

## 52. ORIENTAL PSYCHOTHERAPY: THE THREE-VISIT CURE

In my early, naive years, I sincerely believed that classical psychotherapy -- that is, attempting to affect a cure by words, alone -- held a certain amount of promise for people suffering minor emotional distress. Today, I have my doubts. Yet I do believe that the verbal interaction between a therapist and his client might serve some small valuable purpose: that of diagnosis. Nor do I believe that medicines, electro-shock or other client-passive techniques offer any meaningful modalities (except perhaps in extreme cases). These beliefs have evolved after a number of years of experience working under the classical Oriental theory of energy and disease (acupuncture theory).

Briefly, this theory holds that all distress -- physical, emotional and/or spiritual -- arises from an "imbalanced flow" of electric-like energy (ch'i, in Chinese) to and from the various, vital organs and glands. Knowing how and where the energy is most imbalanced in its movement helps determine the nature of the illness and its remedy.

While learning the intricacies of this theory may take many years of study and practice, its application is relatively simple. Especially in psychotherapy. Once the client makes a commitment to step into the therapist's office, it only remains to be determined from what he (the client) is suffering (that is, which organ is most strongly "malfunctioning") and the fastest way to restore balance and harmony to the organ in question.

Following this philosophy and its techniques, if a client needs to visit the therapist more than three or four times, the chances are quite good that the client has little true interest in feeling better. At that point, both the client and therapist are probably better off if they shake hands goodbye.

We in the West have grown accustomed to the idea that emotional illness begins someplace in the head. With that point of view, we as therapists must, by necessity, set our clients up for long periods of in-depth investigations into self, its nature and its infirmities. With those billions of grey cells to meddle with, just capturing the true essence of the client's suffering could be a monumental chore.

Has any therapist ever actually witnessed a true cure by psychotherapy alone? Probably not. Even trying to define what is a "cure" could take many volumes and leave the reader debating the fine points in his mind. Consequently, there seems to be a good reason for adopting at least part of the following information into the practice of any therapist who believes his purpose is truly to serve his fellow man.

Even before "extreme" foods -- such as meat, sugar, salt, tobacco, alcohol and most drugs and medicines -- became an important part of the average person's diet, there was concern about the effects of such strongly "yin" (makes energy sluggish) or "yang" (makes energy hyperactive) foods and substances. Their effects on the organs and subsequently the emotions, has been clearly documented over thousands of years of practical experience by Eastern doctor-philosophers. That such foods and substances now form an abundant part of the average Westerner's diet can only mean that the effects which were earlier noted now must be even more strongly considered. In the Orient, it has long been known that wrong foods create harsh emotions and that the greater the amount of these foods and substances consumed, the greater the amount of emotional distress that must follow.

Consequently, the first use of psychotherapy is interrogation: namely, finding out what the client is eating (after taking the basic information of how and why he has opened the therapist's door). If the client is eating an extreme diet -- that is, the "normal" (Western) ration of meats

(including all slaughtered products), sweets, alcohol and/or tobacco, the therapist's job is made remarkably easy. All he (the therapist) needs to do is help the client design for himself a more balanced and wholesome diet. Usually this means primarily a vegetarian diet based on whole grains (especially whole or brown rice), fresh fruits and vegetables grown locally ... all of which are only to be consumed in moderate amounts.

The "body-mind" will then heal itself. In the Orient it is said: as the diet changes, the mind changes. In my experience this is true. A radical dietary change brings radical results; a minor change brings minor results. Results begin within two days of a dietary change. The maximum benefits are felt within six months. The period in between is a "cleansing time," in which the client suffers both withdrawal symptoms and emotional purging.

On the other hand, if the client has already taken important dietary steps toward the above goals but is still suffering, a second problem may exist: "hidden" food allergies. Everyone suffers from allergic reactions to certain foods and substances to a greater or lesser extent. Finding them, however, may be a difficult chore. There are new and potentially exciting techniques on the horizon (e.g., "cytotoxic testing") for quickly and inexpensively determining which of a sufferer's commonly-consumed substances produce allergic reactions (even minor reactions may produce bizarre emotional repercussions).

A useful test -- but one that requires the client's cooperation -- is the "pulse test" (as described by Dr. Arthur Coca in *THE PULSE TEST*, Arc Books, Arco Publishing, New York, N. Y.). Here, the client determines his normal resting pulse rate -- taken upon arising for a period of a week or so -- then takes his pulse each 15 minutes after eating a meal for an hour and a half (ideally, this should be done following each meal for a several week period). A meal that produces a pulse rate in excess of 5% greater than the normal, most likely contains at least one allergen, and probably several. Any food or substance is suspect. But highly suspected foods include: sugar; wheat or other glutinous grain; dairy products; meat (especially shellfish and pork); members of the nightshade family (potatoes, tomatoes, eggplants, peppers or tobacco); or any "safe" food that the client consumes frequently and/or to excess.

Additionally, the client should keep a daily journal or diary, recording therein his pulse rate after each test period, the foods each meal contained, and the feelings (as well as his intuitive flashes of insight) that follow. Here, the psychotherapist's role is to make the client food-conscious and, in the process, educate him on the basics of the emotional impact of various foods. Of course, this presumes the therapist, himself, is eating and living healthfully ... as well as being knowledgeable about the emotional effects of food. In the Orient, it is believed that the doctor must be in better health than the patient -- substantially better -- if a meaningful cure is affected. Thus the therapist must be a paragon of health, if he is to advise his client according.

Knowing certain basics of the energy theory, organs and their emotions, the therapist may identify the primary emotional distress affecting his client. This is to say that, once a rapport exists between client and therapist, the therapist may listen for which of the "primary" or basic emotions are most strongly affecting the client. Then, knowing this, he may prescribe accordingly. In the traditional Oriental viewpoint each organ has a key emotion and -- without getting into the intricacies of the so-called "Five Elements Theory" -- the therapist can then take steps to advise the client how to best change the situation toward balance and harmony.

In this traditional Eastern theory, a client expressing anger and/or depression, is actually describing primarily a malfunction of the liver and gallbladder. If his complaint revolves around fear

and/or sexual distress, the kidneys and urinary bladder are most strongly at fault and malfunctioning. If the client is suffering feelings of grief or resentment, the lungs and colon (large intestine) are suspect. Manifestations of bizarre joy, sorrow or loneliness are thought to be expressions of the heart and small intestine, while obsessive feelings "come from" the stomach, spleen and pancreas.

To the thoroughly-modern Western psychotherapist, these organ-linked emotions may sound rather folksy. Perhaps they are: but when therapies that are directed at the target organs are applied, surprisingly fast changes -- albeit perhaps temporary -- quickly occur.

For example, a person suffering from a liver/gall bladder-related emotional disorder (e.g., depression) may find fast relief by doing two or three minutes of brisk exercise. The reason for this is simple Eastern logic: exercise primarily affects the muscles, and the muscles are "children" of the liver. Hence, exercise treats the liver (and gall bladder -- which is the "mate" of the liver). True or not, brief exercise drastically reduces depression. So does avoiding sugar and/or alcohol -- both of which are liver/gall bladder "crippers".

There are numerous books on the subject of the Five Elements Theory and its application; it is not the purpose of this short article to attempt including all the remedies for the numerous emotions and "sub-emotions" (those which are a combination of the interaction of several pairs of organs). Instead, please consider this an introduction into alternative ways of seeing the client and his problem.

Another modality for fast, "no-frills" psychotherapy -- this one uniquely Oriental and therapist-performed -- is acupuncture without needles (or "acupressure"). While it takes many years to become a proficient acupuncturist -- or, for that matter, acupressurist -- there is an interesting technique that any therapist can easily perform ... assuming his practice or rapport is such that the client feels comfortable with more-or-less nude therapy.

This technique is simply pressing firmly and deeply along either side of the spine, from neck to buttocks, with the tip of the thumb, bent knuckle of a finger or even the eraser tip of a pencil.

Here, classical psychotherapy may be employed. As the therapist probes to find tender spots, he asks the client "does this hurt? ... does this hurt? ..." When a tender point is probed, the therapist presses deeply and holds the spot for a few moments to a minute or longer, depending on the nature of the client and their relationship. Since it will be a somewhat painful (but not excruciatingly so) process, it is wise to inform the client in advance what he should expect. The tender acupoints are considered "stash points," and often release mental images or impressions when deeply "triggered." These "thought-pictures" may then become the subject of discussion and "interpretation."

A variation of this technique is to press the eraser tip of a pencil or similar specific instrument against any pimple or reddened area located upon the back or buttocks, paying specific attention to those which feel like pin pricks, fire or which provoke sharp tenderness to the client upon being pressed. Again, this technique should not be attempted on a client who is not perfectly amendable to such "radical" techniques. Effective though they may be, the therapist must also guard his reputation and be selective in employing these techniques. And it should go without saying that normal sanitary practices must be applied when triggering these inflamed and/or infected areas.

Dietary controls, exercise, acupressure and massage -- these are the cornerstones of traditional Oriental "psycho-therapy." The client is not encouraged to become dependent upon the therapist. Rather, he is instructed and educated as to the nature of his disorder and its roots, then taught how to relieve his own suffering, if he so chooses. With Oriental therapy, the therapist is a partner -- not the healer -- and is the personification of Hippocrates' statement: "Nature heals ... the

physician is only an assistant."

The rationale for this somewhat laissez faire attitude is the belief that each of us causes our own suffering and are consequently responsible for our own healing (assuming we know the sources of our distress). Thus, the therapist is cast in the role more of an educator than a healer, but is expected to know numerous techniques and modalities, should the client request them.

Disease -- or dis-ease, as it most surely is -- cannot be separated into that of the body and that of the mind, for we are truly body-minds. A physical ailment may cause emotional distress, just as an emotional ailment may cause physical distress. Consequently, the psychotherapist must also be well-versed in the more-physical aspects of the body and know how to use them in relieving, controlling and "reversing" (healing) emotional suffering.

In classical Oriental therapy, there are several other techniques which have not been discussed here because of their complexity: herbal therapy; breathing exercises; and meditative techniques. Yet each of these plays an important part in the art of healing, according to the Oriental method. Nonetheless, if the average Westerner will drop abusive foods and substances from his diet, add some gentle, regular exercise to his "healthstyle" and learn for himself / allow basic acupuncture to be performed upon him, he is well on the way to feeling better. And the therapist faces less risk of a "burn out," in the process.

As an aside, if you are a "sensitive" therapist -- prone to "picking-up" your client's symptoms -- it is strongly suggested you keep a basin of cold water nearby, and plunge your hands into it immediately after doing acupuncture on an ailing client. A strong "energy transfer" is thought to occur with acupuncture, and chilling the hands -- before touching anything metal -- helps to quickly restore your own energy balance.

There is one road block that even the most sensitive and knowledgeable Western psychotherapist cannot overcome or avoid: the client's fear of death. Ask the right questions of a client -- assuming he has a grasp on reality and is seeking help for emotional distress rather than full-blown psychosis -- then you will soon discover a not-so-carefully disguised fear of death. In the East, it is thought all emotions rise like branches off a single root -- fear of death -- to form the many twisted and diverse pathways by which people express the inexpressible.

Stories abound -- true stories -- about the stoicism that Orientals have towards death ... many have marched seemingly-uncaring to their death and destruction throughout recorded history. Few Westerners could match that feat. Because of this stoicism, psychotherapy never was -- and never will be -- a widely-practiced healing art in the East. This is due to an underlying philosophy and belief structure common to nearly every society east of Asia Minor and west of California: an unwavering belief in the process of reincarnation and "karma" (unfinished business which a draws a soul back into an earthly form).

With the specter of death reduced to a mere punctuation point in an ongoing story, the primary reason for psychotherapy -- how to help someone cope with the uncopable -- would become little more than a process of helping a client remember basic spiritual lessons that are a fundamental part of his society and belief-structure.

Furthermore, most Oriental societies have long believed that "god-men" in some form or another -- gurus, avatars, rishis, roshis, lamas, and other "superior" beings have populated the earth at all times. Westerners, on the other hand are limited (for the most part) to one such superior being -- Jesus Christ -- whose teachings have been diluted numerous times to form, for most people, an apparently unsustainable spiritual framework for surrendering one's burdens into (judging from the

emotional distress we Westerners suffer).

In fact, the whole notion of "spiritual surrender" is not highly regarded by most Westerners. Establishing a deep -- usually subservient -- relationship with one's guru is considered somehow ... weak. Perhaps for this reason the only comparable "power sources" in the West are the Pope and the Rebbe of the Hasidic Jews.

Yet the guru provides something that the psychotherapist can (and should) never provide: a "dumping ground" for the driving, root fear that plagues us all.

In the East, one surrenders to the guru (by whatever title he is called), not for the guru's sake, but for the surrenderor's own. Spiritual surrender is the ultimate psychotherapy. Not surprisingly, few devout Catholics or Hassids are ever found on The Couch. But still, no psychotherapist who understands the process wishes upon himself the responsibility that goes along with being the object of such rapt devotion.

With this in mind, the exciting idea of a three-visit cure becomes, at once, much more feasible and much less possible. If the therapist is, himself, willing to step into the East and draw from its rich history of health practices, he becomes much more the teacher than healer. For health is always the responsibility of the sufferer once the sufferer's ignorance (of his "healthstyle") has been revealed.

On the other hand, without adopting a belief structure that returns the responsibility for healing back into the hands of the client, the therapist must either attempt to play God and guru, or provide a comfortable haven in which the client can periodically -- perhaps permanently -- reinforce their own ignorance.

#### SUGGESTED READING

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