Psychotherapy Integration in Modern China

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Psychotherapy as a traditional way of healing has existed for centuries in China, a country with a civilization of more than 4,000 years. Descriptions of psychological treatment and healing could be found as early as 300 B.C. in the magnum opus of Chinese medicine, Huang die nie jing. On the basis of these descriptions and with the effort of generations of Chinese medical practitioners, some simple psychotherapeutic methods gradually evolved, such as cognitive reasoning, attention distraction, behavior correction, problem solving, suggestion/hypnosis, and using one emotion to control another. Although the original elements of these methods are still in practice, modern psychotherapy in China has taken shape through a different approach. Western philosophy and theories of psychotherapy have greatly influenced the development of modern psychotherapy in China. During the last few decades, Chinese medical workers and psychologists have made unremitting efforts to learn Western ideas and to integrate them into the treatment of the mentally ill through...
psychological methods. Many political and cultural factors have created ups and downs in the developmental process of modern psychotherapy. But overall, modern psychotherapy has gained recognition as an alternative mode of treatment for mental illness and psychological difficulties.

RECENT HISTORY

Modern psychotherapy in China started in the early 1950s when the Soviet Union was a heavy political and cultural influence on China. Throughout the '50s, Russian psychotherapy theories entered China as part of the general movement of scientific information. In 1958, physicians and psychologists in the Psychology Research Unit of the Chinese Academy of Science applied and modified the Russian methods and developed a short-term eclectic psychotherapy approach to treat neuropathy. Reportedly the treatment was very successful. The publication of eight journal articles reporting the success of this treatment marked the beginning of modern psychotherapy in China.

Unfortunately, the so-called Cultural Revolution, a nationwide political movement that lasted for 10 years and brought the nation disastrous consequences, was launched in 1966. Psychology was labeled as "fake science" and became a target of criticism on the grounds that it did not promote dialectical materialism. For the next 10 years or so, no one dared to talk about psychology or, even worse, mention psychotherapy.

The Cultural Revolution officially ended in 1978. With the approval of the government, psychology as a science reappeared. The Chinese Psychological Association regained its energy and held its second annual convention in 1979. At the convention, the Chinese Clinical Psychology Association (CCPA) was born. In 1980, the Division of Psychotherapy was formed within the CCPA. At first most members of CCPA and the Division of Psychotherapy were neurologists. Following the neurologists’ leadership, physicians in other specialized areas, such as internal and external medicine, gynecology, and pediatrics, gradually joined the team providing psychotherapy. This marks the beginning of the healthy development of modern psychotherapy in China.

The Chinese Clinical Psychology Association holds its convention every other year. At the first convention, in December 1980, there were about 30 presentations on psychotherapy. Most were case analyses authored by neurologists. After that first step, both the quantity and quality of convention presentations on psychotherapy increased steadily. At the sixth convention, in 1991, more than half of the 900 presentation proposals had the theme of psychotherapy, and the quality of these presentations was much improved.

Journal publication also demonstrated the development of psychotherapy and psychology after the Cultural Revolution. In addition to the Chinese Psychology Journal, which had to stop publication during the Cultural Revolution, articles on psychotherapy frequently appear in new journals such as Psychological Science Newsletter, Psychology Research, Journal of Chinese Psychological Health, Journal of Chinese Psychological Hygiene, Journal of Chinese Clinical Psychology, and Chinese Mental Health Journal. Moreover, the quality of the articles published improved constantly. According to Zhong Yo Bin, the number of articles on psychotherapy has increased greatly over the last 14 years (Table 1).

In terms of theoretical orientation, these articles can be categorized by the dominant treatment method that was applied (Table 2). It must be noted, however, that the majority of the treatments described have integrated different Western and/or Chinese psychotherapy methods, old or new, into the application of the dominant approach. As psychotherapy in modern China gradually matured, many professionals began to incorporate components of diverse schools, and the approach to conflicting schools has been moving from eclecticism to integration.

In most of these studies of psychother-
apy, patients were selected from the clinics and hospitals with which the authors were affiliated. The research methods included observation, controlled study, and comparative study. Many articles are simply case reports or records of the process of interaction. On the whole, the quality of the studies is not advanced or well developed because true scientific psychotherapy is just beginning in China and aspects of major theories are not sufficiently understood. However, these articles reflect these realities of psychotherapy in China. About 800 patients were studied in 159 articles.

**Political Reform**

China started so-called political reform in the late 1970s. One product of this reform was to adopt an "open" foreign policy, which allows political, economical, cultural, and intellectual exchanges with foreign countries. After China had been "closed" for so many years, this open-door policy was greatly welcomed and provided an impetus to many scientific and professional disciplines, including psychotherapy. The effect of this policy on psychotherapy is reflected both in increased societal need for and acceptance of psychotherapy and increased professional ability to provide the service.

The need for psychotherapy became particularly apparent after Chinese people were exposed to foreign, particularly Western, politics, economics, culture, ideology, and customs. The changes from a planned economy to a market economy, which encourages competition, created much more stress for individuals. The pace of life was greatly increased, and the individual's psychological load became heavier. Moreover, many traditional cultural values were attacked by Western cultural ideology. Thus, more and more people started experiencing stressors, which were not as common before, such as divorce, extramarital affairs, and parent-child and teacher-student conflicts. With increasing Westernization, acknowledging psychological problems became more acceptable; stigma declined somewhat. In addition, clinicians became more knowledgeable about psychiatric diagnoses and therefore more readily open to treatment options. As a consequence, the number of people found to have depression, anxiety, phobia, paranoia, and other psychological pathology dramatically increased. Finally, with the improvement of living standards brought about by economic reform and newly learned Western ideas, individuals became more comfortable with psychotherapy. In recent years, the number of individuals who seek psychotherapy has been steadily increasing.

This increased need motivated professionals to support psychotherapy. Since 1985, more and more physicians and psychologists have opened psychotherapy clinics and counseling centers. To increase the quality of the service, many professionals, experienced or new to the profession, committed themselves with great eagerness to receiving reeducation and studying psychotherapy theories and techniques. Western psychotherapy theories and experiences contributed significantly to

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*Note: From Zhong Yo Bin,11 Reprinted by permission.*
Chinese professionals' intellectual development. The Chinese Association of Psychological Hygiene and the Chinese Clinical Psychology Association were very responsive to the hunger for knowledge among professionals. They have been sponsoring various training programs and hosting scholarly exchanges and conferences at different training levels. Many universities that have clinical psychology departments are inviting foreign experts and sending professionals to foreign countries to increase opportunities for training. For instance, during the last 8 years, the China Medical University not only sent 7 individuals to different countries to study psychotherapy, but also held a total of 7 short-term psychotherapy training programs in China. To improve the quality of training, 11 psychotherapy theorists and educators from the United States and England were invited to lecture for these programs. More than 300 trainees have participated in them.

**Psychotherapy Integration**

Since the beginning of modern psychotherapy, Chinese practitioners have been experimenting with integrating different Western and Eastern psychotherapy approaches. They try to absorb the essence of each theoretical approach and make the treatment best suited to the Chinese cultural background. At the founding of the Chinese Counseling and Psychotherapy Association in 1990, promoting psychotherapy integration was the focus of multiple expert addresses. The experts acknowledged unique strengths of different psychotherapeutic schools of thought as well as similarities and differences between and among them. They regarded those differences as the result of "peephole" views limited by individual perspectives and pointed out the need for overcoming one-sided views. Thus, they strongly advocated psychotherapy integration to utilize what is common to the different approaches and absorb the unique strengths of each approach to develop optimal treatment systems. This position is consistent with and supported by Beitman's\(^{12}\) view that psychotherapy integration will be the direction of the modern psychotherapeutic enterprise.

The promotion of psychotherapy integration has also been supported by many clinical efforts in China. For instance, effort has been made to integrate the Japanese Morita method with the Western psychoanalytic and cognitive approaches and Chinese traditional behavioral correction to form a "modified Morita." The Medical Psychology Department in China Medical University has also tried to integrate the client-centered approach with psychoanalytic and cognitive approaches in treating various neuropathic and psychotic patients. Reportedly, these integrated approaches have been more powerful than any single approach.

The idea of psychotherapy integration is widely accepted among professionals in China. Psychotherapy integration fits the guiding Chinese philosophy that "one divides into two" and a person should "discard the dross and select the essence." It is a common belief that different psychotherapy approaches present different biases—one-sidedness and limitations as well as unique strengths—whereas an integrated approach,
which makes use of the essence of each, can be superior to any individual approach. Moreover, the integrated approach is more acceptable in China because of the collectivistic (as opposed to individualistic) orientation in its social and cultural environment. Integration is generally more favored by collectivistic culture than different individual schools of thought.

The state of the nation and of the culture in China also necessitates psychotherapy integration. Many psychotherapy theories imported from foreign countries are culturally bound and limited. Modification and tailoring are necessary when these theories are applied in China. One way to reach this goal is through psychotherapy integration. For these reasons, psychotherapy integration has been and will continue to be the direction of psychotherapy in China.

Different therapists have adopted different concepts and techniques of Western psychotherapeutic schools. Many factors can influence therapists’ selections, such as the school they first encountered, their level of understanding about psychotherapy, their first experience with successful treatment, and popular articles about psychotherapy. These factors are much different from those that influence therapists in the United States, where training experience is of great importance. Because various conflicting schools came into China almost at the same time as the open policy, psychotherapy in China is characterized by having less solid walls between and among the schools than in the United States, where there are different organizations for psychotherapists with differing, but similar, theories and practices. Psychotherapy in China did not go through the period of struggle among various schools, so psychotherapy integration is less problematic than in the West. On the other hand, psychotherapy integration in China is hampered because therapists do not have sufficient understanding of the different approaches to abstract the common factors from them.

Many Chinese therapists use the following criteria in selecting theories and techniques:

1. Simple and easy to understand and practice.
2. Helpful in understanding patients.
3. Useful for change in patients.

The common concepts selected from Western schools are the following:

1. The effects of early experiences during childhood on later psychological function.
2. The need to understand patients in their specific cultural context.
3. Stimulus effect on behaviors.

The common techniques selected from Western therapies are the following:

1. Correction of cognitive distortions.
2. Exposure to a feared situation.
3. Analysis of intrapsychic conflicts.
4. Reinforcement of new behavioral patterns.

There is no system for determining how to select particular techniques for particular patients. Many therapists are not aware of the importance of psychotherapy research, of seeking common factors in therapies so as to develop a theoretical framework, or of defining the therapy according to the diagnosis. If we can say that psychotherapy integration in China has begun, we must also say that it is no more than an integration of techniques, not of theory.

Obstacles to Psychotherapy Development

Although psychotherapy in China has gained a new life and made a great deal of progress
in recent years, it is not free from doubt about its future. There are still a number of major obstacles to improving and popularizing psychotherapy as a means of treating mental disorders. Some of these obstacles are related to the lack of knowledge about psychotherapy and some are related to cultural and political restrictions.

One of the major obstacles is that the traditional biomedical model dominates the medical field in China. Although psychotherapy is generally viewed as a branch of a medical unit, the majority of medical personnel still do not believe in psychotherapy. Even in the neurology department (which, in the Chinese structure, should be a potential site for psychotherapy), less than one-tenth of the physicians would apply psychotherapy in treatment. This is not only due to the lack of psychotherapy knowledge and skills, but also to practical concerns about profit making. Psychotherapy is much cheaper than medicine in China, and doing more psychotherapy will in turn affect the hospital’s profit. Although the proposal that the medical model should move toward integrating biological, psychological, and social treatment has gained much verbal support, its implementation still faces many difficulties. This, of course, affects the development of psychotherapy.

A second major obstacle is the bias held by the people and the government. There are several manifestations of this bias. First, in pricing medical services the government uses the cost of instruments employed as an important criterion. Psychotherapy is provided by “talks” and “behavior,” and thus is priced very low. The standard charge for a regular one-hour psychotherapy session is 5 yuan (about 25 cents), a fee that does not provide much incentive for performing psychotherapy. Second, many people have doubts about psychotherapy and much prefer medicine or other instrumental means of treatment. In addition, many institutional insurance programs do not cover psychotherapy costs, which also discourages the interest in psychotherapy. Moreover, the societal prejudice and stigma against the mentally ill still exists. Many will not seek treatment out of fear of humiliation. Parents of young people who apparently have psychological disorders often try to hide the problem. In many cases no treatment will be sought until the person cannot function. Even those who do receive psychotherapy treatment tend to terminate prematurely when the appearance of good functioning has been attained.

Another problem is the lack of a system for controlling the qualifications of the professionals who provide psychotherapy. Since 1988, numerous psychotherapy clinics and counseling centers have been opened. In Beijing, there are more than 10 of these facilities. Among the professionals who are offering treatment in those facilities, some understand medicine and some do not; some understand psychology and some do not; some have gone through some training in psychotherapy and some have not. Unavoidably, some unqualified individuals are offering psychotherapy or counseling. In the hands of these people, psychotherapy sometimes becomes mere support and consolation, advice giving, or teaching. Even worse, psychotherapy could be and sometimes was misused to fool people. The problems concerning therapist qualifications have drawn attention within the profession. In an attempt to correct this chaotic situation, the Chinese Clinical Psychology Association and the Division of Psychotherapy jointly drafted the Psychotherapist Regulations. Unfortunately, at the present time, regulations drafted by professional organizations do not have political support. Without the government’s involvement, the Psychotherapist Regulations is merely a scrap of paper. But when will the government intervene? We cannot tell.

The main points of the Psychotherapist Regulations drafted by professional organizations are as follows:

1. Providers of psychotherapy must have graduated from college and received
1. Shandong School of Chinese Traditional Medicine and Hebei Medical School: Questions and Answers about Huang die nie jing. Beijing, People's Health Publishing Company, 1982