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IFP
international federation
for psychotherapy

newsletter

Zurich, June 2007

EDITORIAL

Dear colleagues,

For the first time you receive this Newsletter only *electronically*. The board decided to follow this suggestion which came up in our last General Assembly in Kuala Lumpur, August 2006. The reason is simply economic: we save quite a lot of costs for printing and shipping. – We are eager to learn about your reactions.

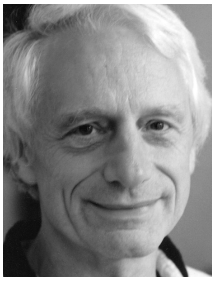
In this Newsletter we first want to welcome our *new Council and Society members* by presenting you these distinguished personalities in the field of psychotherapy and the Society with brief statements. We highly estimate their intention to support the IFP's international and cultural idea. Thank you for joining our board / society and for collaborating!

The scientific body of this Newsletter constitutes in two intriguing papers. The first is from *Howard Orlinsky* (USA), a well renowned psychotherapy researcher and member of our council. He deals with a constructive critique about the actual procedure in *scientific research on psychotherapy*.

The second paper of *Huh Chan Hee*, President of Korean Academy of Psychotherapists, describes the actual state of Taopsychotherapy, a new psychotherapy model originated and pioneered by Dongshick Rhee, an IFP's honorary member by the way. Taopsychotherapy is a real innovation in psychotherapy based on old cultural traditions and foundations. We had the chance to encounter this genuine method several times already in the last IFP's world congresses. Especially interesting seems to me his comparison of Taopsychotherapy with Western psychotherapy.

To make our hp more interesting and visited we would like to invite you to install *links* from your hp (society, individual members) to www.ifp.name. This will help to enhance the continuously growing number of hits and visits.

I remain with my best wishes



ALFRIED LÄNGLE, PHD
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Presidential Message

Dear friends and colleagues

As you may know already, the new Board of Directors of the IFP has assumed office in fall 2006: Alfried Längle (Austria), Vice-President, Mechthild Neises (Germany), Secretary General, Michael Rufer (Switzerland), Treasurer, and myself as President. Over the last months, we have been very busy with housekeeping tasks. These are obviously rather unspectacular duties, but of course they have to be attended to on a regular basis in order to ensure the IFP is running properly.

The **Secretarial Office in Zurich** is running smoothly under the watchful guidance of Cornelia Erpenbeck. She is responsible for all administrative matters concerning the IFP and may be contacted at her office should there be any queries. At present she is busy updating the IFP website which, according to the current statistics, attracts increasing numbers of visitors. However, to further optimize the visibility of the IFP, I would like to encourage all our members to introduce a link to the IFP website (http://www.ifp.name) on your respective homepages. We would be happy to do so vice-versa: please feel free to approach Cornelia Erpenbeck in case you need a hand!

Candidates for Presidential Election: According to the bylaws, a new President will have to be elected in 2010. By this time, I will have served as President for two full four-year terms, and will thus not be allowed to stand for election for a third term. Ideally, my successor should be elected in 2008 already, so that the President-elect can serve on the Board for two years prior to assuming office, to grant enough time to learn the ins and outs of the organization and the various duties involved.

Officers of the Board: A handing-over of tasks took place from the outgoing Secretary General (A. Längle) to the incoming Secretary General (M. Neises), as well as from the outgoing Treasurer (R. Reul-Verlaan) to the incoming Treasurer (M. Rufer). M. Neises agreed to act as liaison officer for our German speaking membership societies. M. Rufer has started to review and update our membership database. All members will be contacted by M. Rufer soon to establish a personal relationship.

New membership societies: The Indonesian Psychiatric Association, Section on Psychotherapy, was formally accepted as a new membership society. Its President, Dr. Sylva D. Elvira, was notified in written. A very warm welcome to our new Indonesian member! It was also noted with great satisfaction that the 5th Conference of the Asia Pacific Association of Psychotherapists (APAP) will be organized by our new member in Jakarta, Indonesia, 5.-7.4.2008.

Congresses: I was invited to give a keynote lecture at the Chinese-German Congress on Psychotherapy which will be held in Shanghai, China, 20.-23.5.2007. The congress will celebrate the 10th anniversary of the German-Chinese Academy for Psychotherapy. It will be hosted by the Shanghai Mental Health Center, and supported by the China Association for Psychological Health, Division of Psychotherapy and Counselling, the Chinese Psychological Society, Division for University Students Psychological Counselling, and the Shanghai Doingfeng Hospital. The theme of the conference will be „Changing societies – changing people". I will certainly take the opportunity to strengthen our bonds with a number of Chinese as well as other Asian associations for psychotherapy! For more information, please visit the congress website at www.dcap.de.

IFP-sponsored master classes, workshops and seminars: The aim of these events is threefold, namely to help disseminate novel, evidence-based psychotherapeutic approaches, to raise the international profile and recognition of the IFP, and to recruit individual IFP members, thus generating income for the IFP. After two very successful workshops in 2007, a workshop on Brief Eclectic Psychotherapy for PTSD with Prof. Berthold Gersons is planned for October 2007 in Vienna. More workshops to be announced!

History of psychotherapy and IFP: Following the suggestion of the Board, Past President Edgar Heim started to write up the history of psychotherapy, with a special emphasis on organizational aspects of the development, starting back in the 19th century, and particularly the history of the IFP which was founded in 1933. The manuscript will be finalized by the end of 2007. The Board is currently discussing with several publishers (Karger and others) about this first IFP-sponsored book publication.

Finally, my "ceterum censeo": 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 substantially reduced subscription rate. For details, please contact S. Karger directly at:

S. Karger AG
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Wishing you an enjoyable summer!

Best regards

PROF. ULRICH SCHNYDER, MD
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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

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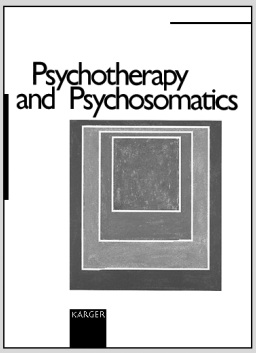

New Impact Factor: 3.188

Psychotherapy and Psychosomatics

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

Invitation for papers

Only original papers written in English will be considered.

Manuscripts should be sent to:
G.A. Fava, MD
Department of Psychology
University of Bologna
Viale Berti Pichat, 5
I–40127 Bologna (Italy)

Read it online:
www.karger.com/pps

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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

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CHF 83.60	CHF 83.60	CHF 31.80 (Europe) CHF 47.10 (Overseas)
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New Council Members

Prof. Zeping Xiao

Prof. Zeping Xiao, is currently President of Shanghai Mental Health Center and Shanghai Psychotherapy & Counseling Center, and also Professor, Department of Psychiatry, Shanghai Jiaotong University School of Medicine. She is the vice President of Pacific Rim College of Psychiatrists; Board Member of Chinese Hospital Association; Board Member of China Life Care Association; Committee Member of Chinese Mental Health Association; Vice Chair of Psychotherapy & Psychological counseling Branch of Chinese Mantel Health Association; Head of Psychoanalysis Brunch of Chinese Mental Health Association.; Chair of Shanghai Mental Health Association; Board Member of Chinese Psychiatry Society; Vice Chair of Psychosomatic Branch of Chinese Mental Health Association; Editorial Board Member, Chinese Journal of Behavioral Medical Science; Editor, Journal of Shanghai Jiaotong University(Medical Science); Editor, Journal of International Psychiatry; Editor, Chinese Journal of Andrology; Chief Editor, Shanghai Archives of Psychiatry etc.

ZEPING XIAO, MD PHD
President
Shanghai Mental Health Center
Shanghai Psychotherapy & Counseling Center
WHO Cooperative Research and Training Center in Mental Health
Professor of Psychiatry
Medical College of Shanghai Jiaotong University, Shanghai

Prof. Norman Sartorius

Dr. Norman Sartorius obtained his M.D. in Zagreb (Croatia). He specialized in neurology and psychiatry and subsequently obtained a Masters Degree and a Doctorate in psychology (Ph.D.). After working at the University teaching hospital in Zagreb he joined the World Health Organization (WHO). Having served as Director of the Division of Mental Health of the WHO for two decades, Dr Sartorius was the President of the World Psychiatric Association (WPA) and of the Association of European Psychiatrists (AEP). He currently holds professorial appointments at the Universities of Beijing, London, Prague, St Louis and Zagreb and is member of the WHO Expert Advisory Panel on Mental Health and of the WPA Council.

Dr Sartorius published more than 300 articles in peer reviewed scientific journals, authored or co-authored several books and edited a number of others.

Specific scientific interest and fields of research/work:
psychiatry and public health, developing countries science policy ethi

Books written or edited, supplements and Special issues of journals

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Prof. Dr. Berthold Gersons

Berthold Gersons (61) is a psychiatrist, psychotherapist and distinguished AMC professor, former chair of Psychiatry at the Academical Medical Center of the University of Amsterdam, the Netherlands. He has been trained as a psychoanalyst but also in psychodynamic individual and group treatment, cognitive behavioural therapy and family therapy. In 1980 he started research on trauma and PTSD in the police and he established the first self-help-team in Dutch police. Now 10% of Dutch police officers are members of 'occupational support teams' after trauma. He developed the Brief Eclectic Psychotherapy protocol of 16-sessions for police officers and other trauma-l victims which showed to be effective in a randomised trials. It is included in the NICE-guidelines in 2005. His group also proved effectiveness of BEP on neurobiological criteria. In 1992 he organised the first World Conference of the International Society for Traumatic Stress Studies in Amsterdam. After the El Al air crash in the Bijlmermeer Amsterdam he was the adviser to the city government on the aftercare. He studied together with dr. Ingrid Carlier the sequel of the disaster. They were part of the first researchers who discovered the damaging effects of debriefing. His group has recently shown how to avoid damaging effects of debriefing by avoiding focus on emotions. He has been member of the board of directors of ISTSS from 1996-1999 and board member, treasurer and since 2005 president of the European Society for Traumatic Stress Studies. He has served two terms as member of the editorial board of the Journal of Traumatic Stress. From 2000 till 2005 he was adviser of the Minister of Health for the Firework Disaster of May 13, 2000 in Enschede the Netherlands. Together with prof. Rolf Kleber he was in charge of a six-year longitudinal research-study on the Enschede disaster including physical and mental health aspects. He published numerous papers on police-trauma, BEP, disaster, debriefing and assessment of trauma. In 2004 he was appointed by the Secretary of Defence in the Board of Directors of the Dutch Veterans Institute. In February 2004 he made a lecturing and workshop tour in Australia on behalf of the Australasian Society for Traumatic Stress Studies. In 2005 he made the report 'Special mission; mental health care for the military and veterans' to reorganize the military mental health services. In 2005 he was visiting professor at the University of Zurich. Since 2005 he is Advisor for psychosocial aspects of security of Dutch politicians, National Coordinator for Counterterrorism. In 2006 he became President of the Dutch-speaking Society for Psychotrauma.
He is also been active in the field of social psychiatry since the 70-ties. He helped to set up the first crisis-centre in Amsterdam. In the 80-ties he developed day-treatment as an alternative for 24-hour admission. In 1984 he became chairman of the Amsterdam committee, who developed a blueprint for a comprehensive mental health system according to community based treatment for the city of Amsterdam. This has been established for most of it and is still improved. He is also a member of the Dutch Health Care Council and chairman and member of diverse comities. In March 2007 he received a Royal Honour from the Dutch Queen.

He has published more than 200 papers in scientific journals and books and has lectured around 500, also in many countries all over the world.
Dr. Norman Sartorius obtained his M.D. in Zagreb (Croatia). He specialized in neurology and psychiatry and subsequently obtained a Masters Degree and a Doctorate in psychology (Ph.D.). After working at the University teaching hospital in Zagreb he joined the World Health Organization.

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3rd IFP-Training-Workshop

BRIEF ECLECTIC PSYCHOTHERAPY

an integrated evidence-based approach for the treatment of PTSD

Friday 12 October – Sunday 14 October 2007
IFP, Vienna, Austria

Workshop trainers
Prof.dr. Berthold Gersons, professor of Psychiatry, Dep. of Psychiatry, AMC de Meren, University of Amsterdam, Netherlands, b.p.gersons@amc.uva.nl

Mirjam Nijdam, MSc, psychologist / researcher, Center for Psychological Trauma, Dep. of Psychiatry, AMC de Meren, University of Amsterdam, Netherlands, m.j.nijdam@amc.uva.nl

Place
Vienna 13, Kardinal König Haus, Kardinal König Platz 3 (Lainzerstr.)
Time: Fri 12. Oktober (14.00) – Sun 14. Oktober 2007 (13.00)

Price
IFP-members or members of IFP-societies 280.- Euro
Booking before Aug. 31st : 250.- Euro
Non-members of IFP 330,- Euro*
Booking before Aug. 31st: 300.- Euro
* Membershipfee per year 30,- Euro (15 UE)

The seminar will be held in German language.

Application
c.erpenbeck@ifp.name

Workshop objective
- To understand the framework of this effective treatment for PTSD;
- To understand and become familiarized with the different modules of this treatment-protcol;
- To reach level I certificate to start practicing BEP with supervision;

What is BEP?
The 16-sessions Brief Eclectic Protocol (BEP) was originally developed for police officers (n-300) with PTSD and proved to be effective in a randomized controlled trial (RCT). A recent RCT has shown again its effectiveness with neuro-imaging and a significant decrease of the heart rate. Meanwhile BEP has been used with excellent results for a range of other PTSD patients e.g. following disasters (n-1300). The treatment starts with psychoeducation on PTSD. The patient and his or her partner learn to understand the symptoms of PTSD as dysfunctional, and caused by the traumatic event. The patient will then receive 4-6 sessions of relaxation and imaginal exposure, focused on the suppressed intense emotions of sorrow.

Memorabilia is used to stimulate remembrances of the traumatic event and a writing task to write a letter to someone or an institution blamed for the traumatic incident. The letter is specifically used to help to express the aggressive feelings. Most symptoms will then disappear and the patient is able to concentrate on what the impact of the trauma has been on his view of him or herself and on their world. During BEP there should be considerable change and a new equilibrium should be reached. This is called the 'domain of meaning phase'.

Recent research by Edna Foa, has shown the need of context after exposure to prevent new episodes of PTSD. The treatment will end by a farewell ritual with the partner in which the letter and or mementos are burned to leave the traumatic incident behind, as a way to turn and face life and the future, at the same time never to forget, but not hindering the individual anymore in their daily life.

The workshop will cover 2,5 days in which all elements of the protocol will be trained.

Congress Calendar

Schedule

Friday 12 October, 14.00 – 19.00
- Learning to know each other and presentation of expectations
- Diagnostics of PTSD

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- BEP- Introduction
- Psychoeducation
- Imaginary exposure.

Saturday 13 October, 9.00 – 17.00
- Discussion of cases
- Use of memorabilia and letter writing

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- Domain of meaning
- Farewell ritual

Sunday 14 October, 9.00 – 13.00
- Indications and contra-indications
- Comorbidity
- Transference and countertransference
- BEP and CBT and EMDR
- Evaluation and diplomas
- Short biographical sketch

CV PROFESSOR DR. BERTHOLD GERSONS
(see above)

CV MIRJAM NIJDAM, MSC
Mirjam Nijdam is a psychologist at the Center for Psychological Trauma at the Department of Psychiatry of the Academic Medical Center at the University of Amsterdam, the Netherlands. After obtaining her Master's Degree in Clinical Psychology, she specialized in the diagnostic assessment and treatment of trauma and posttraumatic stress disorder. Her PhD project is a randomized controlled trial that compares the efficacy of two psychotherapies for posttraumatic stress disorder; Brief Eclectic Psychotherapy (BEP) and Eye Movement Desensitization and Reprocessing Therapy (EMDR). She has been teaching in education programs for students of medicine and psychology, and has been a supervisor for psychology students in their internship. Other interests include the neuropsychology of posttraumatic stress disorder and the psychology of terrorism.

REFERENCES
(see www.ifp.name)

May 13 – 17, 2007, Kyoto, Japan
15th International Society Congress of
Psychosomatic Obstetrics and Gynaecology
www.ISPOG2007.org

May 20 – 23, 2007 Shanghai, China
"Changing societies – changing people".
Celebrating the 10th anniversary of the German-Chinese Academy for Psychotherapy, hosted by the Shanghai Mental Health Center, supported by the China Association for Psychological Health, Division of Psychotherapy and Counselling, the Chinese Psychological Society, Division for University Students Psychological Couselling, and the Shanghai Doingfeng Hospital.
www.dcap.de

June 05 – 09, 2007, Opatija, Croatia
"Truth and Trust After Trauma"
10th European Conference on Traumatic Stress
www.ecots2007.com

April 5 – 7, 2008, Jakarta, Indonesia
PSYCHOTHERAPY ASIA PACIFIC V
5th Congress of Asia Pacific Association of Psychotherapist (APAP)
organized and hosted by the Indonesian Psychiatric Association, Section on Psychotherapy

Asia Pacific Association of Psychotherapist (APAP) is a chapter of International Federation for Psychotherapy (IFP).
The theme chosen for the event is "Listening to the Heart of the East" suggesting that professional and scientific presentations will focus on local practices and local condition needs, the light of the traditions, culture and costume in this societies.
We welcome advices and suggestion on topics subject to be dicussed in the sessions.
For further information, please contact the APAP Congress Committee: c/o Department of Psychiatry – Faculty of Medicine – University of Indonesia; Jl. Salemba Raya No. 6 Jakarta 10430 – Indonesia
Phone : 62-21-3905115, 62-21-3107741, 62-21-31937559
Fax. : 62-21-39899128
Email : apapcongress2008@yahoo.com
sylvia.d.elvira@gmail.com

May 2 – 4, 2008, Berlin, Germany
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Comments on the State of Psychotherapy Research (As I See It)[1]

DAVID ORLINSKY

[1]*Note: This essay was written in response to an invitation by Chris Muran, current president of Society for Psychotherapy Research North American chapter. I was requested to contribute my views on the current state of psychotherapy research for the past-president's column of the chapter's Newsletter, and it appeared (sans references) in the January 2006 issue of the NASPR Newsletter. I hope it will be understood as a constructively intended critique of current therapy research and* ***not*** *as an attack on scientific research on psychotherapy (to which I have devoted many decades of my life). My argument is that our research needs to become more realistic and thus more truly scientific. Comments on the essay are welcome at <d-orlinsky@uchicago.edu>.*

I must start by confessing that I don't really *read* psychotherapy research when I can help it. Why? The language is dull, the story lines are repetitive, the characters lack depth, and the authors generally have no sense of humor. It is not amusing, or at least not intentionally so. What I do instead of reading is *scan* or *study*. I do routinely *scan* the abstracts of articles as issues of journals arrive to assure myself there is nothing I need or want to know in it, and if the abstract holds my interest then I scan tables of results. Also, at intervals of years, I have agreed to *study* the research on psychotherapy systematically, usually with a specific focus on studies that related process and outcome (Howard & Orlinsky, 1972; Orlinsky & Howard, 1978, 1986; Orlinsky, Grawe & Parks, 1994; Orlinsky, Rønnestad & Willutzki, 2004). I have been doing this for 40 years more or less, and on that basis (for what it is worth) here is what I think about the state of psychotherapy research.

I think in recent years that psychotherapy research has taken on many of the trappings of what Thomas Kuhn (1970) described as "normal science"—meaning that research by and large has become devoted to incrementally and systematically working out the details of a general "paradigm" that is widely accepted and largely unquestioned. The research paradigm or standard model involves the study of (a) manualized therapeutic procedures (b) for specific types of disorder (c) in particular treatment settings and conditions. This is very different from the field that I described three decades ago (Orlinsky & Howard, 1978) as "pre-paradigmatic," and in some ways it represents a considerable advance. However, I refer above to the "trappings of normal science" as a *double entendre* to suggest that the *appearance* (trappings) of normal science with its implicit paradigmatic consensus may also represent *entrapment* (trapping) in a constricted and unrealistic model.

The paradigm is familiar. It holds that psychotherapy is basically a set of specific and specifiable procedures ("interventions" or "techniques") that can be taught, learned, and applied; and that the comparative potency or efficacy of these procedures in treating specific and specifiable psychological and behavioral disorders defines more or less effective forms of psychotherapy—if patients are willing and able to comply with the treatment provided by a competently trained therapist.

In this process, therapists are assumed to be active subjects (agents, providers) and patients are assumed to be reactive objects (targets, recipients). Researchers may well believe *theoretically* that patients as well as therapists are active subjects, and that what transpires between them in therapy should be viewed as interaction, but *in practice* the paradigm or standard research model that they typically follow implicitly defines treatment as a unidirectional process.

Evidence of these implicit conceptions of the patient, therapist, and treatment process is to be found in experimental designs that randomly assign patients to alternative treatment conditions, just as if they were 'objects' (rarely bothering to inquire about *their* preferences) whereas they never assign therapists to alternative treatment conditions, randomly or systematically (because it seems essential to consider *their* subjective treatment preferences). The consequence is that comparisons between treatment conditions reflect treatment-x-therapist interaction effects rather than treatment main effects—as Elkin (1999) and others have made clear—but it is an embarrassment that is conveniently ignored by all (as in the tale of the emperor's new clothes).

In addition, the dominant research paradigm constricts our view of the phenomena that psychotherapy researchers presume they are studying by focusing on certain *abstracted* qualities or characteristics of patients and therapists. The target of treatment is not actually the patient as an individual but rather a specifically diagnosed *disorder*. Other personal characteristics of patients are presumed to

be "controlled" either through random assignment (another embarrassing myth, since the effectiveness of random assignment depends on the law of large numbers, and the number of subjects in a sample or of replicated samples is rarely large enough to sustain this), or controlled statistically by using the few characteristics of patients that are routinely assessed in studies as covariates. The covariates most typically are *atheoretically* selected demographic variables assessed for the purpose of describing the sample—age, gender, marital status, race/ethnicity, and the like—since there are no widely accepted theories to guide the selection of patient variables. (More recently, "alliance" measures have been routinely collected from patients, reflecting the massive accumulation of *empirical* findings on the impact of therapeutic relationship.)

Psychotherapists are likewise viewed in terms of certain *abstracted* qualities or characteristics. The agent of treatment studied is not actually the therapist as an individual but rather a specific set of *manualized treatment skills* in which the therapist is expected to have been trained to *competence* and to which the therapist is expected to show *adherence* in practice. The few other therapist characteristics that are routinely assessed—professional background, career level, theoretical orientation, and perhaps gender and race/ethnicity—are used largely to describe the sample or, occasionally, as covariates. Again, this is because there are no widely accepted theories, or extensively replicated empirical findings, to guide the selection of therapist variables.

The constricted and highly abstracted view of patients, therapists, and the therapeutic process in the dominant research paradigm is supported by cognitive biases in modern culture that all of us share. One of these was well-described by the sociologist Peter Berger and his colleagues as *componentiality*. This is a basic assumption that "the components of reality are self-contained units which can be brought into relation with other such units—that is, reality is not conceived as an ongoing flux of juncture and disjuncture of unique entities. This apprehension in terms of components is essential to the reproducibility of the [industrial] production process as well as to the correlation of men and machines. … Reality is ordered in terms of such units, which are apprehended and manipulated as atomistic units. Thus, everything is analyzable into constituent components, and everything can be taken apart and put together again in terms of these components" (Berger, Berger & Kellner, 1974, p. 27).

This componentiality is reflected in the highly individual and decontextualized way that we think about persons. We tend to think of individuals as essentially separate, independent and basically interchangeable units of 'personality' that in turn are constituted by other internal, more or less mechanistically interacting components—whether those are conceptualized as traits that may be assessed quantitatively as individual difference variables, or more holistically but less precisely as clinical components of personality (e.g., ego, id, and superego). Thus when researchers seek to assess the (hopefully positive but sometimes negative) impact of psychotherapy on patients, they routinely focus their observations on componential individuals abstracted from life-contexts, and on the constituent components of individuals toward which therapeutic treatments are targeted—symptomatic disorders and pathological character traits. They do not generally assess individuals as essentially embedded in sociocultural, economic-political and developmental life-contexts. A componential view of psychotherapy and of the individuals who engage in it is implicit in the dominant research paradigm, and produces a comforting sense of cognitive control for researchers—but does it do justice to the *realities* we seek to study or does it distort them?

Another widely shared bias of modern culture that complicates and distorts the work of researchers on psychotherapy and psychopharmacology (and medicine more broadly) is the implicit assumption of an essential distinction or dichotomy between soma and psyche (or matter and mind), notwithstanding the efforts of modern philosophers like Ryle (1949) to undo this Cartesian myth. Because of this, findings that psychological phenomena have neurological or other bodily correlates (e.g., using MRI or CT scans to detect changes in emotional response) are viewed as somehow amazing and worthy of note even in the daily press. The materialist bias of modern culture also fosters a tendency to view this correlation in reductionist terms, so that the physiological aspects of the phenomena studied are assumed to be more basic, and to cause the psychological aspect.

Thanks to a conversation at the recent SPR conference in Montreal among colleagues from different cultural traditions (BAE ET AL., 2005), I

became aware of how unnatural the body-mind dichotomy (with its consequent distinction between 'physical health' and 'mental health') appears from other cultural perspectives, and of how grossly it distorts the evident *psychosomatic continuity* of the living human person. When this basic continuity is conceptually split into 'psyche' and 'soma', a mysterious quality is created as the byproduct (much as energy is released when atoms are split)—a mysterious quality that is labeled (and as much as possible viewed dismissively) as "the placebo effect." This effect, mysteriously labeled in Latin, is viewed as a "contaminant" in research designs—but, struggle as researchers do to "control" it (rather than understand it), they typically fail in the attempt because the 'effect' reflects an aspect of our reality as human beings that *cannot* be eliminated.

The reality, as I see it, is that a person (a) is a *psychosomatic unity*, (b) evolving over time along a specific *life-course trajectory*, and (c) is a subjective self that is objectively connected with other subjective selves, (d) each of them being *active/responsive nodes in an intersubjective web* of community relationships and cultural patterns, a web in which those same patterns and relationships (e) exert a formative influence on the psychosomatic development of persons.

The reality of psychotherapy, as I see it, is that it involves (a) an intentionally-formed, culturally-defined social relationship through which a potentially healing intersubjective connection is established (b) between persons who interact with one another in the roles of client and therapist (c) for a delimited time during which their life-course trajectories intersect, (d) with the therapist acting on behalf of the community that certified her (e) to engage with the patient in ways that aim to influence the patient's life-course in directions that should be beneficial for the patient.

Neither of these realities seems to me to be adequately addressed by the dominant paradigm or standard research model followed in most studies of psychotherapeutic process and outcome. Instead, the dominant research paradigm seriously distorts the real nature of persons and of psychotherapy (as I see them). Why then does this paradigm dominate the field of psychotherapy research, and why do researchers persist in using it if it is as uncomfortably ill-fitting a Procrustean bed as I have claimed?
The answer is *partly cultural*, as the paradigm neatly reflects the componential, psycho/somatically split, materialist cognitive biases of Western culture. It is also *partly psychological*, with supporters of the paradigm becoming more militant as a result of cognitive dissonance generated by the incipient failure of the paradigm's utopian scientific promise (SEE, E.G., FESTINGER, RIECKEN & SCHACHTER, 1956). It is *partly historical* too, as the field of psychotherapy originated and initially evolved largely as a medical subspecialty in the field of psychiatry—as well as the field of *clinical* psychology that overlapped with, imitated, and set out to rival psychiatry. Again, the answer is *partly economic,* since it is necessary to please research funding agencies (the *real* 'placebo' effect) in order to gain funding for research and advance one's career by contributing publications to one's field and reimbursement for "indirect costs" to the institution where one is employed.

It may be ironic that the paradigm adheres so closely to the medical model of illness and treatment at a time when the psychiatric profession which historically represented medicine's presence in the field has largely (and regrettably) withdrawn from the practice of psychotherapy (LUHRMANN, 2000). The apparent solidity of the paradigm that survives is based (a) on the fact that psychotherapeutic services still are largely funded through health insurance which had been politically expanded (after much lobbying) to include non-medical practitioners, and (b) on the fact that psychotherapy research still is largely funded through grants from biomedical research agencies. Although there is no for-profit industry promoting psychotherapy and supporting research on it as Big Pharma does with the psychopharmacologic treatments of biological psychiatry, most of the money that can be had in psychotherapeutic practice and psychotherapy research comes from sources that implicitly support a medical model of mental health. As ever "they who pay the piper call the tune," though perhaps it is more subtle and accurate to say that pipers who need and seek financial support (therapists and researchers) play their tunes in ways that they hope will be pleasing to potential sponsors. Necessity drives us (always), but we (all) have an uncanny ability to persuade ourselves that advantage and merit coincide.

A sociology-of-knowledge confession: I know full well that I can say these things mainly because I am privileged by having an old-fashioned, tenured, hard-(but small)-money position in an arts

and sciences faculty, and because I am not really in the competition for funds. As a producer of psychotherapy research, I am free to go my own way through my work as participant in the SPR Collaborative Research Network; but as a consumer of psychotherapy research, I have serious misgivings about the state of the field that stem from a perception that the prevailing paradigm which permits researchers to pursue their studies in the manner of "normal science" represents a risky *premature* closure in understanding the actual nature of psychotherapy and the people who engage in it. If it is not overtly corrupting (as I think is true of some research on psychopharmacological treatments funded by pharmaceutical firms), it is nevertheless constricting in ways that seem to me highly problematic.

If we are indeed to have evidence-based psychotherapies grounded in systematic, well-replicated research (E.G., GOODHEART, KAZDIN & STERNBERG, 2006), and evidence-based training for psychotherapists (E.G., ORLINSKY & RØNNESTAD, 2005)—both of which I approve—then it would be very nice (in fact, I would think essential) for that research to be based on a standard model or paradigm which more adequately matches the actual experience and lived reality of what it presumes to study. I don't know what a more satisfactory paradigm or model for research will turn out to be. Constructing it is the task of the next generation—but from it will come the sort of psychotherapy research I think I would *like* to read.

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Taopsychotherapy and a Therapeutic Attitude

Huh Chan Hee, MD

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 psychoanalysis/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 per-

fect empathy with his/her patient's feelings.

- **An Example of Dialogue Between Medard 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.

4. 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.

5. 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' countertransferential 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 analysands 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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