

Flowering of the Heart: Perspectives on Counseling Patients in an Acupuncture Setting

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Synopsis

While students of Chinese Medicine spend a great number of hours studying the complexities of diagnosis and treatment, the issues of viewing the patient as a person, rather than a diagnosis, can fall by the wayside. There is perhaps no greater difficulty in a physician's life than that of talking with a patient who is in clear emotional distress.

What tools do we, as practitioners of Chinese Medicine, have at our disposal? How can we best approach our patients, and how can we help them navigate the waters of their emotional lives?

In this paper, I will put forth some ideas about how we might put together the arts of the East with the knowledge of the West. In my own approach to what the West calls psychology, I use my own background in pastoral counseling and the psychology of religion, and I draw from ideas such as Carl Jung's work with the deep symbols and archetypes of the human existence; Roberto Assagioli's Psychosynthesis; Otto Rank's works on will therapy and his explorations of the artist; and, of course, Milton Erickson.

Definitions

I would like to begin this journey with a few definitions towards the hope of reducing the many problems that may arise when two people use the same word with different perceived meanings.

First, what is counseling? Counseling is, at one level, something that happens every time you interact with another person. For the purpose of this paper, however, one is counseling when one is acting as a guide or sounding board for another person. It does not imply any particular

action, nor any particular hierarchy in the relationship. The "patient" of today may be our "counselor" of tomorrow. It is a mistake to think of counseling as directional: the art flows in both directions. We cannot be the guide without going on the trip.

Next, let us consider the question: Why should we counsel? While there is a certain trendiness to the idea that counseling and healing can and should take place in the treatment room, there are many pros and cons to this viewpoint. First, it is dangerous and arrogant to assume that the patient cannot cope. They have been conducting their lives to this point without our help, and they may not be well served at all by our "parental" attentions, no matter how well-intentioned they may be. Second, counseling a patient reduces our intuitive sense of them as the more subtle inputs we often sense from our patients are lost in a sea of chatter.

On the other hand, a patient may be in distress and come to us looking for a measure of counseling in the course of the treatment. Counseling either before or after a treatment can help to settle a patient, or to connect them more fully with their treatment goals and strategies. Good counseling can provide the patient with just the right images to help guide the effects of an acupuncture treatment over the next few hours or days. Moreover, counseling is often good for the counselor: our own discomfort with a particular patient, or their medical or psychological condition, can be negotiated into a more comfortable relationship for both parties through the interchange of counseling.

Assuming that a patient is amenable to our counseling, why would the patient trust us to do it? First, by simply putting on the white coat we garner the trust of many patients. They assume we know more than we do, that we can fix more than we can, that we are better balanced and

happier than they are. We are no longer just another human being. However, such assumptions are, as we know, dangerous fallacies for both the practitioner and patient. There is great vulnerability in the patient's trust, while at the same time the flattery of being placed in such a position may encourage the practitioner to try to do more than they can.

Second, it is always worth considering that the patient is not trusting us to counsel them, no matter how badly we feel they need counseling. This is not an issue that can be forced. While in some relationships such trust can be developed over time, in other situations we are simply not the right person to be counseling this patient. This is one reason why it is important for those wishing to engage in counseling to know other counselors of different styles and temperament. A good referral will often make the difference in a patient's case.

Finally, I wish to reiterate that counseling and healing do not necessarily go together, nor does the ability to do one indicate the ability to do the other. We are not diminished by knowing our limitations. Some of us simply should not be counseling our patients, but treating what we know how to treat and referring them to a practitioner who can treat what we cannot. Bad counseling can be much worse than no counseling at all. Counseling that is more about *you* than the patient is just plain dangerous, which has led to the common maxim that good counselors need good counseling.

Mixing East with West

Counseling can be very different in the acupuncture office than it might be in a more traditional counseling setting. Most patients do not come to us specifically for counseling, but rather to explore how Chinese medicine might address their health issues. Thus, in many cases, counseling issues are a sideline to the rest of the treatment. Also, it is important to remember that we are not limited to counseling in addressing our patient's emotional needs. Acupuncture itself is a very powerful modality, which can have a profound effect on a patient's mental status without a word having been spoken. In fact, in my practice I often combine acupuncture with counseling work simultaneously to great effect.

The "trick" to this is to integrate the patient's needs into the Chinese view of their condition. There is great power in the imagery of Chinese medicine, the power to give our patient a different point of view. This is perhaps the single most useful effect of any counseling.

Thus in this way many will find that we are at an advantage by practicing a different system of therapy than Western psychology. Many patients have already been through the wringer of psychiatry and psychology, and are often experts at their own diagnoses. When we approach them with a new viewpoint, they are thrown out of their accustomed way of viewing their situation. We will discuss the value of this shift later in this paper.

For many of us, it will also be important to remember that the mind/body split of the West should never be a part of Chinese medicine. Our greatest strength is in the unification of these Western ideas. One is always reflected in the other because the mind and body are not only connected, but one entity! There is as much Mind in the toe as there is in the brain.

Counseling in the Treatment Process

The emotional issues that arise during the patient's journey from waiting room to end of treatment often fall into groupings depending on the part of the treatment process. Issues that arise during initial intake are often different than those which arise after the needles have been inserted. There are further issues that arise the first time a patient tastes their herbs, or feels their effects. Below are just a few common trouble spots in the process.

Counseling Issues During the Intake

The intake, especially the initial intake, is a process of both practitioner and patient seeking to find common ground, and to understand one another. While some patients will treat this time almost as a confessional in which they divulge their deepest secrets in the first ten minutes, many others will withhold information until a level of trust has developed. They may only tell you half the story in response to a question, or they may fabricate a response to a question that touches a nerve.

This is why it is most important during the intake process to really look at the patient and observe their answers to the questions you ask. Memorize the list of intake questions so that you do not need to look down at them before asking them. This is especially important, as no patient likes to feel as if we are simply reading standardized questions from a list. Do not look down to write as soon as the patient begins to answer. Much is lost when we do this, as we miss the vital cues that often indicate when what is said is not in harmony with the rest of the patient's presentation. This can be especially important when treating the depressed patient, as the facial expressions will often more truly indicate their state of mind than the words they offer.

For those patients who have come to you for the treatment of a psychological condition, this is the time at which they are most likely to mention it. A patient may indicate "depression," "anxiety," or another psychological diagnosis as their chief complaint. It may come up in response to a question on the intake list. The first and most important consideration for the practitioner is one of word definition. Do not assume that you have known what the patient means by "depression." Ask them to define it, ask them what it means in their lives.

Most important to the Chinese diagnosis and treatment, ask the patient to somatize their complaint. Where do they feel it in their body? Is it hot or cold, heavy or empty? Does it move? Does it have direction? Is there a progression to it? For example, does it always begin one way then progress to another sensation? These are important clues to our Chinese diagnosis, but they are important to the patient as well. It helps them to understand the mind-body flow, and it gives them another way to express their complaint.

It is important at this point to really listen to the patient. Make sure that you understand them fully, that you are attentive and focused on their answers, that you are doing what you can to avoid latching on to those "I felt that just last week!" moments. Don't think diagnosis just yet. Simply ask questions and listen.

We all understand, I hope, that "How are you" means something very different to many patients than our casual way of tossing the question out there. To us it is a social contrivance, to the patient it means "how is your condition

progressing?" It is not a question to be asked in a hallway, or any other public place, as the patient will not give the same answer as one would in the privacy of a treatment room. While the question can simply be re-asked later, first impressions are extremely useful and the second asking simply will not receive the off-guard responses it might have the first time.

Counseling Issues During Diagnosis

There is an interesting moment in the treatment process when we tell the patient their diagnosis. "Spleen Qi deficiency" we might say. The patient, of course, has no idea what this means and we then use imagery and storytelling to explain it in terms that mean something to the patient.

In fact, this process is the essence of counseling as I was taught it: receiving a client's expressed ideas, thinking of them in terms of a psychospiritual system and reframing them in imagery that triggers deep responses in both the patient and counselor (A very short and basic description of psychosynthesis.) For it is in their mutual inspiration that real growth and change may happen, and there is no more important moment in the process.

In the context of an acupuncture treatment, this process gives us great insights into the patient's state of mind and body. By explaining what we mean by the Spleen, the patient is reminded of all sorts of things they forgot to tell us earlier. A physical complaint, a childhood memory, a behavior, etc, etc. In explaining the word Qi another whole vista of the patient's life is opened.

It is important at this point to know when to talk and when to listen. We cannot become so enamored of our explanation of the Spleen that we miss the patient's response of recognition of correspondences in their own lives. On the other hand, we must offer the image of the Spleen in such a way that it triggers these responses and inspires the patient.

This work is useful in a more practical way as well: by having a meaningful image of the Spleen and of Qi in the patient's mind, they are much more likely to understand the aims and goals of the treatment. Compliance with all parts of a treatment will increase dramatically when

the patient is inspired by the methods and excited about the goals.

Counseling Issues During Treatment

This is the time during which many of the most serious instances of emotional stress will occur for the patient. While many of our patients are relaxed and sedated by an acupuncture treatment, others will connect with emotions long hidden, memories long forgotten, anger long suppressed, fear that was just under the surface.

For the practitioner, the single most useful thought in these moments is that there is no need to do anything. The patient may simply be expressing some emotion in a therapeutic way, and we may not assume that they are incapable of coping with it.

On the other hand, a patient may ask for help, or for our advice during one of these crises. As practitioners we must first take a quick inventory of our own emotional state and then take one of two paths: the active listening path of humanistic psychology or become an active guide for the patient. The second option requires more skill on the part of the practitioner to avoid doing more harm than good, and it requires that one is in a good mental state of their own before beginning.

When one is choosing to take a more active role, there are many systems and approaches to choose from. One of these, the system I use, is outlined below under "A Generalized Method for the Counseling Process."

Aside from the issue of great outbursts and moments of emotional trauma, the acupuncture treatment is a time of great suggestibility on the part of the patient. Their willingness to lay quietly on a table and allow us to put needles in their body is an altered state equal in every way to light hypnosis. While this opens up wonderful possibilities for the healing and helpful use of this state, it is also the time at which the practitioner must be most careful about what they say and do.

In respecting this altered state there are obvious trouble areas, such as negative joking or comments, but there are more subtle considerations as well. To give an example, there was a patient I treated at Pacific College who had been seeing another intern for quite a while.

When I first spoke with her and inquired whether she found the previous treatments useful, her response was that she enjoyed the treatments and found them useful. Lowering her voice she then said that the problem was that the previous intern finished each treatment with a short shamanistic ritual. She found this incompatible with her Christianity and after a time even began to have nightmares populated by South American demons. When she left the care of this intern, the dreams stopped. Our power of suggestion is indeed to be treated with care.

Counseling Issues After Treatment

Closure. A patient who has just discussed a major life issue with the practitioner, or who has just been through an emotional outpouring, requires some sort of closure to make the transition from patient back to their normal lives. The degree to which a treatment or counseling session can shift a person into an altered time and space cannot be overestimated.

While many of our patients are happy with a quick and cheery goodbye and "See you next week!" the patient described above may need more. First, the patient may be embarrassed about what they have done or said during the treatment, and need reassurance that the practitioner's regard of them has not changed. Second, the patient may need more time to rise from the table and get dressed, as this is all part of their ritual and symbolic journey back to their lives. Third, and most important, the patient may need reassurance about the practitioner's dedication to confidentiality. Depending on the patient, other more ritualized closures may be appropriate. Other patients want nothing more than to be left alone after the treatment to negotiate their own return to the world.

Another area of post-treatment counseling involves herbs. An acupuncture treatment is a powerful way to achieve an altered state, but this all happens under the watchful eye and guidance of the acupuncturist. Often, however, we send a patient home with a bag of herbs and a set of poorly photocopied cooking instructions. The patient does not know what to expect from this, and the practitioner will not be there to help the patient understand. This can arise in the most unexpected ways, bringing further counseling challenges to the practitioner. "Why do these taste so bad?" "The smell reminds me of

something awful." "I feel anxiety after I take the herbs." "Just the smell of those herbs is making my depression worse, not better!" "Every time I take that tea I cry all night." These are all statements that patients have said to me. Each practitioner would do well to really think through how they would respond to such questions. If we can shift our own thinking away from seeing this as a problem to be solved, and begin to see it as an opportunity to help the patient in their understanding of Chinese medicine, we have made a huge first step.

A Generalized Method for the Counseling Process

There are three basic steps to the active counseling process known as psychosynthesis as it is used currently. Assagioli defines the purpose of psychosynthesis as: "to release or help to release the energies of the Self. Prior to this the purpose is to help integrate, to synthesize, the individual around the personal self, and then later to effect the synthesis between the personal ego and the Self." This is the system I use most often. The three steps are:

1. General assessment and exploration. The primary tools in this endeavor are active listening and skillful, short questioning. For the patient, tools such as diaries, self-biographies, and questionnaires are helpful in making connections and linking problems together. Dreams, drawing and hypnosis are all helpful to the patient in exploring the unconscious aspects of themselves. The goal is to obtain a clear image, in agreed-upon terms, of the patient's issue.
2. Images. While psychosynthesis traditionally works with the patient over a long period of time to discover their own symbolic systems, the practitioner can use any one of many culturally appropriate systems. For example, the Organs and Elements of Chinese Medicine make excellent images for understanding a patient and helping the patient to understand him or herself.
3. Reframing. Using the system selected above, express the patient's complaint in terms of that system. For example, use

the ideas of Liver Qi Stagnation to explain a patient's emotional depression. What is important at this stage is to be a good storyteller, using images and explanations that connect with and engage the patient.

The value of this approach lies in its ability to create momentary instability in the patient. By thinking about their issues in a new way, using completely different referential sets, they are opened to change, to real growth. In helping the patient connect to images that cause a certain degree instability (as we all have when in the midst of a really good story), they learn to recast themselves, to synthesize a new self that is larger and has more understanding of itself. In the course of treatment, we can help the patient step into this new self.

Moreover, we can help the patient gain perspective on their issues by helping them to place it in the context of something much larger than themselves. This refocusing gives our patients the ability to see their issues in a new and in a usually much less threatening and engaging way.

The point of all of this is my belief that patients often need a philosophy more than they need a psychology. They need a new way of looking at the world around them and categorizing their experiences more than they need to learn to work more efficiently with the tools they have. Many patient's lives will be more profoundly effected by returning to a childhood church than by years of psychotherapy. They may find the peace they have sought in a Wiccan circle, after trying every New Age therapy available. A patient will find that a study of Qabalah finally gives him the tools to understand his world. Another will find that in the teachings of Buddhism she finally finds someone asking the same questions she asks.

Chinese medicine is built upon Taoist and Buddhist philosophies that can be very useful to our patients in making their lives understandable. Simply by explaining the concept of Blood (Xue) for the first time, we have changed the patient. When we can get the patient to connect this idea with their nightmares, we have changed them again.

Acupuncture as a Counseling Tool

Usually we think of counseling as something we add to our practice of acupuncture. Acupuncture is, however, a powerful tool in the counseling process and we should not limit ourselves to that which can be accomplished via talking.

We know, for example, that needles may be used to calm an agitated patient; that our needles may be used to reduce anger; that there are points to elevate a patient's mood. All of these ideas can be worked into the counseling process, throughout the treatment.

Another idea, borrowed from British and French acupuncturists is the "clarification" treatment. In this we use a few points to "bump" the major Organ involved in a case. We then wait until next week to see what develops. This "bumping" is accomplished by tonifying or sedating the affected Organ, as might be appropriate, but treating very few points, with awakening the Organ as the only treatment principal. Aside from being very helpful in sorting out complicated cases, such clarification treatments will most often help the patient gain clarity about their condition. When we sedate an excess Liver for the first time in a patient with Liver-related emotional problems, all sorts of ideas and emotions will come up for this patient in the next week. Ask the patient to note these and share those that seem appropriate.

Red Flag Issues

No treatise on counseling is complete without a discussion of danger signs that may occur in the process. We have both ethical and legal responsibilities in these cases, and the value of developed referral sources cannot be overestimated.

Depression: In and of itself, depression is not a red flag condition, but the seriously depressed patient must be monitored by both practitioner and family. The practitioner should be alert to the early warning signs of suicidal ideation. Patients who remain unresponsive to treatment, or who seem to be worsening should be referred.

Suicidal Ideation: Patients will sometimes joke about suicide, others will mention it simply for the attention such a mention brings. Others,

however, are deadly serious and it is not always easy to know the difference. **Any suicide act or threat must be taken seriously.** There are danger signs of impending suicide, such as recent emotional crisis, history of suicide in the family, history of suicide attempts, and detailed planning but it is not for the acupuncturist to make the determination as to the patient's seriousness. Refer to appropriate care, help the patient connect with social services and suicide prevention organizations. Contact with the patient's family may be appropriate, though there is some controversy about this.

Criminal Intent: In my original training in pastoral counseling, this was an issue of some debate, a debate which may be familiar to many. In the context of an acupuncture treatment, however, there are no ethical or legal grounds preventing the practitioner from reporting violent criminal intent to the police. Many would argue that this is the most ethical course, others hold confidentiality to be the key issue. In some states, practitioners are legally required to report criminal intent.

Child Abuse: As health care providers we are required by law to report suspected cases of child abuse.

Spousal Abuse: While the legal issues are cloudier, the abused spouse should be referred to an appropriate service. If patient is in clear and immediate danger, referral to the police is warranted. Otherwise, the patient should be referred to organizations which support and assist abused spouses. Many patients, even in light of clear signs of abuse, will not be willing to admit or report it, however. Negotiation with the patient can occasionally be successful, but often they will leave the office with matters unresolved.

Rape: This is a red flag issue due to the extreme emotional trauma that rape can inflict on a woman. Anger, rage, depression and suicidal intent are all possible in the aftermath of a rape. Practitioners should be supportive and make periodic risk assessments of such patients.

Drug Abuse: This is a common occurrence in the acupuncture clinic. While Chinese medicine can help the drug abuser, the abuser is also likely to be very unpredictable. Depending on the drugs used, a patient could become violent and dangerous. For such patients the only course of

action is to call the police. Do not attempt to reason with a violent drug abuser under the influence. For others, watch them for signs of depression, suicidal tendencies, or other serious psychiatric disorders that commonly accompany both drug use and drug withdrawal.

The Author

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