

Developmental trauma and Chinese medicine

Experiences conveyed along two case studies

By Michael Huber

Regarding disease arising from the seven emotions, these should be taken care of by cultivating the spirit and calming the mind, and resolved by allowing ambitions to express themselves. It would be inappropriate to rely entirely on seeking to control them with herbs and minerals.

Miao Xiyong 繆希雍, *Commentary on the Divine Husbandman's Classic of Materia Medica* (Shennong bencao jingshu 神農本草經疏, 1625)

I have never failed to sit quietly and attentively, regulating my breathing to attune myself to the circumstances. I first transformed my body to that of the patient. Becoming its shadow, groaning with its grief, faint and indistinct to begin with I gradually transformed my heart/mind into the heart/mind of the patient. If I surmised a patient would live, I seriously desired they would and exerted every sinew and bone to contribute to that outcome. If the disease was characterised by complexity, I treated a little more carefully, relying early on introspection. If the illness was not cured and my body became exhausted, this is what [the famous poet Tao] Yuanming meant when he said "such feelings are sincere." For this reason, it is not possible to do this extensively.¹

Yu Chang 喻昌, *Forward to Notes that Indirectly Express my Conceptions* (Yuyicao 寓意草, 1643)

John and Betty are very different, but they have two things in common:

- They have managed to take a recognized place in society despite being traumatized; and
- Throughout the treatment period, they have not been affected by the trauma (anymore) to the point of needing an inpatient situation, and they are able to keep binding appointments, to take herbs, and so on.⁶

In our practices, we repeatedly deal with traumatized patients who often do not come to us as "trauma patients", so it is helpful to have concepts in which we can classify trauma in Chinese medicine. I would like to share my approaches as a contribution to the discussion, and would be pleased to receive feedback. I had experiences treating about 50 refugees with PTSD² in 2014-16, which formed the basis for my approach to traumatized patients. I have summarized what I learned in that process here.³ Currently about half of my patients are more or less dealing with developmental trauma.

I would like to highlight different aspects or perspectives⁴ here based on the treatment processes of John and Betty.⁵ Both are still in treatment with me and have contributed a summary of the process to date from their perspective for this article. In the treatments, and accordingly in this article, different approaches which at first are not classified under Chinese medicine play important roles.

¹ Quoted from Volker Scheid with gratitude.

² Post-traumatic stress disorder.

³ See: *Tao He Cheng Qi Tang - trauma and phlegm*, The Lantern, Vol: 14-1.

⁴ This article is not so much a continuous text. You can read the sections in a different order as well.

⁵ Not their actual names.

⁶ I have also stopped providing treatments for traumatized patients in an outpatient setting, e.g. because the patients were unable to keep appointments due to their situations.

Trauma in Chinese medicine

Chinese medicine, as always, offers different perspectives on trauma. My approach is based on two principles:

- Pathology is non-functioning physiology; and
- Body, feelings and thoughts can be seen as manifestations of *qi* in a general sense. So any disturbance in the flow and transformation of *qi* can have physical, emotional or mental effects. That is, a problem is not a physical or mental/emotional problem, but (fundamentally) a disturbance in the ongoing process of flow and transformation that can cause discomfort in any way. *Qi* stagnation can lead to pain, depression, thought blockages or digestive problems, and there is no need to handle terms like psycho-somatic; it is always *qi* stagnation.

Physiology

After the merging of *yin* and *yang* essence enlightened by the *shen* (procreation), at the latest after birth, our becoming (*cheng* 成) in physical, emotional and mental terms consists of what we absorb, digest and integrate into our (emerging) individual "personality" based on what we have inherited. The carrier and expression of this "individual-specific" is the blood (*xue*)⁷. Blood is the result of this digestion and transformation process.

The middle burner transforms the absorbed into *ying-qi*, in the upper burner *zong-qi* is created with the breathing and from the lower burner *wei-qi* (*yuan-qi*) transformed from the stored essence is added. All together, the transformation to blood takes place in the Heart. A surplus of blood transforms into essence (*jing*), thus imprinting the inherited essence before it is further inherited. This ongoing process of flow and transformation (*tong bian* 通變) ends at death with *yin* and *yang* separating again.⁸

Substances with form are essence (*jing*), blood

(*xue*) and fluids (*jinye*). That is, blood also has a significant part in our physical form (*xing* 形), and accordingly what we have experienced has an influence on how we appear. *Shen* resides in the blood or heart-mind (*xin*) and all mental processes including thinking can be considered as effects of the *shen*, and thinking also has a relation to the middle burner.

Pathology

Based on this perspective on physiology⁹, three interrelated pathological processes have crystallised in my work with trauma patients:

- Terrible experiences cannot be digested, and phlegm with more or less heat is produced. Phrases such as "I haven't digested that yet," "That was a punch in the gut," "It sits upon my stomach," or "That's hard to swallow" reflect a knowledge that experiences must be digested, which is socially present despite the separation of psyche and soma;
- Trauma leads to blood stasis, just like when you hit your thumb with a hammer and it turns blue; and
- *Yin* and *yang* separate (due to phlegm-heat-blood clumping).

The physical and mental symptoms of traumatized patients can be well classified under phlegm (heat) and blood stasis, deep-seated stagnation in every sense: chronic pain, indigestion or amenorrhea as well as anything that expresses that stagnated and phlegm-heat clumped blood is not a good dwelling place for the *shen*: nightmares, limitations in thinking, (self-)perception disorders, flashbacks, etc.

Especially the situation of patients with developmental traumas is often characterised by constant hyperarousal up to panic. This can be well described as over-agitated *wei qi* acting chaotically on the surface, i.e. *yang* that is not connected to *yin* and is missing inside, and also *yang* that does not go inside at night, thus causing

⁷ Manfred Porkert used the term "individualspezifische struktive Energie" (individual-specific structuring energy) to describe blood (Porkert, M. (1982) Die theoretischen Grundlagen der Chinesischen Medizin.).

⁸ From the point of view of a single human life, if you want to assign it a beginning and an end.

⁹ The *wu xing* perspective, more commonly used elsewhere, has never suggested itself to me in relation to trauma.

sleep disturbances. This separation of *yin* and *yang* is connected with (death) fear, which is understandable if one realises that dying is synonymous with *yin* and *yang* separating completely.

And when the agitation becomes too much, then the *shen* leaves because it cannot stand it anymore: The patient dissociates. I.e. the most *yang* substance of Chinese medicine physiology (*shen*) more or less separates from *yin*.

Developmental Trauma

"The speakable dao is not the ordinary dao ... The origin of the world is nameless. Having a name is the origin of the ten thousand things and beings" (Dao De Jing, chapter 1).

"Zhuangzi sees an essential problem in the fact that man has 'fallen out of' his original unity with nature after he had begun, by means of language, to distinguish between himself and the things surrounding him."¹²

This process happens in every child with the development of an I-identity, a "psychic apparatus". At some point, the child has heard his name so often that it assumes that it "is" Tanja or Klaus, that is, something different from the rest of the world. This is accompanied - more or less - by a loss of awareness of unity¹³, to which the child reacts with different thought patterns depending on the individual type: "I'm to blame," "I'm bad," "Nobody likes me," "I'm not good enough," "Everybody else is bad," etc. From this develop the basic patterns of action and reaction that we struggle with in life.¹⁴

Even a cat, too, can have "strange" behavior patterns if it has always been beaten: It gets scared at every noise and disappears under the sofa, won't let you touch it, scratches and strikes out of nowhere where it was just purring on your lap, etc. This may or may not be attributed to a "psychic apparatus."

In the case of traumatised persons, the thought

In the history of concepts of Chinese medicine, *shen* originally comes from outside and in this respect *shen* is a trans-individual transformation potential that works individually.¹⁰ Thus, *shen* can come and go¹¹, and from this point of view, dissociation is a regular form of movement of *shen* to which we usually pay little attention.

The coming and going of the *shen* holds the access to "other worlds" and the perception of a "beyond-individual" reality.

patterns are often particularly pronounced and fearful, there is hardly any trust and no security. The "normal" I-subjects are more or less successful in their constant self-assurance and thus feel more or less stable. They do not immediately fundamentally question their "identity", if they do not feel at home in themselves, or if the consequences of the hierarchical elevation of the human being over the rest of the world¹⁵ can hardly be overlooked any more. A "trauma identity" often cannot cope with "being in the world", it does not offer a sense of security.

The fasting of the Heart

Zhuangzi conveys his suggestion for dealing with the problem of a self separated from the rest of the world very well in the passage about the fasting of the Heart. He has "Confucius" say to "Yan Hui": *"Unify your will. Don't listen with your ears, listen with your mind [xin = heart-mind] - don't listen with your mind, listen with your qi. The ears are limited to listening; the mind is limited to sorting. But the qi, all empty [xu 虚] it awaits things. The Dao gathers in emptiness - emptiness: that is the fasting of the mind."*

"Before hearing this," said Yan Hui, "and grasping it in full, I was solidly [shi 實] I myself. But now that I have grasped it - why, there has never been any I at all! Is this the emptiness you mean?" "You've got it!" said Confucius.

¹⁰ cf.: Dominique Hertzner: *Das Leuchten des Geistes und die Erkenntnis der Seele*, VAS-Verlag, Bad Homburg (2006), chapter III.

¹¹ cf. e.g.: "The *shen* exists entirely by itself in the body; its coming and going cannot be grasped by anyone with thought." Guanzi 49/7 (Neiye 內業), quoted from Hertzner: *Das Leuchten des Geistes ...*

¹² Hertzner: *Das Leuchten des Geistes...*, p. 187

¹³ At least in the case of the I-subjectivity of Western ontological character. I cannot speak about anything else.

¹⁴ A good concept to grasp these thought patterns is in my opinion the Enneagram, cf.: Sandra Maitri: *The Spiritual Dimensions of the Enneagram*, Tarcher/Penguin, New York (2000)

¹⁵ Under the motto "subdue the earth"

Treatment with Chinese Herbs

When I began treating trauma patients, after searching for some time, I came across *Tao He Cheng Qi Tang* (hereafter THCQT)¹⁶ to treat phlegm-blood stasis clumping. In doing so, it was important for me to understand that *Mang Xiao* softens severely clumped (heat) phlegm via its salty taste, penetrates it with its pungency, and together with the bitter cold *Da Huang* discharges it through the intestines¹⁷.

Since then THCQT has been the backbone of my herbal therapy for trauma situations¹⁸. In this, the instruction to patients is to take such amount that the bowel movements do not become too soft. This is often only 1/6 to 1/3 of the normal dosage. In the course of treatment, I observe repeatedly that patients get constipated in connection with crises, and it is then important to increase the dosage until the stool starts again. This can be 2-3 times the normal daily dose. From my point of view, this means that the stagnation comes from the blood into the *qi* (= intestine) or from the *luo* into the *jingmai* and then definitely has to be discharged, even if this is initially accompanied by diarrhea. Accordingly, learning processes are then connected with these crises. Especially

when patients dissociate in crises, i.e., their self-perception is severely limited, one of my first questions is: "How is the bowel movement?" because the patients do not recognize the constipation and do not remember the connection to crises.

In order to allow patients to easily change dosages, and because they often take the herbs long term, I work here mainly with patent medicines. So a daily dose of THCQT is 6 x 300mg tableted granules/patents.

I often combine THCQT with *Wen Dan Tang* for phlegm heat and also with such formulas as *Si Ni San*, *Gui Zhi jia Long Gu Mu Li Tang*, *Chai Hu jia Long Gu Mu Li Tang*, *Xue Fu Zhu Yu Tang*, *Gui Zhi Fu Ling Wan*, *Chai Hu Gui Zhi Tang* etc..

While this approach is well established in my practice, and works well for patients like Betty along with other elements, for other patients like John, I have tried in vain until recently to fundamentally change their condition of hyperarousal.

Treatments and *gan tong* 感通

Over the years, the focus in my treatments has shifted to helping patients allow their potential to blossom. Related to this is the awareness of all the wonderful and unique qualities of patients that express what is true for all of us: we are unique. From this point of view, the problems/diseases are more stagnation that is allowed to dissolve so that the potential can unfold unhindered.

Every treatment has the perception (*gan zhi* 感知) of a situation as its starting point and a treatment

that is as suitable as possible for this situation as its (temporary) result.¹⁹ In between, on the level of speaking-thinking²⁰, the classification of the perceptions into concepts (e.g. red=heat, blue=blood stasis) happens in order to come to the most helpful treatment strategies possible. At the same time, and only "artificially"²¹ separable from this, a process happens for which I would use the term *gan tong* 感通: something touches the Heart (*gan* 感), is grasped in depth (*tong* 通) and by itself so (*zi ran* 自然) in connected unity

¹⁶ *Tao Ren, Da Huang, Mang Xiao, Gui Zhi, Zhi Gan Cao.*

¹⁷ For more details see: *Tao He Cheng Qi Tang - trauma and phlegm* The Lantern, Vol: 14-1..

¹⁸ As always, there are also several exceptions where THCQT does not fit.

¹⁹ The idea of an action separated from the course of things with a beginning and an end, is as much Western thinking-speaking, as the related ideas of cause and effect and the

freedom of the acting subject - cf. Francois Jullien: *From Being to Living: a Euro-Chinese lexicon of thought*, Sage publications (2019) esp. chs. I-V

²⁰ "Speaking-thinking" because the development of language and thinking cannot be separated. Cf.: F. Jullien: *From Being to Living*

²¹ As now, to make it understandable in speaking-thinking.

(*tong*通) leads to the free flow (*tong*通) of thought and action.²²

For example: From the many possibilities of discharging heat, it is clear that LI 2 (and not, for example, St 44) is needed at this moment, for this patient, i.e. in this situation, or: The patient comes in the door, and after the first sentences it is clear that she needs a Chai Hu formula. A (definite) inner perception of what is to happen in a moment, which (potentially) every person knows. In particular, all activities in which specifically the creativity of life is to manifest - that is, art in the broadest sense - are inconceivable without the devotion to that which - *zi ran* - arises of its own accord, denoted here by *gan tong*.

In my development as a therapist, this began with what I learned from my first acupuncture teacher, Don Halfkenny. For example, when the *qi* arrived (*de qi*) he sweated slightly on his bald head. Through this example I understood that there are internal perceptions and physical reactions that cannot be separated from them, which are something different from the tactile perception on the fingers with which one guides the needle. I took my physical reactions seriously and slowly learnt to trust them. Only some years later I realized that these reactions are an expression of my Heart saying "yes".

For some time now, acupuncture in my practice is more a contribution to diagnosis than the result of a (mental) diagnostic process.²³ The pulse acts as a pointer as to where the current point to be acupunctured might be found, and the "yes" from the Heart seeks it out. The acupuncture that emerges in this way gives clues to the current pathophysiology, thus contributing to the diagnosis, or also points to prescriptions to be used, e.g. St 40 together with Gb 43 to *Wen Dan Tang*.

Over the years, various techniques have made their way into my practice, which could be

grouped under the umbrella term "energy work". For example, I was once a patient of a therapist whose treatment, besides massages, consisted of holding her hands to the left and right of my head. I have adopted this. Other approaches I took with me from seminars of various kinds, or they arose from treatment situations, so they developed on their own. I have always been a tactile type, i.e. direct physical encounters suit me.

This "energy work" had no theoretical background, and runs in essence so that I follow a perception of what should happen in a moment, for example, to put my hand on the belly of the patient²⁴, and stop again when it's time. My colleague Annette Krehl has classified this under: "I know nothing, I want nothing, I do nothing." And indeed, in my experience, it makes no difference whether my mind is present in the process or in the shopping list for the afternoon. Put another way, I've learned to trust that when it comes to being consciously aware of something, it will happen. This also applies to speaking: If something is to be said, then the words come, while it may well be that I think of something but no words come to it, i.e. (at that moment) nothing is to be said. This sometimes results in longer moments of silence, even in the middle of the anamnesis conversation.

If these processes do not run by themselves and I am unsure, it is always the "yes" of the Heart that I follow.²⁵ All in all, one could perhaps say that it is a (not always mental) presence from which the course of treatment develops. Conceptualizing this and assigning terms like *gan tong* has come out of my trying to convey these processes linguistically as a teacher, principal, and occasional author.

In the last year I have been intensively involved with energetic processes of taking in (*yin*) and being taken in (*yang*)²⁶, and have thereby

²² F. Jullien connects *gan tong* 感通 with "the capacity inherent in everything real [...] to communicate with each other through all parts, to mutually stimulate and respond to each other, i.e. to constantly react to each other." Cf. F. Jullien: "Über das Fade - eine Eloge", Merve Verlag (1999) pp.41-42. On *gan tong* see also: H. Wang: *Ren and Gantong: Openness of Heart and the Root of Confucianism*, Philosophy East and West, 62:4 (2012), pp. 463-504.

²³ This seems to be similar among many colleagues.

²⁴ Not without asking, of course.

²⁵ Perceiving is also a learning process insofar as, for example, fears and - in my experience - often ego needs obscure perception. A good indication of this is when things go wrong in the same way again and again. Then perceiving what is happening is what leads to change, i.e. to (somewhat) clearer perception.

²⁶ That's a formulation of the interaction of yin and yang from a yin point of view. From a yang point of view would be: penetrate and be penetrated. Possibly taking a yin viewpoint helps in letting go of the yang identity of faster-higher-further,

understood that this is an important perspective on the processes in my practice: Through the energetic taking in of the patient, he/she perceives himself/herself more connected (*tong*), and can thus develop more confidence to let arise and subsequently let go of things that he/she has held on to until then, e.g. feelings, pain, etc. that do not seem bearable in trauma patients.

At the beginning of my experience with "energy work" I was very worried about taking in "bad" energies or being energetically "sucked out". In the meantime I see different possibly mixed variants (on the example of sadness): I can clearly perceive the sadness as the patient's, there is a

resonance with a sadness in me, or the sadness is simply there and I cannot assign it. In all cases, it is allowed to be there and to dissolve. The process is always toward becoming thorough (*tong*), so there is nothing to fear.

So my experience is different from Yu Chang's description²⁷, probably mainly because it is not a deliberate and planned process, and possibly also because I don't have patients dying so often. In fact, I experience my daily practice as very enriching and supportive, and in a way easy. Difficult or complicated is then rather to accept when it seems to turn out that the treatment does not help patients, which of course does happen.

A *gan zhi* 感知 exercise

The Chinese term for perception²⁸, *gan zhi* 感知, is composed of "feeling" and "knowing". *Gan* ethymologically means "something that touches the heart". So it is about a process in which something touches the heart and a knowing arises from it - something you become aware of. To facilitate patients coming out of identification with thoughts and feelings into awareness, I often take them through the following awareness exercise (*gan zhi* exercise) when they are lying on the treatment table:

" You are invited to open your perception to the lower abdomen. Perceiving is not an activity, but rather an openness to something coming into awareness. So open a kind of window for what comes into perception from the lower abdomen. Thus, you don't have to do anything in perceiving, and nothing has to come. What comes is what comes, and you don't have to change anything about it. And everything you perceive may be as it is, there is nothing to do, you don't have to do anything with it. It can be e.g. warm or cold, wide or narrow, hard or soft, rough or smooth, calm or restless, bright or dark etc., possibly you perceive colors, possibly thoughts arise with the perceptions - you can also perceive these and do nothing with them, just let them be as they are. If

you want to share your perceptions, you are welcome to do so, if you don't want to, you are welcome not to.

If there is something in what comes into your perception that you experience as pleasant, you can allow yourself to enjoy it. To enjoy means to say 'yes' to something, e.g. 'yes, it is pleasantly warm there'. We tend to say 'yes, but', so e.g. 'yes, it's pleasantly warm there, but it hurts somewhere else'. The more unrestricted our yes is, the more immediately and fully perceptible is the joy inherent in the yes."

I give the patient appropriate time and then repeat the exercise for the upper abdomen and the chest with the possibility of noting similarities and differences. Then:

"You are now invited to 'go' to the place you find most pleasant and 'settle' there, perceiving and enjoying the pleasant in all its dimensions. Everything else - also the unpleasant - may continue to be as it is, and it is still not a matter of doing or changing anything. You just perceive everything from where it is most comfortable for you."

And after appropriate time:

so that the overall process of changing into a yin phase evolves more smoothly.

²⁷ Cf. the quote at the beginning of the article

²⁸ In a German text I use the term „Wahrnehmung“, which seems to translate quite well for *gan zhi*. In English it seems to be better to use different terms (perception, awareness) to grasp the scope of meanings of „Wahrnehmung“/*gan zhi*.

"Now you are invited to allow the pleasant to unfold. Allowing means you are open to the possibility of that happening. So there continues to be nothing to do, and what happens, happens. Nothing has to happen, and everything is still allowed to be the way it is, and you can allow yourself to enjoy what you find pleasurable"

Tong bian 通變 and oscillations.

The circular motion of the "yin-yang symbol" ☯ (Taijitu 太極圖) is an oscillation when viewed from the perspective of time (axis). It is an oscillation back and forth between *yin* and *yang*.

So if physiology means it flows (*tong* 通) and transforms (*bian* 變) harmoniously (*he* 和), regularly (*tiao* 調) and appropriately (*du* 度), that is from the point of view of oscillation: it oscillates freely, harmoniously, regularly and appropriately. Everything oscillates, down to every cell. Thus, individual people can also be viewed as tones, with relatively similar fundamental tones and different overtones, which together with the fundamental tone express the particular unique manifestation of the *dao* which we sound.

The basic treatment strategy, viewed in this way, is to support free harmonic oscillation by making something more thorough (*tong* 通). That does not mean to "make" an oscillation, it happens - like the transformation of *yin* into *yang* into *yin*... by itself, if it is not obstructed. Oscillations play a role in my practice primarily in two ways.

First, I swing or rock patients on the treatment table. Thereby, as with a swing, there is a body-

From a psychotherapeutic perspective, this exercise could be classified as resource-oriented. Ultimately, it is intended to facilitate patients in coming into awareness of the specific manifestation of the Dao that they - always in the process of becoming (*cheng* 成) - "are"²⁹. In other words, to support the overall "goal" of the treatment.

specific swinging, i.e. one can only bring out the oscillation of the body in its own frequency. Wherever the body does not oscillate freely, my rocking involves the most acceptable suggestion to let go, so that the body's own oscillation can unfold freely again.

On the other hand, oscillations in the form of tones. I play a larger gong, where, as with everything, the idea is to do nothing if possible, but to let the gong sound as it arises in the particular situation. I often use the image of a window to the universe that opens with the playing of the gong, and through which the sphere sounds fill the room. The gong is very powerful.

I use other instruments as well, and I also let sounds and noises come that arise within me.

Of course, there are patients for whom sounding or playing the gong would be much too weird. I trust that the impulse for such approaches only comes when it is appropriate for the situation and the patient, and of course I always ask. The diverse and impressive reports of the patients about their perceptions, e.g. when the gong sounds, support me in my trust.

²⁹ Our speaking-thinking is not suitable for non-ontological formulations: cf. Francois Jullien: *From Being to Living*

Trauma concepts in the West

There are many different approaches in the "West" to conceptualize psychological trauma. Recently, more reference has been made to the French psychiatrist Pierre Janet (1859-1947), who developed a theory of dissociation in connection with traumatizing life circumstances at the end of the 19th century. With the emergence of psychoanalysis in the 20th century, its developmental and disorder models came to the fore, which also shaped the diagnostic catalogs ICD-11 (WHO) and DSM V (American Psychiatric Association).

In recent decades, neurobiology has played an increasingly important role, and there is a strong emphasis on explain psychological processes in biological terms. E.g., Polyvagal theory³⁰ attributes trauma responses to the autonomic nervous system. And books like "The Body Keeps The Score"³¹ or trauma therapies like Somatic Experiences (SE)³² emphasize therapeutic work with the body (-memory) to resolve trauma and thus distinguish themselves from e.g. cognitive behavioral therapy. Under the motto "PTSD is a real physical injury", scientists point to disturbances in brain development, especially in early childhood traumatization.³³

Behind these different approaches is the separation of body and mind (soma and psyche) in (historically) European speaking-thinking, which leads to the "mind-body problem", i.e. the question if and how body and mind are related to each other:

"As [...] clinicians struggle to view humans and the experience of illness and suffering from an integrated perspective, they often find themselves trapped by the Cartesian legacy. We lack a precise vocabulary with which to deal with mind-body-society interactions and so are left suspended in hyphens [like psycho-somatic], testifying to the disconnectedness of our thoughts."³⁴

Formative for this European speaking-thinking is the idea of an essential "I-subject", which comes to the point in Descartes' "Cogito ergo sum - I think therefore I am".³⁵

In recent years, the theory of structural dissociation³⁶ is on the rise, which captures trauma as splitting into personality aspects, up to different personalities that know nothing about each other (Dissociative Identity Disorder - DIS). The physiological idea for this is the well-communicating "inner team", which has entered the everyday vocabulary of a wide audience since the Pixar blockbuster "Inside Out" (2015). I would understand the popularity of these and similar concepts (e.g. Ego State Therapy³⁷) as an expression of a fundamental crisis of the essential I-subject - the modern "I am Many" is perhaps already a step "From Being to Living"³⁸.

In most approaches the therapy consists in integrating not integrated emotional (memory) parts into a normal process. For example, if the neurobiological concept is that emotions are stuck "undigested"³⁹ in the limbic system due to high stress hormone levels, then the goal is to

³⁰ Published in 1994 by US psychiatrist and neuroscientist Stephen Porges.

³¹ Subtitled: "*Mind, Brain and Body in the Transformation of Trauma*", Penguin Books, New York (2014), by Bessel van der Kolk, psychiatrist and pioneer of neurobiological trauma research.

³² Developed by Peter Levine, U.S. biophysicist and psychologist.

³³ E.g.: https://www.uniklinik-ulm.de/fileadmin/default/Kliniken/Kinder-Jugendpsychiatrie/Lehre/Trauma_Basiswissen_WF_handout_Plener.pdf, P. 22

³⁴ N. Scheper-Hughes, M. M. Lock: *The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology*, *Medical Anthropology Quarterly*, New Series, Vol. 1-1 (1987), pp. 6-41.

³⁵ I have addressed these and the following issues in: *Wie westliches Denken die CM im Westen prägt*, Qi - Journal of Chinese Medicine, Vol. 04/2020, pp. 41-48, download: <https://abz-muenchen.org/veroeffentlichungen>

³⁶ C.f.: Onno van der Hart, Ellert R. S. Nijenhuis, Kathy Steele: *The haunted self: structural dissociation and the treatment of chronic traumatization*. W.W. Norton, New York 2006

³⁷ Developed in the 1980s by U.S. psychologists John and Helen Watkins, based on concepts of the Austrian Freud student Paul Federn (1871-1950).

³⁸ C.f.: Francois Jullien: *From Being to Living*

³⁹ "*In PTSD this process fails and the memory remains stuck-undigested and raw*," Van der Kolk: *The Body Keeps the Score*, p. 258.

have them processed and stored on the "timeline" of the prefrontal cortex like other memories.

There is a varying degree of focus on the patient's resources that enable them to engage in the processing of unintegrated experiences. For example, in *Somatic Experiences*, there is talk of a pendulation between resources and non-integrated experiences.

Containing

I first encountered the concept of "containing" a few years ago in an exchange with Rayén Antón, who uses the term more frequently. In preparation for this article, I have now looked into it a bit more⁴⁰, and found that of the Western concepts I am familiar with, "containing" most closely describes what happens in my practice.

In his early texts, the British psychoanalyst and Melanie Klein student Wilfried Bion (1897-1979) assumes a "protomental" matrix in the human organism, in which body and mind are initially undifferentiated. A psychic apparatus that can digest protomental "affects" and eventually think as an I-subject develops by "containing." In this process, the mother absorbs the affects that cannot be digested by the child and are therefore expelled (projected), transforms them into emotions and thoughts, and returns them to the child in a digestible form (introjection).

Through this "containing" as a relational experience, the child learns to "contain" experiences itself, i.e. to digest them, to classify them as emotions and to process them mentally. In doing so, Bion assumes "that 'thoughts' epistemologically precede thinking, and that thinking must be developed as a method or apparatus for dealing with 'thoughts'"⁴¹. And he believes that the development of thought in humans still has a long way to go: "Thinking, in the sense of engaging in that activity which concerns

I hope that in describing my own approach, similarities and differences to the approaches you are familiar with will become clear, even if I don't go into them. I have chosen the term developmental trauma for this article because it describes well the (longer) lasting traumatisation of the two patients while growing up. According to ICD 11, John and Betty's situation would be classified as complex post-traumatic stress disorder (C-PTSD).

the use of thoughts, is embryonic even in the adult and has yet to be fully developed by the human species."⁴²

Even as adults, we are constantly supported by others in "containing," for example, when we "digest" a frustrating day at work together with someone. And whenever experiences are particularly difficult to digest, the support of others in "containing" is especially needed, e.g., in a therapeutic setting.

In his later texts, Bion sees "language and reason - and thus the entire container dynamic - often in their defensive function against the encounter with a living presence of the unconscious unfolding anew in every moment or in every session."⁴³ He therefore pleads for "NO memory, NO desire, NO understanding."⁴⁴ The therapist opens his own unconscious to the patient's unconscious to such an extent that at certain moments he becomes this experience himself. In these very intense "presence events" a becoming is possible, which dissolves stagnations, marks turning points and initiates important processes of change.⁴⁵

I was surprised how close these concepts are to what happens in my practice and would not oppose "containing" and "presence events." I try to convey to my patients that they don't have to struggle to understand. If there is something to understand, it happens on its own. And in my

⁴⁰ Most of the information is taken from: Ginaluca Crepaldi: *Containing*, Psychosozial-Verlag, Gießen (2022).

⁴¹ W.R. Bion: *Lernen durch Erfahrung*, Suhrkamp, Frankfurt a.M. [1961], p. 137f, quoted from Crepaldi: *Containing*

⁴² Ibid. p. 140

⁴³ Crepaldi: *Containing* p. 61

⁴⁴ W.R. Bion: *Aufmerksamkeit und Deutung*, edition diskord, Tübingen, [1970], p. 147, emphasis in original, quoted from Crepaldi: *Containing*

⁴⁵ Crepaldi: *Containing* p. 62

experience, one of the main effects of understanding is that the mind relaxes and patients can be more understanding/sympathetic and generous with themselves, and thus better able to let go.⁴⁶

A wonderful presence exercise I learned from Isaac Shapiro⁴⁷ we call "20 minutes": Two people sit across from each other at a comfortable distance for both of them, and then take turns after five minutes each: One expresses verbally and/or nonverbally how he is at the moment, how he feels, what is on his mind. And

the other one is only present, i.e. she perceives what arrives from the other one to her and also what happens with it in her. And she doesn't do anything with it, i.e. she doesn't talk, doesn't nod affirmatively, etc., she is only there (present), and takes in and perceives. She also does nothing with the thoughts that come to her - in Bion's terminology this would mean she does not think, but simply lets the thoughts be there or go away. The exercise lasts 20 minutes, so everyone is twice in the receiving position of presence, and twice in the position of expression⁴⁸.

The course of treatment with John

John came to treatment three years ago and first described exhaustion, sleep disturbances, tinnitus, cramping abdominal pain with the feeling of a lump in the stomach and appetite only after noon, diarrhea, depression, panic, dissociations, recurrent or chronic throat scratching - hoarseness - up to loss of voice, nose always stuffy, hands and feet moist. All in connection with "unproductive relationships". When he is "with himself" he feels better. The acupuncture is GB 43 and ST 40. Based on the symptoms and the acupuncture, I begin with *Wen Dan Tang*, which is good for him: he is more with himself, the mood is good, he sleeps through, the stomach gurgles, he has no stomach pain, and a lot of energy and drive. After a few days he gets into old thinking/reacting patterns with a new acquaintance, and all the symptoms are back, plus sweating, neck tension, and restlessness.

Over two to three months, John takes variations of (*Huang Lian*) *Wen Dan Tang* with additions such as *Chai Hu*, *Mu Xiang*, *Mai Ya*, *Shen Qu*, *Xiang Fu*. In the process, he loses 6 kg down to about normal weight. He becomes clearer, less chaotic and dull, he can take care of himself better, does sports and cooks, is more stable and his panic is less dramatic.

John then becomes increasingly emotionally and mentally engaged with his parents, which has not been the case for 15 years. In parallel, a clear

John's contribution

The reason for my procreation was the recommendation of a psychiatrist in the 70s, who advised my mother to have a child, because this distraction would help well against depression. So what my parents saw in me was some kind of cure and solution to their traumas, and of course I was neither. Instead, I had the normal needs of a baby, child and teenager, and was therefore experienced as a mistake and an unbearable burden. "It" belongs in a home, should not have been born, and is a punishment for any mother, was the basic tenor, replaced by idealization and sexualized affection when I was again seen as a savior.

This interplay of idealization and devaluation showed itself in everyday life in sadistic torture in the form of beatings, kicks, being locked up without being allowed to use the toilet, refusal to eat, or then in sexual abuse by the mother and support by the father.

On a psychological level, my daily life was determined by coping with the arbitrariness of these two extremes of hatred and idealization, because depending on the phase, on one day the same behavior of me was praised and answered with cross-border expressions of "love", and on another day with massive outbursts of violence and pleasurable laughter and joy when my parents inflicted pain on me.

...

⁴⁶ Byron Katie, from whom I learned a lot, speaks of "A mind at home with itself", cf.: <https://thework.com>

⁴⁷ Cf.: <https://isaacshapiro.org>

⁴⁸ Practiced regularly, this exercise is also a very good contribution to the relationship maintenance of couples.

Oketzu sign becomes detectable in the abdominal diagnosis and the stool becomes hard. I would see this as a situation in which, following the removal of a thicker layer of phlegm, the deeper underlying problems come to light. From then on, John takes *THQCT* (300-900 mg /day) and *Wen Dan Tang* (usually standard dosage or a little less) for an extended period. Symptomatically, there is an internal freezing when he is unwell, and emotionally at first mainly sadness, but over time an underlying being scared to death comes more and more to the fore.

The course is in more or less large crises, from which changes arise. In the first year, three times John is at home with strong physical symptoms and home visits are necessary for several days. He then has, for example, severe neck pain, fever with internal cold, sore throat, etc. and fear of becoming "seriously" ill. Emotionally, he also sometimes feels reminded of previous stays in psychiatric institutions. In most cases, the crises are accompanied by constipation and doses of up to 5-6g *THQCT*/day (15-20 tablets a' 300mg) are needed to restart the stool, which greatly promotes the resolution of the crisis.

Over the whole three years, the most frequent acupuncture points were: ST 40 (more in the beginning), SI 3, HE 4, P 6, LIV 14, LIV 3, and in the past year also SP 21. This is to dissolve the phlegm-blood stasis clumps in the Heart/mind, and to open the chest also in the *luo* vessels, thus regulating *yin* and *yang* or *ying* and *wei*, and thus regulating *taiyang*, thus reducing the separation of *yin* and *yang*. He 4, in my experience, is the acupuncture point on the Heart Conduit that is most likely to regulate the Heart and thus assist in freeing the Heart from attachments.

The state of hyperarousal which can increase into panic and a kind of dissociation⁴⁹, I have classified as *yin* and *yang* separating. For this I have tried a wide variety of herbal remedies, all of which brought at best temporary relief, but no fundamental change. In connection with a coatless reddened tongue base with large papillae, e.g. formulas that support the *yin* or essence such as *Liu Wei Di Huang Wan* or formulas with *Gui Ban* and *Bie Jia*. Or *Gui Zhi jia Long Gu Mu Li Tang* and similar formulas to bring

John's contribution cont.

...There was therefore a permanent climate of fear of death, a constant state of danger and no reliability whatsoever, because predictable reality had been replaced by unpredictable arbitrariness.

I therefore grew up with the deep feeling of being rejected, of not being lovable and in constant fear of death for my life. From this my survival strategies developed, such as highly sensitive antennae for the most subtle moods (to interpret and intervene around the clock every creak in the parquet floor and every change in the voice of my parents), high sensitivity, no trust in life and the world, permanent hyperarousal, i.e. chronic high tension, excessive vigilance, insomnia, pronounced panic attacks, dissociative states, with simultaneous chronic exhaustion through this permanent overperformance of my body. This led to a long therapeutic confrontation with my traumas over more than 25 years, accompanied by several suicide attempts.

Still the smallest angry or aggressive moods of others, as well as unclear situations and inconsistencies trigger me strongly, so that the old survival mechanisms continue to kick in. Through the trauma-therapeutic reappraisal, I was able to develop self-regulation mechanisms, which, however, have a rather slow effect on my nervous system and sometimes took days until I regained my composure.

It was also challenging that I could hardly think clearly in these states, did not recognize or feel connections, and was as if wrapped in absorbent cotton. Through Mr. Huber's trauma-oriented approach, I understood more clearly that these patterns also manifest in the body, e.g. as stagnations, and that there is a specific physical symptom bundle that goes hand in hand with my psychological experiences. Through acupuncture, such stagnations could sometimes even be loosened within minutes and I emerged again from the decoupled states.

...

⁴⁹ This dissociation does not involve total absence because the fear of death does not allow that.

yin and *yang* together. Or formulas with *Mu dan Pi*, *Zhi Zi* and *Xia Ku Cao* to regulate *wei qi* to better bring *yin* and *yang* together. Or formulas that tried to regulate *yin* and *yang* via *zong qi*, etc. It quickly became clear that bitter cold herbs such as *Zhi Mu* and *Huang Bai* worsened the situation. So while *Shen Qi Wan* (with *Fu Zi* and *Gui Zhi*) helped to some extent, *Zhi Bai Di Huang Wan* clearly had a negative effect. Last fall, while searching for other approaches, I came across *Da Huang Fu Zi Tang*, which brought long-term changes for the first time. At first John could take only very small doses (one spoonful of tea a day) because otherwise he became too agitated, but now one packet of 24 g *Fu Zi* and 24 g *Da Huang* is lasting for 12 days. John says in November the over-excitement changes from fast and shrill to deeper and heavier and he is getting more close to the fear of death, which is very violent. Repeatedly a very strong anger appears, which in my opinion is a positive sign in (not only) trauma patients, because the *weiqi* starts to become productive. The change can also be seen in the fact that one box of Tavor (Lorazepam) lasts for six months instead of three as before. And a normal coating appears at the base of the tongue.

Da Huang Fu Zi Tang is mentioned in chapter 10 of the *Jin Gui Yao Lue* and is the model for the treatment strategy "warm purging". It reads, "Take warm herbs to purge." The situation is identified as a cold problem and described as, "One-sided pain under the ribcage, fever (*fa re*), a tense and stringlike (*jin xian*) pulse." The dosage is three roasted pieces of *Fu Zi*, three liang *Da Huang* and two liang *Xi Xin*.

In the literature, there are various explanations of the pathomechanism and how and why the fever develops. They have in common that:

- Cold obstructs the *qi* dynamics and therefore the fluids and the blood,
- Obstructions of the *qi* dynamics in the Lower Burner are often accompanied by rebellion; and
- The intestines are used to expel the pathogen.

Da Huang Fu Zi Tang is used very differently, contemporary for example as an enema in uremia

John's contribution cont.

... *The understanding of this holistic approach gave me an additional language and so in addition to panic, dissociations, developmental trauma and hardly describable states, there was now suddenly a new language and new terms, such as heat, phlegm, heart opening and energy escaping upwards. This helped me to be able to communicate better and thus move forward more effectively.*

The support with herbs and teas also builds a strong foundation and enhances the process so that shocks are softened and peaks can be quickly recaptured through acupuncture. As a result, I experience my healing process less and less as a separate process in the body and the psyche, but as one that can be supported from both sides. I am very grateful for this!

Concrete successes over the 3 years of working with Mr. Huber are that the lightning strikes no longer go so deep, I find my way out of them faster, the fear of them becomes less because change can happen quickly. I get a steadily better feeling for my process and have a better overview of it physically as well as psychologically, because there is no longer a permanent state of alarm. A trust develops that the process will lead me out of the patterns. I dissociate much less often, I notice it early and can control it better, I am sick much less often in the form of colds, bronchitis, fever. My chronic freezing is partially gone, my tinnitus is partially quieter.

I experience in phases how much power I have when it is not blocked or escapes upwards. The power then shows itself in creativity, inventiveness, lightness and joy of life. These moments are great and they become more.

...

to expel toxins.⁵⁰ The use in John could then be explained with a stagnation from emotional cold, through which the *wei-qi* rebels to the surface (hyperarousal). In doing so, I would emphasize the ability of *Fu Zi* to bring the yang back to the source, as well as the blood-moving effect of *Da Huang*.

John is a successful coach and consultant. One of the first sessions with him was a walk in the rain because he needed exercise. In doing so, we looked at how this functions when he works with his clients, and it quickly became clear that this is a process called, for example, "being in flow." So something that comes naturally (*zi ran*). I then said that this is what he "is" (in the sense of a manifestation of the *dao*) and not the "trauma identity". He didn't find that at all convincing, and described it as survival mechanisms, because he had learned to perceive every nuance sensitively in order to anticipate the next attack. He uses this quality on the outside, he said, while his inside is in a constant state of panic.

Now three years later, John has asked his clients for references for a new website, and he now can relate the overwhelming response to really him being meant.

Treatments with John initially included virtually no hands-on elements because touching was stirring up the panic, even though he actually longed for it, of course⁵¹. Three years ago, John needed two extra pillows to lie on his back. He associates this with the image of lying helplessly on his back with his head held high to see what might happen to him. Meanwhile, John can lie without a pillow and he can allow me to put my hands under his shoulders and his head to rest on my forearms. In one of the last sessions his feet were resting against my chest and he went into shaking for over 15 min, which would have been way too much loss of control for him three years ago. On the other hand, it was still too much for him to have my hands under his upper back and sacrum, i.e. allow to being carried.

After this session, he writes to me from the train that things that parents do with a baby/child help him in a state of hyperarousal: "I kind of need

John's contribution cont.

... Three months later

In the meantime, something fundamental has changed. I am becoming more and more successful in letting my core panic be present and can hold it without pushing it away. This changed my awareness and I perceive the immense energy behind that fear and that I have this energy. I realized that of course I was afraid of this energy, because it stands for aliveness and being alive used to be life-threatening in my parents' house. So I repelled all my energy and aliveness. The more I can allow it now, the more clearly I feel physical changes. My chronic freezing gives way to a feeling of warmth, as if the fireplace had been lit in a chilled-out ski lodge, and slowly it gets warmer everywhere. The warm air circulates in the cottage and that's exactly how my body feels. It is a completely new body sensation, which I initially confused with fever, so unfamiliar it was to me. Slowly I get used to it and the quality of it. I didn't know not freezing. And now I often don't freeze for whole days.

Emotionally, this goes hand in hand with the courage to show myself, to dare to trust other people and in this way experiencing trust. My inner feeling of being safe grows and I now enjoy showing myself with all that I am, with all that I am capable of, and I suddenly look forward to the resonance to that. Specifically, the design of my professional website gets a creative drive and courage not to compromise, but to position myself clearly and that feels very alive. In my partnership we gain a lightness in our conversations, even on serious topics or conflicts, because our foundation is just growing through my contribution of trust and being safe.

...

⁵⁰ This is a summary of Volker Scheid's commentary in: *Formulas and Strategies*, 2nd Edition, Eastland Press, Seattle (2009).

⁵¹ However, playing the gong has been good to him from the beginning.

someone adult to hold me, comfort me, tell me it will pass, be caring and empathetic. Then I can get out of it a little faster." So that's exactly what Bion describes as "containing". Without that "containing", John has to "cling to the thought that it's going to pass again, and that thought isn't very powerful because my whole body is screaming the opposite."

John asks if he will "get over it or if my whole life looks like it will hit me like this and then I'll be scared to death for days. What do you think from a TCM perspective? Can one change such highly automated patterns like that?" Actually, I think it can be an advantage to experience the existing I-identity as clearly unhelpful, while we "normals" may end up having a harder time letting go. I answer:

From CM's point of view, it is always about free flow and transformation into the awareness of being at home in oneself. This is also true for transgenerational trauma, for example, and in my opinion it is always possible, because it means letting go of the identification with body, feelings and thoughts, whereby the heart becomes empty (of attachments).

... Three months later

After this article was submitted to "[The Lantern](#)" magazine, John comes back for treatment after a break of almost three months. He tells very vividly what it means when the wei-qi starts to move

John's contribution cont.

... Physically, I have a clear idea of where it might evolve to: getting out of a slumped protective posture, opening my chest with confidence, relaxing my shoulders, neck and head, straightening myself up. This may sound like a challenge for physiotherapy, but in fact it happens steadily with each small step of inner development. And sometimes I drop back again, when it was too much at once.

But I'm on my way and I wake up in the morning looking forward to good developmental steps and with an idea of relief and healing, and no longer always whacked from sleepless nights and worrying about how I'm going to get through the day. My fireplace and my neck are telling me where I am in this process.

This is all happening to me now, after 25 years of therapy and searching. Honestly, I wouldn't have believed that such big steps would still be possible at all, after all this time.

regularly again instead of hanging on the surface in panic (hyperarousal). So I ask him if he would like to summarise that and add to his contribution, to which he generously agreed.



The course of treatment with Betty

In October 2021, Betty came as a "patient" in a 3-hour online advanced course at our school, in which we discuss one case in detail all the steps from anamnesis to diagnosis to acupuncture. She came because of migraine. It was quickly clear that there was more going on, but the online course was not the venue to go into it in detail.

Three weeks later, Betty started treatment with me and told me that she slept well for a week after the course and had had no migraines so far. She mentioned depressive episodes since age nine with hopelessness, emptiness, sadness, and suicidality lasting up to a year. She has been on birth control pills for seven years; prior to that, menstruation was irregular with variable bleeding duration, large lumps, and severe pain before and during menstruation. There is little blood stasis on the tongue, the tip is slightly redder and darker. Acupuncture: SP 4, LIV 3, REN 17. Betty takes THCQT as a patent consistently since then, mostly 600mg tableted granules a day.

The night after the treatment Betty was very restless, after that she was "fine". At the same time, at the 2nd appointment, she told me that she was constantly absent, i.e. dissociated, during the day. Acupuncture: LIV 14 bilaterally. I put my hand on her heart. Betty's arms started shaking, she felt like something wanted to come out, but it did not.

The day after the treatment she was very agitated, and she had nightmares for the two nights, as well as a panic attack at work two days later, where she could barely breathe for 30 minutes. Her overall feeling was much calmer and clearer than usual. The evening before the next treatment, a migraine appeared. Acupuncture: LU 7, ST 8, LIV 3, ST 3, GB 20.

The headache subsided after the treatment, and Betty was calmer until she had a nightmare involving sexual violence. She woke up in the morning crying with sadness. This was the first time like this after a nightmare, otherwise she is always anxious, dissociated or (less often) angry. Acupuncture: SP 8 and LIV 4. Betty also received Wen Dan Tang as a patent, which she has been taking in varying doses ever since. Later in the course of treatment, Xue Fu Zhu Yu Tang is also added in a small dosage.

Betty's contribution

As long as I can remember, I had the feeling that something was wrong, something that was hidden and furthermore I had no access. After a sexual assault when I was a teenager, I had a flashback. Over time, it became clear that my stepfather had sexually abused me for years since my early childhood. Various psychotherapies brought short-term relief, but the underlying problems remained. In addition to phases of deep sadness and hopelessness, including suicidal thoughts, these included massive sleep disturbances, nightmares, anxiety and, as I later understood, dissociative states. In adulthood, digestive problems and migraine-like headaches were added.

I had always suspected that all these problems were related. When this was confirmed to me during the diagnostic interview with Mr. Huber, it gave me hope that this time I had found the right path. It was more than hope, I was convinced that this time it would work.

One of the first things I learned was the importance of setting boundaries and saying "no." Furthermore, to challenge beliefs, internalized beliefs. One of the most important things I learned was that if you let feelings emerge instead of fighting them, they will go away on their own. As long as you fight them, you hold on to them. This was not easy to implement, especially in the beginning, but every time I succeeded, it became clearer to me that it was exactly the right way to deal with intense negative feelings. I was surprised how quickly some conditions changed as a result of the treatment. After two months, the sleep problems improved noticeably. I approached my work in a much more relaxed way and was able to switch off faster and better afterwards. Other symptoms, such as inner restlessness, were more persistent. After four to five months, I felt much better overall than I ever had in my life.

This initial stabilization was followed by a dissociative episode. I learned that dissociation doesn't always have to be a bad thing and discovered that I could consciously dissociate. This means that I can purposefully step out of

...

The 15 months of treatment so far continues to be intensive. Betty is a Heart type with an incredibly radiant Heart. She loves to laugh, and her Heart energy has certainly helped her a lot in not letting her experiences get her down. She has an impressive drive and an equally impressive pace of development. I'm always amazed at how quickly things change with her, and I never have the feeling that I have to push, but rather slow down a bit. Often Betty comes with a clear idea of what she wants to work on this time and also what she needs from me to do it, e.g. that I sit next to the table and hold her hand. Sometimes she needs close physical contact to let something come and let go, and we then find a way for me to hug her that is appropriate for her. A few themes from the 15 months:

Relatively early on, Betty tells me that she burst into tears and had chattering teeth after intercourse with her husband, as well as a nightmare the following night. She has the impression that her repressive mechanisms no longer work. We work out that at the same time it is (and was) possible for her to feel the connection during sex with her husband. The next time she focuses on the perception of connectedness and is completely relaxed, even the days after. And her husband is also more relaxed. Since then, it's been a good fit.

After a nightmare in which someone wants to kill Betty, she wakes up with the sentences, "No one listens to me" and "No matter where I go, I will never be safe again." We do "The Work"⁵² with these thoughts, a method of examining thoughts developed by Byron Katie. Betty has been using "The Work" herself ever since.

After about three months, Betty comes into a session and is stuck in a memory of sexual violence that she can't get out of. Unlike usual, she does not see the scene from above, but has "flown" into her body from there, so that she looks the perpetrator in the eyes. She finds the coldness and sexual arousal she sees in the eyes hard to bear. I point out that this means she can look this situation in the eye and no longer dissociate, and am moved to tears by how unshakably she is turned toward life. Following an impulse, I suggest we celebrate this development, and Betty

reality and get in touch with other places inside myself. This opened up a whole new set of possibilities for me. It gave me access to traumatic memories, as well as inner sources of energy, calm and detachment.

These newly discovered abilities helped me a lot when a flashback brought out a previously repressed memory. The digestion of this memory proceeded in several stages over an extended period of time. During this time, I felt a great power breakthrough that scared me because it felt overwhelming and I didn't know what to do with it. But as time went on, this force also enabled me again and again to go beyond the pain and open my heart to the beauty of life. Anger was and is a difficult subject for me. As it turned out, deep-seated guilt played a role here, which suppressed the anger. Facing the guilt and its cause was a big challenge for me.

A key experience was when the dissociation in the memory of the flashback dissolved, just reversed. During treatment, I went back to my worst memory. When I managed to overcome the fear, all the feelings belonging to the memory came up and hit me with all their force. For days afterward, I felt as if what had happened years ago was happening in the very moment. When these intense sensations dissipated, I realized that the way I remembered the event had completely changed. The feeling of falling into bottomless despair was gone. Instead, the perception of being unshakably anchored in life intertwined with all the other facets of memories.

In addition to the anger and guilt, shame is also a complex and complicated issue that continues to push me to my limits. But I've also learned that every time I reach that point, I'm on the verge of overcoming or breaking through the boundaries. A lot of things have already changed. I have come to understand that some things I believed about myself are not true. Fear is no longer my primary drive. I am no longer full of doubt. People around me experience me as more confident, more decisive, but also more relaxed. A completely new universe of possibilities has opened up to me.

⁵² <https://thework.com>

chooses a song for us to dance to. She gets a little dizzy and feels as if she has dissolved. The week after she is temporarily very well and sleeps well.

Dissociation is of course an ongoing issue and we work out that it is a central problem with dissociation that one cannot decide for oneself whether one goes "somewhere else" and back again. I point out that this is a crucial difference from everyday dissociations, for example, when one is so engrossed in a book that one is no longer aware of anything around one, nor does one realize that one has become hungry. I also mention various practices in which one consciously goes on "astral journeys," such as certain forms of Tao Yoga, or in some shamanic sessions. And Betty then just tries this out, and poof, it works! (see her contribution).

Betty was raped by a young adult when she was a teenager, and got pregnant in the process. She had a miscarriage. About six months after starting treatment, the grief and pain of losing the child comes up, along with feelings of guilt, nightmares, and shortness of breath at night, as well as severe uterine pain and cramping, some of it similar to the miscarriage. More THQCT supports this process as well as, SP 21, LIV 14, SP 4, REN 17, Zigong, SP 3, SP 8.⁵³ After about six

weeks, Betty is through this process, and she goes off the pill. She realized that this is why she didn't want to have a child, because she was afraid of losing it again.

In the fall, Betty goes to the town where she grew up for a family visit and is very nervous beforehand because she always feels bad there. She is always criticized and feels like the black sheep, and she says that hardly anyone "knows" what happened to her. I try to convey that in a family system, subconsciously everyone "knows" exactly what's going on, and it's just a matter of whether or not they want to/can make themselves aware of it. And that Betty's presence reminds the family that they have not been supportive of Betty, and that is a major reason for the family's behavior toward Betty. Betty is doing much better there than she has been.

There were quite a few more issues, and as the four treatment sessions described in more detail show, new ones continue to emerge. Betty is becoming more radiant in her Heart quality, is on her way to a new job, and many of her complaints are significantly reduced or gone. I expect that Betty will soon need less and less support - but, who knows?

Four sessions with Betty

To make the picture more vivid, I will describe four sessions with Betty in some detail. The sessions took place at weekly intervals. They are not included in Betty's contribution to the overall course of treatment because they took place later. I also base the description on excerpts of Betty's treatment diary, which she generously made available to me:

Session 1

Betty has been taking THCQT (600 mg/day) and *Wen Dan Tang* (1800 mg/day) as tableted granules for over a year. She stopped taking *Xue Fu Zhu Yu Tang*, which is equally long-term and low-dose, two weeks ago to see if it would improve any recent nausea. In fact, the nausea is

now gone. Betty tells for the first time that she keeps scratching small wounds on her arms and legs, sometimes the same ones for years. She has not told this before because she is ashamed of it. It is connected with a special restlessness, which, in contrast to the inner restlessness, has not yet become less frequent and less intense.

I have to smile first and point out that most people make themselves bleed much more uncontrolled and violently, and that for some it is about feeling themselves, and I would like to look more closely with her at what is happening there with her. In doing so, I assume that self-injury in traumatised people, from a Chinese medicine's point of view, releases the blood stasis in the short term. This is analogous to scratching when we have an itch:

⁵³ Throughout the course of treatment, SP 21 and LIV 14 are clearly the most frequently used points

the scratching releases the stagnation, which then possibly forms again quickly, and especially if it arises from heat, is made worse by the scratching, because the rubbing intensifies the heat.

Betty then takes a closer look at what is going on with her with my assistance: Whenever she does something that she doesn't really want to do because someone expects it of her, tension arises. And from this comes the restlessness and the need to scratch, which is only slightly painful at first, and only hurts a lot when she has scratched herself up and the tension is released. Then she feels ashamed because she can't stop. This closer look makes Betty realize that the origin of this behavior pattern lies in the rapes by the stepfather, where the tension was also not released (until the next time) until the rape had taken place.

To look more closely at behavior patterns means to perceive what is happening on all levels, physical, mental, emotional. The goal is not to change the behavior, but to allow the patterns to dissolve as one's understanding/empathy and generosity towards oneself grows. When the awareness of a behavior pattern is to the point of recognising it as it is unwinding, one can ask oneself the open question of whether or not one still needs the pattern at this moment. Open means both a yes and a no are equally good because that is what is the case at that moment.⁵⁴

Session 2

Betty paused each time during the week when the urge to scratch arose from restlessness, and considered what the trigger was. When she realized that she only thought someone had an expectation of her, the restlessness dissipated. If someone actually had an expectation of her, the restlessness remained. So she was under persistent tension that she could not resolve with movement [i.e. this not qi stagnation, but blood stasis]. She had restless dreams and woke up with anxiety, shame and guilt, all focused on the upper chest.

As repeatedly in the course of treatment, something is moving outward, but is not yet to the

point of opening. I can find no evidence of acupuncture on the pulse, and have the overall impression that the situation is not ripe for intervention, but that any prodding would be too invasive. Therefore, after a short time, I send Betty home without treatment, and tell her to start taking Xue Fu Zhu Yu Tang again to open the obstruction in the chest.

Session 3

Betty continues to have severe restlessness, physically especially in her extremities. When she moves them, the restlessness is concentrated in the chest, and there is a feeling that something must explode with tension. Betty feels an indefinable inhibition threshold, but on the other hand she also perceives a forward, confident movement. Now it seems to me that there is a possibility of an opening, and I say this to her. The pulse again gives no indication of acupuncture, and I follow the impulse to play the gong. In doing so, I get into a shaking motion (the first time playing the gong) that I know very well from qigong and other practices. This gives the gong a special intensity, which does not mean that it sounds particularly loud.

Betty has gone "*to another place in the form of voluntary dissociation*",⁵⁵ which she has done regularly since she learnt to go back and forth by herself. Betty writes: "*What I see and perceive there triggered fear and dizziness in me. The sound of the gong becomes more and more insistent. I have the feeling of falling. The ground under my feet and everything around me is spinning*". When the gong has stopped, I address Betty, but she cannot answer or open her eyes. She "*feels rigid, stuck in dissociation*." I sing a song what I almost never do in treatments, namely "*mujer, madre des todos los cantos*" by Carmen Vincente⁵⁶. Betty does not hear it. At the end of the song, she manages to "*stop fighting the paralyzing feeling, it's dissolving*", and she sits up with a jerk.

I put my hand on her upper back and after a while ask how it feels in her heart. Betty: "*I think 'cold', but I find that so horribly that I answer 'empty'. After a while, sadness spreads inside me. Then it becomes warm in my heart. The warmth spreads, first throughout the trunk and then in the legs as*

⁵⁴ I learnt this from Isaac Shapiro: <https://isaacshapiro.org/>

⁵⁵ Italicized quotes are from Betty's notes

⁵⁶ Vgl.: <https://www.youtube.com/watch?v=GUFYC3moEns> und <https://www.youtube.com/watch?v=mU11AcF30G8>

well." We then discuss that it was necessary to let the sadness come in order for the warmth to spread, and I point out that this very intense session may well continue to have an effect and that she can, as always, call me at any time.

Session 4

Betty, after the last session, was first busy with the organization of a congress and thus distracted. After that she had a violent nightmare in which all the elements she knows from nightmares occur together: Sexual violence, she is haunted because she knows something, etc. She wakes up with nausea, dizziness, anxiety, sadness, migraine, and is very restless. The migraine goes away during the day, and her menstruation starts. Unlike usual, she had no pain at all before and only mild on the first day. She has had less restlessness overall and is now on her third day of menstruation.

Today, there was a specific trigger for Betty's restlessness before the appointment: "A friend asked me for a favor, which I agreed to without thinking. I regret that now, but canceling again would be very difficult for me." Looking more closely, it turns out that Betty says to herself in situations like this, "Don't make such a fuss!" I ask if she knows this from somewhere, and Betty abruptly realises that her stepfather said the same words to her frequently.

The Tree of Life (Betty)

Like John, I also asked Betty if she would like to summarise developments in the time between the submission of the article and the publication of the Lantern issue. And she too generously agreed:

During another dissociative episode I made an attempt to go out of involuntary dissociation into conscious dissociation. It succeeded, and in the "other place," where I then often find myself, I saw a large, black tree. Although it looked dead, it threatened to overwhelm me. First I fought against it, then I just let it and thereupon peace returned. When I returned from voluntary dissociation, the involuntary dissociation had also ended.

In the next session I talked about it with Mr. Huber and he asked me if I believed that I could make the tree come alive. I spontaneously said yes, and as I

I suggest formulating to me what she would like to say back to her stepfather with her resources today, but actually already know that she can't and Betty also says, "I can't yell at you here." I close my eyes and wait to see if an impulse comes, which it doesn't. But when I open my eyes, I find that Betty is already finding ways to do it, and I leave it to her to set the scene.

Betty: "I felt that it would be good for me to express this, but in a different form. So we did a kind of role play. I stand and ask Mr. Huber to stand sideways behind me and the table at some distance. Several times he repeated the sentence 'Don't make such a fuss!' At first I still felt the fear I associated with it. My hands tremble. Then determination fills me and I say what I would like to say back to my stepfather. As I do so, I feel as if my defenses are spreading out from me like a wave."

I can clearly feel this wave of Betty's *wei-qi*, and the process leads me to perceive the pain that the perpetrator inflicts on himself through the act. Associated with this is sadness and pain in the face of the prevailing patriarchal relations of violence.

We then work out that Betty actually likes to be generous, but the above pattern of behavior has so far made it difficult for her to perceive whether she wants to do something or not. I ask her what she feels when she looks at the experiences with her stepfather from the perspective of generosity. She notes that she feels pity for him.

opened myself to the idea, I perceived a strong energy flowing through me from bottom to top, an energy of growth and aliveness that I still felt days later. During the next journeys to the "other" place, I could also perceive that the tree was connecting me to everything, and I him.

In the following session, Mr. Huber suggested that I take two questions with me to the "other place": What does the tree stand for? and What did it want from me? I did that immediately and the answers came to me. Very clearly I could perceive that I am the tree and that he wanted to make clear to me

with his embrace, which I had perceived as an attack, that we are the same. It was a step away from the ego, towards the perception of connectedness with everything.

For the next two weeks, the acupuncture put me in a state of great restlessness. At first, at least for me, it was unclear what had begun to move. A short time earlier, however, I had become aware that I was very frequently and automatically suppressing any energy rising from my lower abdomen, sometimes to the point where parts of my body became completely numb. This was associated with intense feelings of shame and - when I did not completely succeed in suppressing it - panic.

When Mr. Huber and I took a closer look, it became clear that I was mainly panicking about someone else noticing the rising energy and everything associated with it. Behind this was the deep-seated fear of rejection. On the one hand, there was the fear of someone not only noticing the ascending energy, which also includes sexual

energy, but taking advantage of it, as was the case with my stepfather. On the other hand, there is the fear of rejection as I experienced it from the rest of the family, in which my liveliness and joy of life as a child had no place and was always suppressed and punished.

Allowing this panic to be there was a very big challenge for me. At the same time, I felt more and more strongly that many old structures and patterns that I no longer needed were beginning to dissolve. However, the panic and also the still intense feelings of shame were still holding me back from completely not feeling like a victim anymore.

It took several weeks and trying different approaches by Mr. Huber until we found a successful way to deal with my panic. However, the effect was then resounding: the pattern, the cycle of suppression-panic-shame dissolved to a large extent. My heart opened wide and I felt that it could receive so much more than I had thought possible.

