

# Chapter 11

## *Single Session Therapy in China*<sup>1</sup>

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*“A journey of a thousand miles begins with a single step.”*

—Lao Tzu (Chinese Philosopher, 6<sup>th</sup> Century B.C.)

My journey into the practice and research of single session therapy (SST) began in 1995 after I started reading about the advent of this new form of clinical service delivery and the pioneering work of Drs. Moshe Talmon, Michael Hoyt, Robert Rosenbaum, and Arnold Slive. I was a brief therapist trained in the tradition of the Mental Research Institute (MRI), doing my best to follow in the footsteps of luminaries such as Don Jackson, John Weakland, Jay Haley, Richard Fisch, and Virginia Satir. Later that year I accepted a post in Canada and moved from Virginia to Calgary to work with Dr. Slive and his colleagues who had created a walk-in single session therapy service at the Eastside Family Therapy Centre (see Chapter 10 this volume). I worked there for one year with Dr. Slive and his colleagues, seeing hundreds of single session cases and conducting research on client satisfaction, help-seeking behavior, and the factors that influenced the change process in the walk-in single session service they had created (see Miller, 1996; Miller & Slive, 1997, 2004; Miller, 2008). I was inspired by the many cases I saw in which significant change was accomplished in these single session interventions. After my time at the Eastside Family Centre, I have spent much of my career looking for various ways to overcome the barriers to therapy services that I have witnessed in the U.S., Canada, and throughout the world. This has included “relationship check-up” services developed at the University of Oregon (Miller, 2000), a “healthy nests” project (also at the University of Oregon; see Linville, Todahl, & Miller, 2008; Todahl, Linville, Miller, & Brown, 2009) wherein we offered short-term consultations to new parents; single session therapy services offered after a catastrophic disaster (e.g., Hurricane Katrina; Miller, 2006, 2011a); Internet-based groups reaching out to people who had suicidal thoughts (Miller & Gergen, 1996) and Internet-addiction problems (Su, Fang, Miller, & Wang, 2011); and single session therapy projects for traumatized people in Mexico City and Cambodia in collaboration with my colleague, Dr. Jason Platt (Miller & Platt, 2013; Miller & Tarragona, 2012; also see Chapter 12 this volume).

Eventually this pursuit led to more international interests, as it seemed to me that a single session focus may have special appeal in countries where the concept of therapy was still

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developing, and the populace may be more open to SST over more traditional, longer-term, and Western modes of treatment.

In 2005, I began traveling to mainland China to teach and collaborate on research regarding clinical delivery and family therapy in the rapidly developing Chinese context. I have been interested in China since my childhood. My father was a chemistry professor who had many mainland Chinese graduate students come to work with him in the 1970's when it was fairly rare to have students from China come to the United States. In 2008, I was awarded a Fulbright Senior Research Scholar award from the U.S. Department of State to live in China and develop and conduct a single session therapy offering in Beijing in collaboration with the faculty and staff at Beijing Normal University (BNU). Under the leadership of Dr. Xiaoyi Fang, the Institute for Developmental Psychology at BNU had developed one of the flagship graduate programs in psychology in China. The faculty, staff and graduate students welcomed the chance to collaborate on the project. During my year in China we developed a walk-in (and well as by appointment) single session therapy offering. The project was a clinical service, an intercultural collaborative training venture, and a research project about client experiences with the service. The following details our experience developing the service, the types of problems we were brought, and how we tailored our understanding of SST practices to fit the Chinese context.

### ***Psychotherapy in the Contemporary Chinese Context***

Of all the various types of available therapy services possible in the developing Chinese context, family/interpersonally-based, short-term, problem-focused, brief, and directive approaches have had the greatest appeal and acceptance among the people. This is likely due to unique aspects of Chinese culture such as “filial piety” (*xiào*), a Confucian virtue that includes a central value of respect for parents and family ancestors. Individualistic models of therapy are less relevant in the Chinese context given the Chinese cultural value of collectivism, a concept that recognizes the interdependence of every human being. Generally speaking, Chinese culture values helping professionals who are directive, expert-based, and oriented to solving the problem quickly and pragmatically (Miller & Fang, 2012; Liu, Zhao & Miller, 2012; Liu, Miller, Zhao, Ma, Wang, & Li, 2012). The single session therapy methods I had been practicing since 1995 seemed to be an ideal fit for the emerging field of therapy in China and the preferences of most people seeking services there.

### ***The Problem of Clinical Service Delivery Internationally***

Despite the Chinese government's concerted efforts to expand and promote therapy services in China, most people who would likely benefit from therapy do not attempt to access the services that are available. Recent studies have revealed that while 178 million Chinese people suffer from some mental-health issue, the overwhelming majority have received no counseling or professional services even though in most situations counseling would likely help. In China, the importance of maintaining reputation and social standing or “face” (*mianzi*) is likely to prevent some people from seeking help for fear of losing respect. The World Health Organization (WHO) and other similar globally-oriented agencies have reported that the worldwide mental-health system is plagued with more barriers to services than any other

branch of health services. Three main barriers prevent people from seeking help: (1) stigma, (2) accessibility, and (3) cost. Research has demonstrated that SST has the potential to overcome some of these barriers in that the approach is strengths-based (low stigma), highly accessible, and cost-efficient (usually free for clients—paid for by a university clinic, agency, or the government). Also, there is evidence that, while traditional therapy practices have a harder time getting males to access services, males are more likely to utilize an SST service. Likewise, many people who have used an SST service reported that they would not have typically approached more traditional therapy services, but were attracted by the brief, “hassle-free” consultation-based format of SST. Many of these people reported that this was their first therapy experience and that now that they had some exposure to what therapy was really all about, that they would be much more likely to use other therapy services in the future. Of those that came to the service, the majority said they felt that counseling services were not easy to access in their community and that there is a stigma associated with therapy. The project described here is one effort to overcome apparent barriers to therapy service delivery in China.

## ***Introduction to the Walk-In Single Session Therapy Project in Mainland China***

The service we developed in Beijing was a walk-in, single-session, family-oriented (systemic), collaborative, and action-oriented therapy. The philosophical approach and accompanying techniques that the service was based upon have been presented in more detail elsewhere (Miller, 1996, 2006, 2008; Miller & Slive, 2004), yet warrant a brief description here for the reader who may have an interest in developing a single session service in an international setting.

Like many of the SST offerings described in this volume, our service was designed to provide as much help as possible in a single meeting. Although the goal of the project was not to solve all the problems that people brought to us in the one meeting, the general aim was that this one meeting might provide a valuable first step in the change process. Our hope was that people who would not normally consider accessing services would approach *this* service because it was immediately available, hassle-free, and offered at no cost. All the therapists and researchers volunteered their time to the project. We predicted that most people who would come to the service would have little or no history with therapy and that this one experience might help demystify the concept of therapy and provide a favorable taste of it so that those who felt they needed more services would be more likely to attempt to access them in the future. The service was offered at the training clinic at the Institute for Developmental Psychology at BNU, which also has a more traditional individual and family therapy clinical service that any returning clients were welcomed to visit. The clinic had several therapy rooms and an observation room where a group of up to 10 therapists/supervisors could observe the session. All sessions were supervised by the author and occurred in Chinese. A translator (Chinese-English) was available for every session. A 5-step team approach was used with all sessions, and this approach often involved the team going into the room to talk with the clients toward the end of the session if the client(s) consented. The five steps of the session included:

1. a pre-session, based on the available information, to discuss the case before the client(s) entered the therapy room
2. session part 1, where the therapist learned about the problem and what the clients wanted from the meeting
3. a session break, where the therapist consulted with the team
4. session part 2, where the therapist concluded the session with the clients
5. a post-session meeting, where the therapist debriefed the session with the team and received supervisory feedback

After the session clients were also invited to meet in another room with a researcher not involved in the team or therapy, who asked questions about the clients' experiences and views of the session.

Most clients welcomed feedback from the team. I have been conducting this type of therapy in the U.S. and Canada for the past 20 years, and my sense was that the clients in this Chinese project welcomed the team feedback even more so than is typical in North America. This may be due to the Chinese value of seeking expert advice and feedback regarding problems. The team stance was collaborative, and was oriented to providing the clients with a useful outcome at the end of the session based on what the clients were seeking in the consultation. All of the therapists in the project were advanced Chinese graduate students trained at BNU to conduct systemically-based individual and family therapy. Most were bilingual (Chinese and English). All 10 therapists who volunteered to provide services attended an 8-hour training regarding best practices in a single session service. The therapists in the project hailed from a variety of therapy traditions, but all were systemically trained with at least two years of experience as a therapist. The 8-hour training included role-playing of simulated cases with feedback from the author and Chinese supervisors throughout the process. All therapists participating in the project had to be approved by the Chinese supervisors before seeing cases in the service.

As is common in most single session offerings, we tried to make the most of every contact with the client, including the first phone call. Clients were solicited through advertising and announcements around the campus community and in local newspapers. The notices gave a brief description of the service, and were designed to be appealing, welcoming, and non-stigmatizing. The response to the service was overwhelming, and while we had only planned to offer the service for two months, we had to extend it to three months to see all the clients that called or walked-in requesting a session. We designed a special set of documents for the project that was tailored to the single session nature of the service. This included phone intake documents, "lobby" intake documents, and custom session note forms, etc. The forms were created with intentionality with regard to the limits of the single session. Questions included:

1. *"What are your thoughts about how we might be helpful today?"*
2. *"Is there a specific problem you would like to address today?"*
3. *"If you have been to counseling in the past, what do you remember as useful or difficult?"*
4. *"What are strengths and resources in yourself or your relationship?"*

All forms were translated into Mandarin Chinese (the most common dialect in China).

## ***Themes and Common Problems Brought to Single Session Therapy***

During the project, our team conducted over 50 single session therapies. The cases were either walk-in or, if requested, by appointment. (About half of the cases were walk-in; the others requested an appointment.) Our group saw a wide variety of cases and presenting concerns. The following three vignettes highlight several common types of issues that were brought to us. As discussed in the comments following each presentation, each represents a unique aspect of therapy and therapy issues in the Chinese culture.

### ***Case 1: Po Xi Wen Ti – The “Mother/Daughter-In-Law Problem”***

*A heterosexual couple in their mid-twenties and the husband’s mother presented for a single session consultation requesting help with “communication” issues that have arisen between the three of them in the last year. During the first part of the session, the wife did the majority of the talking. She explained that the couple was married 3 years ago after they both graduated from college. They had their first child (a boy) one year ago. As is common in Chinese culture, the couple moved into the home of the husband’s parents after they married. Chinese families often have at least three generations living under one roof, sometimes four. The husband’s father passed away two years ago, a year after the couple moved in. The wife had only limited experience with her mother-in-law before moving in. It is interesting to note that in Chinese culture each position in the family-of-origin has a specific name. For example, in Mandarin, pópo indicates the husband’s mother, and xífù indicates the daughter-in-law. This specificity regarding family position (relative to the terms used in the West) indicates the Chinese emphasis on recognizing each member’s unique position in the family. The wife explained that at first the relationship between her and the mother-in-law was polite and friendly, but after the birth of the first child, the wife found that her mother-in-law was becoming more and more critical of her as a mother and a wife. The conflict that can arise between the pópo and xífù is commonly referred to in Chinese culture as the “po xi wen ti” which is roughly translated as “mother-in-law problem” (although some of the team members watching the case commented that from a systemic point of view it could also justifiably be called a “daughter-in-law problem” or a “mother-son-wife problem”).*

*Both the husband and wife worked outside the home, leaving the grandmother to take care of the newborn. In modern China, this arrangement is also very common for many families, where the younger working age members of the family work outside the home, leaving the children to the grandparents to raise. The husband’s job takes him away from the home more often than the wife’s job, leaving the two women of the house together more, and increasingly in conflict. The therapist’s goal in the first part of the session was to clarify the problem statement from each member of the family. After some prompting, the husband indicated that he was not sure why the two women he cared about could not get along with each other. He lamented about how hard he was working and that he felt increased pressure to perform in the family after the death of his father. Yet, he was fearful about getting caught in the middle so he had become less and less involved in the family, which he conceded probably made things worse. The mother-in-law indicated that she felt she was only trying to do what was best for the child and that it was her*

right to offer advice to the daughter-in-law and that she did not feel appreciated or that her opinion mattered. She felt it was the wife's job to help her take care of the child and accept her influence. The mother-in-law conceded that she felt a little offended and hurt that her daughter-in-law did not appear to value her opinions. The daughter-in-law seemed surprised to hear this and said that she did not mean to give this message and that she did value the mother-in-law's views.

The therapist asked if this type of thing had happened before and had it ever turned out in a more favorable way? They all agreed that it had gone well at first, before the father had passed away. They all agreed that in the past when conflict emerged in the house the father would get involved and that this helped resolve things more quickly. Also, the father was a strong support and his death had left a vacuum in the family. The family discussed the father's death, and how they had not really had a chance to fully recognize the loss. After a break in the session, the therapist returned to the therapy room to ask the family if they would like to hear feedback from the team directly (with the team coming into the therapy room to talk to the clients directly), which interested them all greatly. The team shared how they thought that one thing that they all seemed to share was a concern for the family as a whole, the welfare of the newborn, and deep affection for the recently deceased father. One team member reframed the situation as the family going through several challenges that would normally involve conflict between members. The team discussed how families might struggle to make all the adjustments that must occur when a couple marries, has a child, and grieves the death of the father. Recognizing all these challenges and normalizing the struggles that follow seemed to give relief to each family member. One team member noticed how they had reported that when the father was alive, he would get involved more and that this exception to the way the current situation was occurring may be important to consider. The team member invited the family to think about what the father might say to them all now as advice about how to deal with the current dilemma if he were here in the room. Finally, another team member discussed the importance of grieving, and wondered if the family had enough time to fully grieve given all that was happening. Once the team left the room, the family discussed the feedback from the team with the therapist, paying special note to the idea of thinking about what the father would say if he was here and could give them advice. The therapist pointed to an empty chair in the room and asked each, "What do you think he would say if he was sitting here with us?" Each family member took turns and shared what they thought he would advise. They all cried as they talked. They all agreed that his message would be kind, and would encourage them to work together for the welfare of the newborn. In concluding, the therapist suggested that they could have this same sort of conversation at home in the future, bringing the departed father's voice into the conversation. The family was welcomed to return to the clinic anytime in the future when they thought it might help.

*Comment: This brief case description highlights many of the useful elements of SST, as well as some unique characteristics of Chinese family life. The research in SST has demonstrated that what many clients say they appreciate about the single session is the ability to have an open conversation about issues, with an objective professional helping to keep things from getting too activated or stuck. Often these clients report that it was not possible to have the conversation they had in the therapy room on their own at home without it turning into an unproductive fight. They report that the neutral, safe, therapy*

space allows them to have a new type of conversation with one another, which allows for important new insights, understandings, and behaviors to occur.

This case also highlights one of the most important virtues in Chinese family life, that of “filial piety.” Filial piety is considered the first of among 100 virtues that Confucius prescribed as the foundation of social harmony. The concept is one of family honor, where younger members of the family show their respect for the older generation by taking care of them and accepting their influence as they grow older. Yet in modern China, this virtue is being challenged with pressures such as rapid urbanization, the mass migration of the young people from the farm life to urban settings, and the increasing elderly population who must be cared for by their only children. In this family, these pressures were clear with the demands on the daughter-in-law to accept the influence of the mother-in-law while also adjusting to her role as a new mother and as a professional (see Lim & Lim, 2012).

### *Case 2: The “4-2-1 Dilemma” and Academic Achievement*

A mother in her 40’s and her 18-year-old daughter presented for a single session consultation. The mother began the session by discussing her concern that the daughter was not doing well in school. The mother seemed very anxious about the daughter’s school performance, although it seemed that while the daughter’s grades had dropped somewhat she was still doing very well in school. The daughter sat quietly listening for the first part of the session as the mother shared her concerns. After some prompting by the therapist, the daughter shared her feeling of being under too much “pressure” and her general sense of worry and anxiety that had been growing since she came to the university. The daughter discussed how the transition had been difficult, especially her worry that she would not be able to continue to make the good grades she had when she was younger. The daughter also reported her worry about her parent’s constant attention to her, including daily phone calls, and probing inquiries which she felt had become more intense since she came to school. The daughter reported that her sense of worry and pressure had made her feel more and more depressed and she revealed that she had even thought about the meaningless of life. This was new information for the mother, who was alarmed and became more anxious and inquisitive. The therapist inquired further about this, and the daughter denied any self-harming thoughts or behaviors. The therapist asked the daughter to talk about her experiences of feeling under pressure, where those feelings came from, and what she thought would help.

The daughter told about how when she was younger and attending a school outside the city, she had been the best student in the class. This made her happy, as she was the “only child” of two “only child” parents, and that she felt she her academic success had brought honor to her four grandparents and two parents who all loved to brag about her. The daughter reported that when she was younger it was easy to make the top grades, but with each graduation to a new school she was competing more with those few other students from around China who were making the top grades in their classes. Her hard work had paid off when she took the gaokao, formally known as the “National Higher Education Entrance Examination” in China. Almost all graduating high school students take the gaokao each year, and the score they earn determines what university they will be able to attend. College is relatively inexpensive in China and the determination of what school a student is able to attend is highly influenced by the score the student earns on the gaokao. If their score is high enough, they are almost guaranteed a spot at a top school as well as financial support to attend. In essence, most people believe the score on this one exam is the most

*important factor that determines a student's success in life. The daughter had scored very well on the exam and was able to attend a top university.*

*Now, she was at a major university and competing with many other students who, like her, were all the top of their class when they were younger. In this environment, it was impossible for all the students that were once the top of their class to remain in this position. She also talked about the worry she had for her parents now that she had left the home. The mother agreed that she had missed the daughter since she had gone to college and that her absence in the house had made things more tense between her and the father. As their only child, the daughter had been the focus of their relationship since her birth and now that she was away at college there was a big hole in their lives.*

*The mother and daughter welcomed feedback from the team during the break in the session. The team complimented both the mother and the daughter for their concern for the feelings of the other, and their sense of respect for the larger family. They shared how it seemed to make sense how the mother would be anxious about the daughter's performance given her deep devotion to the daughter, and the entire family's investment in her doing well. The team also appreciated the difficult situation the daughter was in, with all the hopes and dreams of four grandparents and two parents leveled on her shoulders. The team talked about the value and cost of pressure, since it had come up so often during the session. Some team members talked about how some amount of pressure is useful to give someone enough energy and motivation to do a difficult thing. Yet there is also a "principle of diminishing returns." This principle states that for any two variables (like pressure and success) that as you increase one, the other increases as well. More pressure will often increase success, up to a certain point. Yet at some point the positive return from this relationship diminishes. Ironically sometimes the relationship seems to go the other direction, where more pressure actually decreases success. The team wondered if they had discovered this limit in the daughter's current situation. The team wondered if this was true, that it still might be very hard for the family to change given that they had all been working this way for a long time. Yet the team encouraged them to consider this point and experiment with lowering pressure. Finally, the team discussed the definition of "success" for the family, and wondered if they had openly discussed the various ways (beyond grades) that someone might be successful. They encouraged the mother and daughter to share this discussion with the father, and perhaps even the grandparents.*

*After the team left the therapy room, the mother and daughter both agreed that they felt they had reached the "diminishing returns" of pressure on the daughter's academic success. They discussed with the therapist various ways to lower pressure for the daughter, and the daughter was able to offer her own thoughts about what would help. They both agreed to share their thoughts about the conversation with the father the next time they had a meal together. Also, the mother discussed ways to lower her own anxiety and pressure about what was happening, which may include more involvement with her husband.*

*Comment: This case also highlights several elements of SST that clients often say they appreciate about the session. The clients seemed to be caught in an "attempted solution as the problem" type of situation. Everyone was applying more pressure to the daughter (including the daughter herself) which previously had made things better, but was now making things worse. Many clients caught in this situation*



continue the same “attempted solution” because the story that they have to explain what is happening does not allow for other alternative “attempted solutions” and they are worried if they stop that things will get worse. The introduction of an “alternative story” to explain what is happening can be a powerful force in opening up new opportunities for the family to try new possibilities that may alleviate the process that maintains the problem. As in the previous case vignette, the session was useful for the family in that it provided a neutral place with a trained professional that would help everyone express themselves without things getting stuck or becoming too out of control. The team was able to normalize what was happening, and compliment everyone for doing what they thought was best. Finally, the team encouraged the family to activate some of their currently existing resources (the larger family unit) in helping address the problem of “diminishing returns.” Many clients report that the SST sessions are helpful in that the session helps activate these currently existing resources.

This case also highlights several aspects of Chinese family life that are relevant for the therapist practicing in the Chinese context. The “4-2-1 dilemma” is getting more attention in Chinese society (see Miller & Fang, 2012; Miller, 2012), with the history of China’s “only-child” policy producing the unintended consequence of a whole generation of only children getting married to each other and producing an only child. In an environment of “filial piety” it is easy to see how the pressure from four grandparents and two parents on a single child may produce too much pressure for the young person. It is interesting to note that while in the U.S. the most commonly reported presenting concern for therapy is “depression,” in China, the most common complaint I have observed over the past decade is “pressure.” The difference is perhaps subtle, yet may lie in the differences between an individualistic society like the U.S. and a collectivist society like China. In one situation, happiness and pain may be thought of as emanating from the inside the individual. In another situation, these may be thought of as phenomena that are pressed in upon the individual from the outside.

### Case 3: “Flash Marriage” and “Flash Divorce”

A heterosexual couple in their late 20’s presented for a single session with concerns about their marital relationship. The couple had married 2 years ago, and reported that there had been more tension in the relationship in the last year. The therapist inquired about their fighting and what the conflict was about. The couple reported that they had married after a short courtship (4 months) and didn’t really get a chance to know one another fully before getting married. They both talked about pressure from their families to get married, but they now felt that their courtship was too fast. They argued often about money, household responsibilities, and their relationship with their parents. Their disagreements had reached a crisis point during the last Spring Festival, when they traveled to the husband’s home to visit with his family but were not able to visit her family because there was not enough time and her parents lived in a different region.

The Spring Festival (or Chinese New Year celebration) occurs in late January or early February, and is perhaps the most important family holiday in China. Each year in China, much of the population makes a pilgrimage back home to visit with their families of origin to celebrate the coming of Spring. The Spring Festival is also a time to remember and celebrate the family ancestors. With China’s 1.8 billion people, each year the Spring Festival migration sets a new world record for the number of people making a migration. In contemporary China, this

migration is increasingly younger people who have moved to the bigger cities for work returning home in the countryside to see their families of origin.

The husband's parents were critical of the wife during the visit, implying that she was not doing her duty in the family and taking care of their son properly. She felt they were pressuring her to be less career focused and stay home and devote herself to starting a family and taking care of her husband. Yet the wife felt that financially there was no chance that they would be able to afford for her to stop working with the high cost of living in the city. They both reported that things had not been very happy between them since the visit home for the Spring Festival and that she felt increasingly unhappy in the relationship and was now considering divorce. The husband said he did not want to divorce, but conceded that it was a very unhappy situation and he did not know what to do. They reported that the therapy session was the first time they had been able to talk about the conflict directly because when they brought it up at home the conversation would immediately escalate into an unproductive fight with each eventually retreating to a separate room.

The couple welcomed feedback from the team who entered the therapy room during the break and talked to the couple about the tremendous pressure on both of them from work and family. One team member talked about the importance of some amount of disagreement early in the relationship so that certain issues in the relationship can get worked out. The team normalized this tension as a typical process for new couples, and wondered if they had enough time in the relationship to work out these issues given their relatively short courtship. Perhaps before making a decision about divorce, they could spend some time deciding what they needed to know to make a good decision about the future and what they would want to have happen? Since both had reported that the therapy conversation had allowed for a new type of discussion to occur between them, the team recommended that they return to consult with one of the therapists at the clinic so that they could make the best decision for the future. The focus of the team was not to keep the couple together or help them to part, but to help them make a good decision about what to do next since it was such a big decision. The couple agreed to this plan and scheduled another appointment at the clinic for the following week.

*Comment:* This session involves several aspects of SST that are often reported by clients as useful. The couple had reached a gridlock in the relationship where they were no longer able to communicate productively about the tensions in the relationship. The single session opened up new conversational space between them where they were able to discuss the relationship issues without escalating into conflict. Many clients report that the therapy session provides a neutral space for them to talk things out more calmly with an objective party (the therapist) to help guide them and regulate conflict. This conversational space can be an important starting place for people to begin to get the relationship issues on the table. For this couple, more sessions seemed warranted given these dynamics. The goal of future sessions would not be to keep them together or break them up, but to help them get the issues out and assist them in making the best decision possible.

The session also highlights a unique aspect of couple therapy in China. The divorce rate in China has rapidly increased over the last few decades, going from 25% in 1999 to 39% in 2006 to even higher today. Many social scientists attribute the rapid increase in divorce to a typical process for a developing country that is rapidly modernizing and enjoying more affluence. In the past in China people needed to get

*permission from their employer to get a divorce; the laws have now changed to simplify the process of divorce. Personality conflicts are also commonly cited as reasons for marriage dissolution in urban cities with 50% of couples in urban settings divorcing after 7 years of marriage. These changes have led to a new social phenomenon among the younger population in China, “flash marriage” and “flash divorce.” These terms were coined in the last decade to denote the large numbers of couples that marry after a relatively short courtship (7 months or less) and often subsequently divorce. The pressure to marry sooner is often fueled by financial pressures and family-of-origin pressures. There is a wide concern in China about the rapid societal changes with regard to marriages and divorce (Miller & Fang, 2012).*

## ***Client Feedback Regarding the Single Session and How to Open Up Services***

At the conclusion of each session all clients were invited to fill out a survey and participate in a debriefing interview with a separate researcher that asked about their experiences and opinions about the service. The intent of the survey and the interview was to find out if the services had been helpful; clients' views about help-seeking behaviors in China; the usefulness of the single session; what was helpful about the session (if anything); and recommendations to improve the service. Almost all of the clients completed the survey and interview at the conclusion of the session. When asked if the single session had met the client's expectations, 81% indicated that it had met their expectations. No clients indicated that it did not meet their expectations. When asked if the one session was useful to them, 79% of the clients indicated that the session was useful, while 21% were neutral on this question. None of the clients indicated that the session was not useful. When asked if the single session alone was sufficient to address the concern they had brought to therapy, 56% indicated that it was sufficient, while the remainder indicated they would likely need more help. These findings roughly match the findings of similar studies conducted throughout the West.

Respondents were also asked about what they thought would improve access to counseling in China. The majority indicated that counseling services were not easy to access in their community (66%) and that there is a negative stigma regarding counseling in China (93%). When asked their opinions about what would make it more likely that people would seek counseling help in China, many talked about the need to have a better sense of who is qualified to provide services and how and where to find proficient therapists. They also discussed the need for some therapist regulation to ensure that the provider is well trained and able to provide competent help. This issue regarding therapist competence and the concern potential clients have about how to find a competent therapist has also been raised in many studies in the West regarding barriers to service (U.S. Department of Health and Human Service, 1999; Miller, 2005; Miller, Todahl & Platt, 2010; Miller, 2010). When asked what was helpful about the session, many clients discussed the objective, professional suggestions made during the session by the therapist and the team. The responses seemed to support the supposition that many people in the Chinese culture prefer a more expert-based service where direct suggestions are given.

## *Concluding Thoughts about Western Therapy in the Chinese Context*

### *The Ethics of One-Way Exportation: The Importance of a Two-Way Exchange*

Much of the practice of therapy in China today is the result of collaborations between Chinese therapists and Western influences. Like many things, this has the potential to produce both positive and negative consequences. The Chinese culture is one of the oldest continuously existing civilizations on the planet and by virtue of its longevity and contiguity, it would be hard to argue that has not been successful. As Western concepts and methods continue to influence Chinese culture, it will be important to keep in mind the natural healing methods and processes that already exist in the Chinese culture and do everything possible to preserve them. A true give-and-take, mutually influencing and influenced environment, will be more healthy for all involved than a one-way delivery of information (from West to East). Chinese family therapy leaders like Dr. Xiaoyi Fang at Beijing Normal University, Dr. Wai Yung Lee at the University of Hong Kong, Dr. Xudong Zhao and his colleagues and students at Tongji University in Shanghai, and Dr. Joyce Ma and her colleagues at the Chinese University of Hong Kong are a few of the important scholarly groups that strive to utilize Western methods of therapy while also preserving, recognizing and promoting Chinese ways of knowing and healing (see Liu, Zhao & Miller, 2012; Liu, Miller, Zhao, Ma, Wang & Li, 2012; Ma, 2012; Miller, 2011b, 2012; Su, Fang, Miller, & Wang, 2011; Yuhong, Zhao & Miller, 2010). The world of therapy and the clients we serve globally will greatly benefit from our efforts to promote genuine two-way exchanges of knowledge and healing traditions.

### *The Danger of the Single Story of China*

China is a rich tapestry of cultures, ethnicities, and traditions. Far from being one homogenous group, Chinese culture represents over 56 clearly identifiable ethnic groups speaking 129 different languages, excluding dialects and sub-dialects (Miller & Fang, 2012). Yet it is common for many in the West to perceive China as a single cultural group. This is a serious over simplification of a complex and rich culture and peoples. One of the first things I learned when becoming a therapist was not to treat an individual within a group as if they were the whole group that they belong to, nor treat a whole group of individuals as if they could be represented by a stereotypical single individual. My year living in Beijing, and my near decade of work across China, has taught me this basic principle of therapy is especially true when thinking about the wonderful and complex Chinese peoples and culture. To this point I am inspired by the words of the novelist Chimamanda Adichie in her now famous 2009 TED talk about the *Danger of the Single Story*. During her talk she recognizes that we and the groups we belong to are composed of many interlaced stories and that if we hear only the single story of another individual or group we hazard a critical misunderstanding; and that when we reject the single story of a culture (or individual) we can “regain a kind of paradise.” As the title of a brief therapy book (Hoyt, 2000) has it, “*Some Stories are Better than Others*,” and in China and around the world we can often help clients find their “better story” in one session.

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