

## Blame, Responsibility and Chronic Fatigue/Fibromyalgia

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In my last article, I dabbled into being ready to heal in relation to people with chronic fatigue/fibromyalgia (CF/FM), with a promise to cover more this time around. This is a thorny topic. In our daily lives, most of us operate under a fairly thick slathering of guilt. Having a health care provider tell you that you are to blame for your years of suffering is not going to make your day. Usually it does the opposite. In fact, if you want to almost guarantee that a patient will blow up with anger in your face then tell a person with CF/FM that they are to blame for their suffering.

In my more idealistic youth, this was exactly what I would do. I thought that you had to confront every problem by directly talking about the stress/trauma, etc., with the patient. Not to mention, I was usually very direct and less than diplomatic in my wording. Needless to say, I had almost all of my CF/FM patients yelling at me sometime during the first treatment and almost none showing up for a second treatment. I was sitting alone after one of these verbal lashings when I noticed something about the TCM nature of the pattern.

My CF/FM patients who were so tired that they could barely function suddenly had so much energy that they were yelling at the top of their lungs, pacing and waving their arms around. They would often be so upset that I would get angry phone calls for days and even weeks afterwards. Maybe I had discovered a cure for CF/FM. All you had to do was piss them off so much they exploded. Unfortunately, their increase in energy was only temporary, and they would go back to their exhausted demure selves after they calmed down. However, like I was saying earlier, this did lead me to some insights about their TCM pattern.

Even though every symptom they exhibited was of a deficient nature, this was obviously not a pure deficiency pattern. I have treated chronically ill and exhausted patients who were too tired to get angry; cancer patients receiving aggressive chemotherapy come to mind. In contrast, these CF/FM patients exhibit a good amount of excess liver *qi* stagnation. Yes, stagnation can develop from deficiency, but the impressive force behind the outbursts and how long they would stay upset afterwards seemed to indicate that the stagnation was not a branch but more like a root.

In fact, I made up my own TCM pattern description, liver *qi* stagnation suppressing kidney *yang*, to describe what I saw. It was like the liver *qi* stagnation was not allowing the kidney *yang* to warm and energize the body. You could pump up the kidney *yang*, but doing that alone did not yield great results. It was like the blockages in *qi* flow were causing almost all deficiency symptoms, with the exception of the quick temper. When I did manage to keep a CF/FM patient for more than one treatment, they responded very well to just acupuncture. This would also suggest that the problem is due more to liver *qi* stagnation, which would resolve fairly quickly with the generally moving nature of an acupuncture treatment (compared to herbs), than would a kidney *yang* deficiency, which would

respond slower and more gradually to acupuncture treatment.

In most other chronic stubborn cases/patterns/diseases the blockages in *qi* flow cause a mix of excess and deficient symptoms. Why in CF/FM was the body trying so hard to only show deficient and weak symptoms and not show excess symptoms? As I mentioned in my last article the few CF/FM patients that I managed not to drive away would start getting good results and then stop treatment, get worse and not come back. So here we have a disease/pattern that responds well to acupuncture initially but is very resistant in the medium and long run, plus manifests only deficiency symptoms on the surface with a strong underlying liver *qi* stagnation. Why?

I do not have great answers to that question. One idea is that many CF/FM patients have forgotten how to be well and how to get attention as a healthy person. Often, I find that someone with CF/FM will tell you within 30 seconds of meeting them that they have CF/FM, even if you are just sitting next to them on the bus. They are dying to tell you about their disease and how rough they have it. As well, maybe part of them is afraid that if they got better, people would not like/love them or pay attention to/help them anymore? The waters get muddier because the CF/FM patients I am describing are generally fairly low functioning. As I mentioned earlier, these patients usually do not work or leave the house very much at all.

There is another class of people with CF/FM that are fairly high functioning. They work at least part time, are very good at knowing when they are reaching their energy expenditure limit and when they have to rest, and you might not even know they have CF/FM. One of the differences with these high functioners is that they seem to have accepted their condition and do not feel the need to tell you about their health problems. In fact, they are almost reluctant to mention they have CF/FM.

I am not sure what is going on, but I feel that it is a fairly important difference and maybe even a key in transforming oneself from low to high function. So important in fact, that I give my low-functioning CF/FM patients homework to not talk about their disease or health problems at all for one week. For one week, they have to talk about the weather, politics, sports etc. When someone asks them how they are, they have to say "Fine. How are you?" Then they need to listen to the response and try to reply and sympathize with the other person's complaints, instead of trying to one up the other person by telling them how bad their own situation is. The way I explain it to my patient is that they have forgotten how to be well, and we are just retraining them to act like they are healthy. Usually I get a much less angry response and a more positive result with this approach than with my earlier one.

So far, I have stayed away from the title of this article, but I will now return to blame and responsibility. We are a society that chronically tries to avoid taking responsibility for its actions. We are all about what other people - the government, employers, friends and family - owe us, while forgetting that contracts are a two-way street. They are reciprocal.

Not to mention that we are responsible for the consequences of our actions. If we eat too much, we will get fat. If we spend more money than we make, we will go into debt and pay interest. There are no good quick fixes to anything that actually work in the long run. Essentially, what I am trying to say is that responsibility and blame are the same thing, only one word sounds nicer and has less guilt associated with it.

The flip side is that if something is my fault, then I can change it. For our health this critically important. If the condition I am experiencing is a consequence of my own actions, then I will get better if I change those actions. Changing our behavior and thought processes is not easy to do, but it is a lot

better than the alternative, which is that we have no control over our situation and are nothing but a helpless victims to circumstance. Personally, I would rather take the blame and be able to change than to be filled with frustration at a problem over which I have no control. In some ways, these low-functioning CF/FM patients mirror our whole society's aversion to blame and responsibility.

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