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## CHAPTER 7

# Psychotherapy in Chinese Medicine

## *A Theoretical Review*

LEE Boon-Ooi

### INTRODUCTION

Many people in Singapore turn to medical doctors for help when they are sick. Some of them, due to various reasons, may also seek help from alternative forms of treatments and therapies that are not commonly practised by Western-trained doctors. Alternative treatments, which are found in many cultures, range from traditional medical systems such as Chinese medicine (see Pachuta, 1989) or Indian medicine (see Crawford, 1989) to various folk and faith therapies (cf. Guthrie & Szanton, 1976; Harvey, 1976; Kreisman, 1975; Lee & Armstrong, 1995; Lin, 1981; Sasaki, 1976; Sue & Sue, 1999; Vontress, 1991). People seek help from these healing systems for a wide range of issues related to physical illness, emotions, spirituality, childbirth, interpersonal conflicts, career planning and fortune. In this article, I focus on the relevance of Chinese medicine to counselling and psychotherapy. Before proceeding to discuss the psychotherapeutic concepts in Chinese medicine, I shall discuss the relevance of indigenous therapies to mental health practice, and the reasons why they should be considered a form of psychotherapy.

It is important for psychologists and other health care professionals to understand the significance of the indigenous therapies to mental health practice. Firstly, people often seek help from indigenous healers (e.g. shamans or fortune tellers) besides Western mental health professionals (e.g. psychologists or psychiatrists) (Ahern, 1975; Kleinman, 1975; Quah, 1989a). In Singapore, Chinese psychiatric patients and their families visit traditional healers in Chinese, Malay and Indian communities besides psychiatrists (Bentelspacher, Chitran, & Rahman, 1993; Heinze, 1988; Leong, 1996; "Many Mentally Ill Seek Black Magic 'Cures'", 1994; Quah, 1977; Quah, 1989a; Quah, 1989b; Tan, Chee, & Long, 1980). Instead of dismissing the indigenous healing system as quack, unscientific or superstitious, it is important to find out why people seek help from it, whether it is effective, and how it could be incorporated into psychotherapy. Next, an understanding of the indigenous healing system may help shed light on the belief systems of clients because indigenous healers and clients with the same cultural background may share similar knowledge and beliefs about the etiology and treatment of psychological problems (Lee, B. O. & Bishop, in press). An understanding of the clients' health beliefs will help in designing mental health programmes and selecting counselling approaches relevant to the clients. Finally, the study of indigenous healing systems may help psychotherapy, a Western cultural product (Sue & Sue, 1999), to become more relevant to non-Western clients. Mental health professionals may extract psychotherapeutic elements from indigenous healing systems to culturally sensitize the Western mode of psychotherapy when working with non-Western clients (Kreisman, 1975; Leininger, 1973; Lubchansky, Egri, & Stokes, 1970; Pearson, 1985; Rogler, Malgady, Constantino, & Blumenthal, 1987; Spector, 1986).

Although it is argued that psychotherapeutic elements are found in the indigenous healing systems, could indigenous healers (e.g. shamans) be seen as psychotherapists in the first place? Are their healing methods considered as psychotherapy? Answers for these questions depend on how the terms psychotherapist and psychotherapy are defined. But before discussing this matter, it should be noted that the term "psychological problems or disorders" in the Western sense does not exist in the indigenous healing where mind and body are not separate (Crawford, 1989; Patel, 1992; Sheikh & Sheikh, 1989; Sue & Sue, 1999; see also Castillo, 1997). To the indigenous healers, health and illness are the results of interactions

between mind and body. The term psychotherapy, in its strict sense, is a Western product influenced by several sociocultural factors such as the concept of dualism that originated from Rene Descartes, psychologization (see Kleinman, 1986; White, 1982), the individualistic value system, and division and specialization of labour in the modern industrialized society.

However, to facilitate a systematic study on psychotherapeutic elements in the indigenous therapies, and for the ultimate goal of integrating Western and indigenous modes of therapy for emotional distress, the indigenous therapies are examined from the standpoint of psychotherapy. Such a standpoint, however, should not overlook the mind-body union inherent in the indigenous healing system. Therefore, the term psychotherapy has to be defined to guide the discussion of this article.

A review from relevant literature revealed that theorists have yet to reach an agreement as to what constitutes “psychotherapy” (e.g. Briggs, 1994; Cole, 1982; George & Cristiani, 1990). This issue has been further complicated by the use of other similar terms such as “counselling” and “therapy”. In this article, the term psychotherapy is defined in a broader sense. It is defined as follows:

... a helping process in which one person, a helper, facilitates exploration, understanding, and actions about developmental opportunities and problem conditions presented by a helpee or client. (Briggs, 1994, p. 63)

It involves (Frank & Frank, 1991) the following:

... (1) a healing agent, typically a person trained in a socially sanctioned method of healing believed to be effective by the sufferer and by at least some members of his or her social group. The healing agent need not be a professional. Other types include a fellow sufferer, a group of fellow sufferers with or without a trained leader, or even a book or audio-tape invested by the sufferer with healing powers. Except where specifically indicated, the healing agents we shall consider are persons.

(2) A sufferer who seeks relief from the healer.

(3) A healing relationship – that is, a circumscribed, more or less structured series of contacts between the healer and the sufferer in which the healer, often with the aid of a group, tries to bring about relief of symptoms. This relief is typically accompanied by changes in emotional state, attitudes, and behaviour. Except in cases of involuntary treatment, all concerned believe the changes to be beneficial. Although physical and chemical adjuncts may be used, the healing influence is exercised primarily

by words, acts, and rituals in which sufferer, healer, and sometimes groups participate jointly. (p. 2)

Although the indigenous therapies may differ from psychoanalysis, behaviour therapy or other forms of Western therapy in terms of the belief, structure, format or treatment process, they all share a common objective, that is, relieving problems. Thus, it is safe to conclude that, based on a broad definition, the indigenous therapies can be considered a form of psychotherapy.

This article examines the psychotherapeutic elements in Chinese medicine. Although there are many types of Chinese indigenous therapies (see Holbrook, 1974; Hsu, 1976; Kleinman & Gale, 1982; Leung & Lee, P. W. H., 1996), Chinese medicine was chosen for discussion because it has been the most well-researched Chinese indigenous therapy and the most popular indigenous therapy to consumers in overseas Chinese communities (cf. Agren, 1975; Lin, 1981; Liu, 1981; Pachuta, 1989; Quah, 1989a; Quah, 1989b; Wu, 1982). Particularly, in Singapore, Chinese medicine is the most established alternate medicine and was recently recognized by the Singapore government as an important health care system alongside Western medicine (see Khalik, 2000; Lee, J., 1999; Ministry of Health, 1997). Legislation has been carried out in phases to control Chinese herbs as well as to license the practice of Chinese medicine. By January 1, 2002, all acupuncturists in Singapore have to be registered. Next on the agenda is to set up a Traditional Chinese Medicine Practitioners Board and to register all traditional Chinese medicine practitioners (Khalik, 2000). Therefore, the potential of Chinese medicine as an alternative approach to mental health in Singapore cannot be overlooked.

In the following sections, basic concepts in Chinese medicine will be discussed followed by the psychiatric-like concepts documented in classic Chinese medicine, the emergence of Chinese medicine psychotherapy, and finally the etiology and treatment beliefs about psychological problems in Chinese medicine psychotherapy.

## **BASIC CONCEPTS IN CHINESE MEDICINE**

This section presents an overview of some basic concepts in Chinese medicine to help readers who are unfamiliar with the subject to understand the rationale and assumptions underlying the psychotherapeutic concepts presented in subsequent sections.

Chinese medicine is based on the principles of the macrocosm and microcosm correspondences, *yin* and *yang*, and the Five Elements (Lam & Berrios, 1992; Lee, B. O., 1993; Lin, 1981; Pachuta, 1989; Shen, 1986; Tseng, 1975; Wang, 1988). They are applied to explain and understand the phenomena and regulation in the universe, the human relation with nature, social relationships and structure, and bodily functions.

The concept of macrocosm-microcosm correspondences suggests a correspondence between the macrocosm (nature, environment, seasons, weather, astronomical systems, etc.) and the microcosm (internal organs/functions, sensation, emotions, etc.). Movements and changes in nature can directly or indirectly influence the human body. This principle provides the basis for the holistic approach in Chinese medicine (Zhang, 1989) in which mind and body are not treated separately. Therefore, from the Chinese perspective, psychological problems are treated in conjunction with somatic problems or vice versa.

*Yin* and *yang* are the fundamental dualities, opposites and polarities of the universe, for example, day/night and male/female. They contradict but also complement each other; and aim to achieve the state of *balance*. Any excessiveness or insufficiency in either *yin* or *yang* will result in imbalance and become dysfunctional. The concept of *yin* and *yang* is embodied in every aspect of Chinese medicine. It is used to explain the tissues and structures, physiology and pathology of the human body, and clinical diagnosis and treatment (see Zhang, 1989, pp. 26–30).

The principle of Five Elements puts forward the hypothesis that all objects in the universe are composed of Metal, Wood, Water, Fire and Earth. They interact by facilitating and prohibiting each other to achieve the state of balance. For example, Metal facilitates Water but prohibits Wood. The theory of Five Elements is used to explain the relationships among the five viscera (the heart, lung, spleen, liver and kidney) in terms of pathology, diagnosis and treatment (see Zhang, 1989, pp. 35–38).

Apart from these basic concepts, there are other principles in Chinese medicine such as the five organs (the liver, heart, lung, kidney and spleen), the six bowels (the gallbladder, stomach, small intestine, large intestine, urinary bladder and triple warmer), the seven modes of emotions (joy, anger, shock, anxiety, thinking, fear and sorrow), *qi* (vital energy), blood and body fluid, and the meridian system and channel. Some of these principles are relevant to psychotherapy and will be elaborated later. For a

more in-depth understanding of the general principles of Chinese medicine, readers are referred to Zhang (1989).

## PSYCHOTHERAPY IN CHINESE MEDICINE

### *Psychiatric-like Concepts Documented in Classic Chinese Medicine*

Psychiatric-like disorders are mentioned in classic medical texts such as *Nei-Jing* (Emperor's Canon of Medicine) that was written in the period of the Warring States (475–221 BC), and *Shan-Han-Lun* (Treaties on Exogenous Febrile Diseases) and *Jin-Kui-Yao-Lue* (Synopsis of the Golden Chamber), both written in the third century (Dong & Ma, 1987; Lam & Berrios, 1992; Liu, 1981; Nie, 1986; Tseng, 1975; Wang, 1985, 1988; Wang & Huang, 1993; Wu, 1982; Zhu, Kuang, Wu, & Seng, 1987). Psychiatric-like disorders commonly mentioned include: (1) *kuang* (mania), which is “a phase of mental disorder due to emotional depression causing formation of fire-evil and obstruction of the orifice of the heart by phlegm; manifested as hyper-irritability, megalomania, irrational rage and shouting, overtalkativeness, etc.” (see Ou, 1988, p. 238); (2) *Dian* (depressive state), which is “caused by stagnation of phlegm and vital energy; manifested as dejected mood, apathy, illusion, hallucination, paraphasia, poor appetite, thin and greasy fur on the tongue, wiry and smooth pulse, etc.” (see Ou, 1988, p. 568); and (3) confusion, loss of oneself, amnesia, schizophrenic-like symptoms, and mood disturbances.

Classification of psychiatric-like illnesses was also found in an ancient medical text called “Etiology and Symptomatology of Diseases” written in the seventh century (Liu, 1981). There are descriptions of symptoms similar to schizophrenia, mood disorders and other disorders.

The psychiatric-like symptoms recorded in these classic Chinese medical texts demonstrate that Chinese physicians in the past were aware of bizarre human behaviour. However, we must be cautious when calling such behaviour psychiatric symptoms because Chinese medicine is based on a classification system different from that presented in Western medicine (e.g. in DSM-IV, American Psychiatric Association, 1994). Nonetheless, it is important to learn how Chinese physicians approach bizarre human behaviour and how applicable their approaches are to mental health practice. Contemporary Chinese physicians in China have studied and compiled the psychotherapeutic components of traditional Chinese

medicine recorded in ancient medical texts and called this new discipline Chinese medicine psychotherapy.

### ***Emergence of Chinese Medicine Psychotherapy***

Since the early 1980s, Chinese physicians and medical researchers in China (Dong & Ma, 1987; Nie, 1986; Wang, 1985, 1988; Wang & Huang, 1993; Zhu et al., 1987) have done intensive studies on the psychological aspects of traditional Chinese medicine. Their aims are to establish a branch of Chinese medicine psychology and to integrate Chinese medicine and Western psychology (Wang, 1985). Some of these studies compared Chinese medicine with different areas of Western psychology such as medical psychology, gestalt principles and psychoanalysis (Wang, 1985; Wang & Huang, 1993); and others compared *yin-yang* personality types with Carl C. Jung's psychological types of extroversion and introversion (Wang, 1985). Psychometric instruments were also developed to measure personality constructs derived from the theories of *yin* and *yang*, and *si-xiang* (four personality types: *yin*, *yang*, Water and Fire) (Wang, 1985; Wang & Huang, 1993).

In this article, I review studies on Chinese medicine psychotherapy by classifying their findings into two broad categories, etiology and treatment beliefs; that is, how Chinese physicians perceive the cause and treatment of psychological problems.

### **Etiology Beliefs about Psychological Problems**

Generally, the etiology of psychological problems in Chinese medicine can be classified into cognitive-emotive, personality, organic/functional and exogenous/natural factors.

#### *Cognitive-Emotive Factors*

- *Imbalance of emotion.* There are seven modes of emotions in Chinese medicine psychotherapy: joy, anger, shock, anxiety, thinking, fear and sorrow (Li, 1994; Nie, 1986; Wang, 1985). An intense and prolonged state of any one of these emotions will cause blockages of the meridian system, imbalance of *yin* and *yang*, dysfunctions of vital energy, blood and viscera, and result in various diseases (Dong & Ma, 1987; Ou, 1988; Shen, 1986).



Because the seven emotions are associated with specific organs, shown in Table 7.1, an imbalance of emotion will lead to dysfunction of the associated organ. For example, as anger is associated with liver, excessive anger will hurt the liver (Shen, 1986; Wu, 1982). However, excessiveness here does not imply an endorsement of prohibition or suppression of emotion. In Chinese medicine psychotherapy, an emotional excessiveness or inhibition rather than an emotional expressiveness *per se* is considered pathological (Leung & Lee, P. W. H., 1996). A *moderation* of emotional expression is preferred. When people are unable to control their minds and emotions, they will not be considered rational or calm (Nie, 1986).

Therefore, because excessive emotion is harmful, catharsis in Western therapy can cause more harm than good from the Chinese medical perspective. In psychotherapy with Chinese clients, the question does not lie in whether Chinese clients are able to share emotions and feelings; but rather, to what extent they can share their feelings.

- *Desire*. It is believed that having too much desire and not being easily satisfied will cause psychological problems (Wang, 1985). This belief is a combination of the theory of emotional imbalance (as mentioned) and the Taoist ideology that advocates a nihilist lifestyle and an indifferent attitude to fame or gain. When a person is without a peaceful frame of mind and possesses too much desire, the person will be easily disturbed by other people and things (Nie, 1986; Wang, 1985).

**Table 7.1 The association between emotions and organs**

Organ	Emotion
Heart	Joy
Spleen	Thinking
Lungs	Anxiety/Sorrow
Kidneys	Fear
Liver	Anger
Gallbladder	Shock

### *Personality Factors*

In Chinese medicine, personalities are classified according to the Five Elements, *yin* and *yang* (Wang, 1985; Shen, 1986; Zhu et al., 1987), intelligence and moral standards (Lam & Berrios, 1992). Some of these personality structures are related to psychological problems. For example, a Wood type person tends to worry excessively whereas a Fire type tends to be impetuous.

Seeing psychological problems in the light of personality traits also has its place in Western psychology, particularly in the tradition of psychoanalysis. For example, people who are pessimistic, cynical and aggressive are called the Oral Sadistic Character whereas people who are stingy, hoarding and stubborn are termed Anal Retentive Character (Liebert & Spiegler, 1978). On the Axis II of the DSM-IV (American Psychiatric Association, 1994), people who behave in certain deviant ways are labelled according to certain personality disorders such as Paranoid Personality Disorder or Schizoid Personality Disorder.

### *Organic/Functional Factors*

Since mind and body are not considered separated entities, any dysfunctions in the organs will lead to emotional imbalance. For example, people become aggressive and angry when they suffer liver problems (Lee, B. O., 1993). In Chinese medicine, organs are not thought of in a strictly anatomical sense. Instead, they are meant to be interpreted as individual anatomico-physiological-psychological systems that constitute the total human being. The organ terms are metaphors for problems (Ots, 1990), and the term “function” (physiology and pathology) is preferred to “organs” (Lin, 1981; Zhang, 1989).

Another organic cause for psychological problems is the imbalance of *qi* (energy). Different types of *qi* produce various character traits, problems and reactions (Rossbach, 1985). People whose *qi* rises up to the throat but no further can neither speak up, overcome trials, nor endure hardship. Others whose *qi* comes out of the mouth before getting to the brain may talk too much without thinking out what they are saying. People with a downward moving *qi* tend to be self-defeating and suicidal. It is also believed that *sha-qi* (negative energy) can be generated by human emotions such as anger or fear (Noble, 1994).

### *Exogenous/Natural Factors*

Psychological problems can be caused by exogenous factors such as *wind*, *vicious air* and *abnormal weather*. Also called the “wind-evil”, *wind* (see Ou, 1988, p. 86) is a form of negative *qi* (vital energy). These exogenous factors exemplify the correspondences of the macrocosm (nature) and the microcosm (human). Movements and changes in nature can directly or indirectly influence the individual health status.

The etiology beliefs that have been discussed so far show that Chinese physicians adopt a holistic approach to explain psychological problems. A holistic approach suggests that a unimodel approach, which is narrowly built on a biochemical, intrapsychic, psychological or social dimension, is inadequate to understand the complexity of human behaviour and health. To a certain extent, this assumption is consistent with the biopsychosocial, ecological or systemic models proposed in Western psychology (see Bronfenbrenner, 1979, 1992; Engel, 1980; Germain & Bloom, 1999; Bertalanffy, 1968). However, the components of the holistic approach of Chinese medicine differ significantly from those of its Western counterparts. For examples, the associations between the seven emotions and seven organs, the concept of emotional moderation, personality types that are based on the *yin-yang* principle, and the *wind* as an exogenous factor for health problems are not found in the Western systemic models with different conceptualizations of the physiological, cognitive, emotive, personality and environmental components.

### **Treatment Beliefs about Psychological Problems**

In their treating beliefs, Chinese physicians adopt a practical and problem-solving approach whereby they are more concerned with what their clients are facing at a particular point of life rather than tracing the origins of their psychological problems (Wu, 1982) as in Western psychotherapies such as psychodynamic therapy. Two approaches adopted in Chinese medicine psychotherapy are the intangible mode, such as talk therapy and *qigong*, and the tangible treatment, such as herbs and acupuncture (Wang, 1988).

### *Cognitive Approaches*

The first type of talk therapy is similar to the Western cognitive therapy

(cf. Beck & Wishaar, 1989; Dryden, 1990; Kuehlwein, 1993). Chinese medicine psychotherapy stresses the importance of rational thinking and modifying undesirable or irrational thinking. This cognitive approach consists of education and information, talking out and rational thinking, will power and aspiration, diversion, subliminal suggestions, and deception therapy.

- *Education and information.* Patients are provided with necessary information to help them understand the causes and treatment methods for their problems (Dong & Ma, 1987). Facts and reasoning help clear the patients' misconceptions and fallacies, (Nie, 1986).
- *Talking out and rational thinking.* "Talking" as a form of treatment was first mentioned in *Nei-jing*, an ancient medical text written between 770 BC and 221 BC (Chinese Medicine Department, Nanjing Chinese Medical College, 1986). It was suggested that patients be given guidance and information about their illnesses and allowed to ventilate their problems through talk therapy that provides advice, encouragement, reassurance and consolation (Lee, B. O., 1993; Wang, 1985; Zhu et al., 1987). Through talking, patients can become sufficiently rational to control their minds and emotions since dysfunctional thinking causes psychological problems (Nie, 1986; Wang, 1985). Chinese medicine psychotherapy thus adopts a holistic approach to understand not only how patients think and feel about their illnesses in terms of seriousness, but also their will to get well and their lifestyles, hobbies, personalities, knowledge, family background and problems in life (Dong & Ma, 1987).
- *Will power and aspiration.* Chinese physicians boost their clients' motivation by giving them encouragement and support, and referring them to read successful stories in Chinese classics (Nie, 1986). Reading classic texts resembles the bibliotherapy in Western psychotherapy.
- *Diversion* (Nie, 1986; Wang, 1985, 1988; Zhu, 1987). This method helps patients by diverting their attention to other activities such as sports or listening to music so that they do not remain trapped by their problems. In Taiwan, for example, mental patients are taught calligraphy and Chinese painting to occupy their minds (Wang & Huang, 1993).

"Diversion" as a coping method also reflects the non-confrontational or the no-action principle that Chinese people hold (see Leung & Lee, P.

W. H., 1996; Shek, 1992) and the collective value in Chinese culture. Based on the no-action principle, confrontation as a coping method does not solve the problem but would only further antagonize opposing forces (e.g. in an interpersonal conflict). People have to learn to live in harmony with negative forces that are necessary to maintain a balance, since excessive positive forces will threaten the state of homeostasis. Any attempts in removing or confronting negative forces will only lead to further antagonism with negative forces. Consider the following case from Lee, B. O. (1993):

A Chinese woman in her sixties had consulted a Chinese physician on a regular basis. On one occasion, she complained to the physician about her eldest daughter-in-law who had attempted to force her second son to move out of their family. Understanding that her family problems had affected her health to some extent, the physician prescribed some herbs to strengthen her heart and liver to help her feel better because these two organs are associated with depressive emotions. Next, the physician advised her not to think too much but to divert attention from her family problem, for example playing *ma-jiang* (a type of Chinese gambling). The Chinese physician did not encourage open discussion amongst the family members as a Western trained counsellor would probably do. The physician perceived that such a confrontation would only lead to further antagonism in the family. (pp. 68–69)

- *Subliminal suggestions*. In some cases, hidden suggestions are used (Wang, 1985; Zhu et al., 1987). For example, a physician told his patient a story that was not relevant to his problems at the superficial level. But subtly he taught the patient to take things easy (Wang, 1985, p. 272). This method is similar to the Ericksonian hypnotherapy in which scripts are used for transferring subliminal messages (Havens & Walters, 1989).
- *Deception therapy* (Wang, 1985; Wang, 1988). In this technique, Chinese physicians deceive their patients as a countermeasure to psychological problems. In a case quoted in Wu (1982):

[A] woman accidentally swallowed worms at a meal and thus became ill. A famed doctor diagnosed the cause of her illness as being merely 'suspicion', and prescribed emetic/laxative medicine. The doctor ordered the nurse to tell the woman that small worms were discovered in her vomit. When the patient heard this, she felt peace at heart and became well. (p. 294)

Before moving on to the next treatment approach, I want to reinforce a point I made at the beginning of this article that studying Chinese indigenous therapies would help shed light on Chinese clients' beliefs about psychological problems so that appropriate interventions can be selected to match the clients' beliefs. Can we therefore infer that Chinese clients are receptive to the cognitive approach since it is an approach emphasized in Chinese medicine psychotherapy? The answer is an unqualified yes. Empirical evidence shows that Chinese clients preferred cognitive therapy to psychodynamic or person-centred therapy (Leong, 1986).

### *Emotive Approaches*

Besides the cognitive aspect, Chinese psychotherapists also focus on the emotional aspect of the treatment process.

- *Emotional equilibrium.* A distinctive technique in Chinese medicine psychotherapy with no equivalent in Western therapies is the application of the principle of Five Elements to balance emotions. A particular state of emotion is used to counteract an excessive emotion (Nie, 1986; Wang, 1985; Wang, 1988). For example, anger is used to prohibit excessive thinking, thinking to prohibit fear, fear to prohibit over-joy, joy to prohibit anxiety, and sadness to prohibit anger. To illustrate, the following is a case quoted from Wu (1982):

[A] country mayor had been seriously ill and [the Chinese physician, Hua Tuo] believed that only rage could cure him. He received many gifts from his mayor without showing any effort in giving treatment. Before long, Tuo abandoned the mayor and left a nasty letter to the mayor before escaping. The mayor, as expected, became very angry and sent some men to kill Tuo. As Tuo had gone too far to be captured, the mayor was so enraged that he vomited several litres of blood and thus became well. (p. 291)

- *Emotional control.* To prevent disturbances, patients learn to keep a peaceful frame of mind through meditation (Nie, 1986) or staying in a conducive and quiet environment (Dong & Ma, 1987). For example, beautiful scenery can exert an imperceptible but positive influence on one's mind. One can be enlightened and inspired by resonating to such an environment to become calm, quiet and peaceful (Nie, 1986), and more contented (Wang, 1985). Since humans are part of nature, Chinese physicians encourage people to achieve inner peacefulness by

observing natural phenomena and to learn to relax as if in the state of hibernation to correspond with other beings. Interestingly, a similar concept of human-nature union was recently developed into a new form of therapy called eco-psychotherapy in the West (“Depressed? Lonely?”, *The Straits Times*, 1997).

- *Wish fulfilment.* As Chinese physicians believe that some people are psychologically troubled because they are unable to fulfil certain wishes, allowing them to realize their wishes and needs would overcome their problems (Nie, 1986; Wu, 1982; Zhu et al., 1987).
- *Paradoxical technique.* This ancient technique resembles the *in-vivo* desensitization, flooding and stimulus satiation principle in behaviour therapy. In a case quoted in the ancient medical text *Nei-jing* (Nie, 1986), a Chinese physician made his patient listen repeatedly to loud noise to desensitize her phobia to it. From the behavioural perspective, a stimulus (in this case the loud noise) loses its effects when an excessive amount of that reinforcer is presented. Subsequently, the response (in this case the fear) maintained by that reinforcer is weakened.

### *Work and Rest*

Chinese physicians believe that, by doing physical work, patients can increase their aspiration and balance their mind, blood and vital energy (Nie, 1986). However, working excessively either at a physical or mental level will only affect one’s mind. A balance should be achieved between work and rest. This attitude of balance further accentuates the value of moderation in Chinese medicine; either excessiveness or deficiency is considered pathological.

### *Change of Personality*

Because there is a connection between personality types and psychological adjustment, patients should learn to change their immoral characters and undesirable personalities to improve their psychological well-being (Nie, 1986). For example, people of *shao-yin* personality tend to be greedy and suffer from an unquiet mind because their *yin* energy is too weak. The remedy is to increase their *yin* energy (e.g. through herbal treatment) to become a healthier person.

### *Qigong*

*Qigong*, a form of martial arts, is applied to psychological problems caused

by an imbalance of *qi* (vital energy), and *yin* and *yang*. It is a form of mental and physical self-training for regulating energy to prevent and treat diseases (Ou, 1988). Through *qigong*, patients are more aware of their bodies, and learn to stimulate acupuncture points for smoothing acupuncture channels (Lee, B. O., 1993). In contemporary China, *qigong* is applied to hypertension, depression, insomnia, neurasthenia, stress and cancer tumours, and to cultivate desirable personality (Shen, 1986; Wang, Huang, & Wang, 1991).

### *Self-Help*

Similar to behaviour therapy, Chinese physicians conduct self-help skills training. For example, patients whose life issues have contributed to work problems are taught to maintain good working relationships with other people based on the principle of harmony (Wang, 1985).

### *Herbs and Acupuncture*

From the standpoint of Chinese medicine psychotherapy, because mind and body are not treated separately, psychotherapy will not be effective or lasting without corresponding changes in the associated organs/functions. Talk therapy is a necessary but not sufficient condition for solving psychological problems. It has to be administered together with herbs and acupuncture to restore the vital energy. The readers can refer to Dong and Ma (1987, pp. 173–206), and Li (1994) for more information on the classification of Chinese herbs for psychiatric-like disorders.

When herbs are prescribed, they must be matched with the patient's personality to enhance their effectiveness (Nie, 1986). Strong medicine is not suitable for patients who are not relaxed; otherwise, the strong effect of the drug will conflict with their strong bodily energy and impair their spleens.

Although herbs are used in Chinese medicine based on the principle of mind-body union, they also can serve as an important function from a psychological perspective as some Chinese psychiatric patients are likely to somatize their psychological problems (Tseng, 1973).<sup>1</sup> For these patients, talk therapy is ineffective and the use of medication is the basis of real medical care (Kleinman, 1975).



### *Treatment Relationship*

Whether they are talk therapy or herbs, techniques alone will not lead to effective outcomes. Similar to person-centred therapy, Chinese physicians stress the importance of the therapeutic relationship. An effective psychotherapist should be empathetic and genuine, not discriminate against patients in terms of socio-economic status, sex, age and occupation, and be able to see each patient as a unique individual with unique psychological qualities resulting from different biological make-ups and environmental influences (Dong & Ma, 1987). Therefore, different patients should be treated differently. On the other end of the therapeutic relationship are the patient's reactions and perceptions of the treatment (Nie, 1986). Treatment effectiveness will be enhanced when patients have trust and confidence in their therapists, a good understanding of the treatment method and a strong need for help.

## CONCLUSION

### *A Holistic Approach*

In general, Chinese medicine psychotherapy is a holistic approach that integrates mind and body. Mind can affect body or vice versa to give rise to health problems. It adopts a multidimensional perspective by looking at the relations of cognitive, affective, personality, biological and ecological factors to health and illness. Its treatment approach is eclectic, consisting of talk therapy, herbs, acupuncture and *qigong*.

Considering mind and body together has greater value for prevention than for treatment (Lin, 1981). Traditional Chinese medicine emphasizes more on preventive measures such as maintaining harmony with nature, managing an appropriate interpersonal relationship, having a balanced diet, regulating emotions and desires, and valuing self-control (Wu, 1982).

The indivisible mind and body explains why in traditional Chinese medicine psychiatry is an integrated part of general medicine (Liu, 1981). Mind and body are treated as a whole by one practitioner and such a holistic approach does not lead to the divisions of labour that occurred in Western medicine. There were no special books on psychotherapy, special facilities for psychiatric patients, or specialists majoring in psychiatry until

the end of the nineteenth century. Psychiatry in China is modelled after Western psychiatry and has a relatively short history since the setting up of the first mental asylum in Guangzhou in 1898 (Pearson, 1991).

### ***Limitations of Chinese Medicine Psychotherapy***

While Chinese medicine psychotherapy does provide an alternative perspective for understanding the cause and treatment of psychological problems, it is less structured and organized compared to Western psychotherapies. It does not give clear guidelines on treatment. For example, although Chinese physicians recognize the importance of changing dysfunctional thoughts, they fail to demonstrate how to do it.

Another limitation is the lack of empirical support for Chinese medicine psychotherapy. Although studies have been conducted on the effectiveness of Chinese medicine for treating physical illness in general (e.g. Goodnick, Breakstone, Wen, & Kumar, 2000; see also the review by Tang, Zhan, & Ernst, 1999), to my best knowledge, there have been no studies conducted on the effectiveness of Chinese medicine psychotherapy for treating psychological and emotional problems (cf. Leung & Lee, P. W. H., 1996). Hopefully, this review of Chinese medicine psychotherapy may pave the way for future research on the process and outcome of this Chinese model of psychotherapy.

### ***Implications for Counselling in Singapore***

Although it is beyond the scope of this article to discuss the application aspects of Chinese medicine psychotherapy because a full-scale clinical trial is needed to ascertain its effectiveness, I believe we can apply it in three ways. Firstly, techniques in Chinese medicine psychotherapy can be applied to complement the Western approaches, in a sense, compatible to the technical eclecticism proposed by Lazarus (1989). Next, Chinese medicine psychotherapy can be combined with the Western approaches to form an integrated theoretical model. Finally, it can be applied in its own right as an independent theoretical system.

However it is applied, with the increasing social status of Chinese medicine in Singapore, and with more people including non-Chinese Singaporeans seeking help from Chinese physicians (Lee, J., 1999), the role of Chinese medicine psychotherapy in the practice of mental health

in Singapore is promising. Lee, B. O. and Bishop (in press) found that Chinese Singaporean clients, particularly those who are Buddhist or Taoist or hold lower educational qualifications, are receptive to the etiology and treatment beliefs of Chinese medicine psychotherapy presented in this article. Although further studies are necessary to confirm whether their findings can be generalized to clinical settings, they demonstrated the potential of incorporating Chinese medicine psychotherapy into counselling with Chinese clients in Singapore.

## NOTES

<sup>1</sup> The term “somatisation” should be used with caution in non-Western cultures such as Chinese culture. It has a pathological connotation in Western health beliefs. In DSM-IV (American Psychiatric Association, 1994, pp. 446-450), somatisation disorder refers to physical symptoms not fully explained by a general medical condition. In psychodynamic therapy, the term “conversion” refers to “the process of transforming a psychological disturbance into physical disorder” (Smith, 1992, p. 25). It is beyond the scope of the present article to discuss the controversy of “somatisation”. Interested readers are referred to Cheung (1982), Cheung and Lau (1982), and White (1982) for more information.

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