

Breaking the Skin to Find the River

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We all have needling stories that endure as "remarkable" over the history of our careers. When I was newly licensed, I had a patient who was face down, with 20 needles in place from head to ankles. He was paying me to stick them in and leave them for awhile. I thought it hilarious that the state of California had given me jurisdiction to do this. I literally sat on the floor in fits of silent laughter. The irony and humor felt too great for stoic professionalism, as his naked backside loomed above the parted gown.

I also recall the first time I put a needle into someone when the needle tip went directly to the point deep within the body without my feeling penetration into skin or muscle. *Qi* and needle came together perfectly. Magic happened with no resistance. The kinesthetic feel of that instant still is with me even though it happened decades ago.

A dear friend recently was asking me about needling. She is a third-year student and is under the impression that within a few months of internship, she is supposed to feel comfortable needling and getting results. When she asked me about how to develop a relationship with points, I had a thought that has never had words put to it.

When I insert needles into a patient, I am not just interacting with the individual person. I am furthering my relationship with *qi*. It is the river that is my target. It happens to be available through every patient in its unique way, but the river itself is my core relationship. This is not to say that I view patients as generic, just that the bond I am building over the course of my lifetime is with the Tao.

About 15 years ago, I had a conversation with a colleague who also had been in practice since his youth. "You know," Joel admitted, "I have a group of points that are my favorites. No matter what I am trying to do, I manage to get it done using these points, even if their direct purpose has nothing to do with my intent." Essentially, Joel was noticing that the science of acupuncture was becoming an art for him. The rules were starting to bend when he did his work and his results were improving over time.

I think alternative medicine is an art that employs science. As my teachers said, "You read the books diligently for 20 years. You study what the ancestors have done and you graciously utilize their knowledge to serve humanity. After that first 20 years, you give your books to your students and practice from a different place, an artistic place where the rules bend in their own unique way."

I assume this has happened to all practitioners to some degree. As one aligns one's *qi* with the medicine, it begins to take over and allow for growth and "mutation" in ways unique to the individual healer. This may be part of why our professional ancestors are so important. They each brought something to the system that enhanced it, enlarged it and made it more applicable as the rules "bent" for them - just as you are doing.

It is the small moments of practice that mark themselves in the psyche. As your practice extends over the next several decades, you will find beautiful colors painted upon your soul, enriching your understanding of life. The art of this medicine will take over and reveal itself to you, as it always has to those who commit their lives to it.

Doctor-Patient Relationship

Dear Felice,

I am in a rather embarrassing situation. One of my patients is a very beautiful woman who I find highly attractive and interesting. While I maintain professional decorum, I find myself distracted when I work with her. The quality of my work hasn't suffered, but I am questioning if it is appropriate to suggest we discontinue treatment so I can ask her out. What do you think?

JW

Dear JW,

Sexual chemistry is one very beautiful aspect of *qi*'s expression. It commonly finds its way to the treatment room. Expect to encounter it frequently over the history of your career. Sometimes it will be that you feel it for a patient, and other times a patient desires you. Several delightful and highly attractive patients have traveled through my practice, offering me substantial temptation. On the other hand, I recall a male patient in his mid-30s raising his voice to me for wearing a red dress he couldn't resist. Another brought a CD player to the office and sang me a love song, karaoke style.

But sex is a strong force. It can be influential and dominating. Either you control it or it controls you. Your inclinations are not to affect your professional abilities. They are your business and not your patient's. A patient may feel betrayed or burdened should you reveal such feelings. Their sense of safety in the doctor-patient relationship is taken away. If you feel unable to work effectively with a patient, refer her to a colleague. The code of ethics for your state will govern how long a period should transpire before you consider beginning a personal relationship with an ex-patient. Should you decide to embark upon a different kind of relationship in the future, remember that the power structure will change substantially. This could upset the balance of what you "think" you have going with that person. Once you become just another human being and the glory of your authority is no longer part of the picture, many ex-patients lose interest or become uncomfortable.

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