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MERIDIANS AND MIND–BODY CONGRUENCE

Spiritual Aspects of Healing in a Homeopathic Care Setting

Athena du Pré
University of West Florida
Tammy Swenson Lepper
Winona State University

In this chapter, du Pré and Lepper provide an up-close look at energy work conducted during interactions between a homeopathic care provider and clients. To appreciate the spiritual basis of energy work, the authors first examine the philosophy that underlies traditional Eastern medicine and historical patterns of acceptance and prohibition. They then turn to a series of remarkable episodes in which patients react to issues revealed by their own nonverbal cues, thereby highlighting energy balance, emotions, and spirituality as essential components of health.

A bodily disease, which we look upon as whole and entire within itself, may, after all, be but a symptom of some ailment in the spiritual past.

— Nathaniel Hawthorne
In the sunny waiting room of Dr. Clark’s (not her real name) office, a handwritten sign invites guests to take a chewable vitamin from a woven plate. “Vitamin C does the body good! Take one!” the sign says. Nearby, a bookcase displays lending copies of *Hands-On Healing, Complete Self-Care, Natural Remedies*, and other books. The atmosphere is friendly and relaxed. The floors are of aged, golden wood, the walls painted in southwestern pastels. Now and then, clients early for their appointments lounge in comfortable chairs, reading or kidding around with the receptionist, who greets them by name even before they sign in. Sometimes they relax in the wooden rocking chairs on the front porch instead.

All in all, it is the sort of place in which you want to settle in with a good book or a few close friends. The “feel of the place” is important, says Dr. Clark. As a chiropractor and homeopath, she is in the business of dealing with both physical and emotional manifestations of health. This chapter is based on her practice of neuroemotional technique (NET), a modern treatment based on ancient Chinese principles.

NET is based on the idea that latent emotions can interfere with the body’s natural rhythms and energy, causing unhealthy imbalances. As Nathaniel Hawthorne so poetically put it, spiritual (or emotional) ailments of the past can cause physical ailments of the present.

Some proponents of NET (including the founder of the method) maintain that it is not a spiritual treatment. They predict that research will demonstrate purely physical effects. For now, research is limited, and the principles of NET are controversial among Western scholars and practitioners. What was most interesting to us as we observed the interactions and reviewed the data, however, was that the participants themselves credited the technique with improving their lives in multidimensional ways. As Wills states in the introduction to this volume, spirituality encompasses the realm of health in which the mind, body, and spirit are indistinguishable from one another. The participants we observed readily accepted that physical and intangible elements of their well-being were inextricably interwoven, and they were willing to “listen to their bodies” for clues about the interface and these diverse influences.

In the pages that follow, we describe what NET is and how it stacks up in empirical tests, and we listen in on an NET session in Dr. Clark’s office to see how the process works. For real-life examples, we drew on transcripts and fieldnotes collected during 30 visits between Dr. Clark and a range of clients. The data was collected by the first author during naturalistic observation in Dr. Clark’s office over the course of several months. The study was approved by an Institutional Review Board and was conducted with participants’ informed consent. Finally, the chapter discusses the implications of NET for the three spiritual continua presented earlier by Wills (Chapter II, this volume): hopefulness, action, and connection.
ORIGINS IN EASTERN MEDICINE

NET is designed to identify emotional fixations that may be draining or diverting the body’s energy and then free that energy to resume a healthy, balanced flow. Although NET is a fairly contemporary innovation—begun by Scott Walker in the late 1980s (Walker & Walker, 2000)—it has roots in ancient Chinese ideas about vital life energy, meridians, and the mind–body connection.

Like other Chinese therapies such as acupuncture, NET is based on the belief that all life is sustained by energy. The life-giving energy that flows through the body is called qi or chi. From ancient times, traditional Chinese have believed the body is healthiest when qi is strong and well balanced (Vickers & Zollman, 1999; Yueguo, 1999).

Qi is regulated by meridians, which serve as channels or rivers that direct energy throughout the body. Each meridian corresponds loosely to a collection of bodily organs such as the heart, liver, and kidneys. Vickers and Zollman (1999) explained: “Qi energy must flow in the correct strength and quality through each of these meridians and organs for health to be maintained” (p. 1). Stimulating meridians (through gentle touch, deep massage, lasers, acupuncture needles, or other methods) is believed to influence energy flow.

Meridians are also considered to be the seats of particular emotions. For example, the stomach, spleen, and pancreas meridian is associated with self-esteem, sympathy, worry, and distrust; the gallbladder and kidney with fear, and dread; and so on. The implication is that—if meridians regulate energy flow throughout the body and also serve as the seats of emotion—overwhelming or enduring emotions may manifest in physical ways, distressing bodily organs and disrupting qi.

Put another way, life is analogous to the healthy flow of a river. Latent emotions can serve like dams that impede the flow and disrupt the natural order of living. NET represents one way to identify and dissipate these emotional/physical impediments.

HOW DOES NET WORK?

There are typically two components of an NET treatment: identifying a hardened emotion and encouraging better energy flow. The first step is an adaptation of applied kinesiology (AK), a process developed by George Goodheart in the 1960s (Kaufman, 2004). The caregiver applies gentle downward pressure to the wrist of a client’s outstretched arm while saying
a series of words, phrases, or questions. The client should be able to maintain a steady position except when an untrue or emotionally charged issue is mentioned, in which case the client's arm will momentarily drop several inches.

The premise is that statements perceived to be untrue or emotionally loaded will cause the person to experience a momentary decline in physical strength. (In the language of AK, this is called a muscle congruence test.) The process is similar to a polygraph test—incongruent or untrue statements cause physiological arousal that can be detected by monitoring physical indicators (Bradley & Cullen, 1993).

To identify emotional hot spots, Dr. Clark lists aloud potential triggers: “money, job, family, friends . . .” Then, once she has identified a topic to which the body reacts (the arm drops), Dr. Clark attempts to determine the initial time and origin of the emotional upset: “family of origin, family now, husband, daughter . . .” or “birth to 3 years, 3 to 6 years . . .” During this process, the client says nothing aloud. Dr. Clark is attuned to the body's (not the mind's) reaction to these prompts. Not that the client would have time to talk. Perhaps because the object is to get a “gut reaction” rather than a highly reasoned one, Dr. Clark runs through the extensive list of prompts with the speed of an experienced auctioneer.

“One woman came in here, and in 5 minutes, we located an anger she had been harboring since she was a child,” Dr. Clark says. “She said, ‘How did you find that so quickly? I’ve been in therapy for years and I’ve never told my therapist that.’ It related to child abuse she suffered many years ago, and she decided to keep quiet and put it behind her. But intellectual decisions don’t necessary mean emotional peace.”

The idea, according to Mike Greenberg (1993) who practices chiropractics and NET in the Los Angeles area, is that our bodies develop emotional memories that may induce physical reactions. (Think Pavlov dogs that began to salivate at sound of a dinner bell.) In human terms, we might feel physical sensations when “reminded” of key events, even when we are not conscious of the reminder or even the original event.

As a simple illustration, Dr. Clark remembers when her 9-year-old daughter became sick to her stomach while staying overnight with a friend. After that, each time she received an overnight invitation, she began to feel ill and did not go, even though she loved being with her friends. Finally, Dr. Clark asked her daughter to think about the illness pattern that had arisen from one bad experience:

Imagine you’re walking through a field for the first time. You can’t see a path. Next time you come back, maybe you follow the same path. By the time you walk it 10 times, it’s a clear path. When you walk it 100 times it’s a rut you can’t get out of. You need to switch paths.
Her daughter was initially skeptical. "She asked me, 'Every time I walk on the new path, I can erase one line on the old path?" Dr. Clark recalls, "I said, 'Sure!' Then she asked me, 'If I think about my ears being smaller, will they?' I said, 'No, that's genetic. Let me tell you about genetics!'" In short, NET won't change a person's ears, but recognizing the memory-response pattern helped Dr. Clark's daughter develop a new pattern that once again involved symptom-free overnighlers.

Similarly, when Greenberg (1993) began treating a sudden flare-up of sciatica in a client, he noticed that the client's pain was centered near a meridian associated with vulnerability. A NET session pointed to a recent breakup with the client's boyfriend, and further back, painful childhood memories of her parents' divorce. "What did her parents' breakup have to do with hers so many years later?" Greenberg (1993) asked. "On the surface, nothing, but because the response was conditioned and automatic her body didn't know the difference" (p. 59).

During NET session, when the origin of a fixated emotion is revealed, the client and therapist focus on the affected area, this time substituting relaxation and positive sensations in place of the negative associations. To do this, Dr. Clark asks a client to place one hand on his or her forehead and one hand on the body near the appropriate meridian. Then, as the client breathes deeply and slowly, Dr. Clark lightly taps various meridians to stimulate energy flow.

The process is designed to provide a soothing way to let go of the emotional tension and restore circulation. Dr. Clark describes energy work as a way to "clean house" by releasing pent-up emotions. "The idea is to tap it out and let it go. That's why we don't go on and on about it," she says. "It's okay to feel emotions. But they should flow through you, not take up residence." Dr. Clark acknowledges, however, that some emotional events are so traumatic they do not go away easily. Some of Dr. Clark's chronic pain clients suffered abuse as children. "If, as a child, you learned that life is painful, as an adult you might find a way to make it so," she says. "It doesn't mean you want to."

Although Dr. Clark feels that NET goes a long way toward letting go of energy obstructions, she does not automatically attribute every health concern to an emotional cause. "Just because you have a gallbladder disease doesn't mean you're angry," she says. But because she, like many other homeopathic practitioners, believes that mind, body, and spirit are linked, it pays to investigate. "Sometimes if you clear up the anger, the gallbladder disease goes away," she says. "It's basically our culture that has a hard time with that. We tend to think if we have an emotional issue it means we're weak, we just can't tough it up. But it's got nothing to do with that."

Finally, although Dr. Clark is supportive of psychology and other forms of talk-based therapy, she offers something different. Her goal is not
to analyze an emotional experience or rationally comment on it, but to identify the hotspot, provide a new (more soothing and relaxing) association, and let it go. She does not usually ask clients to comment verbally until she has identified a point of origin for a particular emotion. Even then, she requests only a very brief description of the issue. For example, she might say, “Your body is telling me you originally experienced this type of sadness at age 10. Can you briefly tell me what was going on then?” One reason for “listening to the body” rather than the mind is that people may be unaware of (or determined to ignore) emotions they have manifested in physical ways, whereas nonverbal cues may display emotion without conscious thought.

In summary, NET prescribes a means of identifying and dissipating emotional roadblocks based on the following assumptions: (a) Emotions can be embodied in physical ways, (b) harbored emotions can interfere with well-being and physical functioning of the body, (c) emotions displayed nonverbally may not be rational or even within a person’s awareness, and (d) energy work such as touch and rhythmic breathing can be cathartic even in the absence of verbal communication or physical remedies.

**WHAT THE EXPERTS SAY**

Dr. Clark is aware that her techniques are not exactly mainstream. “The other doctors call me the ‘Voodoo Princess,’” she says, smiling. Whereas conventional medicine has focused mostly on biomedical (physical) components of health, many integrative therapies such as NET consider physical condition, emotions, energy levels, and other factors. The emphasis on intangible phenomena can seem as unfamiliar as voodoo to Westerners raised to revere science and technology. As a chiropractor and homeopathic care provider, Dr. Clark is part of a long-standing tradition that has been alternately respected and denounced as quackery.

Westerners have long harbored a suspicious fascination with Eastern medicine. The focus on qi and meridians can seem too unscientific to be plausible and too mystical to be trusted. Yet with thousands of years to recommend these therapies, and a nagging sense that biomedicine does not encompass all aspects of personal health, Westerners are at least curious about integrative therapies. And a growing number are trying them out. Approximately 40% of people in the United States have tried complementary therapies and alternative therapies (CAM), and about 60% of physicians say they have recommended CAM to their patients (Barrett, 2003).

Between 1993 and 1999, the National Institutes of Health (NIH) increased funding for complementary care research from $2 million to $50
emotional and physical health are linked. For example, researchers have discovered that laughter stimulates higher-than-normal production of immunoglobulin A, a chemical component of the body’s immune system (Lambert & Lambert, 1995). Conversely, long-term stress measurably compromises the body’s immune system (Halley, 1991; Segerstrom & Miller, 2004), and negative thoughts and emotions are highly correlated with coronary heart disease (Sadovsky, 2004). There is also evidence that suppressed emotions interfere with good health. Journaling or talking about traumatic life events for 15 minutes a day reduces the incidence of illness, mood disorders, and immune system dysfunction (Pennebaker, 1997; Pennebaker & Seagal, 1999). Pennebaker (1998) concluded: “Actively inhibiting ongoing thoughts, emotions, and behaviors can often have deleterious mental and physical health effects” (p. 219).

Research specifically about NET is rare. One study of the arm-extension muscle test used with NET presents supporting evidence that people do experience muscle weakness when voicing untruths. As participants in the study spoke sentences they considered true (such as “I am male” or “I am female”), they were able to withstand 17% more downward force on their wrists and were able to maintain the outstretched arm position for 59% longer than when they spoke untrue statements (Monti, Sinnott, Marchese, Funkel, & Greene, 1999).

Another team of researchers (Bablis & Pollard, 2004) observed that two women with hypothyroidism experienced improved levels of thyroid function (as measured by thyroxine levels, perceived energy levels, and weight changes) after undergoing a series of NET treatments. These studies only begin to explore the issue, however.

Research about diagnoses based on AK does not conclusively support NET. Barrett (2003) defined AK as a system of muscle testing and therapy based on the idea that different muscle weaknesses reveal problems with specific organs. In his review of AK research, Barrett (2003) concluded that diagnoses based on muscle testing are no more accurate than guesswork. Other studies show muscle testing to be unreliable at ascertaining a person’s nutritional status (Kenney, Clemens, & Forsythe, 1988), identifying spinal disorders (Haas, Peterson, Hoyer, & Ross, 1994), and selecting effective treatments for insect allergies (Ludtke, Kunz, Seeber, & Ring, 2001).

Thus, based on literature published so far, there is little reason to believe NET is a reliable diagnostic tool, at least in regard to specific physical ailments. It is more difficult to test its accuracy in identifying emotional states because they cannot be easily measured. Whether NET will fare better in that regard remains to be seen.

In fact, the results patients see from their NET experience could also be attributed to an enhanced placebo effect. Kaptchuk (2002), in a review of lit-
erature examining the placebo effect in alternative medicine, discussed “the clinical significance of the placebo effect in alternative medicine and raises the possibility that some types of unconventional medicine may produce placebo outcomes that are dramatic and, from a patient’s perspective, especially compelling” (p. 817). He argued that the placebo effect can be more broadly defined; in his discussion of the enhanced placebo effect, he suggested patient and practitioner characteristics, patient–practitioner interaction, the nature of the illness, and the treatment and setting may lead to positive health outcomes from the patient’s perspective.

Each of these characteristics can readily be seen in the NET cases we examined. The patients are choosing this form of alternative medicine, which, according to Kaptchuk, tends to enhance the placebo effect. The practitioners tend to be certain of the efficacy of their alternative treatment and the patient–practitioner interactions create a specific diagnosis with broad treatment goals, thus allowing both the patient and the practitioner the opportunity to define a broad range of health changes as positive outcomes of the treatment. According to Kaptchuk, both of these factors tend to enhance the placebo effects. Those seeking out alternative treatments like NET also tend to have illnesses with highly subjective symptoms, those that are “chronic conditions with a fluctuating course often influenced by selective attention, [or] affective disorders” (Kaptchuk, 2002, p. 820). Finally, the treatment and setting also affect outcomes. Elaborate procedures and treatment rituals may enhance the placebo effect. In the NET cases we discuss, the improved health of the patients could be attributed to characteristics of an enhanced placebo effect; however, as Kaptchuk so aptly stated, “an enhanced placebo effect raises complex questions about what is legitimate therapy, and who decides” (p. 822).

There is convincing research to support that physical and emotional health are enhanced by focusing on meridians, a premise on which the second part of NET treatment is based. The most frequently researched form of meridian therapy is acupuncture, in which a practitioner uses tiny needles to stimulate various meridians in the body. Studies show that acupuncture is an effective treatment for chronic headaches (Walling, 2005), children’s nasal allergies (Ng et al., 2004), facial pain (Myers, White, & Heft, 2002), and many other symptoms.

NIH officials (1997)—citing a preponderance of research in favor of acupuncture’s benefits—officially endorsed its use in the late 1990s, and about 1 million Americans now use acupuncture (“Chinese acupuncture,” 1998). NIH officials caution that acupuncture is not typically capable of curing conditions but that, for many people, it is a valid and helpful treatment for certain types of pain, nausea, and stress reactions.

Dr. Clark got involved in NET as a means to ease the pain of her own fibromyalgia, a syndrome characterized by ongoing fatigue and pain of the
meridians, muscles, and skeleton. She was in so much pain at one point in her life that she could not work and on many days, could barely get out of bed.

"I wanted to get better," she recalls. "I thought, 'I'll try anything as long as it doesn't seem harmful.' I mean, if someone said, 'It helps to stand on the street corner and light a candle,' I'd be willing to try it. . . . One day I got something in the mail that said, 'Could emotions be causing your patients' pain?' and I said, 'Emotions could be causing mine!' I went to this [NET] workshop and it was the first time in years I went 24 hours without pain. I thought, 'This is something!'

Exactly what that something is remains somewhat unclear. Scientists do not yet know if the gentle touch involved in NET energy work is comparable to acupuncture. Moreover, although scientists have documented the effects of acupuncture, they cannot entirely explain what causes them. Part of the answer seems to lie within neurological pathways that carry impulses from the body to the brain. When the brain receives these impulses, it responds by releasing various chemical transmitters and hormones (Goldstein, 1999). Some of these substances raise the body's threshold for pain, influence circulation, and affect immune functioning (NIH, 1997).

But if ancient Eastern ideals are correct, body chemistry is only part of the story. The rest may lie in the relatively undefined zone between matter, energy, and experience. Within that realm it is difficult to distinguish between psychology and physiology, emotion and energy, faith and science. This makes some people uneasy. "For centuries the line between faith and science has been carefully drawn," said Jones (2004, p. 16). "The study of natural and explicable phenomena belonged to science. The unexplained remained in the religious realm. Society maintained a mysterious taboo against bringing the two together, especially within the practice of medicine." However, as Westerners become more comfortable with integrative therapies, the taboo might diminish. The following example of a NET visit shows how quickly the line between physical manifestations and emotional issues can be blurred.

THE CASE OF THE STIFF NECK

The client is a 30-year-old Euro-American woman, who is a new mother. Her most immediate and obvious concern is a stiff neck. When she arrived at Dr. Clark's office, she could barely move her head from side to side.

The pain eased a little in response to light massage and chiropractic adjustments, but when the client continued to suffer, Dr. Dr. Clark asked the woman to hold out her arm. Once the woman did so, Dr. Clark said:
Let’s try some muscle testing. It’s about congruency. . . . I’m just going to apply very light pressure like this. When your brain and your body are congruent, you’ll stay strong. I’ll show you. Repeat after me: “I’m female.”

As the patient said this, her arm stayed steady. “Okay,” said Dr. Clark. “Now say, ‘I’m male.’” This time, the client’s arm momentarily drops a few inches. The client exclaimed, “Wow! That’s weird!” She consented to test her mind–body congruence on other, less obvious, questions.

Next, Dr. Clark asked the woman to say, “I’m okay being pain-free.” The client’s arm dipped again. She reacted with a look of surprise, and Dr. Clark began to recite a list of emotions. The woman’s arm stayed firm until Dr. Clark said “anger.”

Dr. Clark: It doesn’t have to be logical, but why would you be angry about being pain-free? I’ll tell you the number one answer if you can’t think of one.

Client: Okay. Tell me. I’m lost.

Dr. Clark: Because if I’m pain-free I’d have to do even more.

Client: Yes!

Dr. Clark: You’ve got a new baby and you’re swamped.

Client: Yes!

Whether Dr. Clark’s suggestion is an educated guess or a revelation of NET, the client’s enthusiastic response suggests that it is welcome and accurate. At one level at least, the client recognized her pain as a manifestation of emotions and beliefs much larger than the current concern.

After identifying anger as a salient emotion, Dr. Clark attempted to determine if the woman’s anger has earlier origins. She began naming various ages and stages of life. When the woman’s arm dipped at the mention of 13, Dr. Clark asked, “What was going on about age 13?” The woman looked astonished and said, “Oh gosh! I was a runaway.”

Further testing reveals that the client is/was angry with her father for leaving the family when she was a teenager. The client seemed surprised that this issue arose so quickly (within about 5 minutes of NET work). But she was reluctant to discuss it. “I’m putting all that behind me. I’m going on with my life.”

With her fingers lightly resting on the client’s arm again, Dr. Clark said, “I’m okay seeing what’s behind me” and the client’s arm dropped. Smiling sympathetically, Dr. Clark suggested: “So you won’t ever look back. Just look straight ahead. Of course you could get a crick in your neck so you can
"never look back." Apparently realizing that her stiff neck and her resolve to "never look back" might be linked, the patient nodded slowly and said, "It's kind of funny that you're doing all this right now. This is the stuff I'm trying to deal with." Dr. Clark smiled gently and said, "Well, you came here for a reason, didn't ya?"

The next step is energy work to deal with the latent anger that keeps the client from "looking back." Dr. Clark explained to her that, based on ancient Chinese medicine, the liver is believed to physically manifest anger. She had the patient place one hand on her forehead and another over her liver, and then breathe rhythmically while Dr. Clark tapped a range of meridians to stimulate a healthy energy flow. At the end of the visit, the woman said her neck was still a little sore, but "much, much better."

In this example, the issue (as the participants treated it) was not whether the woman's stiff neck was caused by physical or emotional factors, but what would make her feel better. The theoretical chasm that Jones (2004) described between the observable and the inexplicable was of negligible interest to them. Observational data does not allow us to extrapolate about satisfaction or long-term outcomes, but Dr. Clark's clients often made it a point to tell the researcher how much they have benefited from NET. In the following section we discuss the implications NET presents in the current analysis of spirituality and healing.

**IMPLICATIONS FOR SPIRITUALITY AND HEALING**

This analysis of NET sessions in Dr. Clark's office reminds us that health as a strictly physical endeavor is often more satisfying in theory than in practice. Some people, such as those in our study, are willing to venture beyond the ideology of biomedicine. Eastern medicine presents a different way of thinking about health, based on intangible factors as much as on corporeal ones.

Many practitioners of Chinese medicine are leery of linking what they do to religion. The foundations of their ancient therapies transcend religious doctrine, and their methods are not (as some people fear) inconsistent with Christianity. Yet it is easy to identify a spiritual element—as opposed to a religious element—in Chinese medicine if we define spirituality as Wills (Chapter 1, this volume) does in terms of a connection between body, mind, self, others, and universe. Here we reflect on NET within the three continua of spiritual alignment Wills identifies in this volume: hopeful–hopeless, active–passive, and connection–separation.
Hopefulness

We begin with the observation that people often seek spiritual development for the same reasons they go to the doctor—to gain a better understanding and to determine the right or best way of living. Hope is tied to both endeavors. As Wills (Chapter 1) describes it, hopefulness is the expectation that a desirable outcome is possible and within one’s reach.

Many of Dr. Clark’s clients have become discouraged by medicine’s inability to end their pain. They live with fibromyalgia, chronic fatigue, persistent pain, and other disorders that are not easily remedied, or sometimes even diagnosed, by conventional means. The lack of answers may hinder the ability of these individuals to envision positive outcomes—to hope. Researchers have discovered positive links between people’s spirituality (particularly when it is associated with positive thinking) and their ability to cope effectively with chronic illnesses (Rowe & Allen, 2004). Believing things will work out as they should is a powerful asset in dealing with the present moment.

It is particularly difficult to cope and adjust when faced with inexplicable or unresolved health concerns, however. People with chronic health problems often experience a loss of personal control (Gwyn, 2002) as well as depression, distress, and anger (Henderson, Davidson, Pennebaker, Gatchel, & Baum, 2002; Rowe & Allen, 2004). Their sense of powerlessness can contribute to passivity and hopelessness.

Clients we observed seemed relieved to discover a plausible explanation for their conditions within NET. Presented with the idea that their pain stemmed from internalized emotions, their typical reaction was wide-eyed surprise that Dr. Clark had pinpointed their emotional issues so quickly and enthusiastic nods and yes’s when Dr. Clark asked them if those experiences might contribute to their current illness or pain. The clients’ reactions conveyed, above all else, a sense of relief to have found an explanation that made sense to them. If they were dubious about a mind–body–soul connection, they did not show it. Instead, finding an acceptable explanation gave them hope for understanding and treating their conditions.

Linking physical sensations to mind–body memory patterns may seem a little “woo–woo” in the words of Andrew Wiel, MD, an integrative medicine specialist at the University of Arizona in Tucson (cited in O’Donnel, 2000). But, as he pointed out, energy is all around us in the form of light, sound, X-rays, heat, and more. The energy within the human body is less understood, but no less real.

The same may be said of spirituality. Prayer and spiritual faith—although not easily subjected to empirical analysis—are linked to confidence and effective coping among people preparing for cardiac surgery (Ai, Peterson, Bolling, & Koenig, 2002), adjusting to physical disabilities (Nosek
(At Hughes, 2001), living with cystic fibrosis (Pendleton, Cavalli, Pargament, & Nasr, 2002), the like. In these cases, faith is a strong predictor of coping ability and is often linked to beneficial health outcomes.

**Action**

Hope is closely tied with action, another component on Wills’ continua of spiritualism. Wills describes action as both a quest for spiritual development and a willingness to engage in health-enhancing behaviors. An antecedent to action is a sense of efficacy, the belief that one’s actions and beliefs will make a positive difference.

The clients in our study were not only baffled about what caused their pain, but, even worse, they did not know how to stop it. NET practitioners do not offer cure-alls, and they cannot control or change past events. But they do teach people that they have a choice about how to manifest emotions and how to behave in healthy ways.

Western medicine has typically operated from the assumption that health is a natural state, interrupted at intervals by illnesses great and small. When disease does occur, specialists are often consulted to fix the “broken part.” Patients are relatively passive recipients of health therapies they may not control or even understand. From an Eastern perspective, however, health is a holistic accomplishment, a process of balance and fulfillment that defines everyday life. One’s health is determined, not by any one factor, but by the balance between many. And the maintenance of health is as integral to life as breathing and eating. Chinese medicine teaches that health is maintained by balancing internal energy; maintaining a healthy balance between vigorous activity and meditation, eating well, and living in harmony with the environment (Hui, 1999). The individual is neither completely passive nor completely in control, but is actively involved in maintaining a healthy balance between all life forces.

One part of the NET strategy is relinquishing destructive emotions and unhealthy behaviors while adopting healthier ones in their place. As is often the case with spiritual work, “letting go” is not the effortless process it might seem at first. Individualistic ideals encourage us that action equates with controlling and changing our environments. Eastern philosophies and spirituality typically teach the opposite—that peace comes with relinquishing a sense of control and letting go of internalized frustrations.

Energy work done with conviction is an active process of letting go and claiming something new—a new sensation, a new pattern of behavior and response, and so forth.Coupled with that is the commitment to actively create healthy patterns whenever possible. Dr. Clark emphasized that patients are ultimately in control of their own health. “I think of myself as a coach,”
she said. “In the beginning, I have the ball, but at some point you [the patient] have to take the ball. Some people don’t want to take the ball. They just say, ‘I can’t exercise. I can’t—I can’t—I can’t—.’ But usually they get comfortable taking the ball at some point. Then some are like [mimes shooting hoops] ‘I got the ball!’

One benefit of actively “taking the ball” is the opportunity to define health in personal rather than institutional terms. For participants in conventional Western medical settings, health is typically evaluated extrinsically, by professionals and diagnostic procedures. This reflects a reality based in science and observable phenomenon. Another reality is available, however—one that encompasses unique human experiences, emotions, and spirituality in addition to empirical truths. NET practitioners support this perspective by recognizing the legitimacy of emotional truths that may affect the body as often as empirically verifiable ones.

In an insightful and cogent appeal to reconceptualize health, theorists Ryff and Singer (1998) supported the value of hope and positive action as a means to flourish and live a good life rather than simply a disease-free existence. They pointed out that health is “a dynamic process, not an achieved state” (p. 3). As Ryff and Singer conceived of it:

Positive health is not, in the final analysis, a medical question but rather is fundamentally a philosophical one that requires articulation of the meaning of the good life. . . . Human wellness is at once about the mind and body and their interconnections. (p. 2)

Connection

This leads to the third of Wills’ spiritual continua—connection—separation. In Chapter 1, Wills describes spiritual connection as awareness of self and of the larger contexts in which one exists. NET practitioners— influenced by the tenets of traditional Chinese medicine—also recognize connectedness at many levels: (a) connection between individuals and their environments, (b) connectedness with the social world, (c) connections between all aspects of self and the many selves one has been in life, and finally, (d) a belief in organic wholeness such that one organ or body part cannot be understood or treated in isolation from the others. As Yanchi (1995) said, “Every disease or local condition, without exception, is related to the whole” (p. 1).

This integrative view of health and healing provides a remarkable contrast to Westerners’ reliance on reductionistic science and Descartes’ influential distinction between mind and body. Americans typically revere (and reward) medical specialists more than medical generalists. (As a case in point, general practitioners in the United States make about $147,500 a year; oncologists about $269,300 ['Physician compensation,' 2002]).
Chinese medicine—consequently NET practitioners—regard each person as an embodiment of life energy that both defines and exceeds that person’s physical existence. From that perspective, a caregiver who seeks to treat an isolated body part, or to consider individuals as separate from their personal histories or environments, will likely be ineffective and may make matters worse.

From this perspective, spiritual matters cannot be separated from physical concerns. As Hui (1999) wrote:

A human person is not viewed in fragments as body, soul, and spirit. These categories have been available since ancient times in China, but as an integrated whole. . . . Furthermore, since human beings are considered products of nature, humanity and its natural environment are inseparably and interdependently related. (p. 35)

One’s place in the world is regarded as no greater or less than that of a river or stream, and the goal is much the same—to sustain an active and balanced energy flow.

In closing, the integration and interconnectedness of traditional Chinese medicine—and NET as a modern application of it—transcend conventional ideas of medicine and religion. From the perspective described here, health and spirituality are not separate endeavors, and they never can be. Religion, technology, and politics may change, but the body and spirit are inseparable.

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REFERENCES


