

sepi

Society for the Exploration of Psychotherapy Integration

NEWSLETTER

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SEPI NEWSLETTER IN NEW FORMAT

This is the first issue of the SEPI Newsletter to appear in this new format, as part of the Journal of Psychotherapy Integration. It represents a new milestone in the rather remarkable growth of SEPI since its founding in 1983.

When SEPI began, the movement toward psychotherapy integration had already become a significant underground force in our field, but those who were part of that underground still largely felt isolated and apart from the mainstream. That has changed greatly. Through SEPI, many of us have gotten to know others who, in their own fashion, have been plowing the same fields. We have benefited from the unique composition of SEPI's membership, in which shared commitments to broad goals such as transcending parochialism is combined with an unusual diversity of particular views. In a short time we have forged a genuine community. We have gotten to know, both personally and through their work, an expanding network of interesting and forward-looking fellow professionals. We have enjoyed the surprising absence at SEPI meetings of ego trips, preening, and pretentiousness, and have been stimulated by the lively conversations in the hallways and by the continuing contacts these meetings have fostered. We have seen as well the growth of local SEPI networks that have begun meeting regularly in various cities in North America and abroad. And now we look forward to another big step in SEPI's growth, the 1991 meeting in London, which will greatly enhance contacts between colleagues in different countries and should spark exciting and creative new syntheses and new debates.

Every advance, of course, also has its dangers. One of SEPI's great strength has been its informality, its lack of hierarchy and its efforts to remove barriers to free and open

communication. Now that the Newsletter is to appear on slick pages in the context of a publication that will be archived in libraries, we must all work even harder to preserve that informality and to assure that SEPI does not succumb to the bureaucratic imperative that seems to engulf so many professional associations. We will try to do our part to keep the Newsletter as folksy and unpretentious as we can (as we will continue to work to keep SEPI itself that way). But, as befits an organization whose goal is to promote true two-way communication, and whose greatest strength lies in the diversity, quality, and active participation of its membership, the success of these efforts will depend primarily upon you, the members of SEPI and readers of this Journal and Newsletter.

More than ever before, we would like to receive information and announcements about your activities, abstracts of recent articles, and comments related to the general topic of psychotherapy integration. Although we hope to be able to publish the Newsletter quarterly, much depends on having material to include, so please don't be shy!

One constraint that will confront us with this new format for the Newsletter is that copy of each issue will have to be in the hands of the publisher six months in advance. So please bear this in mind in order to avoid disappointment. In particular, we would like to be able to publicize any conferences, lectures, etc. that members are engaged in, and to let others know about

your interest in research collaboration, organizing study and peer supervision groups, gathering relevant references, or getting help in recruiting subjects for research. To make all of this of greatest value to you the members and readers, please try to get relevant material to either of us as much in advance as possible.

L E T T E R S A N D C O M M E N T S

We would like to encourage your contributions to a new "Letters and Comments" section that will be a regular part of the Newsletter. This will be an opportunity for readers to react to anything that appears in the Journal or the Newsletter and to share your thoughts about articles, books, the most recent SEPI conference, the state of psychotherapy integration, or any other relevant topic. Over time, you will also be able to respond to letters that have appeared in previous issues and thus to contribute to an ongoing dialogue and/or debate about the key issues in our field. We are willing to continue publishing "back and forths" about controversial topics so long as the dialogue continues to be fruitful, and would hope that if a "hot" topic gets raised in one letter, responses it initiates will spark further responses from members who have not yet contributed to this section. Pithiness, brevity, wit, clarity, insightfulness, and a sincere desire to advance the field without scoring points against someone else all will be gracefully accepted by us!

J U L Y 1 9 9 1 C O N F E R E N C E I N L O N D O N

The program for this year's SEPI conference, representing our first real international gathering, promises to be an exciting one, with many new faces and ideas. The meeting will be July 12 to 14, and will be held at Regent's College in London, England. Petruska Clarkson and Ann David have been busily at work with the local arrangements, and Jeremy Safran and Winfred Huber have put together a program that promises to be clinically and intellectually stimulating. We have also been extremely fortunate to have Robert Rosenbaum serving as Conference Coordinator, providing his consultation and guidance to make this conference as memorable as past meetings. SEPI members should be receiving registration and program information sometime in April.

Any inquiries regarding the London conference can be directed to our American organizer (Jeremy Safran, The Derner Institute, Adelphi University, Garden City, NY 11530, U.S.A.) or our European chairperson (Winfred Huber, Department de Psychologie, Clinique UCL, Voie de Romans Pays 30, Louvain-la-Neure, Belgium).

PSYCHOTHERAPY INTEGRATION IN THE PEOPLE'S REPUBLIC OF CHINA:

A PERSONAL VIEW

Douglas H. Powell

Harvard University Health Services

In May and June, 1989, eighteen psychologists toured the People's Republic of China under the auspices of the People to People program. Broadly stated, our purpose was to promote international understanding and goodwill through face-to-face contact with mental health professionals.

During the seventeen days in the PRC, our delegation visited the four corners of this vast country -- Beijing in the Northeast, Hohhot, capital of the Inner Mongolia Autonomous Region (IMAR) in the Northwest, Guilin in the Southeast and Kunming on the Southwest border.

We arrived the day martial law was declared, and departed the morning following the massacre in Tiananman Square. The result of the political tension was that many of the stops on our schedule were cancelled -- ^{the} University of Beijing was cordoned off by the army and we were unable to meet with faculty members at universities in Guilin and Kunming.

Our hosts were openly preoccupied. The opening speaker in Beijing began by apologizing; that morning his son called to say that he had joined the other students in Tiananman Square. The speaker went on to say that he was sorry there were so few interpreters; most of them were in Tiananman Square, too. We felt overwhelming empathy and compassion for these colleagues who were gamely carrying on their professional responsibilities to us in spite of the enormous anxiety they were experiencing. It would have been like us attempting to host a delegation during the protests of twenty years ago at Berkeley, Harvard or Kent State.

The threatening political climate served to close the distance between us and our Chinese colleagues. We all felt the tension growing as we saw troops and tanks move in, and wondered how much danger we were in. Our apprehensions could have been but a small fraction of what our hosts were experiencing. Everyone shared a sense that as the cloud of repression darkened ~~that~~ this might be a last chance for open dialogue for some time to come.

One positive benefit was that our attention remained remarkably well-focused through long days and challenging situations. Our

Chinese colleagues openly shared their work, their theories and their questions. They presented papers in Beijing and in Hohhot, demonstrated forms of traditional Chinese medicine, performed role-plays for us in Guilin and formed joint discussion groups in Kunming. The informal contacts were intense. We were not being treated as a group of passing Americans having our tickets punched and sent on our way.

By the same token, we were motivated to share our ideas and experiences in formal papers, panels, role-playings and group discussions. We were not tourists posing as professionals, eager to finish the morning's work so that we could get to the Friendship Store or catch the bus to the Great Wall.

Perhaps another result of the tense political environment was that we were unusually open with one another. The openness took the form of hard questions being asked back and forth: Why do Americans allow obvious^{ly} psychotic patients to be released so soon after stays in mental hospital_s? Why is there so much divorce in U.S. families? What is it in the United States that stimulates alcohol and drug abuse, adolescent suicide and sexual acting out? In return, we wondered about the pressures created by the single child family, about the potential overuse of drugs with psychiatric patients, about why psychotherapy was not used in clinical work with youngsters, and why the dolls at the Child Development Center of China (CDCC) had blue eyes and blonde hair.

The openness also occurred in informal contacts between

scheduled meetings. Members of our delegation were asked for on-the-spot consultations about a doctor's underachieving son, about a couple's sexual problems, about a complex MMPI profile and about how to treat compulsive behaviors.

And finally the openness was exhibited in a warmth our Chinese hosts exhibited. During our orientation in the U.S.A. we had been warned that the Chinese were likely to be formal, would not tarry at dinner after the last course was served, and did not (repeat, NOT) go in for hugging or emotional displays. Our experiences could not have been more different. Most of our contacts with Chinese colleagues were warm, lively and humorous. In addition to the obligatory toasts after dinner, we were treated to singing. In Kunming the director of the psychiatric hospital gave a stirring rendition of "Swing Low, Sweet Chariot." In return, we responded with a dischordant but energetic version of "I've Been Working on the Railroad." There was much hugging at leaving our colleagues in Hohhot and Kunming. When our guide left us the last night in Guangzhou after we heard the first reports of the Tiananman Square massacre, he departed in a sea of tears.

We were told that there were about two thousand members of the Chinese Psychological Society. Like our American ~~forebearers~~^{forebears}, they ^{have} come to the study of psychology from other disciplines -- medicine, education, management and engineering. Like SEPI members, they bring multiple perspectives to the understanding of human nature and the treatment of human problems. They seemed unusually open to considering new approaches to mental health problems.

Most of the therapists we met were psychiatrists. There is little professionalization of psychology as an independent discipline. As in the U.S., most Chinese therapists describe themselves as "eclectic," though perhaps more cognitively and behaviorally oriented. Older clinicians spoke of their fondness for Pavlov and Skinner. Younger doctors asked about Freud.

Clinically, the big picture is ^{that} things are not so different in the PRC. Inpatient wards in three mental hospitals were filled with patients ^{having} ~~with~~ diagnoses of schizophrenia, depression and people in crisis. Of the fifteen wards in Hohhot, about half were devoted to Alzheimer's disease.

We discovered we had to be suspicious of data our hosts shared with us about the incidence of psychological problems. We found that in most settings there was an "official" line, often voiced by a senior psychiatrist, and the "real" line often provided by one of the junior staff. For instance, in one psychiatric center we asked about the incidence of depression and suicide. We were told by the chief of the psychiatric service that depression was not common and suicide was more of a "police matter." After he answered, a young resident took one of our delegates aside and said in a loud voice that that was not true; he sees many depressed patients and had a suicide last Thursday.

In another hospital we raised the question about the incidence of anxiety and school phobia among young people. Again, a senior

clinician stated that these were rare condition., "Not true," a young doctor said to another of our delegates. He was presently working with a seven-year-old girl who refused to go to school. Also, he thought performance anxiety was a major problem among a number of young people he saw.

The interesting thing was that these dissenting comments were stated loudly in full hearing of the senior staff members who did not openly disagree. There seemed to be no desire to confront and argue with one another about which of these perceptions might be correct.

We were told that the average inpatient stay was about three months. Not unlike in the United States, patients are often not released until they admit they had been mentally ill. Not admitting your problems results in longer stays. "Flights into health" are ^a well known phenomenon. As in America, ^{the} 1/3 - 1/3 - 1/3 rule applies to hospitalized psychiatric patients. About 1/3 of the patients improve, another 33% remain about the same, and the remainder worsen.

As in most countries, the family is the basic societal unit. In China it is the group from which one's primary source of support comes, and to which one's fidelity is demanded. The family in the PRC is experiencing considerable stress. One source of stress is the bureaucracy which makes it difficult for couples from different communities to live together after marriage. Another is the single child family.

A problem for couples occurs when they are not from the same community. Apparently workers live in communes near their place of work. When someone marries a person from another town it is difficult to get permission to leave that commune and join another one because of the approval required at both organizations. Our impression was that many young couples are separated by their work for up to five years. Our Chinese colleagues were especially interested in how Americans handle the commuter or weekend marriages.

Family planning was mandated in the PRC in 1979 and has achieved much of its goal. There are fifty million only children in China. They comprise about 95% of urban children. Minority group and peasant families can have more than one child. The "good news" of population control is tempered by the "bad news" of the stresses the only child creates. Couples feel considerable pressure to decide when to have their only child. Then there were problems occurring with "throw away" youngsters ^{a problem we became aware of} ~~which we picked~~ up in informal discussions. Some of these youngsters are abandoned because they have developmental disabilities. There were rumors about female babies meeting the same fate.

Considerable concern exists about the excessive self-focus that results in being an only child. This is because the youngster is not only the primary focus of two parents, but also of four grandparents -- this is called the 4+2:1 syndrome. Researchers at the CDCC report that only children exhibit a much greater variance on

most characteristics than those with siblings. For example, only children are found in much greater proportion in the top and bottom 10% of their academic classes. The same range was found on fifteen of seventeen other characteristics, including physical maturation, impulsivity and oppositional behavior.

It appears that outpatient care focuses largely on problems with younger people. In Hohhot the psychiatric center sees about a thousand patients a year.

Research reports from colleagues in Hohhot confirmed that the ~~presence of~~ problems ^{experienced by} with children are not unlike those found in the U.S.A.: learning disabilities, underachievement and misconduct. Parents are seen as pivotal in helping students overcome learning problems by helping them manage anxiety and the poor self-image associated with low grades. Psychologists working with schools make an effort to guide parents in controlling their own anxiety and frustration so that they can assist their children by identifying sources ^{and} of reasons for learning problems and helping them manage their anxiety.

As a SEPI member I was struck by the extent to which theoretical integration and technical eclecticism is practiced in China. Theoretical integration is the assumption that different therapies may make differing contributions to the change process and that a combination or synthesis of two or more aspects of them are likely to be fruitful.

This integration was most obvious in inpatient hospital settings. In three institutions we noticed an initial dependence on drugs, followed by the introduction of other forms of therapy. The medications -- tricyclics, neuroleptics and lithium seemed to be aimed at gaining initial control of the symptoms. ECT or insulin coma treatment was applied occasionally with suicidal patients or those with conduct disorders.

Our group was surprised to hear psychiatrists in Hohhot and Kunming say that they used psychotherapy with hospitalized patients. Unfortunately, they did not elaborate and we didn't press them. We suspect ~~that~~ from other observations that their psychotherapy may have a strong cognitive flavor. To our knowledge, group therapy was not practiced.

Regular meetings with family occur. This is because the family, nuclear and extended, is seen as the cornerstone of mental health and recovery from emotional disorder. Many families live within a commune that may have as many as four thousand families. Commune committees also watch over the mental stability of its members.

As patients become less acute and begin to improve, other activities supportive of mental health begin to be woven into the treatment process. We were not surprised to observe occupational therapy and musical treatment (lively music for the depressed and slower pieces for the excessively lively). Physical exercise, hiking and climbing, often with families on weekends, is encouraged.

The Chinese discard nothing therapeutically from the past. Alongside modern medications we saw patients being given traditional Chinese herbal potions, moxibustion and acupuncture. Patients in Hohhot and Kunming were given Qigong training. Qigong is based on a theory that particular postures, patterns of breathing and movements of the body are associated with preventing disease and restoring physical health. Watching the extraordinary demonstrations of this exercise, one is reminded of the debt the U.S. movement therapies have to this ancient medical practice.

There was much gentle touching of the patients by the nurses and other mental health workers in the PRC which was an expression of their caring. This reminded us of a common factor across all therapies, and perhaps across all cultures, ~~is that~~ a caring relationship is central to recovering mental health.

Patients also were encouraged to be actively engaged in their own treatment. One example is that they were asked regularly to evaluate their progress. Another example is that they voted on who the head nurse would be.

From discussions with our Chinese colleagues and from watching their role-playing, it seemed that the theoretical orientation directing much of the outpatient treatment in the PRC is a limited form of technical eclecticism. That is, the therapy was drawn from a limited range of cognitive behavioral techniques that seemed to have no overall theoretical strategy beyond the single modality.

In a clinic attached to a psychiatric hospital in Kunming, couples with marital problems are given "homework" to do consisting of exercises to correct maladaptive patterns in their relationship. As in the U.S. they find that men and women often do not follow the therapist's instructions. They were interested in our perspective that failure to comply with treatment suggestions might be related to negative feelings about staying in the marriage.

In Guinlin, while talking to a group of graduate students in counseling psychology, we gained greater understanding about both the theory and practice of individual counseling. In a discussion about depression in which it was acknowledged that "this" condition is quite common in the PRC, the graduate students told us that they had been taught that the reasons for depression fall into three categories: (1) loss of an important loving relationship; (2) lack of "proper" goals; and (3) the belief that life is meaningless. Their reasons were not so different from the causes of depression among American students.

Watching a role-play between two young Chinese graduate students, one playing the counselor and another playing a woman whose boyfriend had just left her for someone else, we noticed a strong cognitive bias. The therapist concentrated on helping the young woman recognize the reason for her depression -- the boyfriend abandoned her for someone else. Then the therapist assigned her two questions to think about: Was the boy who left her worth her love? Might she be worsening her own chances of meeting someone else by remaining depressed? Then she was encouraged to think positively

about herself to enhance her self-esteem.

All in all, one could not imagine a group of twenty-five trainees in the mental health professions doing a better job in ~~in~~ front of a group of visitors ^{and} without their mentors in attendance than these young people. The cognitively oriented therapists in our group were impressed by the attempts of these graduate students to eliminate irrational attachments and practice positive self-talk. Those of us with a psychodynamic perspective wondered about the potential for irrational attachments to loved ones rooted in anger and whether there might be unconscious origins of negative feelings about the self brought to the surface by the failed romance.

These discussions await another visit.

On journeys such as these, travelers invariably learn as much about themselves and their own home ^{as} ~~than~~ they learn about the people and places they visit. For example, I discovered how high-tech oriented I have become with biofeedback equipment, relaxation tapes and computers. Watching a nurse holding the hand of a psychotic patient in Hohhot reminded me that helping still occurs in a one-to-one relationship.

All of us discovered how "me" oriented we are. In Beijing we were told that the difference between American and Chinese social psychology is that in the United States there is much more emphasis

on the individual within the group -- how to be more assertive, how to get your point across, how to act in a way that will not alienate people. In China there is more focus on the group as an organism. We had a practical lesson in this when we were presented with a bill from China Airlines for our group's overweight luggage. "Which of us," we asked, "had the overweight luggage?" We were told that that was not their problem, that we had to figure it out. (Later we did by forming a subcommittee to weigh everyone's luggage on a hotel scale prior to departure.)

We discovered how money oriented Americans are. Next to some of the new and gleaming mental hospitals in the United States, the Chinese institutions look a little shabby and the staff is paid a tiny fraction of what American clinicians receive. It takes about two months' wages for a physician in China to be able to purchase a bicycle. Yet inpatient psychiatric care is provided in less costly hospitals, which allow for longer stays and humane care and is probably as successful as treatment in the United States in spite of the limited access to modern drugs and treatment techniques.

Still, our experience in China has taught us how much we in the west take for granted freedom of expression and dissent. Living for nearly three weeks in a country where opposing views were slowly being threatened and then violently crushed, we regained a new perspective on what a ~~precious~~ ^(LEAVE AS IS) valuable freedom it is to be able to disagree openly with a senior colleague, critique a prevailing theory or offer new ideas. There can be no continuing discovery of scientific truth without this precious freedom.

~~The list of~~ SEPI contributed 128 professional books which were sent to the following mental health facilities in China: An Ding Hospital and the Child Development Center of China, Beijing; The Psychiatric Center of the Inner Mongolia Autonomous Region, Hohhot; Guangzhi Teachers University, Guilin; Yunnan Mental Hospital and Yunnan University, Kunming.

BULLETIN BOARD

In honor of Jack Rhoads' retirement, the Duke Department of Psychiatry has established the John M. Rhoads Psychotherapy Endowment Fund. Jack, who is a valued member of SEPI's Advisory Board and one of the early proponents of psychotherapy integration, has been at Duke for 33 years, during most of which he served as Director of Residency Education in Psychiatry. The initial goal for the fund is \$250,000, with the ultimate goal being to secure an endowed professorship in Jack's name. Those interested in obtaining further information or in donating their contributions can contact: The John M. Rhoads Psychotherapy Endowment Fund, Department of Psychiatry, Duke University Medical Center, Durham, N.C. 27710, USA.

Hector Fernandez-Alvarez, who participated in the Philadelphia conference together with his colleague Eduardo Niceboin, has recently sent us a description of their institution, AIGLE, in Buenos Aires, Argentina. The Aigle Center, which has a staff of 50 mental health professionals representing different therapeutic modalities (e.g., individual, family, group), is also integrative theoretically. Therapists who work at the center, and those who receive their training there, begin with a cognitive-constructive approach, which additionally integrates both dynamic and behavioral elements. In this very exciting and forward-looking center, a wide variety of clinical problems are dealt with in a totally integrative fashion. Those interested in learning more about AIGLE can write: Dr. Hector

Fernandez-Alvarez, Aigle Centro de Estudios Humanos, C.C. 135
Sucursal 26, (1426) Buenos Aires, Argentina.

The Society for Studying Unity Issues in Psychology (SUNI), founded in 1986, is an organization for psychologists interested in discussing whether the science of psychology in general is at a state of development that is conducive to the exploration of a unifying paradigm. SUNI has elected officers, an annual business meeting, and publishes a newsletter entitled International Newsletter of Uninomic Psychology. The annual membership fee is \$5.00 (U.S. currency). In the past, SUNI members have presented symposia and invited addresses at American Psychological Association conventions under the support of Divisions 1 and 24. SUNI is interested in expanding its affiliation to other units of organized psychology, and especially welcomes members of SEPI to join. For more information, please write to: Elaine Heiby, SUNI, Department of Psychology, University of Hawaii, Honolulu, HI 96822, USA. To join SUNI, include a check for \$5.00 made payable to University of Hawaii Department of Psychology Foundation.

T H E P E R I P A T E T I C S E P I - I T E

As we become aware of SEPI-ites who have moved since the last directory was published, we will make their new locations known in this Newsletter. If you would like to apprise SEPI members of your own move, please write to either of us and let us know.

Larry Beutler has moved from the University of Arizona to

Graduate School of Education, University of California at Santa Barbara, Santa Barbara, CA 93106, U.S.A.

Irene Elkin has moved from N.I.M.H. to the School of Social Service Administration, University of Chicago, Chicago, IL 60637, U.S.A.

Mike Mahoney has moved from the University of California at Santa Barbara to Department of Psychology, University of North Texas, Denton, TX 76203-3587, U.S.A.

Jeremy Safran has moved from the Clarke Institute of Psychiatry in Toronto to the Derner Institute, Adelphi University, Garden City, NY 11530, U.S.A.

S E P I M E M B E R S H I P

The Society for the Exploration of Psychotherapy Integration (SEPI) is an interdisciplinary organization of professionals interested in integrative and eclectic approaches to psychotherapy. The primary objectives of SEPI are to encourage communication and to serve as a reference group for individuals interested in approaches to psychotherapy that are not necessarily associated with a single theoretical orientation. SEPI also serves an educational function by publishing a journal, by encouraging ongoing collaborative research on the process of psychotherapy, by keeping members up-to-date concerning books and articles relevant to rapprochement, and by sharing clinical approaches and guidelines that reflect themes of convergence and complementarity.

SEPI holds an annual national conference at which many of the most active clinicians and researchers present their current work, and it also provides an opportunity for attendees to discuss and exchange ideas. In addition, SEPI publishes the Journal of Psychotherapy Integration, a quarterly journal that includes the SEPI Newsletter, which serves as a source of information for members. Finally, an annual Directory is published listing members, their addresses and phone numbers, and a separate geographical listing for ease of reference.

If you are interested in becoming a member of SEPI, write to: Dr. George Stricker, The Derner Institute, Adelphi University, Garden City, NY 11530, U.S.A.