

COMBINING ACUPUNCTURE AND PSYCHOTHERAPY
AS A TREATMENT FOR DEPRESSION

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I certify that I have read this paper and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a product for the degree of Master of Arts in Counseling Psychology.

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Abstract

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Depression is a common disorder that affects many Americans. As an acupuncturist and as a counseling intern I have treated many clients who were depressed. Many clients were, additionally, on medications and seeking alternative forms of treatment.

The synthesis of acupuncture and psychotherapy takes into account the complex relationship of the body and the mind. The synthesis of acupuncture and psychotherapy recognizes and explores the connection of somatic and psychological events. Events that occur within the body may result in mental and emotional symptoms; psychological events may have an effect on the body's physiology. The human condition includes the whole of the body and the mind.

In order to explore this mind/body connection, this paper outlines a pilot study combining acupuncture's five-needle auricular protocol and psychotherapy to provide a synthesis of the two modalities as a mind-body therapy that allows for a unique treatment of depression. The clients and the therapists involved in the pilot project reported that the clients were able to access feelings or gain insight into issues regarding depression in a manner that was somewhat quicker or quicker 50-55% of the time. In the short duration of the pilot study, both the clients and the therapists reported that there were significant

positive changes that occurred during the combined sessions. Overall there was a feeling of change and movement in the client's ability to access feelings and gain insight into the issues that they were presenting.

This pilot project suggests the wisdom of conducting a further study over a longer duration of time to monitor how the combined sessions of acupuncture and psychotherapy and the ensuing changes would affect levels of depression, as well as to monitor any other phenomenon that arose during the sessions. It has been my experience as an acupuncturist and as counseling intern that there is a palpable change that occurs when acupuncture is introduced into a therapy session. The challenge remains as to how to create a study that can reflect the changes that occur in such a setting.

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CHAPTER I
EXPLORING THE COMBINATION OF PSYCHOTHERAPY AND ACUPUNCTURE
AS A TREATMENT FOR DEPRESSION

Depression is a mood disorder that affects many Americans. Treatment for depression varies widely. Psychotherapy is one treatment option promoted by Western psychology. Psychotherapy primarily addresses the mental activity and the psyche of the individual. Acupuncture is a treatment for depression pursued in the Chinese medicine tradition. Acupuncture primarily addresses the relationship of bodily events, which includes the mind, body, and spirit of the individual. Both modalities have proven to be successful in the treatment of depression. The combination of psychotherapy and acupuncture as a mind-body therapy may provide an effective treatment option for the treatment of depression.

Western medicine has increased the variety of medications available to combat the symptoms of depression. What remains unclear is the long-term effect of the medications. Many people experience side effects and are not able to tolerate the medications. For many people, the symptoms of depression return once the medications are discontinued. Combating the symptoms of depression is an important aspect in the treatment of depression. In pursuit of long-term relief from depression, individuals are seeking alternative avenues of treatment.

The use of psychotherapy in the Western psychological model and the use of acupuncture in the Chinese medicine paradigm have proven to be successful in the

treatment of depression (Birch & Hammerschlag, 1996; Hollon, Stewart, & Strunk, 2006; Mark, Barber, & Crits-Christopher, 2003). Both modalities focus primarily on the root source of the symptoms of depression. Psychotherapy addresses the emotional and behavioral patterns beneath the symptoms. Chinese medicine addresses the patterns of imbalance of the mind, body, and spirit that manifest as depressive symptoms. Both the Western and Eastern traditions of medicine are concerned with the underlying patterns beneath the symptoms of depression. Both modalities are concerned with the inner state of suffering of the individual and the root cause of the symptoms.

Mind and body are not separated in Chinese medicine. The body is considered the material basis for the mind and the mind is seen as the natural expression of the functions of the body (Beinfeld & Korngold, 1991). Currently in the field of Western psychology, there is a growing interest in the mind-body relationship. There is an increased interest in exploring the connection between somatic and psychological events. As has always been the underlying tenet in Chinese medicine, Western psychology is acknowledging that physiological events that occur within the body may result in mental-emotional symptoms, just as psychological events may have an effect on the body's physiology.

Combining the Western psychological modality of psychotherapy and the Chinese medicine branch of acupuncture is a mind-body approach for the treatment of depression. The combination of the two modalities addresses the somatic and psychological events of depression simultaneously. The simultaneous combination of acupuncture and therapy provides a unique treatment for depression.

Acupuncture and Psychotherapy as a Mind-Body Process

Eastern philosophy takes the whole of the person, physiologically and emotionally, the community, and the universe into account when exploring a symptom of an individual. People are not separate from their minds or bodies, from their community, or from the whole of the universe. Chinese medicine is based on this philosophy of energetic connection. “Chinese medicine appears to us as a total psychosomatic medicine grafted onto the cosmic and hereditary environment. The whole is seen entirely energetically” (Larre & Roschat de la Vallee, 1996, p. 20).

Chinese medicine is a psychosomatic medicine. When an individual seeks a practitioner of Chinese medicine to help resolve a symptom, the practitioner will take into account the physical symptoms as well as the mental well-being of the individual. Chinese medicine also takes into account the lifestyle—diet, exercise, and the support system—the individual has within the community. The practitioner will be curious as to when the symptom first occurred and under what circumstances the symptom first occurred. What events were present in the person’s life at that time? Has the individual experienced this symptom before? The practitioner will also be curious as to what type of physical environment individuals live in and their reaction to it. Does the individual live in a damp, cold environment which tends to increase the symptoms? Does the individual’s pain increase in the heat of the summer? Additionally, hereditary factors are taken into account. Was the individual sickly as an infant, leaving the immune system compromised at a young age? This could create a pattern of underlying deficiency that will always have to be monitored and addressed for the individual (Kaptchuck, 1983).

I have been an acupuncture practitioner of Chinese medicine since 1997. Prior to becoming a Licensed Acupuncturist, I studied Chinese medicine for four years. As a practitioner, I began to notice a pattern with individuals who had chronic illnesses. When I would inquire as to when the illness first occurred and what events were present in the individual's life at that time, the majority of the individuals would relate a time of overwhelming circumstances. For example, one client had been experiencing reoccurring sinus infections for three years. I asked when they initially began. She replied that the sinus infections began during a time period when her house burned down, her mother died, and her son had been put in jail. These were a series of events that were emotionally devastating to my client. Her body also reacted in a way that left her feeling helpless. She had not regained her health in the three years since the events occurred. She had not physically or emotionally resolved the circumstances that were the catalyst for her illness. After observing this dynamic many times with many clients, I began to wonder how I could assist clients in further resolving the circumstances that surrounded their illnesses. I suggested to the clients that they pursue therapy to explore the initial circumstances in which their illnesses occurred, as well as the current unresolved emotional issues. Very few clients were willing to forge this path.

During the same time period that I was discovering the tenacity of the emotional link to the physical symptoms of my clients, I was personally engaged in my own inner exploration. I was working with a practitioner, Susan Ozimkiewicz, Process Psychobiologist, with the focus on the emotional understanding of physiological problems. Susan is a practitioner who combines her intuition, the intuition of the client, and process work as a therapeutic technique to explore the symptoms and patterns in the

individual. As I began to understand and unravel my own psycho-emotional connections and how they manifested in my body and in my life, I began to wonder how this knowledge could benefit my clients in their healing processes.

A conversation evolved between Susan and myself that led to the creation of a process that combines an integration of acupuncture, process work, and the process of the client. This integrative process is called AcuProcess® (Ozimkiewicz & Kutty, 2003) (see Appendix A). I offered this integrative approach to clients who were interested in exploring the underlying pattern of their personal issues, life experiences, repetitive patterns, fears, and buried emotions that were taking form as a symptom in the body. The underlying pattern of the symptom is viewed as an imbalance of energy in the body. Through process work, clients are challenged to know more about themselves and the personal experience of their symptom or issue. The client's involvement in the process promotes self-responsibility as the client becomes more aware of the meaningful personal experience of his or her own condition. Through this insight and the simultaneous treatment of acupuncture, the energy of the body becomes balanced, resulting in a core experience from which healing takes place.

The feedback that Susan and I received regarding the simultaneous treatment of acupuncture and process work was overwhelmingly positive. Clients commented that they felt more grounded during an AcuProcess session. Many clients told us that they felt disconnected from their bodies and their feelings. They found that the combined process helped them expand beyond their logical thinking and access their bodies and their feelings in a way that they had not experienced before. Many clients were able to feel the connection of their emotions to their bodily symptoms. Susan and I also observed that the

clients “dropped” into their emotions quicker when acupuncture was employed simultaneously to the process work. It appeared that emotions and insight into their condition were more readily accessed.

In an acupuncture treatment and in an AcuProcess session there is more time to spend with a client than a medical doctor or a psychiatrist is allotted. There is adequate time to explore the many facets of the symptom presented. A safe container is created and honored during the treatment session. Clients often experience the movement of emotions as the energy in the body moves. This situation allows for the emergence of deeply buried emotions. I found that many clients were reluctant to pursue the buried emotions unless they currently had a therapist with whom they were engaged. Since I had an established relationship with these clients, they trusted me and divulged personal information to me for which they were seeking help. When I suggested that they consider the integrated approach of AcuProcess, many clients were willing to explore this new territory because they felt comfortable with our established relationship and I would be part of the process. Clearly, the trusted relationship was a significant factor for the client to pursue the unknown territory of the psyche and the emotions that were emerging.

After several years of observing the healing results of AcuProcess, I became further interested in studying counseling psychology. I was impressed with the healing results of the clients who experienced an integrative approach. I also observed the value and the healing process of the clients who were interested in exploring and experiencing the condition underlying the symptom. I wanted to further assist my clients in their exploration of health and wholeness.

The Introduction of Acupuncture Five-Needle Protocol Into a Psychotherapy Session as a Treatment for Depression

As a counseling intern the majority of the clients who were referred to me were experiencing depression. In the safe therapeutic container the clients explored the many facets contributing to the depression in their lives. As I listened to and observed my clients, I reflected on the many acupuncture clients I have treated who are depressed. I became aware of the protocol that I followed when I treated a client who was depressed. When an acupuncture client came for a treatment and was quite depressed, I would begin the treatment with the acupuncture technique of the five-needle protocol.

The five-needle protocol was originally established for the treatment of addictions. Through research and observation over the last 20 years, it had been proven to be an effective treatment for substance abuse (Smith, 1999). The research has shown that five-needle protocol is effective for the treatment of substance abuse because it effectively treats depression, anxiety, and insomnia (Cooley, 1998; Smith, 1999; Taub, 1993).

The use of five-needle protocol is a specialized subset and a relatively new procedure for the field of acupuncture. Most of the literature available regarding the five-needle protocol is written by Michael Smith, who helped develop the protocol. The majority of the written literature documents the use of five-needle protocol for substance abuse treatment. I was pleased to find two articles that documented the use of five-needle protocol for the treatment of depression (Cooley, 1998; Taub, 1993). I intuitively used the five-needle protocol for the treatment of depression and was excited to find other practitioners who were also engaging in this process. This paper relies on these written sources in the area of research concerning the five-needle protocol.

In an acupuncture setting I observed that once the five needles were inserted the clients relaxed. As I continued the acupuncture treatment, clients would then often begin to talk more in-depth about what they were experiencing as contributing to their depression. The clients reported that the insertion of the five needles helped them feel calm and centered. In this more relaxed state, they were able to access the core issues and feelings that were contributing to their present state of depression. Reflecting on this knowledge, I began to wonder how a therapy session would differ with the simultaneous introduction of the five-needle protocol.

The Synthesis of Acupuncture and Psychotherapy as a Balanced Treatment for Depression

The modalities of acupuncture and the Western psychological technique of therapy each have a unique contribution to the treatment of depression. The synthesis of the Western psychological concepts in a therapy session and the highly developed energetic constructs of Chinese medicine results in a balanced mind-body treatment for depression. The combination of the holistic, energetic approach to healing that is offered by Chinese medicine and the insights and methodology of Western psychology results in the creation of a new and balanced approach to the treatment of depression.

Traditionally, Western psychology and the ensuing therapeutic techniques that have evolved have focused on the study and the exploration of the human mind. In Western psychology's endeavor to contribute to the field of science, many valuable discoveries concerning the mind have been made. Additionally, in light of this endeavor, some complex relationships have been ignored. The complex relationship of the mind to the body had traditionally been devalued in the field of Western psychology. Fortunately, there is now an increased awareness as to the importance of this complex relationship.

The field of psychology has embraced an increasingly receptive attitude toward the understanding of the connection of somatic and psychological events (Jow, 1999).

As observed with the increasing emergence of mind-body therapies such as BodyPsychotherapy (2006), BodySoul Programs (2006), and Hellerwork (2006), there is a growing recognition of somatic events as a symptom of emotional suffering. The mind-body therapies of BodyPsychotherapy, BodySoul Programs, and Hellerwork acknowledge that the human condition includes the whole of the body and the mind. I chose to include these particular mind-body therapies because they are respected programs. I have been involved in the field of alternative medicine both personally and professionally for over 20 years and through my own experience and personal feedback from other professionals have found these to be programs held in high esteem.

Chinese medicine is a modality that has recognized the connection of somatic and psychological events for thousands of years. Chinese medicine primarily addresses the relationship of bodily events, which includes the mind, body, and spirit of the individual. In the system of Chinese medicine, the mind-body relationship is accessed through the body. Acupuncture is one technique in the system of Chinese medicine that addresses this holistic relationship. An acupuncture treatment assists the individual in regaining a harmonious balance of mind, body, and spirit. Traditionally, in the field of Chinese medicine, it was assumed that if an individual were in harmony with his or her body, family, and community, then harmonious psychological health would be present (Beinfield & Korngold, 1991). Traditional Chinese medicine takes into account the mental well-being of the individual but does not perceive it to be important to understand the psychological problems of the individual. The emotional aspect of the pattern of

disharmony was included in the treatment, but insight into the problem was not addressed.

The synthesis of acupuncture and therapy provides a balanced treatment for depression. The complexities of the mind are explored through the methodology that Western psychology provides in psychotherapy. The somatic events of the body, such as body heaviness and mental foginess, are explored and treated with acupuncture. Acupuncture also addresses the conditions of the mind and spirit, such as lack of motivation, a clouded spirit, and the inability to make a plan and execute it. The combination of the feelings accessed and the insights gained through therapy and the treatment of the disharmony of the relationship of the mind, body, and spirit through acupuncture results in a new and balanced treatment for depression.

I created a pilot project to discover how a combined session of acupuncture five-needle protocol and psychotherapy differs from a therapy session that does not include acupuncture as a treatment for depression. Combined sessions were conducted and questionnaires were distributed to the therapists and to the clients. The questions in the study were formulated to provide information regarding how a population of depressed clients and their therapists perceived the client's ability to access feelings (such as anger, sadness, or fear) associated with the issue that they were presenting, as well as their ability to resolve the issue that they were presenting. These questions were selected to find answers to issues that seem important but remain unanswered in the treatment of depression. These questions were formulated to collect information beyond the question, "Is your depression decreasing?"

The pilot project conducted combining acupuncture five-needle protocol and a psychotherapy session for a population of depressed clients was performed using a qualitative research method. Qualitative research refers to any kind of research that produces findings not arrived at by statistical procedures or other means of quantification (Strauss & Corbin, 1990). It can refer to research about people's lives, behaviors, and stories, as well as research about social movements and interpersonal relationships. Qualitative researchers normally gather data by means of interviews and observations. This methodology is often performed by researchers in the social and behavioral sciences, and by practitioners in fields that concern themselves with issues related to human behavior and functioning (Strauss & Corbin, 1990).

The pilot project employed the qualitative research approach of grounded theory. In order to do this, one needs a research question or questions that allow flexibility and the ability to explore a phenomenon in depth. In this approach, there is the underlying assumption that the research question has never been asked in this particular way. Also underlying the grounded theory approach is the idea that all of the concepts pertaining to the given phenomenon have not yet been identified. This situation creates the need to ask a type of question that will enable the researcher to find answers to issues that seem important but remain unanswered (Strauss & Corbin, 1990).

CHAPTER II LITERATURE REVIEW

The disciplines of Western psychology and Chinese medicine approach healing from considerably different frameworks. Traditionally, Western psychology focuses on the study of the mind and the psyche. Traditional Chinese medicine focuses on the energetic relationship of the mind, body, and spirit.

Though the frameworks for healing are considerably different, both disciplines have a common goal. Both Western psychology and Chinese medicine are concerned with treating the human condition. Both disciplines explore the patterns that are present beneath the symptoms. Both disciplines emphasize the unique attributes of each individual, the particularities of his or her symptoms, and each individual's past and present life circumstances in the treatment process.

Chinese Medicine Theory

The art and science of Chinese medicine has been in practice for thousands of years. Chinese medicine includes the use of acupuncture, herbal medicine, and *qiqong*, which is a gentle form of movement (Cohen, 1997).

The theory of Chinese medicine utilizes a paradigm that differs vastly from Western medicine theory. Western medicine treats the symptom. If there is sinus congestion, one is given an antibiotic. Western medicine compartmentalizes the symptom. The sinuses may be X-rayed to determine structural inadequacies and blockage by phlegm. In contrast, a Chinese medicine practitioner will direct his or her attention to

the complete physiological and psychological individual. The practitioner would be curious as to why the body is creating an abundance of phlegm. Is an organ or a meridian system compromised according to Chinese medicine? The sinus is an extension of the Lung¹ system in the Chinese medicine paradigm. This would direct the practitioner to consider if the Lung meridian or organ is imbalanced. Are there lifestyle or diet considerations? Does the patient eat dairy products, which are known to create an abundance of phlegm for some people? What is the emotional state of the client? Pensiveness, worry, and over-thinking are emotional states in the Chinese medicine paradigm that can “congest” the Spleen meridian, which then can lead to the creation of phlegm in the body. The phlegm can proceed to invade an imbalanced Lung organ or meridian and manifest as sinus congestion. A complex pattern is considered.

All relevant information, including the symptom, as well as the patient’s other general characteristics, is gathered and woven together until it forms what the Chinese medicine calls a “pattern of disharmony.” This pattern of disharmony describes an “imbalance” in a patient’s body. Oriental diagnostic technique does not turn up a specific disease entity or precise cause, but renders an almost poetic, yet workable, description of a whole person. The question of cause and effect is always secondary to the overall pattern. One does not ask, “What X is causing Y?” but rather, “What is the relationship between X and Y?” The Chinese are interested in discerning the relationship among bodily events occurring at the same time. (Kaptchuck, 1983, p. 4)

In Chinese medicine the pattern of disharmony, the relationship among bodily events, is assessed by the quality and quantity of *qi* that one possesses (pronounced “chee”). *Qi* is a difficult word to translate and many different propositions have been offered. “Energy,” “life force,” and “vital force” are all translations of *qi* that do not quite

¹ In Chinese Medicine literature, words representing major Chinese Medicine concepts are distinguished from their English counterparts by capitalizing the first letter. This rule includes the meridian names, the Five Element names, body fluids such as Blood, and other significant body concepts such as Mind and Essence.

capture the totality of the concept (Maciocia, 1989). *Qi* is the basis of all of the vital substances of the body. Chinese medicine views the workings of the body and the mind as the result of the interaction of these vital substances. *Qi* encompasses varying degrees of materiality, ranging from the completely material Body Fluids (*Jin-Ye*), such as phlegm, saliva, and tears, to the totally immaterial, such as the Mind and the Spirit (*Shen*) (Maciocia, 1989). An example of the immaterial *qi* of the Mind and Spirit would be that one's life force or vitality are seen in a person's glowing complexion, the sparkling of the eyes, the fluidity of movement, or presence of health of mind and body. Vital Substances also include Blood, a nutritive, moistening, circulating substance, and Essence or *Jing*, the supportive, nutritive substance that underlies all organic life and is the basis of reproduction and development (Kaptchuck, 1983).

The *qi* circulates through a meridian system (Ross, 1995). The meridian system can be conceptualized as a network of channels or waterways that flow in a specific pattern throughout the body. The *qi* flows through the 12 main meridians which are the Lung, Large Intestine, Stomach, Spleen, Heart, Small Intestines, Bladder, Kidney, Pericardium, Triple Burner, and Liver (see Figure 1, page 15).

Each meridian has a corresponding set of signs and symptoms, both physiological and psychological. When the *qi* is flowing smoothly in the meridians, there is health and well-being in the body and the mind. For various reasons, such as the body being exhausted, or in reaction to an angry outburst, the *qi* may become compromised. The flow of the *qi* may become stuck, or what Chinese medicine refers to as "stagnate," or it may become congested or "damp." Along the network of meridians are specific points

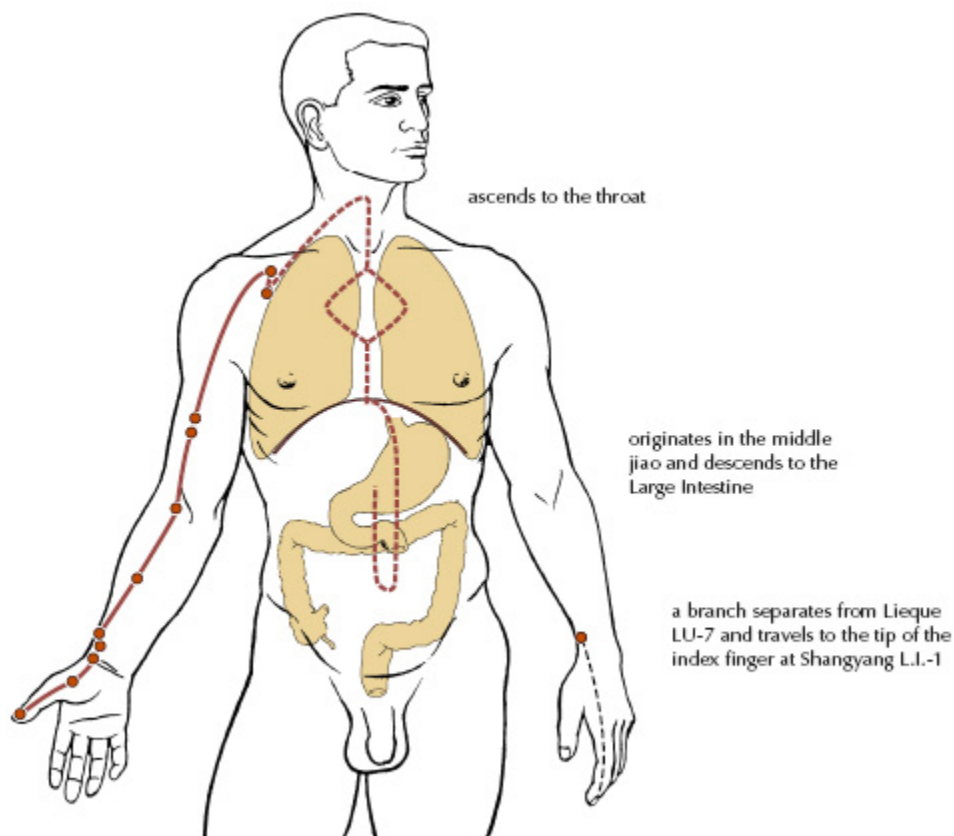


Figure 1. Lung Meridian.

Source: Acupuncture.com, 2006

Note. From *A Manual of Acupuncture* (p.73), by P. Deadman, M. Al-Khafaji, & K. Baker, 1998, Hove, England: Journal of Chinese Medicine Publications.

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that can be accessed through modalities such as acupuncture, herbs, and *qi gong* to restore the smooth flow of *qi*. The stimulation of specific points, based on the individual and the specific pattern of disharmony present, can allow for the smooth flow of *qi* and the restoration of balance and harmony (Kaptchuck, 1983).

The balance and harmony of the *qi* is rooted in the concept of the Yin-Yang theory. The Eastern Yin-Yang theory is radically different from any Western philosophical idea. Western logic is based on the opposition of contraries. According to Aristotelian logic, contraries—such as the table is square, and the table is not square—cannot both be true. In contrast, Yin and Yang represent opposite, but complementary qualities. “Each thing or phenomenon could be itself and its contrary. Moreover, Yin contains the seed of Yang, and vice versa” (Maciocia, 1989, p. 1).

The Yin-Yang symbol depicts opposites that contain the seed of the other (see Figure 2, page 17). The white circle represents the seed of Yang within the Yin, and the black circle represents the Yin within the Yang. The opposition is relative, not absolute, as nothing is totally Yin or Yang. Everything contains a seed of its opposite. Yin and Yang are interdependent—one cannot exist without the other. Yang, which represents qualities such as daytime and activity, depends on Yin, represented by nighttime and rest. The two forces are in a dynamic balance to each other. If there is an excess of Yang, or activity, the Yang will become deficient and collapse into the Yin aspect of rest or exhaustion, until the Yang level can once again come back into balance. When Yin and Yang are in balance there is harmony and health.

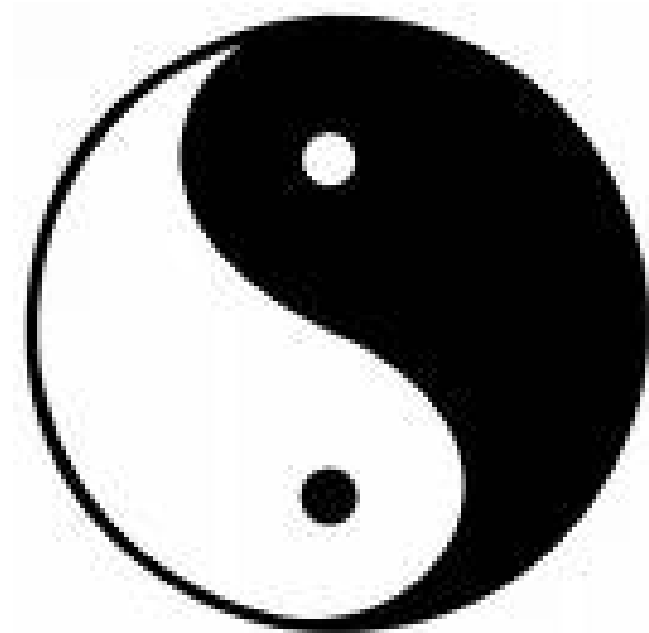


Figure 2. Yin-Yang Symbol
Source: Images.google.com, 2006

Thus, from this point of view, Yin and Yang are essentially an expression of a duality in time, an alternation of two opposite stages in time. Every phenomenon in the universe alternates through a cyclical movement of peaks and bases, and alternation of Yin and Yang is the motive force of its change and development. Day changes into night, summer into winter, growth into decay and vice versa. Thus the development of all phenomena in the universe is the result of the interplay of the two opposite stages, symbolized by Yin and Yang and every phenomenon contains within itself both aspects in different degrees of manifestation. (Maciocia, 1989, p. 3)

In addition to the Yin-Yang theory is the Five Element theory of Chinese medicine. These two theories form the basis of Chinese medical theory. The Yin-Yang theory originated earlier than that of the Five Element theory. References to the Yin-Yang theory date back to the Zhou Dynasty (1000-770 B.C.E.). The first references to Five Element theory date back to the Warring States Period (476-221 B.C.E.) (Maciocia, 1989).

The Five Elements of Wood, Fire, Earth, Metal, and Water are based on observations of nature. The introduction of this theory is considered the beginning of a “scientific” medicine and a departure from Shamanism, the original basis of Chinese medicine. “No longer do healers look for a supernatural cause of disease: they now observe Nature, and, with a combination of the inductive and deductive method, they set out to find patterns within it, and, by extension, apply these to the interpretation of disease” (Maciocia, 1989, p. 16).

According to Five Element theory, each Element is associated with an organ system. For example, Fire is associated with the heart. The Element is also associated with phenomena outside of the body, such as the seasons. Fire is associated with summer. There are numerous other correspondences, such as colors, sounds, tastes, emotions, and

smells that are extensively used in diagnosis (see Figure 3, page 20). The relationship of the Five Elements to one another is also an important diagnostic aspect. There are several sequences that describe the interaction of the Elements: generating, controlling, over-acting, and insulting (see Figure 4, page 21). The first two sequences address the normal balance among the Elements. The second two relationships take place when the balance is broken. Five Element theory takes into account a wide variety of observations, both internal and external, in its diagnosis of health (Maciocia, 1989).

The theory of Yin-Yang and the Five Element theory of Chinese medicine acknowledge the complex pattern of life that affects an individual. Both theories acknowledge the intricate internal world of an individual, physiologically and emotionally, as well as the complex relationship an individual has to others, the community, and to the universe. The system of Chinese medicine has been designed to embrace the complexity of the individual.

Acupuncture

Acupuncture is one branch of Chinese medicine. Acupuncture originated as early as the clan commune period, which lasted from approximately 10,000 years ago to 4,000 years ago. The clan commune period is also known as the New Stone Age. In the ancient literature there were many legends about the origins of acupuncture. One such legend of the New Stone Age is Fu Xi's creation of therapeutic techniques with stone needles and Huang Di's invention of acupuncture (Liangyue, Yijun, Shushui, Xiaoping, Yang, Rufen, Wenjing, Xuetai, Hengze, Xiuling, & Jiuling, 1990).

	FIRE	EARTH	METAL	WATER	WOOD
Yin Organs	Heart & Pericardium	Spleen	Lungs	Kidneys	Liver
Yang Organs	Small Intestine & Triple Heater	Stomach	Large Intestine	Urinary Bladder	Gall Bladder
Sense Organs	Tongue	Mouth	Nose	Ears	Eyes
Tissues	Vessels	Muscles	Skin	Bone	Tendons
Tastes	Bitter	Sweet	Pungent	Salty	Sour
Colors	red	yellow	white	blue/black	green
Sounds	Laughing	Singing	Crying	Groaning	Shouting
Odor	scorched	fragrant	rotten	putrid	rancid
Emotions	Joy	Worry/Pensiveness	Grief/Sadness	Fear	Anger
Seasons	Summer	Late Summer	Autumn	Winter	Spring
Environment	Heat	Dampness	Dryness	Cold	Wind
Developmental Stages	Growth	Transformation	Harvest	Storage	Birth
Direction	south	center	west	north	east
Body Types	pointed features small hands quick energetic	large features strong legs calm generous	triangular features strong voice meticulous, strong willed	round features strong digestion loyal, enjoy movement	tall slender strong bones and joints hard workers

Figure 3. Table of Five Element Correspondences

Source: YinYangHouse.com, 2006

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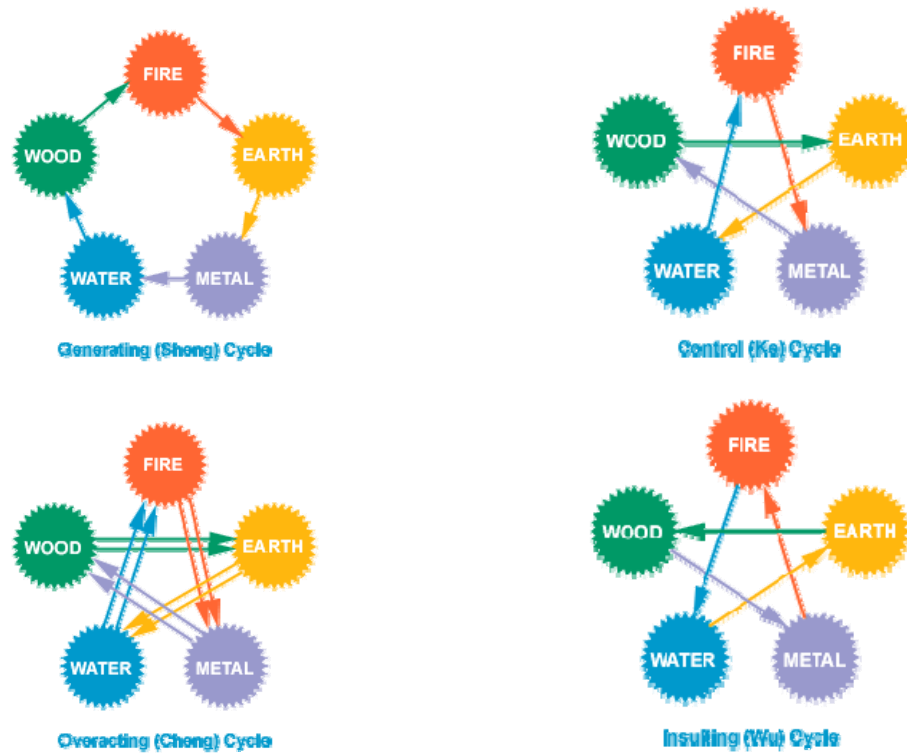


Figure 4. Five Element Sequences

Source: YinYangHouse.com, 2006

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During the New Stone Age there was improvement in the technique of stone manufacturing. A specialized tool with medical usage was created. This was called a *bian* stone. The *bian* stone was known as a needle stone and used for external treatment. In China, *bian* stone needles were discovered in New Stone Age ruins and unearthed in several different provinces. By the Han Dynasty (206 B.C.E.-C.E. 24) the introduction of iron lead to the replacement of the *bian* stone needles with metal medical needles. This broadened the development of the field of acupuncture. Among relics excavated from ruins of the Han Dynasty are golden needles, silver needles, and silk scrolls inscribed with the earliest outlook of Chinese medicine theory (Liangyue et al., 1990).

An acupuncture treatment is one modality of Chinese medicine. In an individual a pattern of disharmony is discerned through tongue and pulse diagnosis combined with a medical history, diet, lifestyle considerations, and personality. Based on this information, specific acupuncture points on the meridians are selected and needled. The needling of the acupuncture points results in the movement of *qi*. Depending on the needling technique the *qi* may be sedated or tonified. By needling the acupuncture points in a specific way the *qi* becomes balanced. For example, excess *qi* is dispersed, debilitated *qi* is tonified, and stagnant *qi* moves. The acupuncture treatment is intended to restore the balance and harmony of *qi* in the body, resulting in the restoration of health (Kaptchuck, 1983).

Acupuncture and the Treatment of Depression

Chinese medicine is based on a significantly different paradigm than that of Western medicine. In Western medicine there are two separate entities: the body and the

mind. There is much speculation amongst scientists and philosophers regarding the relationship between these two entities.

In order to understand Chinese medical psychiatry, one must first and foremost understand that *no such dualism between the body and mind exists in Chinese medicine*. The body is the material basis for the mind, which is seen as the natural expression of the functions of the body. (Flaws & Lake, 2001, p. 15)

In Chinese medicine, the activities of the mind have always been considered as inseparable from the body. Mental diseases were not treated differently from a disorder of the body. It is recognized that physiological events that occur within the body may result in mental-emotional symptoms. Psychological events may also have an effect on the body's physiology.

The concept of the mind has a different connotation in Chinese medicine than it does in Western medical literature. There are a number of different terms used in Chinese medicine that refer to the mind or the psyche including: heart, mentality, memory, brain, intelligent power, and spirit brilliance. Each of these terms carries specific meanings. The term most commonly used when referring to the mind or psyche is Spirit or *Shen* (Flaws & Lake, 2001).

Spirit has several basic meanings. One meaning is the outward manifestation of physiological vitality. This includes the sparkling of the eyes, clear speech, and a glowing facial complexion. Loss of spirit vitality would reflect in dull eyes, incoherent speech, a dark complexion, and apathy. Spirit also refers to one's cognitive abilities and experiences of emotions (Flaws & Lake, 2001).

Spirit and body are seen as a yin-yang pair. The body is the material basis for the Spirit, while the Spirit is the immaterial manifestation of the body's physiological activities. The *qi* is the basis for both the material body and the immaterial Spirit. More

specifically, the Spirit is the accumulation of the *qi* in the heart, one of the 12 meridian systems. For example, one's body could become exhausted by an abundance of activity and a lack of nutrition, such as by working long hours and not eating nutritiously. This leads to insufficient nourishment for vital *qi*. The result could affect the heart meridian as a physiological symptom, such as anemia, as well as a spirit symptom, such as a loss of spirit, a clouded spirit, or a debilitated spirit.

The first descriptions of mental and emotional disorders in Chinese medical texts date back to the Warring States Period (476-221 B.C.E.). The *Nei Jing (Inner Classic)* is a medical text dating to this period. The *Nei Jing* included discussions of the diagnosis and treatment of recognizable psychiatric disorders, such as mania. The author Huang Di elaborated:

A person can become delirious to the point of running about naked, talking loudly, and not consuming food for several days. At the same time these patients are able to climb great heights and perform unusual feats, things they cannot do under normal circumstances. Why is this? (as cited in Flaws & Lake, 2001, p. 4)

The *Nan Jing (Classic of Difficulties)* further described the two fundamental categories of mental-emotional disorders in Chinese medicine—mania and withdrawal. “Difficulty 59” of the *Nan Jing (Classic of Difficulties)* stated:

How can mania and withdrawal be distinguished?

Answer: At the beginning emission [or outbreak] of mania, there is little lying down and no hunger. One [speaks of] oneself [as if] elevated and worthy [of honor]. One discriminates [or points out] one's [special] intelligence and one behaves in an arrogant and haughty way. One frenetically smiles, sings, and is happy and frenetically moves about without break. During the initial outbreak of withdrawal, the mind is not happy. One lies stiffly, staring straight [ahead]. (as cited in Flaws & Lake, 2001, p. 4)

Also during this time period, the Chinese medical text, *Shang Han Za Bing Lun (Treatise on Damage [Due to] Cold & Miscellaneous Diseases)*, described disease

categories of mental emotional disorders. One entry stated that “Yin qi debility results in withdrawal, while yang qi debility results in mania” (Flaws & Lake, 2001, p. 4). The *Zhong Zang Jing (Classic of the Central Viscera)* (Circa 208 C.E.) also described mania and withdrawal:

There are patients who sing and laugh, or conversely there patients who weep sorrowfully. There are those who run about; those who moan and groan; those who belittle themselves; those who cannot sleep; those who cannot or will not talk. (as cited in Flaws & Lake, 2001, p. 5)

In the ancient texts, descriptions of mania and withdrawal include symptoms of both the mind and the body. The outward manifestation of the *qi* of the mind and the body is apparent in mental and emotional disease categories in Chinese medicine. Psychological and somatic diseases are intertwined. In Chinese medicine both psychological and physiological diseases are explained in terms of the movement of *qi*. Treating the *qi*, as with acupuncture, will address both the material *qi* of the body and the immaterial *qi* of the mind.

The end result of acupuncture in the treatment of psychological disorders is not to rid the body of the psychological affect, but instead to bring the emotion into balance. There is a healthy expression of emotion. It is healthy to feel joy, anger, and sadness. Appropriate emotion is essential to one’s well-being in the journey of life. Life wells up and life descends; there is a time to be inward and a time to be outward. There is growth and decay, winter and summer, joy and grief. Acupuncture may assist the psychological balance of an individual as one journeys through the complex inner and outer landscape of life.

The problem with the way we think about emotions is that we believe serenity is the lack of emotions. This is not the case. Serenity is not being disturbed by emotions. Or if disturbed, to be able to come back immediately. In treating people

we are not supposed to ask them to be emotionless, or not to be taken over by emotions, but just as far as possible to be able to come back to a state where the emotion will be felt inside their quietness. (Larre & Roschat de la Vallee, 1996, p. 14)

When the emotions are out of balance and one feels depressed, there may be a description of the experience of melancholy, being low in spirits, not motivated, and unable to cope with life. Often, there will also be somatic expressions of feeling sluggish, muscle aches, and the inability to think clearly, as if the mind is foggy or clouded. In Chinese medicine these conditions are usually associated with either Stagnation or a Deficiency. When the *qi* is Stagnant, there is enough energy, but the flow of energy and emotions is blocked. In the case of a Deficiency of *qi*, there is simply not enough energy to feel motivated or to cope with life's tasks. Deficiency can be further associated with Excess, such as in manic depression, or with Irregularity, as in anxiety depression (Ross, 1995).

The Deficiency, Stagnation, Excess, or Irregularity of *qi* could express itself as a variety of symptoms. The pattern of symptoms is reviewed and leads to a Chinese medical diagnosis. A selection of acupuncture points are needled based on the pattern diagnosed. For example, Deficient *qi* of the Heart may be expressed as: loneliness, lack of interest, lack of warmth and affection, lack of love for self and others. Deficient *qi* of the Kidney may manifest as feelings of helplessness or powerlessness. There may be low self-worth and a lack of a drive. Stagnant *qi* of the Liver would exhibit symptoms such as anger, frustration, feeling blocked in life, and experiencing the internal pressure and desire to act, but uncertain as to what path to choose. Depression in an individual may be associated with a single syndrome, such as Deficient Heart *Qi*, or multiple syndromes, such as Deficient *Qi* of the Heart and Spleen and Stagnant Liver *Qi*. There is a myriad of

combinations of patterns and treatments in Chinese medicine that address the particular expression of depression of an individual (Ross, 1995).

Representative Research of Acupuncture Treatments for Depression

A study conducted by H. Luo, F. Meng, Y. Jia, and X. Zhao, published in *Psychiatry and Neuroscience* (as cited in Flaws & Lake, 2001), found that electroacupuncture treatment is as effective as amitriptyline, an antidepressant, for patients with depression. In this study, two consecutive clinical studies on the treatment of depression with electroacupuncture were conducted. The first study was double-blind and placebo-controlled in which 29 depressed inpatients were recruited. Patients were randomly divided into three groups: electroacupuncture plus placebo; amitriptyline; and electroacupuncture plus amitriptyline. All patients received electroacupuncture and/or amitriptyline for six weeks. The Hamilton Rating Scale for Depression, Clinical Global Impression (CGI) index, and ASBERG scales for the side effects of antidepressants were used to evaluate therapeutic efficacy and side effects. Based on the results and research protocol of the first study, a multi-centered collaborative study was conducted in which 241 inpatients with depression were recruited. Patients were randomly divided into two treatment groups: the electroacupuncture plus placebo and the amitriptyline groups. The results from both studies showed that the therapeutic efficacy of electroacupuncture was equal to that of amitriptyline for depressive disorders ($P > 0.05$). In addition, electroacupuncture caused a better therapeutic effect for anxiety somatization and for cognitive process disturbance of depressed patients than did the amitriptyline ($P < 0.05$). Moreover, the side effects of electroacupuncture were much less than that of amitriptyline ($P < 0.001$) (Flaws, & Lake, 2001).

“Clinical Observation on Needling Extrachannel Points in Treating Mental Depression” was a study conducted by X. Yang, X. Liu, H. Luo, and Y. Jia, (as cited in Birch & Hammerschlag, 1996), and published in the *Journal of Traditional Chinese Medicine*. The study combined the use of manual acupuncture and electroacupuncture and compared it to the use of anti-depressant medication for the treatment of patients with clinically defined depression.

The study consisted of 41 in- or outpatients, diagnosed with what the researchers refer to as manic depression, involution depression, or depressive neurosis, which was present for a duration of four months to five years. The patients were randomly assigned to receive a course of treatment with acupuncture or amitryptiline. The subjects in the acupuncture group were treated at a common set of eight acupuncture points and at additional individualized points based on traditional Chinese medicine diagnosis. Electrical stimulation was applied to needles at four of the common points. Treatment was given six times per week for six weeks. Subjects in the medication group took daily doses of amitryptiline, beginning at 25 mg. and reaching a maximum of 150 mg. by the end of the first week and a maximum of 300 mg. by the end of the six-week study period. The dose regimens were individualized based on efficacy and side effects. Clinical improvement was assessed on a four-grade scale of “cured,” “markedly improved,” “improved,” or “failed,” and on the seven-factor Hamilton Depression Scale. Electroencephalographic (brain) activity of subjects in the acupuncture group, but not in the medication group, was monitored before treatment, after the first and 18th sessions and after the completion of the study period.

The results are as follows: After six weeks of treatment, the 20 subjects who had received acupuncture were rated as five cured, five markedly improved, eight improved and two failed. Corresponding numbers for the 21 subjects who received medication were six, eight, six, and one, respectively. The differences between the groups were not significant. The mean total scores on the Hamilton Depression Scale decreased from 29 +, - 6 to 16 +, - 7 for the acupuncture group, and from 28 +, - 5 to 13 +, - 9 for the medication group. Both decreases were significant but, again, there was no difference between the two groups. Significant within-groups decreases were found for five of the seven factors evaluated, including the somatization of anxiety, cognitive disturbances, and sleep disturbance. The acupuncture treatment appeared to reverse two EEG parameters from their altered form characteristic of patients with depression to a form approaching “normal brain activity” (as cited in Birch & Hammerschlag, 1996).

In this study, acupuncture treatment was demonstrated to be as beneficial as amitriptyline for achieving clinical improvement in patients with depression. The findings indicate that acupuncture should be considered as a treatment option for depression, especially when anti-depressant medication is contra-indicated (Birch & Hammerschlag, 1996).

Acupuncture: Five-Needle Protocol

The five-needle protocol, or NADA protocol, is an auricular, or ear point needling, acupuncture technique. NADA is the National Acupuncture Detoxification Association. NADA was established in 1985 following 10 years of experience developing the five-needle protocol for the treatment of addictions by the staff and other professionals associated with South Bronx’s Lincoln Hospital. NADA utilizes the

principles of both Chinese medicine and Western chemical dependencies therapies to bring significant benefit to persons in the process of recovery from all forms of drug addiction as well as alcoholism and a variety of mental disorders. The NADA protocol, a simplified “auricular” (ear point) needling technique derived from acupuncture, and especially designed for this type of treatment, has been carefully developed and extensively tested. NADA has trained more than 10,000 health professionals including counselors, social workers, nurses, medical doctors, psychologists, acupuncturists, chiropractors, outreach workers, drug court judges, corrections officers, and others to use the five-needle protocol (NADA FAQ, 2006).

“Nada” in Spanish means “nothing.” It signifies an abstinence-oriented, pharmaceutical-free no-nonsense approach. However, the NADA method can be used in conjunction with almost any existing type of addiction therapy, including 12 Step, therapeutic community, cognitive-behavioral, drug court, opiate-replacement, and inpatient and outpatient. It is inexpensive and popular in most cultural circumstances. (NADA FAQ, 2006)

Primarily, acupuncture treatment for drug and alcohol related problems was developed at Lincoln Hospital, a New York City-owned facility in the South Bronx (Smith, 1999). In 1974 Lincoln Hospital offered a methadone detoxification program. Acupuncture was used as an adjunctive service to treat prolonged withdrawal symptoms. Yoshiaki Omura was the consultant who began the program of implementing acupuncture in the treatment of addiction withdrawal. The program was based on the results of Hong Kong physician, H. L. Wen. In 1972, Wen observed that opium addicts who received electroacupuncture on the lung ear point as post-surgical analgesia experienced relief of withdrawal symptoms (Smith, 1999). Wen then conducted pilot studies that formed the basis of subsequent research (Smith, 1999). At Lincoln Hospital, gradually the original acupuncture protocol of applying electrical stimulation to one ear

point was altered and expanded. It was discovered that electrical stimulation was not necessary for symptom relief. Manual needling was discovered to produce a more prolonged effect. For the first time patient surveys reflected a reduction in alcohol and heroin cravings (Smith, 1999). In previous survey results, patients reported less malaise and better relaxation. The technique of manual needling resulting in a more prolonged effect corresponds to the general rule in acupuncture that gentle needle stimulation results in more of a long-term, preventative, or tonification effect. During a several year developmental process, four other ear points were added to the protocol (Smith, 1999).

The basic five-point formula as presented by Dan Bensky was:

Sympathetic – used for numerous diseases related to the disruption in both sympathetic and parasympathetic nervous system. It has a strong analgesic and relaxant effect upon internal organs. It dilates blood vessels. Shen-men – regulates excitation and inhibition of the cerebral cortex. Sedative and anti-allergy effects. Used for many neuropsychiatric disorders. Lung is used for analgesia, sweating, and various respiratory conditions. Liver is used for various hepatitis anemia, neuralgia, muscle spasms, and eye diseases. Kidney conditions strengthening point the cerebrum, hematopoietic system and kidney. Used for neurasthenia, lassitude, headache, and argental problems.

Traditional Chinese theory associates the lung with the grieving process; the liver with resolving aggression; and the kidneys with will power, coping with fear, and new growth. (as cited in Smith, 1999, p. 3)

In substance abuse treatment programs, the five ear needles are administered in a group setting. Patients sit in chairs and no disrobing is necessary. The needles are retained for 45 minutes during which time the patients are encouraged to relax. Patients will sometimes fall asleep during the treatment. Sterilized, one-time use needles are inserted, and discarded in a sharps container at the end of the session.

Jay Renaud of NADA reported that the Lincoln Hospital model of five-needle protocol for the treatment of addiction withdrawal has been implemented in 900 programs in the United States, 50 in Canada, and 900 overseas (personal communication,

September 26, 2006). The treatment is utilized for sobriety maintenance and relapse prevention as well as detoxification. Studies have shown that clients receiving the acupuncture treatments have higher rates of abstinence from the substance of abuse; they participate in the course of treatment more frequently (retention of patients seeking alcohol detoxification generally increases by 50% when an acupuncture component is included); and they have a lower recidivism rate (Kent-Sussex Detoxification Center in Delaware reported a decrease in recidivism from 87% to 18%) (Smith, 1999). Clients who receive acupuncture as a component of substance abuse treatment also routinely report a reduction in cravings of the substance, decreased withdrawal symptoms, as well as a reduction in stress, anxiety, depression, and a report of improved sleep and less erratic behavior (Taub, 1993).

Five-Needle Protocol and the Treatment of Depression

A significant percentage of the drug-using population also presents with a mental health problem. It is not uncommon for a drug-using patient to also present with depression, anxiety, ADD, ADHD, or schizophrenia. The five-needle protocol has been used to address these disorders as well as HIV- and AIDS-related treatments, as treatment for substance-abusing pregnant woman, and in settings addressing sexual offenders and juvenile offenders (Cooley, 1998). Results of five-needle protocol, also called Acudetox, have shown that:

Participants experience less anxiety, depression, insomnia, increased concentration, a reduction in anger and violent outbursts, reduced need for medication, and stabilization of emotional and mental processes of the mentally ill.

The reduction of anxiety, depression, insomnia and concentration demonstrated would suggest that Acudetox would offer important benefits for anyone suffering from post traumatic stress disorder, such as victims of violent crimes, natural disasters etc. (Cooley, 1998, p. 1)

It has been observed that mentally ill patients would return for additional acupuncture treatments. They would comment on how good they felt. Anecdotal and clinical observation also indicates that acupuncture has a beneficial calming effect on this population (Taub, 1993).

In a pilot program in Waco, Texas, acupuncture was administered to a group of patients with severe psychiatric diagnoses. Glenda Hamilton, a staff member, reported that the patients receiving acupuncture were more approachable, less symptomatic, and exhibited more constructive purpose. In Portland, Oregon, the Portland Addictions Acupuncture Center treats dually diagnosed clients in conjunction with the North-Northeast community Health Center. The program director, David Eisen, reported that patients who receive the five-needle protocol are more compliant with their mental health program. A study of the use of acupuncture as an adjunctive treatment for substance abuse was conducted at Biscailuz Intermediate Care Jail Mental Health Services. Staff members filled out questionnaires at the end of the project and feedback was unanimously positive. Ivey Burton, counselor, reported that patients have stated a reduction in depression and relief from drug cravings. Richard Cabrera, mental health coordinator, reported that the patients were more receptive to psychotherapy and sobriety, and seemed more tranquil and less irritable in handling their lives. Also significant in this study was the attendance patterns. When it was time to shift to acupuncture treatments three times per week instead of daily after 12 to 15 treatments, all but four of the 68 continuing participants requested to come daily, even if it meant missing a “fun” activity such as a movie or craft activity. Questionnaires completed by the participants showed that 53 patients perceived depression as a problematic area. At the completion of the

study, a 79% improvement in depressive symptoms was reported. The 42 patients who reported anxiety as problematic experienced 81% improvement; the 39 patients who reported anger as problematic experienced 87% improvement; and the 25 patients who reported violence as problematic experienced 88% improvement (Taub, 1993).

In substance abuse centers, five-needle protocol is used as an adjunctive component for recovery. The protocol is administered in addition to modalities such as counseling or a 12 Step Program.

Acudetox along with psychotherapy could yield even more significant results for the treatment of depression...it is possible that using Acudetox with psychotherapy would yield a more sustained relief, without the expense and the considerable side effects of pharmaceuticals, this could provide a more inexpensive, more effective and less intrusive form of treatment for depression. (Cooley, 1998, p. 2)

There is limited written information concerning the five-needle protocol. Most of the information available addresses the use of five-needle protocol for the treatment of substance abuse. The studies cited above were the only studies available which addressed the use of five-needle protocol in the treatment of depression.

Western Psychological Theory and Depression

“Depression – pressing down; lowering; a psychoneurotic or psychotic disorder marked by sadness, inactivity, and difficulty in thinking and concentration, and feelings of dejection” (*Webster’s New Collegiate Dictionary*, 1981, p. 303). According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)* (2000), depression is a mood disorder. The clinical description of depression is the loss of interest or pleasure in nearly all activities. To receive the clinical diagnosis of depression there must also be at least five additional symptoms, including a change in appetite or weight, sleep, and psychomotor activity; decreased energy; feelings of worthlessness or guilt; difficulty

in thinking, concentrating, or making decisions; or recurrent thoughts of death or suicidal ideation, plans, or attempts. People may describe feeling hopeless or discouraged.

Individuals may indicate that they have no feelings or feel anxious. Many people report increased irritability and an exaggerated sense of frustration. Some individuals will report somatic complaints such as body aches and pain. Family members may notice a social withdrawal and a decrease in engagement in activities that had previously been pleasurable to the individuals. The DSM-IV-TR (2000) specifies several categories of depression. They are: Major Depressive Disorder, characterized by one or more Major Depressive Episodes, which consist of at least two weeks of depressed mood or loss of interest accompanied by at least four additional symptoms of depression; Dysthymic Disorder, characterized by at least two years of depressed mood for more days than not, accompanied by additional depressive symptoms that do not meet the criteria for a Major Depressive Episode; and Depressive Disorder Not Otherwise Specified (2000).

The diagnosis of depression can be difficult, as it is often complicated by other factors. A co-morbidity factor may exist, which refers to other psychological or physical problems that may compound the depression. For example, someone diagnosed with depression may also have a serious disease such as cancer. He or she may have another serious psychological problem, such as post-traumatic stress syndrome, alongside the depression. Someone may also be abusing drugs. Statistically, the majority of depression sufferers also suffer a co-morbid condition (Yapko, 1997).

In addition to the clinical description of depression as a mood disorder, the concept of depression can be described in many other ways. An individual may be gripped by an affect suddenly or it could brew slowly. It could be a blue moodiness that

leaves one feeling down, testy, and out of sorts. One is still able to function in daily life, but may feel a heaviness or disengagement in activities. Or one could experience a long, deep darkness that sets severe limits on what one can do. One is forced out of the daily rhythm of life and forced to slow down and to be introspective. A prolonged, dark depression could be referred to as the dark night of the soul. Thomas Moore stated:

At one time or another, most people go through a period of sadness, trial, loss, frustration, or failure that is so disturbing and long-lasting that it can be called a dark night of the soul. If your main interest in life is health, you may quickly try to overcome the darkness. But if you are looking for meaning, character, and personal substance, you may discover that a dark night has many important gifts for you. (2004, p. xiiiI)

Moore indicated that the dark night of the soul forces an individual to slow down and focus on the things that matter in one's life.

James Hollis described depression as a swampland state. He stated that, "Depression can feel like a well with no bottom, but from a Jungian perspective intrapsychic depression is a well *with* a bottom, though we may have to dive very deeply to find it" (1996, p. 69). Hollis pondered what is being de-pressed or "pressed down" at the bottom of the well:

Life's energy, life's intentionality, life's teleology is pressed down, thwarted, denied, violated. While the etiology of such pressing down may or may not be discernible, something in us colludes with it. We might even say that the quantity and quality of the depression is a function of the quantity and quality of the life force which is being pressed down. Life is warring against life, and we are the unwilling host. (pp. 69-70)

Hollis further described depression as a stagnation and defeat of life. One can carry a heavy soul and never feel the lightness that is also part of the journey. This swampland state may lead to feelings of unworthiness and leave one feeling unable to face the challenges of life, further eroding the quality of one's life (Hollis, 1996).

The cause of depression is ambiguous and individual. There may be a reactive depression, such as after the death of a loved one. It is appropriate to feel grief and depression for a period of time after such an event. But for some individuals, the grief and depression will evolve into a clinical depression (Yapko, 1997). Why does an event lead to clinical depression in one individual and not another?

A biological component of depression has been indicated (Preston, O'Neal & Talaga, 2005). Depression has been found to occur 1.5 to three times more often among first-degree biological relatives, meaning parents, children, and siblings. There is evidence for genetic transmission, but a depression gene has not been discovered. It has also been realized that one's family is largely responsible for one's personal view of life experiences. A strong relationship has been discovered between the patterns of perception that cause depression in parents and those of their children (Yapko, 1997).

It is often suggested that depression is caused by a chemical imbalance in the brain (Preston, O'Neal and Talaga, 2005). There is not currently a reliable method of testing to identify the specific imbalance (Panteleakos, 2006.) The imbalance is often deduced from the evidence of which drug appeared to alleviate the symptoms incurred. There is also a question of which comes first—does the chemical imbalance alter the mood, or do life's experiences and associated moods alter the brain chemistry (Yapko, 1997)?

There is a sociological component to depression. One's culture strongly influences one's values, view of the world, perceptions about life experiences and what the experiences mean. In the United States, job security, economic security, and family security continue to shift. The breakdown of the nuclear family, geographic mobility—

which may lead to decreased and less stable relationships, the fluctuating roles of men and woman, and fear of terrorism are a few sociological factors that may contribute to depression (Yapko, 1997).

Americans live in a society that is fast-paced and thrives on being active. Hollis (1996) viewed American culture as one that is addicted to happiness. Moore questioned the value of a society in which growth and ambition is the measure of happiness. He believed that the dark night of the soul, or a deep prolonged depression, is a corrective measure to a life abandoned to ambition (2004). American society does not support the slowing down and introspection of an individual, whereas depression may force one to do so. Depression may force an individual to disengage from the activity of everyday life. Depression may be a cry for the body and soul to find meaning and substance in one's life.

Depression could arise from a numinous experience. "Numinous" is used to describe a "dynamic agency or effect not caused by an arbitrary act or will which seizes and controls the human subject" (Jung as cited in Young-Eisendrath & Dawson, 2002, p. 317). Jungian analyst Lionel Corbett addressed the concept of a numinous experience as it relates to depression in his book, *The Religious Function of the Psyche* (2002):

As we have seen, these fragile areas of the personality are precisely those to which the numinosum will address itself, because they are where healing is most needed and where the barrier to the unconscious is most tenuous, so that pressure from the unconscious is felt most keenly...Because the archetype attempts to provide what is necessary to restore what is missing for the individuation of the self, true religious experience is potentially frightening, and may be related to areas of great difficulty...When the spirit presses for change in a direction contrary to the ego's established norms, grandiose defences...are threatened. If they cannot withstand the pressure of the numinosum, they collapse, producing depression or anxiety; the spirit is resisted in order to prevent such dysphoria.
(p. 33)

Depression is the most common disorder affecting Americans. In a study conducted by the University of Arizona's psychology department, it was estimated that 17% of the United States population suffers from major depression. The costs of treatment of depression exceed those of other chronic illnesses such as diabetes or hypertension in terms of personal distress, lost productivity, interpersonal problems, and suicide (Cooley, 1998).

Depression can be debilitating emotionally, physically, socially, and financially. There are the emotional costs of grief, pain, and suffering. There is often physical discomfort that accompanies depression. Pain and disease may increase with the onset of depression, and vice versa. Depression has a social and interpersonal impact on the quality of life within a marriage, within the work place, and within the community as an individual withdraws or engages in unhealthy behavior such as drug abuse. Financially, depression may affect an individual with increased costs of doctor visits, prescriptions, and lost wages from an inability to work. This cost is also reflected in poor job performance, such as tasks needing to be redone, careless accidents, and in increased medical costs to the employer. A study in 1995 concluded that the annual cost of depression in the United States was \$53 billion (Yapko, 1997).

Psychotherapy as a Treatment for Depression

There are many factors to address in the treatment of depression. One will want to assess the client's diet and level of nutrition. Is the client engaging in an appropriate amount of exercise (Preston, O'Neal, & Talaga, 2005)? Are there any health issues that need to be addressed by a medical doctor? Does the depression warrant the use of medication? What are the stressors at work, in the home, and in the community that need

to be remedied? Is there an adequate support system for emotional needs (Copeland, 2001)?

Psychotherapy is one modality to consider for the treatment of depression. Psychotherapy is defined as “treatment of mental or emotional disorder or of related bodily ills by psychological means” (*Webster’s New Collegiate Dictionary*, 1981, p. 924). An individual could engage in individual or group therapy, or both. There are also many different styles of therapy to consider, such as humanistic therapies, problem-solving therapies, and psychodynamic therapies.

Group therapy is helpful to people in many ways. It can be beneficial to be with people who understand what one is going through because they have similar problems. It can be helpful to realize that one is not alone. People with depression often become isolated. They feel alone with the symptoms, the moods, and the stressors that they are experiencing. A group can provide a sense of hope as one becomes aware of how others are addressing their problems. A group leader as well as the participants can also provide information and education on depression (Copeland, 2001).

Individual therapy is another option to consider for the treatment of depression (Copeland, 2001). It allows the individual to have an agreed upon amount of time to focus on his or her specific needs. Individual therapy often allows the client the time to delve deeper into his or her experience. One may decide to attend both group and individual therapy concurrently, as each mode of therapy provides different benefits. Whether one is in group therapy or individual therapy, the style of the therapist will vary depending on their personality and what therapeutic approach they incorporate.

Humanistic Theory

A therapist may incorporate a humanistic approach to therapy. Some approaches that would fall into this category would include Gestalt, existential, client-centered, and interpersonal therapy (Brown, 2005). All of these approaches focus on emotional growth and expressiveness, and strive toward evolving healthy patterns of communication. For example, Carl Rogers was known for a client-centered, humanistic approach (Rogers, 1995). His emphasis as a therapist was on providing a relationship that the client may use for personal growth. He believed that change comes about through experience of the relationship, as opposed to imparting knowledge or interpretations given to the client. Rogers promoted being genuine as a therapist, and having a willingness to be and to express the various feelings and attitudes that the therapist holds. A second condition of the relationship is acceptance of the client, which involves a warm regard for the client as a person of unconditional self-worth regardless of the client's condition, feelings, or behavior.

This acceptance of each fluctuating aspect of this person makes it for him a relationship of warmth and safety, and the safety of being liked and prized as a person seems a highly important element in a helping relationship. (Rogers, 1995, p. 34)

Rogers also found that the relationship between therapist and client is significant to the extent that the therapist continues to desire to understand the client. He encourages a sensitive empathy to the client's feelings and communications at each moment. It is only as the therapist sees the feelings and the thoughts of the client as the client sees them, and accepts them, that the client is then able to explore both conscious and unconscious experience. This approach provides a complete freedom from any moral or diagnostic evaluation that may appear threatening. Rogers concluded that individuals

have the capacity and the tendency to move forward toward maturity, and in a suitable psychological climate this tendency is released and expressed (Rogers, 1995).

Cognitive Behavioral Theory

A therapist may also employ a problem-solving approach, such as cognitive behavioral therapy. Problem-solving therapies are often effective non-medical interventions for the management of mood swings. These therapies tend to be short-term and are aimed at practical solutions to problems in the here and now. One's unconscious or subconscious motivations are not taken into consideration. This approach encourages minimal reflection on the past. The underlying belief is that the past may explain aspects of the depression, but it will not change it. The basic tenet of cognitive behavioral psychology is that if the client changes the way he or she thinks, then the client can change the way that he or she feels (Copeland, 2001).

Changing the way one thinks involves developing life skills and building a reserve of many resources on which to draw in the face of life's demands. For example, changing the way one thinks would involve the client reflecting on how he or she interprets life's events, the client gaining an understanding of how he or she thinks and what they think, and the client understanding and setting boundaries. Cognitive behavioral therapy would also involve psychoeducation as to how to build a support system, along with available resources such as handout materials for the client to read at home. Resources may involve information about shelters or financial assistance. Building a support group could involve information on groups for depression and how to build a healthy relationship with one's spouse, family, or friends (Yapko, 1997).

Therapist and author Richard O'Connor stated:

Cognitive therapists want to arm us with the strengths of empirical science. They want us to conduct research on ourselves – to observe ourselves objectively, to draw conclusions from our observations, and to test the validity of those conclusions against wider experience. They may suggest slightly different methods, but it all comes down to:

- Identifying stressful situations
- Examining our thoughts and behavior under stress
- Determining what beliefs underlie our responses to stress
- Learning to challenge those beliefs
- Identifying alternative responses to stress
- Examining the effects of those responses, incorporating them into our belief system and behavior patterns if successful, modifying them further if not

We can only learn about our beliefs through careful observation, not introspection. (1997, pp. 152-153)

Psychodynamic Theory

A psychodynamic approach may be a therapist's focus in therapy. The psychodynamic approach views people as being significantly influenced by unconscious motivations, defense mechanisms, and early childhood experiences (Brown, 2005).

Because the dynamics of behavior are buried in the unconscious, the emphasis in psychodynamic therapy is on gaining insight into the inner conflicts that are rooted in the past (Mitchell & Black, 1995). Psychodynamic therapy is often a long-term process.

Jungian analysis is a long-term psychodynamic therapeutic approach (Jung, 1944/1983).

Jungian analyst June Singer followed Jung's therapeutic approach and stressed the importance of "the unconscious rather than of consciousness, the mysterious rather than the known, the mystical rather than the scientific, the creative rather than the productive" (1994, p. xx). A Jungian psychodynamic approach will assist clients in unraveling their subjective experience of reality. What happens in the objective world is highly colored by the view of the individual to whom it is happening. Each individual has

an inner world, a psychic reality, which colors perception of the immediate reality the individual is experiencing (Mitchell & Black, 1995).

A Jungian approach to therapy would be to assist the client through a process of individuation, or self-knowledge. “I use the term ‘individuation’ to denote the process by which a person becomes a psychological ‘in-dividual,’ that is, a separate, indivisible unity or ‘whole’” (Jung, 1939/1983, p.212). In this introspective process, the client would become familiar with the psyche’s perception of reality. A client may explore his or her complexes, which are certain constellations of psychic elements, such as ideas, opinions, and convictions, which are grouped around emotionally sensitive areas; the client may encounter the shadow, which holds the aspects in the unconscious that the person shunts aside as he or she faces the world; the anima and animus may be explored—the unconscious parts that carry the mystery of the opposite sex within one’s self; and the Self would be explored, which is the archetype of wholeness (Singer, 1994).

A psychodynamic therapist may use techniques such as dream analysis and active imagination as a way to access the unconscious material of an individual. Both Freud (Mitchell & Black, 1995) and Jung (1934/1983) were committed to the importance of dream interpretation as an avenue to access the unconscious mind. Freud’s study, *The Interpretation of Dreams*, provided a collection of dream material which laid the groundwork for scientific research (Singer, 1994). Based on the research collected from patients, the members of the Vienna psychoanalytic circle advanced new theories regarding the hidden processes of the mind and how they affected attitudes and behavior. A controversial aspect discussed by the group was the theory that dreams contained important clues to the unknown and also offered guidance on healing the disturbed

psyche. Freud advanced the idea that the conscious mind resists the pressure of uncomfortable ideas, which may be exposed in dreams (Singer, 1994).

Jung's "The Practical Use of Dream-Analysis" (1934/1983), furthered Freud's theory of dream interpretation. He proposed that the dream was like a cover story for the real situation of the dreamer. "The dream describes the inner situation of the dreamer, but the conscious mind denies its truth or reality, or admits it only grudgingly" (p. 212). Jung suggested exploring the latent content of the dream, which is the story hidden behind the dream events. The dream, or the unconscious, may present a point of view that may complete or compensate the conscious attitude. The dream may supply the missing elements of which the ego is unaware (Singer, 1994).

Active imagination is another technique developed by Jung that a psychodynamic therapist may use to engage the unconscious material of an individual (Storr, 1983). Active imagination differs from fantasy or ordinary passive imagination. Jung proposed that active imagination is entered into consciously, in an effort to engage the unconscious in dialogue with the ego. "In this way we find that thoughts, feelings, and affects are alive in us which we would have never believed possible" (Jung, 1951/1983, p. 116).

The active dialogue with the unconscious is induced while in a waking state. In a relaxed, trance-like state, one holds in mind an image, for example from a dream, and dialogues with the image. One could inquire of the image its origin or meaning, as if it were another person. The dialogue may be entered into verbally, either aloud or written. The unconscious expression may also be actively engaged through drawing, or dancing, or any variety of mediums. The dialogue and the expression of the active imagination

allow the unconscious material to surface and to be furthered explored and experienced by the client (Storr, 1983).

Efficacy Studies: Psychotherapy as a Treatment for Depression

Following are summaries of two studies regarding the efficacy of using psychodynamic and cognitive behavioral therapy for the treatment of depression. Please refer to the listed source to access the entire study.

The study entitled “Supportive-Expressive Therapy for Chronic Depression” (Mark, Barber, & Crits-Christopher, 2003) described clinical experience with a subset of chronically depressed patients characterized as introverted, with early onset of feeling different from, and often feeling more sensitive than, others. The authors outlined six central issues that concern a psychodynamic approach to chronically depressed people. The article described and illustrated how a modified supportive-expressive psychotherapy influenced by the relational perspective can help in the treatment of these patients. In particular, the authors facilitated an interaction in which the patient speaks from, rather than merely about, his or her depressed self. Some clinical moments are presented in the study to illustrate how a therapist’s lack of recognition of the self of the depressed patient can lead to a kind of lifeless despair, and conversely, how the therapist’s recognition facilitates the patient to talk from his depressed state rather than merely about it (Mark, Barber, & Crits-Christopher, 2003).

The study entitled “Enduring Effects for Cognitive Behavior Therapy in the Treatment of Depression and Anxiety” (Hollon, Stewart, & Strunk, 2006) explored the suggestion of recent studies that cognitive and behavioral interventions have enduring effects that reduce the risk for subsequent symptom return following treatment

termination. The enduring effects have been most clearly demonstrated with respect to depression and anxiety disorders. The authors stated that it remains unclear whether these effects are a consequence of the amelioration of the causal processes that generate risk or the introduction of compensatory strategies that offset them and whether these effects reflect the mobilization of cognitive or other mechanisms. No such enduring effects have been observed for psychoactive medications, which appear to be largely palliative in nature. Other psychosocial interventions remain largely untested, although claims that they produce lasting change have long been made. Whether such enduring effects extend to other disorders remain to be seen, but the capacity to reduce risk following treatment termination is one of the major benefits provided by the cognitive and behavioral interventions with respect to the treatment of depression and the anxiety disorders (Hollon, Stewart, & Strunk, 2006).

Mind-Body Therapies

The combination of the modalities of acupuncture and therapy for the treatment of depression is a mind-body therapy. The concept of mind-body therapy is prevalent in several modalities of healing. Body and the mind are addressed in Hellerwork (2006), BodySoul Programs (2006) founded by Marion Woodman, Body Psychotherapy (2006), and by several individual acupuncturists.

Hellerwork

Hellerwork is a system of somatic education. Somatic education addresses the whole person in relationship to movement, physical and psychological awareness, learning, and the environment. Based on the inseparability of body, mind, and spirit, Hellerwork combines somatic education and structural bodywork. This is accomplished

by combining deep tissue bodywork with movement education and a dialogue of the emotional and physical connections. Hellerwork encourages the connection between movement, body alignment, and emotions (Hellerwork, 2006).

Hellerwork is embedded in the theory of holistic health. Holistic health theory states that how one lives is central to the health one experiences—how and what one eats, exercises, relaxes, breathes, loves, and thinks. Most importantly, one's health is affected by how one negotiates personal psychological issues that weave through one's life. Hellerwork works with and educates the whole person on the multi-levels presented in the holistic health theory. It emphasizes prevention and education of clients in self-care. It teaches the powerful relationship of the body and the mind. Clients gain awareness and explore how their thoughts, attitudes, and feelings have an impact on and through their body (Hellerwork, 2006).

BodySoul Programs

BodySoul programs presented by the Marion Woodman Foundation explore the connection between the body and the mind. The founder of the programs, Marion Woodman, is a Jungian Analyst, teacher, and author. Woodman works with the analytical psychology of C. G. Jung in a creative way. The core of the programs presents work in the exploration of dreams, movement, voice, masks, creative expression, and ritual. A sacred space is created in the programs that allows for the healing of old wounds and the emergence of new energies.

Each participant has the opportunity to access and use her own imagery to discover her authentic self and speak with a free and open voice. She can listen to her own dreams in her own body. We pursue the inner marriage as we honor the positive feminine in our bodies and the positive masculine in our creative pursuits. (BodySoul Programs, 2006)

Body Psychotherapy

Body psychotherapy also bridges the connection of the mind and the body. Body psychotherapy helps people deal with their concerns through talking as well as assisting people to become deeply aware of their bodily sensations. People become more aware of how they breathe, move, speak, and where they experience feelings in their body.

Through this modality, emotions and behaviors become more conscious.

All experiences, as well as distortions and denials of reality and other defensive maneuvers, are not only in people's thoughts and feelings but also in the way they move, how they breathe and how their bodies have evolved over the years. To say that a person has his or her "feet on the ground," "has a stiff upper lip," or "their head in the clouds," are not mere figures of speech, but they are observations of the way our bodies express ourselves. How a person says something may be as important as what he or she says. Underlying this approach is the assumption that we are embodied beings and there is a unity between the psychological and bodily aspects of being. (BodyPsychotherapy, 2006)

Within the field of body psychotherapy, many different approaches and techniques are used. Techniques such as meditation may be used to get clients in touch with their bodily sensations, or expressive techniques such as kicking, sounding, and dancing may be employed. The field of body psychotherapy has been influenced by and evolved from the works of Wilhelm Reich, existential, humanistic, and Gestalt psychology, along with dance movement, family therapy, systems theory, biology, and Far Eastern philosophy. All approaches take into account when the client's problems began and how they have affected personal development over the years. The goal of body psychotherapy is to help the client regain the healthy self-regulating function that is out of balance. (BodyPsychotherapy, 2006)

The Combination of Acupuncture and Psychotherapy

The combination of acupuncture and therapy is a mind-body approach to health and healing. Laura Cooley is an acupuncturist and a psychotherapist. She has combined acupuncture and therapy for many years, both in her private practice and during group processes at addiction treatment centers and occasionally in jails. In personal correspondence (September 28, 2006), Laura stated that she was familiar with group therapy sessions in which the clients were administered the five-needle protocol at the beginning of the session. The counselors found that the acupuncture and the therapy work better together for a lot of people. Laura is currently working on a project at a free walk-in clinic at St. Vincent's Hospital in Manhattan, which has been open since September 12, 2001. She is producing a video documenting the use of five-needle protocol for disaster situations to address the post-traumatic stress encountered, which often entails elements of depression and anxiety.

David Eisen is the Executive Director of Project Quest in Portland, Oregon. Project Quest Integrative Health Center is a clinic that provides health care to individuals, including mental health, as well as alternative and Western medical services (Project Quest, 2006). The clinic employs modalities such as acupuncture, naturopathy, and psychiatry. The clinic also offers wellness and health education programs. The clinic offers tools for dealing with a wide variety of conditions, from addictions to depression to living with diabetes, chronic pain, cancer, HIV, or other health issues. Project Quest's philosophy is grounded in the belief that people thrive when their physical, emotional, spiritual, and social needs are effectively met (Project Quest, 2006).

One of the methods employed to effectively treat the whole person is the use of five-needle protocol and therapy. In a personal communication, Eisen stated that he has been involved with the five-needle protocol for addiction treatment for many years (October 10, 2006). He adheres to the protocol promoted by the National Acupuncture Detoxification Association. The protocol promotes a group setting in which clients receive the five-needle protocol. Generally the group is silent or there may be quiet conversation. It is an atmosphere of relaxation. After the client has received the five-needle acupuncture treatment, the individual participates in a one-on-one counseling session. Eisen stated, "It is the only way that I would do it. The five-needle protocol acupuncture treatment balances them and opens them up. With addiction clients it lessens the guarded nature of denial. The treatment reduces stress and anxiety, and the client is more open to internal processing" (personal communication, October 10, 2006).

CHAPTER III
PILOT PROJECT: EXPLORING THE COMBINATION OF
ACUPUNCTURE FIVE-NEEDLE PROTOCOL AND PSYCHOTHERAPY
AS A TREATMENT FOR DEPRESSION

Pilot Project

I conducted a pilot project combining acupuncture five-needle protocol and a psychotherapy session for a population of depressed clients. The intent of the project was to discover how a combined session of acupuncture five-needle protocol along with psychotherapy differs from a psychotherapy session that does not include acupuncture.

The pilot project I conducted was performed using the qualitative research method of grounded theory.

Grounded theory is one that is inductively derived from the study of the phenomenon it represents. That is, it is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to the phenomenon. Therefore, data collection, analysis, and theory stand in reciprocal relationship with each other. One does not begin with a theory, then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge. (Strauss & Corbin, 1990, p. 23)

Janet Anderson (2006) argued that a well-suited partnership can be formed between psychoanalytical clinical research and grounded theory. She stated that this partnership has the capacity to provide explanatory mechanisms and findings that are translatable to routine clinical practice. Many grounded theorists use grounded theory to explore subjective experiences (Wuest, Merritt-Grey, Berman, & Ford-Gilboe, 2002).

The grounded theory method allows the researcher to break through assumptions and create a new paradigm. Creativity is a vital component of this method. Grounded

theory allows the researcher to ask pertinent questions of the data and elicit from the data new insights into phenomenon. New theoretical formulations can then arise. What is relevant to the phenomenon will emerge (Strauss & Corbin, 1990).

Two therapists asked for client volunteers diagnosed with depression to participate in the pilot project. Therapist A recruited four clients and therapist B recruited two clients. Each client participated in four sessions of combined acupuncture five-needle protocol and counseling. The intent of the project was that the client would receive the combined sessions consecutively over a two-month period. This was not always possible with scheduling conflicts. Both the client and the therapist filled out questionnaires before and after the session (see Appendices E–H).

On the client questionnaire administered prior to the combined session (see Appendix E), clients were asked if they experienced depression and to rate their depression on a scale of one to ten, ten being severe depression. Clients were also asked if they were currently experiencing any physical symptoms and to rate each symptom separately on a scale of one to ten, ten representing a severe symptom. Symptoms could include, but were not limited to, pain sensations, body tension, body heaviness, sinus congestion, and temperature changes. Additionally, clients were asked the subjective questions as follows: to rate their ability to access feelings (such as, but not limited to, anger, sadness, or fear) associated with the issue that they were presenting, and to rate their ability to resolve the issue that they were presenting. These two questions were answered as: A) Takes a long time, B) Takes somewhat long, C) Neutral or moderate access/ability, D) Is somewhat quick, E) Can access quickly/Can understand or resolve

quickly. The addition of “Please describe” after each of the questions allowed clients the opportunity to clarify a response.

At the end of the session that combined psychotherapy and five-needle protocol, a “post-combined session questionnaire” was given to clients (see Appendix F). They were asked the same questions: to rate their depression, to rate any physical symptoms that they were experiencing, to rate their ability to access their feelings associated with the issue that they presented in therapy that day, and to rate their ability to resolve the issue that they presented in therapy that day. Clients were also asked how the combined session differed from a psychotherapy session without the acupuncture protocol and if they were interested in future combined sessions.

The therapist also filled out a pre- and post-session questionnaire. The pre-combined session questionnaire (see Appendix G) asked how many therapy sessions the client had participated in and the diagnosis for the client. The therapist was asked to rate the overall presentation of the mood or affect of the client—this could include, but was not limited to, observations such as facial expression, tenseness, nervousness, agitation, or despondency—on a scale of one to ten, ten being a severe presentation. The therapist was asked to describe the client’s overall ability to access feelings and to describe the client’s ability to resolve the current presenting issue in therapy on the same scale as the client answered these questions: A) Takes a long time, B) Takes somewhat long, C) Neutral or moderate access/ability, D) Is somewhat quick, E) Can access quickly/Can understand or resolve. The addition of “Please describe” after each of the questions allowed the opportunity for the therapist to clarify a response.

The post-combined session questionnaire filled out by the therapist (see Appendix H) asked: to rate the overall presentation of the mood or the affect of the client; to describe the ability of the client to access his or her feelings; to describe the ability of the client to resolve the current issue that he or she presented; to describe their experience of a combined session and how it differs from a therapy session without the acupuncture five-needle protocol; and if the client was interested in including acupuncture in further therapy sessions.

Results

The results of the combined sessions indicated an overall favorable response by both the therapist and the client regarding the question of accessing feelings and gaining insight into the issue on which the client was working. The clients reported a somewhat quicker or a quicker ability to access feelings or gain insight 55% of the time. Of this percentage, 32% of the clients reported a quicker or somewhat quicker ability to access feelings and 23% of the clients reported a quicker or somewhat quicker ability to gain insight. The therapists reported a somewhat quicker or a quicker ability for the client to access feelings or gain insight 50% of the time. Of this percentage, 23% indicated the ability to access feelings, 27% favorable toward gaining insight. Overall, there was not a significant change in the rating of depression. No significant change was reported in body symptoms.

Following are some of the comments from therapists and clients. Client 1 wrote:

There was an almost immediate sense of relaxation and well-being. It felt like Xanax without the drugged, sensationless aura. It seems like the acupuncture almost immediately relieves a lot of the physical tension and makes it easier to identify my emotions...makes it easier to talk without feeling anxious. I don't feel like I'm spinning my wheels as much as I usually do. This session (#4) felt more effective and more relaxed—less hesitant to explore unpleasant issues. It helps.

The therapist's comments concerning the same client were as follows: "It was apparent that he was—and he described it as—feeling relaxed and calm. He is able to identify problems and resolve them much easier. Progress is much more rapid."

Client 2 wrote: "The acupuncture seems to help me a lot. I feel good today, not so tense." The therapist's response regarding client 2 was: "There is a huge difference. She is such a worrier and this past week she said she was relaxed and didn't care. She was speaking out a lot more. She stated that she is more at ease during the week between sessions and that she is no longer crying all of the time."

Client 3 wrote: "I was able to talk about my feelings more than normal." The therapist's comments about the combined sessions for client 3 were:

Historically it has been very difficult for her to access her own feelings. [In the combined sessions] she is able to identify her honest feelings and her personal stressors and triggers much easier. She has many deep-seated emotions that she has never allowed to come out, so it takes a lot of work, but she was able to access feelings today. Basically it is possible for her to get past the barriers with acupuncture and up until now was not able to. There is movement.

Discussion

The sessions combining the five-needle protocol and psychotherapy appear to be favorable from both the client's and therapist's perspective regarding accessing feelings and gaining insight. The concept of accessing feelings and gaining insight is quite subjective and hard to define. I consulted with several professionals—a Licensed Professional Counselor, a Jungian analyst, and a Clinical Psychologist—to assist me in wording the questions on this as well as on how to measure the results.

I believe that these questions could be further honed. I based the questions on observations I encountered in AcuProcess® sessions (see Appendix A). It has been my

observation that the clients are able to feel their feelings and gain quicker insight when they participate in a session that combines acupuncture and process work. One AcuProcess client stated that receiving acupuncture while participating in process work made her stay in her body and access how she was feeling. Normally she would intellectualize the issue and ignore the signals of her body. The AcuProcess technique of combining acupuncture and process work led to insight into the issue that she was presenting, as she was able to stay more focused on the issue and on her body. Another client stated that she could not get as “revved up” emotionally with the addition of the acupuncture, which allowed her to focus on the issue that she was presenting with more intent and clarity. Through the combination of acupuncture and process work, another client has come to understand the complexes underlying her three years of chronic sinus infections that were occurring every six weeks, and she has not had an infection for nine months.

The ratings in overall feelings of depression did not change significantly in the pilot project. In further studies I would include a standard depression measurement, such as the Hamilton Depression Scale or Beck Depression Inventory. This would allow the client to rate specific behaviors. I believe the general directive of “rate your depression” is too broad. There are also instances when a depressed client may not recognize or acknowledge that his or her depression is lessening. One of the therapists reported that her client’s depression was improving noticeably, but that the client did not recognize this change. I would administer the measurement at the beginning and at the end of the study, as opposed to before and after each session. Both the therapists and the clients commented that rating depression before and after every session was ineffective. I would

also increase the number of sessions to allow for a greater length of time to administer the project. A study conducted by Sacred Heart Rehabilitation Center (an inpatient rehabilitation facility) in Memphis, Michigan was administered over an 11-month period (Cooley, 1998). The clients received 7-10 treatments receiving the five-needle protocol and reported as follows: 50% less depression, 56% less anxiety, and 53% less insomnia. A pilot project conducting acupuncture for women with addictions took place at Doctors Hospital in Toronto (Cooley, 1998). Over the course of 20 weeks clients received five-needle protocol and completed self-report questionnaires. The study found that the five-needle protocol treatment significantly reduced depression and anxiety, improved sleep, and contributed to improvements in perceived well-being (Cooley, 1998).

I was curious about the fact that clients did not find a significant change in physical symptoms during a combined session in the pilot project. During AcuProcess sessions in my private practice, and when I combine five-needle protocol and psychotherapy at my internship site, I have observed a significant decrease in physical symptoms. This likely occurs because during an AcuProcess session we are directly addressing the physical symptoms as well as the emotional disturbance. For example, a client came in with extreme shoulder pain. As the client talked about her father, she was aware that the pain in her shoulder increased significantly. As she addressed her inner conflict with her father, the pain in her shoulder diminished and she no longer required shoulder surgery. In an AcuProcess session, the client begins to understand the physical-emotional connection of the body and the mind. In a psychotherapy session when I administer the five-needle protocol at my internship site, I also address the physical symptoms that the client is experiencing, such as stiff neck, sinus congestion, or nausea.

The client becomes aware of the issue or inner conflict that is contributing to the outward symptom and often ends the session feeling significantly more comfortable physically.

In reading the responses from the clients' and the therapists' questionnaires in the pilot project, I became aware of a difference in the styles of description. Most of the clients wrote very short descriptions such as "I feel better, I was able to talk about my emotions more, I really think the acupuncture is helping me, I don't feel as tense." The therapist was able to describe the situation more thoroughly. Whereas the client responded that it was "easier to talk about my feelings," the therapist reported: "We've been able to discuss topics that in the past caused stress or anxiety. This time there has not been any. She was able to get in touch with peace." There are many factors that can contribute to this difference in answering the questions. The population in the pilot study was depressed clients. It may have been a group of clients that did not have the energy or enthusiasm to write out descriptions of how they felt. Many of the clients had resistance to filling out the questionnaire at all. This reaction supports my proposition that in further studies the questionnaire be administered periodically as opposed to prior to and after each combined session. I would continue to administer the questionnaire to the therapist as well as the client, as the information provided by the therapist was valuable.

Another point of discussion is the particular therapy methods employed by the therapists. Every therapist has his or her own style of counseling. For example, some therapists adhere strictly to one school of thought, such as cognitive behavioral techniques, which entails learning skills to change the way you think and act, or depth psychology, which explores the unconscious and gaining insight into the root of the problem. I wonder if in a comparative study, such as the pilot study presented, it is

important that the therapists employ similar techniques. This question arose from most of the professionals with whom I consulted. Most of these professionals concluded that similar counseling techniques would remain a difficult aspect to replicate. Even within a particular school of thought, many variables, including the therapist's personality and counseling style, come into play that would be impossible to monitor. Also, many therapists use a variety of techniques, as opposed to strictly following one particular school of thought.

In this pilot project, one therapist is a trauma specialist. Her counseling techniques include the use of Adlerian psychology, such as understanding the shadow and compensatory strategies of the client; Existential psychology, which explores a higher level of consciousness, such as exploring the client's spiritual beliefs; and body work from a trauma framework, such as exploring what is going on in the body through the use of body scans and artwork. The other therapist also employs the use of Adlerian psychology techniques, as well as cognitive behavioral techniques; she specializes in play therapy.

Conclusion

The intent of the pilot project was to discover how a combined session of acupuncture five-needle protocol and therapy differs from a therapy session that does not include acupuncture for the treatment of depression. The questions in the study were formulated to provide information regarding how a population of depressed clients and their therapists perceived the client's ability to access feelings (such as anger, sadness, or fear) associated with the issue that they were presenting, as well as their ability to resolve the issue that they were presenting. These questions were selected to find answers to

issues that seem important but remain unanswered in the treatment of depression. These questions were formulated to collect information beyond the question, “Is your depression decreasing?”

Employing the research method of grounded theory allowed the flexibility and the ability to explore the phenomenon of depression in a new and creative way. Grounded theory research allowed the questioning of aspects of depression that have not been elicited previously. This particular research method allowed new information relevant to the treatment of depression to emerge.

The results of the pilot study indicate that clients perceived their ability to access feelings (such as, but not limited to, anger, sadness, or fear) associated with the issue that they were presenting; as well as their ability to resolve the issue that they were presenting as somewhat quicker or quicker 55% of the time. The therapists reported that they perceived their client’s ability to access feelings or gain insight as somewhat quicker or quicker 50% of the time.

CHAPTER IV
THE SYNTHESIS OF ACUPUNCTURE AND THERAPY
AS A BALANCED TREATMENT FOR DEPRESSION

As an acupuncturist, I was surprised at the rate of depression that my clients experienced. I was surprised at how many of the clients I treated were on medication for depression. The medications often were expensive and resulted in a variety of side effects. Many were seeking an alternative treatment to the medications. As the individuals received acupuncture treatments, they often felt more energetic and in balance as their *qi* began to flow more smoothly and their depressive symptoms decreased.

As I continued to get to know my clients, I began to understand the circumstances that led to the state of depression they were experiencing. There were often complex issues of health, family, career, and their inner world perception of life and events intertwined, creating a complex web in which they were caught. For the clients who were willing to explore the entanglements, we engaged in an AcuProcess® session with my colleague, Susan Ozimkiewicz. AcuProcess sessions are a combination of acupuncture, process work, and the client's intuition (see Appendix A).

I was excited by the progress that clients made with the AcuProcess sessions. I could see the benefit in the improved health of the clients as they explored and understood the patterns, life experiences, and buried emotions that contributed to their ill health and their state of depression. Clients commented that they felt more grounded, felt more clarity and decisiveness, and were able to access their emotions more readily during these combined sessions. I also was personally experiencing the improvement in my own

health and life experiences as I explored the underlying conditions of health issues for myself. As a result of the progress that I saw in my client's health and in my own life, I decided to become a student of counseling psychology in order to gain the skills to assist my clients professionally.

As a counseling intern, I wondered how I could bring the benefit of acupuncture to my therapy clients who were experiencing depression. I explored the possibility of using acupuncture's five-needle protocol for the treatment of depression. Five needles are inserted into the client's ear at specific acupuncture points. Five-needle protocol is traditionally used for the treatment of substance abuse. After 20 years of experience the protocol has been found to be successful in addiction treatment (Smith, 1999). Studies have shown that one of the reasons the protocol is effective in addiction treatment is because it effectively treats depression, anxiety, and insomnia (Cooley, 1998; Smith, 1999; Taub, 1993). The five-needle protocol would provide a standard treatment that can be easily administered during a psychotherapy session for depressed clients.

The modalities of psychotherapy and acupuncture have proven to be successful in the treatment of depression (Birch & Hammerschlag, 1996; Copeland, 2001; Flaws & Lake, 2001; Hollon, Stewart, & Strunk, 2006; Mark, Barber, & Crits-Christopher, 2003; Rogers, 1995; Ross, 1995; Yapko, 1997). Both treatment techniques address the emotional and behavioral patterns beneath the symptoms of depression (Copeland, 2001; Flaws & Lake, 2001; O'Connor, 1997). Both modalities are concerned with the inner state of the suffering of the individual and the root cause of the symptoms. Traditionally, the Western psychological technique of psychotherapy has addressed the root cause of the suffering of an individual through exploring the mind and the psyche. Chinese

medicine's acupuncture technique addresses the root cause of suffering through the body. The combination of acupuncture and psychotherapy provides a treatment for depression that is balanced in exploring the mind and the body; the whole of the individual's condition is addressed.

The synthesis of acupuncture and psychotherapy takes into account the complex relationship of the body and the mind. The synthesis of acupuncture and psychotherapy recognizes and explores the connection of somatic and psychological events. Events that occur within the body may result in mental and emotional symptoms; psychological events may have an effect on the body's physiology. The human condition includes the whole of the body and the mind.

I created a pilot study combining acupuncture's five-needle protocol and psychotherapy to provide a synthesis of the two modalities as a mind-body therapy that allows for a unique treatment of depression. The clients and the therapists involved in the pilot project reported that the clients were able to access feelings or gain insight into issues regarding depression in a manner that was somewhat quicker or quicker 50-55% of the time. In the short duration of the pilot study, both the clients and the therapist reported that there were significant positive changes that occurred during the combined sessions. Overall, there was a feeling of change and movement in the client's ability to access feelings and gain insight into the issues. One of the therapists reported that two of her clients were able to break through barriers that they had not been able to address before the inclusion of acupuncture. She stated that they have continued to make progress in these areas several months after the conclusion of the pilot study.

It would be wise to conduct a study over a longer duration of time. It has been my experience as an acupuncturist and as a counseling intern that there is a palpable change that occurs when acupuncture is introduced into a therapy session. I can feel the shift as the client sinks into a grounded settled state more quickly than in a normal therapy session. I see the emotions rise to the surface in clients who struggle to feel their emotions. I have witnessed many clients access their core issue and gain insight into their condition with the addition of the acupuncture needles when they previously had little insight as to what the core issue may have been. I have seen many clients move out of a state of depression. I observe the proactive choices clients make once they understand the mind-body connection of their condition. They begin to see the mental and physical symptoms in a new light and become aware of the meaningful personal experience of their own condition. I am excited and encouraged by the results that I see in sessions that combine acupuncture and therapy.

APPENDIX A

AcuProcess®

Jean Kutty, Licensed Acupuncturist, and Susan Ozimkiewicz, Process Psychobiology Specialist, combine their talents to provide a unique enhanced experience. Over the years, they have seen accelerated progress for patient's who participate in AcuProcess.

AcuProcess approaches the patient's physical or emotional symptom or issue as an independent energetic agent. The premise is that a symptom is energy stored in the body. The energetic imbalance is a result of personal issues, life experiences, repetitive thought patterns, fears, and/or buried emotions taking form in the body. This occurs when the underlying organizing structure of the symptom becomes disowned or disconnected from the circulating *qi*. The symptom challenges the patient to know more about themselves and the personal experience of their condition.

The patient is diagnosed with Traditional Chinese Medicine. A health history is obtained, tongue and pulse are observed. An intuitive body scan and verbal assessment is employed, incorporating the patient's symptoms, issues, and dreams.

The treatments are often profound for the patient and creates a core experience from which healing takes place. The patient's involvement in the process promotes self-responsibility, as the patient becomes more aware of the meaningful personal experience of his or her own condition.

For more information, visit www.AcuProcess.com.

APPENDIX B

Instructions

1. Combined auricular acupuncture and therapy sessions will take place at the therapist's office. Sessions will take place on separate days at mutually agreed times.
2. The client will fill out a questionnaire prior to the combined session of auricular acupuncture and therapy.
3. Jean Kutty, L.Ac. will insert 5 needles into the client's ear at the beginning of the therapy session.
4. Jean Kutty will leave the room and not be present during the therapy session. She will be available in the waiting room if any questions or concerns arise during the session.
5. The inserted needles may feel uncomfortable. The client may request Jean to remove the needles at any point during the session.
6. If the therapist perceives that the needles need to be removed from the client, he or she may request Jean to do so.
7. At the end of the therapy session Jean will remove the needles.
8. After the combined session of auricular acupuncture and therapy, both the therapist and the client will fill out a questionnaire regarding their experience of the combined session
9. Jean may be contacted by phone if there are any additional comments or concerns regarding the session. These comments may be added to the master's thesis.

APPENDIX C

Informed Consent Form – Client

Title of the study: *The Experience of a Combined Session of Auricular Acupuncture and a Therapy Session.*

1. I will fill out a questionnaire prior to the combined session of auricular acupuncture.
2. I agree to allow Jean Kutty, L.Ac., to insert 5 acupuncture needles into my ear prior to a therapy session.
3. Jean Kutty will leave the room and not be present during the therapy session. She will be available in the waiting room if any questions or concerns arise during the session.
4. I will then have a therapy session with my therapist.
5. At the end of the therapy session Jean will remove the 5 needles.
6. I agree to fill out a questionnaire before I leave my therapist's office regarding my experience of the combined session of auricular acupuncture and therapy.
7. I understand that are potential risks in receiving a combined session of auricular acupuncture and therapy. The risks include dizziness, nausea, and possibly fainting. There is a risk of bleeding when the needles are removed. There is a risk of discomfort from the insertion of the needles. There is a risk of symptoms or conditions increasing. I understand that I may remove, or request Jean to remove the needles, at any time prior to the end of the session.
8. I realize that the combined session of auricular acupuncture and therapy is a research project and may offer no direct benefit to me. The questionnaire will be used to understand the experience of a combined session of auricular acupuncture and therapy.
9. I may contact Jean Kutty 10 am–6 pm, Mon-Thurs. if any additional comments or concerns arise after the session.
10. Participation in this research project is voluntary. I may decide not to enter the research project or refuse to answer any questions. I may withdraw from the project at any time without adverse consequences to myself. I also acknowledge that the researcher may release me from the study at any point

11. There will be no identifying information to me personally in the questionnaires or in the final results of the study.
12. I am not receiving monetary compensation for being part of this research project.

Signed _____ Date _____

APPENDIX D

Informed Consent – Therapist

Title of the study: *The Experience of a Combined Session of Auricular Acupuncture and a Therapy Session.*

1. I agree to allow Jean Kutty, L.Ac., to insert 5 needles into my client's ear at the beginning of the therapy session, with the client's consent.
2. Jean Kutty will leave the room and not be present during the therapy session. She will be available in the waiting room if any questions or concerns arise during the session.
3. I will then proceed with the therapy session.
4. I understand that the client may request Jean to remove the needles at any point during the session.
5. I understand that, if for any reason, I perceive that the needles need to be removed, I will ask Jean to do so.
6. At the end of the therapy session Jean will remove the needles.
7. I agree to fill out a questionnaire at the end of the session regarding my experience of the combined session of auricular acupuncture and therapy.
8. I understand that are potential risks for the client in receiving a combined session of acupuncture 5 needle protocol and therapy. The risks include dizziness, nausea, and possibly fainting. I will ask the client to have something to eat prior to the session to decrease these risks. There is a risk of bleeding when the needles are removed. There is a risk of discomfort from the insertion of the needles. There is a risk of symptoms or conditions increasing. I understand that the client may request Jean to remove the needles at any time prior to the end of the session.
9. I realize that the combined session of auricular acupuncture and therapy is a research project and may offer no direct benefit to me. The questionnaire will be used to understand the experience of a combined session of acupuncture 5-needle protocol and therapy.
10. I may call Jean Kutty if any additional comments or concerns arise after the session. I may contact Jean Kutty 10 am–6 pm, Mon-Thurs.

11. Participation in this research project is voluntary. I may decide not to enter the research project or refuse to answer any questions. I may withdraw from the project at any time without adverse consequences to myself. I also acknowledge that the researcher may release me from the study at any point.

12. I am not receiving monetary compensation for being a part of this research project.

Signed _____ Date _____

APPENDIX E

Client Questionnaire

A. Prior to Combined Auricular Acupuncture-Therapy Session

1. Have you had acupuncture before?

2. Do you experience depression?

Rate your depression on a scale of 1 – 10, 10 being severe depression:

a). In general

b). Today

3. Describe your depression.

4. Are there any physical symptoms that you are experiencing right now?

This may include, but is not limited to symptoms such as pain sensations, physical discomfort, body tension, body heaviness, sinus congestion, and/or temperature changes.

Please rate each symptom separately.

Rate each symptom on a scale of 1 –10, 10 represents a severe symptom.

5. How would you describe your ability to access feeling(s) (such as, but not limited to, anger, sadness, or fear) associated with the issue that you are presenting in therapy today?

- A. Takes a long time
- B. Takes somewhat long
- C. Neutral or moderate access
- D. Is somewhat quick
- E. Can access quickly

Please describe:

6. How would you rate your ability to resolve the issue that you are presenting?

- A. Takes a long time
- B. Takes somewhat long
- C. Neutral or moderate ability
- D. Is somewhat quick
- E. Can understand or resolve quickly

.

Please describe:

APPENDIX F

Client Questionnaire

B. Post Combined Auricular Acupuncture-Therapy Session

1. Rate your depression on a scale of 1 – 10, 10 being severe depression:

2. Describe your depression.

3. Are there any physical symptoms that you are experiencing right now?

This may include, but is not limited to symptoms such as pain sensations, physical discomfort, body tension, body heaviness, sinus congestion, and/or temperature changes.

Please rate each symptom separately.

Rate each symptom on a scale of 1 –10, 10 represents a severe symptom.

4. In the combined session of therapy and auricular acupuncture, how would you describe your ability to access the feeling(s) (such as, but not limited to, anger, sadness, or fear) associated with the issue that you presented in therapy today?

- A. Took longer
- B. Took somewhat longer
- C. The same
- D. Somewhat quicker
- E. Quicker

Please describe:

5. In the combined session of therapy and auricular acupuncture, how would you rate your ability to resolve the issue that you presented in therapy today?

- A. Took longer
- B. Took somewhat longer
- C. The same
- D. Somewhat quicker
- C. Quicker

Please describe:

6. Describe your experience of a combined session of auricular acupuncture and therapy, including how it differs from a therapy session without auricular acupuncture.

7. Are you interested in receiving auricular acupuncture in future therapy sessions? Why or why not?

APPENDIX G

Therapist Questionnaire

A. Prior to Therapy-Auricular Acupuncture Session

1. This is therapy session number:

2. The diagnosis for this client is:

3. Please rate your observance of the overall presentation of the mood or affect of the client. This may include, but is not limited, observations such as facial expression, tenseness, nervousness, agitation, or despondency.

Rate each observation separately on a scale from 1 to 10, 10 representing a severe presentation.

4. How would you describe the client's overall ability to access the feeling(s) (such as, but not limited to, anger, sadness, or fear) associated with the current issue that they are presenting in therapy?

- A. Takes a long time
- B. Takes somewhat long
- C. Neutral or moderate access
- D. Is somewhat quick
- E. Can access quickly

Please describe:

5. How would you describe the client's ability to resolve the current issue that they are presenting in therapy?

- A. Takes a long time
- B. Takes somewhat long
- C. Neutral or moderate ability
- D. Is somewhat quick
- E. Can understand or resolve quickly

Please describe:

APPENDIX H

Therapist Questionnaire

B. Post Therapy-Auricular Acupuncture Session

1. After the combined session of therapy and auricular acupuncture, please rate your observance of the overall presentation of the mood or affect of the client. This may include, but is not limited, observations such as facial expression, tenseness, nervousness, agitation, or despondency.

Rate each observation separately on a scale from 1 to 10, 10 representing a severe presentation.

Please describe

2. After the combined session of therapy and auricular acupuncture, how would you describe the client's ability to access the feeling(s) (such as, but not limited to, anger, sadness, or fear) associated with the current issue that they presented in therapy?

- A. Took longer
- B. Took somewhat longer
- C. The same
- D. Somewhat quicker
- C. Quicker

Please describe:

3. After the combined session of therapy and auricular acupuncture, how would you describe the client's ability to resolve the current issue that they are presented in therapy?

- A. Took longer
- B. Took somewhat longer
- C. The same
- D. Somewhat Quicker
- C. Quicker

Please describe:

4. Describe your experience of a combined session of auricular acupuncture and therapy, including how it differs from a therapy session without auricular acupuncture.

5. Are you interested in including auricular acupuncture for the client in future therapy sessions? Why or why not?

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