

Addiction, Recovery and the Five Spirits

Abstract

Substance abuse and drug addiction are often approached in Chinese medicine via theories that describe the damage caused by drugs to the qi of the zangfu. The Chinese medical theory of addiction tends to generalise about disharmony affecting the Heart, Kidney and Liver, while treatment focuses on repairing the damage caused by drugs to specific internal organs. This article introduces a way of viewing addiction through the five spirits of the hun, po, zhi, yi and shen, and makes some tentative associations with the 12 Step Programme.

'In the presence of external objects, man has the faculty (or the desire) to know them; when he knows them, he experiences feelings of attraction for some and feelings of revulsion for others. If he does not master these feelings, he lets himself be drawn towards external things and becomes incapable of returning within himself (and regulating the movement of his heart); he loses the good tendencies he has received from Heaven.'

Liji II, Yueji (in Larre & RoCHAT de la Vallee, 1995: p.46)

Introduction

Addiction and substance abuse are prominent social, economic and political issues in the West. The study of addiction is in itself a professional discipline that encompasses psychological, philosophical, biochemical, spiritual, economic and legal issues. For practitioners of traditional Chinese medicine (TCM) in the West addiction is a common, complex and confounding problem, and they (not unlike their Western medicine colleagues) often lack a coherent way of tackling the problem. TCM practitioners treating addiction today often use the NADA protocol in specialist drug rehabilitation clinics, or else may see patients in their own private clinics, utilising various modalities including qigong, five-element acupuncture and herbal medicine (amongst others). Many patients may also attend the 12 Step Programme¹ alongside their treatment.

It should be pointed out here that no matter which modality a practitioner uses, the serious nature of addiction should not be underestimated. Sudden detoxification from alcohol and benzodiazepines without appropriate medical care can be fatal. Although withdrawing from some drugs like methamphetamines may be relatively easy, it may involve months or even years of cravings for the drug.

In addition, many addicts initially become addicted due to physical pain or mental illness. Such underlying conditions do not disappear on withdrawal of the substance, and must still be treated. Practitioners should be aware of these issues when using TCM to treat patients with serious addiction.

Addiction past and present

Chinese medicine has addressed addiction from its very beginning through to modern times. Classical Chinese medical literature includes references to addiction to food and drink and overindulgence in sex. In the Huang Di Nei Jing (Yellow Emperor's Inner Classic), Shang Han Lun (Treatise On Cold Damage) and Pi Wei Lun (Treatise on the Spleen and Stomach), many passages consider alcohol and its effects. 'Addiction' is the word invariably chosen by translators of these passages.² A Beijing translation of the Nei Jing, for example, is worded, 'The one who is addicted to delicious food often has stagnated heat inside...' (Wu, 1997: p. 20). In modern times, the Journal of Chinese Medicine lists over a dozen articles in its archives concerning addiction, and David Mitchell Bridgman (2006) has recently written insightfully on Chinese philosophy and the problems of male sex addiction.

Defining addiction

Substance abuse may be defined in terms of criminal/deviant behaviour or as a medical or psychological problem. Its definition tends to be dependent on the society and culture through which it is viewed. Coffee drinking in the modern world, for example, is not considered criminal, although it may create physiological dependence. Marijuana use may be culturally acceptable in some countries and sub-cultures, yet remains largely criminalised. Addiction to substances or behaviours has specific markers, the two most prominent of which are

By: Douglas Eisenstark

Keywords:

Addiction, 12 Step Programme, Alcoholics Anonymous, spirits, substance abuse, taoism, drugs, heroin, cigarettes, Chinese herbs, acupuncture, TCM, Carl Jung.

tolerance to the substance in question and discomfort when attempting to stop.

TCM practitioners in the West have hitherto tried to understand the issue of addiction according to their own cultural paradigms. Acupuncture addiction specialist Alex Brumbaugh (1994) has expanded the TCM context of addiction to include Western thought, rationalism and patriarchy: 'Intoxication is a search for a more holistic state of consciousness in a severely non-holistic cultural environment ... It [TCM] provides a philosophical place to stand outside of the addictive paradigm. It speaks intrinsically to principles of healing rather than to means of further rationalization and control' (p.30). Seen in this way, addiction takes on broader meaning than mere deviant behaviour or a simple lack of personal ethics or will-power.

Addiction: psychology, religion and spirit

Studying addiction is, above all, to look at paradox (see Brumbaugh, 1996). Addicts (at least when not in denial) tend to be well aware of their predicament, and do not initially intend to become addicted. Indeed, they often initially tell themselves that it will not happen to them. The addict often thinks that he/she can outwit the process of addiction. The expression of this rationality, this 'smartness', all too often entraps the user into addiction.³ The psychologist Carl Jung in his interactions with the early founders of Alcoholics Anonymous, wrote, 'Addiction sets addicts apart. The alienation that is a fundamental experiential characteristic of addiction sets them apart from other and from themselves.' In the later stages of their addiction, the addict attempts all sorts of 'management strategies' to deny or minimise the effects of the drug or behaviour. To some degree, of course, all human beings rationalise their moods, habits, thoughts and behaviours. Indeed, it might be argued that we all have traits that could be called addictive - it being merely a matter of degree how much these behaviours disturb our and others' lives.

Interactions between the founders of Alcoholics Anonymous and Jung were vital to the underpinnings of the 12 Step Programme. Jung wrote that '...the craving for alcohol [is] the equivalent on a low level of the spiritual thirst of our being for wholeness, expressed in medieval language: the union with God.' (in Brumbaugh, 1994: p.63). Jung pointed out that the root word for alcohol is shared with that for the divine, and therefore spirit itself must be used as an antidote: 'You use the same word for the highest religious experience as well for the most depraving poison. The helpful formula (for treatment) therefore is spiritus contra spiritum (spirit against spirit).' (in Seeburger, 1993: p.105).

Although Chinese medicine has roots in both Taoism and Buddhism, Chinese medicine practitioners vary considerably in their view of the interface between

matters spiritual and medical. Flaws and Lake (2001) write, '... in contemporary professional Chinese medicine, spirit is nothing more than a certain quantity of heart qi. Thus the concept of spirit in Chinese medicine is not "spiritual" in any conventional religious sense.' (p. 17). TCM practitioner Joseph Yang (2002), also a doctor of psychology, writes about shen disorders: 'Who are the best healers for mental disorders? Certainly, doctors using scientific methods are the first choice. However, there are still reports from many patients who have had good results from Shamanistic healing ... Shamans may be in touch with a deeper level of the spirit than is accessible with our modern treatment methods' (p. 31). Yanhua Zhang in *Transforming Emotions* (2007) suggests that in modern China, the doctor plays the role not of a psychiatrist, but of an advisor: 'A zhongyi [Chinese medicine doctor] does not pose him- or herself as an expert in emotions but as a wise person who has accumulated practical wisdom through life and professional experiences ... The zhongyi doctor very often forges a connection with the patient by transforming the 'patient's problem' into shared human conditions...' (p. 125).

The belief system inherent in the 12 Step Programme incorporates the idea of a 'Higher Power', which obviously easily fits within a 'religious' framework. The 12 Step community has long struggled with its relationship with different spiritual, agnostic and atheistic viewpoints. Buddhists, for example, have adapted the 12 Steps to fit within the Four Noble Truths and the Eightfold Path: 'The idea of a Higher Power changes; like everything, it is impermanent.' (Griffin, 2004: p. 42). On the other hand, there are a number of organisations that use a 'rational' treatment model, such as SMART Recovery who utilise cognitive behavioural therapy (CBT) (see Trimpey & Trimpey, 1996).

TCM and addiction

Many TCM papers on addiction and substance abuse analyse the damaging effects of individual drugs on particular zangfu, and recommend treatment of such damage with herbs and acupuncture (Given, 1997; Jiang, 2008). The TCM substance abuse community generally posit that addiction damages yin and jing (Blow, 1994). In addition, any addiction or desire for a substance is seen - by definition - as a manifestation of yin deficiency. Otherwise TCM describes the emotional issues surrounding addiction in terms of Liver qi stagnation or Heart imbalance (Given, 1997). The herbal formula Tian Wang Bu Xin Dan (Emperor of Heaven's Special Pill to Tonify the Heart), for example, is often used to treat agitation of the Heart in those in recovery; or Bai He Gu Jin Tang (Lily Bulb Decoction to Preserve the Metal) is used to treat the damage to Lung yin caused by smoking; Da Bu Yin Wan (Great Tonify the Yin Pill) is used to treat yin deficiency caused by cocaine use; and Wen Dan Tang (Warm Gallbladder Decoction) can

treat the confusion resulting from phlegm and Gallbladder deficiency caused by long-term alcohol abuse (see Jiang, 2008). However, although correspondences between the zangfu and particular drugs and herbal formulas are clinically useful, they do not necessarily tell us much about the process of addiction itself in the stages before, during and after recovery.

The five spirits and addiction

The TCM understanding of addiction can be approached by looking at the five spirits of the hun, po, zhi, yi and shen. When we talk about addiction, it is a given that the shen, the 'emperor' of the other spirits, will be disturbed, or conversely that shen disturbance creates the circumstances for addiction in the first place. Jiang (2008) writes, '...the addict is unable to control their strong desire for the substance. According to Chinese medicine, desire comes from the Heart and belongs to the spirit. When desire is abnormal, or out of control, it becomes pathological, therefore uncontrollable desire is a dysfunction of the spirit.' The Chinese medical concept of shen (more specifically the yuan shen rather than the shi shen) is arguably analogous to that of the 'Higher Power' of the 12 Step Programme (for a full discussion of yuan shen and shi shen see Rossi [2007] and Qu & Garvey [2009]). Rossi writes: 'Shen refers to a different universe from the one that manifests in the imminent world ... in a wider sense shen is understood as a transcendent aspect of the universe and man' (p.48).

Zhi is often translated as will or will-power, or 'determination and single-mindedness in the pursuit of our goals' (Maciocia, 2005: p.111). In the 12 Step method of treatment, however, will-power is believed to be of limited value: 'Our so-called will power is practically nonexistent' (Alcoholics Anonymous, 2001: p.24). The first steps of the 12 Step Programme - powerful or ridiculous depending on your outlook - involve surrendering to a higher power: '1. We admit we were powerless over (substance or behaviour) - that our lives had become unmanageable', and '2. Came to believe that a Power greater than ourselves could restore us to sanity.' Within the recovery community, quitting by will-power is known as 'white knuckle sobriety', and creates what is derisively labeled a 'dry drunk': whilst the substance may no longer be used, the reasons for the addiction and the underlying alienation from the self still remain.

At the risk of over-simplification, addiction might be described as a disharmony between the hun and the po. The hun and po are generally paired together (as are the zhi and yi), and are seen to be intertwined (Rossi, 2007). Larre and Rochat de la Vallee (1995) quote Laozi, 'The hun and the po live as a couple: their union is life: their separation is our death' (p.42). The hun likes constant change and shows itself in fantasy, imagination and creative thought. It becomes restless with mundane

thoughts and looks for more challenging and stimulating ideas. It is yang, associated with the Liver, and as such has the wood characteristic of outward and expansive movement. The hun is our intellectual aspect and is active when we are not physically interacting with the world. It works interiorly yet with expansive ideas. The hun is said to be 'ethereal', and is thus thought to be connected to collective consciousness as well as the mind of the individual (consider, for example, the work of the solitary artist, whose non-conformist work nonetheless reflects societal undercurrents); Bridgeman (2006) writes, 'The hun is the link between the individual and the collective Mind, the collective unconscious' (p.24).

Paired with the hun - and in opposition to it - is the po, the spirit of the physical body, which is said to both reflect and contain the hun. The po is associated with the metal phase and yin, and as such moves inward and constrains. The concerns of the po pertain to the enjoyment of the physical side of life. Although it is aligned as the spirit of the body, it largely has no self-consciousness (Rossi, 2007). The po likes calm and, paradoxically, obtains this through activities synchronous with the outside world. It thrives, for example, on the predictability and clear outcomes of work and exercise. The person oriented to the po is the runner in the 'zone', where everything falls away except the experience itself outside of intellectual thought. The po allows us to access the outside world through our actions and allows the physical completion of tasks that involve the outside world. We experience disharmony of the po through pain and physical discomfort. The attempt to negate pain can be the root of obsession and addiction, which then distorts the addict's relationship both to themselves and the world. Rossi (2007) writes, 'In the most serious cases, po thinking remains as primitive, concrete thinking, with no access to the symbolic realm [the domain of the hun]' (p.60) - this is exemplified by image of the intravenous drug user with sores throughout their body, who is unable to see the damage they are doing to themselves or even understand that they are 'ill' in any sense.

Disharmony of the hun and po therefore involves an obvious loss of connection to the realities of both the inside and of the outside world. As Rossi (2007) writes, '... imaginative thought can substitute reality with illusion and block its recognition as such. It can also be identified with a sort of spirituality that denies the needs of the body, as happens in anorexic patterns' (p.62). Thus the initial 'spirituality' of the addict involves living in 'hun fantasy' - denying or trying to put on hold the limitations of the body and the coarse living and dying existence of the po. These observations encapsulate much of the process of addiction: a primitive spiritual search at the expense of the body.

The yi shows itself as the thoughts that spontaneously arise from the Heart. Rossi (2007) quotes Zhang Jiebin,

'When a thought is first born the heart has a direction, but it is not yet stabilised, this is called yi.' (p.64). Every addict 'intends to stop', a comforting thought that usually occurs just before, during or after a drink, shot of heroin, gambling session or cigarette. In the introduction to his book, *Junky* (2003), William Burroughs writes, 'No one wakes up in the morning and decides to be an addict.' (p.XV). Unfortunately the yi, or 'intention not to be addicted', is all too often soon lost in the desire and craving for the substance of abuse. Furthermore, the addict may believe what the 12 Step Programme does not - that their addiction can be managed by cutting back, taking vitamins, moving to another town or finding the perfect moment to quit.

The five spirits in addiction and recovery

We can speculate what each particular substance does to the spirits much as we do with the zangfu (see Given, 1997): heroin and opiates activate and then quiet the hun and relax the po, creating the characteristic 'warm fuzzy feeling'; amphetamines activate the po, creating movement and activity; ketamine - a dissociative anaesthetic - eliminates any feeling of the po, leaving the hun alone in interior thought and fantasy; marijuana blurs the lines between the hun and po, whilst dulling the yi and exciting the shen; nicotine calms the po by giving the hun time and space for reflection.

During withdrawal, the physical discomfort felt by the po is what drives many back to their chosen substance or behaviour. The hun knows that if the po is satiated through going back to the addictive substance or behaviour then it too will be freed to continue its wanderings. It is during such pain afflicting the po that the yi - the spirit of intention - is swept aside. Only after the po is again quiet will the addict once more vow that this will be the last time.

Addicts are tied to ritual, and eventually their drug behaviours and life activities become concentrated, fixed and limited (the 'narrowing of repertoire' of addiction parlance). Seeburger (1993, p. 113) writes, 'Addiction gets the addict's attention. The deeper the addiction, the more exclusively it captures the addict's attention. In the deepest forms of addiction, the addict barely pays attention to anything else'. Health, family and work are jeopardised. In the 12 Step community, recovery is said to only begin with 'hitting bottom', i.e. the worst consequences of the addiction. The addict's life at the 'bottom' essentially becomes a period of survival.⁵ All addiction, especially at this stage, eats away at the jing, and the po (the body), tied to the jing, is therefore at risk. Alcoholics Anonymous would say that the addict's life 'had become unmanageable'. From a TCM perspective might see effective 'life management' as an interplay and coordination between all the spirits. The addict is unfortunately unable to manage their life because of the fundamental disarray of the spirits.

The 12 Steps and the five spirits

We can look at the 12 Step Programme and make preliminary correlations between its aims in recovery and the TCM model. The primary - and perhaps most controversial - focus of the 12 Steps is that recovery involves a spiritual dimension. In explaining the 12th step of spiritual awakening, Alcoholics Anonymous (2001) state, 'We are not saints. The point is, that we are willing to grow along spiritual lines. We claim spiritual progress rather than spiritual perfection.' (p.60). If we acknowledge that in TCM terms addiction essentially involves the shen, the question arises of whether the two systems of recovery are utilising similar processes.

Addiction is said to damage the Kidney jing and the zhi (Blow, 1994). As stated above, the 12 Step Programme assumes that will-power (zhi) is of limited use in the process of recovery and thus primacy is initially given to the 'Higher Power'. Thinking one's way out of the addiction (using the yi) is equally fruitless, because the yi in addiction is focused exclusively on fulfilling the needs of the addiction. In TCM terms, the 12 Step Programme focuses on slowly and methodically developing the relationship between the zhi and the yi, gently nurturing them with small and manageable changes of behaviour. Rossi (2007) writes, 'Knowledge formed through the accumulation of thought is called zhi' (p.67). During addiction, the zhi is not developed because there is no persistent use of the yi. In 12 Step meetings, the yi is gradually cultivated through simple regular work habits such as setting up meetings and taking minor responsibilities. The 12 Steps themselves are simple, methodical, logical and organised, which in itself enhances the yi. By these methods, the zhi is also eventually strengthened. Commonality is established in group meetings, in which participants collectively recognise the many dramas and misconceptions involved in the addiction. By defining addiction as a disease or illness that is shared by many, the uniqueness of the individual hun fantasies of 12 Step members are taken away. What remains is not moral and individual failure but collective issues: 'When you expose your hidden secrets and shame to your sponsor,⁴ you learn that you aren't alone. Your failings are common.' (Griffin, 2004: p. 42).

New members of the 12 Step Programme are discouraged from long-term planning or forming new romantic attachments (matters of the Heart/shen), and are advised only to stop the substance or behaviour 'one day at a time'. In TCM terms, this means the zhi, yi and hun are asked not to live for the future but only to 'temporarily' stop the substances. The shen can then become disentangled from the immediate desires of the other spirits, and following withdrawal the other spirits can once again start to serve the 'higher power' of the yuan shen. This 'day at a time' philosophy is, of course, a clever existential trick.

Nobody can take drugs or otherwise fulfill their addiction tomorrow. Faithfully followed, this 'one day at a time' rule guarantees an addiction free life.

Other treatment modalities

The five-needle ear acupuncture treatment that forms the basis of the NADA protocol⁶ - applied daily and consistently with little 'creativity' on the part of the practitioner - depends upon ritual and predictability, and therefore mimics the predictability of the process of addiction itself (Eisenstark, 2009). Whilst the five auricular points used in the NADA protocol are powerful in themselves, they are especially effective within the context of the ritual and community of the treatment environment (Brumbaugh, 1994). In other words, the five-needle protocol works best when it encompasses other standards of addiction treatment, including that of the 12 Steps.

Clinical considerations

This paper does not aim to provide specific treatment protocols. Utilising the five spirits in the treatment of people experiencing addiction should involve practitioners developing and expanding their own existing techniques and modalities, and looking beyond simply treating zangfu patterns and strengthening the zhi. The following case study is included to illustrate the ideas presented in this article. Whilst it does not necessarily utilise a unique set of acupuncture points, it illustrates one possible approach to using acupuncture to help re-establish the connection between the hun and po. For most patients, being encouraged to engage in consistent daily routines and rituals such as meditation, tai chi chuan, yoga, running or other physical activities is indispensable in terms of integrating mind and body. The challenge for the practitioner is to bring the patient to the point of functioning where such cooperation in treatment is possible.

Case study

A 50 year-old female complained of being unable to resist binge-drinking alcohol every seven to 10 days. She had an unkept appearance, and had severe psoriasis on her scalp. Her pulse was deep and slippery and her tongue was dusky with a yellow coat. She was self-employed and sold health products. She acknowledged a great deal of resentment towards various people, including 'people with money' and anyone who did not see the value in her products. She described often feeling 'woozy' and 'fuzzy'. She complained of pain in the costal region and said her liver felt toxic, although biomedical tests in this regard were normal. She had resisted going to 12 Step meetings because she felt their spirituality to be 'very primitive'. While lying face up on the treatment table her facial expression was wracked with anguish, and I had the intuitive sense that her head was somehow disconnected

from her body.⁷ Initial treatments focused on moving Liver qi stagnation, tonifying the Spleen and clearing phlegm, in addition to using the five NADA points in the ear. Further treatments attempted to metaphorically and energetically reunite the hun and po (head and body), using Yintang (M-HN-3), Baihui DU-20, Shuaigu GB-8 on the head with Qihu ST-13, Shufu KID-27 and Yunmen LU-2 just below the neck. Taichong LIV-3 and Zusanli ST-36 were also included to balance the treatment. Other treatments included combinations of Qimen LIV-14 and Zhongfu LU-1 to connect Liver and the Lung, as well as Pohu BL-42, Shentang BL-44, Hunmen BL-47, Yishe BL-49 and Zhishi BL-52. Each treatment also utilised Taixi KID-3 to boost the zhi. This is a classic case of a patient who had boxed herself into a corner and was left confused and unable to 'outsmart' her addiction. In popular terminology, she was 'living in her head'. Her rigid concepts (hun) of health and spirituality built up qi constraint, phlegm and damp and periodically needed to discharge through the po. Subsequent visits showed her need to drink had subsided, her demeanor was less 'fuzzy' and her head once again appeared to be 'attached' to her body.

Conclusion

Addiction is a complex subject and affects all of us to one degree or another. Its study involves looking into human consciousness and the very essence of what it means to be human. This paper attempts to add to the conceptual framework of addiction and recovery through the Chinese medical theory of the five spirits, which can assist TCM practitioners in understanding the processes involved in the 12 Step treatment model. Other therapies used by our patients - including those that are not spiritually oriented - may also be enhanced by a TCM perspective; if the TCM practitioner accepts that recovery involves a spiritual process, then whatever the intervention - hypnosis, acupuncture, psychotherapy, yoga, Taoist practices, the 12 Steps or simply will-power - the role of the five spirits may be considered. Whilst the ideas presented here may not be easy to implement in clinical practice, the author hopes that they will create further discussion so that our work as practitioners can best help our patients. ■

Douglas Eisenstark L.Ac. teaches, amongst other TCM classes, Chemical Dependence and Oriental Medicine at Emperors College in Santa Monica, California. For several years, he worked at Turnabout A.S.A.P., a non-profit out-patient acupuncture drug de-tox centre. He would like to acknowledge his teachers and colleagues Steve Given, Lianne Audette, Ben Hektmantia, Shelley Bobbins and Tim Ross.

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- as yintou (癮頭), in which yin is combined with the character tou, or 'head'. Both suggest a disease that is concealed within.

Endnotes

- 1 The author is aware that the 12 Step Programme is controversial, and that many people can be averse to it. It is referred to in this paper not as endorsement, but as an example of a well-known modality that, like TCM, incorporates the idea of spirit in treatment.
- 2 The translation 'addiction' is from the Chinese yin (癮), which has the radical denoting 'illness', ni (疒), enclosing the character for 'hidden', yin (隱), which has the character for 'heart' within it. Addiction can also be translated
- 3 It is not the purpose of this paper to elaborate on what constitutes addiction. Clearly, a discussion of addiction should encompass not only substances and drug use, but also psychology, culture, politics etc.
- 4 A 12 Step sponsor is an experienced member who helps newer members through the 12 Step process.
- 5 Addicts often successfully withdraw when faced with a separation from family (especially their children), loved ones or even their own lives.
- 6 The auricular points used in the NADA protocol are Shenmen, Sympathetic, Kidney, Liver and Lung.
- 7 I later learned this was a feature of one of the seven po: the dead dog (Ross, 2009).

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