Psychosomatics East – West

Contents:

This script contains theoretical background material.

The course will be very practical, will offer many case studies and also hands-on-learning.

It is advisable to read this script before Sept. 23, 2017

Sincerely

Thomas Ots

Thomas Ots MD, PhD

Medical University of Graz, Austria
Doctors for Acupuncture – Austria (ÄfA)
German Medical Acupuncture Society (DÄGfA)

Preface

1. Our method

Transcultural Comparison

Thinking in general and scientific thinking in special bears imprints of culture. In other words: our thinking is culture specific.

In daily discourse this is not obvious. However, it becomes obvious to us, when we encounter people of another culture.

Our first thought: „They are different.“
However, we are different to them.

Transcultural comparison helps us to detectstrong points and weak points of a specific way of thinking.
It is helpful to know that Chinese medicine as well as our conventional medicine have **"blind spots "**.

- Western psychosomatic medicine is oriented around biological, organic complexes. We speak of psychosomatic disorders of the digestive system, the heart, the lung, the pelvis etc.

➢ Chinese meidicine is much less organ-oriented, its definitions are phenomenologically based, to a high extent emotionally based. This view should ensure a more holistic understanding of health and suffering.

➢ However, Chinese medicine does not go beyond its model of „seven emotions“. Chinese medicine does not offer psychotherapeutic approaches.

- Western psychosomatics and psychiatry have developed a large array of psychotherapeutic appproaches other than drugs.

Thus, transcultural comparison is the **red thread** of this workshop.
Our tool will be **phenomenology of the body**.

2. Our Aim

Integrative Chinese Medicine

Modern Western research of the brain – especially of limbic and surrounding structures – has shown that *emotions* are the *interface* between psychic and somatic changes in the body. This view is rather close to the classical Chinese view.

There are also many idioms in different languages that relate soma and psyche close or similar to Chinese medicine.
Is it proper to rely on language when comparing different medical traditions?
Isn´t language culture?
Isn´t medicine biology?
What parts of language do reflect the phenomenology of the body?

Our aim should be to integrate these medical traditions, to integrate past and present. However, we should integrate the strong points of each tradition and eliminate the weak points.

Hopefully one day, we will not talk of integrative Chinese medicine, but of integrative medicine.

Tis approach will be explaind in more detail in the workshop

1. Epistemological Considerations

1.1 Our critique of conventional (Western) medicine

Some helpful statements:

- The Swiss MD of psychosomatic medicine Rolf H. ADLER[1] points out that Western medicine is

  reductionistic: the cause of disease is found in ever smaller parts of our body (the cell, the molecule)
  deterministic: same causes will lead to same disorders
  impersonal: it is the disorder that counts, not the individual
  ahistoric: the personal biography is neglected

- „Our medicine has a view of disease, but not a view of a sick person." (German medical anthropologist Viktor von WEIZSÄCKER) [2]

- "[Our medicine eliminates the characteristically human aspects of science. It is still oriented according to the scientific paradigm of the 17th century:
  mechanism,
  reductionism
  determinism
  dualism
  (George L. ENGEL, the developer of the bio-psycho-social model)[3]

- "Our medicine views the body as **object**, it does not view the human being as **subject**.
  It views a human being as **having a body**, but not as being its own **Leib**.
  Thus, our medicine is interested in the disease (German **Krankheit** = objective view), but not in the person´s illness (German **Kranksein** = subjective view).

  This relates to Erich Fromms description of the dichotomy of „**to have or to be".**
  Our civilization is ever more „have-oriented".

  (Thomas OTS)[4]

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[1] Rolf H. Adler: Anamnese und körperliche Untersuchung. In Uexküll: *Psychosomatische Medizin*. München: Urban & Schwarzenberg 1996, p. 316

[2] Viktor von Weizsäcker: Der Arzt und der Kranke: Stücke einer medizinischen Anthropologie. Frankfurt: Suhrkamp 1987

[3] George L. Engel: Wie lange noch muss sich die Wissenschaft der Medizin auf eine Weltanschauung aus dem 17. Jahrhundert stützen? In Uexküll: op. cit. , p. 4-5

all translations from books published in German by the author (TO). I apologize for my Genglish

[4] Thomas Ots: *Medizin und Heilung in China*. Berlin: Reimer 1990, p. 197

1.2 the holistic view of self

- the human being as an individual in his/her biography

2 definitions

1. in a **narrow sense** holism means that the human organism is understood as a unit with interrelated parts that influence each other. **The person is sick, not just one organ.**

2. in a **wider sense** holism means to understand a human being as part of a bigger sphere. This definition includes definition 1. Humans correspond with his/her „Umwelt“ in time and space. This definition views a human being in his/her own biography.

Definition 1 is still biological-reductionistic. The second definition relates to George L. Engel´s view of mankind as **bio-psycho-socio-cultural.**[5]

Is Chinese medicine holistic?

in the **narrow sense: YES**

in the **wider sense: NO**
Doctors of Chinese medicine generally do not aim at changing their patients´ lifestylel

„*Regarding the psychological and social aspects of the disease, the Chinese system was never really holistic. The restraint regarding therapeutic measures that could affect the patient's social situation was certainly a result of the strong influence of Confucianism on all aspects of Chinese life. (...) The only way to get back to health was to change so that you could fit into the given social order. This attitude is so deeply rooted in East Asian culture that it is still part of modern medical therapy in China and Japan."*
F. CAPRA[6]

Conclusion:
Our understanding of an integrative Chinese medicine / acupuncture should follow the wider defintion.

This means that our therapy using Chinese medicine should be complemented by psychotherapeutic and/or further integrative methods.

[5] George L. Engel. The biopsychosocial model and the education of health professionals. Ann. N.Y. Acad. Sci. 1978; 310:169-181
[6] Fritjoff Capra: *Wendezeit - Bausteine für ein neues Weltbild*. 1982: 335

1.3 Phenomenology

1.3.1 Chinese medicine: the art of detecting and aligning bodily phenomena

Chinese medicine does not ask „why?“
but

- "**what?"** especially
- **"what at the same time?"**

Chinese medicine is a truely semiotic approach to health and illness.

Chinese medicine is at ist best when the patient shows many symptoms. This contrasts Chinese medicine from our conventinal medicine.

Many symptoms – which in the West are considered as a diagnosis – form a **syndrome** (i.e. many symptoms are related to each other)

Example: What is the Chinese diagnosis of a lady suffering from symptoms like

- headache
- globe feeling in the throat
- pain in the pelvis
- constipation
- bloating
  and
- attacks of anger? discontent (moroseness)

Chinese medicine aligns bodily signs without much differentiation whether these signs are somatic or emotional.

The opposite position of our conventional medicine

We had been more or less taught by our medicine to select the most important symptom from the large number of complaints described by the patients, in order to treat complaints independently or in temporal succession, that is, to give the patient many independent diagnoses, for which different "specialists" become necessary.[7]

1.3.2 TCM: a different doctor-patient relation

This phenomenologically and semiotic based awareness of the patient leads to a different doctor-patient relation. We Western doctors of Chinese medicine want to know more about the patient and his life (somewhat similar like homeopathy).

[7] Jürgen Dahmer: Anamnese und Befund. Stuttgart: Thieme 1977, p. 31

Digression:

– the New Phenomenology and the meaning of Leib:
an approsach to the ongoing discussion about the terms
psyche – soma –body– mind – soul...

"The presumption which prevailed for millennia ... compels man to assume that his experience 'actually' takes place in a soul, a mind, or a mind or the like, more or less isolated from his body ... How man actually experiences, but urges him to feel something in his own body (Leib), e.g., in being affected by feelings, the oppressive and debilitating burden of grief, the exuberant lightness of joy, when it falls like a stone from the heart, when the heart opens in a beautiful, free landscape, when he would like to jump with joy, or if he were hovering in bliss, or when he would be touched by centrifugal impulses of anger or the centripetal afflictions of ear and shame. His own body (Leib), in which one feels such a thing by no means presents itself as the body being watched and touched and even more it does not present itself as a soul without space. This body (Leib) is not at all represented in the officially established distribution of body and soul (alias mind, consciousness, etc.) as if disappeared in the gap between both supposed halves of human being."[8]

Hermann SCHMITZ describes the basal structure of the body through the terms "**compression**" and "**widening**". Further concepts of his phenomenological instruments are "**locus of perception**" (Regungsherd) or "**body-island**" (Leibinsel).

This points to the fact that we do not actually feel emotions like jopy, happiness, grief, longing for love etc. at the heart but in an area close to or around the heart.

This applies not only to the heart, but to the body as a whole: as we shall see later, the liver is not responsible for the emotions anger. Anger is not generated in the liver. There are only certain symptoms perceived in the area of the liver and gallbladder.

The terms "Heart", "Liver", "Spleen," etc., as we use them as functional circuits (Funktionskreis) in Chinese medicine, are merely a metaphor for a complex of perceptions that differ in different intensities and spatial expansions at different parts of the body to let feel.[9]

Conclusion:

The body is the Leib from the point of view of the mind. The body is the res extensa described by Descartes, an alien thing with which "I" is only biologically, but not emotionally and meaningfully connected.

An integrative view of psychosomatics can only build on the holistic understanding of a perceptive and expressive body.

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[8] Hermann Schmitz: Leibliche Quellen der Herzmetaphorik. In: Georg Berkemer und Guido Rappe: *Das Herz im Kulturvergleich*. Berlin: Akademie Verlag 1996, p. 13. Schmitz is founding member of the Society of New Phenomenology.

[9] Hermann Schmitz: op. cit. 1996, p. 15

2. Psychosomatic specificity

At the center of the Chinese system of correspondences we find the specific correlation of emotional and somatic changes. This assumption is due to observations of the simultaneity of bodily phenomena

In the last century, various models of specificity were discussed in Western psychosomatics. Here are some examples

FRANZ ALEXANDER:[10] **Conflict-specificity**
the symptom choice of a psychosomatic incident is dependent on a particular conflict

FRANCIS DUNBAR:[11] **Personality-specificity**
the symptom choice of a psychosomatic event is dependent on a particular personality

HOLMES und RAHE:[12] **life events**
the symptom choice of a psychosomatic event is dependent on certain life events

None of the models was ultimately successful.
At present, the existence of a specificity model is more or less rejected in Western psychosomatic medicine.

Remark:
Since the question of psychosomatic specificity is a central issue for our discussion, we will now have to deal with some basic questions about the relation between emotions and the soma.

[10] Franz Alexander, Thomas M. French, George H. Pollock: Psychosomatic specificity. Experimental Study and Results, vol.1. Chicago: Univ. Chicago Press 1968
[11] Francis Dunbar: Mind and body. New York: Random House 1948
Francis Dunbar: Psychosomatic diagnosis. New York: P.B. Hoemer 1943
[12] T.H. Holmes and R.H. Rahe: the social readjustment rating scale. J. psychosom. Res. 11, 1967: 213-218

2.1 Psychic experience (definitions, deferrals of related terms)

emotion, feeling	often used synonomously
affect	describe rather current and immediate changes of emotion
mood	Slow and flowing quality
instinct	more uncontrolled behavior
nature, character	more basic, enduric quality
behavior	learned, outcome of what happens inside

Grouping the emotions

(Using the therapeutic method best known as Family Constellations and Systemic Constellations of Bert Hellinger)

pleasure, joy, happiness relief fulfillment, saturation love security, satisfaction, gladness, cheerfulness	*continuity flow*"[13]
Anger, hostility, contempt, revenge, hatred envy, greed, non-forgiveness, (*bitterness*), (*disgust*)	*„fight"*[14]
anxiety fear, (in German: Angst; from Latin: angustus = tight feeling in the chest area) fright (in German: Furcht: fear of life; to be felt on the back) shyness, (*disgust*)	*„flight"*[15]
sorrow, pondering, sorrow, grief frustration, displeasure, reluctance, (*bitterness*,) depression helplessness and hopelessness isolation, social isolation (being excluded)	"w*ithdrawal-conservation"*[16] *("giving up")*
grief, longing, nostalgia, homesickness	*"grief, longing" – wish to recover the position of flow*

[13] Michael Csikszentmihaly: Flow: Das Geheimnis des Glücks. Stuttgart: Klett-Cotta 1992

[14] Walter B. Cannon: Bodily Changes in Pain, Hunger, Fear and Rage. New York: Appleton 1920

[15] the same as 15
Folkow B, Neil E. Circulation. London: Oxford Univ. Press 1971

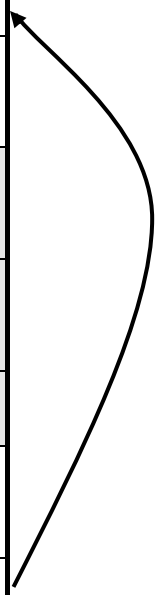
[16] Selye H. The general adaptation syndrome and the diseases of adaptaion. J. clin. Endocr. 1946;6: 117-230 and Selye H (ed). The Stress of Life. New York: Mc Graw-Hill 1982
Engel GL, Schmale AH. Conservation – withdrawal: a primary regulatory process for organismic homeostasis. Ciba Found. Symp. 1972; 8: 52-75

Grouping the emotions ff.

Our attempt at a meaningful grouping (classification of the emotions) has led to a **scheme of five**. This scheme is largely consistent with the Chinese counterpart, although this was not intended. But perhaps the fundamental principles of human life can be basically expressesd in a scheme of five constituents::

Five basic situations in the life of humans

situation		***emotion***	**action, behavior**
1. a person lives in peace		***joy, happiness***	**flow** desire that this situation might keep on going
➢ attack from the outside			
	2. he defends himself / counterattack	***fury, wrath***	**fight**
	3. he escapes / runs away	***fright***	**flight**
	4. he loses the fight	***pondering, depression***	**Giving-up, withdrawal**
end of the struggle			
5. he survived but suffered a loss		***grief, displeasure***	Wish to regain the situation of flow



- This scheme fits the Chinese scheme of **Five Phases** (elements)
- The scheme of Five Phases represent five basic modalities of the life experience of humans

2.2 What are the epistemological pitfalls that Western medicine does not accept symptom specificity?

2 Examples of epistemological pitfalls:

In the ALEXANDER hypothesis of **conflict specificity**, it was assumed that a certain conflict leads to certain damage. However, a certain stressor does not have disease-producing properties per se. The response of the individual depends on her/his inner constitution and possibilities of responding to the stressor. A conflict specificity is very unlikely.

The DUNBAR concept of **personality specificity**, on the other hand, is closer to the subject. However, the construct "personality" here is too and inaccurate: the personality of a person is determined by too many parameters to be meaningfully operationalized and related to physical expressions.

"**It should be noted that it is not the 'objective' characteristics of the stress or the stressor that initiate pathogenic mechanisms but the assessment of the situation by the individual**."[17]

Conclusion

The main pitfall of Western psychosomatic medicine of not accepting sympt0m specificity is our causal-linear mode of thinking which
1. links a stressor to a specific disorder (and forgets about the patient´s indivuality)
2. links one symptom or a few symptoms to a specific disorder

But many symptoms are non-specific.
They become specific only within a certain context of symptoms (syndrome).

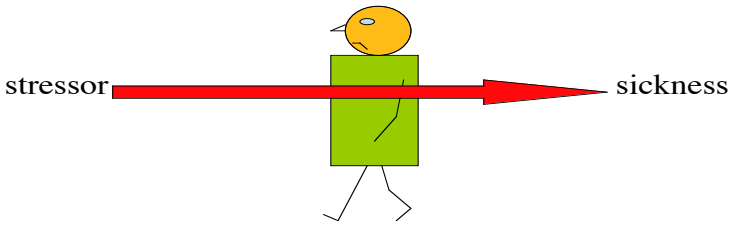
[17] Othmar W. Schonecke and Jörg Michael Herrmann: Psychosphysiologie. In Uexküll: op. cit. p. 195

Subject-oriented stress model

Epistemology

What is stress?

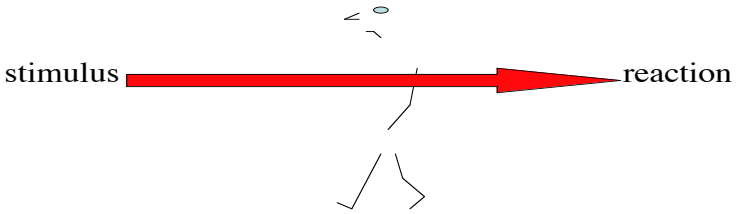
the object-oriented stress-model



Epistemology

What is stress?

the object-oriented stress-model



Disorders are directly linked to stress (causal-linear thinking).

Epistemology

What is stress?

the object-oriented stress-model

the Stimulus – Reaction model (behaviorism)

„The stress makes me sick.“

„Doctor, please make me get rid of the stress!“

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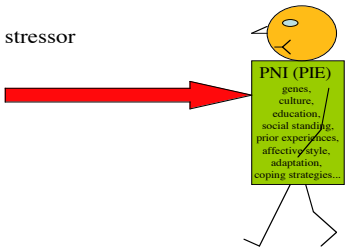
Epistemology

What is stress?

the subject-oriented stress-model

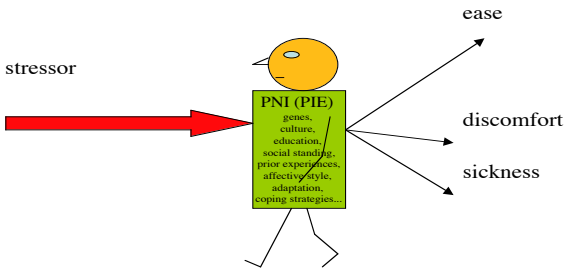


Epistemology

What is stress?

the subject-oriented stress-model

the Affective - Cognitive - Orientation model



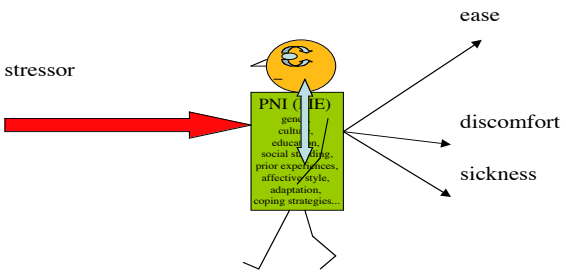
„I react to the stress with...“

„How can I get rid of the stress? + How can I cope better?“

Epistemology

What is stress?

the subject-oriented stress-model



„I react to the stress with...“

„How can I get rid of the stress? + How can I cope better?“

2.3 What is the semantic link (interface) between psyche – soma

(*German: Bedeutungskoppelung*)

Two quotes of leading German psychosomaticists

"The stability of emotional behavior over longer periods of time seems far higher than other personality traits." [18]
"Every expressive body movement realizes the driving experience of the emotion experienced." [19]

What does a human encounter during the **emotion of fear** ?

Specific physiological changes
autonomous • increase in heart rate and systolic pressure • narrowing of the vessels in the extremities • enlargement of the vessels in the head • increase of the respiratory frequency up to hyperventilation • increased sweating secretion: sweaty forehead, wet hands and armpits • a certain rigidity and reduced attention to the environment • increase of skin conductivity
somatic: • increased muscle tone (cramping or trembling) • eyes wide open, eyebrows lift • mouth changes to an oval opening
Specific neuroendocrinological pattern:
activation of the sympathetic adrenal-medulla-axis • increase in norepinephrine ++, increase in adrenaline + [20]

Conclusion:

1. It depends on different general and individual factors how a specific subject processes a stressor.
2. If the result is a **specific emotion**, then a **specific psycho-physiological-neuroendocrinological process** comes into existence, a specific semantic link between

- a specific emotional experience
- specific autonomous signs
- specific somatic signs
- paralleled (or based) by a specific neuroendocrinological pattern.

3. The linking action is triggered in the **Limbic** system, one of the oldest parts of our brain which helps us to survive in the situation of fight and flight.

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[18] Rainer Krause: Emotion als Mittler zwischen Individuum und Umwelt. In Uexküll: op. cit. p. 258 (meine Hervorhebung)
[19] Ludwig Klages: Grundlegung der Wissenschaft von Ausdruck. cited: Rainer Krause: Emotion als Mittler zwischen Individuum und Umwelt. In Uexküll: op. cit. p. 258
[20] Charlesworth 1969, Baars 1988, Meyer 1991, Davidson 1992

2.4 The limbic brain or "emotional brain"[21]

"The organization of the emotional brain is far simpler than that of the neocortex. It is not arranged in regular neuronal layers, but the nerve cells are fused together. As a result of this rudimentary structure, the information processing by the emotional brain is much more primitive than in the neocortex. But it runs faster and is more suitable for elementary survival reactions.
The limbic brain is a command center that continuously receives information from different parts of the body and reacts accordingly by controlling the physiological balance: breathing, heart rhythm, blood pressure, appetite, sleep, libido; the release of hormones and even the immune system is subject to his orders.
From this perspective, our emotions can be interpreted as an experience paralleling and expressing the interplay of physiological responses that monitor the activity of biological systems and constantly adapt to the needs of the inner and outer environment.

The emotional brain therefore knows the body much better than the cognitive brain. For this reason we may approach our emotions much more easily via the body than via language.

The task of the emotional brain is to trigger an alarm in case of danger which, within a few milliseconds, cancels most processes in the cognitive brain and interrupts its activity.
Strikingly, the reflexes and instinctive behaviors gain the upper hand. They are faster and closer to our genetic heritage, so evolution has given them priority in emergency situations.

Since the body is the most important field of activity of the emotional brain, the suppression of emotions manifests itself in physical problems. The symptoms are the classic stress disorders:
unexplained fatigue, hypertension, colds, heart disease, gastrointestinal discomfort and skin problems.
Researchers in Berkeley believe, not the emotional feelings as such, but their oppression burdens our heart and our arteries."

> Davidson coined the term „**affective neuroscience**“ i.e. the melding of neuroscience with the psychological study of personality and emotion. [22]

[21] all quotes of this page: David Servan-Schreiber. Die neue Medizin der Emotionen. Verlag Antje Kunstmann
[22] Davidson op.cit. 1995

2.5 Basic model of psychosoamtic experience

The psycho-neuroendocrinologic stress model[23]

perceived stimulus

Limbic system - processing in the fronto-temporal cortex
- feedback to the limbic system

emotion	**wrath, fury**	***fear***	***depression***
locus	centrale Amygdala	basic Amygdala	Hippocampus Septum
behavior	**fight** - excertion	**flight** - excertion	**withdrawal – giving-up**
neuroendocrine pattern	blood pressure ++ heart rate ++ **Noradrenaline** ++ Adrenaline + Renin ++ Testosterone ++ Cortisol +/-	blood pressure + heart rate + Noradrenaline + **Adrenaline** ++ Cortisol +	blood pressure +/- heart rate - Noradrenaline +/- **Adrenaline** +/- Testosterone - **Cortisol** ++ **ACTH** ++ **Beta-Endorphine** ++
	Hypothalamus-adrenal medulla-axis		**Hypothalamus- adrenal cortex-axis**

CANNON 1920: fight and flight-reaction *emergency reaction*

FOLKOW und NEIL 1971: *defensive reaction*

SELYE 1946, ENGEL u. SCHMALE 1972: *withdrawal-conservation*)

[23] Müller und Netter 1992, modifiziert nach Henry 1986; cited in: Thomas Ots: Chinesische Psychosomatik: Krankheiten des emotionalen Leibes. In: Beck et al.: *Akupunktur in der Neurologie*. Stuttgart: Hippokrates, 1994, p. 91

3. What must happen that normal psychosomatics turns into disease?

So far, we have described how and where emotio-somatic actions or reactions occur in the body. We can describe these as normal, everyday psychosomatics.

This does not yet explain how psychosomatic diseases arise.

3.1 2 basic models of how psychosomatic disorders arise

- **"prevailing state-model"** (MANUCK and KRANTZ 1984)[24]

"The inhibition of the executive, that is, the blocking of the active struggle in the situation of struggle or flight, can make the provisional rise of bkodd pressure finally become a permanent institution."

- **"structural autoregulation" (**FOLKOW 1982) **[25]**

"The different functional changes in the early stage of the development of hypertension finally lead to the common pathophysiological end of the "structural autoregulation". Through these, situational increases in blood pressure can have a pathogenic significance for a hypertension development, irrespective of the formation conditions of the particular hypertension form. In this case, a vicious circle may develop, in which a stronger median hypertrophy leads to a stronger rise in blood pressure and a further increase in the resistance. "

"Cross-sectional studies and the few longitudinal studies that have been carried out so far confirm that the Folkow model of structural autoregulation also holds true for people."[26]

Conclusion

• Psychosomatic disorders are not a particular class of disease. They are caused by the fact that normal psychophysiological patterns become **perpetuated**.

• The most frequent cause of this perpetuation is **inhibition/suppression** of the emotions.

• This inhibition is in most cases a consequence of the intervention of our neocortex, that is, **socially and culturally constructed**.

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[24] Manuck SB, Krantz DS. Psychophysiologic reactivity in coronary heart disease. Behav. Med. Update. 1986;6: 11-15

[25] Folkow B. Physiologial aspects of primary hypertension. Physiol. Rev. 1982;62: 347-503
ders. Vascular changes in hypertension – review and recent animal studies. In Berglund G et al (eds.) Pathophysiology and Management in Arterial Hypertension. Mölndal/Sweden: Lindgren & Söner. 1975: 95-113

[26] Herrmann, Uexküll et al. Essentielle Hypertonie In Uexküll: op. cit., p. 758 and 768

4. Psychosomatic disorders - the Western view

Example 1: Arterial occlusive diseases - CHD - apoplexy

• Various reports from the 17th / 18th century:
strong emotional excitement: fear, anger,
sudden cardiac death: anger, hostility, aggressive behavior

• Theodor von Dusch, 1868:
"It has also been observed that persistent passionate excitement, violent loud speech, play, night work, and night watch, dispose to the evil in question."

• William Osler, 1910:
"Every one of these men had an added factor - worry; in not a single case under 50 years of age was this feature absent."

• Friedman and Rosenman, 1974:
"An action-emotional complex that can be observed in any person who is aggressively involved in a chronic incessant struggle to achieve more or less time, and is required to do so, against the opposing efforts of other things or other persons."[27]

T y p e - A - b e h a v i o r (Friedman und Rosenman)

"***pressured pattern of behavior***"

• above-average striving for recognition
• striving for dominance
• impatience, haste, time pressure
• rritability, aggressiveness, hostility ("potential for hostility")
• loud, explosive language,
• exaggerated psychomotor behavior
• aggressive, work- and competition-oriented rivalry behavior

The type A person "has actually too big shoes", i.e., he can never fully reach up to his own expectations. This leads to the aggressive frustration of an (but unfortunately unsuccessful) **elbow man.**

The initially very broad spectrum of the type A behavior was later confined to the components which most frequently correlated with the CHD-
The "**toxic components**" of type A behavior:

• **hostility / aggressiveness** (probably the strongest predictor of CHD)
• **restrained anger, verbal rivalry, loud explosive speech**

[27] alle Angaben dieser Seite: ebda, S. 769 ff.

Example 2: Psychopathology of Sudden Cardiac Death

• Type-A behavior
+
• low socioeconomic status
• low school education
• death of the partner (broken-heart-syndrome)
• weeks to months of being previously depressed
• increased values on the depression scale, joy and lack of pleasure at work
• diminished social relationships
• less effective personal resources
• low self-help activity
• fatalistic attitude
• low self-esteem

Example 3: Psychopathology of Apoplexy

• Type-A behavior
+
• emotional instability
• Symptoms of tension
• Problems in control of anger feelings

(Framingham Study [the world's first large-scale cohort study]:
Type A has 6x higher risk than type B to experience apoplexy.)

Example 4: Essential hypertension
Emotional causes as stated by psychosomatic physicians

ALEXANDER, 1939:
"nonspecific conflict between aggressive tendencies and inner dependence.... In such a conflict feelings of anger, envy and hate are experienced."

BOSS, 1949:
aggressive impulses blocked by the ideal of self-control

UEXKÜLL, 1963:
aggressive impulses are blocked by fear of conflict

PERINI, 1982:
Growing up in narrowing families (overprotection)

GAUS et al., 1983:
Conflicts with the topic of aggression vs. Submission
HERRMANN et al., 1996:
Erection of a rigid superego, which prohibits the open discharge of aggressive conflicts

5. Psychosomatics of Chinese Medicine

5.1 the classical emotional correlations

Model of Five Phases (detail)

		wood	fire	earth	metal	water
M	*seasons*	spring	summer	late summer	fall	winter
a	*directions*	east	south	center	west	north
c	*weather*	wind	heat	humidity	dryness	cold
r c	*colors*	green (cyano)	red	yellow	white	black
o o	*tastes*	sour	bitter	sweet	pungent	salty
M s	*Yin-Organs (Zang)*	Liver	Heart	Spleen	Lunge	Kidneys
i m	*Yang-Orgase (Fu)*	gallbladder	Small intest.	Stomach	Colon	Bladder
c	***emotions***	**wrath/anger**	**joy**	**sorrow**	**grief**	**fear**
r	*orifices / openers*	eyes	tongue	mouth	nose	ears
o	*structures of body*	tendons	vessels	muscles	skin/hair	bones

5.2 Exemplary verifications of some correspondences of Chinese medicine

5.2.1 Contextual analysis of the concept of joy and the organ Heart

In the Huangdi Neijing, we find in the second volume the statement that extreme pleasure damages the heart. This statement is about 2000 years old. But is it assured that 2000 years ago the term "joy" meant the same as today?

What did joy mean during the "Time of the Warring States"?

The philosophers of thiese centuries-long struggles appealed the rulers not to be unrestrained. Their joy was:

• personal advantage, profitability, coldness, recklessness towards others, , desire, avarice, refinement, excess, lust, revenge

• Unleashed murder and blood rush:

„One man's meat is another man's suffering“
„des Einen Freud, des Anderen Leid“

5.2.2. Clinical experience

An example from a textbook published in the PRC in 1979:

"Of all the injuries caused by the Seven Emotions, that of the heart is the most important: In the Huangdi Neijing Lingshu it says: 'The heart is the ruler of the five storages and the six palace organs. **Mourning, sadness, worries, and uncertainty oppress the heart**; thereby causing the five storages and six palace organs to be in a state of unrest. Although the senses induced by the Seven Emotions can refer to all five zang organs, the clinical practice nevertheless shows that the organs most affected by the seven emotions are the heart, the liver, and the spleen, an excess of **fright, joy and anxiety** leads to **restlessness** of the heart-consciousness, resulting in symptoms such as heart palpitations, insomnia, agitation, nervousness, anxiety, loss of concentration, which can lead to the complete disharmony of the mental constitution, which manifests itself through crying, endless talking, **insanity**, and loss of control over the movements.“[28]

[28] Hubei zhongyi xueyuan (Hrsg.) Zhongyixue gailun (Intorduction to Chinese medicine). Shanghai: Shanghai kexue zhishu chubanshe 1979, p. 49, cit.: Thomas Ots: *Medizin und Heilung in China*. 1990, p. 46

In the practice of TCM in China, different emotions such as grief, sadness, worries, uncertainty as well as fright, joy and anxiety are considered as affecting the Heart.

What is the difference between these two emotional spheres?

a) Chinese medicine sees the Heart as the seat of the human mind or the decision-making power. **Emotions of quick and strong character** influence these **mental functions** and confuse the consciousness: "lose the senses because of joy or fear". We could extend this idea from our experience to the notion of nervous hustle and bustle. The etymology of the corresponding English term anxiety points to the feeling
of thoracal oppression sensibility (Latin: angustus; German Angst derives from it).

(b) Mourning, wistfulness (melancholy), worries, and uncertainty are **chronic emotional agents** which affect the Heart and almost imperceptibly influence the more **somatic properties** of the Heart, which can lead to changes such as hypertension, coronary sclerosis and CHD. We also think of type-A of cardiac psychosomatics.

Transcultural comparison: the bodily feeling of the heart in our cultural space

The 'German proverbial lexicon' published by Wander in 1871 contains 573 (!) idioms of the heart:

Joy, which could be harmful to the heart, can not be found in the German language treasure. On the contrary, "Joy, temperance, and calm, close the door to the doctor," "Where is joy, there is health and life".

However, many proverbs align joy together with suffering: "Today joy, tomorrow sorrow", "The joy goes ahead, the grief hangs on". "Great pleasures break small hearts".

They indicate a warning of too much joy, which makes you a light-hearted, "lose your head". [29] Hildegard von Bingen advised to "boil excitatory emotions in the fire of the heart."[30]

Conclusion:

The Chinese warning that too much joy can hurt the heart affects the function of the heart as the seat of consciousness *shen*, the ability to think, the "cool mind" which might be hurt by emotional upheaval. It thus affects the functional heart, the heart as a center of emotions, but not the heart as an organ.

[29] alle Zitate dieses Abschnitts: Wander op. cit. Bd. 1, p. 1165 ff.

[30] zit. nach: Jochen Gleditsch: Selbstfindung durch Wandlung, I-Ging – Code des Lebens, p. 57

5.2.3 Exemplary checks of the correspondences of the organ Liver

The emotional attribution in the TCM to the liver is rage and anger. Anger points to inhibited rage, rage turned inwardly.

Liver and spleen in the Chinese language

A chinese proverb says 木喜 挑大 (mu xi tiao da = wood wants to spread out)
Another proverb says: 脾气不好 (pi qi bu hao = bad qi of the spleen; this refers to a morose, ill-tempered, discontent, querulous person)

Inwardly turned anger may show signs that occur in different parts of the body (see later).

生气 (sheng qi； literally: to give birth to qi = to get angry)

The idea that anger should be expressed and not „swallowed“
is expressed in the reminder of the famous doctor Zhang Congzheng (1156-1228):
"If the wood is oppressed, let it reach out."

5.2.4. Transcultural comparison

The "liver" in German proverbial phrases

We can distinguish three types of proverbs of the liver complex in the German language.
a) The liver is mentioned.
b) The bile is mentioned.
c) Symptoms from the emotional complex of the Liver are mentioned.

a) Identification of the liver	**a) Nennung der Leber**
• "it must be down from the liver" • "talk freely from the liver" • " a louse has run over one´s liver" • "to play the offended liver sausage" • "it eats at the liver"	• "es muss herunter von der **Leber**" • "frei / frisch von der **Leber** weg reden / sprechen"[31] • "jemandem ist eine Laus über die **Leber** gelaufen / gekrochen" • "die beleidigte **Leberwurst** spielen" • "es frisst ihm an der **Leber**"
b) Indication of the gallbladder	**b) Nennung der Galle**
• "my bile will comes up" • "he spit poison and gall" • "a bile type", "a bile remark" • "the bile runs right over the liver" = immediately he becomes angry / he explodes	• "mir kommt gleich die **Galle** hoch" • "er spuckte **Gift** und **Galle**" • "ein **galliger** Typ", "eine **gallige** Bemerkung" • "die **Galle** läuft ihm gleich über die **Leber**" = gleich wird er zornig / explodiert er
c) Reference to symptoms from the emotional liver complex	**c) Bezugnahme auf Symptome aus der Entsprechungsreihe Leber**
• "to be sour" • "I feel sick / sour" • "I angered a hole into my belly" • "have anger in the belly" • "to swallow his anger" • "my collar will burst soon" • "I was so annoyed with a goitre" • "the sword's vein swelled against him" • "anger sparkling eyes" • "I could puke with rage" • "to drive out of the skin“ • „drive out of the skin due to anger." • "let off some steam" • "give vent to his anger" • "be blind with anger"	• "**sauer** sein" • "das ist mir übel / **sauer** aufgestoßen" • "ich hab mir ein **Loch in den Bauch geärgert**" • "eine **Wut** im Bauche haben" • "seine **Wut** herunterschlucken" • “mir platzt gleich der Kragen“ • “ich hab mir so einen Kropf geärgert“ • "ihm schwoll die **Zornesader** an" • "vor Zorn funkelnde **Augen**" • "ich könnte vor Wut **kotzen**" • "aus der Haut fahren“ • **„vor Wut** aus der Haut fahren" • "**Dampf** ablassen" • "seinem **Ärger** Luft verschaffen" • “blind vor **Wut** sein“

Remark: I did not try to translitterate the German proverbs into proper English – I intend to show the importance of the Liver, the Gallbladder and symptoms that refer to the phenomenology of Chinese medicine and German proverbs alike – the phenomenology of the body.

[31] Lutz Röhrich: *Das große Lexikon der sprichwörtlichen Redensarten*. Freiburg: Herder 1991, S. 944: "Durch freimütiges Reden die Leber von dem angehäuften Groll und der aufgespeicherten Galle erleichtern." "By frank speech the liver is relieved by the accumulated resentment and the accumulated bile."

Transcultural Comparison - Hippocratic and Chinese Medicine:

the choleric	chole (yellow bile)	Liver/Gallbladder of Chinese medicine
The melancholic	melan chole (black bile)	spleen / stomach of Chinese medicine

5.3 Attempts to reorient emotional factors in Chinese medicine

In the correspondence system of **Chinese medicine** the assignment of individual emotions to a certain organ / function circle follows phenomenological perceptions.

• In contrast to the Theory of Five Phases empirical experience shows that more than a few emotions can be related to a specific Organ.

1. Heart / Small intestine

Example: Fear, anxiety, fright, grief, sorrow, anger, hatred, joy, soorow, anxiety etc. are felt at the heart (or center of the chest?).

- Shock-like emotional changes (joy, fright and fear) put the heart in restlessness, lead to the failure of the spiritual tasks of the heart, i.e. can lead to acute mental illness (confusion, loss of control, anxiety, panic, mania).
- Mourning, sadness, sorrow, anxiety, oppress the heart. This leasd to more somatic changes (CHD).

2. Liver / Gallbladder

- Sudden rage or anger can result in a relatively short-term loss of control of the heart.
- However, slow-acting anger is of greater pathological effect. Over a long period of time, anger (suppressed rage) leads to depression. This correlation was also known to the ancient Greeks: chole / liver - melancholy / spleen.
  This relation is expressed in the control cycle of the Five Phases *Liver (wood) controls Spleen (earth).*
  The clinical situation known to Western psychosomatics:
- suppressed anger correlates with gastrointestinal complaints, especially with duodenal ulcers,
- whereas long term anger correates with gastric ulcer.

3. Kidney / Bladder

- The chronic fear of life „that breaks my back“ is opposed to
- the sudden fright of the heart.
  Kidney fear refers to an elementary, existential threat ("it hurts my kidneys" [German: Es geht mir an die Nieren]). It is necessary to mention that the Kidney in Chinese medicine should be understood entirely as a metaphor, not as the organ kidney.

4. Spleen / Stomach
The emotional transformations associated with the spleen are rather unipolar:

- Stomach ulcers correlate with depression.
- Mourning shows some overlap wirh the lungs

5. Lung / Large intestine
Mourning and grief are the emotions of the Lung, the "silent" organ.

- The Lung is experienced as totally introverted.
- However, expressed grief in the sense of lamentation or crying (see the funeral rites of certain cultures) may be interpreted as a clinically significant attempt to overcome grief.

The clinical model of emotions[32]

Emotional situation		**Correlated Organ**
externalisation	*internalisation*	
rage, wrath	***anger,*** *irritation hostility*	Liver
hectic, mania, **angst**, panic	*anxiety, sadness, worries, "Type A behavior"*	Heart
	pondering*, worry, grief, depression*	Spleen
loud lamentation	***grief, sorrow, uncertaintty / shyness***	Lung
fright	***fear of life***	Kidney

[32] Note: This is a model. However, living clinical reality often does not show such clear contours. Thus internalized anger can turn into a gallic outburst; Irritation has shares of both poles. Depression can also be discharged in irritability. There are also fluid transitions between mourning, depression, and anxiety (lungs, spleen, kidneys).

6. Diagnostics

Basic symptomatology of Chinese medicine

Table 1: relatively specific emotio-somatic symptoms[33]

Liver	***Heart***	***Spleen***	***Lung***	***Kidney***
rage, wrath	**hectic,** mania, **angst**, panic		loud lamentation	fright
anger, *irritation, hostility (type-A)*	*anxiety, sadness, worries, (type-A)*	***pondering****, worry, grief, depression*	***grief, sorrow, uncertainty / shyness***	***fear of life***
• headache, heaviness, tension, migraine	initial insomnia	• fatigue, spontaneous sweating, slight dyspnea	• difficulty breathing, inclination to infections	• cystitis, micturition "nervous bladder"
• hypertension • tinnitus (high pitched)	• Palpitation, tachycardia	• loss of appetite, • loss of taste	• asthma, esp. kids	• tinnitus (low-pitched) loss of hearing
• dry eyes, foreign body sensation	• intense dreaming nightmares	• frigophobia • early awakening	• bronchitis	• imperative morning chair urge
• bitter mouth taste, globus sensation, (acidic) belching	• poor concentration / forgetfulness, quick talking	• dry mouth / thirst, bad breath, burping	• atopic ekzema (Neurodermitis)	• frigophobia
• frequent sighing	• neurasthenia, uncertainty	• paresthesia of the extremities, heavy legs	• paranasal sinus affections, allergies. rhinitis	• pulling / pain in the lumbar region, back pain
• thoracic, epigastric fullness / pain (from the inside out)	• thoracic constriction / opression (from the outside in)	• Tension and fullness in the stomach pit	• night sweats	• Weakness / pain in the knees
• duodenal ulcer		• gastric ulcer	• tuberkulosis	• semen loss,
• bloating (Roemheld syndrome) pain over liver / bile, the epigastrium, the hypochondrium, the flanks	• neck pain (in contrast to shoulder pain)	• bloating	• "5 warm hearts“ (sign of yin deficiency)	• problems of sexual organs: Menopausal symptoms (down cold - hot above), pelvipathia spastica
• nausea / vomiting	• sexual problems	• nausea / vomiting		• dysmenorrhea
• CHD, apoplex	• CHD	• ulcerative colitis		• amenorrhoe, sterility
• constipation		• soft feces, diarrhea		Vaginal infections
• dysmenorrhea, PMS, oligo- /amenorrhea		• low back pain		• chronic exhaustion, (Wear-Out)
• testicular pain		• ptosis/prolapse of internal organs		• "5 warm hearts“ (yin deficiency)
• Muscular tics and cramping		• leukorrhea		• leukorrhea
• dystrophic nails of fingers and toes				

[33] nach Michael Hammes und Thomas Ots: *33 Fälle der Akupunkturtherapie aus der VR China*., Stuttgart: Hippokrates 1996: S. 35

Table 2: less specific emotio-somatic symptoms				
Liver	***Heart***	***Spleen***	***Lung***	***Kidney***
• vertigo	• vertigo	• vertigo		• vertigo
• unclear eyesight	• unclear eyesight			• unclear eyesight
	• shortness of breath	• shortness of breath	• shortness of breath	• shortness of breath
	• sweating	• sweating	• sweating	
		• adynamia	• adynamia	• adynamia
		• edema	• edema	• edema

Note:

Not a single symptom but many interrelated symptoms show specificity, they form a syndrome and point to a specific Organ.

Patients often show symptoms of different syndromes. Overlaps are possible. By compiling a detailed medical history, it can be clarified to what extent an Organ has influenced another, or which emotional change has occurred.

7. List of psychosomatic disorders worthwhile treating with acupuncture and related techniques

Western diagnosis
Functional disorders of the heart
Panic disorder
Depression
Burnout
Various forms of addiction
Headaches, migraine
Duodenal and gastric ulcers
Ulcerative colitis
Stress incontinence (urinary)
Chronic constipation

8. Transcultural comparison:

Psychopathology in Western psychosomatics and emotional assignments of Chinese medicine [34]

Western classification of disease	*main view of Western psychosomatics*	*main view of Chinese medicine*
FUNCTIONAL DISORDERS OF THE HEART	fear	fear,
HYPERTONSION, CHD, APOPLEXY	aggression inhibited aggression Type-A	anger
HYPERVENTILATION	fear unresolved conflict	?
BRONCJIAL ASTHMA	Conflict with mother fear, agitation (elderly patients)	grief
ASTHMA IN KIDS	Fear of loss grief	grief
FUNCTIONAL ABDOMINAL COMPLAINTS Constipation Diarrhoe	anger inhibited aggression anger fear	anger anger fear
ULCERATIVE COLITIS generally: neither specific personality structure nor specific conflict secured; Etiology and pathology not yet clear, pluricausal development (increased bowel motility in pain, fright, anxiety, conflict) • deep psychological: delayed development, e.g. weakness, passivity, conflict prevention, fear of responsibility, dependency on a dominant reference person, difficulties to build a mature, flexible relationship with the outside world • development of affective relationships is difficult • conflict resolution through adaptation, conciliation, overbearing courtesy, avoiding	inhibited aggression	anger

[34] all descriptions taken from Uexküll: op. cit.

conflicts, retreat • frequent: aggression inhibition, lack of expressive possibilities of feelings, especially of anger; introversion, • irritation, selfishness, arrogance; Mood instability, inclination to overwhelm emotional emotions		
CROHN´S DISEASE	Unclear inhibited aggression	Not known in classical Chinese medicine *Ots: Crohn is most likely a genetically triggered disease. Diagnostic interrogation does not lead to a concise emotional picture* [35]
DUODENAL ULCER	anger frustration inhibited aggression	anger
LUMBAGO-ISCHIALGIA-SYNDROME general: no typical personality profile, but relatively similar personality traits: dependency / independence conflict • Triggers: situations of extreme use for others in the ambivalence between obligation and unconscious rebellion • Endurance situation: "on bending and breaking" • correlates more frequently with anxiety than depression • according to DSM-IV: an important symptom in major depression	conflict fear depression	fear depression
HEADACHE In general, the opinion that there is a certain head-pain-relatedness is more strongly represented by clinicians, especially psychoanalytically-oriented therapists than by empirical-psychological headache research. **MIGRAINE** general: no typical personality structure • ambitious, success-oriented, overbearing, perfectionist, persevering, easily irritable and ailable, impersonal social relationships, inhibited sexuality • conflict between aggressive act and the opposing impulses that inhibit the act (ALEXANDER) • somatic equivalent of an inhibited combat / flight reaction • migrain patients tend to assess stress situations as threatening, lack coping strategies, escape into resignation, depression, encapsulation, and other	inhibited aggression	anger

[35] T. Ots (Hrsg.) 50 Fälle der Akupunktur. München: Elsevier 2004

avoidance strategies • affective deficiency constellation: maternal coolness, hardness, compulsiveness, sexual hostility, and a soft father **TENSION HEADACHE** generally: no typical personality structure • hostility, dependance , depression, psychosocial conflicts	inhibited aggression	anger
UROLOGICAL DISORDERS generally: no typical personality structure	anxiety, accompanying symptom in agitated depression, sexual problems	fear
ATOPIC EKZEMA (NEURODERMITIS) generally: no typical personality structure • separation experience, loss situation, sadness; the first two factors are at least often the cause of a fresh thrust	loss grief	grief
PSORIASIS generally: no typical personality structure • defense of symbiotic desires; symptom = somatic discharge of aggressive impulses • increased stress responsiveness, unfavorable stress management strategies, increased anxiety and depression • low ego strength, lack of assertiveness	inhibited aggression depression fear	unclear

Summary

There is a great agreement with regard to the assumed emotional context of certain disorders between Western psychosomatics and Chinese medicine.

• However, for most disorders it is only two emotions:

- Aggression, anger, inhiibited aggreession (mainly Liver-qi-stagnation)
- fear

The emotions of mourning, depression and anxiety show also correspondences betwenn Western psychosomatics and Chinese medcine, however, their role is limited.

9. Therapy

9.1 Selecting acupuncture points

1. basic combination

1. YUAN point	
2. BACK SHU + front MU point	front back combination – also cuti-visceral reflex arc (segment)
3. lower HE-point (lower influential point)	these correspond to the sympathetic-parasympathetic connections of the spinal nerve segments of the organs below the diaphragm)

2. plus point selection according to the symptoms (partly already included in the basic combination)

1. LOCAL points, ASHI points	(locus dolendi)
2. Points in the **SEGMENT**	(often SHU-MU-points)
3. MERIDIAN points	
4. Points acc. to **SPECIFIC PROPERTIES**	(e.g., cooling heat)
5. MICROSYSTEMS	(e.g. ear acupuncture, hand acupuncture, YNSA

Example: Nervous gastritis in case of strain

1. Ashi points according to symptomatology	
2. Bl 20, Bl 21 - Ren 12, 13, 14	Ren 14 is actually the MU point of the heart, but acts also on epigastric pain
3. St 36, Sp 6	meridian- and distal points
4. St 44	if signs of heat
Liv 3	in case of pain, cramping
He 7	if additionally heart restlessness
Du mai 20	calming down
5. Ear: acc. to testing	probably: digestive tract, Sympathetic, 100, sensitive points in the Vegetative Rim, Shenmen

9.3 2 case histories

example 1

symptomatology	tongue	pulse	syndrome
Palpitation, anxiety, sorrows, restlessness, easy awakening, lots of dreaming, vertigo, unclear sight, problems at work	pale normal coating	weak, quick	lack of Heart- Qi restless Heart

Principle of therapy: pacify Heart, strengthen Qi

Du Mai 20	exceptionally good point for calming down
An Main area	best area to encourage sleep
He 7, Pe 6	Yuan point of Heart, empirical point of lowering heart rate
Bl 15	back Shu point
Ren 14	front Mu point
Ren 17	exceptionally good point to open up chest
St 36	general point for strengthening
Ear	Heart 100, Sympathetic, check shoulder/neck in the Veg. Rim, Shenmen
tonifying method	
psychotherapeutic support	

example 2

symptomatology	tongue	pulse	syndrome
Palpitation, anxiety, irritability, agitated, restlessness, easy awakening, lots of dreaming, bitter taste in mouth problems at work	red yellow coating phlegm	quick (hua)	repletion of Heart-Yang, phlegm-heat

Principle of therapy: pacify Heart, cool Heart, dispel phlegm
Choice of acupuncture points: same as example 1
plus

St 40	esxpels phlegm
LI 11, Du Mai 14	cooling heat
reducing method for all pints (besides St 36 and Bl 15) psychotherapeutic support, some dietary advice	

9.4 Some useful acupuncture points

In TCM theory, the outer bladder-meridian is attributed the function of acting on the mental-spiritual aspects of man.

Question: Is it probable that there are points on the body that affect the psyche per se ?
Answer: Yes there are a few psycho-active points (phenomenology): Du Mai 20, An Mian

However, most acupuncture points just give a stimulus to a certain Organ or bodily area. The body then acts in the specicif way to regain homeostasis.

Acupuncture acts through a somato-emotional approach: certain somatic changes have a signal function for the limbic brain.
Example: Heart 7 and Pericardium 6 lower the heart rate and reduce palpitation. In case of anxiety or panic disorder the heart rate acts as a trigger (somato-psychic). In reducing this trigger, in lowering the heart rate and in reducing palpitation, the patient calms down.

Target of action	**Body acupuncture**	**Ear acupuncture**
		acc. to testing
release of tension	Du Mai 20, Liv 3	Jerome
pain relief	Liv 3, LI 4	Shenmen, Thalamus, Polster
thoracal oppression	Ren 17 (test entire sternum for sensitive points	
Fullness of chest	Ren 17 (test entire sternum for sensitive points	
restlessness, anxiety	Du Mai 20 + Ex-HN1 (Si shen cong), He 7, Pe 6, Ren 14	100, Sympathetic
Strengthening Qi	St 36, St 6, Ren 4, Ren 6	
depressed body posture	SI 3, Bl 62 or Bl 60 (confluent points of the 8 Extra Channels) Bl 22-Bl 24 (strengthens lower back)	
Abdominal pain, bloating, (as in Liver-Qi-stagnation)	Ashi points on the entire belly between symphysis and epigastrium; check also Gb 25-27	
Headaches, shoulder-neck pain	Gb 20, Bl 10 (loc. dol.), Triple Heater 15 (twitch), Taiyang, Yintang (Ex-HN3), Bl 2, Gb 14	Check Veg. Rim up and down from point 64 (marks C8/Th1)

9.5 Additional therapeutic methods

- Psychotherapy, body (Leib)-oriented methods, Qigong, Taiji etc.

Reflection:

For example, in the case of panic disorder, the suddenly occurring palpitation and hightened heart rate often take on a signal function. In the limbic brain palpitation and hightened heart rate trigger anxiety, restlessness, uprising heat, sweating... The physical sign and emotional change interact and intensify each other. Cardiac unrest becomes the epitome of the patient's disorder. A cup of strong coffee may trigger the next attack

If it is then possible to stop or minimize the palpitations and the heart rate by means of acupuncture, this cycle can be interrupted.

This approach of Chinese medicine is a somato-emotional (somato-psychic) access, in cotrast to a psychosomatic approach via psychotherapy.

In most cases of psychosomatic disorders it must be doubted that a sufficient healing can be achieved by interrupting the somato-emotional cycle.

• The external causes which have led to the disturbance still exist.
• The patient´s coping behavior, i.e. the management of stressors, has not yet changed.

In order to achieve this change, it may be necessary to supplement acupuncture with certain methods of psychotherapy. Additionally, body-oriented procedures of Western medicine should be considered:

Autogenic Training, Functional Relaxation, Feldenkrais etc.

The use of Taiji and Qigong

These Chinese body-oriented techniques must be distinguished as to whether the desired aim to re-establish a balanced and harmonious life can be achieved via

• primary harmonising and quieting
or
• primary catharsis which then leads to inner harmony

The use of the respective method depends on the patient´s disorder:

• A person who quickly gets into anger, a hectic, an anxious phobic, etc.
will profit from **Taiji** or forms of **Quiet Qigong**

• A person of inhibited anger, tending to auto-aggression should learn to open up
she/he will profit from forms of **Cathartic Qigong**

The use of massage techniques, manual medicine, etc.

Massage and other treatment techniques may also behelpful.

• an anxious heart will induce a painfully tightened shoulder-neck area,
• Liver-Qi-stagnation may induce disturbances in the abdomnial and pelvis area
• depression induces overstretched muscels in the back and shortened muscles in the front (painful trigger points at the frontal pelvic structures and the symphesis.

The use of sports

For depression and anxiety disorders, sporting activity has proven to be very helpful (the emotional high triggerd through the release of of endorphines, social support by sporting in a group, activity-diary as an organizing aid of the day):

• Jogging
• Walking
• Nordic Walking
• Dance
• Jazz Dance

Desirable aim:

Acupuncture and accompanying psychotherapy should rest within the same therapist – you!

Showing empathy, listening to the patient without disturbing his self description helps.
Psychotherapeutic action may go alongside acupuncture. Sometimes it is not necessary to explain to the patient that he receives psychotherapy. He might take it as advice for his psychosocial problems.

The patient seeks help from a doctor of Chinese medicine, because she understands Chinese medicine to be a somatically oriented method (we insert needels int her flesh).

Many patients are afraid to be termed as psychosomatically ill. Thus, patients whom you referr to a psychotherapist get "lost" on the way. Working together with a psychotherapist in the same clinic helps.

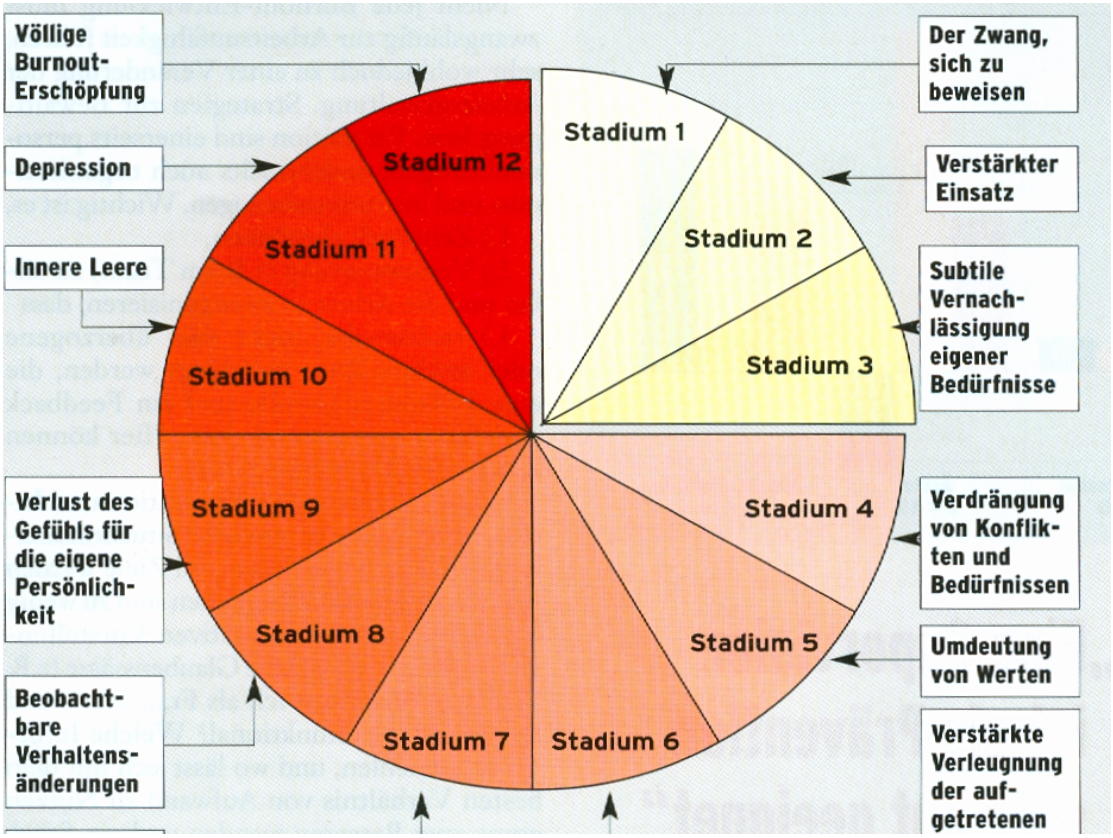
10. Appendix: The Burnout-Syndrome 12 phases

Verschiedene Stadien des Burnout*

	Burnout-Entwicklung	Interventionsschritte
Stadium 1	Individueller Tatendrang, Leistungswunsch, erhöhte Erwartungen, gesunkene Bereitschaft, die eigenen Möglichkeiten und Grenzen anzuerkennen	Erkennen des Umschlagpunkts vom Leistungsstreben zum Leistungszwang, Finden des individuellen Tempos
Stadium 2	Zwang, alles selbst machen zu müssen, Unfähigkeit zu delegieren, Gefühl der Unentbehrlichkeit	Delegieren üben
Stadium 3	Vernachlässigung eigener Bedürfnisse, eventuell Konsum von Alkohol, Schlafmitteln, Schlafstörungen	Sich selbst Gutes tun, vernachlässigte Bedürfnisse erkennen
Stadium 4	Verdrängung von Konflikten und Bedürfnissen: Fehlleistungen	Hinweischarakter verstehen, Konsequenzen ziehen
Stadium 5	Umdeutung von Werten: Vermeidung sozialer Kontakte, Entwertung Schwierigkeiten in der Partnerschaft	Grundwerte überprüfen, frühere Kontakte wichtiger Ziele im Leben, und Freunde reaktivieren, Wertekorrektur
Stadium 6	Verstärkte Verleugnung aufgetretener Probleme: Abkapseln von der Umwelt, Zynismus, aggressive Abwertung, Intoleranz, körperliche Leistungseinbußen und Beschwerden	
Stadium 7	Rückzug vom sozialen Netz: Orientierungs- und Hoffnungslosigkeit, Entfremdung. Ersatzbefriedigungen: Alkohol, Medikamente, Essen etc.	Professionelle Hilfe
Stadium 8	Deutliche Verhaltensänderungen:Paranoide Reaktionen	Professionelle Hilfe
Stadium 9	Verlust des Gefühls für die eigene Persönlichkeit: Gefühl, nur mehr automatisch zu funktionieren. Zeitweiliger Rückzug aus dem Beruf	Professionelle Hilfe
Stadium 10	Innere Leere: Gefühl des Ausgehöhltseins, Mutlosigkeit, gelegentlich Panickattacken, Phobien, bisweilen exzessive Ersatzbefriedigungen	
Stadium 11	Depression, Verzweiflung, Herabgestimmtheit, Suizidgedanken	Suizidpräventive und beziehungsfördernde Maßnahmen
Stadium 12	Völlige Burnout: geistige,körperliche, emotionale Erschöpfung, Infektanfälligkeit, Gefahr von Herz-Kreislauf- oder Magen-Darmerkrankungen	Kriseninterventionistische Maßnahmen, hohe Aktivität des Helfers, multiprofessionelle Zusammenarbeit

Literaturhinweise: 1. *Sonneck G.: Das Burnout Syndrom und seine Prävention: Mittelweg zwischen zuviel und zuwenig. Therapie & Erfolg 1997; 1: 257–261*
2. *Sonneck G, Wagner R. Suicide and burnout of physicians. OMEGA 1996; 33: 255–263*

*) Nach Freudenberger und North (1992)



10.1 Often misunderstood: Burnout is not Wearout

The central point in the definition of burnout is the disappointment.

The disappointment, in turn, is a result of too great expectations: a teacher says that he loves all his students, he will always be available for them. Why? Usually, the reason is a lack of self-esteem: „I offer my love in order to regain love.“ Most often you get back less. the result is disappointment. You try even harder – the burnout spiral starts to spin.

> The basis for the disappointment is self-doubt.
>
> Burnout is not the outcome of overwork! Workload is a co-factor.
>
> There is a difference between **Burnout** and **Wearout**

What are the emotional reactions of disappointment?

Burnout is phenomenologically fire and emptiness, or better empty-fire (such as the longing of someone who was abruptly abandoned by the loved one), in other words, Yin-vacuity. Yin vacuity describes a strong structural deficit, e.g. after lengthy progression of a debilitating disease. Let us remind you of the pulmonary-yin emptiness of the TBC, to the patients in emptiness with their "5 warm hearts".

In a primary somatic disorder, Yin vacuity can already be the final phase of the disorder. In the case of burnout – a primarily emotional event, Yin vacuity describes a transitional stage; further emotional and somatic consequences will follow. The Yin-vacuity can also remain parallel to these further developments.

Possible symptomatology

• Signs of **aggressiveness** – Liver / Gallbladder can be affected.

• Signs of **depression** can be present – Spleen / Stomach is affected.

• Signs of **restlessness** and hustle and bustle are present – Heart / Small intestine is affected.

• Signs of the patient's **physical exacerbations** (physical-mental decay, "kinked posture") – Kidney / Bladder is affected

• Relatively rare signs of **mourning** – Lung/ Colon is affected.

10.2 Special Symptomatology

symptom	emotional correlation	Organ
Weakening of the immune response, many infections	grief, depression	Lung, Spleen
Inability to relax	aggression, agitation	Liver, Heart
Sleep disorders	depression, anxiety	Spleen, Heart
Nightmares	fear	Heart
Sexual problems	anxiety	Heart, Kidney
Palpitation	restlessness, anxiety	Heart
Opression of chest	restlessness, anxiety	Heart
Fullness of chest	anger	Liver
Accelerated pulse	Anxiety, anger	Heart, Liver
Increased blood pressure	aggressiveness anger, loss of mental control	Liver, Heart
Back pain	depression	Kidney
headaches	aggressiveness anger	Liver
Muscular tensions (liver, aggressiveness	aggressiveness anger	Liver
Digestive disorders (diarrhea =	diarrhea	Spleen
constipation = liver,		Liver
Gastric ulcer	depression	Spleen
Duodenal ulcer	anger	Liver
Loss of appetite	depression	Spleen, Heart
Addictive behavior	depression	Spleen, Heart

10.3 Therapy

The treatment of the burnout syndrome requires a decisive psychotherapeutic guidance of the patient. The goal is to strengthen the person´s self-esteem. Acupuncture alone will not be sufficient.

Insufficiently treated burnout may turn into severe depression.

11. Some background Literature

Uexküll – Psychosomatische Medizin. 6th. Ed. by Adler, Herrmann, Köhle, Schonecke, Uexküll und Wesiack). München: Elsevier 2004 (1.500 pages)

the classics of psychosomatic medicine with particular emphasis on epistemology. 100 authors show a very broad spectrum of psychosomatic phenomena.

Milz, Helmut (ed.): Mit Kopf, Hand, Fuß, Bauch und Herz – Ganzheitliche Medizin und Gesundheit. München, Zürich: Piper 1994

an extremely interesting and versatile reading book with 26 authors on health, holistic and psychosomatisc. Many of the authors are body-oriented psychotherapists. Some good examples of the application of Chinese medicine.

Ots, Thomas (ed.): 50 Fälle Akupunktur – Integrative Therapiekonzepte. Elsevier (Urban&Fischer) 2004, 374 S.

20 acupuncturists of GMAS present 50 case studies, among them quite a lot of psychosomatic disorders.

Ots, Thomas: The silenced body – the expressive Leib: on the dialectic of mind and life in Chinese cathartic helaing. In: Thomas Csordas (ed.): Embodiment and Experinece – the existential ground of culture and self. Cambridge Univ. Press 1994, p. 116-138

The author´s ten years of experience with this rather unknown tradition of cathartic qigong in the PR of China.

Burisch, Matthias: Das Burnout-Syndrom. Theorie der inneren Erschöpfung. 4th ed. Berlin, Heidelberg: Springer 2010

The best scientific book on the subject in German language