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# Stick it to counseling: The incorporation of acupuncture in counseling

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Stick It to Counseling: The Incorporation of Acupuncture in Counseling

Andrew David Felton

A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements

for the degree of

Educational Specialist

Clinical Mental Health Counseling

May 2010

## Dedication

I would like to dedicate my research project to my mother, brother, sister, Earth family, entire family, and each of my friends. Each of you has had such positive impacts on my life and deserve the best.

## Acknowledgments

I am thankful to my Ed.S advisor, Eric Cowan, for providing me with guidance and support through this process. I am also thankful to my committee, Renee Staton and Cheree Hammond as they provided me with additional insight and direction. I further extend my gratitude to Tara Langston and the good people at Shen Dao Clinic for expanding my knowledge on acupuncture. Thank you to the Graduate Counseling professors that provided my foundation to becoming a counselor.

Andrew D. Felton

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## Abstract

Acupuncture is one of the oldest documented medical practices, it has really only made its way into Western medical practices within the last 32 years. Since acupuncture's acceptance into Western medicine, there has been limited incorporation of acupuncture as an adjunct to counseling and it is still not widely used as a proper way of working with clients. This article explores the potential for a holistic approach to counseling by using acupuncture as a complementary tool to counseling. The article begins by examining the similarities and differences between Chinese medicine and Western practices. In addition, exploration of the benefits, risks, and concerns as well as research concerning the incorporation of acupuncture in counseling. The article then concludes with the author's personal experience of receiving acupuncture. Results from the limited research found provide positive and promising experiences when acupuncture is used as an adjunct to counseling. It is recommended however that additional research be done to further support or refute these findings.

*Stick It to Counseling: The Incorporation of Acupuncture In Counseling*

Though acupuncture is one of the oldest documented medical practices it was only in 1978 that the World Health Organization first recognized acupuncture as an acceptable and effective form of medical treatment (Barnes, 1998; Servan-Schreiber, 2003). Over following decades acupuncture has been introduced as an adjunct to counseling in a variety of settings. For instance, substance abuse clinics across the United States have shown an increased use of acupuncture for helping individuals fight cravings for alcohol, opiates, and cocaine (Ross, 1997; Smith, Brewington & Culliton, 1998). In addition, psychiatry has considered the benefits of incorporating acupuncture as a form of complementary treatment in the clinical setting (Zhang, Wang, Tan, Jin & Yao, 2009). Other research indicates that acupuncture can be useful for individuals struggling with depression (Röschke, Wolf, Müller, Wagner, Mann, Grözinger et al., 1999), bi-polar disorder (Andreescu, Mulsant & Emanuel, 2008), obsessive-compulsive behaviors (Zhang et al., 2009), schizophrenia (Cheng, Wang, Xiao, Wang, Wang & Li, 2008; Ronan, Quinton & Harbinson, 2008), and addictions (Bernstein, 2000; Jordan, 2006; Smith, Bewington & Culliton, 1998). This article explores a holistic approach to counseling and considers acupuncture as a complementary tool to counseling. In addition, it examines the similarities and differences between traditional Chinese medicine and Western practices and the benefits, risks and ethical concerns of incorporating acupuncture in counseling. Finally, the article presents research concerning the incorporation of acupuncture in clinical and mental health settings and ends with the author's personal experience of receiving acupuncture.

*Traditional Chinese Medicine versus Traditional Western Medicine*

Counseling techniques and theories originated from and are primarily influenced by Anglo-European thoughts and beliefs (Trusty, Davis & Looby, 2002). Most texts describing the history and theories of psychology emerge from Western world views (Santee, 2007). Western psychotherapy and thought are primarily based on the idea of separation between the body and mind, a division between the individual and nature, and emphasize reason, individualism, and determination towards achieving a goal. On the other hand, traditional Chinese medicine does not rigidly distinguish between the body, mind, and nature. Instead, traditional Chinese medicine considers the mind, body and nature as a single entity, each directly influence one another (Benesch & Pnterotto, 1989; Bergman, Wtizum & Bergman, 1991).

Harnet Beinfield and Efren Korngold (1992) equate traditional Chinese medicine and healing of individuals to tending a garden. A garden needs the appropriate amounts of water, nutrients and sunlight to grow. With these essential ingredients the garden will grow on its own however it will become wild without proper attention from a gardener. If the garden receives the proper nutrients and attention the garden can reach its full potential. Traditional Chinese medicine focuses on society, nature, and the individual to examine how they influence one another to help the person reach his or her full potential. Western practices do not share this holistic idea to the same degree, and view the human body as a machine. The human body can be taken apart, reduced to constituent parts, and examined, and then be repaired. In the view of many, this western medical model takes away from the larger identity of the individual, not recognizing the person as a whole being.



Another common discrepancy that occurs between the Western and Eastern approaches to medicine regards differing views about how our emotions develop and the relationship between emotion and the body. In the East, feelings of sadness, guilt and absence of pleasure may be mental manifestations of a physical problem (body and mind as reciprocally expressive) while in the West there is the belief that our mental thoughts and emotions are what create the physical problems (Servan-Schreiber, 2004). As a result of this different view, Western mental health usually focuses on only the mental and emotional components of an individual (Moodley, Sutherland & Oulanova, 2008). Traditional Western mental health services are often criticized for the lack of attention given to a client's physical health, ignoring different aspects of the client's identity (Mijares, 2005; Ronan, Quinton & Harbinson, 2008). Traditional Chinese medicine examines the physical, spiritual, mental, and emotional elements of individuals through developing a relationship of trust and care (Berman et al., 1991; Moodley et al., 2008). One method traditional Chinese medicine uses to address these elements of health is through acupuncture.

Acupuncture is established from a Taoist world view based in the belief that the world is built upon complementary energies, the Yin and Yang (Bergman et al., 1991). Traditional Chinese medicine is also based on the flow of energy or "Qi." When the Yin and Yang in the body are off balance, Qi becomes blocked, which leads to illness or emotional difficulties. (Barnes, 1998; Jordan, 2006). Physical, psychological, spiritual or behavioral problems may arise if an aspect of a person's life is out of balance (Moodley et al, 2008). Acupuncture stimulates various locations on the body's surface which alters and improves bodily function. The acupuncture points are physiologically different than

other points on the body as they have greater electrical conductivity and are warmer than surrounding areas on the body. These acupuncture points can be stimulated by various methods: touch, movement, heat, electricity, and needling (Smith et al., 1998). A practitioner administers acupuncture to help create a balance of the Yin and Yang and opens up the flow of Qi, believed to assist individuals in overcoming their physical, psychological, spiritual, or behavioral problems (Wang, Qi, Wang, Cui, Zhu, Rong et al., 2008). Traditional Eastern practices, such as acupuncture, also assist individuals to make conscious changes by examining how they relate to society and nature. Eastern tradition frames individuals being completely bound with nature, so it is necessary to acknowledge a person's surroundings and not disregard any influences from the client's environment. Counseling has similar goals of helping individuals relate to society and nature; however the individual is separate from society and nature (Benesch & Pronterotto, 1989). Some counselors are beginning to branch away from the idea of separating individuals from their environment to explore the benefits of developing a more holistic approach to counseling (Bergman et al., 1991).

As Corey (2008) has observed, Western counseling practices do not seem to be sufficient to address the diversity of the current client population. A client and a counselor may enter a counseling process with fundamental differences in their understandings of how the world works or should work, which can lead to a distressing counseling experience (Benesch & Ponterotto, 1989). Specific interventions may be effective with some clients and ineffective with others (Gielen, Fish & Draguns, 2004). Developing a holistic approach to counseling is extremely important and can help counselors further bridge the gap that we face with our clients (Santee, 2007). In order to

develop a holistic approach, counselors must consider physical, emotional, mental, social, cultural, political and spiritual dimensions (Corey, 2008). Counseling currently addresses many of these components but often physical and spiritual dimensions are overlooked (Moodley et al., 2008).

Since traditional Chinese medicine uses a holistic approach to address multiple aspects of a person's life, including both physical and mental components (Servan-Schreiber, 2003) incorporating acupuncture with counseling may provide the client with more holistic care (Moodley et al., 2008). Before incorporating acupuncture or acupressure with counseling it is vital that a counselor develop a meaningful relationship with the client and obtain consent from the client that an alternative method like acupuncture or acupressure is something the client is willing to explore (Young, 2007). The next step is to then consider the best method of incorporating acupuncture into the therapeutic process. Some possibilities may include the counselor administering acupuncture him or herself, finding a potential referral source, or developing a collaborative team.

Training for auricular (ear) acupuncture can easily be accomplished and is offered in a number of locations, however full body acupuncture is more extensive and requires several years experience. If a counselor is able to provide the acupuncture there is the opportunity to learn more about a client's ability to relax, receive, to listen, and to be passive. There is also the potential for the counselor to observe abnormal interpersonal responses by the client (Bergman et al. 1991). By examining the reaction of the client, the counselor can utilize the responses within the counseling session and process the experience with the client. Some potential concerns about this approach may include the

client feeling too exposed to the counselor depending on the type of acupuncture used on the client. The counselor and client must take the time to thoroughly develop, understand, and assess the appropriate boundaries between service provider and client. Addressing the boundaries will vary for each client and is something that should be explored on a case by case basis. These potential concerns may be avoided by referring to an acupuncturist.

If a counselor is not appropriately trained in acupuncture or acupressure, it is possible to refer the client to an outside source. Dr. John Glick (personal interview, 2010), a medical doctor and acupuncturist explains that he has seen a handful of clients who were concurrently seeking counseling. Dr. Glick further explained that benefit of making sure all information and experiences are processed or debriefed with each client. In order for there to be open communication between the counselor and the acupuncturist a signed release of information by the client is necessary (Moodley et al., 2008). Another potential way to incorporate acupuncture into counseling, while avoiding referrals is by developing a collaborative team which works with the client.

Developing a collaborative team has the opportunity to provide acupuncture and counseling within a single practice. By being a collaborative team, the counselor and acupuncturist can communicate freely as well as make acupuncture a consistent part of the counseling process. This can help the client keep the distinction between the counselor and the acupuncturist and avoid the possibility of feeling overly exposed, yet allow holistic care to be provided. Before any of the previous methods are considered, additional research should be done to explore the most effective method and counselors should also be aware of potential risks and benefits to acupuncture.

*Risks and Benefits of Acupuncture*

Generally, acupuncture is a nearly painless procedure; however, when a needle is inserted there may be a momentary sensation that feels like a pinch. Some clients may feel brief sharper sensations that may cause complaints. A feeling of warmth, tingling and feeling sleepy after the first several treatments is not uncommon. Headaches rarely occur, which can be resolved by shortening the session or using fewer needles. A “Needling reaction” may occur when a client feels dizzy, light headed or even faints. This usually only occurs in individuals that have a relatively unstable autonomic nervous system. Fortunately the needling reaction occurs very rarely and can be avoided if a client eats more prior to a session. Seldom does bleeding occur during the insertion or removal of the needles. If bleeding does occur, the client may be asked to remove the needles on his or her own or the provider may wear protective gloves. It is important for the administrator to use a clean space as well as store and prepare needles appropriately. Inadequate sterilization may be a complication which can cause infections (Smith et al., 1998).

If the client is nervous or feels threatened about the use of needles, touch therapy or acupressure may be administered instead. However, one must be cautious when using touch therapy with talk therapy (Bergman et al., 1991). Courtenay Young (2007) shares a number of potential ethical concerns when it comes to incorporating touch with talk therapy. For instance, there are certain situations in which touch may be inappropriate and can make the experience counterproductive or be invading on the personal space of the client. If not practiced ethically or appropriately, a client may misinterpret the intent of the counselor, viewing the touch as abusive or erotic.

If a counselor is not appropriately trained in acupuncture or acupressure, it is possible to refer the client to an outside source. If a referral does occur, the counselor must first have a signed release of information by the client to allow for open and consistent communication with the service provider (Moodley et al., 2008). Before incorporating acupuncture or acupressure with counseling it is vital that a counselor develop a meaningful relationship with the client and obtain consent from the client that an alternative method like acupuncture or acupressure is something the client is willing to explore (Young, 2007). Current research supports that people have an increased interest in receiving alternative treatments (Moodley et al., 2008).

Research shows that approximately one third of the people in the United States, half the people in Europe, and nearly eighty percent worldwide use some kind of complementary or alternative health treatment such as meditation, herbs, or acupuncture (Pedersen, Draguns, Lonner & Trimble, 2008). Additional research by Simon, Cherkin, Sherman, Eisenberg, Deyo and Davis (2004) show that national surveys find up to 40% of adults in the United States use a form of complementary and alternative medicine. Not only is there a significant amount of the population using alternative treatments, but the numbers appear to be increasing, particularly in metropolitan areas of the United States (Moodley et al., 2008).

Individuals admitted to psychiatric institutions have also shown an increase in requesting alternative treatments, such as acupuncture and herbal medicine, with Western mental health services (Machleidt, 2007). Elkins, Rajab, and Marcus (2005) found that 21% of psychiatric inpatients at the Scott and White Hospital Inpatient Psychiatry Service made use of physical modalities that included acupuncture as a tool to assist with their

therapy. Acupuncture is incorporated in approximately 600 substance abuse programs worldwide and over 300 nation-wide (Ross, 1997). Many clients regularly see a mental health professional and a traditional healer concurrently (Moodley et al. 2008). Medical journals have focused more attention on the benefits and use of complementary and alternative medicine (Simon, et al., 2004). Specifically, acupuncture has been used to help individuals suffering from pain due to injury, during child birth, and from cancer (Stoney, Wallerstedt, Stagl, & Mansky, 2009). The World Health Organization of the United Nations has listed acupuncture as a useful method to help treat depression, anxiety, stress, and insomnia (Beinfeld & Korngold, 1992). Additional limited research has shown promise for acupuncture with individuals struggling with substance abuse (Bernstein, 2000; Jordan, 2006; Smith et al., 1998), depression (Röschke et al., 1999; Wang et al., 2008), bipolar disorders (Andreescu et al., 2008), schizophrenia (Cheng et al., 2008; Ronan et al., 2008), and obsessive compulsive disorders (Zhang et al., 2009).

#### *Research on the use of Acupuncture*

A study examined the experiences individuals had while receiving acupuncture as a treatment for substance dependence was done by Bernstein (2000). Through personal interviews with four women and four men at an inpatient unit for detoxification and rehabilitation for substance and gambling addictions, Bernstein gathered qualitative data exploring the major themes regarding the acupuncture experience for each individual. All of the participants abused multiple substances, such as alcohol, marijuana, sedatives, and cocaine. The results indicate several overlapping themes that were often reported: anticipation of pain, apprehension toward newness, mood elevation, describing the experience, physical sensation, relaxation, and the effect of acupuncture on sleep. The

most common theme reported was the feeling of being emotionally and physically relaxed. The clients described feeling calm, serene, and sleepy which was followed by feeling revitalized and having “balanced energy.” The research revealed that there was an alleviation of tension and anxiety for the clients as well. The participants began comparing their moods felt during acupuncture to the moods felt while using substances. The participants described that the elevated mood from using acupuncture was more natural than the mood elevation received while using substances, elaborating a feeling of contentment and satisfaction with oneself. Overall the reports by Bernstein support the hypothesis that acupuncture can help individuals fight cravings for various addictive substances and find a more natural balance in energy.

Another study compared the effects of auricular (ear) acupuncture, relaxation techniques and controlled placebo acupuncture to help individuals overcome cocaine dependency was done at Yale Medical School. Arthur Margolin (2003) provided an eight-week treatment plan which consisted of 82 participants all receiving methadone daily, individual counseling and weekly group counseling meetings. The subjects were then divided into three groups. The first group received auricular acupuncture, the second group received needle insertion at points not associated with addiction, and the third group learned relaxation techniques. The results show that individuals receiving auricular acupuncture in conjunction with a drug treatment plan had significantly decreased their cocaine dependency when compared to both the controlled needle insertion and relaxation groups. Margolin’s research supports the efficacy of using acupuncture in conjunction with substance abuse treatment plans.



Five studies done in China examined the effects that stimulating acupuncture points with needles or minor electric shocks (electroacupuncture) has on individuals diagnosed with depression. Each study found that both acupuncture or electroacupuncture were as effective as or more effective than amitriptyline or maprotiline (Andreescu et al., 2008).

An Australia study found clients receiving laser acupuncture realized a significant improvement in their depression symptoms (Andreescu et al., 2008). Additional support for the incorporation of acupuncture was found in a study using 409 participants diagnosed with depression. There was no significant difference in the reduction of depression symptoms by those receiving acupuncture compared to those taking prescription medications, suggesting that acupuncture was just as effective as antidepressants (Wang et al, 2008).

Additional research focusing on the effectiveness of using acupuncture and medications was conducted by Röschke and colleagues (1999). The research followed 70 inpatient participants between 1993 and 1995 who met the DSM-III-R criteria for major depressive episodes and had scores greater than or equal to 18 (moderate depression) on the 21-item Hamilton depression scale. The participants were randomly assigned to different treatment groups consisting of solely mianserin treatment, mianserin treatment with acupuncture, or mianserin treatment with placebo acupuncture. Röschke and colleagues found that when either placebo acupuncture or regular acupuncture was used there was a significant improvement in mood compared to those receiving only pharmacological treatment. The results did not show a significant difference between the placebo acupuncture and regular acupuncture. This study questions the efficacy of

acupuncture in the treatment of depressive symptoms; however it does show that pharmacological treatment for depression may be limited.

Research has also focused on the effects acupuncture has on Obsessive-Compulsive Disorder. Zhang and colleagues (2009) researched 19 individuals that received a DSM-IV diagnosis of Obsessive-Compulsive Disorder (OCD). Each individual showed no improvements in their OCD behaviors after taking multiple types of medication or from cognitive behavioral therapy programs. Each participant also received scores of at least 12 (mild symptoms) on the Yale-Brown Obsessive-Compulsive Scale (YBOCS) and had an overall score higher than 4 (moderately ill) on the Clinical Global Impression-Severity (CGI-S). Ten of the participants continued taking their prescribed medications and were assigned to 12 sessions of electroacupuncture. The other nine participants were put on a waitlist to receive acupuncture to act as a control. The research found that those receiving the electroacupuncture had a significant decrease in their YBOCS score ( $10.2 \pm 4.2$ ) while the waitlist group was significantly higher ( $18.8 \pm 7.8$ ,  $p = 0.004$ ). By the end of all treatments the YBOCS score was significantly lower than the baseline of those treated with electroacupuncture ( $p < 0.001$ ) compared to those on the waitlist ( $p = 0.180$ ). The results found that participants receiving electroacupuncture had a greater reduction in their CGI-S scores ( $3.0 \pm 1.1$ ) while the participants on the waitlist had significantly higher scores ( $4.4 \pm 1.1$ ,  $p = 0.002$ ). There were 7 electroacupuncture treated participants that had at least a 2 point reduction on the CGI-S. These results support that electroacupuncture can be beneficial to those struggling with Obsessive Compulsive Disorder.

The use of acupuncture to treat schizophrenia is also another area that is being examined. Cheng and colleagues (2008) recruited participants from the Department of Psychiatry at the Renmin Hospital of Wuhan University. The participants received a DSM-IV diagnosis of schizophrenia, had auditory hallucinations identified by the Psychotic Symptom Rating Scales – Auditory Hallucinations Subscale, and were not showing improvements when given risperidone. To begin, a four-week baseline evaluation was collected, during which the clients only received risperidone. This was followed by a six-week treatment involving electroacupuncture on points associated with schizophrenia or placebo electroacupuncture where stimulation occurred to unrelated points on the body. By the end of the six-week treatment it was found that there was a reduction in the Psychotic Symptom Rating Scales Auditory Hallucinations Subscale scores of at least 20% or more in 13 of the 30 participants that received electroacupuncture. Only 4 of the 30 participants receiving placebo electroacupuncture showed such a reduction. These results support the hypothesis that electroacupuncture can be beneficial for the treatment of schizophrenia.

A case study following the use of acupuncture as a form of treatment for multiple mental health disorders was done by Ronan and colleagues (2008). The case study followed an individual struggling with schizophrenia, anxiety and depression who had previously been working with mental health specialists. The client had been given several different antipsychotic medications, which showed little benefit. The client also expressed complaints of sleep apnea and palpitations, swelling in his lower right leg, feeling “wound up,” and having a poor appetite and digestion. The client was recommended to receive a total of 20 acupuncture treatments once a week for 20 weeks

and continue taking his medications. By the end of the 20 sessions, the client reported improvements in his quality and length of his sleep. The client also reported that his anxiety decreased and his mood became more elevated. In addition, the client's diet improved and he had less swelling in his leg. The client also reported that he no longer had auditory hallucinations. This case study supports the hypothesis that acupuncture could have a positive impact on schizophrenia, anxiety, and depression.

Another study explored how acupuncture can alleviate the psychological symptoms such as phobias, anger, and anxiety in individuals struggling with obesity and how acupuncture can be used to help persons lose weight. Cabioglu, Ergene, and Tan (2007) looked at the differences that receiving electroacupuncture, placebo electroacupuncture, or implementing a diet restriction plan had on the body weight and intensity of psychological symptoms observed in obese women. There were 164 participants divided into one of the three groups. Initially the electroacupuncture group had an average body weight of  $83.4 \pm 2.7$  kg, the placebo group had an average weight of  $84.1 \pm 2.3$  kg and those in the diet restriction group had an average weight of  $84.2 \pm 2.3$  kg. After 20 days of therapy it was found that the electroacupuncture group saw a 4.8% ( $79.4 \pm 2.5$ ) reduction in weight, while the diet group only lost 2.5% ( $82.1 \pm 2.3$ ) and the placebo group only lost 2.7% ( $81.9 \pm 2.3$ ). The results show that the electroacupuncture group lost significantly more weight than the other two groups ( $F = 21.31, p < .001$ ). The electroacupuncture group also reported a decrease in feelings of phobia, anger, somatic complaints, anxiety, obsession, paranoia, and depression. These results show the efficacy acupuncture has with various mental disorders as well as impacting the physical body.

The limited research shows promise on the efficacy acupuncture has in a variety of medical and mental health fields. The research shows that acupuncture, used in conjunction with additional treatments can be helpful for substance abuse, mood disorders, obsessive-compulsive disorder, and schizophrenia. Before fully incorporating acupuncture as an adjunct to counseling, additional research needs to be done on the usefulness acupuncture has in the counseling setting and for determining when it is appropriate to use acupuncture for the client.

#### *When to use Acupuncture*

In order to appropriately assess when acupuncture might be a good fit for a client, a counselor must determine whether a client's struggle can be resolved by the counselor's repertoire of psychological interventions or whether there needs to be an incorporation of alternative and traditional healing (Moodley et al., 2008). It is important to ascertain the state of the client in order to determine what therapeutic approach may be most effective for the client (Whalley & Hyland, 2009). There are times when a counselor and client experience limitations with treatments confined to talk alone. The client and counselor may have processed the message; however the feelings or behaviors appear to be unaffected (Bergman et al., 1991). A case like this would be an ideal opportunity to explore introducing alternative or traditional healing approaches to the client to assist with the therapy.

Tara Langston (personal interview, 2009), a counselor in Harrisonburg, Virginia described the incorporation of acupuncture with her substance abuse counseling as an opportunity to give back to the client. Langston explained that there is often an expectation for a client to come to a session and share his or her experience, telling their

story while the counselor listens. Langston reported that providing acupuncture for a client not only provides a balance in energy, but that the client can leave the session feeling like he or she is not the only one bringing something to therapeutic relationship. Before introducing a technique to a client, it is beneficial for a counselor to experience the process as well. The following is my personal experience of acupuncture.

### *Personal Acupuncture Experience*

Growing up I was exposed to a variety of traditional Eastern practices such as yoga, meditation and Xi Gong. It was not until more recently that I had my first experience with acupuncture. I have a strong belief that a counselor should first experience a therapeutic treatment or method before using it with a client.

My first experience with acupuncture was with a local substance abuse counselor, Tara Langston, who uses auricular acupuncture with her clients. Tara explained that stimulating certain points in the ear through acupuncture can assist individuals to fight cravings for various addictions like alcohol, cocaine, and heroine. Although I was not struggling with overcoming cravings for any particular substance, I learned that the practice of traditional acupuncture rests on the belief that points on the skin connect to specific parts and organs of the body, and that stimulating of these points does more than just fight cravings.

The first point known as the sympathetic point, connects with the autonomic nervous system and is used to alleviate stress. The second point, referred to as “Shen men” or “Spirit Gate,” helps lessen feelings of anxiety, nervousness, and has a great relaxing effect. Impatience and moodiness may be replaced with joy and calmness. The third needle is inserted to connect with the kidney, which is an essential source of energy.

By inserting a needle at this point, toxins can be released from the body. Awareness and gentleness can be restored, removing feelings of fear, anguish and paranoia. The next needle point connects to the liver which controls the flow of Qi. The liver is known to keep everything running smoothly, and by needling this point a mitigation of toxic chemicals in the blood and liver can be released. This point can also assist individuals to resist impulsive behaviors, decrease mood swings and have better control over their temperament. The fifth and final point is connected to the lungs, which is used to lessen toxic chemicals in the immune system, respiration and skin. By stimulating this point, grief and sadness can diminish and be replaced with courage and hope. After learning about each point, I was ready to begin my acupuncture experience.

Tara took the time to explain to me how I am likely to feel a small pinch when the needle is entered, which will likely subside, and then be followed by a warm tingling sensation at the point of insertion. The first two needles in each ear went in easily; however on the third point is where I felt my first pinch. It was not extremely painful, however it was noticeable, and it did quickly go away. Tara then encouraged me to lie back and relax as she turned on some soothing music.

As the needles were inserted, I began to feel some of the acupuncture points begin to throb, however it was not painful. I quickly found myself entering into what felt like a trance. I could hear the music and was aware of my surroundings, however I felt like I was almost asleep and if I had tried I would not be able to move because I became so relaxed. I sat there for thirty minutes just focusing on my breath, allowing the needles to do their work. When the thirty minutes finished, Tara removed my needles and we were able to discuss my experience with her.

As I came back from my trance, I felt very refreshed and quite drained. Mentally my mind felt very functional and awake, however the rest of my body needed to catch up. Tara explained that this feeling is quite common and that people often require more sleep a night after receiving acupuncture. In fact, many clients fall asleep while receiving acupuncture. Tara also explained to me the throbbing that I felt is quite common as my energy is moving around and increased blood flow starts to occur. Tara also shared how she enjoys being able to sit in the room with her clients as they are receiving acupuncture. Not only is this an opportunity to observe the client, but she also begins to feel the energy coming off of the client, which is very uplifting for her. Tara encouraged me to pay close attention to my mood and energy for the next several days.

The next several days I made sure to closely monitor my mood, energy, and productivity. I did end up going to bed earlier than usual that first night; however, by the next morning my energy level was extremely elevated, but not manic. I consider myself to be more of a morning person and my energy begins to fade as the day progresses. This is not what I noticed for the next few days. I would wake at my usual time with more energy than usual and I noticed that the energy would continue throughout the day. I felt like my productivity was much higher than usual and I was accomplishing tasks with ease. My mood was higher than before; I noticed myself smiling more and often thinking more positively. I felt like I had more confidence and was engaging others more than I usually do. This was not just for the first day after the treatment but for nearly four whole days. I began to wonder, “What I can do to feel this way all the time. How can I keep my mood so elevated and not fall back into old patterns.” I also began to question whether I wanted to believe the positive results of acupuncture so badly that the feelings I



experienced were internally influenced, accomplishing the elevated mood on my own while acupuncture is just a placebo or if acupuncture really did help me in the process.

I decided I needed to try the experience again to see what sort of outcome I would feel this time. I asked Tara how often a client receives acupuncture from her. Tara explained that she will do it once a week for the first month then once a month after that or as the client requests. I again had all needles inserted in my ears. I felt the same pinch I felt from the first time, which again quickly went away, and I found myself quickly going into the trance as I did on my first visit. This time when I awoke after the 30 minutes, I did not have the same feeling of mental stimulation while lacking physical mobility. This time I felt both my mind and body were more elevated than before. For the next few days my mood and energy felt elevated again. I really began to feel more confident in the efficacy of acupuncture with counseling as a way to assist clients. These two experiences were only limited to auricular acupuncture so I felt I also needed to have more of the full body acupuncture experience.

My full body experience was significantly different than my auricular acupuncture experience. I was able to find a clinic that practices traditional Chinese medicine, which allowed for a more holistic opportunity. As I discussed with the acupuncturist I learned that traditional Chinese methods really work to address all components of a person's life: physical, emotional, mental, and spiritual. The clinic offers herbs to help with a person's diet, exercise courses, and acupuncture to help with a holistic approach to working with clients.

To begin, we did an intake assessment which covered multiple aspects of my life. We began by discussing my main reason for coming in. I was asked about any sort of

physical pain or emotional disturbances I was having, how long they have been occurring and if I recognize times they are triggered. The acupuncturist inquired about some of my family history, asking about any major emotional or medical implications that may have come up for other family members that could be relevant to me. Additional questions were asked about hospitalizations, surgeries and accidents that may have occurred in my life. We also took the time to discuss my diet, eating habits, drinking habits, use of substances, and how my digestion and bowel movements seem to be. As we were going through the entire intake process, I began to notice how the acupuncturist was trying to acknowledge all aspects of my life to see how they may all be connected.

As I was being asked the questions from the acupuncturist, I felt she was mainly trying to get an understanding of who I am and about my history. I never felt like I was being judged or criticized for any information I was sharing. The acupuncturist showed signs of empathy as she would listen to my story of my life and my family. I felt like she was really listening to what I had to say and was genuinely interested in providing a service that would benefit my well being. After we finished the intake assessment, we moved on to begin the needling process.

As the needles were being inserted I asked questions about what she was doing during the process and the points she selected. This time as some of the needles were inserted, the pinch was much more significant than when I was receiving auricular acupuncture. The acupuncturist explained that she was using thicker needles than were used in my ear. She went on to explain that she was taught that needles any thinner than what she was using were not nearly as effective and that in traditional Chinese clinics, the needles are significantly thicker than what she uses. The acupuncturist further explained

that there is the strong belief that the pinch is very normal and that the benefits of this thicker needle outweigh the minor pain felt when the needles are inserted. The pain did quickly subside and I barely even noticed the needles as time progressed.

I received just a couple needles in each of my hands, one between my two eye brows and two in each of my feet. The acupuncturist explained to me the one in the brow was to help with clarity of thought and ability to stay focused. The one in my hands were to actually help me with heat release, as I have a tendency to be very warm, and my feet were to help elevate my mood.

After all the needles were inserted, the practitioner encouraged me to relax, try focusing on just my breath and told me she would be doing some body massage work while the needles were inserted. This experience was very relaxing, although I did initially struggle with fully relaxing as she was moving me around slightly. Once I became more used to the process and comfortable, I was able to get into a trance feeling similar to what I felt with my previous acupuncture experiences. The acupuncturist was using her hands and focused around my head, upper right shoulder and lower back. During this time she mostly just rested her hands on these spots and said she was focusing her energy to these areas to help create a better flow of energy.

When the session was coming to an end, the acupuncturist removed the needles which, was painless and began asking me about my experience. The acupuncturist mentioned to me how she noticed I appeared to initially have difficulty being able to fully relax, however she noticed that I soon began calming down and really allowed her to work. The acupuncturist also mentioned how she could feel tension in my upper right collar bone. During the intake I mentioned a couple of injuries I had in the past, however

forgot to mention about an injury I received to my collar bone several years before. Once I informed the acupuncturist about the accident she went on to say that was likely what was creating the tension. The experience really made me feel like she was able to pay close attention to me and my reactions and that she would then respond to assist me any way she could.

I was advised by the acupuncturist to be careful when I got up as I might feel dizzy from the changes in energy. I did, indeed, feel slightly light-headed, which went away after a few seconds. The acupuncturist shared that since we were opening passageways and channeling energy, it creates a different flow than we are initially used to, so it can take some time for our bodies to get used to the changes. That evening my energy level felt very low and I was extremely relaxed. I went to bed very early and the next morning felt full of energy again. My mood was elevated and I did feel very productive and positive for the next week.

I had the opportunity to further discuss how the acupuncturist uses this practice with her clients and explained that I was considering the use of acupuncture as an adjunct treatment with counseling to create a holistic experience for our clients. The acupuncturist explained how some clients do have major emotional releases while receiving acupuncture. In these cases she will simply allow the client to have the experience and then begin asking the client what was happening for him or her during the emotional release. This approach seems to relate well to counseling. As a counselor I encourage clients to fully experience the emotions they have in the moment and explore what is going on with them to make it a cathartic experience. The acupuncturist also explained there are several clients she sees who also seek a counselor to help with the

whole experience. There was an agreement that having emotional and physical experiences are important, however it is also beneficial to be able to understand clients, which is where counseling may be beneficial.

After my three experiences with acupuncture I really began to see the value in its practice and the potential for implementing acupuncture with counseling. I think it would be ideal to have the training to do acupuncture as an adjunct to counseling. Fortunately auricular acupuncture training is not very expensive, nor does it take long to get certification. Full body acupuncture requires significantly more training. I think it is possible to coordinate appropriate services for clients with an acupuncturist to work concurrently with counseling, which already seems to be occurring for some clients. As a young professional in training I can see the significance in making the counseling experience holistic and begin implementing acupuncture with clients I will work with in the future.

### *Discussion*

The goals and principals of traditional Chinese medicine have remained consistent over the years, with acupuncture having 5,000 years of documented practice, making it one of the oldest medical techniques known. However, the Western world is still very new to this practice (Barnes, 1998; Smith et al., 1998). As mentioned, Western practices often separate the mind, body, and nature, while traditional Chinese practices view each of these as a single component influencing one another (Benesch & Pnterotto, 1989; Bergman et al., 1991). With the discrepancy between the East the West, it may be beneficial to combine components that focus on both the physical and mental, making the counseling experience more holistic (Moodley, 2008). Counseling interventions already

have a strong connection with traditional healing by exploring meaningful explanations and looking at social influences (Benesch & Pronterotto, 1989). Some practitioners have recognized these similarities and have started to incorporate psychological training with Chinese medicine (Bergman et al., 1998).

Corey (2008) suggests that counselors should develop a holistic approach to counseling which would include multiple aspects in order to understand human functioning. Mijares (2005) believes that a counselor must attain information on appropriate therapeutic techniques and the goals should match the style and need of the client. By combining traditional healing and counseling, the client can receive the holistic care that addresses the body and the mind while helping familiarize the client and the counselor (Moodley et al., 2008).

The research shows that acupuncture has been used to assist individuals struggling with a variety of mental ailments (Andreescu et al., 2008; Bernstein, 2000; Cheng et al., 2008; Jordan, 2006; Ronan et al., 2008; Röscke et al., 1999; Smith et al., 1998; Wang et al., 2008; Zhang et al., 2009). Acupuncture also has potential to be used as an alternative to taking prescription medications. Acupuncture provides and opportunity for personalized treatments which are very low in cost and has few complications (Wang et al., 2008).

Using acupuncture as an adjunct to counseling may be appealing to various clients who are normally not drawn to the idea of talk therapy. Currently a number of populations underutilize counseling, particularly Asian-Americans. The underutilization may be due to the counselor's lack of understanding the client's culture, or it may be attributed to the idea that the approach a counselor uses is unfamiliar to the client's way

of receiving help (Gielen et al., 2004). Fang and Schinke (2007) found it to be quite common for Chinese-American clients to use a combination of Western and Eastern practices for mental health treatments. Alternative treatment methods are not only commonly found in Chinese-Americans receiving mental health treatments, but there is also an increase of unconventional methods in a variety of clinical settings.

The use of acupuncture in the West appears to be increasing in a number of settings (Moodley et al., 2008). Over 500,000 acupuncture treatments have been administered at Lincoln Hospital in South Bronx for substance abuse and there are an increasing number of clinics incorporating acupuncture into their treatment plans (Ross, 1997; Smith et al., 1998). In 1991 it was believed that nearly 1,500 physicians were trained in acupuncture, while an additional 2,000 doctors were exposed and interested in the practice (Barnes, 1998).

Before counselors consider the incorporation of acupuncture with counseling, counselors must be aware of the risks and benefits involved. To further determine the risks and benefits additional research should also be done which can be in a controlled setting as well as include more randomized clinical trials with reliable designs (Bernstein, 2000; Wang et al., 2008). Even though traditional acupuncturists have a strong insight on the benefits acupuncture can have on the mind and body, Western practice is still in the process of recognizing all the benefits and needs to further explore its practicality and usefulness (Servan-Schreiber, 2003). Further exploration should also be done on the most appropriate and effective way of using acupuncture in the counseling setting. Incorporating acupuncture with counseling has the potential to work both the body and

the mind, making the therapeutic experience for the client more holistic and addressing multiple needs that a client may have.



## References

- Andreescu, C., Mulsant, B. H., & Emanuel, J. E. (2008). Complementary and alternative medicine in the treatment of bipolar disorder-A review of the evidence. *Journal of Affective Disorders* 16-26. doi:10.1016/j.jad.2008.03.015.
- Barnes, L. L. (1998). The psychologizing of Chinese healing practices in the United States. *Culture, Medicine, and Psychiatry*, 22, 413-443.
- Beinfeld, H. & Korngold, E. (1992). *Between heaven and earth: A guide to Chinese medicine*. New York: Ballantine Books.
- Benesch, K. F. & Ponterotto J. G. (1989). East and west: Transpersonal psychology and cross-cultural counseling. *Counseling and Values*, 33 121-131.
- Bergman, Z., Witzum, E., & Bergman, T. (1991). When words lose their power: Shiatsu as a strategic tool in psychotherapy. *Journal of Contemporary Psychotherapy* 21(1), 5-23. doi: 10.1007/BF00952722
- Bernstein, K. S. (2000). The experience of acupuncture for treatment of substance dependence. *Journal of Nursing Scholarship*, 267-272. doi: 10.1111/j.1547-5069.2000.00267.x.
- Cabioglu, M. T., Ergene, N., & Tan, ü. Electroacupuncture treatment of obesity with psychological symptoms. *International Journal of Neuroscience*, 117, 579-590. doi: 10.1080/00207450500535545
- Cheng, J., Wang, G., Xiao, L., Wang, H., Wang, X., & Li, C. (2009). Electro-acupuncture versus sham electro-acupuncture for auditory hallucinations in patients with schizophrenia: A randomized controlled trial. *Clinical Rehabilitation*, 23, 579-588. doi: 10.1177/0269215508096172.

- Collinge, W., Wentworth, R., & Sabo, S. (2005). Integrating complementary therapies into community mental health practice: An exploration. *The Journal of Alternative and Complimentary Medicine*, 11(3), 569-574. doi: 10.1089/acm.2005.11.569.
- Corey, G. (2008). *Theory and practice of counseling and psychotherapy*. (8<sup>th</sup> ed). California: Brooks/Cole Publishing.
- Elkins, G., Rajab, M. H., & Marcus J. (2005). Complementary and alternative medicine use by psychiatric inpatients. *Psychological Reports*, 96, 163-166. doi: 10.2466/PRO.96.1.163-166.
- Fang, L., & Schinke S. P. (2007). Complementary alternative medicine use among Chinese Americans: Findings from a community mental health service population. *Psychiatric Services*, 58(3), 402-404. doi: 10.1176/appi.ps.58.3.402.
- Gielen, U. P., Fish, J. M., & Draguons J. G. (2004). *Handbook of culture, therapy, and healing*. New Jersey: Lawrence Erlbaum Associates, Inc.
- Glick, John Dr. (April 8<sup>th</sup>, 2010). Personal interview
- Jordan, J. B. (2006). Acupuncture treatment for opiate addiction: A systemic review. *Journal of Substance Abuse Treatment* 30. 309-314. doi: 10.1016/j.jsat.2006.02.005
- Langston, T. (October 8<sup>th</sup>, 2009). Personal interview
- Machleidt, W. (2007). Unconventional and alternative methods parallel to a professional psychiatric treatment. *Acta Psychiatrica Scandinavica*, 116, 161-164. doi:10.1111/j.1600-0447.2007.01051.x

- Margolin, A. (2003). Auricular acupuncture for the treatment of cocaine addiction. In J.L. Sorensen, R. A. Rawson, J. Guydish & J. E. Zweben (Ed.), *Drug Abuse Treatment Through Collaboration: Practice and Research Partnerships That Work* (pp. 37-54). Washington DC: American Psychological Association
- Melzack, R. (1973). How acupuncture works: A sophisticated Western theory takes the mystery out. *Psychology Today*, 28-37
- Mijares S. G. (2005). Sacred wounding: Traumatic openings to the larger self. In *The Psychospiritual Clinician's Handbook: Alternative Methods for Understanding and Treating Mental Disorders* (pp. 75-95). New York: Routledge
- Moodley, R., Sutherland, P., & Oulanova Olga. (2008). Traditional healing, the body and mind in psychotherapy. *Counseling Psychology Quarterly* 21(2), 153-165. doi: 10.1080/09515070802066870
- Pedersen, P. B., Draguns, J. G., Lonner, W. J., & Trimble, J. E. (2008). *Counseling Across Cultures*. Los Angeles: SAGE Publications, Inc.
- Ronan, P., Quinton, N., & Harbinson, D. (2008). Acupuncture in the treatment of schizophrenia: A case study. In P. Bosch & M. van den Noort (Ed.), *Schizophrenia, sleep and acupuncture* (pp.307-326). Germany: Hogrefe & Huber Publishing
- Röschke, J., Wolf, C., Müller, M.J., Wagner, P., Mann, K., Grözing, M. et al. (2000). The benefit from whole body acupuncture in major depression. *Journal of Affective Disorders*, 57, 73-81. doi: 10.1016/S0165-0327(99)00061-0.
- Ross, J. (1997). Alternative treatments for addiction and eating disorders. *The Humanistic Psychologist*, 25, 165-181

- Santee, R. G. (2007). *An integrative approach to counseling: Bridging Chinese thought, evolutionary theory, and stress management*. California: Sage Publications, Inc.
- Servan-Schreiber, D. (2004). *The instinct to heal: Curing stress, anxiety, and depression without drugs and without talk therapy*. New York: Rodale Books
- Simon, G. E., Cherkin, D. C., Sherman, K. J., Eisenberg, D. M., Deyo, R. A., & Davis, R. B. (2004). Mental health visits to complementary and alternative medicine providers. *General Hospital Psychiatry, 26*, 171-177
- Smith, M. O., Brewington, V., & Culliton, P. (1998). Acupuncture in addiction treatment. In *Addiction and pregnancy: Empowering recovery through peer counseling* (pp. 29-42). Connecticut: Praeger.
- Stoney, C. M., Wallerstedt, D., Stagl, J. M. & Mansky, P. (2009). The use of complementary and alternative medicine for pain. In R. J. Moore (Ed.), *Biobehavioral approaches to pain* (pp. 381-408). New Jersey: Springer. doi: 10.1007/978-0-387-78323-9\_16
- Trusty, J. Sandhu, D. S., & Looby, E. J. (2002). *Multicultural Counseling: Context, Theory and Practice, and Competence*. New York: Nova Science Publishers, Incorporated
- Wang, H., Qi, H., Wang, B., Cui, Y., Zhu, L., Rong, Z., & Chen H. (2008). Is acupuncture beneficial in depression: A meta-analysis of 8 randomized controlled trials? *Journal of Affective Disorders, 111*, 125-134.  
doi:10.1016/j.jad.2008.04.020

- Whalley, B. & Hyland M. E. (2009). One size does not fit all: Motivational predictors of contextual benefits of therapy. *Psychology and Psychotherapy: Theory, Research and Practice*, 82, 291-303. doi: 10.1348/147608309X413275
- Young, C. (2007). The power of touch in psychotherapy. *International Journal of Psychotherapy*, 11(3), 1-10
- Zhang, Z., Wang, X., Tan, Q., Jin, G., & Yao, S. (2009). Electroacupuncture for refractory obsessive-compulsive disorder. *The Journal of Nervous and Mental Disease*, 197(8), 619-622. doi: 10.1097/NMD.0b013e3181b05fd1