

# CONTRIBUTIONS

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Mood disorders (Persistent depressive disorder, Major depressive disorder, Premenstrual dysphoric disorder, Bipolar disorder)

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## AUTHORS OF THE CONTRIBUTIONS – BIBLIOGRAPHIES



## THE MAKING OF THE BOOK

I have written this book because I would want to read something like it. I would like to know how my colleagues' emotions flow within the therapeutic session, what is their process of getting answers and what reflections come to their minds.

Exploring the meaning and value we assign to what we discover through our own experience and thoughts is indeed instructive. This is what the book is about: it delves into the therapeutic relationship, an area which, even though here I do not directly discuss diagnosis and treatment, certainly belongs to clinical practice. Needling has an intense quality to it, and “all acupuncture methods must find their root in the *shen*”<sup>1</sup>. Being aware of the thoughts that cross our minds is part of our chosen profession, as is knowing what to do when we find ourselves puzzled, bruised or smiling in front of a patient. Also we should know how to deal with the burdens, sparks and quagmires that one encounters in this line of work.

All those who treat the ill, and in particular those who practice non-conventional medicine, learn how big a role the therapeutic relationship plays in the healing process and that medicine cannot be summed up as a collection of techniques, even though it is impossible to separate it from the application and interpretation of said techniques. Many

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1) Huangfu Mi, *Zhenjiu jiyijing* (The systematic classic on acupuncture and moxibustion) 259 C.E., Ch. 1. The sentence uses the exact same wording as the opening of the eighth chapter of the *Lingshu*.

practitioners, including myself, find that the Chinese view of emotional, mental and physical planes as a continuum, and its concept of the physician in relation to patients and therapy have been a key factor in their choice of practicing acupuncture.

Regardless of to what degree we explicitly elaborate on its significance, the therapeutic encounter is a very special place for practitioners. This book deals with the relational questions we ask ourselves about the different ways to be by a patient's side along the healing journey. A practitioner's approach may vary greatly, and I know that not all colleagues will agree with every thought and intervention I describe in this work. Nevertheless, my goal is to encourage us to reflect together, even on topics other than diagnosis and treatment choice – topics we, the acupuncture community, still do not discuss much.

## BURDENS TO SHOULDER

Our patients use us, our task is to be an instrument and our skill is to be such in a useful way. This skill also encompasses the art of standing by those who suffer and the various modes of care that we hone with time and effort. The patient demands our openness and attention, but we do not always manage to be at our best. The book talks about what happens when the interaction is less than ideal, what issues can arise, how we become aware of them, and what we can do to respond.

I narrate moments when as practitioners we might experience difficulties and I examine many situations that may pose a problem. For example, a patient may exasperate me, while another may have a shockingly unhealthy diet. Some are afraid of needles, some are always late, some burst into tears and sobs, some talk the whole time, some have visions during the session, some never get any better but keep coming back. A patient might remark that one must be a sadist to be an acupuncturist, others have delirious spells. Sometimes I give advice only to see it ignored, sometimes I am confused, sometimes I cannot manage to get paid properly. At times I feel it is all too much to bear, I feel inadequate, I work too much, I get too upset, I get too sad.

I describe my interaction with the patient, what happens inside my head, zooming in on the doubts, the worries, the unexpected surprises and moments of joy, because I find them more interesting and instructive than a lecture on how a perfect acupuncturist should be. I want to shine some light on these important aspects of our profession that are sometimes ignored, and which, if left hidden in the dark corners of our minds, could be harmful to patients and practitioners alike.

When treating someone, we forge a rapport and create delicate dynamics, which may be difficult to comprehend and handle in an optimal manner. When a patient asks for our help, sometimes they are implicitly, often without even realising it, making other requests.

Such requests become entangled with our motivations to do the job, motivations of which we might not even be completely aware at a conscious level. Neglecting this could make the treatment session needlessly burdensome for the practitioner and of little help for the patient, while exploring it yields great results both regarding diagnosis and treatment choice. Psychoanalysis - a discipline that in Western culture has conferred a fundamental role to the therapeutic relationship - offers some valuable interpretative and operative tools. After practicing acupuncture for a few years, twenty-five years ago I started my educational journey in psychotherapy to better understand my patients and communicate with them. With time, I have seen how useful the knowledge of psychodynamics is to navigate the twists and turns and the marvels of one's interactions with patients, irrespective of the medical model. The listening approaches of psychodynamics, rather than other prescriptive modalities, can make a valuable addition to one's knowledge of the internal movements of the *qi*, a knowledge the acupuncturist uses when working with needles and when engaging in personal cultivation practices.

## WRITING STYLE

Throughout the discourse, several references to the classics of Chinese Medicine are provided; although they do not include the therapeutic relationship as a central topic, they do offer deep and accurate insights on the significance of *shen* in needling. In order to adhere as closely as possible to clinical practice, I focussed on analysing the dynamics of the therapeutic encounter rather than on more academic theoretical matters.

The exploration of the various topics is developed starting with my internal experience and emotional participation, using a style which is rather unusual in medical writing, where usually, the author is merely an external observer and recounts clinical cases to exemplify and better explain specific conditions. Instead, when the topic being discussed is the therapeutic relationship, which involves both participants, the observer is also the observed.

One's personal style or mode (*modus* in Latin, which has the same root as the words *meditari* and *medicare*, meaning "to think" and "to cure", respectively) has to do with the way to be and to act we have learned, the value system we have developed and its corresponding personality traits. When reporting what I have felt, said, and done, I do not presume to tell anyone *the right* way to do things. Every single patient and every one of us is unique, every encounter happens in its own time and place and develops along its own lines. What I describe are my own specific ways to deal with things, knowing that they may not be viable for others and that there can be other equally valid responses. What I offer in this narrative is a description of the underlying processes, that is, the awareness of the emotions that a specific situation elicited and the work that was done to respond.

## THE STRUCTURE OF THE TEXT

The first chapter opens with a reference to medical theory in relation to cardinal aspects of classical Chinese philosophy such as ethics, the emptiness of the Heart, the *dao*, i.e., the way, and the concept of *wuwei*, i.e., the non-action. It then shifts to a contemporary Western perspective, analysing concepts such as communication theory, clinical interview, and therapeutic alliance. It then delves into how the relational exchange and the relative psychological dynamics develop and the different ways a *yin* attitude manifests itself as the therapeutic response.

The second chapter is about the conduction of the session, and about the *setting*—the mental, emotional and physical place where we work. Aspects of the therapeutic space are discussed, namely, how to frame its time, how to set clear rules and arrangements, how to run the sessions, and one's attitude towards third parties who might attend. I then get into the details of the use of needles and how they affect the flow of *qi*, how we carry ourselves in this setting, how we perceive *qi* and resonate with it, how we work with different patients, including children.

The third chapter talks about the role a practitioner plays within the therapeutic relationship, the meaning of pauses and silence, the value of words, the issue of self-disclosure and how to handle the emotions that surface during treatment. Here I also reflect on difficulties we encounter with some patients, on why we have chosen this profession, on what deep needs it satisfies, and on “self-cultivation” practices. Having laid these foundations for understanding our patients, it becomes easier to find flexible solutions and ways to work together towards modifications of dysfunctional behaviours.

The concluding section of this work shows how much a patient's mental status influence the therapeutic relationship, that is, how those personality traits that would be described in Chinese clinical texts as “difficult cases” affect the practitioner's work: issues that tend to arise are explored, and so are the possible transformative responses. In order to identify and deal with potential issues that said “difficult cases” may present, we look to the perspective of Chinese Medicine on emotion and to some aspects of conventional psychiatric classification.

Woven into the text are over sixty clinical examples. Although the patients' personal data have been changed to respect their privacy, everything necessary for the reader to understand the situation has been kept. I purposefully omit diagnosis and treatment because I report only the elements that are useful for focussing on relational dynamics. I narrate the encounters as they resonated with me, describing what they stirred in me, and what was my emotional and operative response. I write in the present tense, reporting many dialogues with direct speech in order to facilitate the reader's perception of my real-life experience. I then add some notes, to clarify what moved me to act in a certain way, to share comments or to pose methodological questions.

I invited a few experienced colleagues to share their point of view on these matters, knowing they would offer valuable insights. Their prompt and favourable replies to my requests show how much these aspects of our work are generating interest. Their contributions deal with different ways to establish a therapeutic relationship, and in some cases delve into specific themes such as the practice of self-cultivation, the ongoing discussion on the placebo effect in acupuncture, and clinical work with cancer patients and adolescents.

Unless otherwise specified, the passages quoted from Chinese classics are also found in *Shen* and were all traced and translated into Italian by the sinologist Laura Caretto. Her great understanding of the classics, together with the meticulous scrupulousness with which she consulted ancient commentaries and modern interpretations while we were working alongside Chinese doctors, was one of the main reasons why I felt moved to write *Shen* twenty years ago. Laura is also one of the cofounders of the school “Associazione MediCina”, an organisation I remember for its great professionalism and commitment to the elaboration of thought, education and clinical practice of Chinese Medicine, and that already in the early nineties was dealing with topics related to the therapeutic relationship.<sup>2</sup> MediCina was, for ten years, the place where we had the pleasure of pursuing knowledge together, and I am grateful for it.

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2) Laura Caretto has a degree in Oriental Languages from the University of Venice, and one in TCM obtained in Beijing. The article “Il corpo e La mente e noi” (The body and the mind and us) appeared on the journal MediCina in 1994. *Shen* was published in Italian by CEA in 2002 and in English by Elsevier in 2007.