

The Development of Psychoanalytic Psychotherapy in Shanghai Mental Health Center

YONG XU, JIANYIN QIU, JUE CHEN AND ZEPING XIAO

ABSTRACT

Psychoanalytic psychotherapy developed in the China in the context that mental health has become a significant social and public health problem due to the remarkable social and economic changes in the last 30 years. This paper uses the development of psychoanalytic psychotherapy at Shanghai Mental Health Center as an illustration of its benefits for China, and the difficulties and obstacles it encounters in Chinese culture. Copyright © 2011 John Wiley & Sons, Ltd.

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Mental health is a significant social and public health problem in China. A recent epidemiological survey in four Chinese provinces showed that the prevalence of a current mental disorder in adults was greater than 17 percent in 2001–2005. Mood and anxiety disorders are most prevalent (Phillips, Zhang, & Shi, 2009). Research from China and abroad indicates that mental and behavioral problems will continue to increase. The World Health Organization has warned that the financial burden from mental disorders in China will constitute one-quarter of total burden of all diseases by 2020 (Chinese Government Document, 2003).

The gap between supply and demand is huge. For a long time, Chinese treatment approaches for mental illness have predominantly used hospital-based models, using institutionalization, psychiatric and pharmacological treatment, particularly for severe mental illness. Services delivered in other countries by clinical psychologists, social workers, and occupational therapists are mostly not available in China (Zhang, Zhou, & He, 2002). This over-reliance on organic-medical approaches has focused narrowly on symptom relief rather than on treating psychic conflicts that could produce improvement in quality of life and social functioning (Pearson, 1995).

The remarkable social and economic changes in China since 1980 have led the Chinese people to realize the importance of mental health. The Chinese have experienced radical, rapid changes in society: The end of social security, large scale internal migration, the introduction of the one child policy, young adults who are torn between conformity and autonomy, the breakdown of traditional family structures, and an increase in individuality, all resulting in increased psychological pressure. All these changes have led to increased demand for mental health services, as evidenced by increased utilization of outpatient psychiatric and mental health counseling services, and by the tremendous popularity of hot lines and radio call-in programs (Chang, Shi, & Zeng, 2005). By 2009, the Shanghai Mental Health Center was providing psychological counseling to an average of 400 patients each day, a 300 percent increase since 1990 (data from Shanghai Mental Health Center). The most common reasons for seeking help were school-related problems, family/relationship difficulties, mental disorders, and insomnia. Many Chinese also have significant financial worries and anxiety about adapting to the changing demands of the marketplace (Chang et al., 2005).

In this context, psychoanalytic psychotherapy has developed in China. Psychoanalysis was first introduced into China in the 1920s and, until 1949, resulted in a wide interest in philosophy, literature and literary criticism. However, there was only one Chinese psychoanalytical psychotherapist noted in the literature: Bingham Dai, the first Chinese lay analyst trained in America, taught and practiced psychoanalytic psychotherapy in China during the 1930s (Blowers, 2004). After Dai left China for America due to the war with Japan, psychoanalytic psychotherapy disappeared from China. After the founding of the Peoples Republic of China in 1949, psychoanalysis had no ideological place and did not return until the late 1970s. Once China began to implement economic reform and adopted an open-to-world policy in 1978, psychoanalysis returned to China. In the remainder of this paper, we will use the development of psychoanalytic psychotherapy at Shanghai Mental Health Center (SMHC) as an illustration of its benefits for China, and the difficulties and obstacles it encounters in Chinese culture.

THE SINO-GERMAN PSYCHOANALYTIC PSYCHOTHERAPY TRAINING PROGRAM

Shanghai Mental Health Center, one of China's leading psychiatric hospitals, was founded in 1958. Its predecessor, Mercy Hospital, was established in 1935. Treatment for psychiatric patients in the center was pharmacologically-oriented until 1988, when Dr Zeping Xiao, who later became the President of SMHC, and her colleagues, attended the first Chinese-German Symposium for Psychotherapy in Kunming, Yunnan Province. At this symposium, schools of psychotherapy – including psychoanalytic psychotherapy, systemic family therapy (introduced for the first time in China), behavioral therapy, and Rogerian client-centered therapy were introduced to Chinese mental health professionals by German

psychotherapists. Two similar symposia were held in 1990 and 1994. In order to improve the exchange of knowledge of psychotherapy between Chinese and Germans, and to improve the competency of Chinese psychotherapists, German colleagues, led by Margarete Haass-Wiesegart (Dipl Psych), founded the German-Chinese Academy for Psychotherapy in 1995 (Haass-Wiesegart, 2007). From 1997 until 1999, a group of German psychoanalysts from the German-Chinese Academy for Psychotherapy, led by Dr Alf Gerlach, offered an intensive training program in psychoanalytically oriented psychotherapy for Chinese psychiatrists and psychologists. This program provided six seminars, twice a year for three years, held in different cities in China. On each occasion, the training included theoretical lectures, case discussion, supervision and short-term intensive personal therapy. Subsequently, Dr Zeping Xiao was awarded a scholarship from the International Office at the German Ministry of Education and Science (BMBF) for a year at the Sigmund Freud Institute in Frankfurt. While there, she researched psychoanalytical theory and neurotic disorders, while having "self-experience" (personal therapy) in a typical psychoanalytical setting. Her work in Frankfurt built a base for collaboration between SMHC, the Sigmund Freud Institute and German Psychoanalytic groups, including the German Psychoanalytic Association (DPV), German Psychoanalytic Society (DPG) and German Association for Psychoanalysis, Psychotherapy, Psychosomatics and Depth Psychology (DGPT).

Between 2000–2010, three psychoanalytic psychotherapy training sessions were held at the Shanghai Mental Health Center under the leadership of Dr Zeping Xiao and Dr Gerlach, offering four seven- or eight-day seminars over three years. These included theoretical lectures, case discussion, supervision, and short-term intensive personal therapy. Participants included many leading Chinese psychiatrists and psychologists. Participants were divided into groups of approximately 15, each led by a German teacher. From 2005–2007, we added advanced training. In the third training session which took place 2008–2010, group analysis and group experience were introduced to the advanced groups. The group experience was held twice a day. Compared with previous short intensive personal experiences in the basic training groups, these group experiences allowed participants to explore their inner worlds more deeply, to study their interpersonal relationships, and to understand group dynamics. Many participants said that the group experience was the most important part of the training.

This training program has had a great influence on psychotherapy in China. More than half the applicants had to be refused, even though we increased the number of places available each time. This can be seen from the number of participants in the three training sessions: 68 participants at the first session, 185 at the second and 258 at the third (Haass-Wiesegart, 2007; Varvin & Gerlach, 2010).

Even though these training programs are not organized by, nor do they have any formal connection with the International Psychoanalytic Association (IPA), there is no doubt that this work was crucial for establishing the possibility of full psychoanalytic training in China. A first formal psychoanalytic training

began in Beijing in 2007, and the IPA China Committee has recently begun a second full psychoanalytic training program in Shanghai. Dr Hermann Shultz, from the German Psychoanalytic Association, has joined SMHC to provide training analysis along with theoretical and clinical seminars for candidates who will be recruited from Sino-German training programs.

OTHER TRAINING PROGRAMS FOR PSYCHOANALYTIC OR DYNAMIC PSYCHOTHERAPY AT SMHC

In 2006 Professor Anne Alonso, from Massachusetts General Hospital, and Professor Pricilla Kauff, from Cornell University, visited Shanghai Mental Health Center, and provided a one-week training course in psychodynamic group psychotherapy. This was the first time that we had encountered psychodynamic group psychotherapy. Subsequently, psychodynamic group psychotherapy has been conducted at SMHC, and several psychiatrists were given weekly group supervision on their group therapy by Professors Alonso and Kauff via email and Skype. From 2007, Dr Yong Xu, the lead author of this paper, and Dr Jianyin Qiu and Jue Chen, obtained further training by attending the American Group Psychotherapy Association (AGPA) Annual meetings every year, under the support of AGPA. In cooperation with AGPA, a psychodynamic group psychotherapy training program was held at SMHC in April 2011.

In September 2008 the China American Psychoanalytic Alliance (CAPA) started a long-term (two years), intensive weekly psychoanalytic psychotherapy training program in four cities in China, one of which was held at the Shanghai Mental Health Center. Most of the training was conducted using Skype, in addition to three to five days face-to-face training each year. This training program also offers low fee psychoanalysis or psychotherapy for trainees, with the fee ranging from \$5 to \$40 per session. Around ten young psychiatrists from the Shanghai Mental Health Center graduated from this training program in October 2010, and there are many other similar programs in other regions of China.

IS PSYCHOANALYSIS APPLICABLE FOR CHINESE PEOPLE?

While this question was raised when psychoanalysis first arrived in China in the 1920s, most of the debate was in the fields of literature, art, and philosophy. When psychoanalysis as a psychotherapeutic approach returned to China during the 1980s, this question was once again raised. In this paper, I, the lead author, want to use my experience as an organizer of psychoanalytic psychotherapy training and a psychoanalytic psychotherapist to consider this complex question.

Case 1

Mrs J, age 37, came to see me because she was distressed by her husband's affair with another woman. Mrs J and her husband met at university, fell in love, and

married after graduation. Both entered a government-run company. In the first year of their marriage they had a son. In the second year the husband quit his job and opened a company that was so successful that they became wealthy. In the fifth year they had their second son, and she also quit her job in order to care for her two sons. With her husband's support, she enjoyed a comfortable life as an admired full-time housewife. Initially, she enjoyed this life, even though sometimes she felt uneasy about her marriage. Her husband was often absent from home, giving excuses about his business. Three months before seeing me, she discovered her husband's affair from text messages on his cell phone. She was shocked, and when she confronted her husband, he calmly admitted to the affair, saying, "If you want to divorce, I agree. If you don't want divorce, that's fine, but I will not give up that woman." Mrs J was astonished by her husband's attitude. She could not understand why her husband treated her so cruelly and uncaringly. For three months, she lived with daily anxiety, anger, and fear. In my office, Mrs J asked: "Should I divorce or not? If I divorce, I can't imagine how I will deal with my life after so many years at home. Nowadays even a PhD has difficulty finding work. If I don't divorce, how can I stand his continuing affair?"

When encountering this kind of case in the past, I had felt powerless to help. These troubling questions paralysed me. What I could do was to offer my sympathy and give some advice that even I doubted would be useful. Now, however, because of psychoanalytic psychotherapy training, I worked on why Mrs J was unable to make a decision. How was her ego strength weakened by her relationship with her husband? The key point was to help her rebuild ego strength instead of making decisions for her. Mrs J's case is not an isolated phenomenon. Nowadays, because of strong competition and gender inequality, many women face similar dilemmas. In the former time of planned economy, if a woman encountered this kind of problem, she could seek help from her work unit. Nowadays, to a large extent, she is on her own.

Psychoanalytic theory offers new ways of perceiving and thinking for Chinese people. Early on, my supervisor, Dr Antje Haag, from Hamburg, Germany, asked me, "What do you feel about your patient?" I answered by providing more information about the patient. Dr Haag patiently asked again. Still not understanding, I provided more information about the patient. Then she asked, "Do you like this patient or not?" Finally I realized what she was asking, and could begin to think. I said I was angry at the patient. Then she asked, "How can you help when you are so angry with her?" I had never thought about this. Before my psychoanalytic psychotherapy training, I had no any idea about the use of my own internal experience or about the psychotherapeutic setting. I often offered two or three hours for patients only if they required urgent treatment. I knew I was angry with my patients, but all I could do was to suppress negative feelings, because I was taught from the time I was young that we should serve selflessly. I never tuned into my own inner world to investigate my own feelings, conflicts, and boundaries. When, in turn, I began to provide supervision, I saw

that this situation applied to many other therapists. It is not just a question of therapists' lack of knowledge, it has deeper cultural roots.

A related issue is the Chinese patient-doctor pattern of advice seeking and giving (Ng, 1985; Schlösser, 2009). In our Sino-German training, participants frequently asked concrete questions, wishing teachers would give concrete answers for clinical problems, just as the patients asked for quick fixes from their psychotherapists. In the cases Chinese participants presented, we could begin to see that as beginning psychotherapists they often quickly provided advice and suggestions. I believe advice seeking and giving is common everywhere in daily life, but is more prominent in Chinese and Asian cultures. The problem is that in psychoanalysis or psychoanalytic psychotherapy, this quick fix closes space for understanding patients' subjective worlds. So how do we deal with what is essentially a cultural clash between psychoanalysis and everyday Chinese culture?

Many Western teachers are puzzled at the apparent passivity of Chinese students. When Dr Antje Haag first provided training for psychiatrists at our Center, every time she asked for questions, she got an embarrassing silence. When I told her we discussed her lecture intensely after she left, she wondered, "Why didn't you discuss it with me?" This question gets at the cultural gap between Chinese culture and the Western cultural context in which analytic psychotherapy developed. The most prominent feature of traditional Chinese culture is its hierarchical system. During the long Chinese feudal period, this hierarchy regulated people's behavior, aiming to keep society in harmony. This system is summarized in the "Wu Lun," or "five relationships:" There should be affection between fathers and sons, affiliation between monarchs and courtiers, distinction between husbands and wives, order between seniors and juniors and trust amongst friends." The influence of Wu Lun continues despite the major cultural changes of the last 100 years. In daily life, this hierarchy requires that juniors and subordinates should be respectful, loyal, and obedient to seniors and superiors, while seniors and superiors should care for juniors and subordinates. These hierarchies symbolize relationships between fathers and sons. Psychotherapists and teachers are often idealized by their patients and students as all-knowing and caring authorities, who should provide advice and guidance. This morality about relationships colors Chinese internal object relations. Keeping these cultural assumptions in mind helps understand the Chinese difficulty in accepting psychotherapy's assumptions of individual autonomy and questioning of external authority. One of our teachers, Dr Anne-Marie Schlösser, described "the striving for harmony" of Chinese trainees. She wrote:

During the last course session, I asked the participants to look back on how they had experienced the instruction in psychoanalysis and to say what they found was good and put forward a few suggestions as to what could be improved the next time. (You note I was diplomatic in wording this sentence). Without really expecting otherwise, I was greeted

by many kind expressions of praise. Of course I was pleased to hear all this, but with the passing of time I felt uncomfortable, simply because there was no end to it. Again I asked for proposals for improvement and was met with dead silence. I tried to take a more confiding approach – after all, we had spent eight days working seven to eight hours a day together: I could not imagine that nobody had experienced anything from which one could derive changes to the course or in the nature of our work. To be brief: I failed to elicit even one sentence from the course participants that could be seen as even partially critical. (2009)

Dr Schlösser's (2009) understanding that "it was important for the participants to see me as an idealized object," however, does not mean the participants had no constructive suggestions. Not directly challenging authority is to respect and "save face" for the teacher. Many participants did speak to the Chinese training organizers about problems and offered valuable suggestions. This typical Chinese way is designed to save face. I hope that in future psychotherapy training, we can discuss this cross-cultural topic openly.

Are cultural differences a barrier to the development of psychoanalytic psychotherapy in China? It depends on how you see it! Many Chinese psychiatrists feel that psychoanalysis and psychoanalytic psychotherapy are not applicable in China, because they are incompatible with Chinese patients' ingrained ways. Other psychotherapists see cultural issues as a kind of defense mechanism or distortion that should be expunged through analysis and growth. This second understanding comes from a classical model of psychoanalysis, implying that there exists an objective reality that is beyond cultural difference, and holding that these distortions can be peeled away.

However, modern psychoanalysts from interpersonal and relational schools see culture as primary in unconscious life, believing that internalized self-object relations and cultural influences cannot be separated (Grey, 2001). They understand culture as central to the workings of the mind. Therefore the aim of psychoanalytic work is not to discover an "objective reality," but rather to create new opportunities for enriched experience through a search for meaning within the analytic space by analyst and patient (Stolorow, Brandchaft, & Atwood, 1995). This means that when working cross-culturally, as in our Sino-German training program, it is important for foreign teachers to consider both their own culture and Chinese culture. An example of miscommunication caused by the clash of cultures is as follows: One student in our training program reported her experience with her analyst in her self-experience. In their first session, she said to her elderly male analyst: "Your eyes are very pure and clean." In China, this is a common and accepted compliment to a superior. When her analyst responded by asking, "Do you mean your eyes are dirty?" the student was severely hurt. Here we can see the clash between two ways of speaking, each normal within the speaker's culture, but discordant in the interface between cultures. To further the effectiveness of the teaching and learning of psychoanalysis in China, the meaning of such clashes needs to be explored to build mutual understanding.

CAN CHINESE PEOPLE BENEFIT FROM PSYCHOANALYSIS?

After three decades of market-economic reform and opening to the world, China has emerged as the world's second largest economy. However, this is only one side of the story. In China there is a saying: "We achieved development in 30 years that took Western countries 300 years." But from a mental health viewpoint, we should add that we have also accumulated problems related to development in 30 years that took the West 300 years. I will use a clinical case to illustrate the impact of this rapid social change, especially the radical change of family structure, on the nature of relationships among Chinese people and their mental health, to which psychoanalysis can contribute a great deal.

Case 1

Miss A., an 18 year-old student at a prominent Shanghai high school, came to me with her mother, suffering from extreme anxiety about the national university entrance examination scheduled in four months. She had been an excellent student since primary school, almost always first in her school. Three months ago, after a single poor score in a math exam, the teacher admonished her in front of the class, warning her not to slack off because there were only four months left before the exam. Her mother also became angry at her. Although Miss A. felt wronged in some way, she studied even harder, going to bed later. In the next exam, she was so worried she could not concentrate. The result was even worse. Her anxiety increased with headaches, difficulty falling asleep, rapid heart rate, sweating, and loss of appetite. When her mother dismissed the seriousness of her symptoms, she lost confidence and refused to go to school. She became depressed and asked to see a psychological doctor, but her mother did not think this was necessary. Only when her mother read in her daughter's diary that she wanted to kill herself, did she recognize her daughter's severe difficulty.

In the initial interview I learned that the patient's businessman father was often absent from home and that this had been the case since Miss A.'s childhood. Her mother was busy with a factory leadership position. Miss A. said that both parents loved and spoiled her, but had high expectations, and treated her strictly about school. Her mother often said, "If you can't enter a prestigious high school, you are nothing" When she was in a good high school, her mother repeated these admonitions about a prestigious university. Even though she studied hard and her achievement was excellent, she always felt it difficult to live up to her mother's expectations. Miss A.'s parents always satisfied her material needs, but she frequently felt they failed to understand her and were unhelpful when she was distressed.

This family case is not unusual in China nowadays, especially in big urban cities. The traditional extended families that treated the father as the authority

figure which were prominent during the 1980s have been replaced by nuclear families that put their one-and-only child front-and-center. These one-and-only children tend to get a surfeit of love and attention from parents and grandparents, becoming so-called "little emperors" or "little queens." However, as only children, they also carry all the expectations for the family, and all the parents' projected anxiety about an uncertain future in a society with rapidly changing social expectations. Often parents lose their capacity for essential caregiving, which "necessarily includes not only resonance with and sharing of the child's buoyant enthusiasm and pleasure in the emergence of his own particularity, but also attunement to and containment of his disappointment in his limitations and failings, coupled with a sustaining confidence in his growing abilities and ultimate success" (Stolorow et al., 1995, pp. 49–50). We can see from Miss A.'s case that her "sense of self . . . oscillated between sequestered grandiose fantasies and painful feelings of smallness and depletion," and her "sense of self remains threatened by any limitation or setback," because she lacked requisite self object experiences (Stolorow et al., 1995, p. 49). Chinese parents need to understand this, because the unprecedented pressure on Chinese children nowadays exceeds that of previous generations as well as that on comparable Western children. Parents have a new need to contain their children's anxiety and help them to develop a "stable and positively toned sense of self," rather than asking their children to contain their own and their parents' anxiety.

Before psychoanalytic therapy training was introduced to our Center, this type of patient was likely to be diagnosed with depression, and treated by antidepressant, supportive counseling and the suggestion that parents should alleviate their pressure. Many parents told doctors, "As long as he/she is happy, we are willing to do anything, and we already have made no demands on him/her." Now we understand that we cannot simply blame parents. The key is to help parents understand their children's feelings and cope with pressure. In Miss A.'s case, because of my psychoanalytic psychotherapy training, I was able to provide psychodynamic family psychotherapy that focused on improving understanding and communication. Miss A.'s parents learned for the first time about their child's anxiety, frustration and longing, to which they had previously paid no attention. Miss A.'s parents also explored their own anxiety, which Mrs A. especially had projected onto her daughter. They began to listen to their daughter and treat her as psychologically independent. Only then were they able to contain their daughter's anxiety and help her to build a solid sense of self.

The process of industrialization, urbanization, and modernization, which began in the late 1970s, along with the family planning and one-child policy that were implemented earlier, has brought profound change to Chinese social structure and daily life. The change of family structure has also weakened the tradition of respect and care for elderly parents, and the emotional bond between the elderly parents and their children. There are more "empty nest" families and widows. As the family's capacity to offer social support and buffering against stress is weakening, more people seek help from mental health

professionals. Additionally, the increased influence of Western culture has influenced the Chinese attitude to marriage and sexual behavior. More people care about their own personal happiness and well-being, instead of automatically putting family first. This has also contributed to decreased marriage and birth rates and increased divorce rates. As a result, Chinese society has also become more tolerant of pre-marital sexual activity, cohabitation, extra-marital affairs, and even homosexual behavior.

All these social changes have occurred in the context of the changing reality of interpersonal relationships in China, influencing people's internal worlds, and inevitably challenging people's ego capacity for adaptation to new realities. Such functional adaptation takes time, as does our need to understand the evolving meanings and influences on modern Chinese emotional developmental themes. I believe psychoanalysis, as a procedure for investigating and treating mental process, brings a new way of perceiving and thinking about the internal worlds of today's Chinese people in an age full of anxiety and uncertainty. At a time when everyone worries about falling behind and being abandoned in the onrush, analysis has the potential to help prevent us from losing ourselves.

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YONG XU

Shanghai Mental Health Center, Shanghai, China
suiyueran600@gmail.com

JIANYIN QIU

Shanghai Mental Health Center, Shanghai, China

JUE CHEN

Shanghai Mental Health Center, Shanghai, China

ZEPING XIAO

Shanghai Mental Health Center, Shanghai, China