

Behavioral Signs of Energetic Imbalance

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Karen and Josh wanted me to help them fix their relationship. According to Josh, she was too domineering, controlling and bossy. Her reply: "Well, I wouldn't need to be if you would just pull your own weight around the house. You leave everything up to me and then get upset if I am not cheerful when I try to get it all done." "What are you talking about?" he bellowed. "You are such a control freak. I don't get to contribute to anything in our lives unless it is on your terms."

This is the sort of dialogue you would expect to hear if you were a fly on the wall of a psychologist's office. But would someone in our field consider these appropriate patients with problems readily addressed by OM? You will find that many of your patients present with behavioral symptoms. Being well-trained in diagnostics as it pertains to the nonphysical aspects of symptomatology will serve you as a practitioner by allowing you to enhance the emotional and behavioral well being of patients. Also, your work can complement that of mental health practitioners.

We learn early in our studies that there are emotional or "experiential" expressions of the major medical theories of OM. Five-Element theory suggests that *each element includes not only organs, grains, colors and directions but correlating experiential states* as well. *Yin yang theory differentiates between experiences by defining them as negative or positive. Zang fu theory gives a doctor the ability to determine a patient's experiential tendencies (the patterns governing mental state and behavior) through diagnosis of the internal organs. All our theories link the physical to the metaphysical.*

For every organ-, qi- or blood-related syndrome, you will find correlating behavioral changes, as well as physical symptoms. The patterns of expression can be dramatic, as one might find in an alcoholic's rage. Alternatively, subtle changes can seep into one's thoughts without much notice. As imbalance progresses, a patient may come to experience their entire life through a symptomatic web of thoughts and feelings.

My first experience working with marital problems was in 1984. Julie and Jeff had come to me for help with physical health problems. He had a shoulder injury from falling off a ladder and she was a migraine sufferer. While their marriage had become comfortable and neither had severe complaints, the spark had vanished years ago and, try as they might, they could not re-ignite it. There was bitterness below the surface of their everyday dialogue and activities. They touched this pain gingerly, without much skill and only infrequently, as they had no idea how to heal it. Typically, a couple with this situation might seek the support of a psychologist. However, four months into their individual treatment plans, I began to see changes in the way they interacted. Through strengthening with OM modalities, the energetic dynamic within each individual became more grounded, functional and attractive to the other. Their marriage naturally began to run more smoothly. They told me the bitterness between them was more easily approached.

I then noted that many patients suffered with behavioral symptoms. Tom was the CEO of his own company. He had achieved significant success and was at the top of his industry. Now in his late 40's, he complained of a rift developing between himself and his wife, Angela. His sexual desire for

her had increased substantially over the past few years. While he insisted that this was a compliment to her and a testament of his loyalty, she felt used and angry. Neither understood why his amorous yearnings created distance between them. She insisted that he was taking advantage of her, while he felt rejected for wanting to give his beloved of 18 years his affections. He came to see me for aid with his frequent migraines, which further exacerbated this situation.

When people live workaholic lifestyles, there are energetic ramifications. One with which you may be familiar from your practice is *yin* deficiency in the *zang fu*, *qi* or blood. When the body runs too hard for too long, it will begin burning *yin* as fuel for the generation of *yang*. Anatomical soundness is sacrificed for extended physiological output. The endocrine system is often utilized in this pattern because it is the chemical means by which the body communicates with itself. In Tom's case, one part of his body needed to tell another to generate more energy or the entire machine would begin to break down. So his body began overproducing testosterone. Testosterone is the hormone primarily responsible for increasing sexual desire. Sex, according to OM theory, can be effectively used by a man as a means of acquiring *yin qi* from his female partner. As men have less *yin qi* than women, this pattern is often expressed as men having heightened desire for female partners, though women may also express this symptom.

Although he did not intend to, Tom was using the act of intercourse to extract his wife's *qi*, replenishing his own, overworked, undernourished system. She was correct. He was taking from her. However, the level of the exchange was unfamiliar to both of them.

Our work addressed the migraines, thus decreasing his need for medication. In addition, within a few months of treatment geared to replenishing the *yin* that Tom had sacrificed, the "hunger" for his wife began to ease. I don't mean to imply that his symptoms dissipated quickly. *Yin* deficiencies take a long time to develop and a long time to address. But progress did express itself slowly and as a result, his desire level became more comfortable for both of them, thereby restoring harmony.

Relief is a gift that we can give our patients by explaining their behavior through the lens of OM. Although the use of psychologists is becoming more prevalent, there is still a stigma of shame for many people when they think of themselves in psychological terms. While a psychological perspective may be relevant, ours may also be.

Energetic treatment is quite different from psychological treatment but can have profound behavioral results. Engaging a patient to help dissipate behavioral symptoms may require similar homework to that which you would give for physical symptoms. For example, if energetic stagnation is behind weight gain, poor digestion and emotional depression, moving *qi* and blood with herbs, diet and exercise can dissipate all three symptoms, not just the physically oriented ones. If a patient is working with a psychotherapist, your work can augment that treatment. Someone who tends towards anxiety after a lifetime of holding pent-up emotions may find benefit through the anti-anxiety medication administered by a psychiatrist. Simultaneously, you can gradually restore heart and kidney *yin qi*, lowering the need for the drug over time. Working with practitioners of other modalities creates a true merging of medicines for the benefit of our patients. Addressing behavioral symptoms is one area in which this merging can have profound and lasting results.

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