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**Smarter Healthy Cities beyond COVID-19**

# **An integrative mind/body approach to health and mental problems**

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# My research areas

- With a dual professional background in mental health social work and Chinese medicine, my research theme is **mental health, mental disorders and culture**.
- Specific research areas include
  - Operationalization of the **Chinese medicine stagnation syndrome** as a psychological construct useful to all mental health practitioners;
  - Family expressed emotion of persons with **schizophrenia** and its impacts on the course of illness;
  - Critical re-examination of the conceptualization of **mindfulness**; and
  - **Workplace well-being**: a paradigm shift of focus from stress and burnout to meaning and engagement.

# Illness behaviour ↔ Health care system design

- Illness behaviour

- How a person perceives & appraises the 'symptom', and responds (including not responding) to it

□ "Normal illness behaviours"?; or

"Abnormal illness behaviours"?

- Mental disorders: hypochondriasis, hysterical conversion/dissociation, ...etc.
- Somatization: sleep, bowel (IBS), 'chronic fatigue system',...etc.

□ Different help-seeking behaviours

- Formal health services
- Others:.....

# Illness behaviours

## - Shaped by multidimensional factors

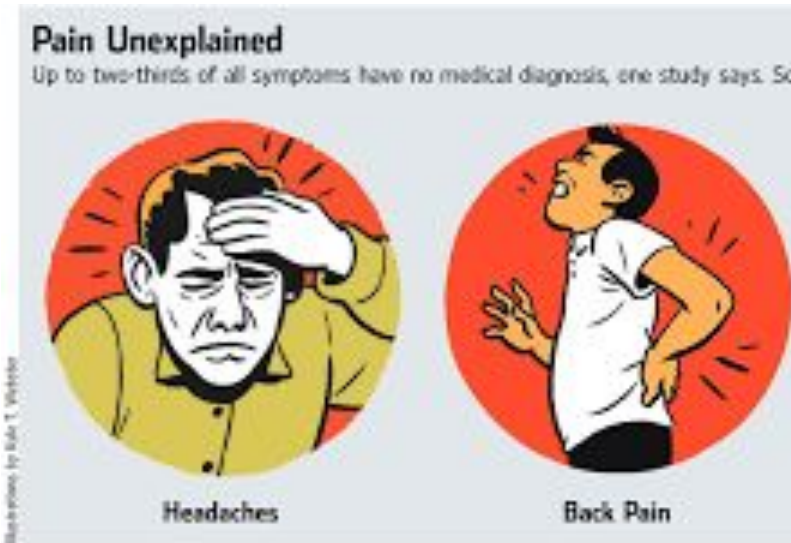
- Personal factors
- Familial factors
- Health services
- Culture: e.g. collective vs. individual oriented

# The Eastern cultural contexts

- The “*chopsticks culture area*”
  - Large parts of China, Korea, Japan, Taiwan & South East Asia
- Deep influence of ancient Confucian values
  - Big self > Small self
  - Responsibility > Personal Right
  - Filial piety  Interdependence & emotional involvement
- Social expectations:
  - Superego: Others-focus/conscientiousness
  - Id: Repression
- Mood disturbances ↔ Somatic symptoms
- Socially legitimate illness behaviours  Somatization



# East Asia: High level of somatization



- People with mood disturbances
  - Rare to seek help solely for psychosocial problems
  - Ready & willing to seek help for the associated somatic discomforts
- Separated mental & physical health services do not work well
- Ideal service model: **Mind/body integrated**
  - Syndrome: A cluster of symptoms tend to come together
  - Put mind/body symptoms together  Dissolve the mental/physical health service boundary
  - Example: Chinese medicine stagnation syndrome\* (鬱證) (c.f. depression of Western psychiatry) is put under internal medicine (\*more details later)

# Traditional Chinese Medicine (TCM).....

## Developed in such contextual context

- Had a history of over 2,000 years – Han dynasty (206 BC – 220 AD)
- By Tang Dynasty (618 – 906)
  - Specializations in Chinese medicine well established.
- Specialties: internal medicine, surgery, O&G, pediatric, orthopedic & acupuncture
- But NO specialties of psychiatry or psychology.....
  - WITH GOOD REASONS!!



## TCM etiological theory:

Emotions as the ‘internal factor’ (內因) of disorders

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- Inner Canon of Yellow Emperor Han dynasty (206 BC – 220 AD)
- Chen Wuzha (Sung Dynasty, 960-1279)
  - *“The seven emotions are normal and necessary for human beings. Upsetting them however can affect the Zhang-Fu organs first, and then the exterior body and limbs. This is known as the ‘internal factor’.”*
- 宋。陳無擇「三因學說」(病因學)
  - 「七情，人之常性，動之則先至臟腑郁發，外形於肢體，為內所因」





While recognizing psychological factors.....

- TCM approaches them very STRATEGICALLY
  - i.e. Somatic symptoms as the entry point
- When the patient is ready, may expand intervention form body to mind & spirit



# TCM ideal

## A strategic integrative approach 因勢利導，形神同治

Note:

- *'Strategic' BEFORE 'Integrative'!*
- *If 'integrative/holistic' before strategic*
  - *Offering too many too early*
  - *May turn away the client*

# CMD (common mental disorders) in Chinese medicine clinic (Ng, Tsao, & Chan, 2005)

- Cohort study of 367 1<sup>st</sup> consultation patients
- Presenting problems:
  - 100% somatic
  - 72% already lasted over 1 month; 38% over 1 year
- CMD – estimated by GHQ-12: 21%
- Treatments received
  - Mostly herbal medicine, +/- acupuncture
  - Some ‘supportive counselling’
- 1-month F/U
  - Improvement of presenting problems: ~50%
  - CMD – estimated by GHQ-12: dropped to 7%

# Case example 1 'Plum pit qi' - strategic integrative approach

- Patient: F/40
- Presenting problem: '**Globus**' (a sensation of something in the throat) x 3 months
- TCM diagnosis: 'Plum pit qi' (liver qi stagnation) [梅核氣 (肝鬱氣滯)] in stagnation syndrome (鬱證)
- Mechanism:
  - Anger hurts liver system (怒傷肝)
    - Liver qi stagnation
- Tx.: de-stagnation of liver qi
- Px.: Herbal formulae 半夏厚朴湯 x 2 days





- F/U:
  - ‘Plum pit qi’ 90% relieved
  - Change to a milder & more nurturing herbal formulae (逍遙散加減 x 3 days)
- Counseling followed:
  - Anger management
  - Boss management

# Case example 2 癡病 (c.f. hysterical conversion)

## - strategic integrative approach

- M/12, secondary 1 student
- Presenting problem: *'Blinded' x 6 months, 'retinal detachment'?*
- F/U in 5 different departments in a big public general hospital: child psychiatry, pediatric, eye, CP, MSW
- Dx.: 癡病 (c.f. hysterical conversion)
  - Id-ego intra-psychiatric conflicts
    - Has to be a 'good boy/student' vs. Flat up with that, keen to rebel



# Form: Suggestive therapy (TCM strategic therapy)

## Media: Acupuncture

- Underpinning beliefs: Same
- Media: Culturally adapted
  - Giving suggestions:
    - Form – similar
    - Content: different



- Intervention
  - Strategic:
    - Eyes 'opened' after 5 sessions of acupuncture cum suggestive therapy
  - Long-term:
    - Parents' response to 'symptoms shift'
    - Developing a stronger personality





*Operationalize TCM  
Stagnation syndrome (鬱證)  
as a health construct  
useful to all health  
practitioners*

From basic research to rigorous RCT

TCM model  
of stagnation

Emotions  
(anger)  
repressed

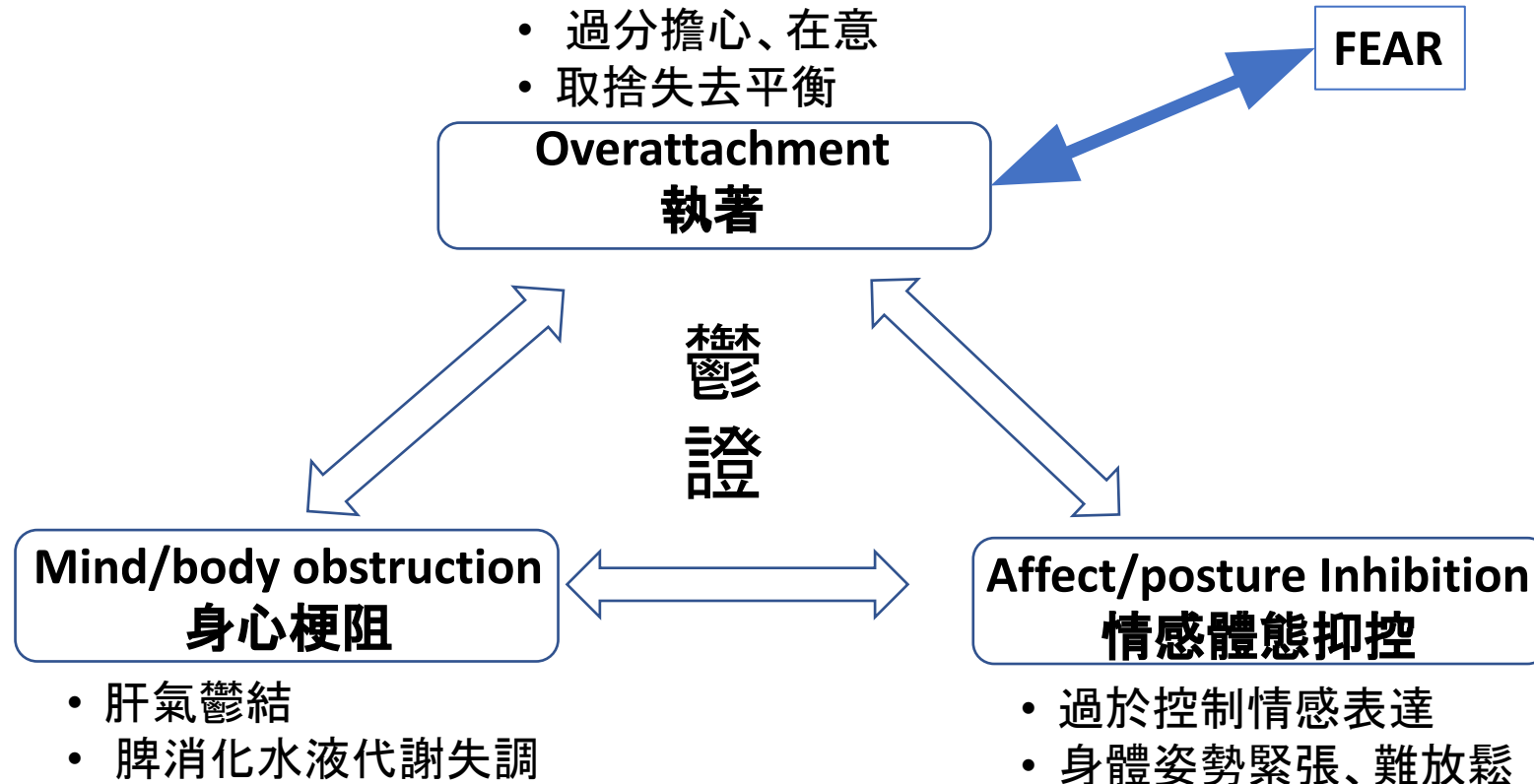
Liver qi  
stagnant

Liver meridian  
problems

Spleen  
meridian  
problems

# A Body-Mind-Spirit (BMS) Model of Stagnation Syndrome

鬱證新理解



# TCM stagnation syndrome

## - From basic research to rigorous RCT

- Ng, S.M., Leng, L.L., Ho, R.T.H., Zhang, Z., & Wang, Q. (June 14, 2018). **A brief body-mind-spirit group therapy** for Chinese medicine stagnation syndrome: a randomized controlled trial. *Evidenced-Based Complementary & Alternative Medicine, 2018*.
- Leng, L.L., & Ng, S.M. (2018). Stagnation syndrome: Relevance of **multilayers illness experience** in Chinese Medicine to the understanding of functional somatic syndrome. *Psychosomatic Medicine, 80(2):238-239*.
- Ng, S. M., Fong, T. C. T., & Wang, X. L. (2012). Confirmatory factor analysis of the **Stagnation Scale** - A traditional Chinese medicine construct operationalized for mental health practice. *International Journal of Behavioral Medicine, 19(2), 228-233*.
- Ng, S. M., Chan, C. L. W., Ho, D. Y. F., Wong, Y. Y., & Ho, R. T. H. (2006). **Stagnation as a distinct clinical syndrome**: comparing "yu" (stagnation) in traditional Chinese medicine with depression. *British Journal of Social Work, 36, 467-484*.

# Mind/body integration & immunology

## - A recent report from us

Ng, S.M., Yin, M.X.C., Chan, J.S.M., Chan, C.H.Y., Fong, T.C.T., Li, A., So, K.F., Yuen, L.P., Chen, J.P., Chung, K.F., & Chan, C.L.W. (2022). Impact of mind-body intervention on proinflammatory cytokines interleukin 6 and 1 $\beta$ : a three-arm randomized controlled trial for persons with sleep disturbance and depression. *Brain, Behavior, and Immunity*, 99:166-176. DOI: [10.1016/j.bbi.2021.09.022](https://doi.org/10.1016/j.bbi.2021.09.022)





THANKS