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EDITORIAL

Dear colleagues,

the IFP board is glad to send you this newsletter. Newsletter editor and board member Stephan Zipfel has been caught by a new honorable yet demanding task: He is now president of the "Deutsches Kollegium für Psychosomatische Medizin (DKPM), which translates to "German council for psychosomatic medicine"- a member of the IFP.
This made it and will even more so make it in the future impossible for him to actually fill the job of editing the newsletter. For this reason I have put together this issue, mainly dedicated to continue the discussion initiated with an article by Marvin Goldfried in the last newsletter: Research and practice as a two-way street. Louis Castonguay, past president of the Society for Psychotherapy Research (SPR) and Steering Committee member of IFP member association SEPI has made a section of his SPR presidential address available, and a practitioner active in the network initiated by Castonguay contributes his practitioner view. We know that there are more science-practitioner networks and we invite their representatives to share their experience and carry the discussion forward in future newsletters.

In addition, you will find an obituary for our long standing and active member Wenshing Tseng, written by Xudong Zhao from Shanghai.

Finally, and maybe even most importantly we can announce the 2014 IFP congress in Shanghai with concrete theme and dates, as described in the introduction written also by Xudong Zhao. We are glad that the Asian Pacific Association for Psychotherapy (APAP), member of IFP, will be a co-organizer of the conference. Please write the conference dates into your agenda! Shanghai is a thrilling city, and we look forward to seeing you there!

For the next newsletter we can, among others, announce a discussion related to the new Mental Health Law of People's Republic of China, a big step forward for the provision of psychotherapy in this dynamic country.

The IFP board wishes all of you an excellent start into the year 2013.

Franz Caspar (IFP president)

Scientist-Practicioner networks from the researcher's point of view*

Louis Castonguay, Penn State University

It seems fair to say that in the current state of our field, the connection between psychotherapy research and clinical practice is not a strong one. It has been argued that few full-time practitioners are substantially guided by empirical findings, in part because many studies fails to address the concerns and questions that clinicians faced in their day-to-day practice (Beutler, Williams, Wakefield, & Entwistle, 1995; Goldfried & Wolfe, 1996). To a certain extent, this might reflect what I have described elsewhere as ‘‘empirical imperialism’’ (see Castonguay in Lampropoulos et al., 2002), when scientists who often treat very few patients decide what should be studied (and how it should be studied) in order to understand and improve psycho-therapy. As also argued elsewhere (Castonguay in Lampropoulos et al., 2002) a likely antidote to such empi-rical imperialism is to foster clinicians’ full participation in all aspects of empirical studies, from the selection of issues to be investigated, delineation of hypotheses to be tested, construction and implementation of research design, as well as dissemination of the findings. The formation of Practice Research Networks (PRNs), which rests on an active collaboration between researchers and clinicians in the development of clinically relevant and scientifically rigorous studies, has been viewed as a promising vehicle or infrastructure to foster such engagement. Established under the leadership of a full-time academician (Tom Borkovec) and a full-time clinician (Steve Ragusea), the Pennsylvania Psychological Association Practice Research Network (PPA-PRN) is, to my knowledge, the first PRN to be specifically devoted to this type of collaborative research on psychotherapy. The PPAPRN has now completed two studies. Launched in the mid-1990s, the first was aimed at testing the feasibility of conducting scientifically sound research within the practice setting using a core assessment battery for obtaining pre and postoutcome data within a state-wide infrastructure (Borkovec, Echemendia, Ragusea, & Ruiz, 2001). The second completed study is the focus of two recently published papers (Castonguay, Boswell, et al., 2010; Castonguay, Nelson, et al., 2010); the first presents the findings obtained in this second study (discussed further below), and the second describes the experiences of clinicians who collaborated with full-time researchers not only in the implementation, but also in the design (which alone required regular meetings for one full year) of this investigation. I want to briefly discuss this study, not by emphasizing its results but by highlighting the level of involvement that clinicians can commit toward research within their own private practices, as well as some of the lessons that can be derived from the active collaboration of knowledge seekers living in different worlds. The primary goal of the PRN study upon which these papers are based was to assess what clients find helpful and/or hindering during treatment in order to help therapists better address their clients’ needs. As described in detail in Castonguay, Boswell, et al. (2010), the research protocol required clients and psychotherapists (or only the psychotherapist, depending on the experimental condition to which a client was assigned) to fill out parts of the Helpful Aspects of Therapy questionnaire (HAT; Elliott et al., 2001) at the end of every session. Specifically, participants were asked to (1) answer two questions on small index cards (“ Did anything particularly helpful happen during this session?’’ and “ Did anything happen during this session which might have been hindering?’’), (2) briefly describe the event(s) if applicable, and (3) rate these events in terms of the degree to which they were helpful or hindering, respectively. Thirteen therapists of varying theoretical orientations participated in the design and implementation of this study. For a period of 18 months, psychotherapists invited all of their new clients (adults, adolescents, and children) to participate in the study (except when psychotherapists judged such participation to be clinically contra-indicated). Combining the child, adolescent, and adult groups, 146 clients participated, and more than 1600 helpful or hindering events were collected. These events were coded by three independent observers, using a therapy content analysis system.

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Among the findings obtained with the adult and adolescent groups, both clients and therapists perceived the fostering of self-awareness as being particularly helpful. The results also point to the importance of paying careful attention to the therapeutic alliance and other significant interpersonal relationships. A qualitative analysis of interviews conducted with the participating psychotherapists led to the delineation of several benefits to therapists (e.g., learning information that improved their work with clients and feeling that they were contributing to research that would be useful for psychotherapists), difficulties for them and their clients (e.g., time and effort required to integrate research protocol into routine clinical practice), as well as general re-commendations for future PRN studies (Castonguay, Nelson et al., 2010). As we noted, perhaps the most im-portant recommendation for future PRNs is to conduct studies that intrinsically confound research with practice - studies for which it is impossible to fully distinguish whether the nature of the questions investigated, tasks imple-mented, or the data collected are empirical or clinical. We would venture to guess that psychotherapists and re-searchers will be most successful in designing and imple-menting PRN studies when their empirical goals are intertwined with day-to-day clinical tasks and/or concerns (as when clinicians are able to learn about what could facilitate and/or interfere with change as they are involved in the process of collecting data with each individual client). To paraphrase a commonly used term (‘‘ ego-syntonic’’), research has to be ‘‘ clinically-syntonic.’’ It could be argued that clinicians truly integrate science and practice every time they perform a task in their clinical practices and are not able to provide an unambiguous answer to questions such as: ‘‘ Right now, am I gathering clinical information or am I collecting data?’’ or, ‘‘ At this moment, am I trying to apply a helpful intervention with my client or am I imple-menting a research task?’’ Frequently, setting up rigorous empirical investigations that will lead them to answer these questions by saying, ‘‘ Perhaps both,’’ may be the most fruitful and exciting pathway to bridge research and practice. (pp. 352 - 353) Private practice, of course, should not be viewed as the only anchor for PRNs. Clinic training programs in psychology departments can also be optimal sites for such networks, as they can foster another level of healthy confusion between three goals or tasks that are frequently viewed as mutually exclusive: clinical, research, and training. One might argue that simultaneous, seamless, and repeated integration of science and practice activities as early as possible in a psychotherapist’ s career might create an intellectual and emotional (hopefully secure) attachment to principles and merits of the Boulder model. My colleagues and I at Penn State have trans-formed our psychology clinic into such a PRN by creating and/or incorporating four major components into our training program (see Castonguay et al., 2004; Parry et al., 2010): a core outcome battery, standardized diagnostic assessment procedures, a selection committee for the evaluation of research proposals (including representatives from the faculty, clinical staff, students, and practitioners from the community), and an innovative agreement with the office of research protection to efficiently streamline the Institutional Review Board (IRB) assessment process. This infrastructure has allowed several of our students to find themselves in a situation in which they are seeing clients, meeting their clinical hour requirements, and collecting their masters and/or dis-sertation data, while at the same time discovering, for example, that the trajectory of change of their clients can be predicted by their initial severity level on assessment (Nordberg, Boswell, Castonguay, & Kraus, 2008) or that cognitive- behavioral inter-ventions can have a negative impact on particular clients, especially when used by particular therapists (Boswell, Castonguay, & Wasserman, 2010). Many students, employed as a clinical assistant, even get paid while learning how to do therapy, as well as collecting and thinking about information that is intrinsically relevant to case formulations and treat-ment planning. Not a bad way to get addicted, from the get-go, to the scientific-practitioner model! However, while such PRN initiatives can lead to fruitful investigations, individually each particular site or network will be restricted in terms of the sample it can provide, the expertise it can represent, and thus the connections of knowledge it can foster. Hence, I believe that an important next step for the future growth of the integration of science and practice is the creation of large infrastructures where clinicians (of different level of training) and researchers (in applied and basic sciences) will design and conduct descriptive (including single-cases), correlational, and experimental studies based on the same assessment tools. Examples of such infrastructures include the Network of Practice-Research Networks that my colleague David Kraus and I are in the process of building with groups of researchers and clinicians working together in different regions of North America, a similar type of infrastructure (proposed by Tom Borkovec [2002]), that would connect a large number of training clinics across clinical and counseling masters and doctoral degree programs, and the major infrastructure developed by Ben Locke (Locke, Crane, Chun-Kennedy, & Edens, 2010; Locke et al., 2011) that now includes more than 120 counseling centers providing clinical services to college students in the USA (and which has recently led to a number of ‘‘preliminary’’ studies involving 28,000 clients (see Castonguay, Locke, & Hayes, in press; Hayes, Locke, & Castonguay, in press).

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Qualifications

Member of the

- American Psychological Association
- Association for the Advancement of Behavior Therapy
- Pennsylvania Psychological Association, Fellow
- Society for Psychotherapy Research
- Society for the Exploration of Psychotherapy Integration;
- Society for Interpersonal Theory and Research.

Present jobs

He is currently Professor at the Department of Psychology at The Pennsylvania State University, where he also served as the Associate Director for the Clinical Program and the Director of the Graduate Studies.

CURRICULUM VITAE

After his undergraduate studies in Psychology at the University of Sherbrooke and a Masters degree in Counseling Psychology at the University of Montreal, he completed his doctorate in Clinical Psychology at S.U.N.Y. Stony Brook, a clinical internship at U.C. Berkeley, and a Post-doctorate at Stanford University. His research focuses on the process of change in different forms of psychotherapy (cognitive-behavioral, psychodynamic, and integrative), especially for the treatment of anxiety disorders and depression. Within this context, he has investigated several factors related to the client (e.g., emotional experience), therapist (e.g., focus of intervention) and the therapeutic relationship (e.g., working alliance). He is also involved in the investigation of the efficacy of new integrative treatments for generalized anxiety disorder and depression. With students and colleagues, he is also conducting effectiveness research aimed at better understanding and possibly improving psychotherapy as practice in natural settings.

Readers are welcome to contact Louis Castonguay if they are interested in publications reviewing their PRN studies, as well as other practice-oriented research (in addition or instead of the research papers that came out of this).

These are publications that came out of the network:

Borkovec, T.D., Echemendia, R.J., Ragusea, S.A., & Ruiz, M. (2001). The Pennsylvania Practice Research Network and future possibilities for clinically meaningful and scientifically rigorous psychotherapy effectiveness research. Clinical Psychology: Science and Practice, 8, 155_167.

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Scientist-Practitioner networks from the practicioner's point of view

Neal A. Hemmelstein, Child, Adult and Family Psychological Center in State College, PA, USA

I have been asked by the president of the International Federation for Psychotherapy to provide the perspective of a participating clinician in the Pennsylvania Psychological Association Practice Research Network (PPA-PRN) studies Dr. Castonguay discusses above.

The PPA-PRN has provided me the opportunity to not only assist researchers in the collection of data. The PPA-PRN has provided me the opportunity to participate in the design and implementation of studies, effectiveness studies.

In graduate school, a professor in my program (school psychology) felt there was no reason to get a Ph.D. in school psychology just to be a school psychologist in the schools (one can work as a certified school psychologist with a Masters in School Psychology). I believe my Ph.D. training, that included a research dissertation, enhances my practice as a school psychologist in the scientist-practitioner model by contributing to my ability to be a conscious (in my own case I hesitate to use “conscious” as a descriptor) consumer of research.

I have always felt that I stand on the shoulders of researchers. In my clinical practice I stand on the shoulders of researchers as I sculpt my practice through my experience and the use of the conclusions drawn from sound research. I am not cut out to be a principal investigator. I don’t have the patience or the discipline required for good research; however, I always claimed that I would make myself available to participate in research (I take direction very well), that I wanted to contribute to research that would help me do my job better. The PRN model that we continue to develop meets these professional and personal needs. The returns derived from the work we have done so far pertain more to learning about HOW to do this type of research than answering the questions asked in the particular study.

Effectiveness studies occur within naturalistic settings. These include a large number of types of studies (such as our investigations at the PRN) but it typically refers to studies designed to test whether a treatment that has been supported in a clinical, controlled trial (i.e. within an efficacy study) also works in clinical practice. As such, efficacy studies are primarily concerned with internal validity issue (Does this work and does it work for the reason we think it does), while typical effectiveness studies are concerned with external validity (does this work in the real world?). Self-interest powers all. I experience significant pay-offs for my time, attention, efforts, and anxieties regarding the PRN study I am a part of. The opportunity to think out loud with a quality researcher (and his quality graduate students) and other clinicians about ways to answer the question, “What works?” requires awareness (or at least efforts towards such) of my own process. Brainstorming is my favorite step in problem-solving/decision-making. In the brainstorming step one is never wrong! Only our imagination limits our ability to solve a problem. Until I can imagine a solution, I cannot begin working towards it. Brainstorming encourages us to stretch our imagination.

Dr. Castonguay did not so much lead our discussions; he guided our discussions. He knows how to do research. The rest of us are smart, experienced, and excellent consumers of research. There is no hierarchy in our PRN group. I think of (and I believe the other participating clinicians share this view) Dr. Castonguay as #1 among equals in our group. I suspect Dr. Castonguay would prefer not having even that distinction, but too bad for him.

A cost/benefit analysis of my participation in the past PRN studies identifies time, attention, and anxiety/stress as the primary costs. Each study has improved at supporting the participating clinicians. This support and easy availability of support reduces the anxiety I alluded to above. This anxiety, for me, is over “doing it right.” I made an agreement (with the PRN group) and I keep my agreements. “Doing it right” is part of that agreement. The attention to the time per subject (experimental and control) required of the participating clinicians and the number of subjects at any one time in the design of the studies contributed significantly to reducing my anxiety, as well.

I found the meetings to be self-reinforcing. The design phase of this last study probably took a year (at least) of two-hour meetings every four to eight weeks. Much got done at these meetings (How many psychologists does it take to insert a flash drive?) toward building and implementing the study. This felt good in observing our

progress towards achieving our goal. However, the self-reinforcement of these meetings I refer to is the returns I derived simply from the participation in the meetings as they occurred. Lotta laughing. Lotta learning. And not to be too corny…Lotta loving (am I allowed to say stuff like that in journals like this?). I was glad to be there not for what it would get me in the future (more knowledge regarding Practice Research, the process of therapy, my own process). I was there because it was good being there. The icing on the cake was all that knowledge I received from the study. The "cake" was in the doing. That's what I mean by self-reinforcing. Interest, understanding and repetition facilitate learning. Interest enables repetition. Repetition promotes understanding. Understanding fosters interest. The higher the level of interest, the more willing to repeat. The higher the number of repetitions, the greater the understanding. As understanding grows, so grows the interest. Interest, understanding and repetition facilitate learning. My participation in Practice Research has provided all three.

CURRICULUM VITAE

Dr. Hemmelstein received his B.A. degree and elementary school teaching credential from Sonoma State University in California. He earned his M.S. and Ph.D. degrees in School Psychology at Penn State University. Dr. Hemmelstein completed his internship at Sarah Reed Children's Center in Erie. In addition to his responsibilities for the day-to-day operation of the Emotional Support Classrooms at Sarah Reed, he provided inpatient and outpatient psychotherapy, staff training and consultation. During his years in Erie, Dr. Hemmelstein also taught courses as an adjunct professor at the Behrend Campus of Penn State University to those pursuing Chemical Addiction Counseling (CAC) certification. Between his undergraduate and graduate education, he co-founded a private elementary school (K-6) in Los Angeles where he taught kindergarten for three years and later taught as a clinical teacher of adolescents for two years at The Meadows Psychiatric Center in Centre Hall, Pennsylvania. He works part time with the State College Area School District providing school-based mental health services that include counseling, consultation and evaluation. Dr. Hemmelstein is both licensed as a psychologist and certified as a school psychologist in Pennsylvania and holds membership in the American Psychological Association, the National Association of School Psychologists, the Pennsylvania Psychological Association, the Association of School Psychologists of Pennsylvania and the Central Pennsylvania Psychological Association. Dr. Hemmelstein's primary focus is working with children, adolescents, and families to address behavioral, emotional, educational, and mental health problems, as well as family issues.

Dr. Neal A. Hemmelstein, Ph.D.

NEAL HEMMELSTEIN
Child, Adult and Family Psychological Center in State College, PA, USA

Qualifications

- Member of the Central Pennsylvania Psychological Association (CPPA)
- Member of the Pennsylvania Psychological Association (PPA)
- Member of the Association of School Psychologists of Pennsylvania (ASPP)
- Member on the Executive Board of ASPP as the Professional Practice (Ethics) chairperson

Present jobs

He is a member and an owner of Child, Adult and Family Psychological Center in State College, Pennsylvania where he has an independent practice working with children between the ages of five and twenty-five and their families. He works as a school psychologist in the State College Area School District.

Congress Calendar

Please send announcements of your congresses!

SEPI XXIXth ANNUAL MEETING

"Psychotherapy Integration: Researchers and Clinicals Working Together Towards Convergence"

June 7 – June 9, 2013

Location: Blanquerna, Llull Ramon University, Spain

www.sepiweb.org

Deutscher Kongress für Psychosomatische Medizin und Psychotherapie (in German language)

"Psychosomatik und Psychotherapie: Ein Feld – 1000 Gesichter"

6. – 9. März 2013

Location: Heidelberg, Germany

www.deutscher-psychosomatik-kongress.de

21th IFP World Congress

"Psychotherapy Contributing to Global Health"

May 9 – May 11, 2014

Location: Shanghai, China

www.ifp.name

Introduction IFP congress 2014 in Shanghai

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School of Medicine at Tongji University, 200092 Shanghai, China, e-mail: zhaoxd@tongji.edu.cn**

The board of the International Federation of Psychotherapy (IFP) has decided that the 21th IFP World Congress of Psychotherapy will be held from May 9 - 11, 2014, in Shanghai, China. The theme of this congress will be **'Psychotherapy Contributing to Global Health'.** All IFP members are cordially welcome to attend this every-4-year gathering.

IFP has started the organizational work. The Psychotherapy and Counseling Section of The Chinese Association of Mental Health, one of the member organizations of IFP, is authorized by the IFP as the local organizer. The Shanghai East Hospital Affiliated to Tongji University and the Shanghai Municipal Mental Health Center Affiliated to Jiaotong University will co-sponsor the congress, and the Asia-Pacific Association of Psychotherapists (APAP) is co-organizer of this conference.

The Chinese colleagues appreciate IFP's decision very much. Shanghai is suitable for this great event, because China has been experiencing historical socio-cultural changes for decades, and Shanghai is China's 'economic capital' with its open, energetic and innovative features. Psychotherapy has found its new role in the radical process of modernization and globalization in China. After the issuance of the Mental Health Law of the People's Republic of China, psychotherapy is now defined officially as an important human service. Therefore, we are embracing all forms of psychotherapy from other parts of the world that are helpful to the psychological well-being of the people, while they are developing new models based on Chinese culture. We believe that the IFP Congress will offer a valuable opportunity for professionals from all countries to exchange ideas and enhance their expertise.

The congress will be held in spring, which is the best season for meeting and for tourism in Shanghai. The congress venue will be located in the Everbright International Convention Centre.

Having hosted the '2010 World Expo' successfully, Shanghai has very modern infrastructure besides its attractive cultural atmosphere and life style. Participants and accompanying persons will have numerous touristic options during their stay in Shanghai and in other areas of China.

Obituary for Prof. Wen-shing Tseng
Global perspective, Chinese spirit: Cherishing the memory of Prof. Wen-shing Tseng

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1. Dr. Wen-shing Tseng and China

Dr. Wen-shing Tseng, emeritus professor of University of Hawaii, one of the leading cultural psychiatrists in the world, passed away on 21-7-2012 in Hawaii. During the annual conference of the Chinese Society of Psychiatry (October 19, 2012, Nanjing, China), a seminar in commemoration of him was held by Chinese colleagues and students of Prof. Tseng to remember his great contribution to psychiatry and psychotherapy in China.

Dr. Wen-shing Tseng was born in 1935 in Taiwan. He had grown up and lived there till 1970's when he became a psychiatrist. In early 1970's, he moved with his family to Hawaii. He devoted most of life to research, practice and education of cultural psychiatry and psychotherapy. He had written numerous articles and books in these areas; he has led the Transcultural Psychiatry Section of the World Psychiatry Association (WPA-TPS), and he was the founder of the World Association of Cultural Psychiatry (WACP) set up in 2006. As a psychiatrist of Chinese descent, he never forgot caring for improvement of psychiatry in China. Motivated by his hope and sense of responsibility, he came to China as one of psychiatrists and WHO consultants in the first delegation from the outside world sent by WHO, when China launched the historical Reform and Opening policies. To improve teaching and researches in psychiatry in China, Dr. Tseng visited Institute of Mental Health at Peking University for the first time in 1981. Six years later, he was invited to be the guest professor of this institute.

After that encounter with Chinese colleagues, he visited China very often and offered a lot of seminars, training courses and speeches in various conferences. I heard about Prof. Tseng and his works for the first time through my supervisor when I received my training in cross-cultural psychiatry as a postgraduate student for master degree in the West China Medical University in 1980s. When I was studying as doctor-candidate at Heidelberg University in Germany, I tried to integrate my interest in cross-cultural psychiatry into my research on family dynamics and family therapy. Therefore, I contacted Prof. Tseng and got a book, *Culture and family - Problems and therapy*[1], co-authored by him and his wife, Dr. Jing Hsu[i]. I met Prof. Tseng in China for the first time in 1994 when I participated in a training course on psychotherapy held by the 6th Hospital of Beijing Medical University (now, this hospital is the 6th Affiliated Hospital of Beijing University). In 1999, I had an opportunity to meet Prof. Tseng in Hawaii, when he was engaged in writing Handbook of Cultural psychiatry[ii], which was later proved to be a very influencing work in the field of cultural psychiatry. What made me deeply touched and grateful was that, although he was very busy, he still gave me a warm reception and introduced the outline of this work to me.

These early experiences with Prof. Tseng had intensified my interests in cultural psychiatry and psychotherapy and finally set a foundation for me to pursue cultural psychiatry and psychotherapy as my major academic fields.

Shortly before World Expo 2010 in Shanghai, Dr. Tseng came to China to attend the International Conference: Cultural Diversity, Social Change and Mental Health, held by WPA-TPS and co-sponsored by the Chinese Society of Psychiatry. It was the last time he came to China. As the honorary chairman, he gave an impressive key-note speech entitled Development tendency of cultural psychiatry in the world: matters related to China[iii].The central idea of his presentation was listed as follows:

①Rather than focusing on special groups like minorities and immigrants, Cultural psychiatry should be a subject for all the people and societies in the world .

②To facilitate medical service, cultural psychiatry is useful and helpful for all medical staff including psychiatrists, physicians, surgeons and so on.

③To improve wide application of Cultural psychiatry in the world, more empirical researches and development of theories are needed.

His speech clearly showed why he preferred to use *cultural psychiatry* than *cross-cultural psychiatry* in recent years. From his point of view, cultural psychiatry is a more comprehensive and a useful knowledge system worth much more attention than cross-cultural psychiatry that aims mainly to explore exotic psychiatric problems of other nations from the perspective of the Western people. In other word, what Dr. Tseng has done made cultural psychiatry a more general subject in the field of Psychiatry.

Thanks are due to Dr. Tseng for his great efforts to provide Chinese psychiatrists a larger stage where we can exchange our experiences and views with the colleagues from other countries and make our voice heard by the outside world, which is further building a new image of psychiatry in China. For a long time, he kept motivating and recommending Chinese colleagues, especially young psychiatrists to join many academic activities to heighten their academic level. With his efforts and help, many Chinese colleagues have got the precious opportunities to join or even take positions in several international academic organizations like Transcultural Psychiatry Section of the World Psychiatry Association and World Association of Cultural Psychiatry.

What made us deeply moved was that the first congress of World Association of Cultural Psychiatry was held in Beijing. In order that Chinese colleagues would be able to attend the following two WACP-congresses in Italy and London as well as the World congress of Psychotherapy of IFP in Switzerland, he himself arranged and took part in several symposia for the Chinese psychiatrists that attracted many audiences. What Dr. Tseng did represented his ardent expectation of and devotion to the development of psychiatry in China.

I will never forget the last time working with him for the preparation of the 3rd WACP conference in March 2012. With our efforts, there were up to 16 Chinese colleagues who got the opportunity to present at the congress. Unexpectedly, it was the last guidance we received from Dr. Tseng, which was as helpful and kind as before. Every time I recalled this experience, I fell into deep grief over his passing.

As a Chinese psychiatrist who received much attention and guidance from Dr.Tseng , I feel it is my responsibility and honor to spread Dr. Tseng's thoughts, and I sincerely hope that more people would read his works.

2. The writings of Prof. Wen-shing Tseng

Dr. Tseng published many books on cultural psychiatry and psychotherapy. As listed in his autobiography, *One Life, Three Cultures: Analysis of personality development from perspective of Chinese, Japanese and American culture*[4], there are 72 books (44 in Chinese, 3 in Japanese, 15 in English) authored or co-authored by him, including those books co-authored with his wife, Dr. Jing Hsu.

Besides, there are still many other books he had edited or he had contributed chapters, but he had not listed in this list. For example, he contributed chapters to two important books published in Taiwan in later 1970s to analyze Chinese personality and Chinese character from the perspective of psychoanalysis. These two books were results of a very influential interdisciplinary discussion about the issues of indigenization of psychology in Chinese culture. In 1990s, he edited Mental Health and psychotherapy of China[5] to reflect the brilliant thoughts, practices and researches in mental health area in Mainland China, Taiwan and Hong Kong.

Judging by titles, many of his early writings were more comprehensive and basic, including teaching materials and books about psychiatry or psychotherapy. They were used mainly for popularization of mental health. His English writings are mostly specialized in culture psychiatry. Before 21st century, his books were mainly about culturally relevant issues in Great China Cultural Circle and Asia-Pacific region. But the books published in recent years were much more generous and globally-oriented so that he had been seen gradually as one of the world-wide leading figures with vision and systematic theoretical construction.

From a horizontal point of view, the different languages, themes and styles of his works at different times represented interestingly the cultural and societal impacts he had experienced in different cultures. From a vertical point of view, they reflected actually the immense progress of cultural psychiatry and psychotherapy, as well Dr. Tseng's increasing academic influences in these fields.

As far as the cultural and social differences concerned, we should address the fact that psychiatry and psychotherapy were not widely accepted by Chinese people as they were in the western

countries. Therefore, when Dr. Tseng returned back to Taiwan after his resident training he received in later 1960s at the Massachusetts General Hospital of Harvard Medical School in Boston, he felt strongly pushed to introduce theories and practices in psychiatry including psychotherapy in modern countries to Chinese people in Taiwan. Afterwards, considering many colleagues in Mainland China might have the same strong learning desire, he also initiated many academic activities we, the Mainland Chinese psychiatrists, could learn systematically. He was a diligent, persistent person with insights and vision and started his aca-demic life from the field familiar to him, and then, as the old saying, '*many a little makes a mickle*', he had made a great impact on the academic fields as a whole. His career is definitely a course from quantitative accumulation to a qualitative change, in the sense that his transition could be seen as a process from an expert focusing on the Eastern culture to a globally well-known scholar in cultural psychiatry.
I've have many books of Dr. Tseng and read some of them intensively, but most of them haven't been even glanced at. Thus, I felt very sorry and had strong desire to learn more about his life by reading his works after his passing away. I read his autobiography in two consecutive nights. From his vivid description, I saw the efforts he had made in all those years to become an outstanding expert in this field, and the deep touching also brought my heart close to his.

Another experience making me a little relieved was that I was honored to be assigned to comment his articles about two years ago, when Dr. Tseng was invited by the Chinese Mental Health Journal to write a series of reviews focusing on the issues such as epistemological controversy in psychiatry, training of psychiatrists and history, status and future of cultural psychiatry. [6/7] For his article, *Descriptive Psychiatry And Dynamic Psychiatry*, my first comment was devoted with the title *Two Roads, Two Rails and Two Wheels of Psychiatry*. For his articles about training and cultivation of psychiatrists and psychotherapists, I wrote another comment entitled *The Thoroughly Tempered 'Psychological doctors'* .

Dr. Tseng's articles and my comments were all related to the so-called *'paradigm shift'* and fundamental issues regarding construction and development of psychiatry in China. I appreciated much that Dr. Tseng had insight into the key issues that prevent psychiatry in China from a balanced and rapid development. He was much concerned with the overwhelming but development of biological psychiatry, not mention the terrible over-usage of drugs. Therefore, he had been trying to do something useful for China. While many people see such efforts as the ones of *Don Quijote de la Mancha*, there are still a few people who are willing to follow Dr. Tseng and to do such things, like the *labour of Sisyphus.*

At this point, I'd like to cite some sentences from my comment to express my respect toward Dr. Tseng's inspirations to Chinese colleagues:

We can't work on psychiatry segmentally. Psychiatry should be like the high-speed railway with a pair of rails. Clinically, no matter what kind of mental disorder the patients are suffering, they need the doctors who have balanced knowledge and skills to diagnose, to treat and rehabilitate. Therefore, all psychiatrists should have the knowledge and the sense of culture besides the capability of bio-medicine, and they should be able to do psychotherapy, in order that they can move forward like train running on two rails with two wheels coordinately.

I understand that this is Dr. Tseng's expectation. We believe that it would be realized someday.

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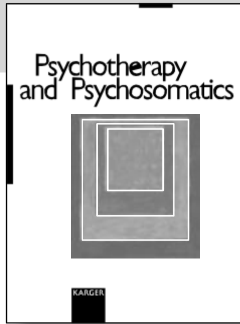

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