better understanding of the manifestations of

experiencing Spirit, I have looked at eight established practitioners' articulations of their experiences of locating acupuncture points.

In the eight experiential interviews, there are aspects that are unique and also threads of description that are similar. The following is an overview of the general procedure which the eight practitioners followed when describing their experiences of finding an acupoint when guided by other than a formulaic anatomically-based technique.

1. The practitioner focuses his/her awareness inward. This awareness is mediated through the body of the practitioner, and is not perceived exclusively as a mental function.

2. Then the practitioner extends this awareness to the patient. Even before there is contact, the senses, including a subtle sense, register how the energy of the patient is manifesting. These sense descriptions are various, and particular to each practitioner. When the practitioner contacts the patient there can also be a simultaneous reference to information internal to the practitioner that the practitioner uses as a form of guidance.

3. Next there is the experience of movement toward the point, with both intention and the palpating finger. At this stage, practitioners report involving patients in the process of point location to varying degrees. At one end of the spectrum, practitioners may entrain the patient's attention to the process, and at the other, not at all.

4. When the point has been located, there are several phases which mark the experience: (a) The cessation of the experience of movement, a pause in both mind and body, and (b) after the pause, the practitioner's sense through his/her finger of the arrival of the patient's *qi* at the point. This sense of arrival is experienced and reported using a variety of sensory descriptors ranging through the common senses and further, including emotion, intuition and journeying at the level of Spirit. At the same time, there is often the report of an experience of rest and comfort sometimes coincident with an "aha" experience.

### **Experience, or language of perception?**

The patterns of language used by the practitioners are of varying levels of complexity. In some cases, the response to my question about experience of a point was limited to relatively simple elucidations about sense experience. For example YK's, *"I guess the best way I could describe it would be ... like a vibration in my hands."* Another pattern would be the nesting of descriptions: simple within more complex, or the affirmative experiences being clarified by contrast to what they are not, as when LL relays, *"I can visualize the meridians when I look at you - it's more of a felt sense, in my belly, my gut - I don't see colors or lines."* Beyond this, the experiences are described in terms of images, *"Every emotion has its own map. However, you are listening, whether through [quality of] voice, palpation, story, there are*

*things that will give you the flavour of the country.” (LR). The variations in description are interesting because they point to the degrees of complexity with which practitioners incorporate the understanding of their experience into the larger framework of their practices.*

One practitioner refers to the “unified field,” not as theory, but as a place of connection. *“I’m kind of an out-of-body kind of person – so it’s like meeting in the bigger unified field – meeting beyond the landscape of separation, even though the story is part of the separation – it is meeting in a much bigger place” (LR). In this case, an experience is talked about in the language of a theory, contextualizing the experience and vitalizing the theory. With a similar effect, participants mused about the relationship of their experience to the lyrical elements of TCM . “I wonder,” said DR, “if this is the animal spirit – the Po – housed in the lung, that is being used to do a very sophisticated thing. And then there is the spiritual soul, the Hun,... there seem to be different levels of this intuitive ability to sense energy. We all have the ability to sense energy, whether it be to sense if someone is hostile toward us, or angry....This level does communicate in some way, I think it probably does involve all these different things, or different ones at different times.”* The weaving of information from the classical writings of TCM combined with empirical observations and personal experiences seem to provide a fertile vocabulary to express different experiences of knowing. *“In my visualization, the extra points and vessels are not as superficial, and I have never seen or heard of any spontaneous manifestation of them. They don’t have the same organization as the meridians, they are deeper, more primitive*

*and dispersed. They have a different quality of texture to them than meridian points”*  
(EE).

Arrival at the point can be seen as a culmination of unique sequences of movement and lingering. For many participants it seems that there was little cognisant distinction in the fluid sequence of experiences leading to point location until it came time to articulate them. In the space between bringing the experiences to consciousness and matching them with the best descriptors there is a lot of latitude for creativity. For myself, I noticed that unless I maintained great focus on the task of articulating the experience, in struggling over a word I might unwittingly follow it on a tangent into a neighborhood of associations and constructs which although similar, were other than the quality for which I had chosen the initial word. I wonder to what degree the cognitive grasp of a scientific explanation (eg.: reduced electrical resistance of a point) or a lyrical description (points as gateways, portals) imprints our consciousness and later affects our own interpretation of our previously unexamined and subconscious experiences. In communicating our experiences it seems possible once again, as with the translations of Mandarin texts to English that instead of language freeing us, if we use it without awareness we risk becoming trapped by it.

If we try to name things that are still unclear, we name less than the truth. (Marty, 1999, p.31)

There is an inherent difficulty in finding words for an experience in a domain without words. A number of potential participants whom I approached were aware of the paradox between the nature of my request and the nature of their experience, and declined to participate. As one practitioner who eventually chose to participate said, "*It is hard to talk about this [experience of finding an acupoint] because it is on a whole different realm*"(LL).

As we have seen in this inquiry, articulations of the qualities of Spirit experienced are varied. Although it is possible to tease out threads of similarity, language and the metaphors we use to describe experience can often derail the experience of *knowing* into focus on the static story of the 'known.' Marty (1999) observes "... our culture lacks communal symbols for understanding other ways of knowing, so it overrides personal experiences of truth. Language is no aide in this dilemma; it is by nature linear and precipitous" (p.30).

### **Contemporary ... Classic**

*Insight*...refers to that depth of understanding that comes from setting experiences, yours and mine, familiar and exotic, new and old, side by side, learning to let them speak to one another ... To get outside of the imprisoning frameworks of assumptions learned within a single tradition, habits of attention and interpretation need

to be stretched and pulled and folded back upon themselves.

(Bateson 1994, p.6, 14, 43)<sup>11</sup>

So, how do contemporary descriptions of the experience of finding an acupoint relate to the clues we receive from the classics about the nature of Spirit?

As the practitioner extends a gentle, open awareness toward the patient, there is an exchange of information that takes place. This exchange is delicate. As Qi Bo said,

The body is regarded as holding that which is subtle and minute, and it is held responsible and investigated for its diseases. By searching into it and pondering over its regular conduct, much will become apparent; but to place the hand in front of it does not reveal the facts (details) of the case. (Huang Di Nei Jing Ch.26, trans. in Veith, 1949, p.222)

From the accounts of the participants, the initial stage of focussed awareness mediated through the practitioner's body hearkens back to Qi Bo's idea that "The Spirit cannot be heard with the ear. The eye must be brilliant of

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<sup>11</sup> As cited in the Overheads folder in Curriculum Studies Course file, University of Victoria.

perception and the Heart must be open and attentive" (Nei Jing Ch.26, trans. in Veith, 1949, p.222).

The process of point location can culminate in what has been described as an "Aha" moment. Described with striking similarity by Qi Bo, "... and then the Spirit is suddenly revealed through one's own consciousness ... [it] becomes clear to man as though the wind has blown away the cloud" (Nei Jing Ch.26, trans. in Veith, 1949, p.222).

Although the words may be different, the essence of experience pointed at by the classics still seems present in descriptions of contemporary practice. Qi Bo even acknowledges to the Yellow Emperor that words do not do the experience of Spirit justice. "It [Spirit] cannot be expressed through the mouth; only the Heart can express all that can be looked upon" (Nei Jing Ch.26, trans. in Veith, 1949, p.222).

### **The future of acupuncture: Spirit of practice**

In the Western relatively *yang*-dominated medical world, although form and substance are the focus, the concept of energetic meridians affecting the health of a being is often met with dubious reserve. This, even though the TCM that is currently practiced in the West has become more form focused in order to

better connect with Western medicine. However, as Wiseman & Boss (1990) suggest, it is

A broader, richer Chinese medicine [that] has a greater chance of acculturation in the West than a Chinese medicine simplified and Westernized – especially since the popularity of Chinese medicine in the West is associated with dissatisfaction with Western medicine. (p.5)

In the West, where the relationship between TCM and allopathic medicine is still forming, it is interesting to consider how these two practices, in their integrity might inform each other. Perhaps, a successful connection lies in both medical perspectives assuming a more *yin*, less *yang* approach to each other. For example, consider how a “pattern of disharmony” as described by a practitioner of Chinese medicine might be interpreted by a Western doctor. On the one hand, a western M.D. might view it as a rather poetic “cause” of imbalance (even though classic Chinese Medicine does not distinguish a *specific agent* as the originator of the disease). On the other hand, a Western doctor may ascribe to practicing “artistry in medicine” which, similar to TCM, allows for the patient’s uniqueness as well as the doctor’s sense of knowing. Instead of the patient being seen as a generic group of symptoms which the doctor tries to make fit with a textbook example (often unsuccessfully), when practicing artfully, as a doctor,

you are “immersed in the case itself, letting your view of it develop in context ... but you don’t allow your training to blind you to the actual person who is sitting in front of you. In this way, you pass beyond competence to *presence* [italics in original]” (Nachmanovitch, 1990, p.21).

Of another experience of practicing beyond the textbook Dr. Weiss, Chairman of the Department of Psychiatry, Mount Sinai Medical Center, Miami Beach writes: “I intuitively knew what was wrong and what directions to take in therapy” (1988, p.163). In both cases, the experiences of Western medical doctors are reminiscent of Qi Bo’s description of the Spirit being “revealed through one’s own consciousness.” It may be that the depth and “artistry” of both Western and Eastern traditions are exercised through an experience of knowing.

Pitirim Sorokin, often referred to as a visionary sociologist and philosopher, presented the idea of an “integral three-dimensional” knowledge. He believed that humankind could develop this three dimensional knowledge to extend our understanding beyond reason and the five senses in order to achieve a different way of dealing with the crises faced by society. He maintained that this three-dimensional knowledge, the origin of which is remarkably reminiscent of the traditional Chinese trinity of Body, Mind, and Spirit, would bring us closer to absolute truth than any uni-dimensional approach would.

The reality given by the integral three-dimensional truth, with its sources of intuition, reason and the senses, is a nearer approach to

the infinite metalogical reality of the *coincidentia oppositorum* [italics in original; where, reminiscent of the Tao, opposites complement each other as compared to contradicting each other] than the purely sensory, or purely rational, or purely intuitive reality ... Each of these systems of truth separated from the rest becomes less valid or more fallacious, even within the specific field of its own competence ... Each of these sources and systems of truth misleads us much more easily when it is isolated from, and unchecked by the other sources and other systems of truth than when it is united into one integral whole with the others. (Sorokin, 1941, p.763, p.764)

Although it might not be apparent today, at the roots of Western philosophy there is agreement about the value of intuition in arriving at truth. Remembering that the following great logicians at one time also espoused this more subtle approach to apprehending the truth might encourage modern medics to widen their perspectives: Plato, Aristotle, Plotinus, St. Augustine, Rene Descartes, Thomas Hobbes, Henri Bergson, Carl Gustav Jung, Alfred North Whitehead and even John Stuart Mill.<sup>12</sup> As the physicist Dubos said, "Sometimes the more measurable drives out the most important" (cited in Eisenberg, 1989, p.95).

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<sup>12</sup> "The truths known by intuition are the original premises from which all others are inferred" (Sorokin, 1941, p. 759).

So, the real questions of health may not be questions of mechanism but questions of spirit. Healing is not a matter of mechanism; it is a work of spirit and we need to study those conditions that further that work. We need to remember that at the very heart of spirit is mystery. And the problem with the mind is that the mind cannot tolerate mystery. (Remen, 1988, p.61)

### **Spirit in teaching and learning acupuncture**

True education is to learn *how* to think, not *what* to think.

(Krishnamurti in Krishnamurti & Bohm, 1981)

We have discovered that the nature of Spirit can be elusive and transforming. Both these qualities create a challenge to weaving Spirit into the fabric of our existing acupuncture education. According to Sivin (1987) in China "social change has begun to move medical education toward a synthesis of traditional and modern medicine in which all that remains of the former is elements of technique" (p.28). The subtleties of the tradition have virtually disappeared from the system along with the experienced traditional physicians who combined a deep understanding of the culture of traditional medicine with

a mastery of technical literature. Currently, if we are to re-inspirit the transmission of the practice of acupuncture, we will have to be creative. Looking to existing traditions for inspiration may also be useful.

One such tradition, which emphasizes the use of intuition, is the Native American nation, the Oneida. The basic approach in this tradition is that a student learns to use intuition as the first dimension (to use Sorokin's terminology) of acquiring a wholistic understanding, before learning how to use the sensory and rational dimensions. After exercising intuition, the student focuses on a specific aspect of their intuitive understanding and later integrates it with their understandings derived from the rational and sensory dimensions (Spencer, 1990). If one understands that Spirit can be sensed intuitively, this particular approach might be well adapted for use with teaching acupuncture to address "the laws of acupuncture [which] dictate that needling should be, first and foremost, based upon Spirit..." (Lu, 1978, p.725).

Taking the use of intuition one step further, the transmission of the practice of acupuncture might be made much more potent if a wider variety of learning modalities were used. Marty (1999) offers a caution which echoes Watts' (1975) and Lin's (1974) commentary on the linearity of communication prescribed by our alphabetized language, "In the process of allowing crystallization of awareness, language must be used with great restraint until images are clear" (p.31). From a culture which uses ideographic characters to denote meaning comes the saying, "a picture is worth a thousand words." In the

context of teaching and learning acupuncture, this may be especially relevant: consider the wealth which other non-verbal sensory representations might offer in conveying the essence of Spirit in an acupuncture practice.

In the spirit of traditional Chinese medicine the emphasis of a new model of education may be to learn how to experience *knowing*, instead of focusing on the what that is known; to introduce more classical literature to the West which is subjected to rigorous translation standards; to explore, in addition to language, alternate avenues of representation to convey the contemporary experience of *knowing*.

We shall not cease from exploration  
And at the end of all our exploring  
Will be to arrive where we started  
And know the place for the first time.  
(Eliot, 1970, p.57)

As a result of not ceasing from exploration, this thesis has unfolded and I feel empowered and appreciative. Not only have I “arrived” with more awareness to the place that I started from, I also feel affirmed in my ability to sink into the experience of knowing which I bring to my practice of acupuncture.

The effects produced indefinitely by the Spirits belong to knowing-how; and this is why knowing-how maintains life. (Taisu cited in Larre & Rochat de la Vallée, 1995, p.66)

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## APPENDIX A

### ***Disclosure & Consent Form***

For participation in the M.A. Thesis study:

#### **What is the Point? Experiencing Spirit In the Practice of Acupuncture**

#### **Purpose**

As a graduate student, I am required to conduct research as part of the requirements for a degree in Education. As part of my study, I am interested in acupuncturists' and acupressurists' experience of finding a point on a meridian. I am specifically interested in the experience of using something more than a formulaic anatomically based technique. This "something more" I refer to as Spirit. You may not refer to it as "Spirit;" maybe it is an elusive quality for which you have another name, or description; maybe the quality is nameless. The purpose of this study is to arrive at a verbal description of the process of finding a point on a meridian when informed by this possibly nameless quality, which I will otherwise refer to as Spirit.

#### **Selection Process**

You have been invited to participate in this study as my colleague and a practitioner of acupuncture or acupressure, based on my experience and/ or observation of your method of point location and/ or your interest in what can be referred to as the Spirit component of the Mind, Body, Spirit trinity of health.

As the purpose of the research is to arrive at a verbal description of your experience of finding a point on a meridian when guided by more than a formulaic anatomically based technique, it is important that you are able to be detailed in narrating your experience. If you think you will be unable to verbally describe your experience, or that you would prefer not to participate, please feel confident that you may freely make your decision whether to participate knowing that I fully appreciate that this kind of process is not for everyone.

### **Interview Procedure**

Having pre-agreed on a mutually acceptable time and location, we will proceed with the interview in person. I will be the only interviewer, and I will tape record the session if you agree to be audio-taped. I don't anticipate that the interview will take any longer than one and a half hours, and it may take considerably less time than that.

As I am interested in as much detail as you can express, the interview will consist of me asking you questions which deepen and extend your description of finding the point. I will also occasionally make notes to describe hand motions or gesticulations, should you use these to communicate an idea.

In the event that you have questions or concerns, please remember that I welcome you to stop the interview *at any time*, if need be, in order to have your concerns addressed.

Also, I would like to take this opportunity to remind you that your participation in this project is voluntary and so if, at any time, you wish to stop the interview or withdraw from participating for any reason, please just let me know, and we will stop the process immediately without there being any consequences or need for explanation.

### **Potential Risks and Benefits**

There are some potential risks to you as a result of participating in this research. As a result of the interview's deepening questions, you may develop a more acute awareness of yourself and the manner in which you practice your profession. If you should feel the need to discuss any feelings or experiences arising out of our interview, please do not hesitate to contact myself or any of the four additional people listed at the end of this form under *Contact Information*.

By contributing your experience to this study, you will be adding contemporary information to a body of knowledge which is conspicuously lacking in this area and which *The Yellow Emperor's Classic of Internal Medicine* and *the Difficult Classic* refers to as fundamental to the practice of acupuncture.

### **Consent**

Should you decide to withdraw from the study at any point after recording of the interview has started, you could choose to allow me to use the information from your interview, such as it was, in the study. However, if you

prefer to not have any part of your interview included in the study, I would remove it altogether. Please call me at the number listed at the end of this consent form should you later decide that this is your preference.

### **Anonymity & Confidentiality**

As a participant, your anonymity will be protected. There will be nothing in the published study which may identify you. I am the only one who will know your identity. After the interview, your tape will be assigned a number. I will transcribe your interview and remove any comments which I think might identify you. The resultant transcript of your interview, which I will use as “raw data,” will bear only the number assigned to it and not be readily traceable to you. It is possible however that, even though your name will not be associated with this raw data, that someone in this area of specialization might be able to recognize you from your comments if they were to have access to the transcript.

The recording and transcript of your interview will be kept separate from the key-code to participants; all three items will be kept locked in my personal filing cabinet, accessible only to myself.

### **Results and Data**

The data will be used in a Masters degree study of acupuncturists’ and acupressurists’ experience of finding a point on a meridian. If you are interested in reading the results of the study, please let me know and I will notify you of its

completion and subsequent availability for reading in the McPherson Library on the University of Victoria campus.

When the research is complete, I plan to destroy the taped interviews and keep the transcripts locked in my filing cabinet for five years in the eventuality that I pursue further inquiry in the area. After that time, if I have not pursued further research, I will destroy the transcripts. If I do pursue further inquiry, I will again seek your permission to use the information with which you have provided me.

Although not currently determined, it is possible that the results from this investigation may be published in a professional newsletter or journal and / or presented at a scholarly meeting.

### **Contact Information**

Should you feel the need to debrief your experience the following practitioner is trained in Hakomi counseling and meridian-based therapies. To arrange an appointment and/or check fee schedules, please call:

Arnold Porter 360-0637

Mark Fournier 380-9006

If you have any questions or concerns about this research project, please feel welcomed to contact any of the following:

Alexandra Zawisza (Principal researcher) 250.384-8642

Antoinette Oberg (Research supervisor) 250.721-7807

Associate Vice President, Research 250.472-4545

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have all your questions answered by the researcher.

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Name of Participant

---

Signature & Date

A copy of this consent form will be left with you, and a signed copy will be taken by the researcher.

## APPENDIX B

### ***Interview Schedule***

For participation in the M.A. Thesis study:

#### **What is the Point? Experiencing Spirit In the Practice of Acupuncture**

1. "In the event that you have questions or concerns, please remember that I welcome you to stop the interview at any time, if need be, in order to have your concerns addressed.

"Also, I would like to take this opportunity to remind you that your participation in this project is voluntary and so if, at any time, you wish to stop the interview or withdraw from participating for any reason, please just let me know, and we will stop the process immediately without there being any consequences or need for explanation."

**2. Demonstrate to the participant how to turn on and shut off the recording device.**

3. "As I anticipate that you may use gesture to demonstrate some of your experience, I will be taking occasional notes to record this aspect of your interview."

"Do you have any questions?"

"Shall we proceed?"

**4. When any questions have been answered, turn the recording device back on.**

Begin the recording of the interview by stating time, date, location, and participant number.

“So, you have kindly agreed to participate in my inquiry. I am interested in hearing how practitioners experience finding the point when they are looking for a point on a meridian. What is your experience of this process?”

**5. Some examples of questions which might be used in deepening and extending the participants’ description of their experience:**

- I am interested in how you find the point using more than a formulaic anatomically based technique. Please tell me how you do it.
- How would you describe your experience of finding a point on an energetic meridian?
- I am interested in the details, can you tell me some stories, or examples?
- What distinguishes your experience of a point from a non-point?

- What is the difference? How do you experience this?
- What is it about a point ...?
- How do you know that you are palpating a point (on a meridian)?
- What senses are evoked? ... What is it about ... (the particular sense)?
- How would you describe it?
- What is the crux of it?
- What is at the center of this?
- What is under it?
- What is doing it?