

01.06 newsletter

 **IFP**
international federation
for psychotherapy

Zurich, June 2006

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EDITORIAL

Dear colleagues,

Looking back to our four year period we see IFP with some noticeable changes. The most important one is probably the collaboration with a highly renowned journal, Psychotherapy and Psychosomatics.

The most visible is our new logo and ifp-homepage address (www.ifp.name) and the most important content is the renewal of our mission statement. We prepared ourselves for a broader public with a new leaflet and sent out regular information by running this Newsletter.

We got some new Council-members who endorse our work and started a new series of seminars throughout the year. And finally we found a good collaborating team for the 19th World Congress and collaborated in many ways to prepare the Congress.

We do hope to provide with these achievements a better basis for reaching more member societies – a challenge we also tried to face but with apparently less success.

In this last Newsletter of this election period of our Board we want to present you a paper of the late Klaus Grawe. He sent it to us shortly before his death

which happened in August 2005. Let us take the publication of this paper (which we had to finalize) as a sign of respect and gratitude to this innovative researcher and personality in psychotherapy.



ALFRIED LÄNGLE, MD
Secretary General, IFP
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Presidential Message

The **19th World Congress of Psychotherapy** is quickly approaching: as you certainly know by now, this important conference will be held in the Shangri-La Hotel in Kuala Lumpur, Malaysia, 22.-26. August 2006. Prof. Thambu Maniam, president of the Malaysian Psychiatric Association, and myself are collaborating as co-chairpersons of the organizing committee, while Prof. Zain Azhar is president of the scientific program committee. The theme for the Congress is: „Well-being across cultures: psychotherapy in a biological era.“ For more information such as the scientific program and registration and accomodation forms, please refer to the announcement in this Newsletter, as well as to the congress website: <http://www.2006wcp-mcpm.com>. See also Prof. Maniam's and my special welcome later in this newsletter.

IFP's most challenging and exciting new project is the introduction of **IFP-sponsored master classes, seminars and workshops** internationally. This way, we aim at promoting the dissemination of evidence-based psychotherapeutic approaches. In addition, IFP-sponsored workshops will provide an opportunity for psychotherapists to become individual members of IFP in that participants are offered a substantially reduced registration fee if they are already IFP members, or choose to apply for IFP membership. Trainings are conducted by internationally recognized experts. As a start, **Prof. Edna B. Foa, Ph.D.**, Philadelphia, USA, gave a four-day training workshop on Prolonged Exposure (PE) therapy for chronic PTSD. The workshop took place on March 15-18, 2006, in Zurich, Switzerland, and I can only say it was a great success!

The next IFP-sponsored workshop is scheduled to be held in Venice, Italy, September 22-23, 2006: **Prof. Giovanni Fava, M.D.**, a member of the IFP Council, together with Dr. Carlotta Belaise, Dr. Fedra Ottolini, and Dr. Chiara Ruini will teach Well-Being Therapy (WBT), a novel psychotherapeutic technique for enhancing psychological well-being. More information regarding this workshop is provided further down in this IFP News.

All our members, meaning individual members of the IFP as well as individual members of associations who have membership status with the IFP, are offered the IFP's official journal, "**Psychotherapy and Psychosomatics**" at a reduced subscription rate. For details, please contact S Karger directly at:

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With my presidential term coming to an end in August 2006, I would once again like to invite everybody to come forward with nominations for the presidential term 2006-2010. Elections will be held at the General Assembly which will be scheduled during the 19th World Congress of Psychotherapy in Kuala Lumpur.

I do hope to meet you all in Kuala Lumpur this forthcoming summer!

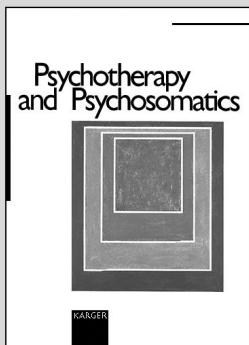
PROF. ULRICH SCHNYDER, MD
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Psychotherapy and Psychosomatics

Official Journal of the International College of Psychosomatic Medicine (ICPM)
 Official Journal of the International Federation for Psychotherapy (IFP)

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Invitation for papers

Only original papers written in English will be considered.

Manuscripts should be sent to:

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Read it online:

www.karger.com/pps

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Listed in bibliographic services, including *Current Contents*®, *Index Medicus*, *Reference Update*, *Biological Abstracts*, *Science Citation Index*.

As the volume of literature in the fields of psychotherapy and psychosomatics continues to grow, it becomes increasingly difficult to keep abreast of new and important developments. 'Psychotherapy and Psychosomatics' has gained a considerable reputation of independence. It has launched debates on issues such as the potential risks of antidepressant drugs, conflict of interest in medicine and national trends of research versus investments, and criteria for academic promotion. The journal features editorials and review articles on current and controversial issues; original investigations of psychotherapy research; the interface between medicine and behavioral sciences, as well as practical descriptions of psychotherapeutic models and techniques. Characterized by strong clinical orientation and rigorous methodological appraisal of contributions, 'Psychotherapy and Psychosomatics' comprises a unique and vital reference to current research.

Selected contributions

Depression and Folate Status in the US Population: **Morris, M.S.; Fava, M.; Jacques, P.F.; Selhub, J.; Rosenberg, I.H.** (Boston, Mass.)

Management of Recurrent Depression in Primary Care: **Fava, G.A.** (Bologna/Buffalo, N.Y.); **Ruini, C.** (Bologna); **Sonino, N.** (Padova)

Opportunistic 'Rediscovery' of Mental Disorders by the Pharmaceutical Industry: **Starcevic, V.** (Newcastle)

Atypical Antipsychotic Drug Use and Diabetes: **Ananth, J.; Venkatesh, R.; Burgoyne, K.** (Torrance, Calif.); **Gunatilake, S.** (Norwalk, Calif.)

Assay Sensitivity, Failed Clinical Trials, and the Conduct of Science: **Otto, M.W.; Nierenberg, A.A.** (Boston, Mass.)

Tolerance in Antidepressant Treatment: **Baldessarini, R.J.; Ghaemi, S.N.; Viguera, A.C.** (Boston, Mass.)

Psychiatric Disorders and Coronary Heart Disease in Women – A Still Neglected Topic:

Review of the Literature from 1971 to 2000: **Bankier, B.; Littman, A.B.** (Boston, Mass.)

Therapeutic Interventions Focused on the Family of Bipolar Patients: **Reinares, M.; Colom, F.; Martínez-Arán, A.; Benabarre, A.; Vieta, E.** (Barcelona)

Special rate for IFP members

Online	Print	
Subscription	Subscription	Postage and handling added to print
CHF 83.60	CHF 83.60	CHF 31.80 (Europe) CHF 47.10 (Overseas)
EUR 61.90	EUR 61.90	EUR 22.80
USD 67.00	USD 67.00	USD 31.80

Entitled to this offer are all individual members of the IFP and all individual members of scientific associations who have membership status within the IFP

Airmail surcharge per year: CHF 39.60 / USD 33.00
 Prices subject to change
 EUR price for Germany,
 USD price for USA only

Welcome to Kuala Lumpur!

19th World Congress of Psychotherapy, Kuala Lumpur, Malaysia, 22.-26. August 2006 „Well-being across cultures: Psychotherapy in a biological era“

„Selamat Datang!“ In the Malaysian National Language that means „Welcome“. The Malaysian Psychiatric Association MPA and the International Federation for Psychotherapy IFP warmly welcome you to the 19th World Congress of Psychotherapy in Kuala Lumpur. We in Malaysia feel honoured to have been given the task of organizing this Congress and welcome delegates to contribute their expertise, interact with colleagues from other parts of the world and simply enjoy both the scientific and the social aspects of the conference.

The world is shrinking. Events and ideas from one region of the globe that in the past took ages to filter across to other regions are now presented to us at the touch of a key. The effects of globalization and the influence of technology have served to reduce the gaps that existed between peoples. Consequently there is increasing familiarity with ideas that were once rejected as foreign. Therapies, Eastern and Western, have crossed continents. It is in such a climate that we meet to share, to learn, and to form bridges.

Nine pre-congress full day workshops will be held at the University Putra Kuala Lumpur Clinical campus which will be accessible by monorail from the hotels in the KL Golden Triangle near Shangri-la where the Congress proper will be held. Topics are in line with the main theme of the congress i.e. Well Being Across Cultures: Psychotherapy in a Biological Era. Prof. Russell Meares, Australia, will give a keynote lecture on „Towards a Scientific Basis for Psychotherapy“. Some interesting plenary topics include working with sex offenders, psychotherapy research, women's mental health, psychotherapy and neurophysiological perspectives for borderline, psychotherapy in chronic pain, and PTSD. There will also be topics relating to different cultures by speakers such as Prof. Bachtiar Lubis from Indonesia, Prof. Niaz from Pakistan, Prof. Malik Badri from Malaysia, Dr. Anthony Ang and Douglas Kong from Singapore, and Prof. Tan Eng Kong from Australia. Other interesting topics include accelerated behaviour cognitive therapy, psychotherapy with the elderly, HIV and

AIDS, eating disorders, challenging the westernized model of PTSD, cognitive remediation therapy and not forgetting psychotherapy for children with ADD. There will also be a topic on false memories.

We hope this congress will be a catalyst in the process of bridge-building not only cross-culturally but also within the caring professions of psychotherapy/counselling and psychiatry. With advances in neurobiology, with the ever increasing number of newer psychopharmacologic agents there is a considerable risk of losing the human being among his neurotransmitters! We believe the presentations will help to advance a more holistic and integrated approach to health and wellbeing.

See you in Kuala Lumpur in August!

PROF. THAMBU MANIAM (PRESIDENT, MPA)
PROF. ULRICH SCHNYDER (PRESIDENT, IFP)
Co-Chairpersons
Organizing Committee,
19th World Congress of Psychotherapy

22nd Aug 2006 (Tuesday)	<p>Pre-Congress Full-day Workshop</p> <p>1) Introduction to Interpersonal Therapy (Scott Stuart and Michael Robertson)</p> <p>2) How Many Different Psychotherapies Do You Need to Treat Eating Disorders? (Chris Freeman)</p> <p>3) Special Interest - A Group Analytic Exploration of Issues Facing Men In Today's World (Anthony Ang and Brian Ho)</p> <p>4) Working with Borderlines - Conversational Model of Psychotherapy (Russell Meares)</p> <p>5) Introduction to Sexual Therapy for Psychotherapies (Vivienne Cass)</p> <p>6) Psychotherapy for the Psychoses: A Cognitively-Oriented Cultural Approach for Asian Patients (Lyn Chua)</p> <p>7) Creative Therapy: Clay Therapy (Patricia Sherwood)</p> <p>8) How to Apply Cognitive Behavioural Interventions in Managing Chronic Pain? (Michael Nicholas)</p> <p>9) Experiential Therapy - Introduction to the Therapeutic Spiral model to Treat PTSD in the Global Community (Kate Hudgins)</p>
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Time	23rd Aug 2006 (Wednesday)	24th Aug 2006 (Thursday)	25th Aug 2006 (Friday)	26th Aug 2006 (Saturday)
0800 - 0830	WCP	WCP	WCP	WCP
0830 - 0910	MCPM	MCPM	MCPM	MCPM
0910 - 0950	Opening Ceremony Keynote Address Towards a Scientific Basis for Psychotherapy (Russell Meares)	Poster Sessions Abu Zayd Al-Bakhi & His Contributions to Cognitive Therapy: An Approach in Working with Muslim Patients (Malik Badri)	Poster Sessions Effective Psychotherapy for Late Life Mood Disorders (Lee Wolfson)	Poster Sessions Plenary Psychotherapies for PTSD: Current State and Future Developments (Ulrich Schnyder)
0950 - 1030	Plenary Working with Sex Offenders: A Role for Psychotherapists in Private Practice (Vivienne Cass)	Plenary Psychotherapy and Women's Mental Health (Scott Stuart)	Plenary Why Psychological Approaches Are Needed in Managing Chronic Pain (Michael Nicholas)	Plenary Motivational Self-help Program: Harm or Help? (Douglas Kong)
1030 - 1100	Plenary Psychotherapy Research and the Idol Mind (Michael Robertson)	Plenary Why Experiential Therapy is the Treatment of Choice for PTSD Across Cultures (Kate Hudgins)	Plenary The Phenomenology of Well-Being: A Constructive Perspective (Michael Mahoney)	Plenary Psychotherapy in Asia - Challenges and Future Directions (Bachtlar Lubis)
1100 - 1230	Tea Break	Tea Break	Tea Break	Closing
1230 - 1400	Wellbeing and the Search for Meaning 1 Working with Elderly - Practical Advice for People with Memory Impairment (Anne Unkenstein) 2. Psychotherapy in Bipolar Disorder (Lee Wolfson) Free Papers Asian Experience in Working with People with HIV and AIDS Psychosocial Approaches in Dealing with Drug Addiction (Mahmud Mazlan) [1100 - 1400]	Cognitive Behavioural Interventions in Managing Patients with Chronic Pain - Malaysian Experience 1) Psychotherapy: Arts or Science (Tan Eng Kong) 2) The Artistic Therapies: The Non-verbal Languages of Human Experience (Patricia Sherwood) Free Papers Interactive Session - Psychodynamic Psychotherapy (Bachtlar Lubis) Introduction to Accelerated Behavioural and Cognitive Therapy (Genevieve Milnes) [1100-1400]	Art of Psychiatry (Training Psychiatrists in Private Practice through Intensive Experiential Programs) - Indian Perspective 1) Challenging the Westernised Model of Psychological Trauma and PTSD (Michael Robertson) 2) Accelerated Behaviour Cognitive Therapy (Genevieve Milnes) Free Papers Tao Psychotherapy and Existential Analysis Introduction to Cognitive Remediation Therapy for Schizophrenia (Muhd Najib Alwi) [1100-1400]	Tea break Meet-the-experts session
1400 - 1630	Lunch / poster discussion sessions Asian Regional Perspective in Psychotherapy - Religion, Culture and Spirituality 1. Psychotherapy for the psychoses: A Cognitively-Oriented Cultural Approach for Asian Patients (Lyn Chua) 2. Perspectives on Psychotherapy Training for Psychiatrists (Caroline Jacob) 3. Evidence-Based Psychotherapy: New Developments (Ulrich Schnyder) Spiritually Augmented Cognitive Behaviour Therapy (Russel F. D Souza) Group Psychotherapy Working with Elderly - Practical Advice for People with Memory Impairment (Anne Unkenstein) [1400 - 1700]	How Do We Use Different Psychotherapy Approaches in Managing A Case? Interactive Session - Mindfulness-Based Stress Reduction: Applying Core Tenets of Buddhism (Lee Wolfson) Free Papers Interactive Session - Psychodynamic Psychotherapy (Bachtlar Lubis) Addiction and the Search for Meaning - Existential - Phenomenological Approach (Alfried Langle) [1400-1700] Plenary Issues of False Memory in Dealing with Trauma Victims (Chris Freeman)	1) Practising Psychodynamic Psychotherapy from an Asian Perspective (Anthony Ang) 2) Boundary Setting in Clinical Practice in the Philippines (Alma Jimenez) 3) CBT-based Psychosocial Intervention for Depressed Mothers in Rural Areas - Pakistani Experience (Atif Rahman) 1) Transcultural Aspects in Psychotherapy (Tan Eng Kong) 2) Phenomenological Psychotherapy: A Cross-cultural Approach to Understanding (Alfried Langle) 3) Enigma of Love : Existential and Psychotherapeutic Consideration (Erik Craig) Free Papers Free Papers Children with Attention Deficit Hyperactivity Disorder - How Do You Work with the Family Members? (Teerakiat Jareonsettasin) [1400-1700] Plenary The Spiritually Augmented Cognitive Behavior Therapy - Evidence of Improve Global Outcome and Resilience Promotion (Russell F. D' Souza)	General Symposium 5 (Eli Lily) [1400 - 1445] Biennial General Meeting of MPA [1445 - 1700]
1630 - 1710	Plenary Psychotherapy in Dealing with Children with Attention Deficit Hyperactivity Disorder (Teerakiat Jareonsettasin)	Plenary Issues of False Memory in Dealing with Trauma Victims (Chris Freeman)	Plenary The Spiritually Augmented Cognitive Behavior Therapy - Evidence of Improve Global Outcome and Resilience Promotion (Russell F. D' Souza)	End of Congress
1710 - 1740	Afternoon Tea	Afternoon Tea	Afternoon Tea	

~ Program is subject to change.



The second IFP-sponsored psychotherapy training workshop!



Well-Being Therapy Prof. G.A. Fava, Dr. Carlotta Belaise, Dr. Fedra Ottolini, Dr. Chiara Ruini

Istituto Canossiano, Dorsoduro 1323, 30123 Venezia
September 22-23, 2006

This seminar is the second International Federation of Psychotherapy sponsored training workshop. It is an introductory course of well-being therapy, a novel psychotherapeutic technique for enhancing psychological well-being developed by Prof. Fava. It provides information about the background, structure and applications of this approach which has been applied to mood and anxiety disorders in controlled studies. Treatment of individual cases will be described, with opportunities for discussion and role playing. The workshop will be in English.

Sep. 22	13.00-15.00 Registration 15.00-19.00 Background, structure, applications
Sep. 23	09.00-13.00 Case illustrations

G.A. Fava is Professor of Clinical Psychology at the University of Bologna and Clinical Professor of Psychiatry at the State University of New York at Buffalo. He is the Editor-in-Chief of *Psychotherapy and Psychosomatics*. He and his group have performed groundbreaking research in the prevention of recurrent depression and treatment of anxiety disorders. The seminar provides a unique opportunity to get acquainted with the innovative psychotherapeutic techniques of this research group.

Cost: 200 Euro (non International Federation of Psychotherapy members)
150 Euro (International Federation of Psychotherapy members)

For subscription to the workshop, please apply to the IFP secretariat at:
secretariat@ifp.name (Cornelia Erpenbeck)

Mission Statement

1. The IFP is a worldwide umbrella organisation for psychotherapy. The Federation is open to professional societies, institutions and individual members.
2. The IFP aims to promote, endorse and maintain high professional and ethical standards of psychotherapy in practice, research, and training.
3. The IFP fosters a worldwide intercultural, interdisciplinary dialogue and mutual learning among psychotherapists, psychotherapy researchers, psychotherapeutic orientations, traditions, and related sciences.
4. The IFP provides a platform for the development of theories, methods and treatment approaches, and promotes the integration of psychotherapeutic thinking in clinical and non-clinical fields.

The IFP realizes its aims by means of

- World congresses (every four years)
- Regional congresses
- Supporting and co-chairing the organization of scientific congresses of their members and/or national umbrella organisations (and under certain conditions supporting them also logistically and financially)
- Supporting scientific activities in research, practice, and training, particularly activities of intercultural relevance
- Information transfer by constantly updated homepage and newsletters

Agents of Change in the Processes of Psychotherapy

PROF. KLAUS GRAWE, PhD (1943 - 2005)

The question of how psychotherapy works has ever been a main focus of psychotherapy research. Literally thousands of studies have been conducted investigating the influence of hundreds of variables on therapeutic outcome. David Orlinsky has tried to integrate the vast amount of findings on process-outcome correlations in his Generic Model of Psychotherapy (Orlinsky, Grawe & Parks, 1994).

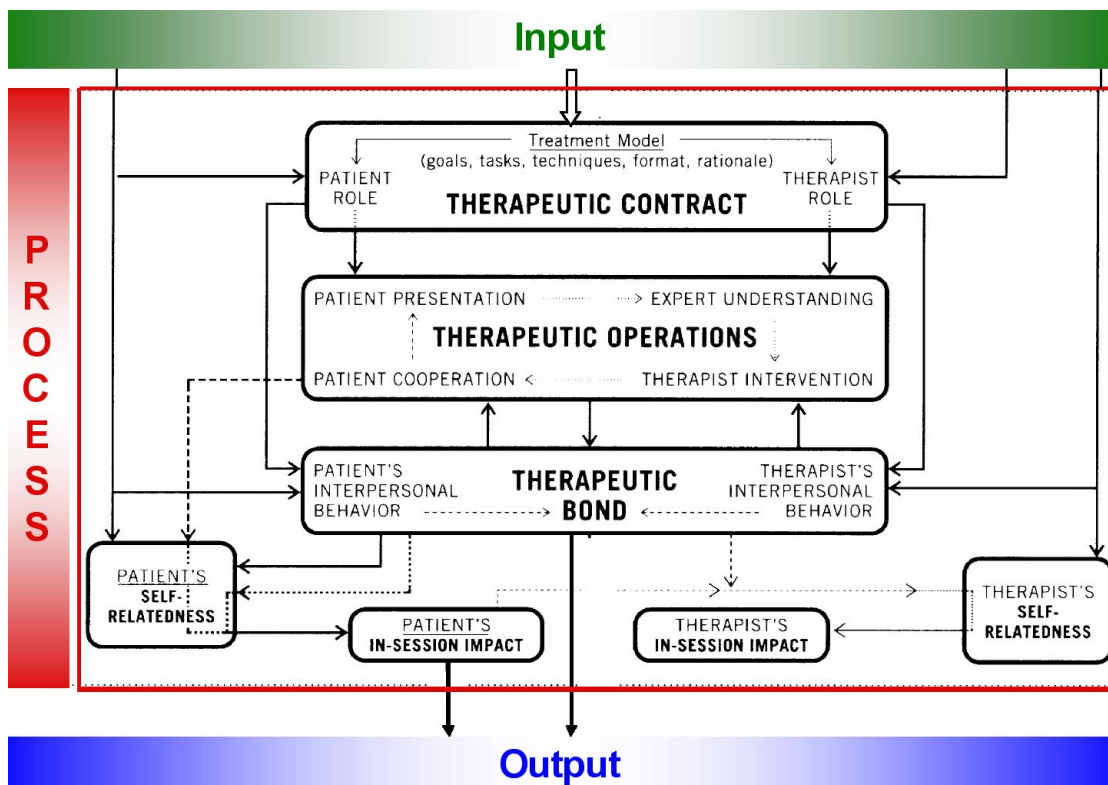


Figure 1

This model has been inductively generated on the basis of a careful analysis of more than two thousand empirical correlations between different process variables and different aspects of outcome. Although the model is empirically based it is not just a summary but an interpretation of the findings generated so far. It uses constructs (like self relatedness for example) and assumes functional relations between process variables which have not or only very rarely been directly investigated.

The model has been very influential in imparting a

clearer understanding of the functional relations within the therapy process to a whole generation of psychotherapists. The strength of the model is its clear focus on the therapy process. It conceives of what is going on between a therapist and patient and how this is related to so-called input and output variables. This strength is at the same time a limitation of the model. The model does not include a conception of the intrapersonal processes going on within the patient leading eventually to the observable changes in experience and behaviour which

we call therapeutic outcome. This limits the usefulness of the model for therapeutic practice and training. Ideally a therapist in his practical work should not only be guided by a process model but also by a working model of the patient's mental functioning explaining the development and maintenance of his or her symptoms and problems. This working model – in the individual case we are speaking of a case conceptualization – should convey an understanding of what kind of experiences the patient would have to have during therapy in order to overcome his problems and feel better.

In the following I'd like to outline a model to you that aims at connecting a conception of mental functioning including clinically disturbed functioning with a conception of the determinants of therapeutic change. The model has been designated „Consistency Theory“ and elaborated in detail in a book published in German in 1998. The book is about to appear in an English translation with the title Psychological Therapy.

After having outlined the model I will report on the results of two research projects investigating process variables whose influence on outcome is postulated by the model.

Of course, my outline of the model itself has to be very short here. My main focus will be on our empirical process research guided by the model. I only will present the most basic constructs and assumptions of the model and will then derive therapeutic conclusions that have been empirically investigated by us.

Basic assumptions and constructs of consistency theory (Grawe, 1998, 2002)

Underlying all mental processes are **neural activation tendencies (NATs)**, which are stored in different memory systems. The activation tendencies are organized into **cell assemblies** (Hebb, 1949), respectively into **neural groups** (Edelman, 1987). The joining together of a multitude of specialized neurons into a neural group is a result of hierarchical organization (Hubel & Wiesel, 1968) and of synchronous activation.

It is a fundamental characteristic of mental functioning that numerous processes are ongoing simultaneously. The basic principle of psychological functioning is the striving for consistency in the simultaneously ongoing processes. Simultaneously

actuated neural activation patterns which are followed by an increase in consistency are joined together into a neural group.

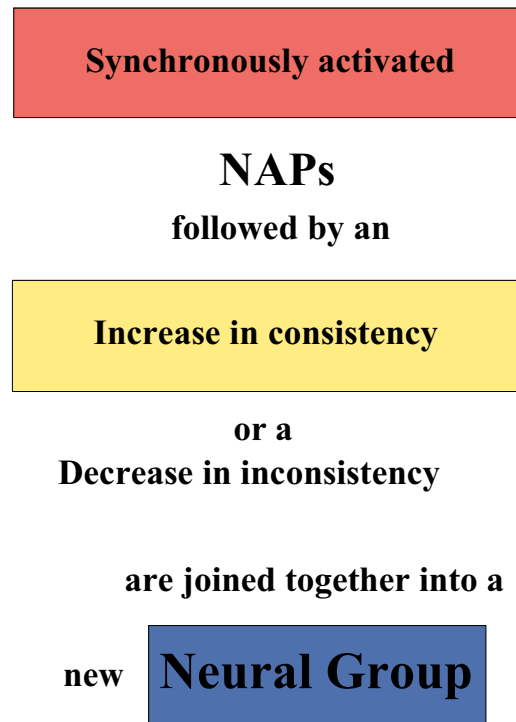


Figure 4:
Synchronous activation and increase in consistency lead to the formation of a new Neural Group

The **formation of new Neural Groups** underlies any change in experience and behaviour. This process is therefore fundamental both for the understanding of the development of mental disorders and for the understanding of therapeutic change. Let's have a closer look on this basic learning process.

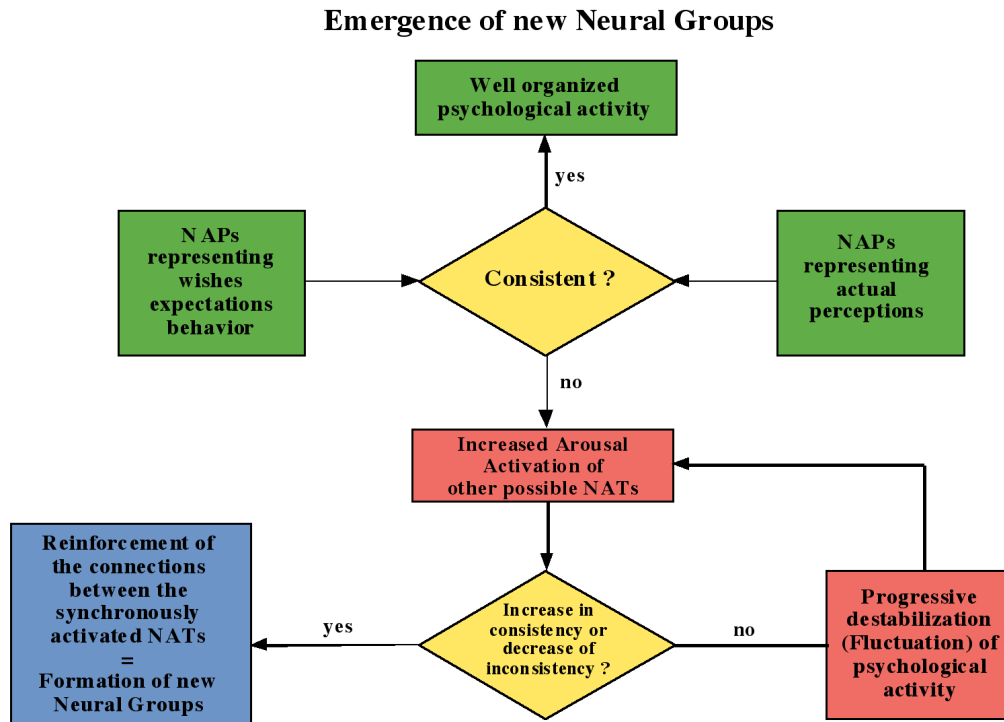


Figure 5 (Emergence of New Neural Groups)

If **synchronous activation and differential reinforcement** through inconsistency reduction co-occur repeatedly, the new neural activation pattern becomes more and more engrained. The better the connections between the elements of a neural group are established, by frequent synchronous activation and differential reinforcement, the easier it is to activate the group as a whole, starting from its parts.

All our perceptions, our memories, habits, actions, cognitions, emotions, physiological reactions etc. are based on neural activation tendencies that have been acquired by this process of synchronous activation and differential reinforcement. The better they're engrained, the easier they can be activated and the more they determine our mental life. This is also true for the individual components of mental and psychosomatic disorders. It is also true for the motivational tendencies an individual develops for the satisfaction and protection of his or her basic needs.

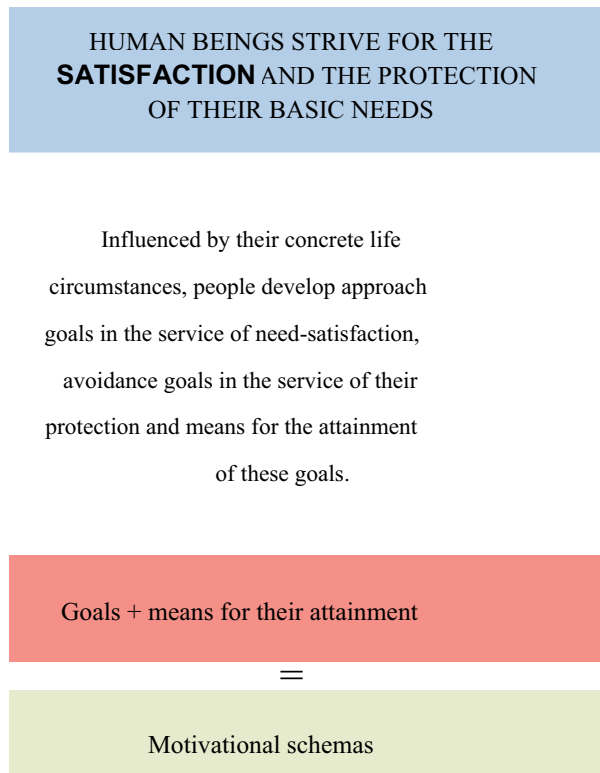


Figure 6 Striving for satisfaction of basic needs

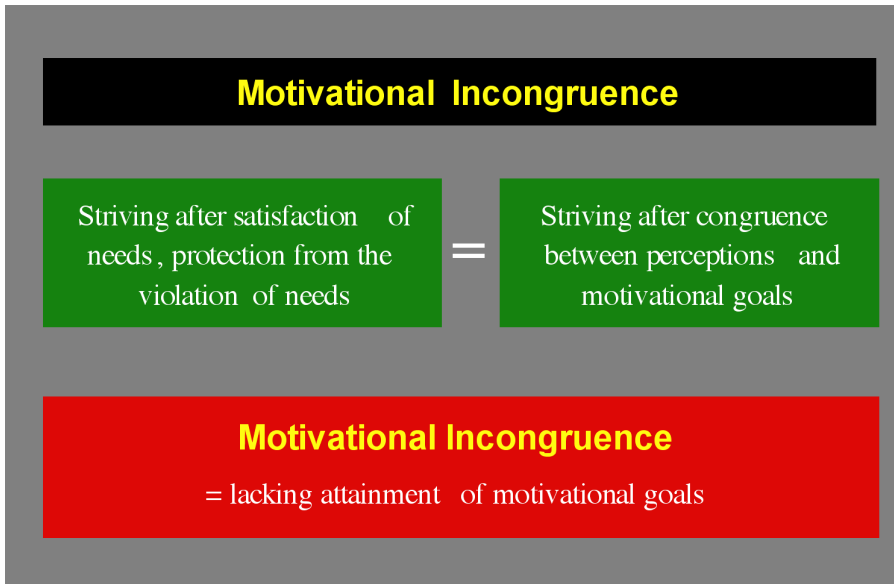


Figure 7 Striving for congruence

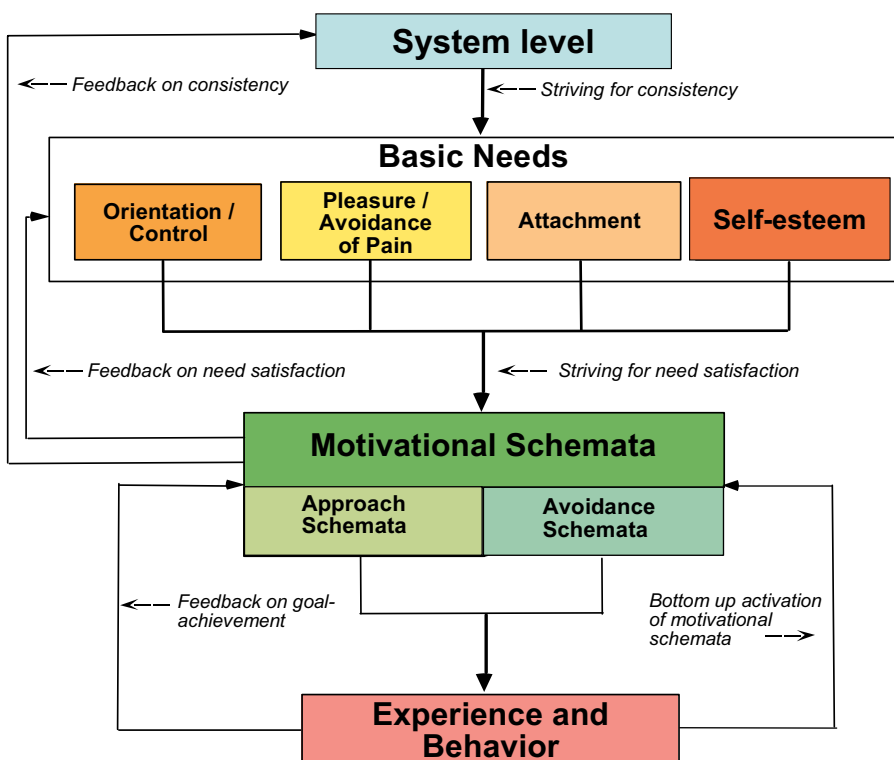


Figure 8 Basic needs and motivational schemata

People have a need for orientation and control, for experiencing pleasure and avoiding pain, for attachment and for increasing and protecting their self-esteem. According to biological and psychological research, these needs can be considered innate and indispensable basic needs of human beings.

Every person develops during his or her life course specific goals and means for the satisfaction of these basic needs. These very well engrained regulating patterns of mental activity, which are geared directly to the satisfaction of basic needs and the prevention of their frustration, are designated in the following as motivational schemata. They are so easily activated by internal states and external situations, that they determine the spontaneous activity of psychological processes. They give psychological activity an approaching or an avoiding quality. If an individual feels needy with regard to one of his or her basic needs and gets hurt in this state of neediness – for example by always being rejected when his/her attachment need is activated – he/she will form avoidance schemata to protect himself/herself from repeated harm. In the context of an environment which really is harmful, avoidance patterns can be seen as adaptive. They help avoid perceptions which are incongruent with the wishes of the individual and therefore contribute to the preservation of consistency. Since basic needs are unrenounceable however, a prevalence of avoidance schemata will inevitably lead to inconsistency in psychological functioning. Situations relevant to needs activate approach schemata which are geared to the satisfaction of the need. At the same time, the avoidance activation patterns resulting from past frustrations are actuated. Now two incompatible motivational tendencies, approach and avoidance goals, are simultaneously activated. The activation of the approach goals leads automatically to the activation of the avoidance goals and thereby to a state of inconsistency or discordance in the simultaneously ongoing processes.

2 Sources of Inconsistency

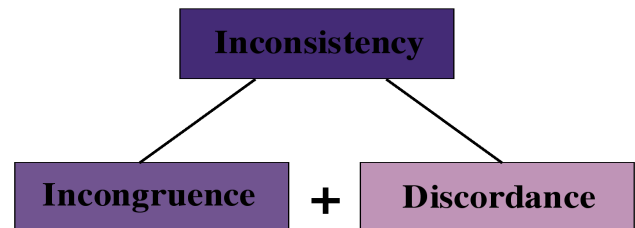


Figure 9 (incongruence and discordance)

Discordance means that none of the simultaneously activated regulating patterns can clearly determine the psychological activity, for example when approach and avoidance motives are activated simultaneously. Incongruence means that the internal target state, an activated goal, isn't in accordance with the external actual state, represented by the actual perceptions. Both types of inconsistency signify unstable psychological situations. There is a high level of current inconsistency and, as yet, no regulating pattern has been established which could effectively reduce the inconsistency.

In such an unstable psychological situation, new patterns for the regulation of psychological activity are likely to be formed. Activity fluctuates at a high level of tension between different possible, but not yet properly established regulating states, until one of the fluctuating states is followed by a reduction of inconsistency.

Neural activation patterns synchronously actuated at that moment are then joined together and differentially reinforced by the reduction of inconsistency. The first traces of a new neural group are formed. If the same or a similar inconsistency situation occurs repeatedly, the probability of the newly formed activation pattern being actuated increases. A new neural group or regulating pattern of mental activity is established.

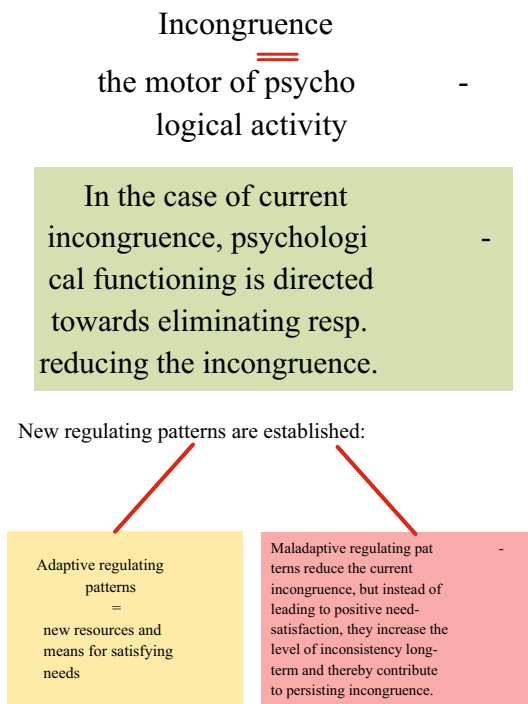


Figure 10 (Incongruence as the motor of psychological activity)

This could be a new regulating pattern which improves the individual’s possibilities of bringing about need-satisfying experiences. In accordance with Piaget, we could then speak of an accommodation of motivational schemata. In such an unstable situation however, it’s also possible for new maladaptive patterns to develop, which do lead to a decrease of the current inconsistency, but not to an improved satisfaction of needs.

Such a new maladaptive pattern could be a **mental disorder**, for example a panic-attack. As unpleasant as the newly developing neural activation pattern underlying the panic-attack may be, it effectively reduces the previously present inconsistency tension, because now mental experience is determined by one clear regulating pattern alone – the experience of panic. By the reduction of inconsistency, this new regulating pattern is differentially reinforced. If the inconsistency situation persists for a longer period of time, and if these proceedings are repeated, the new regulating pattern becomes more and more engrained. It detaches itself from the conditions of its emergence and becomes **functionally autonomous**. The activation of one part of a neural group is sufficient to activate the whole pattern. The

fear of the fear itself eventually leads to the panic-attack.

According to these considerations, the current **inconsistency level of psychological activity** is of central importance for an individual’s wellbeing. Motivational incongruence means that the wishes and goals of the individual are poorly realized, and this is accompanied by negative feelings. If this becomes a permanent state the negative feelings will accumulate and eventually result in a state of poor well being. In addition, the enduring high inconsistency tension is a breeding ground for the development of psychopathological symptoms.

Thus consistency theory predicts that a high level of incongruence will be strongly associated with poor wellbeing and with the development of psychopathological symptoms. This is indeed the case:

Over the last few years we developed a questionnaire for the measurement of motivational incongruence. One part, consisting of 14 subscales, measures the incongruence regarding approach goals and another part, consisting of 9 subscales, the incongruence regarding avoidance goals. The items look like this:

K-INK

Part 1

Recently I've... much too little fully sufficient

1. been productive	1	2	3	4	5
2. been independent	1	2	3	4	5
3. had faith in myself	1	2	3	4	5
...
13. stuck up for the weak or needy	1	2	3	4	5
14. lived a life full of variety	1	2	3	4	5

Part 2

Recently I've... is not true at all is absolutely true

15. been faced with accusations	1	2	3	4	5
16. had to show my weaknesses to others	1	2	3	4	5
...
22. felt deserted by others	1	2	3	4	5
23. not lived up to some standard or expectation	1	2	3	4	5

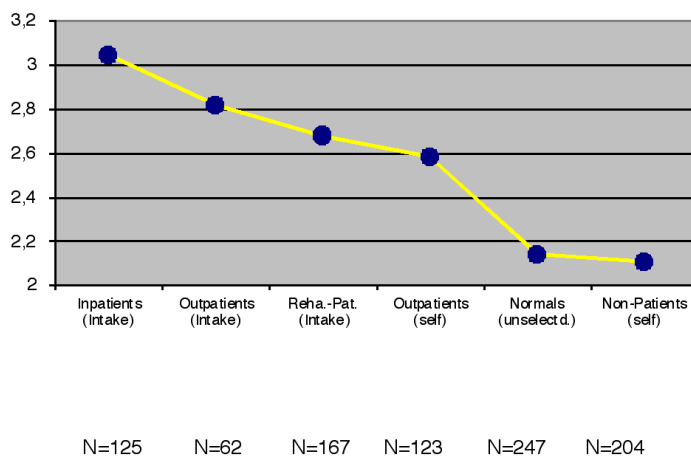
Figure 11

We gave this incongruence questionnaire together with the SCL 90, the Inventory of Interpersonal Problems (Horowitz et al, 1994), the BDI and the BFW, a well known German well being questionnaire, to different clinical and normal samples.

Samples					
	N	% female	Age	SD	Range
1 Psychotherapy Inpatients	125	64.0	33.4	12.7	13-64
2 Psychotherapy Outpatients	155	53.7	37.8	11.3	17-76
3 Psychosomatic Inpatients	167	68.9	47.4	9.2	25-67
4 Outpatients in Private Practice	123	78.0	38.7	10.2	19-63
5 Unselected Normals	247	65.0	40.7	16.2	18-84
6 Normals, never in Psychotherapy	204	60.6	37.3	15.1	18-87
Total Sample	1021				

Figure 12

Mean incongruence values in different samples



Note. All comparisons between patients and non-patients / normals are significant ($p < .05$, T-Tests)

Figure 13

As consistency theory predicts, the motivational incongruence is significantly higher in clinical than in non-clinical samples. It was highest in the most severely disturbed patients.

Even more impressive are the within group correlations of incongruence, well being, and psychopathology.

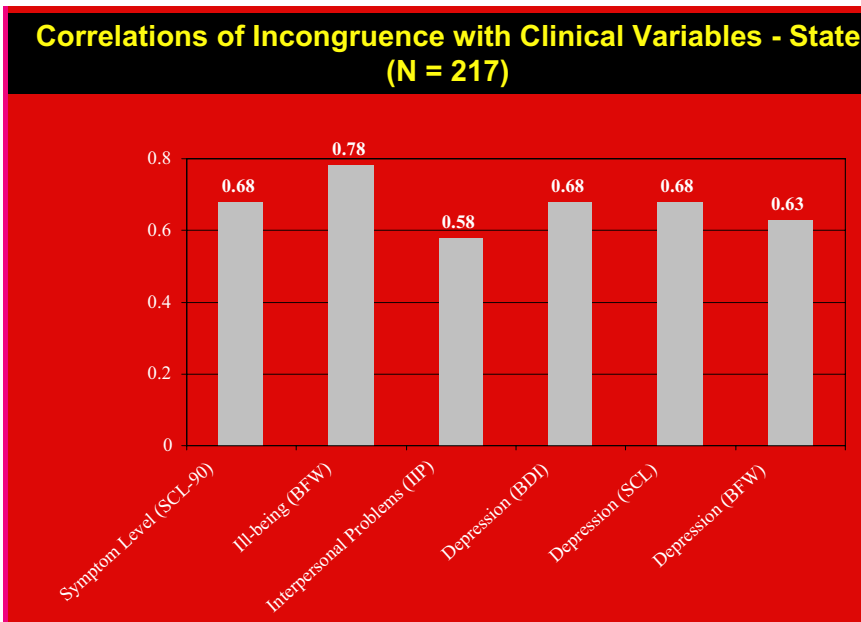


Figure 14

In other samples the correlations were even higher. In one sample the correlation between well being and incongruence was $-.87!$

Thus incongruence actually goes together with poor well being, with a high level of psychopathology, with depression and with interpersonal problems. This is true when we measure these variables at one given time point. The question arises whether these strong connections do exist also for the pre-post-change scores in the same variables resulting from therapy.

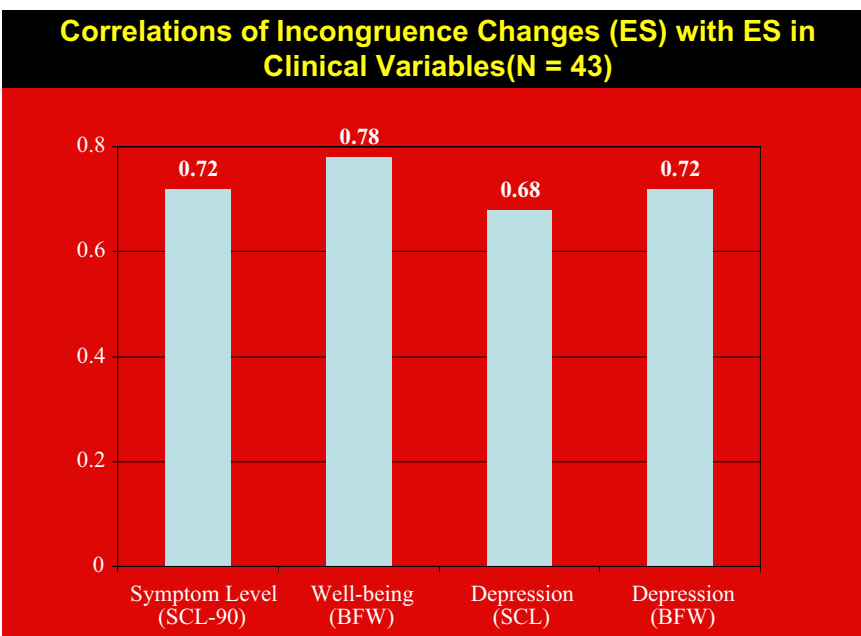


Figure 15

We see that the correlations are very similar. A reduction of inconsistency actually goes tightly together with a reduction in psychopathology, in depression, and with an improvement of general well being.

With this empirical support we can conceive of incongruence as a core variable not only in mental functioning but also in the therapy process.

The role of incongruence for psychological functioning

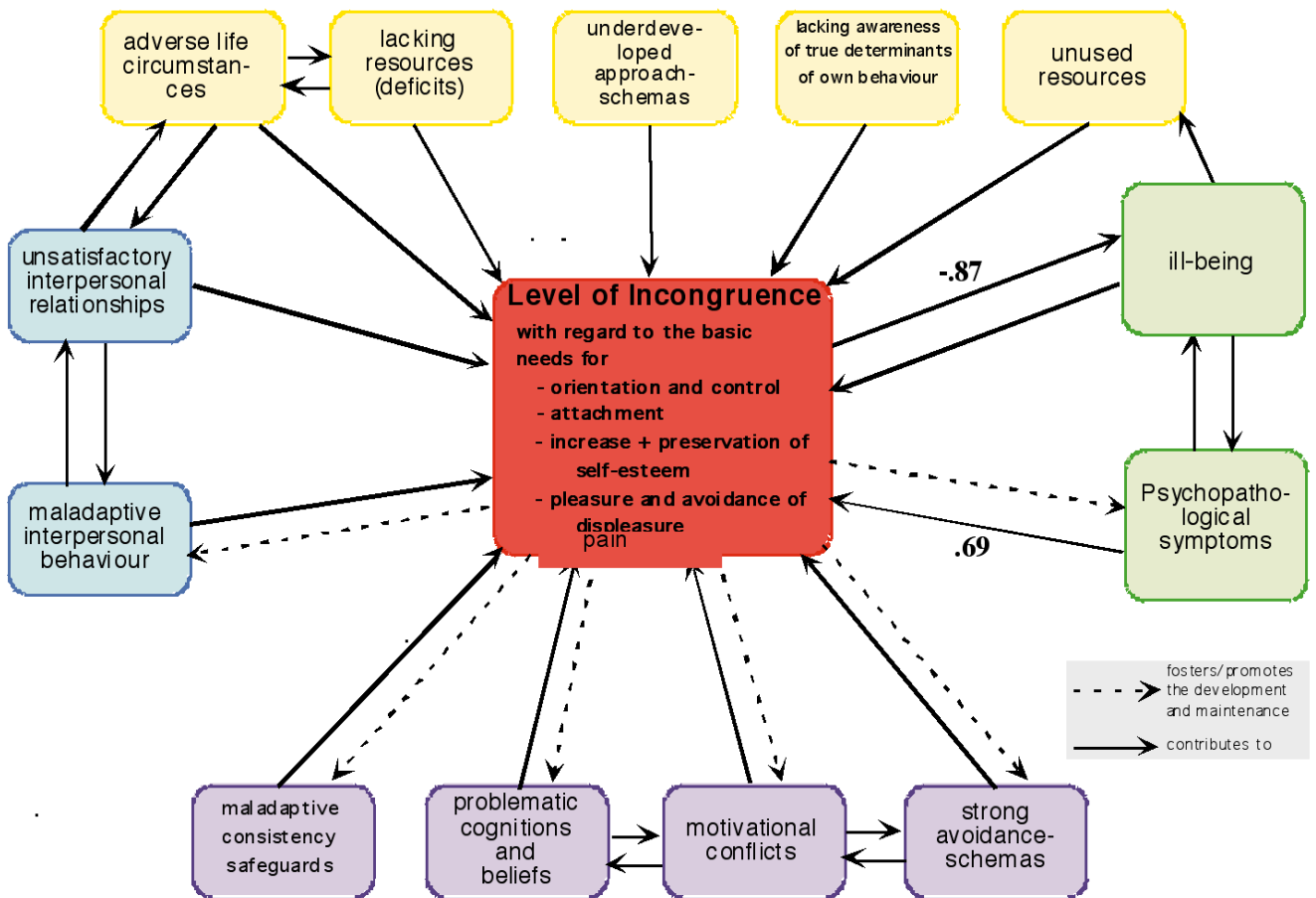


Figure 16

If we have a patient with a heightened level of incongruence a first logical question would be where the incongruence comes from. There are many different possible sources of incongruence.....

All these sources of incongruence are at the same time possible starting points of therapeutic interventions aiming at reducing inconsistency. These possible starting points cover nearly the whole spectrum of psychotherapy. They have a joint aim, which is the increase in consistency in psychological functioning. This goal can be promoted in very different ways. But this doesn't mean that the possible interventions are exchangeable at random. Different sources of incongruence would require different types of interventions. Quite often, a combination of different therapeutic procedures will be the most promising, because different sources of inconsistency have to be taken into account at the same time.

We are now ready to draw conclusions about the agents of change in psychotherapy from the conception developed so far:

→ **The positive feedback process of Resource Activation**

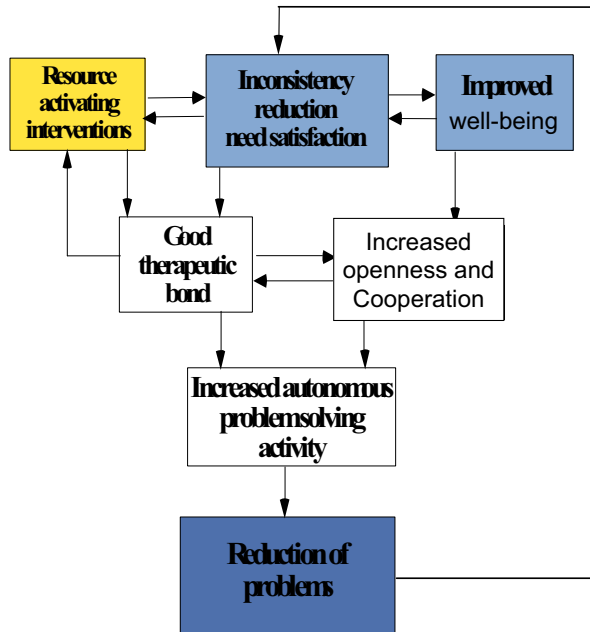


Figure 17

Incongruence reduction through need satisfaction is probably the most important function of the therapeutic relationship.

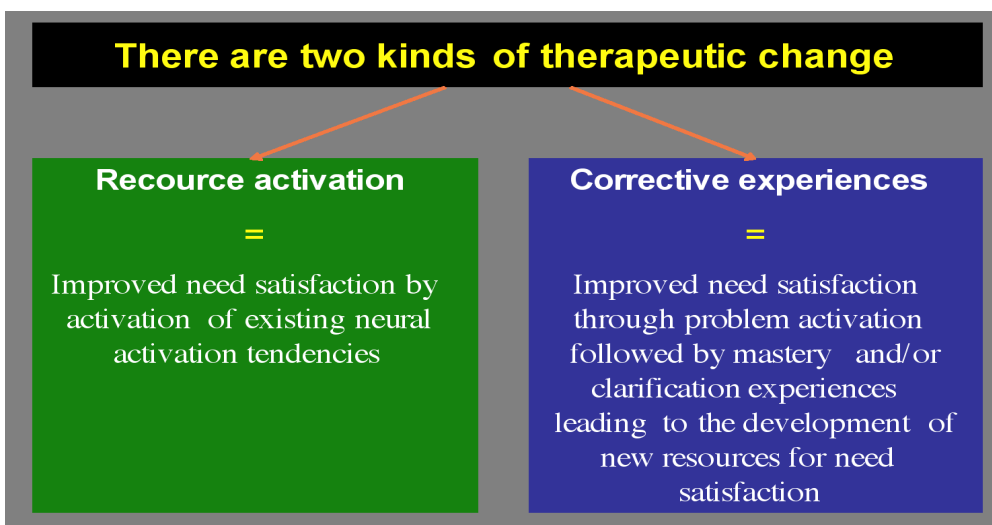


Figure 18

The more the therapist enables the patient to have perceptions corresponding to his basic needs for orienta-

tion and control, for increasing self-esteem and for attachment, the more the initially existing incongruence with regard to these needs can be reduced. The increase in congruence is accompanied by an improvement in well-being. This in turn, has a positive effect on the relationship with the therapist and on the receptiveness of the patient for other interventions. This has a positive influence on the commitment of the therapist, which in turn results in consistency-increasing perceptions for the patient. A positive feedback process gets under way which, as a whole, can be named **resource activation**.

Consistency theory predicts that resource activation in itself, that means independently from any other therapeutic work concerning the patient's problems, will show itself as a primary agent of therapeutic change. The reason for that is that the need satisfying experiences the patient makes in the process of resource activation reduce his or her level of incongruence and this leads immediately to an improvement in well being and reduces the functional importance of maladaptive patterns for inconsistency regulation. Thus the incongruence reduction via resource activation is accompanied by a reduction in symptoms, of interpersonal problems, maladaptive coping etc.

The **second major change agent** in the therapy process according to consistency theory are **corrective experiences** regarding the patient's problems. The neural activation tendencies underlying the patient's problematic experiencing and behaviour can only be changed by being activated and overlaid with new experiences. The weights of synaptic connections can only be changed whilst a transference of activation is actually taking place at the synapses. The process actuation of the mental processes which are to be changed is therefore a necessary condition for every effective modification by psychological means. The patient has to have experiences which are inconsistent with his previous activation tendencies, and this repeatedly. Then the intentionally caused inconsistency can be resolved by the adaptation of the previous activation tendencies to the new perceptions. In this process, new activation tendencies are formed. A new consistency between expectations and real experiences is established, due to the adaptation of the former expectations to the new experiences. The newly formed activation patterns are reinforced by the increase in consistency.

Positive corrective experiences require both: process actuation of the problems and, accompanying or following the actuation, positive mastery or clarification experiences. Only through the joint effect of both components can engrained activation tendencies be overlaid with new ones.

Our conception of what constitutes fruitful corrective experiences is yet still incomplete. Potentially corrective experiences have to be inconsistent with the patients previous activation tendencies, else they wouldn't be corrective. Therefore they lead first to an increase of inconsistency and, by this, go against what the organism actually strives for. They are accompanied by negative feelings which normally also are avoided. Actually one therefore should expect resistance instead of compliance when one tries to bring about corrective experiences with a patient. Therefore situations leading to positive corrective experiences must include a third component, a need satisfying context. Only if the context, in which the corrective experiences are embedded, provides the patient with sufficiently strong positive experiences regarding his need for secure attachment, for self enhancement, and for orientation and control he/she will be open for incongruence producing perceptions and ready to tolerate the negative feelings elicited by the incongruence. I will call such a need satisfying context in the following a resource activating context.

Thus consistency theory predicts that the actuation of problems in therapy will only contribute to a good therapeutic outcome if they are accompanied by sufficiently strong need satisfying experiences respectively resource activation.

(Part II will be published
in our Newsletter 02-06)



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Taopsychotherapy and a Therapeutic Attitude

Taopsychotherapy and a Therapeutic Attitude

Professor Rhee Dongshick, who originated and pioneered Taopsychotherapy as a new psychotherapy model, has frequently expressed dire warnings about the reality of the academic fields in present day Korea by presenting an episode from the Walk-of- Handan's People in Chuang Tzu. A tale found in the Chuang Tzu tells of a young man from Sunung, in Yuan who travels to Handan, the capital city of Zhou during the period of the Warring States. His travels were in the hope of learning from the Zhou people but instead of learning how to walk like the people in Handan, he duly forgets even his own style of walk - and consequently, has to crawl all the way home.

In the subsequent procession of Western academics pouring into Korea during the Japanese occupation, the existing traditional heritage of understanding Nature and Man had been neglected and alienated. Instead of undergoing a process of independently assimilating new Westernized culture into an existing level of traditional foundation, a reckless tendency of imitating and copying Western culture has prevailed throughout Korean society as a whole. This phenomenon, functioning like an 'attitude of assimilation' was no exception to most fields of academics, including psychotherapy. The tendency to blindly follow Western psychoanalysis and psychotherapy without any subjective understanding and consideration had seemingly occurred without question.

Rather surprisingly and interestingly however, the concepts of the 'unconscious' and the human mind which were hitherto touted as discoveries in the West in the 19th century, were in fact already manifestly understood and clearly demonstrated in the East over 2500 years ago, along with allied methods of treatment. Methods of controlling one's mind and achieving goals connected with this had also already been identified and practiced. Western philosophers like Schopenhauer and Nietzsche were widely known as individuals who had been influenced by Eastern thought and in fact it has now emerged that Freud was heavily influenced by the philosophy of both Schopenhauer (Young & Brook, 1994) and Nietzsche (Lehrer, 1995).

In more recent publications of the American Academy of Psychoanalysis and Dynamic Psychiatry's

official journal, there is an emerging theme indicating two current noteworthy trends in Western psychoanalysis/psychotherapy. One of these trends is that in psychotherapy the aspect of understanding the feelings or reality of a patient is more important than theories, whilst the other trend indicates an increasing interest shown towards Medard Boss, who was influenced by Heidegger's 'Daseinsanalysis'.

In Korea however, this subject was not totally unfamiliar because Professor Rhee Dongshick's dialogue with Medard Boss over the course of two days in Zollikon, Switzerland on July 12th and 15th 1976, had already been published in a special issue of the Journal of the Korean Academy of Psychotherapists, in commemoration of the late Medard Boss (Rhee & Boss, 1992).

This dialogue in itself suggests an important point from an historical perspective of Korean psychotherapy. Medard Boss claims that the best Western psychoanalytic practice in regard to the process of purification of the mind is still at an introductory level (Boss, 1976). But from a statement given by a North American analyst of Daseinsanalysis who participated in this 2004 Forum, it has been shown that 'Gelassenheit' - one of the core concepts of Heidegger's philosophy and subsequently the philosophical matrix of Daseinsanalysis and currently one of the most progressive of the Western psychoanalyst schools - was a German translation of Lao Tzu's concept of wu wei (Craig, 2004).

In September 2003, our KAP members organized a symposium on the 'Taopsychotherapy of Psychoses' at the 14th International Symposium for the Psychological Treatment of Schizophrenia and Other Psychoses (ISPS) held in Melbourne, Australia. Together with other prominent psychotherapists from around the world, we exchanged opinions, criticisms and held debates during this event. Dr. Garry Prouty, a psychotherapist of the Rogers school from Chicago, was one of the participants and he recently informed me about how Carl Rogers always carried a notebook of Lao Tzu phrases in his pocket. He also mentioned that he is currently inquiring into whether Rogers' psychotherapy was developed after he was influenced by Lao Tzu or, whether it was already established before Rogers first came into contact with the teachings of Lao Tzu.

By deliberately looking at the historical aspects of the birth and developmental stages of Western psy-

choanalysis/psychotherapy, the fact that its roots are from Eastern thought is slowly being brought to light in the West. However, although Eastern wisdom had been introduced to Western culture, it has yet again become constricted and constrained by the framework of its traditional concepts and views. This has led to an awareness of its propensity to become distanced from reality. As a result, there have been progressive movements away from the "conceptual prison" (Barrett, 1956) in the West, in order to properly understand this reality.

Unfortunately in the academic fields of psychoanalysis/psychotherapy in Korea the resultant reality is such that these efforts have arrived way too late to be applied in such a way as to be able to truly light the path of the West, which had already been judged to be wrong by some Westerners and, which they now themselves are struggling to break free from. This phenomenon is embodied in the persistence of holding fast to the overly rigid and narrow concepts and skills of Western psychoanalysis.

Professor Rhee Dongshick had realized and recognized these elements early on and has dedicated himself to establishing a healthier and more evolutionary worldview of psychotherapy. He managed to do this by detaching from those elements that he felt were overly 'tied down' by concepts and techniques moving in the wrong direction within Western psychotherapy. Instead, he used components of Western psychotherapy which were developmentally oriented towards the original purports of Eastern thought and merged these with traditional Eastern thought. Many people have standardized his work by naming it 'Taopsychotherapy' and associating his therapeutic methods with the concept of the Eastern Tao. Accordingly, Professor Rhee has always claimed that experienced and competent Western psychotherapists who have freed themselves from the hitherto rigid concepts and techniques of Western thought, can easily understand Taopsychotherapy. In this aspect, Taopsychotherapy and a revised Western psychotherapy can be seen as mutually corresponding. But the reality of psychotherapy in Korea is still overly insistent on the concepts of Western psychoanalysis. It strictly adheres to Western psychoanalysis and views it as the Golden Rule, leading towards a tendency to digress with regard to treating presenting Korean patients. In this way therefore, this misplaced internal attitude within Korea continues

to persist whilst meanwhile, the reality is that Professor Rhee has now attained more recognition abroad for his treatments through continual dialogue and exchange with overseas psychotherapists ever since 1958.

Since establishing the Korean Academy of Psychotherapists in 1974, Professor Rhee has taught and studied Western psychotherapy, Western thought, Eastern thought, Korean history and culture with regard to those of both the East and West for these past 30 years. His experience as a psychiatrist for 63 years and his life experiences of 84 years have laid the foundation which culminates in the fusing, merging and emerging of the Eastern Tao and Western psychotherapy, to create Taopsychotherapy.

The Essence of Taopsychotherapy: A Therapeutic Attitude

1. Emphasis on Feelings

Now, I would like to discuss what the most important aspects in Taopsychotherapy are.

One of the most important considerations in Taopsychotherapy is to empathize with the patient's feelings. Prof. Rhee insisted that the feelings of the psychotherapist cure the patient's feelings. Of course, emotion is similarly emphasized in Western psychotherapy.

However, Prof. Rhee indicated that Western colleagues do not seem to fully attend to emotions, even although they do describe mental disorders as emotional disorders. He also felt that Western colleagues seem to respond to feelings 'intellectually', in their practice as psychotherapists.

Interestingly however, both Western psychotherapy and Taopsychotherapy have now taken the same direction of stressing feelings or emotions, whilst Prof. Rhee has continued to carry a consistently strong conviction of the need for this emphasis, since his childhood. It is illuminating that Freud put an emphasis on affect. Some Western psychotherapists who do emphasize feelings in psychotherapy - like Leon J. Saul and Walter Bonime - have taken a similar path to Taopsychotherapy.

According to Prof. Rhee, the principles of Taopsychotherapy can apply within neurosis, psychosis and psychosomatic disease quite irrespective of the diagnosis of the mental disorder. The only differences in application of the therapeutic response relate directly

to the period of the identified developmental stage during which the patient experienced the trauma. This reflects a need to pay deliberate attention to the differing levels of consonant ego-strength in the patient, as is similarly recognized in Western psychotherapy.

In Taopsychotherapy, it is critical to empathize with the patient's feelings in all types of mental disorders. Prof. Rhee has repeatedly stated his perception that even very severely psychotic patients suddenly improved as soon as they expressed their feelings and became aware of experiencing these feelings.

2. Nuclear Feelings vs Central Dynamics

In one of his papers published in 1970, Prof. Rhee pointed out the primary importance of grasping and overcoming the patient's 'nuclear feelings' which hold such sway over the patient's mind and behavior throughout his/her life at every moment. He argued that nuclear feelings are the same as "something stuck in the chest" which Tahui spoke of 1,000 years ago. Also, he indicated that behind something stuck in the chest are where nuclear feelings lie.

Western psychotherapists and psychoanalysts also talk about the complex, central dynamics, major motivation, nuclear dynamics, childhood emotional patterns, basic dynamics, nuclear emotional constellation, repetition compulsion and so on and so forth. Whereas these various concepts described are conceptually formulated by the therapist's objective observation and explanation, the 'nuclear feelings' which Prof. Rhee is referring to are characteristically experiential and perceived by the therapist's mature personality, such that the state of subject-object congruence is experienced simultaneously with perfect empathic capacity.

Therefore in Prof. Rhee's Taopsychotherapy, he quickly grasps the patient's nuclear feelings and therapy advances very quickly towards connecting with the core. Charles Brenner (Pers. correspondence: 1994) commented that "it is remarkable how quickly Professor Rhee penetrated to the essence of the patient's complaint."

In this context of stressing feelings, Prof. Rhee pointed out the importance of grasping and overcoming the patient's subjective 'nuclear feelings' in psychotherapy by comparing this practice with the ox in the Ten-Oxen-Pictures; these pictures have traditionally described the process of awakening in Zen practice (Rhee: 1993). According to him, there is a

clear parallel between the nuclear feelings and the ox in Tao practice.

3. The Importance of Compassion in Taopsychotherapy

Another one of the most important issues in Taopsychotherapy is how the therapist can come to fully empathize with their patients' feelings. This issue is based upon the premise that it is most important that the therapist be 'in-tune' (empathize) with the patient's subjective, inner feelings. This question of how well the therapist understands the patient's feelings is very seriously attended to in Taopsychotherapy, as compared with Western psychotherapy. In fact, the emphasis on this issue is probably the most distinctively contrasted aspect between Taopsychotherapy and Western psychotherapy.

In Taopsychotherapy, considerable emphasis is placed upon the developmental and/or maturation process (maturity) of the therapist. Prof. Rhee always says, "The therapist should treat a patient with his/her own compassion or, the therapist should have compassion and the patient will be cured by it." During the International Forum on Taopsychotherapy and Western Psychotherapy held in 2004, Seoul, Professor Allan Tasman revealed a very important point for enquiry in his phrasing of two questions about Professor Rhee's Taopsychotherapy, which claims a therapist must empathize with the patient's core emotions in order to treat him/her, by asking "How does one empathize well with a patient's emotions and also, how can one go about teaching it in reality as an academic field of study?" Within this question, Professor Tasman further enquired into whether a training therapist would need some type of originating frame of reference, in order to learn how to embody empathic process in the early stages of their training. Professor Rhee answered that a therapist's mind must be in a state of 'fasting' the mind, in order to empathize with the emotions of others. Also, that the practice of psychotherapy should be such that the practitioner will be guided by and to a situation of self-experience.

In Daseinsanalysis, it is "care" (sorge) of existence, as a kind of shepherding of all that is encountered (Craig: 1988). According to Carlos Alberto Seguin (Seguin: 1965), it is named as "Psychotherapeutic Eros", as Boss quoted (Boss: 1963). Jerome Frank said, "A good therapist has a real desire to help

people" (Frank: 1998). These are different terms which indicate the same qualities. In Prof. Rhee's Taopsychotherapy, a therapist's compassion is the most important quality to embody, in order to attain perfect empathy with his/her patient's feelings.

- **An Example of Dialogue Between Boss and Rhee Dongshick in Zollikon: Compassion and Selflessness**

During several conversations between Medard Boss and Rhee Dongshick in June of 1976 in Zollikon, Zurich, they stressed the importance of the therapist's love, the compassion and selflessness as an attitude of the therapist.

Here is a part of their dialogue (in expanded translation):

Prof. Boss: Yes, Western psychotherapy mainly only goes so far as liberating hate and love. Since hate and love are both attachments, most therapists stop at the liberation of these emotions whereas meditation goes further on to free the person from these attachments and encouragingly continues to help them to become a Bodhisattva.

Prof. Rhee: Yes, it is my impression (that) therapy should have the spirit of Bodhisattva, selflessness. In reality though, therapists lack this spirit of Bodhisattva.

Prof. Boss: It's a kind of selflessness. To simply give the patient freedom, the space into which he can develop his own being, without wanting something for yourself from the patient.

Prof. Rhee: That is wu wei of Lao Tzu.

Prof. Boss: That's rare. That's the aim of one therapist [Carlos Alberto Seguin] from Peru, "Psychotherapeutic Eros". He means the same thing. Psychotherapeutic Eros is superior even to the goal (that) is the prescribed love of the priest for his belief in God, because he still wants something from God.

3. How to Attain Complete Compassion

Thirdly, one of the most important things in Taopsychotherapy is the issue of how the therapist can reach the state of complete compassion. In other words, how a therapist can attain perfect empathy so as to understand the patient's feelings. For this purpose, therapists should resolve (remove) their own nuclear feelings (neurotic desires) through purification of their minds. This is one of the distinctively

different issues worked with in Taopsychotherapy.

4. Interpretation and 'Directly Pointing At the Human Mind'

In Western psychoanalysis/psychotherapy the act of interpreting, as the primary communication link between analyst and patient, may also serve to transmit empathy, concern and care, particularly as an accompaniment to the painful content of the interpretation (Kaplan: 1989). It is also mentioned that in the ideal situation, interpretation is designed to make the patient consciously aware of unconscious (or preconscious) material that is close to the surface of consciousness (Sadock & Sadock: 2000) or, that pointing out what the patient does not report can be effective.

Comparable with this in Taopsychotherapy, interpretations are viewed as 'directly pointing at the patient's mind' and the therapist is viewed as expressing perfect empathy, in the state of subject-object congruence.

In the paper, "Integration of East and West Psychotherapy: Prof. Rhee Dongshick's Case", Prof. Kang explained some characteristics of Prof. Rhee's interpretation.

He described Prof. Rhee's interpretations as a form of "killing and making alive" or "taking life and giving life" within nature (Kang: 1996). Summers also commented upon Prof. Rhee's Taopsychotherapy as "soothing and stimulating the client at the same time" (Pers. communication: 2004). In Zen dialogue, Masters usually use this type of interpretation to cut through their disciples' delusions or discriminating thoughts. In addition, Prof. Kang described another characteristic interpretation of Prof Rhee's as "cutting away the roots of the patient's dependency and hostility" (Kang: 1996).

Taopsychotherapy and Western Psychotherapy: Similarities and Differences

- **Differences: Only by Degree and/or Level**

In his paper, "The Tao, Psychoanalysis and Existential Thought" (Rhee: 1990), Prof. Rhee spoke of both the common elements and differences between Eastern Tao, psychoanalysis and existential thought. He compared the goal of the eastern Tao with that of Western psychoanalysis and psychotherapy. He concluded

that the goal of Western psychoanalysis/ psychotherapy and Eastern Tao is the same and the only difference is one of degree or level. He also compared the processes of psychoanalysis and Zen practice and concluded that both of the processes are the same, but only up to a particular point.

• **Transference vs Nuclear Feelings**

One of the most commonly asked questions by Western psychoanalysts about Prof. Rhee's Taopsychotherapy is, "In Western psychoanalysis, one of the most important aspects is understanding and solving the patient's transference feelings. In Taopsychotherapy, how is this aspect of treatment carried out?" Prof. Rhee maintains that Taopsychotherapy literally attends to the transference of nuclear feelings. In other words, attention to transference and nuclear feelings may both proceed in a similar direction, but 'nuclear' feelings in Taopsychotherapy tend to be considerably more focused upon and in particular, the core aspect of these feelings. This is the similarity and yet difference between these two elements of attending to the client's subjectivity.

• **Analytic Neutrality and Resistance**

Freud did not actually use the word, 'neutrality' in his writings; he used the German word 'indifferenz' and James Strachey translated this into English as 'neutrality'.

In fact, Freud was concerned about both the vulnerability of his colleagues to 'act out' countertransference material and, the tendency of some analysts to misuse the analytic situations to talk about themselves (Sadock & Sadock: 2000).

There are parallels in this context between Taopsychotherapy and Freud's psychoanalysis. In Taopsychotherapy, Prof. Rhee stresses the importance of active involvement of the therapist's mature personality. Similarly, both written reports from Freud's own analyses and his published case material indicate that Freud's own personality was very much involved in the analytic process (Sadock & Sadock: 2000).

As to the concept of the patient's 'resistance' within psychoanalysis, the viewpoint of Taopsychotherapy is that this interpretation can actually represent a lack of empathy in the therapist. Prof. Rhee argues that this concept is a therapist-centered idea, and that the subjective, experiential aspect of the patient is the only reality for consideration.

Summary

To reiterate, Taopsychotherapy is the fusion of Eastern Tao and Western psychotherapy.

It surely is difficult for us to reach that state, but we can be more mature as therapists when we become aware of the possibility of a higher standard and try to attain it.

This can be the contribution of Taopsychotherapy to Western psychotherapy.

In summary, the essence of Taopsychotherapy is that the feelings of the therapist are utilized to treat the nuclear feelings of the patient which hold sway over the patient's mind and behaviour, from the gesture of a hand to the peculiarity of breathing, throughout his/her life at every moment. In order to understand the patient's feelings, the therapist should both have and develop compassion which can be attained by resolution of the therapist's nuclear feelings through purification of the mind.

The goal of Western psychoanalysis/psychotherapy and Eastern Tao is the same and the only difference is one of degree and/or level. In other words, the process of Western psychoanalysis and Zen practice are the same, but only up to a particular point.

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Wen-Shing Tseng, Jon Streltzer (eds.) (2001) *Culture & Psychotherapy. A Guide to Clinical Practice*. American Psychiatric Press Inc., Washington DC

This is a remarkable book and a must-read for all those who are concerned with cross-cultural psychotherapy. The editors, Wen-Shing Tseng and Jon Streltzer are international experts in cultural psychiatry and have published numerous articles and textbooks on related topics. Tseng is the author of the classic reference work "The Handbook of Cultural Psychiatry" (2001), which definitely established him as the leading expert in cultural psychiatry. Among many more positions he has served as chairman of Transcultural Psychiatric Section of World Psychiatric Association and as a consultant to the World Health Organization.

Culture & Psychotherapy. A Guide to Clinical Practice (first published in 2001) has been referred to as a "more affordable alternative" to Tseng's comprehensive and encyclopaedic "Handbook of Cultural Psychiatry". This favorable statement gives a idea of the rich contents of this handy 300-pages work. The editors succeed in bringing together instructive contributions from various experienced scholars and therapists, many of them collaborators of them at University of Hawaii Medical School. The book is written mainly from a North American perspective and provides therefore excellent information on many specific American populations: African Americans, Native Americans, Hispanics, Chinese and Japanese immigrants, army veterans, and refugees from Southeast Asia. Since all topics are presented in a paradigmatic manner in order to teach culture-specific approaches in general, also non-American readers will largely benefit from the reading.

The book aims to describe and to clarify the practice of cross-cultural psychotherapy. "Culture" is used as a key concept in this book and is distinguished from terms like race, ethnicity, or minority. Tseng defines culture as a dynamic concept referring to a set of beliefs, attitudes, and value systems, that derive from early stages of life through enculturation and become an internal mode of regulating behavior,

action, and emotion. According to Tseng, culture is not static, but changing continuously through the generations in response to environmental demands. Furthermore, culture in this sense is specific for each individual and therefore much more important than ethnicity or race. Experienced therapists usually tailor psychotherapy to each patient's particular situation, to the nature of psychopathology, to the stage of therapy, and so on. Treatment could be a lot more effective, however, when the cultural dimension is factored in. The resulting culturally relevant psychotherapy involves the understanding of how culture enhances the meaning of the patient's life history, clarifies the nature of any stress that may be encountered, alters the coping patterns utilized and influences the present psychopathology. It also includes comprehending the cultural components of the patient's illness and help-seeking behaviors, as well as the patient's expectations of the therapist.

Fifteen chapters by twenty different authors give a colorful overview of the clinical practice in many different contexts. All chapters are illustrated with vivid case examples and therefore a fascinating reading. Important issues treated are: integration of spiritual beliefs in psychotherapy, religion and psychotherapy, ethnic transference and countertransference, giving and receiving medications, severe trauma in refugees, ethnic minority adolescents and elderly, marital therapy, group therapy. In the whole, this book combines theoretical explanations with practical examples in a balanced manner. It is obvious to the reader, that all topics are treated out of profound knowledge and experience by the authors. The book does not overemphasize specific therapeutic theories, but illustrates how different therapeutic approaches can be adapted to individual needs of patients from different cultures.

A particular highlight to me is chapter 12 The Southeast Asian Refugee: The Legacy of Severe Trauma by David Kinzie. The author presents a most impressive case example of a 10-year therapy with a female Cambodian refugee. Out of his enormous clinical and scientific experience, Kinzie gives a brilliant testimony of the effect of long-term culture-sensitive psychotherapy. By the given example, he illustrates how the therapeutic alliance (or the human relationship) surmounts any technical issues of psychother-

apy and how basic human attitudes like respect, esteem, reliability, integrity, and patience are highly important in any form of treatment. Maybe this is the most valuable lesson any psychotherapist can learn from this book.

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