# Understanding *Qi* in Clinical Practice – Perspectives from an Acupuncture Scholar-Practitioner

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## Abstract

This article investigates the concept of *qi* and suggests that the meaning of *qi* in modern Chinese medicine texts has diverted from that found in classical texts of Chinese medicine. The author suggests that it is important to grasp this difference in order to avoid mistaken assumptions adversely influencing the effectiveness of modern acupuncture practice, and makes recommendations for how practitioners might work towards gaining a deeper experience and understanding of *qi* in clinical practice.

## Introduction

I started my acupuncture journey in late 1979, with my formal studies beginning in March 1980. Like the rest of us, I had preconceptions about what I was studying, and these were hard to correct, as there was almost no literature available in English and minimal flow of information directly from Asian teachers. My first teacher, James Tin Yau So, had a lot of clinical experience, but was so practically oriented that he did not give much space for discussion of things like *qi* [氣]. My subsequent teachers were Westerners who provided me with ideas that fitted nicely with my own preconceptions. Somehow in my early dabbling in reading the *Neijing* and other historical texts, it was easy to make things look and sound like what I expected. So, when I started studying with older experienced practitioners in Japan I found my preconceptions increasingly challenged. The concept of *qi* was talked about as a practical concept - something to be experienced and influenced. It was increasingly no longer a theoretical thing. Over time I learned to put the concept aside and focused instead on how to influence and experience *qi* while keeping my noisy, analytical left-brain quiet. After more than thirty years of practice, it has become much easier to re-examine the historical texts and scholarship into them through the lens of experience. In recent years I have worked with two Spanish colleagues to examine this early literature, which culminated in a book (see below). In this article I discuss *qi* as a practical concept, and suggest simple ways that practitioners can try to come to grips with it.

## Ways of thinking

In China during the period 400 BCE to 100 CE people thought about and described the world differently to how we in the modern world do, especially the West. Knowledge had a different nature than the kind of knowledge taught in modern Western schools. In our schools today, we learn knowledge about the world that has been established through careful investigations across different disciplines (physics, chemistry, biology etc). This knowledge refers to things 'out there' in the world that exist independently of human beings. The scientific method has proved a very successful tool at cataloguing the nature of and causal relationships between such 'things'. However, in the traditional medicine that derived from China - especially the formative period of 400 BCE – 100 CE - knowledge had a completely different nature. It was more practice-based, and focused on solving problems in the world. A good example of this can be seen in the words of *Chunyu Yi*, a physician practicing around 150 BCE, who described *qi* not in the terms of something 'out there', but rather in terms of how to develop it:

> *'As for the so-called qi, one ought to harmonise drink and food, and choose clear days for coach rides and walks to broaden the mind in order to adjust the tendons, bones, flesh, blood and vessel-pulses for bringing qi into flow.'*[1:76]

Commenting on these epistemological differences and this trend in thinking, Kuriyama has argued that one could summarise it by saying "Asking 'what?' was inseparable from asking 'how?'"[2:96] That is, saying what something is was often done in the terms of describing how to do that thing. Although modern Chinese medicine textbooks describe *qi* in terms reminiscent of the way physicists, chemists or physiologists objectively describe things, the early

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authors of Chinese medicine tended to refer to it in action-based contexts. Instead of the more concrete-sounding entities of modern textbooks, early Chinese medicine texts described disturbances of *qi* more vaguely.[a] Some practitioners today state this practically as 'diagnosis equals treatment', a concept in TCM called 'bianzheng lunzhi' (辨証論治, or 'treatment follows the pattern'). However, such descriptions usually discuss the thing that is diagnosed as having a objective nature similar to that of a biomedical disease, rather than the action-functional concept described by the classical texts.[3] It is important to grasp this difference if we are to avoid mistaken assumptions when we discuss concepts like *qi*, and if we are to best bring these ideas into acupuncture practice.

It has become common to refer to *qi* as a kind of philosophical concept, based on the idea that there are significant differences between historical ways of thinking in China and modern ways of thinking. Thus we often find reference to the traditional Chinese explanations of physiology as a kind of 'philosophy'. In one sense this is correct, but by the same logic one could argue the concept of the cell is a philosophical concept, and by extension cellular physiology is a philosophical system. Both *qi* and the cell refer to something that is experienced,[b] but this way of thinking does not really tell us much about *qi* or the cell, and distracts from the eminently practically-oriented traditional ways of understanding *qi*.

In recent years I have worked with Miguel Cabrer Mir and Manuel Rodriguez on a project examining the origins, meanings and uses of *qi* [氣] and the *jingmai* [經脈].[4] This has been possible because of a great increase of scholarship available over the last twenty or so years. Much of this scholarship appears to be unknown within the field of acupuncture and the larger field of Traditional East Asian Medicine (TEAM), and the scholarship has been mostly performed by non-practitioners of acupuncture or TEAM who are often less concerned with the kind of questions of interest to practitioners (see references below for examples). Thus we sought to bring these fields together to help practitioners understand more about the meanings and uses of *qi* and the *jingmai*.

## Early ideas about *qi* in practice

When we examine the historical origins of acupuncture through the pre-medical, early medical (circa 150-400 BCE) and canonical medical (150 BCE-100 CE) literature, we find continuity in how the concept of *qi* was written about and used.[4] I hope to show below that understanding the early history of *qi* is important relative to decisions about training in acupuncture, the practice of acupuncture and research on acupuncture.

So what is important in the early acupuncture literature regarding the concept of *qi* and the treatment methods associated with it? Cultivating one's *qi* started to become important in various textual traditions before the early medical texts of the second century BCE. It was related to the development of one's virtue (*de*, 德) and involved improving oneself, even to the point of becoming a 'superior' person capable of ruling.[c] One of the core reasons for this focus was related to the idea of restoration of order within a disordered state. China was in the midst of one of its dark historical periods called the 'Warring states' period, where chaos and violence were the norm. *Qi* thus came to be associated with order and was understood to have ordering properties. In various textual sources of Confucian, Mencian and Daoist origin we see the term *qi* appearing in relation to actions, attitudes, mental-emotional states and bodily states that allow the individual to 'order' themselves and thus those around them.[5] These early dialogues were not only about how the sage or the ruler might do a better job in ruling, but also how one could improve oneself physiologically and ethically. Out of this developed notions and practice methods that came to be known as '*yangsheng*' (養生, or 'nourishing life') where one follows certain regimens and performs certain actions in order to develop oneself to become and remain healthy. A small text called the *Neiye* [內業, Inner Workings], a chapter in the *Guanzi* dating from the late fourth century BCE) appears to have played an important role here and laid the foundation for later descriptions in the canonical medical literature.[6:31] Charles Chace has documented examples of the influences of the *Neiye* on the *Lingshu* [靈樞, Spiritual Pivot].[7, 8] Scholars of the *Neiye* have proposed that it laid the foundations for the physiological models in early medical literature such as the *Huangdi Neijing* [黃帝內經, Huangdi's Inner Classic].[6, 9]

In the period prior to the *Neijing*, notions of the self, body and physiology, as well as early medical practices had developed – as found in the *Zhangjiashan* (張家山, 186 BCE) and *Mawangdui* (馬王堆, 168 BCE) texts. The concept of the '*mai*' (脈) or vessels developed, which served as both a physiological model and the target of acupuncture treatment. This allowed the treatment of specific symptoms and hinted at the idea of restoring order in the disordered body of a patient by influencing their *qi*. This idea evolved in the *Neijing* in quite complex ways. The *mai* evolved into the more sophisticated concept of the '*jingmai*' (經脈), 'channels' which contain and circulate *qi*, both from the surface to corresponding interior organs and among themselves in a kind of circuit. Metal needles (*zhen*, 鍼) were introduced as treatment tools targeted to the newly developed concept of the *xue* (穴) or acupoints. The purpose of needling is stated as follows in *Lingshu* 75: 'Needling regulates (tunes) the *qi*" (*tiao qi* [調氣]).[10:79] Thus needling was done for the purposes of regulating the *qi*. For the first time more complex anatomical and physiological descriptions of the body were made to describe both health and disease. Most of us that have studied acupuncture or other TEAM disciplines will have studied these core ideas or variations

of them at acupuncture school. However, when it came to describing how one individual (the therapist) is able to influence and regulate the *qi* of another individual (the patient), the language and descriptions *Neijing* focus more on the cultivation of the practitioner as a pre-requisite for this ability than on techniques using the needle.

According to the *Neijing*, needling to influence the *qi* is not so much about mechanical methods of stimulation using a needle, but more about stillness, posture, calmness, internal state, focus, cultivated ability, timing, and the perceptual and cognitive abilities of the practitioner.[5, 8] The language we find in the *Neijing* is sometimes a direct reproduction of the language of self-cultivation literature from earlier texts such as the *Neiye*, which clearly and plainly states the role of one's *yi* [意] (which is like a cultivated state of mind).[d] In an important statement the *Neiye* tells us: "*Therefore this vital energy* (*qi* [氣]) *cannot be halted by force, yet can be secured by inner power* (*de* [德]), *cannot be summoned by speech, yet can be welcomed by awareness* (*yi* [意])."[13:48] The ability to influence *qi* thus comes through the cultivated state of *yi*, (attention/awareness), to accomplish which the practitioners are advised to practise the kind of self-cultivation techniques that the *Neiye* describes in some depth.[e] This language of how one develops and influences *qi* in the *Neiye* is found in the *Neijing* with reference to being able to influence *qi* successfully with a needle and thus produce a more ordered state of *qi* within the patient: 'Whether meeting it or following it,[f] by means of one's attention (*yi* [意]), one harmonizes it' (*Lingshu* 1),[8:286] and 'In this way stabilise your intentions (*yi* [意])' (*Suwen* 62).[14:2:126] The *Zhangjiashan* text *Yinyangmai Sihou* [陰陽脈死候, Death Signs of the Yin and Yang Vessels] also states, 'When the *mai* are full, empty them; when empty fill them. Be quiescent in order to treat them.'[15] The notion of quiescence as an aspect of the internal state of the practitioner necessary for successful needling is seen elsewhere in the early acupuncture literature:[12, 16] '[One must be calm] as if one looked down into a deep abyss; the hand [must be strong] as if it held a tiger.[g] The spirit should not be confused by the multitude of things' (*Suwen* 25).[14:1:432]

The concept of *qi* has of course also been used as a cosmological concept, a kind of 'stuff' of which everything in the cosmos is made.[h] We find clear discussions of this cosmological model of *qi* in various sources such as the *Huangdi Neijing* and *Huainanzi*, but if we put aside early and later speculations about the nature of the world in terms of *qi*, we find that many other uses of the term relate to the experience of things or at least that this is a major theme for understanding the diverse concept of *qi*.[5:81-88] Thus, if we are to better understand this eminently practically-oriented concept in clinical practice we need to stop thinking about it and focus instead on our experience of it. Coming back to *Chunyu Yi*, he makes repeated reference to palpating the *mai* and '*de*'-ing the *qi*.[i] The concept of *deqi* (得氣), which today takes as a locus the sensory stimulation experienced by the patient with needle manipulation, had totally different meanings in the early literature.[12, 17] The first description of someone feeling *deqi* is found in *Nanjing* 78[18:635] which describes how the ability to feel *deqi* by the practitioner is a sign of superior practice: the practitioner palpating the acupoint in preparation for needling it, feeling *deqi* with his left (palpating) hand and only then inserting the needle.[12, 17] This is considered by experienced practitioners in Asia to be very important and related to precision and skill in point location.[19:170-1; 20:523] In recent years we can also find a debate in China about the correct understanding of *deqi*. Since the 1950s there has been a strong focus on *deqi* as something the patient experiences as a result of needle manipulation, but recently Chinese authors have argued that it is predominantly something the practitioner must grasp.[21-24] Palpation appears to be a key feature in this grasping or understanding *qi* in clinical practice.[j]

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## Practically speaking

The discussion above raises a series of questions that have profound implications for acupuncture teaching, practice and research.

1- How do we train this sensitivity to *qi* in our students?
2- How do we learn this sensitivity to *qi* in clinical practice?
3- How can we have confidence that these subtle things are being understood and applied both in teaching and in practice?
4- If practitioner-based experiences of *deqi* are equally or more important than patient-based experiences, what does this tell us about research on *deqi* to date?
5- If practitioner-based experiences of *deqi* are equally or more important than patient-based experiences, what does this tell us about clinical research on acupuncture in general?
6- What do the above considerations tell us about performing 'scientific' studies of something like *qi*?

The last three questions can be answered relatively briefly and easily. Regarding question four, my forthcoming review paper provides historical documentation

about *deqi* as a practitioner-based phenomenon and questions research to date on *deqi* that has focused almost exclusively on patient-based experiences (and physiological reactions).[17] Regarding question five, it is necessary to consider the extent to which clinical trials of acupuncture choose to employ systems of acupuncture based on traditional models of practice[k] and the extent to which those practitioners are familiar with, trained in and experienced with needling where their experiences of *deqi* are the most important aspects of needling (or at least help refine judgments about the efficacy of needle technique). This has not been a criterion for selecting experienced practitioners for clinical trials nor is it yet clear how one could rate and judge this. With regards question six, Mark Bovey and I have written specifically on the research requirements for investigating something like *qi*.[27] Of course our proposals are only just published and have yet to be debated and refined, but the groundwork has been laid for attempting to increase the validity of studies and credibility of findings related to *qi* as a concept grounded in clinical practice.

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The first three questions above require a more detailed response. Training students to develop a practical understanding of *qi* is somewhat labour-intensive. It is not easy to teach in a crowded classroom setting, nor can it be learned via books, lectures or webinars etc. It can only be properly taught and studied in practical training contexts. Although many acupuncture colleges teach classes on, for example, *taijiquan*, *qigong* etc, or encourage their practice, ensuring that students get a proper understanding relative to acupuncture practice and can practically apply what they learn is not easy. Small study groups and hands-on practical workshops can help, but a key feature of this relates to question three: how is it possible to check progress in understanding about *qi* and how to give feedback to facilitate the development of this understanding? I have observed that this kind of feedback is commonly missing in how students are currently trained. I am lucky since I have studied with experienced Japanese practitioners who focus very clearly on training sensitivity to *qi* and understanding *qi* through touch and direct, real-time feedback (whether touching the channel, finding the acupoint, needling technique, etc.). The focus is not on developing words and explanations, but rather on repetitive training of the experiential aspects, the same way that a musician or dancer might be trained. This focus has been especially strong in my studies with blind practitioners in Japan, who have a remarkably developed sense of touch and sensitivity.

Other than such direct, hands-on training in the understanding of *qi*, which is not often available outside of the specific training contexts mentioned above, what else can be done? *Lingshu* chapter 10 tells us that in order to judge the *xu*/*shi* condition of the *jingmai* we must feel the pulses.[11] Thus started a focus on pulse diagnosis that we see maturing in the *Nanjing*.[17] If we know what a healthy pulse feels like (not too deep/floating, rapid/slow or strong/weak) we can use pulse diagnosis as a tool for feedback. Similarly, when looking for an acupoint, if the student successfully engages the *qi* of the acupoint during point location, the pulse will show an immediate change towards a better pulse quality. If the student does not successfully find and contact the acupoint, the pulse will either not change or may even worsen. The same holds for needling techniques. Provided the person giving (real-time) pulse feedback understands what they are doing and has been trained in this method, changes of the pulses can give an indirect understanding of the *qi*. Repetitive practice with this feedback helps focus and train a direct understanding of *qi*. Learning how to use this kind of feedback is useful for training students. In addition, instilling the notion that one learns through repetitive practice of the same techniques is important, since many of us in the West tend to think that when we have learned something, like what we learned in biology class, it would be pointless to go over it again and again. But learning about practically-oriented concepts like *qi* is like learning to play the music or perform dance movements, and is only possible through repetitive practice with the right kind of focus.

With regard to the second question, learning about *qi* in clinical practice, this is only acquired gradually over time. Experienced practitioners such as Denmei Shudo tell us that this is not easy, and can take many years of clinical practice and study (in one publication he states that it took him about thirty years[28:236]). Lai and Tong also describe this process as not being at all easy.[21] For practitioners it is natural to worry about whether one has the patience or skill to do this, and meanwhile one might ask what is right to do right now? One does not become an expert without a lot of practice, and this is just as true in *qi* cultivation and acupuncture as it is with carpentry, piano playing etc. Therefore the first thing one should do is simply to keep practising, but without worrying and being fearful of being inadequate. I recommend that practitioners pay attention while they are working and calmly and quietly try to note the subtle things that they experience. They are also advised to find good teachers and workshops to attend, form study groups and practise simple techniques while receiving feedback[l] on skills such as touching, point location, preparing to needle and needling.[m]

To illustrate how a study group can work, take the example of how the pulse can change during needling.

Before applying any intervention, the members of the study group agree on the basic pulse picture, which for the sake of argument let us say is a little floating, hard and rapid (keep it simple - stick to the three basic qualities of depth/strength/speed). Then the technique is applied (e.g. locating a point). If the feedback indicates an improvement in the pulse (i.e. it softens, sinks and slows) the 'practitioner' should pay attention to what they did and what they were feeling. Similarly, if the pulse quality does not improve, the practitioner should note their experience. Although this way of learning about *qi* can be done with colleagues - provided you all agree to do it together - it is not appropriate to practise this on patients.[n] I have been involved in helping set up study groups for years (including Toyohari study groups, Manaka style study groups and Meridian Therapy style study groups) in order for acupuncturists to practise techniques and refine skills through feedback. I have noticed that there are few TCM or other treatment style study groups that meet in order to help improve skills and train in these more delicate aspects of treatment. I strongly encourage colleagues to work together in regular study groups using this focus on developing *qi* sensitivity. Through this kind of study it is possible to accelerate the development/deepening of one's understanding of *qi* in clinical practice, so that this process does not take as many years as it would when one worked in isolation.

> *One does not become an expert without a lot of practice, and this is just as true in qi cultivation and acupuncture as it is with carpentry, piano playing etc.*

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## Endnotes

a The 'how' action focused upon in the early acupuncture literature emphasised what the practitioner had to do in order to engage the *qi* if they were to correct such disturbances with a needle.

b We provide evidence of *qi* being experiential in our new book [4:81-86] and while the cell is not experienced by us as such, it is observable through a microscope. Thus both are constructs of our experience and observation.

c The *Chunqiu Zuozhuan* [春秋左傳], probably of the early fourth century BCE, states: 'The sage respects the four moments of time. In the morning he holds an audience. During the day he collects information. In the evening he writes down the orders. During the night he rests. Doing that he is able to regulate the diffusion of his qi. Acting in such a way that the qi will not block or stagnate.'[10:18-20]

d In addition to Scheid and Bensky's excellent discussion of *yi*,[11] we added different dimensions in our chapters about *qi* and acupuncture.[5, 8, 12]

e Of course this does not mean that the needling methods we use today are not effective or useful. Indeed, there is lots of evidence that they are effective. However, from the traditional perspective and in terms of *qi*, needling employs different pathways of action, some of which we aspire to as the techniques of the 'superior physician', and some of which we employ as relative beginners. I discuss this extensively in the new book.[12]

f Usually understood as applying supplementation or draining techniques.

g Another interpretation of the image of 'holding the tiger's tail' is that it should be done most delicately and gently, rather than with about strength. Often the interpretation is to holding or grasping a 'sleeping' tiger's tail, which you would not want to wake up!

h Quite a few reputable scholars refer to *qi* as 'stuff' such as Ames, Hall, Harper, Barnes, Lo, Sivin.[5:32]

i This may well be a precursor for the *deqi* in the acupuncture literature, but *Chunyu Yi* refers more to palpating and 'getting' or 'grasping' (the condition of the) *qi* of particular organs etc.

j I have also made a reasoned argument that the term *de* of *deqi* may not simply refer to 'obtaining' but also have more of a cognitive function, where scholars translate the term as 'understand, comprehend,' [6] 'grasp', 'realize', [13] 'sense,' [25] - see 12, 17.

k What are called 'traditionally based systems of acupuncture' (TBSAs).[26]

l It is also important to not let one's ego live or die based on positive or negative feedback. Feedback is after all one of the best ways we can learn. To allow this learning to happen requires not investing one's ego in it.

m In the last two chapter of our book we describe a series of simple body work exercises you can try and some exercises related to acupuncture practice.[4]

n Intensive *qi*-based learning like this can be tiring for the person being practised on. This is OK when mutually agreed upon by colleagues, and provided one remains mindful and does not leave one person on the couch being practised on for too long. But patients come for treatment - not to be worked on so that students or practitioners can study something.