

Q I G O N G A N D B E H A V I O R A L M E D I C I N E :

An Integrated Approach to **CHRONIC PAIN**

BY MICHAEL MAYER P.H.D.

“It is probably true that, in general, the most fertile developments in the history of human thought are born at the intersection of two currents of ideas. These currents may originate in the midst of totally different cultural conditions, in diverse epochs and places. But from the time that they effectively meet and maintain a relationship sufficient for a real interaction to take place, one can hope for new and interesting developments to occur.”

—Werner Heisenberg

AS A NURSE AT A LOCAL HOSPITAL, Terry had the best hospital care money could buy when she suffered a terrible car accident. Her car was damaged so badly that the jaws of life had to be used to free her crushed foot from the accordionized automobile. Six months later, Terry needed to use a crutch and had been in excruciating pain anytime she reduced her pain medication. The Doctor that had given her pain medication told her she would probably need to be on it for the rest of her life. By the time she came to me she was beginning to be addicted to the pain medication.

PAIN AND ECONOMICS

Surveys indicate that 11% to 12% of the adult population in the United States report difficulties related to chronic pain.¹ According to *The Pain and Absenteeism Report*, employee benefit managers believe that 20% of their employees suffer from various types of pain conditions.² It's hard to fathom that estimates for the direct and indirect costs of pain related syndromes in the United States each year range between 90 to 100 billion dollars, and that 20 million tons of aspirin are consumed annually.³

A wide variety of well documented research studies, and the recent National Institute of Health's report in the *Journal of the American Medical Association* has shown that solid evidence exists for the ability of various techniques of behavioral medicine including relaxation, hypnosis and meditation to alleviate chronic pain.⁴ However, fueled by drug company advertising, and our cultures' propensity for instant gratification, mass marketing has programmed us to go on a quest for “God in a pill” the moment we have a problem with pain.

Certainly, many people who are suffering

from extreme pain have much for which to be thankful with medical diagnosis and pharmacology.⁵ The decision when to be diagnosed by a western Doctor, when to use Western pharmacology's pain reducing drugs, and when to use our own diagnostic intuition and pursue alternative or complimentary methods is a complex question that needs to be decided by each individual. As is true for life in general, "instant cures" do not come without costs.⁶

Pain is a call from our body to learn to read its language. The awareness of our primordial self is tested with each ache. Is our body saying that we have a serious problem that is there to teach us to let go of our self-healing arrogance and rely on the advice of a medical professional who can help us deal with an early warning sign of cancer or liver disease; or, on the other hand, are we giving away our power to the medical propaganda machine that benefits from convincing us that every ache is a call to go to the temple of Western medicine for relief?

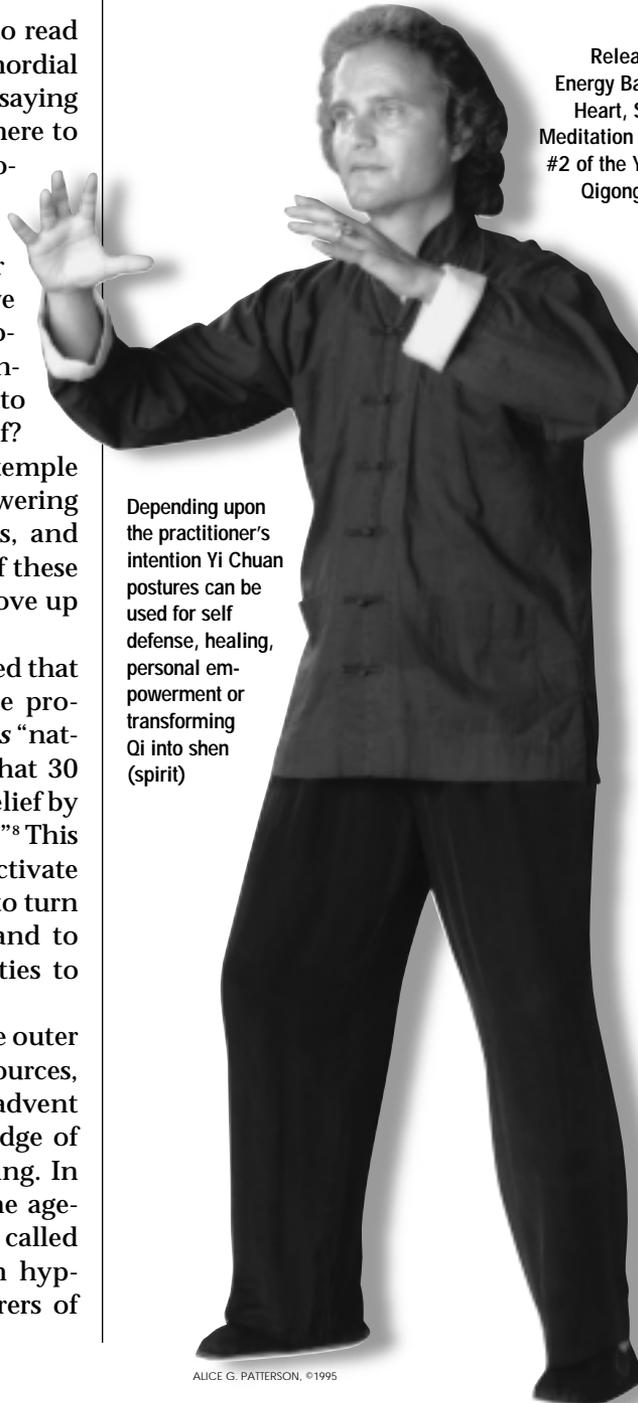
At those times when our own inner temple has the resources to heal us, it is empowering to activate these inner healing abilities, and avoid the side effects of modern drugs. If these methods fail, then we may choose to move up the hierarchy of responses.⁷

Modern neuroscience has demonstrated that many chemicals of the outer world are produced in our brains, such as the *endorphins* "natural morphine." An interesting fact is that 30 to 60% of patients will experience pain relief by being given a placebo, i.e. a "dummy pill."⁸ This shows that the mind has the ability to activate inner pain medication if we could learn to turn the key. The question becomes how, and to what extent, can we increase our abilities to unlock our natural powers.

In a culture like ours, so oriented to the outer world, we oftentimes forget our inner resources, and the old traditions, long before the advent of Western medicine, that held knowledge of how to use these abilities to effect healing. In this article we shall focus upon how one age-old tradition, of relaxation and healing, called *qigong*, can be integrated with modern hypnotherapeutic techniques to help sufferers of chronic pain.

QIGONG AND HYPNOSIS: PARTNERS IN PAIN RELIEF

The many systems of *qigong* are ancient methods of cultivating the body's vital energy, called *ch'i* (also spelled *qi*). They use breath, movement, posture, awareness, and touch; and are one part of the multi-faceted system of Chinese medicine. Many scholars believe that *qigong* began at the time of the Yellow Emperor,



Releasing the Energy Ball of the Heart, Standing Meditation Position #2 of the Yi Chuan Qigong system

Depending upon the practitioner's intention Yi Chuan postures can be used for self defense, healing, personal empowerment or transforming Qi into shen (spirit)

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2690-2590 BC., when the theoretical foundation for Chinese medicine was laid.⁹ It has been estimated that in Beijing alone 1.3 million people practice just one form of qigong every day, and that in China as a whole, eighty million people practice qigong everyday.¹⁰

Western culture was first introduced to the pain reducing effects of Chinese qigong in 1971 when the *New York Times* columnist James Reston had an emergency appendectomy, had acupuncture needles applied, and felt no pain. Since that time a wave of interest has gradually grown in investigating the wider dimensions of *qigong*. The PBS special with Bill Moyers and Dr. David Eisenberg introduced the Western TV audience to the use of *ch'i* in medical treatment in Chinese hospitals. A number of well-respected authors have written on the applications of qigong in medical settings including Michael Lerner in his *Choices in Healing*,¹¹ and Dr. David Eisenberg's *Encounters with Ch'i: Exploring Chinese Medicine*.¹² There have been six international conferences reporting research results. At these conferences¹³ numerous studies from China reported qigong's effect on a wide variety of diseases with positive results including kidney disease,¹⁴ chronic hepatitis,¹⁵ cancer,¹⁶ and paralysis due to stroke.¹⁷ The International Society for the Study of Subtle Energies and Energy Medicine (ISSSEEM) has compiled hundreds of studies and papers on the uses of energy in healing.¹⁸

Just how *qigong* creates a healing response is still a matter of speculation. Research is still in the process of trying to determine the extent to which the energy spoken of in many ancient healing traditions exists, or whether the healing response to *qigong* is a function of, or a combination of energy, hypnosis, biochemical reaction, endorphin response, etc.¹⁹ This subject is beyond the scope of this article which is oriented to explore the clinical usefulness of qigong as a complimentary tool for pain relief.

METHODOLOGY: MICROCOSMIC ORBIT BREATHING AND PAIN RELIEF

When Terry, came into my office, I asked her to give me a current rating of her pain on a

S.U.D.S. scale (subjective units of distress)—10 being the greatest it had ever been, and 0 being pain free. She said it was an 8 now because she had reduced her medication to “see what this hypnosis stuff could do” for her. After taking a case history, I introduced Terry to an approach that integrates *qigong* and hypnosis.

First, I taught Terry how to activate her *ch'i* by noticing her in-breath coming up *the microcosmic orbit*. *Microcosmic orbit breathing* is the method referred to in *The Secret of the Golden*

Flower.²⁰ It was claimed that this breathing technique, when done properly, could help a person activate a healing state that leads to increased youthfulness and vibrancy. It consists of the following steps:

1. Begin by focusing on the breath coming up the back of the spine from a point at the bottom of the spine at the perineum, (between the anus and the genitals), and imagine it coming over the top of the head. The tongue touches the palate right behind the teeth connecting two of the major meridian lines in the body. The one up the back, the governing vessel, is called the *Tu Mei*; the one going down the front of the spine, the conception vessel, is called the *Jen Mei*.
2. On the out breath focus on the breath coming down the front of the body until it reaches the *Tan T'ien*, a point approximately three fingers width beneath the belly button. Feel the pause after the out breath.
3. The movement of the *ch'i* continues downward to the perineum, (also called the *hui yin* point) a point between the anus and genitals. Here our in-breath arises for a new cycle up the *Tu Mei*.

The length of the breath associated with the development of *ch'i* is called “long breath.” To practice, we imagine that our out-breath is like a tire that has a slow leak in it, and someone is sitting on the tire. This can be differentiated from “short breath” that is like a blow out in a tire. Long breath builds *ch'i*, and leads to a grounded yet light feeling.

MACROCOSMIC ORBIT BREATHING

After Terry moved into a state of relaxation with microcosmic breathing, I introduced *macrocosmic orbit breathing*,²¹ an extension of the above method whereby the person enlarges the circle, imagining it coming up from the ground over the head on the in-breath, and then down the front of the body on the out-breath.

The use of imagery adds to the healing effects of qigong.²² I had Terry imagine a waterfall coming up over the top of her head on the in-breath, on the out-breath she visualized water coming down the front of her body and out her right injured leg.

Terry told me that another health practitioner told her to imagine putting healing energy into the pain in her right leg; but that just made it more swollen. This illustrates the Taoist notion that when there is an excess of yang we want to decrease the energy there, not increase it, as may happen when we concentrate too much on a point that is already suffering from excess. I told her to experiment with focusing, not on the spot that was hurting, but on the river above and below that spot. Since she described the pain as having a warm, stuck quality to it, the following image was constellated to use along with her macrocosmic orbit breathing:

Where you feel the energy blocked, you might imagine it as stuck leaves in a river, or anything else that you picture the block to be, and, without forcing it, notice how many breaths it takes for the cool waters to flow through the dammed up place.

In the modern use of hypnosis, visualization is a tool often used with chronic pain patients.²³ The Taoist parallel and addition to this idea is to use the thousand year-old understanding of the meridian lines, and vital points of the body, to activate the vital energy of the body (ch'i) to aid this process. Terry visualized the bubbling well point (Kidney 1) at the bottom of her foot²⁴ with water being drawn into the body from there, then spiraling up the leg and up the back of the body over the top of the head, to the *baihue* point. Then she visualized it coming over the top of the head, down the front of the body, and exiting from the foot through the

bubbling well point. The Taoists, and practitioners of Chinese medicine, believe that this point is one key place where energy can be drawn into the body, as well as being a point where the waters of life can wash out toxins from the body.

In the first session Terry went to a #2 S.U.D.S. level. She was amazed because this was the most pain free she had been without medication since her accident six months before. In subsequent sessions, Terry learned these and other methods of practice with her pain. In our second meeting she was able for the first time to experience a zero S.U.D.S. level. With the consent of her Doctor, she started to use medication on a less frequent basis. In the third and subsequent meetings, we focused our efforts on achieving this state outside of session.

YIN-YANG BALANCING METHOD

One other method I taught Terry to ease her pain is *the yin yang balancing method*. I derived it from a hypnotherapeutic technique called "pain transferal" which involves a person imagining the transferal of their pain to another part of the body.²⁵ By adding to this the idea of *yin* and *yang* in Taoist theory, we have the benefit of adding a many thousand year-old understanding of the pathways of energy in the body, thereby allowing the person to transfer the energy by coming into alignment with a ready made stream. Whether we want to believe that this stream is "real," when we visualize it, and imagine that it is real, our mind activates our healing powers.²⁶

In *the yin yang balancing method*, a person imagines more energy flowing through the *yin* (cold, weakened, etc.) part of the body and less energy going through the *yang* (hot, strong, acutely injured) part of the body. Terry learned to imagine and experience her breath turning into warm water flowing through her uninjured left leg, and cooling gentle waters flowing through her injured leg.

Terry learned to play with the sensations, and to control and trick her body. For example, in one session, she imagined "a hula hoop"²⁷ extending through the points on both ankles. At first the hula hoop was blocked where her injury was; but gradually, as she imagined the

compassionate light of the sun melting the ice block there, the water flowed throughout the hoop evenly. While she was playing with her mind/body connection she forgot which leg was the one in the accident.

FINDING THE BALL OF CH'I WITH OUR HANDS: FOR PAIN RELIEF AND HEALING

The use of various postures is another Taoist contribution to alleviating pain, and perhaps also developing the ability to heal a particular damaged or diseased region of the body. One posture involves using outstretched arms to enhance the healing ability and cultivate the *ch'i* in our hands.²⁸

Directing a subject to experience the force that attracts outstretched hands together is well known in hypnotherapy. In the *Stanford Hypnotic Clinical Scale* a subject's ability to enter into trance is assessed by putting his or her hands in a position facing each other, and imagining a force attracting them toward each other.²⁹

Another hypnotherapist who uses the outstretched hands to create trance is Ernest Rossi. He uses it for the purpose of ideomotor signaling, to measure the subjects responsiveness to the inner work occurring.³⁰ For example, "If your creative (healing) unconscious is ready to begin therapeutic work, you will experience those hands moving together all by themselves to signal yes; but, if there is another issue that you

need to explore first, you will feel those hands being pushed apart."

In *qigong* practice, a similar posture is held, though the methodology is more intricate (having developed over thousands of years) and the intention is more broad. The hypnotherapist focuses on using the outstretched hands to create a "trance" and to facilitate the reorganization of the psyche. For the practitioner of *qigong*, the energy in the outstretched hands is developed for the purpose of self-defense, personal empowerment, and healing acute and chronic disease. As well, a long Taoist lineage promotes meditation in these the postures to find keys to open the energy gates to the spiritual healing energy of the body and the cosmos.³¹ Cultivating the energy in between the hands is viewed as a way to effect the universe of energy that the practitioner holds, qualitatively and quantitatively.

For example, the *Yi Chuan* *qigong* tradition³² is oriented to experiencing a ball of *ch'i* which then can be used for whatever purpose the practitioner focuses upon.³³ *Yi* translates as intention, and *Chuan* literally translates as fist. But the esoteric meaning of holding the five fingers into a fist is to grasp, or bring into a whole, the healing energies of the five elements: fire, earth, metal, water and wood. Depending upon the practitioner's intention the *yi chuan* postures can be used for self defense, healing, personal empowerment or transforming *ch'i* into *shen* (spirit). The outstretched hands in the position used in the Stanford scale and by Rossi is similar to position number six of eight postures used in the *Yi Chuan*.

In this tradition, a period of sitting or standing in stillness is advised as a first step before raising the two hands into a fixed posture.³⁴ These meditation positions are very specific, and oriented to developing to a maximum the body's energy.

A few of the elements to be aware of while practicing sitting or standing are: In sitting, place yourself on the edge of the chair, the spine is straight, chin slightly tucked, hands on the knees face down, feet straight forward and

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Dr. Michael Mayer (center) checks standing meditation postures of doctoral Psychology students and a medical doctor who are learning how to use Qigong for healing at the California Institute of Integral Studies Psy. D. Program.

under the knees. For standing meditation, the hands are by the side, the feet straight forward, knees slightly bent, chin slightly tucked, and the pelvis is slightly tucked so that the *ming men* center behind in the lower back is filled out.³⁵

The spine is naturally stretched by these methods so that the ch'i is sunk and the spirit is raised. The practitioner may be instructed to either practice microcosmic orbit breathing for a few minutes, focus on the natural breath or focus the intention on the *tan tien*.³⁶ Then the teacher may tell the student to allow the hands to rise, as if in water, until they are in front of the heart. Palms are facing each other as if they are around a helium balloon, the elbows are slightly away from the body and are not locked. The practitioner continues the breathing techniques mentioned above with the hands in this position, and then is instructed to see if he or she can experience a stickiness as the hands are gently pulled apart, away from the ball of energy. Likewise, the person is instructed to try to compact the ball of energy and see if they can experience its substance.

In more advanced practice, a student of the tradition learns to direct the the ch'i of *the meridians* (lines of energy through the body) with his or her intention. One method used is to practice the focus of intention on one hand and note any sensations or energy that follow the movement of awareness. Small circular hand movements are sometimes used to enhance this direction of healing energy into the *laogong* points³⁷ in the center of the palms or finger tips. For example, in the Tai Chi Ruler qigong tradition³⁸ (*Tai Chi Chih*), wooden balls are held between the palms and circular movements are practiced to open the *laogong* points. The practitioner is also instructed in how to cultivate *ch'i* by moving the hands in small circles without the ball there.

It would be heuristic to further explore how the combination of hypnotherapeutic visualization techniques and qigong postures enhance "trance" and healing. In my private practice, for example, I may ask a client to imagine the following:

The ball that you feel in your hands can be filled with whatever you desire, and its energy can be

directed to wherever you choose. First, you might imagine that the love in your heart enters into the balloon. Then, just as you earlier felt energy enter into one hand through the direction of intention there, so can you feel it's energy spread throughout the body wherever you want to direct it. By letting go on your out-breath, and imagining the compassion of your heart melting any ice blocks in the rivers of your ch'i, you can gradually let go of tension in your body, and direct that liberated healing energy to wherever it is needed.

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ACUPRESSURE POINTS AND PAIN

In various qigong traditions, including acupressure, touch is used to focus the ch'i developed in fixed postures. Touch adds a further step to *the yin yang balancing method*. By teaching psychotherapy clients to touch their own acupressure points, rather than a practitioner touching them, various ethical and clinical problems are avoided.³⁹

Terry learned to hold her hands apart to activate the experience of the ball of ch'i in her hands. When the inside of her ankle hurt, she learned to touch and direct healing energy to points on the outside of the ankle, more strongly as she either very lightly made contact with the inside point that hurt, or didn't touch the inside point at all.

When Terry touched a point in the little hollow anterior to the outside ankle bone (Gall Bladder 40), known to be beneficial to ankle pain, she reported a release of the pain to zero S.U.D.S. level within ten out-breaths, accompanied by a perception of green light filling the room. (Terry had never had an experience of seeing light like this before.) If the outside of the ankle hurt, we would have similarly had her experiment with touching a point next to the inside of the ankle bone (such as Kidney 4). Also, Terry learned to press acupressure points more strongly on the ankle opposite to the one which was hurt and to touch points on her hurt ankle more softly, or not at all. This helped her to learn to balance the energy in both legs. In the very first session that she tried this, she had the experience of creating that balance.

Terry began to see her homework as spiritual practice to learn to work with her pain and let it teach her. She opened her heart to send love to the hula hoop of her pain. She also reported the experience of the hula hoop dissolving, and a feeling like the water in it changed to gas, as the boundaries between herself and the world dissolved into a pleasant feeling of lightness and heaviness combined. If an old Taoist was listening to modern Terry he or she might describe the boundless feeling she experienced as *wu chi*, described in ancient texts as the void, emptiness or healing reservoir from which ch'i derives.⁴⁰



After *The Journal of the American Medical Association* article on Taiji's ability to help prevent falls in the elderly, Taiji postures such as "Golden Rooster Stands on One Leg" are beginning to be seen by Western Medicine as a way to reduce medical costs through developing balance and lower limb strength

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After 5 sessions Terry felt like she no longer needed to see me because she was able to achieve a zero S.U.D.S. pain level anytime she did the above practices. In addition, she noted improvement in her ability to walk, though from a scientific standpoint we can not know whether this improvement in ability to walk was a function of time and would have occurred without treatment.⁴¹

An important final note of caution: Not all people will find relief from these methods as quickly as did Terry. From the perspective of *qigong*, pain relief is one step on the path to spiritual growth, and letting go of trying to get rid of pain. "Trying" constricts the river of chi, "letting go" to our process allows the river to expand and find its natural course. There may be moments when we hit into the rocks in the downward currents of the river of our pain, and breathe in and out of it to find our center as we ride the rapids of physical and emotional agony. At other moments our breath leads us to merge with *wu chi*; and we are held in the warm embrace of the ocean of energy that is the mother to all life.

With any technique we need to be careful that we don't produce a personal attribution of shame when "cure" doesn't come as quickly as we might like. Hence the distinction between *cure*—the absence of symptoms, and *healing*—an attitude that whatever life presents us with is an opportunity for psychospiritual growth in the meeting of suffering. Many patients who have had more severe long-lasting pain than did Terry, report being thankful that they have *qigong* as a partner that gives them breathing room, and to find the heart of being with pain.

DEALING WITH VARIOUS TYPES OF PAIN: THE MEDICINE WHEEL OF POSSIBILITIES

Each type of pain leads us on a journey to different methods from the wide variety of healing traditions. As the native Americans would say each place on "the Medicine Wheel" has its value.⁴² Sometimes the pain due to a subluxated vertebrae may be helped by a chiropractic adjustment, at times when our own *qigong* practice is not able to remove a given energy block an acupuncture treatment may help. When a person is too debilitated to do standing or even sitting meditation, yoga postures lying down may be

the best posture in which to breathe and work with our pain. Sometimes prayer helps.⁴³

Pain leads us on a journey to rediscover the natural healing elements of the world around us. The most basic elements of the *yin* and *yang* of life, such as hot and cold, may become the medicine we need. Using ice packs during the early phases of an acute injury, and warm compresses during the later stages, or in chronic blockages exploring the back and forth of warm and cold packs may do the trick. An herbalist may have information for us that will help us remember that the world of nature is our ally.⁴⁴ Homeopathic remedies are based on the notion that like cures like, and use the minutest amounts of a substance to create a response in our immune system, for example using a diluted amount of nettles to heal pain. Homeopathic treatment opens our mind to wonder about the healing potentials of the things around us that we take for granted; including our own minds.

Western Doctors and medications may help us to appreciate being part of evolving civilization, for the pain killing drugs used by modern pharmacology, at times derive from the eons of embodied biological intelligence that has developed in the natural world. For example, a new pain relieving drug, SNX-111, is a synthetic copy of a natural neurotoxin isolated from the venom of seagoing snails.⁴⁵

Qigong energetic practices can be viewed as the center of the Medicine Wheel approach to pain; they can be combined with any other approach, including pharmacological. For example, in a research study in China, 127 patients with advanced cancer were divided into two groups, a *qigong* practicing group and a control group, which did not practice *qigong*. Both groups took drugs. The *qigong* group improved significantly compared to the control group in the following measures: strength, appetite, diarrhea free, weight gain and in their immune systems' phagocyte rate. The *qigong* practices helped to ameliorate the effects of the drugs.⁴⁶

Each different type of pain initiates us into the lessons of its own particular pathway. At times, finding ways to distance from the pain is helpful. We use our breath to find a calm place inside where we know we have pain, but are not that pain. We may thereby learn to cultivate concentration and equanimity in the midst of our suf-

fering. At other times, we may choose to go into the pain. Buddhist *mindful meditation* can be very helpful at such times to be with the sensation of pain instead of distancing from it.⁴⁷ We explore its various qualities including temperature and tightness; metaphors arise of pin pricks, knife stabbing or demons grabbing our stomachs as we become yogis, or internal marital artists, exploring and handling the elements of pain. Something about us shifts in the being with it; maybe we find compassion for our pain instead of fighting against it.

"FOCUSING" ON THE MEANING OF OUR PAIN

Every pain contains a message that has its own unique meaning, and its own voice. If we listen to it, we are led to appropriate action. Sometimes our stomach pain says that a certain food is disagreeable to us. Other times a psychological meaning needs to be faced. Being able to read the inner book of our feelings is the missing ingredient in "symptom relief" schools of thought on pain relief.

Western psychotherapy has many tools to discover the meaning of pain.⁴⁸ Gendlin's *Focusing*⁴⁹, for example, is a six step process for finding the felt meaning of any psychological issue, including our pain. First we learn how to *clear a space* from our pain through a variety of distancing techniques that enable us to find the right distance from our pain, not too far away and not too close. I often have patients use *qigong* breathing techniques to clear a space. For example, we can use the macrocosmic orbit to breath out pain or tension, and imagine the pain coalescing into an image of ourselves. From this distance we may be able to get a better handle on its meaning. Secondly, we *find a felt sense* of the issue, by tuning into that unclear sense in the body where the felt meaning feels like its "on the tip of our tongue." Third, we *find a handle word or image* that opens the door to the description of that sense. Fourth, we *resonate* the emerging thoughts or images back with the body sense to see if we're hitting the center of the target. Fifth, we, or our focusing guide, *ask questions* of the felt sense such as "What's the worst thing about this issue?" While practicing these five steps, oftentimes the felt meaning of the issue emerges and a *felt shift* occurs. Sixth, we *receive* the information we get from our body/mind with appreciation, and

explore where the information leads us in terms of life changes.

For example, one man in his early 40s who focused on the thoughts that arose while breathing into, and out from, his chronic lower back pain, remembered repeated beatings with a wire coat hanger by his mother when he was a child. He was able to begin a process of working through his feelings about this, and releasing the held emotions that had been stored there for years. A continuously smiling teacher, who focused on her recurring headaches, realized that they often occurred when her husband didn't help with the housework and meal preparation.

By being conscious of her pain she was able to work through a long standing message from her matrilineal lineage that "women are supposed to grin and bear it." As she learned to be comfortable expressing her feelings, including anger, her headaches disappeared.

Generally speaking, in cases of internally generated pain such as headaches, muscular aches and energy blockages, stress begins at the level of mind, signaling us that inner emotional reprogramming needs to take place. Before realignment takes place, the off-centered pattern manifests on the level of *ch'i*, then is translated into the musculature and finally to the spine. By using psychotherapy in conjunction with *qigong* practices, we can work on realigning ourselves, and finding our center in the midst of the cross-currents of our emotional terrain. The *yi chuan* standing meditation *qigong* practices discussed earlier can be particularly helpful in this regard for experiencing, and realigning, structural deficits that derive from our genetic and characterological makeup.

CONCLUSION

In 1996 the *Journal of the American Medical Association* reported on The National Institute of Health panel which reviewed numerous well designed studies of pain relief. The panel concluded that chronic pain could be significantly reduced with a wide variety of behavioral and relaxation methods.⁵⁰

In the present article we have explored how

qigong can be an addition to the relaxation and hypnotherapeutic methods that have been used to alleviate the suffering of chronic pain. As a practitioner, I have appreciated seeing the positive effects of these age-old Chinese methods in my private psychotherapy practice on Western patients with a wide variety of acute and chronic pain related syndromes including cancer, multiple sclerosis and back and neck problems.⁵¹ As well, I feel grateful for having the opportunity to stand at a place and time

where the streams of Western behavioral medicine and ancient *qigong* practices can merge together to benefit people in the healing the body and mind in general.⁵²

In the past, western culture has looked at the practices of indigenous cultures as something less than Western medicine and psychology. We have treated these age-old practices with an attitude similar to the way the missionaries treated the practices of Native Americans.

In the midst of the current health care crisis of dollars and values we may do well to investigate and incorporate the teachings of ancient lineages into our current medical and psychological methodologies—honoring our ancestors and colleagues who learned to heal from traveling pre-technological pathways. By not including ancient sacred wisdom traditions into our approach to the psyche we commit a crime analogous to our cultures running over the Native Americans. We get to occupy the land; but we lose the sacred knowledge of how to be with its treasures.



Dr. Michael Mayer has dedicated the past twenty years to teaching and writing about the integration of ancient and modern methods of healing the body/mind. During this time, he has been a practitioner and teacher of various approaches to oriental healing including taiji ch'uan, *qigong* and acupressure. He enjoys presenting his integrated approach to healing at national and international conferences and workshops, at various universities including The California Institute of Integral Studies, and at various hospitals including Alta Bates. Dr. Mayer is author of *The Mystery of Personal Identity* (ACS 1985), *Trials of the Heart: Healing the Wounds of Intimacy*

(Celestial Arts, 1994) and is currently working on a book on *Healing with Qigong and Psychotherapy*. He is a licensed psychologist, hypnotherapist, and a teacher of qigong. He can be contacted at The Psychotherapy and Healing Center, of which he is the director, at 2029 Durant Ave., Berkeley, CA 94704; Phone 510-849-2878, Fax 510-254-5647, *Email*: mm@slip.net

FOOTNOTES

1. Sternbach, R., *Survey of Pain in the United States: The Nuprim Pain Report*, The Clinical Journal of Pain, 1, 49-53, 1986.
2. Employees think that more than two-thirds of all full-time employees, the equivalent of more than 80 million people, suffer from pain related conditions. Managers think 20% of employees suffer from pain. *The Pain and Absenteeism Report: A Study of Full Time Employees and Employee Benefit Managers*, Ortho McNeil Pharmaceutical and Louis Harris and Associates Inc., June, 1996. For a copy of this report fax 212-885-0570.
3. The cost of \$90 billion includes compensation claims, time off work, medication, disability allowance and direct treatment. See Taylor, S., *Health Psychology*, 2nd ed. New York: McGraw Hill, 1991 Quoted by Groth-Maarnat, G. Professional Psychologist in General Health Care Settings: *A Review of the Financial Efficacy of Direct Treatment Interventions*, Professional Psychology: Research and Practice, Vol. 27, No 2, p.166, 1996. The statistic of \$100 Billion for pain remedies include temporary pain relief from colds, headaches, chronic pain etc. Taylor, S., *Health Psychology*, 2nd ed. New York: McGraw Hill, 1991 Quoted by Groth-Maarnat, G. Professional Psychologist in General Health Care Settings: *A Review of the Financial Efficacy of Direct Treatment Interventions*, Professional Psychology: Research and Practice, Vol. 27, No 2, 161-174, 1996.
4. For a review of the literature on various relaxation and behavioral techniques for relieving chronic pain see the report from the NIH (National Institute of Health) Technology Assessment Panel on *Integration of Behavioral and Relaxation Approaches into the Treatment of Chronic Pain and Insomnia*, *Journal of the American Medical Association*, July 24, 1996 Vol. 276, No 4. The NIH panel reviewed numerous well designed studies of pain relief which used a variety of behavioral medicine approaches including: relaxation methods such as progressive relaxation (tightening and loosening various muscles of the body), meditation, hypnosis, autogenic training, biofeedback, and cognitive behavioral therapy. The report found strong evidence for the reduction of pain using relaxation techniques and hypnosis and moderate evidence for the usefulness of CBT and BF. The data of meta-analysis consistently showed positive effect of these behavioral and relaxation programs; evidence was insufficient to show that one technique was more effective than another in reducing chronic pain. "For any given individual patient... one approach may...be more appropriate than another."
5. One source for a wide review and discussion of the medical literature on pain and pain medication is the Roxane Pain Institute, check at www. Roxane. com. In terms of medical devices there are a wide variety, such as electrical transcutaneous electrical nerve stimulation (t.e.n.s units), i.e. electrically stimulation devices that give relief to many who suffer sports related, and other kinds of pain. Some of the modern drugs that are used for pain relief are coumarin, which has collagen reducing effects, cortico-steroids, percodan, dilaudin, elavil and heparin. The most recent advertised "panacea" for severe pain are the long-acting opiates, such as morphine— now given in graduated doses to provide steady relief, but no euphoria. The idea behind this pharmacological advance is that this will lessen addiction to these drugs; and there is some evidence to prove this is the case. Addiction is composed of two factors, tolerance—the compulsive craving for increasing amounts of a drug over time, and dependence—the withdrawal symptoms that come from stopping a drug abruptly without tapering off. The evidence is still inconclusive; but research at this time seems to show that when

BY NOT INCLUDING ANCIENT SACRED WISDOM TRADITIONS INTO OUR APPROACH TO THE PSYCHE, WE COMMIT A CRIME ANALOGOUS TO OUR CULTURES RUNNING OVER THE NATIVE AMERICANS

taken properly, long acting opiates do not produce tolerance in most people; however, they can produce dependency. See Jetter, A. *The End of Pain*, Hippocrates, Sept. 1996, p. 45.

6. Side effects of various drugs need to be carefully weighed in the decision as to whether and when to use various medications. Speak to your Physician about this and check yourself such books as the Physicians Desk Reference, PDR; *Worst Pills, Best Pills II*, Public Citizens Health research Group, 1993; Breggin, P., *Toxic Psychiatry*, St. Martin's Press, 1991, etc.
7. As one example of the presentation of considerations about taking medication see Jetter, A. *The End of Pain*, op. cit. On the "critical of opiates" side of the debate is John Loeser, a neurosurgeon from the University of Washington School of Medicine in Seattle. On the pro-opiate side is Dr. James Campbell who runs the pain clinic at John Hopkins Hospital. Also Dr. Russell Portnoy, a neurologist at New York's Sloan Kettering Hospital reports that his cancer patients on opiates did not develop tolerance—a compulsive craving for increased amounts of the drug. Another area of caution involves contradictory scientific reports on the relationship between opiates and cognitive deficits. Hippocrates op cit. p 48. Dr. Loeser says that the opiates dull patient's thinking in some cases, whereas a study at John Hopkins on 20 patients found no evidence of mental clouding after six months of use. Other studies support Loeser's view. Other areas of consideration that need to be taken into account when taking these drugs are the early side effects of sleepiness, nausea during the initial phase of taking it; and constipation often can be longer lasting. A potentially fatal risk factor involves the person who takes too much at once and doesn't listen to the advice of their Physician who usually advises carefully ratcheting up the dosage over a few weeks. Going against the advice of a Doctor here can potentially have dire consequences—respiratory failure and death. Those who use morphine pumps to provide graduated doses often get infections at the point of insertion. On the other hand, many people in severe pain get the benefit of relief, since long acting opiates mimic the body's pain fighting endorphins. They blanket the spine's pain receptors, preventing the message from arriving.
8. Chopra, D., *Quantum Healing*, Bantam Books, 1989, p 62-3.
9. Other historical researchers date qigong to 168 BC, where, in the King Ma tomb, forty four standing and seated Qigong postures were depicted in a chart with associated commentaries and prescriptions for various diseases. Cohen K., *Qigong: Cultivating the Vital Breath*, ISSSEEM, Vol. 1, No 2, Fall 1990, p.9. Some speak of its origins in the *Yi Ching*, or book of changes. One source describing the history of qigong is Ming, Y.J., *Chi Kung: Health and Martial Arts*, YMAA Pub., 1985, Chapter 1.
10. The Beijing estimate is from Eisenberg, D., *Encounters with Qi*, W.W. Norton 1995. p.207. The estimate of 80 million qigong practitioners in China comes from *Life Magazine, The Healing Revolution*, September, 1996.
11. Lerner, M., MIT Press, Cambridge: Mass, 1994 p 389
12. Eisenberg, D., *Encounters with Qi*, W.W. Norton, 1995.
13. A qigong data base of 1000 abstracts of the papers presented from these proceedings, including articles from 160 scientific journals, has been prepared by the Qigong Institute of San Francisco, 450 Sutter St. #2104 S.F., 94108. At the "First World Conference for Academic Exchange of Medical Qigong" which was held in Beijing in October 1988 many scientific papers were presented giving data to support claims of the effectiveness of Qigong in healing. Of 137 papers presented only three were from the United States, one from Canada almost all of the others were from China. The research described in the abstracts does not always meet strict scientific standards; but taken as a whole the favorable results suggest that there should be more rigorously done follow up studies to determine how qigong can improve western health care.
14. Lu, Guangjun, 2nd World Conference for Academic Exchange of Medical Qigong, Record 8010, Database from Qigong Institute of S.F.
15. Shen, Fudao, Hubei College, Wuhan China, Second World Conference, 1993 See record 8090 Qigong Institute Data base.

16. Wang, Shouzhang, Henan Tumor Hospital, Zhengzhou, China and Annual Conference, Since 1985, cancer patients have used long-term qigong exercises side by side with giving them routine treatments such as chemotherapy, radiotherapy and surgery. Results seem to show that this combination of qigong-chemotherapy in the management of cancer has the advantage of raising the curative rate, extending the tumor-free survival time of the patients, lessening of nausea, increased strength, improvement of appetite, and bettering the quality of their survival. See McGee, C and Chow, *Miracle Healing from China*, Medi-Press, 1994 Coer d'Alene: ID 1994, p.173.
17. See McGee, C. and Chow, E. *Miracle Healing from China : Qigong*, Medipress, 1994., pp. 203-210.
18. For copies of their materials and conference proceedings contact ISSSEEM, 356 Goldco Circle, Golden, Co., 80403.
19. Many psychophysiological measures may be effected by practicing qigong. There may be psychophysiological correlaries to the relaxation response including change in brain wave patterns, neurochemical release, etc. Research from Japan indicates qigong's ability to effect the immune system and endorphin levels. In this study, a sitting control group experienced a 35% decrease in endorphins after 1 hour sitting, whereas the qigong group showed an increase in endorphins after practicing qigong. Higuchi, Y., *Endocrine and Immune Response during Qigong Meditation*, Journal of International Society of Life Information Science, (ISLIS) Vol. 14, No. 2, Sept., 1996. Many questions remain as to whether studies on *ch'i* have proved the existence of *ch'i* or whether some epiphenomenon is being measured. Voll measured the electrical conductance of the skin above individual acupuncture points of qigong practitioners, and significant differences were found. It should be kept in mind that this doesn't necessarily measure *ch'i*, it measures "it's" effects. See Sancier, K., *The effect of qigong on therapeutic balancing measured by electroacupuncture according to Voll*, Acupuncture and Electro-Therapy Res. Int. Journal 1995, 19: 119-127. See reports of Feng Li Da's ability to increase or decrease bacteria cell growth with qigong, in McGee, C. and Chow, E. *Qigong: Miracle Healing In China*, Medipress, 1994. Likewise, this study points to the effects of a qigong masters hands over a medium, and doesn't necessarily show whether *ch'i* exists. In the past, Western scientists viewed the actuality of energy existing in the meridians of the human body with skepticism, but recent research is exploring the ancient notion that meridians of energy in the body in fact exist. On the side of *ch'i* being objectively real see Kaptchuk, T. *The Web that has no Weaver*, Congdon & Weed: NY., 1983. Thermally sensitive film shows qigong masters' emission of energy down lines similar to classical acupuncture meridians in Lerner, M., *Choices in Healing*, MIT Press, Cambridge, Mass., 1994 p. 389. Credit should be given to the early research of Becker, R., *The Body Electric*, William Morrow, N.Y. 1985 pp. 234-7, has shown the healing effects of electrical energy in a Western context. Also see Serizawa, K., et al., University of Tokyo School of Medicine; "Individual Pattern Changes in the Distribution of Skin Temperature and Electrical Resistance," 1964 and "The Distribution of Skin Temperature and Point Meridian Phenomena, 1976 quoted by Teegarden I. in *The Joy of Feeling*, Japan Pub., 1987. In general, see the vast literature on acupuncture. A hypothesis for this stage of our knowledge is that qigong practice induces effects in many areas of the human anatomy simultaneously: energetic, brain wave functioning, biochemical measures such as endorphin levels etc.
20. Among the numerous sources for descriptions of microcosmic orbit breathing are: Huang, Wen-Shan, *Fundamentals of Tai Chi Chuan*, South Sky Book Company, Hong Kong , 1974; Chia, Mantak, *Iron Shirt Chi Kung*, Healing Tao Books, Huntington, N.Y., 1986. Wilhelm, R. & Jung, C., *The Secret of the Golden Flower*, Harcourt, Brace & Jonovich, 1931; and Cleary, T., *The Secret of the Golden Flower*, Harper, S.F., 1991.
21. The macrocosmic orbit travels from the bubbling well points on the bottom of the feet (K 1) up the legs and back and then like the microcosmic orbit over the top of the head down

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through the pallet where the tongue touches the roof of the mouth behind the teeth and then down the front of the body to the feet (K 1).

22. Two sources for the use of imagery in healing: Achterberg, J. *Imagery in Healing: Shamanism and Modern Medicine*, New Science, 1985; and Rossi, E. *Mind-Body Therapy: Methods of Ideodynamic Healing in Hypnosis*, W.W. Norton, 1988.
23. Hilgard and Hilgard, *Hypnosis in the Relief of Pain*, William Kaufman Inc., Los Angeles, 1983, see also earlier footnote on NIH report on pain.
24. Check with an acupuncture chart to see the exact location of K I which is slightly forward of the bottom center of the foot.
25. See Hilgard and Hilgard, *Hypnosis in the Relief of Pain*, William Kaufman Inc., p. 65, 1983.
26. There is a voluminous research that demonstrates that by imagining something to be real in the body, oftentimes physiological changes take place. See for example Achterberg, J., *Imagery and Healing*, New Science, 1985, Chopra D. *Quantum Healing*, Bantam, 1990 and Rossi, E. op.cit.
27. A hula hoop, for those who do not know, is a modern toy made of plastic, formed in the shape of a hoop that is usually placed around the waist, and kept in motion by gyrating movements in the pelvic area.
28. In China there are a wide variety of reports that qigong masters can emit energy from the hands and effect cell cultures, increasing or decreasing bacteria, and even killing cancer cells. See Sancier, K., *Medical Application of Qigong and Emitted Qi on Humans, Animals, Cell Cultures and Plants: Review of Selected Scientific Research*, American Journal of Acupuncture, Vol. 19. No. 4, 1991. Also see *Qigong, Miracle Healing in China*, p 164-165, op. cit, for reports of Feng Li Da's controlled study whereby killing and inactivation of 31 % of cancer cells occurred in the experimental group with emitted chi. All cancer cells survived in the control group. Reported at the First Medical Conference for Medical Exchange of Medical Qigong, 1988. The line is difficult to draw between whether studies on qi emission prove emission of qi, or is a function of hypnosis, some psychokinetic phenomenon, biochemical release of endorphins and other neurotransmitters, etc. Research in this emerging field needs to be subjected to further research and analysis. In private correspondence Dr. Sancier reports that low frequency sound in the 3-12 hertz range has been measured from the laogong points. There are those that have developed "Qi Machines" that attempt to replicate the vibratory rate of *qi*, such as Richard Lee, China Healthways 1-800-743-5608. Further research needs to be done as to how these machines measure up to the real thing, and what their positive and negative side effects may be.
29. See Hilgard and Hilgard, *Hypnosis in the Relief of Pain*, William Kaufman Inc. 1983 pp. 241-250. The scale was standardized by Arlene Morgan and Josephine Hilgard.
30. Rossi, E and Cheek, D., *Mind-Body Therapy-Methods of Ideodynamic Healing in Hypnosis*, W.W. Norton, N.Y., 1988, p. 39.
31. For example, one energy gate in the center of the palms is called the *Laogong* point or Pericardium 8. They can be found by making the fingers curl inward into a fist, where the fingers press into the inner palm between the extension of the bones of the two inner middle fingers. These points are also useful on a cold day to generate heat in the hands. Massage practitioners and healers that use qigong report using these points for emitting *ch'i* to heal others. See later footnote # 35 for more information on these points.
32. Dr. Mayer has practiced *Yi Chuan qigong* (*Yi* means intention in Chinese), also called *zhan zhuang* (standing like a tree), for twenty years. He taught it at JFK University and at the California Institute of Integral Studies Doctoral Program, and was introduced to it by Masters Fong Ha and Han Xingyuan, the latter having studied with its originator Wang Xiangzhai. One person whom Dr. Mayer taught it to, Taoist Scholar, Ken Cohen describes this method as the million dollar secret of qigong in his *Way of Chi Gung* Tapes from Sounds True Catalogue, Boulder, Co. One written source for learning how to work with the ball of magnetic force between the hands in the *zhan zhuang*

tradition is Chuen, L., *The Way of Energy*, Gaia Books, 1991, p. 127. Also see Diepersloot, J., *Warriors of Stillness*, Walnut Creek: Center for Healing and the Arts, 1995. Paul Dong in his book, *Chi Gong: The Ancient Chinese Way to Health*, Marlowe & Co. New York, 1990, p127 reports that the *zhan zhuang* standing meditation practice began 2,000 years ago with Taoist philosopher Wang Chong-Yang

33. As well it is used to embark upon the path toward developing the much talked about "empty force," *kung jing*, whereby the practitioner discharges a fellow practitioner without touching them. See Ha, F., "Is Empty Force Real?" *Tai Chi Magazine*, Los Angeles, Vol. 15, No 4, August 1991, also see Dong, P., *Chi Gong...*, Marlowe and Co., N.Y., 1990 and his later book specifically on *kong jing*.
34. The qigong meditation posture in stillness is called *wu chi*, translated as the void, stillness or reservoir from which ch'i emerges.
35. For more specific instructions See Ha, F. *Yiquan and the Nature of Energy*, Summerhouse Publications, Berkeley, Ca., 1996 or Diepersloot, J. op.cit. But the best way to learn these methods to assure proper posture and training is to study it with a teacher of the *Yiquan*. For example, when standing we can imagine four points in a straight line, to activate our center line, the points being: the point between the two feet, the *huiyin* point between the anus and genitals, the center point between the *tan tien* and *ming men* right below the navel and the *baihue* point at the top of the head. Without postural corrections from a teacher limitations or pitfalls in practice can arise.
36. Taoists believed that this energy center, two or three finger widths beneath the navel, was a key point for meditation, being at the center of the body.
37. Some evidence supports the idea that *chi* is emitted from the *jaogong* points, also called Pericardium 8, can be found in Mcgee, C., and Chow, E., *Qigong: Miracle Healing from China*, Medi-press, 1994, pp. 37-38. Measures include raman spectra, ultraviolet spectra, infrasonic emission at low frequencies in the one to twelve hertz range, microwave emissions, magnetic field generation and electrostatic field generation. Reports in this book say that qigong master Yan Xin could effect the decay rate of a radio-active compound. The studies reported in this book often were not footnoted, or subjected to Western Scientific methodology, and need to be further documented and replicated. Scientists with whom this author has dialogued in private correspondence have many doubts about some of the data, in particular on raman spectra and the effects on radio-active compounds. These reports on infrasonic emissions from the hands seems more likely to have validity. (See qigong data base from the Qigong Institute of San Francisco, op.cit.) Another clinician and researcher, Dr. Leonard Laskow in a controlled study reports measuring the ability of magnetic field emission from his hands being able to inhibit tumor cells 18% while practicing microcosmic orbit breathing. see Laskow, L., *Healing with Love*, Harper and Row, 1992, p 306.
38. Dunn, T., *Tai Chi Chih*, Interarts Productions, Beverly Hills, CA. Tai chi Ruler can also be practiced without the technological devices of the ruler or balls by doing circular movements with the hands held apart like a ball.
39. Kilburg, R., *Psychologists and Physical Interventions: Ethics, Standard, and Legal Implications*, Psychotherapy, Vol. 25, No.4, Winter 1988, pp. 487-491. Goodman, M., *To Touch or Not to Touch*, Psychotherapy, Vol. 25, No. 4, Winter 1988, pp. 492-500.
40. Jou, T. *The Tao of Tai Chi Chuan*, Charles, Tuttle; Vermont, 1980 pp.77- 78. He discusses the classic notion of how Tai Chi, the yin and yang of creation derives from *wu chi*, or nothingness. One of the feelings associated with *wu chi* and *chi* is of heaviness and lightness at the same time. For more about the *wu chi qigong* tradition that the author has studied with Masters Cai Songfang and Fong Ha see Diepersloot, J., *Warriors of Stillness*, Center for Healing and the Arts, Walnut Creek, CA., 1995.
41. It would be interesting to have further controlled studies to determine if the methods above enhance healing compared to non-treated controls.

There is well documented evidence of the use of mindfulness meditation in reducing pain at the Stress Reduction Clinic at the University of Massachusetts Medical Center. In one study there, meditators showed a 36% improvement in pain...

42. Storm, H., *Seven Arrows*, Harper and Row, 1972.
43. For research on prayer's role in healing see Dossey, L., *Healing Words*.
44. One source of natural herbal remedies is Heinerman's Encyclopedia of Fruits, Vegetables and Herbs, Parker Publishing Company, West Nyack, N.Y.

45. Hall, C., *Snail Venom May Zap Pain*, S.F. Chronicle, October 10,1996,p. B1, B4. Final proof that SNX-111 is effective is a long way off., and questions remain regarding side effects and dosage. However it appears to be promising in patients unable to tolerate conventional pain treatments including morphine. The drug blocks the calcium channel which is the neurochemical pathway through which pain signals travel through the spinal cord to the brain.

46. Sun Quizhi, Zhao, Li., *Clinical observation of qigong as a therapeutic aid for advanced cancer patients*, Proceeding, Second World Conference for Academic Exchange of Medical Qigong, Beijing, China, 1993. See Sancier, K. *Medical Applications of Qigong, Alternative Therapies, Jan 1996, Vol. 2, No 1, p. 43.*

47. There is well documented evidence of the use of mindfulness meditation in reducing pain at the Stress Reduction Clinic at the University of Massachusetts Medical Center. In one study there, meditators showed a 36% improvement in pain on the McGill-Melzack Pain Rating Index (PRI) while nonmeditators had no improvement, meditators showed a 87% improvement in mood, while the nonmeditators showed only a 22% improvement, mediators showed a 77% improvement in psychological distress, nonmeditators had an 11% improvement. Zinn, p 291, also reports that several laboratory experiments with acute pain have shown that "tuning into sensations is a more effective way of reducing the level of pain experienced when the pain is intense and prolonged than is distracting yourself." Zinn, J.K., *Full Catastrophe Living: Using the Wisdom of your Body and Mind to Face Stress, Pain and Illness*, Bantam 1990, pp. 288-318.

48. For example, psychoanalysis uses free association, phenomenological methods let a person explore their own unique experience, hypnotherapeutic traditions have contributed much and there are also contributions from cognitive-behavioral psychology in the management of pain using such techniques as relaxation, distraction and imagery. References for these go beyond the scope of this article.
49. Gendlin, E., *Focusing*, Bantam Books, 1978. Dr. Mayer was Eugene Gendlin's Focusing Training coordinator for 10 years.
50. The data of meta-analysis consistently showed the positive effects of these behavioral and relaxation programs; and that evidence was insufficient to show that one technique was more effective than another in reducing chronic pain. "For any given individual patient... one approach may...be more appropriate than another." The assessment panel specifically excluded the study of "religious and spiritual approaches which are among the most commonly used health-related actions by the US population." See earlier footnote on the NIH (National Institute of Health) Technology Assessment Panel on *Integration of Behavioral and Relaxation Approaches into the Treatment of Chronic Pain and Insomnia*, Journal of the American Medical Association, July 24, 1996 Vol. 276, No 4.
51. These results need to be subjected to a scientific research design, replicated by others, controlled for halo effects and positive transference in the self-reports of patients, etc.
52. At the California Institute of Integral Studies Doctoral Psychology program, and in his upcoming book, the author discusses his experience in the wider uses of qigong in psychotherapy and behavioral medicine. For a sense of the range of medical applications of qigong for healing, see Sancier, K., *Medical Applications of Qigong*, Alternative Therapies, Jan. 1996, Vol 2., No.1.

