

Analogous Systems Principles and Concepts of Traditional Chinese Medicine and Congruence Couple Therapy

Bonnie K. Lee

Faculty of Health Sciences, University of Lethbridge, Lethbridge, Alberta, Canada

Abstract

This article explicates the analogous principles and concepts between traditional Chinese medicine (TCM) and congruence couple therapy (CCT). Although originating out of vastly different times and places, TCM and CCT share a view of health based on systems understanding to facilitate the interconnections of the parts of an organism rather than focusing on eliminating symptoms. Both approaches aim to release Qi (气) and vitality by removing blockages through adjusting the interactions, adaptation, and balance of multiple elements and Yin-Yang energies. The goal is to liberate the Qi or life force through improved holistic balance and cooperation. While TCM focuses on interventions at the level of the body, CCT focuses on the attention, awareness, acknowledgement, and alignment of the four human dimensions consisting of the intrapsychic, interpersonal, intergenerational, and universal-spiritual. In light of the current trend toward increasing mental, substance use, and neurological disorders, in particular among countries of middle and low income, dialogue to explore these compatibilities between TCM and CCT is conducive to the continuous evolution of TCM and Western therapies to address not only physical health but also the exigencies of contemporary addiction and mental health care within a mind-body relationship matrix.

Keywords: Addictive disorder, congruence couple therapy, family therapy, mental disorder, substance use, systemic therapy, traditional Chinese medicine, Yin-Yang (阴阳)

INTRODUCTION

Traditional Chinese medicine (TCM) derives from a unified Chinese cosmology that situates the well-being of the human body within an inter-related universe. This unified cosmology represents the cumulative knowledge from generations starting in ancient times through observation, meditation, and contemplation on the workings of nature and the human body refined through philosophical debates.^[1] TCM healing principles are based on adjusting and righting the balance of all the intricately and subtly related component parts to free up the vital energy of the universe manifested as stamina and aliveness through the human body.

Congruence couple therapy (CCT) is one of the few systemic therapies providing an evidence base with a follow-up for its effectiveness in treatment of addiction and mental health.^[2] Systemic therapy is a form of psychotherapy that subscribes to

a theory of viewing psychological symptoms not as a problem intrinsic to individuals, but as a function of their interactions with their social contexts.^[3] The most immediate social context consists of one's spouse and family members. Systemic therapy therefore works with the symptomatic person in interaction with their spouse as a couple unit or together with other family members, although not all forms of couple and family therapy use systemic principles. Systemic formulation of a problem exposes the recursive or repeating escalating cycles of causality between symptoms and relationships.^[4] Systemic therapies therefore are defined by their conceptual lens of viewing the interactive nature or problems and their contributing parts, rather than by how many people are present in a room. Hence, systemic therapies can be applied to individuals, dyads, and groups. Through empirical research, CCT has delineated

Address for correspondence: Prof. Bonnie K. Lee,
University of Lethbridge, Lethbridge, Alberta T1K 3M4, Canada.
E-mail: bonnie.lee@uleth.ca

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the interactive dynamics of couple relationships, adverse childhood experiences, and the development and escalation of addictive behaviors such as gambling disorder.^[5,6]

CCT was developed as a manual-based systemic form of therapy^[7] that conceptualized, theorized, and extended the ideas of family therapy pioneer, Virginia Satir (1916–1988). CCT provides a theoretical framework consisting of four integrative and iterative dimensions for interventions.^[8] A series of empirical studies have shown CCT to be effective with gambling, alcohol and substance use disorders in symptom reduction, improving mental health, emotion regulation, and couple relationships.^[9-11]

PURPOSE

This article explicates the analogous principles and concepts between TCM and CCT. Although evolving out of vastly different time and place, with TCM focusing on interventions at the level of the body, and CCT at the level of psychology and family relationships, this comparative examination reveals their compatibilities and correspondences in the principles and concepts of their interventions. Implications for the continuous evolution of TCM to address not only physical health but also the exigencies of contemporary addiction and mental health care and interventions within a mind–body relationship matrix are discussed.

MENTAL AND ADDICTIVE DISORDERS

Mental, neurological and substance use disorders are flagged as a growing global health concern that has been on the rise since 1990 and has increased by 41% by 2010, with the expectation to rise further.^[12] These complex disorders involve both social determinants and neurological impairments.^[13,14] Deaths and overdoses related to opioids in North America have reached alarming crisis proportions between 2016 and 2018.^[15,16] Despite documentation of social, health, and economic costs of mental health and addiction disorders, low-income and middle-income countries had allocated only less than 1% of the health budget to mental health.^[17] With changes in values, family structure and demographics, as well as global influences on supply and demand, an urgent priority exists for increasing resources for the prevention and treatment of mental, neurological, and substance use disorders in public health policy.^[18]

Addictive disorders are not restricted to substance use. The World Health Organization's International Classification of Diseases in 2018 officially named Gaming Disorder as a disease condition.^[19] The American Diagnostic and Statistical Manual of Psychiatric Disorder, 5th edition (2013), has established a classification of substance use and related addictive disorders, recognizing that in addition to substance use, certain behaviors can become addictive, for example, gambling. Further, addiction frequently co-occurs with psychiatric problems, most commonly mood disorders such as depression and anxiety and other more severe forms of psychiatric problems such as personality disorders.^[20-22]

What defines addiction is the phenomenon of the 3 C's: craving, compulsion and negative consequences. Individuals with addiction suffer from craving for their addicted substance or behaviour, to the extent that it interferes with their normal activities and commitments. Addicted individuals also develop a compulsion and loss of control over regulating their use of the substance or behaviour despite repeated attempts to curb the addiction which clearly has negative consequences. Negative consequences include compromising one's work or employment, the pursuit of education and career goals, damage to family relationships, financial problems, injury to one's integrity and reputation, financial troubles and crime and legal entanglements. Hence addiction is a condition that has broad health, societal, familial and legal ramifications.

DISEASE AND SYMPTOM FOCUS

The reduction of drug use is the primary and often the sole measure used to gauge the effectiveness of treatment for addictive disorders in Western research.^[23] This parallels Western medicine's focus on the removal of symptoms and symptomatic parts. Some addiction experts attempted to broaden the symptom and disease focus of addiction treatment to look at the patient's broader functioning, to include self-efficacy, psychosocial functioning, network support/social support, craving, and quality of life.^[23] However, controversy remains as to what factors are deemed to be important measures of treatment outcome due to the absence of a consensus. This dilemma reflects the limitations of an atomistic rather than systemic view of addiction that falls short of mapping all the parts that contribute to an addictive disorder as a symptom.

We now know from the last decade of research that in the background of people with addiction is frequently a history of childhood abuse, neglect, loss, and abandonment.^[24] Persons with addiction also have problematic marital and family relationships,^[25,26] intimate partner violence,^[27,28] and abuse and neglect of their children.^[29] In an atomistic view of disease and symptoms, it is difficult to link seemingly remote childhood experiences to problematic relationships in adult lives and addictive and mental disorders.

TRADITIONAL CHINESE MEDICINE AND CONGRUENCE COUPLE THERAPY'S UNDERSTANDING OF HEALTH WITH THE PRINCIPLE OF INTER-RELATEDNESS

TCM's and CCT's understanding of illness and addiction respectively follow the same principle of inter-relatedness. TCM views the body as a set of organs that are in interaction with one another in function, and that the body is in constant interaction with the environment. CCT's family system perspective views the individual as a complex four-dimensional system that is in constant interaction with the environment, and one dimension cannot be isolated from the other. The four dimensions of CCT represent a "house with four doors"

with the intrapsychic, interpersonal, intergenerational, and universal-spiritual dimensions in dynamic relationship.^[7,8] Hence, addiction is a symptomatic behavior that cannot be treated effectively in isolation without consideration of the four dimensions and their interactions.

A person's marital and family relationship is the natural context as well as a natural resource of existence and plays an important role in physical and mental health. Think of the number, frequency and intensity of verbal and nonverbal exchanges between a person and one's spouse and children on a given day. The quality of these exchanges can be either comforting and supportive that are conducive to well-being, or at the other extreme, can be conflict-ridden, blaming, or avoidant leading to impasses. The impossibility of resolving issues that arise on a day-to-day basis could lead a person to a feeling of helplessness, hopelessness and frustration due to the futility of one's efforts and bids for understanding. Emotions affect bodily functions. According to TCM, emotions are closely connected to the functions of one's vital organs.^[30] Hence negative emotions, or Qi that is stymied, can cause physical problems. One difference between TCM and CCT is that the former focuses on bodily functions to maintain health, while the latter works on changing human interactions, communication and behaviors to alter physiological and mental functioning.

PERSON—ENVIRONMENT ADAPTATION

Traditional Chinese Medicine

TCM believes that person and environment are both constantly changing and a person has to adapt to the seasons and changing environmental conditions to optimize health. The world as the big universe interacts with the human body as the small universe.^[30] Here, we see two systems in interaction. Life cultivation consists of adapting one's body functions and diet in response to the four seasons, an important principle in TCM.^[30] This balancing of Yin-Yang forces between types of food consumption, resting and activity in relation to each season helps to maintain a harmonious unity between nature and humans.

The human body is influenced by changes in weather and the pulse varies in its rate, rhythm, volume and tension according to the seasons.^[31] The food one takes in each season in turn affects different organs in the body. The body's functioning can be enhanced or damaged by one's activity and food intake. According to TCM, each plant or herb is classified to possess properties of being cold, heat, warm or cool.^[30] For example, chrysanthemum is considered cool and can clear away heat and reduce fire. Hot foods like ginger, garlic and mutton can strengthen yang and eliminate cold. Beans and grains are mild. Different tastes in food also have different effects on the body and need to be balanced with seasonal changes. The properties and efficacies of many types of food have a medicinal value which leads to the TCM view that food can be used a form of medicine.^[32]

Congruence Couple Therapy

CCT is a systemic therapy that works with addiction as an inter-related system of past and present relationships, intrapsychic experience and interpersonal expression. It aims to remove the blockages to a person's vitality by meeting universal-spiritual needs through hope and compassion.^[6,7] Congruence is defined by the 4 A's of attention, awareness, acknowledgment and alignment in oneself and with others.^[8] Thus CCT in its balancing of a person's interpersonal and intrapsychic functions features a remarkable analogy to TCM principles of balancing Yin-Yang functioning. CCT works on the rebalancing of self and other, past and present awareness, while TCM works with balancing the different body organs, harmonizing diet with the environment such as the four seasons, and opening up the body channels for enhancement of Qi to infuse the body with health and vitality.^[30,33]

Similar to the inter-relational principle of TCM, CCT does not target the symptoms of addictive and mental disorders. The systemic principle in CCT calls attention to the context in which the person functions, the most influential of which is the relationship with one's spouse and family. CCT focuses on resolving the impasses in couple interaction and its aforementioned four dimensions as a potent factor in recovery from addictive disorders. The couple is strategically the pivotal executive unit that acts as a prism reflecting one's family of origin patterns impacting children and work relationships.^[8,34] Patterns of perception, emotion regulation, beliefs, and communication that take place in the couple are transferrable to other contexts. As well, patterns from a person's early life formation in childhood are replicated in the present couple interaction. Problems arise when these patterns are unconscious to the individual and are adhered to with rigidity without a person's awareness, even as they produce negative interactions and emotions.

The therapist's role is to raise questions about the occurrence and validity of these patterns in the present form, and whether they serve the clients well in their functioning and in their physical and mental health. Further impacts of these patterns on one's offspring, extended family relationships, work and social groups are called to the clients' attention.

The improved relationship comes about when both partners in a system activate their choice and willingness to make a change. TCM situates the heart as the site of regulation of the entire system and the centre of energy release. The heart is not just a physical organ, but encompasses the soul, vitality and will of the human body.^[1] Similarly, CCT activates a person's spirit through inspiring hope and compassion to fuel the process of change. A careful and sensitive use of language by the therapist can help the client re-focus her attention from negative and repetitively hopeless situations to visualize and experience in the mind's eye, the possibility of a more peaceful and joyful outcome. This quickens the heart, the will, and spirit in cooperating with the therapist and one's partner toward a collaborative set of goals.

The therapist is instrumental in facilitating a new set of person-to-person or person-environment interactions

in changing the client's perceptions, expectations and communication with her significant partner through awareness and aligned communication in the sessions. New patterns that are set in place and practiced daily create a ripple effect for changes in communication and relationships with one's children and co-workers. These changes have been demonstrated in empirical studies.^[34]

YIN-YANG BALANCE

TCM attributes diseases to conflicts between the person and nature, and between parts of the body.^[1] It also recognizes that these relationships are never static, but are in dynamic interactions that require rebalancing as internal and external forces are in a state of flux. Adaptations to rebalance these Yin-Yang forces are an ongoing task. The "whole will"^[1] receives information about these changes and guides the movement and rebalancing of the entire system.

As discussed, TCM is derived from ancient Chinese cosmology of natural processes and classifies substances and body organs into binary categories of Yin-Yang. One gives rise to the other and one elicits the other, and when both exist in balance, good health results. When there is an excess of one energy, yin or yang, disease occurs. The remedy according to TCM is to rebalance the energy in the system using foods or herbs classified as yin or yang to tone up or down the functioning of body organs in relation to each other and in response to seasonal changes in the external environment.^[30]

Similarly, CCT rests on a Yin-Yang principle of attention to oneself and to others. This requires awareness of others in balance with what is experienced in oneself. Making changes and corrections as to how to conduct oneself accordingly improves harmony within self and with others in the environment according to different contextual factors.^[7]

In CCT, a typology of communication illustrates the kinds of relationship and emotional disturbance that can occur when the natural Yin-Yang of the self-other binary in relationship is thrown off balance.^[7] Every interaction consists of the subjectivity of self and the empathically perceived objectivity of other. Self and other both incorporate an internalized sense of each other through empathy, similar to the Yin-Yang symbol with the yin embedded in the yang and vice versa. Self-other imbalances can be typed as follows:

Superior

Too much of the self at the expense of others gives rise to a communication posture that is domineering, critical, blaming, condescending, and, in the worst case, abusive of the other.

Inferior

Too much focus on the other and too little attention to one's own feelings, needs and preferences gives rise to communication that is overly agreeable, apologetic, placating, and aimed only to please.

Fixing

The fixing posture ignores the dynamic contributions of self and other as the agents of change but focuses on the mechanics of a situation or problem. These solutions are often not long-lasting because they lack the willing cooperation and mutual contribution of the persons involved. They miss out on the good will, energy and creativity of the human agents that mobilize change.

Enmeshed

When the boundary or difference separating self and other is ignored or unclear, it could give rise to confusion and the dampening of excitement between self and other. Differences incite excitement and mutual learning, when partners in a relationship discover themselves and expand perceptions and options through differences.

Avoidance

Finally, when self and other have not successfully found a way to negotiate and balance with each other, over time despair sets in. The entire system can collapse into stagnation, withdrawal and energy depletion. This applies to the case with addiction, depression, and suicide when a person can no longer find the desire to engage with others and seeks an escape from living.

Congruence

When both yin and yang are acknowledged and aligned in communication, problems can be solved and the context adjusted to favor well-being and harmony.

EMOTIONS

Although TCM largely focuses on dietary, medicinal and bodily activity to optimize health, it does acknowledge emotions as a major cause of diseases.^[30] TCM identifies seven emotions: joy, anger, anxiety, contemplation, grief, terror and fright as normal human emotions. When emotions are suddenly and drastically changed or become extreme or prolonged, damage can be done to the viscera.^[30] For example, excessive anger is said to damage the liver, excessive joy damages the heart, excessive terror damages the kidney. Further, excessive changes in emotions or their blockage can disturb the flow of Qi, an invisible life force that gives vitality to the body and helps with its repair and rejuvenation.

In cultivation of health, regulation of emotions is important for a person to maintain a normal mental state and harmony of Yin-Yang forces in the mind and body. Such harmony of mind and body prolongs life. The concepts of Yin-Yang, body, mind, Qi, and blood are interrelated in TCM.^[30,33]

Emotion regulation has received increasing attention in recent psychological literature as an important contributor to mental health and psychopathology.^[35] It refers to processes individuals use to modulate their emotions consciously and unconsciously to respond to environmental demands.^[36] Strategies of reappraisal, problem solving, and acceptance are theorized to be positive in protecting against psychopathology, whereas suppression of thought and expression, avoidance, and

rumination are considered risk factors for psychopathology. Training in emotion regulation is largely individually based on ways of coping with strong emotions that arise, and are proposed by various forms of cognitive-behavioral therapy popular in Western psychotherapeutic intervention.^[37,38] TCM posits that “any changes in social relations and information gathered by the sense of sight, hearing and smell have a direct influence on the consciousness of the human body, hence influencing changes of the ‘functional states’ of the body, such as joy, anger, sadness, worry and euphoria.”^[1]

Rather than viewing emotion and cognition as discrete entities, CCT treats emotion and cognition as interactive and mutually influencing, similar to how TCM views body organs as interactive in their functions. Cognition encompasses perceptions, beliefs and expectations. Hence, one’s internal operations are conceptualized and viewed systemically. These interrelated functionings are enacted, named, and made visible in the couple therapy sessions.

CCT not only looks upon emotion and cognition as interactive but considers communication and relationships as completing the loop to health when internal states can be communicated respectfully and received appropriately to alter the stress in one’s environment. The dynamic facilitation of wellness is incomplete with just the intrapsychic adjustment without the interpersonal dimension. Communication is an under-valued focus in Western psychotherapy and as a coping strategy. In reality, communication can be viewed as the single most important factor in solving problems and overcoming stuckness in relationship, reducing contextual stress, and bolstering a sense of personal effectiveness. These inner and outer shifts reduce helplessness, hopelessness and low self-worth. Communicating one’s desires and needs and the ability to effectively function in the world without jeopardizing relationships will temper the likelihood of depression and anxiety, two common mood disorders on the rise globally today, particularly in low- and middle-income countries.^[39]

To take the exploration of inter-relatedness of different dimensions further in CCT, clients are asked questions about their childhood experience. This is because the family is the crucible in which many habits, including styles of communication, ways of perception, and meaning-making were formed. Increasing awareness of these family of origin influences and working through unresolved blockages will help the client live more freshly in the present, without the contamination and intrusion of dysfunctional past experiences. This increased awareness of one’s past and oneself brings about a greater sense of aliveness in a person and his/her responsiveness to each other in a couple relationship.

CASE EXAMPLE

Anlie and Wingpo are a couple who have been married 3 years. They run a hostel in a small town. Anlie is looking after the business full-time while Wingpo has another job that requires

days out of town. Customers who come through can be rough and demanding and Anlie often wished that Wingpo is there to help her. The couple said their unresolved arguments have led to their distancing from each other. They have become merely roommates and business partners rather than husband and wife. Anlie has put on 8 pounds in 6 months, is suffering from anxiety and depression, and has poor concentration. Wingpo has been leaving home early and shortening his hours of sleep because of demands from his outside job. Anlie complains about Wingpo’s being away for extended periods of time and she resents his critical tone when talking about the struggling hostel business. Wingpo wants Anlie to understand that his outside job will help them financially and they can look forward to starting a family. They are at an impasse in their communication and the arguments are not leading to any solution.

In helping the couple improve their communication, the therapist first identifies where they get stuck in their communication. It is when Anlie is feeling anxious about handling the customers and running the hostel on her own and Wingpo is dismissive and annoyed with her concerns. Anlie said her parents were always critical of her when she was a child. As she said this she started crying. There were only demands placed on her without any support. She was expected to be successful in everything she did and was constantly compared to her older sister. Wingpo’s attitude and remarks triggered her anxious reactions. Wingpo on the other hand, had a more relaxed upbringing but was brought up with a strong work ethic, hence working on his fulltime job and bringing in an income as a man was important for him. A matter-of-fact kind of man, he thought Anlie should be able to handle things on her own and could not understand why she should have anxiety and depression issues.

Having identified Anlie’s communication as inferior and avoidant and Wingpo’s as fixing, Wingpo was asked if he could use a softer tone and some physical touch to soothe Anlie when she brought up problems with customers. He also needed to acknowledge Anlie’s emotions so Anlie would feel reassured, understood and supported. Anlie learned to monitor her own anxiety level and not to exaggerate her anxiety with imagined negative scenarios. She became aware of her tendency to hear Wingpo’s advise as criticism rather than well-meaning. Both agreed to make these changes to rebalance the communication and reduce the escalation of conflict. Each partner became more aware of their own behavior and how their reactions are shaped by childhood experiences. Each took responsibility to make changes. They were calmer when dealing with stressful situations and offering each other support. They started feeling closer to each other. Anlie was able to not use food as a way to assuage her anxiety and meet her emotional needs. They started eating their meals together and set up a time to share the joys and problems of their day. Six months later, they were both in better health due to more harmonious couple relationship, more balanced nutrition, and improved mood.

The above set of interventions reflects a systemic way of working on emotions and anxiety through improving communication, raising awareness of family of origin influences on present operating and communication styles, and making changes in the couple communication. All of these dimensions were worked on synergistically. The result was a reduction of stress in the management of the hostel, a lowering of anxiety and depression in Anlie, and improvement in the couple relationship.

Viewed from the standpoint of TCM, the systemic therapy of CCT did not work on the symptom of Anlie's depression, anxiety and weight gain. Rather CCT adjusted the balance in the couple communication, reduced the intrusion of negative past influences on their perception and expectation, thus improving emotion regulation of both partners, all of which led to reduction of environment stress and more effective running of the business fostered by better couple cooperation.

CHANNELING THE LIFE FORCE

Qi is a central concept in TCM. Permeating the natural world, Qi is found in Heaven and Earth. The union of Heaven and Earth gives rise to the Qi in humans.^[30] Hence humans participate in the vital energy of the Qi of the universe. However, Qi is also in constant flux and there are many types of Qi in the human body that arouse and move the functionality and activity of the organs. The organs function in balance and relation to each other. Balanced Qi is the foundation of a person's vitality and stamina. Qi has both intelligence and functionality, and manifests simultaneously on the physical and spiritual levels.^[30,33] Physical problems emanate from Qi that is out of harmony.

TCM strives to restore health by remedies that balance the internal environment of the body to help all the organs work together in harmony. In the TCM system, Qi is used to describe each organ's energetic function. The function of one organ is assessed in relation to other organs around it.^[33] TCM also adjusts the harmony between the internal environment of the body with the external environment of the seasons.^[30] In contrast, Western medicine tries to remove the infected parts to eliminate the disease. From the standpoint of TCM, Western medicine cannot permanently cure the disease because of the unchanged living environment that produced the disease in the first place. Blood and channels are central carriers of Qi throughout the body.^[30,33] The philosophy of TCM focuses not on the symptoms but looks at the body as an interconnected network of functions.

CCT as a humanistic form of therapy rests on a belief in the human potential for growth and a tendency towards wholeness. Implicit in this belief is that there is an intrinsic dynamism or spirit in human beings that under optimal conditions will have a propensity for growth, purpose and actualization.

In observing the growing plants, animals and living things on the farm where she grew up, Satir saw "growth was life

force revealing itself, a manifestation of spirit."^[40] The miracle of growth and rejuvenation inspires in us a reverence for all living things. With people, when the conditions for connection, safety and worth are satisfied, there is a release of life energy for growth.^[7]

Growth and healing are two poles of the same continuum. By balancing the communication between self and other, the inner functions of emotion with cognitions (perception, beliefs, expectations), inner awareness and outward expression, awareness of the impact of past in the present, the human system is in a greater state of alignment that frees up the life force that is embedded within.

CONCLUSION

Healing is a liberation of Qi or the life force in both TCM and CCT. Both systems seek to enhance the flow and channeling of the vital Qi into vibrant human activity and stamina. They both facilitate the flow of Qi in harmonious, cooperative relationships among all the parts. Therefore CCT and TCM principles and concepts are analogous to each other. While TCM focuses on realigning the human body and with nature through diet, acupuncture, and herbal remedies, CCT focuses on realigning thoughts and emotions, inner experience and outer expression, self and other through communication in family relationships.

CCT derives from systems principles corresponding to TCM's understanding of health as a holistic organicity and unity. CCT and TCM both acknowledge the invisible energy of Qi that vitalizes well-being. Each subscribes to an understanding of Yin-Yang rebalancing to enhance health. CCT provides an intuitive but specified set of psycho-social-spiritual interventions based on a manual of interlinkages to open up the connections of its four dimensions: interpersonal, intrapsychic, intergeneration, and universal-spiritual. TCM works on the physiological rebalancing of the human body and its energetic systems through practices such as herbal remedies, acupuncture, and adaptation to the environment. The two approaches are shown to be analogous and complementary in their key principles and concepts as explicated in this article.

Many contemporary TCM practitioners and researchers believe that TCM is a system of medicine that is still in a state of continuous development, especially in exploring the potential interfaces of East-West approaches to medicine.^[41] Although TCM locates emotions with the body's organs, it remains relatively underdeveloped in its methods to change the human relational and psychological system to reduce the stress it poses to physical health. Systemic relational therapies such as CCT with its concepts of inter-relatedness, balance, and reciprocity, supported by its empirical evidence base,^[9-11] could add a new dimension to TCM's pursuit of harmony and balance in addressing contemporary mind-body-relational ailments. Mental and addictive disorders is an area of health care urgently in need of prioritizing according to the latest global burden of diseases, in particular among lower and middle income

countries.^[42] This article hopes to have opened up a dialogue to explore the compatibilities of TCM and Western systemic therapies such as CCT. These approaches can then join forces in service of the holistic revitalization of human physical, psychological and relational health in an interconnected matrix.

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REFERENCES

- Xutian S, Zhang J, Louise W. New exploration and understanding of traditional Chinese medicine. *Am J Chin Med* 2009;37:411-26.
- Pinquart M, Oslejsek B, Teubert D. Efficacy of systemic therapy on adults with mental disorders: A meta-analysis. *Psychother Res* 2016;26:241-57.
- von Sydow K, Behr S, Schweitzer J, Retzlaff R. The efficacy of systemic therapy with adult patients: A meta-content analysis of 38 randomized controlled trials. *Fam Process* 2010;49:457-85.
- Lee BK. Towards a relational framework for pathological gambling (Part I): Five circuits. *J Fam Ther* 2014;36:371-93.
- Lee BK. Towards a relational framework for pathological gambling (Part II): Congruence. *J Fam Ther* 2015;36:103-18.
- Gaelzer JB. Processing Trauma and Addiction through Congruence Couple Therapy. Masters Thesis. Lethbridge, AB: University of Lethbridge; 2019.
- Lee BK. Congruence Couple Therapy: Concept and Method Workbook. Lethbridge, AB: OpenHeart Inc.; 2017.
- Lee BK. Congruence couple therapy for pathological gambling. *Int J Ment Health Addict* 2009;7:45-67.
- Lee BK, Rovers M. Bringing torn lives together again: Effects of the first congruence couple therapy training application to clients in pathological gambling. *Int Gambl Stud* 2008;8:113-29.
- Lee BK, Awosoga O. Congruence couple therapy for pathological gambling: A pilot randomized controlled trial. *J Gambl Stud* 2015;31:1047-68.
- Lee BK, Shi Y, Knighton R. Couples in Alcohol and Gambling Treatment: Evidence from a Randomized Controlled Trial in the Health System. Paper Presented at the Canadian Centre on Substance Use and Addiction, Issues of Substance Conference, Ottawa; 2019.
- Patel V, Chisholm D, Parikh R, Charlson FJ, Degenhardt L, Dua T, *et al*. Addressing the burden of mental, neurological, and substance use disorders: Key messages from disease control priorities, 3rd edition. *Lancet* 2016;387:1672-85.
- Patel V, Lund C, Heatherill S, Plagerson S, Corrigan J, Funk M, *et al*. Social determinants of mental disorders. In: Blas E, Kurup AS, editors. *Priority Public Health Conditions: From Learning to Action on Social Determinants of Health*. Geneva: World Health Organization; 2009.
- Lund C, De Silva M, Plagerson S, Cooper S, Chisholm D, Das J, *et al*. Poverty and mental disorders: Breaking the cycle in low-income and middle-income countries. *Lancet* 2011;378:1502-14.
- Special Advisory Committee on the Epidemic of Opioid Overdoses. Highlights from phase one of the national study on opioid- and other drug-related overdose deaths: insights from coroners and medical examiners. Ottawa: Public Health Agency of Canada; September 2018. Updated October 2019.
- Scholl L, Seth P, Kariisa M, Wilson N, Baldwin G. Drug and opioid-involved overdose deaths – United States, 2013-2017. *MMWR Morb Mortal Wkly Rep* 2018;67:1419-27.
- Saxena S, Thornicroft G, Knapp M, Whiteford H. Resources for mental health: Scarcity, inequity, and inefficiency. *Lancet* 2007;370:878-89.
- Whiteford HA, Degenhardt L, Rehm J, Baxter AJ, Ferrari AJ, Erskine HE, *et al*. Global burden of disease attributable to mental and substance use disorders: Findings from the global burden of disease study 2010. *Lancet* 2013;382:1575-86.
- Jo YS, Bhang SY, Choi JS, Lee HK, Lee SY, Kweon YS. Clinical characteristics of diagnosis for internet gaming disorder: Comparison of DSM-5 IGD and ICD-11 GD diagnosis. *J Clin Med* 2019;8. pii: E945.
- Dowling NA, Cowlishaw S, Jackson AC, Merkouris SS, Francis KL, Christensen DR. The prevalence of comorbid personality disorders in treatment-seeking problem gamblers: A systematic review and meta-analysis. *J Pers Disord* 2015;29:735-54.
- Lai HM, Cleary M, Sitharthan T, Hunt GE. Prevalence of comorbid substance use, anxiety and mood disorders in epidemiological surveys, 1990-2014: A systematic review and meta-analysis. *Drug Alcohol Depend* 2015;154:1-3.
- Trull TJ, Jahng S, Tomko RL, Wood PK, Sher KJ. Revised NESARC personality disorder diagnoses: Gender, prevalence, and comorbidity with substance dependence disorders. *J Pers Disord* 2010;24:412-26.
- Tiffany ST, Friedman L, Greenfield SF, Hasin DS, Jackson R. Beyond drug use: A systematic consideration of other outcomes in evaluations of treatments for substance use disorders. *Addiction* 2012;107:709-18.
- Lu FY, Wen S, Deng G, Tang YL. Self-concept mediate the relationship between childhood maltreatment and abstinence motivation as well as self-efficacy among drug addicts. *Addict Behav* 2017;68:52-8.
- Windle M, Windle RC. Partner conflict and support as moderators of alcohol use on alcohol problems and marital satisfaction in young adult marital dyads. *Alcohol Clin Exp Res* 2019;43:668-78.
- Moriarty H, Stubbe M, Bradford S, Tapper S, Lim BT. Exploring resilience in families living with addiction. *J Prim Health Care* 2011;3:210-7.
- Radeliffe P, Gilchrist G. "You can never work with addictions in isolation": Addressing intimate partner violence perpetration by men in substance misuse treatment. *Int J Drug Policy* 2016;36:130-40.
- Dowling N, Suomi A, Jackson A, Lavis T, Patford J, Cockman S, *et al*. Problem gambling and intimate partner violence: A systematic review and meta-analysis. *Trauma Violence Abuse* 2016;17:43-61.
- Wells K. Substance abuse and child maltreatment. *Pediatr Clin North Am* 2009;56:345-62.
- Liao Y. Traditional Chinese Medicine. China Cultural Series. Beijing: Wah Lun Publishing Company; 2006.
- Yi D. Why Different Foods are Consumed Each Season and What are Their Health Benefits? Available from: http://www.shen-nong.com/eng/lifestyles/food_diet_advice_season.html. [Last accessed on 2020 Feb 06].
- Hou Y, Jiang JG. Origin and concept of medicine food homology and its application in modern functional foods. *Food Funct* 2013;4:1727-41.
- Maciocia G. The Foundations of Chinese Medicine. London: Churuchill Livingstone; 1989.
- Lee BK, Merali N, Ofori-Dei S. Employment-Related Stress and Employment among Addicted Clients: Skill and Personal Development through Congruence Couple Therapy. Poster Symposium, Grand Opening of the Science and Academic Building, University of Lethbridge; 2019.
- Aldao A, Nolen-Hoeksema S, Schweizer S. Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clin Psychol Rev* 2010;30:217-37.
- Aldao A. The Future of emotion regulation research: Capturing context. *Perspect Psychol Sci* 2013;8:155-72.
- Gratz KL, Weiss NH, Tull MT. Examining emotion regulation as an outcome, mechanism, or target of psychological treatments. *Curr Opin Psychol* 2015;3:85-90.
- Macklem, G. L. Evidence-based School Mental Health Services: Affect Education, Emotion Regulation Training, and Cognitive Behavioral Therapy. New York: Springer Science and Business Media; 2010.
- Friedrich MJ. Depression is the leading cause of disability around the world. *JAMA* 2017;317:1517.
- Satir V. The New Peoplemaking. Palo Alto, CA: Science & Behavior Books; 1988.
- Pritzker S, Hui KK. Building an evidence-base for TCM and integrative east-west medicine: A review of recent developments in innovative research design. *J Tradit Complement Med* 2012;2:158-63.
- Rehm J, Shield KD. Global burden of disease and the impact of mental and addictive disorders. *Curr Psychiatry Rep* 2019;21:10.