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Title: Systemic family and couple psychotherapy in China: A qualitative analysis of therapy process

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Corresponding Author: Dr. Xudong Zhao, M.D.

Corresponding Author's Institution: Tongji University

First Author: Liang Liu

Order of Authors: Liang Liu; John K Miller; Xudong Zhao, M.D.; Xiquan Ma; Jikun Wang; Wentian Li

Abstract: Objectives: Although the procedure of systemic family and couple therapy has been extensively researched in western culture, few studies on this subject have been conducted in China. The aim of this study was to specify the therapy-delivered interventions in Chinese systemic family therapy, and to explore the difference and similarity between western and Chinese therapy models.

Design: A qualitative and exploratory research approach was taken in which Thematic Analysis was used to analyze the transcribed psychotherapy videotapes with Chinese families and couples.

Methods: 36 hours of video-recorded systemic family and couple therapy sessions from 18 Chinese family cases were purposely sampled. Thematic analysis was used to analyze the transcribed therapy dyads and identify therapist-generated interventions in therapy. Frequencies of different interventions were counted and Correspondence analysis was used to reveal the corresponding relationships between different interventions.

Results: Analysis led to two main themes related to therapists-delivered interventions: therapy technique and therapist's intention. 15 types of intentions were included in therapists' intention and therapy technique involved 16 categories of techniques. Correspondence analysis indicated that therapists' intentions changed across different therapy stages and specific techniques were used to achieve corresponding goals.

Conclusions: Chinese systemic family therapy procedure is mainly adherent with the Milan and Post-Milan systemic family therapy models with cognitive-behavioural, experiential and solution-focused family therapy models as well as psychodynamic approach integrated within a broad frame work. Influence of Chinese collectivism culture on the therapist's interventions is discussed and some directions for future research are suggested.

Running head: systemic family therapy in China

Systemic family and couple psychotherapy in China: A qualitative analysis of the therapy process

Liang Liu[1], John K. Miller[2], Xudong Zhao[3]*, Xiquan Ma[4], Jikun Wang[5] and Wentian Li[6]

[1] M.D.candidate, Psychiatry department, Medical School of Tongji University, Shanghai, China. Email: alukaduo@hotmail.com

[2] Ph.D, Fulbright Senior Research Scholar (Beijing, China), Department of Counseling Psychology and Human Services, Couples and Family Therapy Program, University of Oregon, Eugene, Oregon, the U.S.A

[3] M.D., Medical Professor, Psychiatry department, Medical School of Tongji University, Shanghai, China

[4] M.D.candidate, Psychiatry department, Medical School of Tongji University, Shanghai, China.

[5] M.D.candidate, Psychiatry department, Medical School of Tongji University, Shanghai, China.

[6] Psychiatry department, Medical School of Tongji University, Shanghai, China.

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*Requests for reprints should be addressed to Xudong Zhao, Post box 244, 1239 Siping Road, Yangpu District, Shanghai, 200092, China. (e-mail: XudongzhaoLL@gmail.com, Tel:862165988874).

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Introduction

Systemic family therapy in Chinese context

Naturally occurring forms of therapy have arguably existed in China for centuries. Yet in the last three decades, when China's economic and political reforms promoted a engagement with western scientific communities and revitalized Chinese psychology (Li et al., 1994), what is commonly considered as Western psychotherapy has grown dramatically.

As a psychotherapy model, systemic family therapy was formally introduced into China mainland in October 1988 by Helm Stierlin and Fritz B. Simon, two psychiatrists from Heidelberg University. In the "German-Chinese Symposium on Psychotherapy"held in Kunming, a southwestern city in China mainland, Stierlin and Simon introduced systemic family therapy to about 40 Chinese psychiatrists and psychologists. Since then, systemic family therapy has witnessed tremendous growth. Nowadays, systemic family therapy emerges as one of the most popular psychotherapy models developing in Chinese context (Miller & Fang, in press). Some contended this was due to the Chinese cultural value of family and collectivism (Ho, 1987; Hsu, 1985, 1995；Miller, 2010), and family therapy, with its emphasis on family and interpersonal issue, has special appeal in the Chinese culture (Miller & Fang, in press) because it is congruent with the Chinese family-oriented culture.

In China mainland, systemic family therapy has been proved more effective when compared with no-psychological treatment control groups and sole-psychiatric-medication approaches for a variety of clinical difficulties, including

schizophrenia, sexual problems, emotional disorder, neuroses, eating disorders, conduct disorders, tics disorder, drug abuse, and psychosomatic disorders (He, 2008; Hu, Wang, & Fu, 2007; Li, Xu, & Zhao, 2004; Lu, 2005; Yang, Zhao, Tang, & Xu, 1999; Zhang et al., 2006; Zhao et al., 2000). In nonclinical settings, systemic therapy theory has also shown its efficacy on children's school problems (Li, Li, & Zhao, 2006; Li, Li, Zhao, & Su, 2003).

Despite of the abundance of the empirical literatures indicating the efficiency of systemic family therapy in China, methodological limitations still exist. In order to increase the validity of comparative therapeutic outcome trials, the specification of interventions used should be clearly defined. However, prior studies defined the assessed psychotherapeutic model as 'systemic family therapy' with few words to describe and specify what exact interventions and components were prescribed in the research (Hu, Wang, & Fu, 2007; Li, Li, Zhao, & Su, 2003; Lu 2005; Zhang et al., 2006; Zhao et al., 2000). As a result, the multitude of definitions of what constitutes effective interventions can be confounded (Asen, 2002).

Moreover, in recent years nearly all the manuals and handouts for the training of Chinese systemic therapists have been introduced from western literatures. These materials are criticized for lack of grounding in Chinese culture and real daily practice (Liu & Zhao, 2009).

The main reason contributing to the two problems mentioned above is the lack of systemic analysis and summarization of Chinese therapists' own representative practice. This gap in research is even hindering the popularization of systemic family

therapy in China (Liu & Zhao, 2009). So, the specification of Chinese own systemic family therapy interventions and components has become crucial.

Specifying family therapy process in western context

In western culture, across different family therapy models, specifications of cognitive-behavioural therapy have been extensively written. A large amount of cognitive-behavioral therapy techniques and methods, such as automatic thought records, behavioral experiments and behavioral homework applied to specific clinical difficulties have been standardized (Bennett-Levy, 2003; Bermudes, Wright, Casey, & Gabbard, 2009; Dudley et al., 2007; Leichsenring, Hiller, Weissberg, & Leibing, 2006; Tatrow & Montgomery, 2006). What follows is a kind of cognitive-behaviourally oriented family therapy model in which some specific interventions and strategies haven been specialized for certain difficulties (Dattilio, 2005, 2006, 2010; Kazantzis & Dattilio 2007; Tilden & Dattilio, 2005).

Beside the cognitive-behavioral oriented therapy model, other family interventions lending themselves to manualization are structural, solution-focused and attachment-based family therapy models (Messer, 2001). Minuchin's Structural family therapy is one of the most influential models in family therapy school. Minuchin and colleagues (1981, 1998, 2007) has published a plethora of literature describing the structural therapy procedure and also prescribed a "4-Step procedure" including expanding present complaints, exploration of the problem-maintaining interactions, structured exploration of the past, and exploration of related changing approach for a typical structural therapy process.

Comparatively, Attachment-based family therapy (ABFT) is a shorter and more

structured therapy model relying on Attachment Theory (Bowlby, 1970) and Contextual Family Therapy (Boszormenyi-Nagy & Sparks, 1984). Diamond et al (2003) specified this therapy procedure with 5 therapy tasks involving relational reframing, building alliances with the adolescent, building alliance with parents, reattachment, and promoting competency. Researches also indicated that therapists could follow the five tasks with a sufficient degree of fidelity (Diamond, Diamond, & Hogue, 2007; Moran, Diamond, & Diamond, 2005). Relatively, Solution-focused family therapy can be considered as one of the most manulized interventions in family therapy school. It specifically focuses on the family's strengths and successes, and helping the families develop useful skills to cope with current difficulties. DeJong and Berg (2008) edited a detailed handbook teaching therapists how to carry out a solution-oriented interview with the clients and their families.

Compared with the models mentioned above, researches specifying systemic family therapy interventions are relatively limited. As the cradle of systemic therapy, the Milan therapy group (Boscolo, Cecchin, Hoffman, & Penn, 1987; Jones, 1993) specified the main interventions they used such as reframing, circular questioning, neutrality and positive connotation according to their experience but has not prescribed a detailed procedure for their practice. Jones and Asen (2000) assessed the feasibility of producing a flexible manual for systemic therapy of depressive couples. However, their manual was compiled based on their subjective clinical experience and not on systemic analysis of the daily therapy practice. By analyzing representative systemic family therapy practice in United Kingdom, Pote et al. (2003) proposed that

prescribing systemic therapy into a specific, but not restrictive or rigid, procedure was feasible.. Nevertheless, all the therapists and cases in their study came from Great Britain and generalization of their conclusion to other cultures should be cautioned.

Current status of systemic family therapy process research in China

Compared with western countries, few studies focusing on summarizing and analyzing current representative systemic family therapy practice has been reported in mainland China. Relatively, researches in Hong Kong are much more developed. Ma and colleagues (2008) developed a semi-structural family therapy model for Hong Kong families suffering from anorexia nervosa basing on qualitative analysis on their own practice. Their study could be assumed as the first original study specifying Chinese family therapy process. Comparatively, nearly all the other literatures related to family therapy process published in China mainland are still limited to theoretical introduction and case report. Although Liu and Zhao (2009) analyzed qualitatively the subjective experience of 4 representative systemic family therapists in China mainland, no more studies on current clinical family therapy process have been found in China mainland.

This paper reports an exploratory research aiming at specifying the procedure of Chinese systemic therapy through qualitative analysis of current representative family practice in mainland China. The research aims at answering two questions: 1) what interventions do Chinese family therapists deliver? and 2) what are the difference and similarity between Chinese and western systemic therapy models?

Method

Sample

26 video-recorded family and couple therapy sessions, for a total of 36 hours, completed by 5 therapists from China mainland (marked as A, B, C, D, and E) served as the data for analysis. The sample was purposely generated from the therapy of 18 family cases using the following inclusion criteria: 1) that it was representative of the Chinese culture and family, 2) that it involved typical systemic therapy sessions, and 3) that the case's outcome was proved by follow-ups to be satisfactory. Equal time of 12 hours each from the beginning, middle and late stages of the whole therapy was also guaranteed. Among the 18 family cases, 14 accepted therapy services in the psychiatry departments of general hospitals located in three cities of China mainland and four were treated in community psychological-counseling organizations. The mean age of IP (identified patient, the family member who is indentified by others as a 'patient') at referral was 21.7 (SD= 8.9). Seven were males and eleven were females. See table 1 (at the end of the manuscript) for the families' demographic details. Before taking their video-taped sessions, each family was informed and signed a consent form. Ethical approval was obtained from the Ethic Committee of Tongji Medical School and no indentifying information has been included.

The five therapists were identified as some of the first family therapists in mainland China. Each had experience of over 20 years in systemic family therapy and were all acknowledged by the Chinese Psychological Society (CPS). The mean age was 48.4 (SD=4.8). Three of them were male psychiatrists, together with another female psychologist, working in the psychiatry departments of comprehensive hospitals. The remaining was a female psychologist who practiced mostly in university settings. All

the five therapists have had systemic trainings in the systemic-family-therapy training course conducted by the German Heidelberg group since 1989. Three psychiatrists mainly used systemic family therapy growing out of the Milan school (Boscolo, Cecchin, Hoffman, & Penn, 1987), and the other two psychologists applied an integrated therapy model of systemic and structural family therapy (Minuchin & Fishman, 1981).

Procedures

Boyatzis's (1998) Thematic analysis was adopted to identify the contents and categories of therapist-generated interventions in the therapy. Based on philosophy of social constructionist epistemology and overlapping with grounded theory, thematic analysis is widely used for identifying and reporting patterns and themes within data (Braun & Clarke, 2006; Fereday & Muir-Cochrane, 2006). In this study, the therapists' verbal and nonverbal interventions in therapy were coded and grouped into different categories by recursive comparison of their meanings and contents with each other, and then, major themes (categories of therapy-delivered interventions) were extracted from the analysis.

All the 36 hours of therapy sessions were transcribed into text by 5 undergraduate and postgraduate research assistants. Three M.D. candidates and one post-graduate student specializing in psychiatry worked as analyzers. At the onset of this study, each of them had practiced family therapy for at least 3 years. The 4 researchers were divided into two groups and transcripts of 18 hours were distributed to each group. The two researchers in each group codified the same transcribed sessions

independently.

Data analysis

In the first step, the analyzer read through each transcript several times to get an overall sense of the data. The second step involved identifying the basic elements of therapists' interventions and labeling them with initial codes. The researchers were aware of no preconceptions that might have biased the analysis. Afterwards, a comparison between the initial codes was made and the combinations of similar codes produced initial themes. Then these initial themes were compared with each other and clustering of similar themes was merged into one 'superordinate' theme following Patton's (2002) dual criteria judging categories of internal homogeneity and external heterogeneity. To ensure the themes remained grounded in the data, the transcripts were reread and marginal themes with poor support from the data were excluded. Along with the qualitative analysis, a quantitative component was also provided by counting the frequency of different themes, thus generating Correspondence analysis (SCA) to reveal the corresponding relationships between different themes.

Reliability and validity

In order to minimize researcher bias, the two researchers in the same group met every week to review the themes each had obtained. Discrepancies were resolved through a joint review of the transcripts and discussion. The range of inter-judge reliability between two coders in the same group fluctuated between 78% and 89%. If the two researchers could not reach agreement, researchers from the other group joined the discussion. Only until at least three researchers were in agreement was a

theme identified. Discussions within the 4 researchers were also held every 4 weeks.

Moreover, the researchers' memos of personal reflections were also recorded to assess the influence of changes in researchers' thinking on the analysis (Boyd & Gumley, 2007). Triangulation of data was also provided through comparing results of this study with those themes related to therapy-delivered interventions drawn from Liu and Zhao's (2009) analysis of Chinese systemic therapists' subjective therapy experience. Participant validation was also supplied by sending the analysis results back to the five therapists for their feedbacks (Elliott, Fischer, & Rennie, 1999; Pote, 2003).

Results

Qualitative findings

Two major categories of process themes emerged from the analysis: therapist's intention and therapy technique. Table 2 (at the end of the manuscript) shows the sub-themes included in each category and the frequency of each theme.

Therapist's intention

This category referred to the therapeutic goals which therapists intended to achieve in every specific moment of therapy. Analysis led to the definition of 15 kinds of intentions.

Build and maintain therapy relationship

The first aim therapists tried to reach was to engage the whole family into the therapy. At the beginning of therapy, therapists talked with each member, introduced the therapy settings, outlined therapy boundary and provided a warm and supportive

environment for the whole family. Therapists also tried to remain neutral by avoiding any negative or subjective comments on each family member's behaviors or perspectives.

Therapist: This room is specially designed for psychotherapy. You can find a video camera set in the corner to record our dialogues. I guarantee that all the videotapes of your therapy will be totally confidential and nobody can get access to them without your permission. (F2)

Gather information of current difficulties

To get a clear picture of the case's current difficulty, therapists clarified with the families the issues which were defined as problematic or 'abnormal', and further, gathered information about the history of onset and changes of present problems.

Therapist: So what makes you come here?

Mother of F10: I am worried that my son may be sick. Everyday after he comes back home, he just locked himself in the room without any words.

Therapist: When did you notice this?

Mother of F10: The end of last year.

Explore background of current difficulties

Special attention was paid to gather information about the events or changes that happened in the families' life which might have contributed to the onset of family's current difficulties, such as immigration, stress from school or work, divorcement and culture shock.

Therapist: I am wondering if you had been confronted with any other problems

before your husband ‘got sick’.

Wife of F15: He wanted to invest a large amount of money to his friend’s company. But I didn’t agree because I thought that friend was not worth being trusted.

Therapist: Did you quarrel with each other over this?

Husband: Actually that happened a lot.

Evaluate families’ social functioning

Beside the information about current complains, therapists also tried to assess the impact of current difficulties on the families through inquiring into each member’ social behaviours, including how they were getting on with their jobs or studies, their hobbies, economical status and so on.

Therapist (to IP’s mother in F3): Does she (IP) still go to school now?

Mother: Well, yes…although her score is not so good as before.

Therapist: Then how about you? Do you still work now?

Mother: I can’t because, you know, I have to take care of her.

Clarify history of referral

This intention involved clarifying the families’ previous experiences of psychotherapy, their attitude about current therapy, and their expectations for current therapy. Moreover, a possible and realistic goal for therapy was also set up with the families at the beginning of therapy.

Therapist: Have you ever gone to any other institutes for help before coming here?

Father (F4): Yes, we once took her (IP) to see the physician.

Therapist: So what did the physician do for you?

Mother: He prescribed a lot of physical test but found nothing abnormal.

Gather information of families' history

Considering the profound influence of one's family of origin on his/her inherent characteristics, it is necessary to gather information about the growing experience of certain family members. Genogram was commonly used by the therapists to construct the family's schema in a structural manner. Due to the time constraints of therapy sessions, only the history closely related to current complains was explored in therapy.

Therapist (to wife in F15): I am curious. Do your parents also take sex as a kind of, I mean, dirty thing?

Wife: Well, my parents are very conservative Chinese people. We never talk about sex or even romance in my family.

Indentify & explore perspectives and beliefs

In order to clarify the cognitions contributing to current complains, therapists encouraged every member to express his/her own understandings or perceptions on current difficulties, and of each other. Attention was particularly paid to the difference between the beliefs of different members and the factors leading to this difference.

Therapist (to IP of F8): What is your father's opinion on your current difficulty?

IP: Well, maybe he thinks it is not a problem and the only thing I need to do is just going back to work.

Therapist: Then how about your mother?

Clarify behavioral patterns & interactions

Therapist inquired about different member's patterns of behaviour, the interactions between family members, and multi-control between different members, to get a clear picture of how the interpersonal relationships in the system contributes to the maintenance of the present concern. Moreover, in order to avoid the repetition of ineffective solutions in current therapy, therapist also explored the strategies family had taken to cope with the difficulties..

Therapist (to IP of F16): Every time when your stomach hurt, who was the first one noticing it?

IP (F16): Mom.

Therapist: Good, who second?

IP: Papa.

Present behavioural patterns

At some point in the process of clarifying the families' behavioural patterns, the therapist helped the family gain awareness of how their beliefs, behaviours and interaction patterns were maintaining their difficulties.

Therapist (to parents of F6): So he (IP) seems more likely to have been binge drinking when….

IP's elder brother: When my parents pay too much attention to him (IP).

Therapist: Yes, and maybe he also feels anxious besides about having binge drinking.

Develop new understandings

This refers to helping the families with their development of wider assortment of

explanations for their current status, difficulties and each other's behaviors, to replace their old and dysfunctional ones.

Therapist (to IP's mother of F2): I think nobody in your family should be responsible for the current difficulty. Neither do I consider your daughter as psychotic patient. Just as you said, you also became very anxious and irritable after moving to this city. So it is totally understandable for your daughter to have some angers and anxiety in her new school because she is just 10 years.

Explore and elicit solution

Therapists helped the families develop new methods and strategies to cope with their conflicts and difficulties. That included making some detailed behavioural plans to reach a specific objective. The solution should be as detailed and realistic as possible for the family to conduct.

Therapist (to wife of F12): So what do you think you can do to make your husband less depressed.

Wife: Well, maybe I should spend more time talking with him.

Therapist: Good, would you tell me how many hours or minutes you plan to share with him?

Wife: I am not sure. Maybe, two hours.

Secure changes

This refers to arousing the families' sense of crisis and increasing their motivation to make changes. Further, therapists tracked the progress families have made. Techniques including challenge, paradox and homework were often used to reach this

goal.

Therapist (to IP's wife of F15): You have not had sex for a long time, aren't you worried that your husband (IP) would have romance other women?

Wife: I have not got this feeling yet. Generally I just do housework, because I am not worried…

Therapist: No. I mean, for instance, what will you do if he had sex with some other woman?

Wife: Em…this…

Explore resource and empowerment

Therapists encouraged family to focus on their own strengths and successes instead of their current conflicts or disadvantages. One way families were able to focus on the positives was for the therapists to help the family to gain a sense of mastery and control over their thoughts, behaviors and problems, and to amplify the progress they have made. For example, therapists often invited families to discuss the advantage of the IP, or to review and discuss some details of the positive changes they have made.

Therapist (to IP of F6): Great! It looks that you have made a big progress. Could you tell me what you have done in the past month to get these changes?

Therapist (to IP's mother of F1): Till now, you have been talking about how bad your son is. I am just wondering if he has any advantages.

Review, summarize and provide feedback

At the end of each session, therapist reviewed the process of therapy with the

family. Positive feedback was often given. Any questions from the family not addressed during the therapy were also answered.

Therapist (to IP of F5): Before our talk ends, I am still want to know what's you opinion about our meeting today. Or do you have any questions for me?

Navigate dyads

When the dyads deviated from the subjects of therapy, therapist intended to get the topic back to the point. Moreover, guided by the principle of neutrality, therapists always tried to give every member in the therapy room equal chance to express their thoughts, especially when the dialogue was controlled by certain family members.

Therapist (to IP's mother in F10): Wait, Mom. Would you mind stopping talking and waiting for a few minutes? Now I really want to hear your son's (IP) voice.

Techniques

16 different techniques were involved in this category. Detailed introduction was made for 4 of the most commonly used techniques: linear questioning and statement, circular questioning, mirroring and interpretation.

Linear questioning and statement

This category included the direct questioning and statement therapist used simply for gathering and transferring information. Direct statement also involved the comments or feedback therapist gave to the families.

How do I call you?

We will meet every 4 weeks and every session will last for around 1hour.

Circular questioning

This refers to the kind of questionings that invites one family member to guess the perspectives or feelings of another member and express it on behalf of that member. Using this skill, the therapist was intending to invite one person to view or experience a specific issue from another's perspective, and further, revealing the difference between different members' opinions and importing new ideas into the system.

What do you think Jack is feeling when you quarreled?

What is your dad's opinion on your son's problem?

Mirroring

In order to disclose some emotions, perspectives and experience which the families were not able to express clearly through verbalization, therapists provided some simple reflections and implicit feedbacks to mirror the families' minds and further, to change the clients' perspectives.

IP of F10: I just want her (IP's mother), how to say, to live me alone.

Therapist: So do you mean that you just want her to nag less?

IP: Yes, right. That is what I mean.

Interpretation

This technique has something in common with the 'interpretation' used in psychoanalysis and psychodynamic therapy. It means that therapists imported some brand new psychological explanations or concepts about the family's current problems or difficulties into the system. Interpretation also involved the therapist's answers to the family's questions and psychoeducation.

Therapist (to IP's mother of F1): You are really a very competent mother and I

can feel how tightly you and your son are combined. However, as I know, children in his age are just in the process of learning how to be independent from their parents. What he needs is not just your care, but also the chance to make decision on his own. That is why he always gets angry when you try to give him some instructions, but come back for you if you leave him totally alone.

Quantitative findings

How did the therapy focus change across therapy ?

Special attention was paid to the changes in therapist's intentions across different therapy stages (beginning, mid and ending stage). Correspondence Analysis (SCA) was run in spss11.0 to reveal the association between intentions and the three therapy stages. SCA is an exploratory statistical technique designed to describe the correspondence relationships between different categories from the rows (beginning, mid and ending stage) and columns (sixteen kinds of intentions) of a cross-tabulation. The results were shown in table 3 (at the end of the manuscript).

How did therapists achieve different intentions?

To point out which types of technique would be most commonly used when therapists were intending to achieve different intentions, the same statistical procedure mentioned above was used for therapist's intentions and techniques. The results are illustrated in table 4 (at the end of the manuscript).

Discussion

Is Chinese systemic family practice 'pure' Milan model?

According to the results of this study, it can be assumed many techniques used by Chinese family therapists are adherent to those developed from the Milan and

Post-Milan schools, especially for the six types of questioning techniques, reframe, paradox and homework (Boscolo, Cecchin, Hoffman, & Penn, 1987; Goldenberg & Goldenberg, 2008), and for the therapeutic emphasis on identifying and changing the family's interaction models and perceptives which are maintaining their difficulties (Cecchin, 1987). Nevertheless, this does not mean Chinese therapists restrict their practice to the Milan and Post-Milan models.

As shown in the results, some commonly used techniques in psychoanalysis and psychodynamic approaches including interpretation, metaphor and mirroring (Frolund & Nielsen, 2009; Merydith, 2007; Messer, 2001; Racusin, 2000) are also adopted by Chinese therapists to help the family develop new understandings, present behavioral patterns and identify perspectives (see table 4). Additionally, supportive techniques involving empathy and encouraging advocated by Humanistic psychotherapy were also found being used by Chinese therapists as important components to activate the family's strengths. It was also found that Chinese systemic family therapists were more interested in exploring the family's strength than expanding the details and the origins of current difficulties. This resource-oriented philosophy is also specifically advocated by the experiential and solution-focused family therapy models (DeJong & Berg, 2008; Satir, 1972). Meanwhile, the existence of the intentions 'explore and elicit solution' and 'secure changes' also implies the overlapping between Chinese systemic model and solution-focused family therapy approach (DeJong & Berg, 2008) which focuses mainly on developing solutions for the family. Further, findings indicated that therapists devoted time to explore and change the families' perceptions

and cognitions contributing to the maintenance of current conflicts, which is taken as the focus of cognitive therapy school (Dattilio, 2010). All these integrations suggest that Chinese family therapists take a comprehensive therapeutic approach which is mainly guided by the systemic theory, circular and resource–oriented epistemology advocated by Bateson and Milan family therapy model (Bateson, 1971; Boscolo, Cecchin, Hoffman, & Penn, 1987; Cecchin, 1987; Tomm, 1984; Treacher, 1988), and integrate methods from cognitive-behavioural, experiential and solution-focused family therapy schools as well as psychodynamic approach within a broad frame work.

Chinese family interventions and culture

Analysis also implied some influence of Chinese culture on Chinese systemic therapy model. Firstly, classical systemic family therapy philosophy encourages therapists to work as a bystander and try their best to avoid giving any direct instructions to the families (Boscolo, Cecchin, Hoffman, & Penn, 1987). However, our study showed that when therapists intended to 'explore and elicit solutions', the most commonly used technique was 'direct suggestion and instruction'. This is inconsistent with Pote et al's (2003) finding that 'linear questioning' was the most commonly used technique to explore solutions in systemic practice, either. Secondly, correspondence analysis also implied that interpretation was one of the most frequently used skills for therapists to help families develop new perceptions. To our knowledge, precise interpretation is more likely to be used in psychoanalysis or psychodynamic schools (Merydith, 2007), and therapist in systemic practice is often

suggested to avoid long paragraphs of monologue (Pote et al., 2003).

We infer that three factors are contributing to the incongruence listed above. The first one is related to the therapists' styles in our study. As table 1 showed, 12 of the 18 cases were treated by Therapist A. Therapy videos indicates that this therapist often provide direct suggestions for his clients. The second reason lies in Chinese collectivism culture advocating deference to authority (Chen & Uttal, 1988; Chao, 1994). As mentioned above, the 5 therapists in this study are the first family therapists in China mainland and are regarded as the authority by many families due to their good reputation. Therapy records and therapists' memos indicated that therapists often became more easily be triggered to teach or offer direct instructions for the families when they felt they were seen as the authority by their clients. The last factor is closely related to the deficiency of psychotherapy service in mainland China. Because psychotherapy is still in its infancy in China mainland, it is extremely hard for a Chinese family to receive therapy service systemically as western families do. In our study, the intervals between every two therapy sessions for most of the 18 families were at least 2 months which is much longer than those reported in western literatures (Boscolo, Cecchin, Hoffman, & Penn, 1987). Meanwhile, because family therapy is still a completely new thing to most Chinese people and helping the Chinese families with their understandings of many complicated concepts (e.g. interpersonal relationship) of family therapy becomes one of the most time-consuming tasks for Chinese therapists. All of these factors make it nearly impossible for Chinese therapists to promote the family's changes in a completely

non-guiding way following the traditional models of systemic therapy. Thus, some more ‘direct’ techniques such as direct suggestions and interpretation were chosen by Chinese therapists as important tools in their practice..

Limitation

The aim of this research is just to present the experienced Chinese systemic family therapists’ practice but not to provide a ‘golden-standard’ prescription for other family therapists. One important issue here concerns the definition of what constitutes Chinese ‘systemic family therapy’. Although we believe the practice of these 5 family therapists can represent most of the current systemic practice in China mainland, considering it is impractical to describe all the wide gamut of interventions under the umbrella of systemic family therapy in one study and the uniqueness of every psychotherapy case and session, we do not expect that the procedure we outlined here could represent the practice of all the Chinese family therapists. Great caution is needed when generalizing the results of this study to other Chinese therapists’ practice. Moreover, further researches with more heterogeneous samples (e.g., recruitment of younger therapists and families with other kinds of complaints) or studies testing whether other Chinese therapists can follow the interventions listed in our study are still suggested.

The main methodological limitation of this study is that only parts of the whole therapy process of some cases were sampled. The justification is that the collection of therapeutic videos in China mainland is extremely hard. The main effect of this limitation is that more themes might have been revealed if all the sessions of every case had been sampled. However, the fact that saturation in themes was reached

when the analysis on transcripts of 34 hours was finished partly supports the rationality of our sampling strategic.

Finally this study only focused on the therapists' interventions without taking the family's behaviors triggering the therapists' behaviors into consideration. We suggest further researches concentrating on both therapists' intervention and family's reactions, and their interaction in Chinese context.

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Table 1 Demographic details of participants.

Family ID	IP's Age	IP's Gender	Therapist ID	Therapy type	Issues/symptoms of Concern
F1	14	M	A	FT	Conduct disorders
F2	10	F	A	FT	Conduct disorders
F3	11	F	A	FT	Anorexia nervosa
F4	15	F	A	FT	Anorexia nervosa
F5	21	F	D	FT	Anorexia nervosa
F6	28	F	A	FT	Alcohol abuse
F7	25	M	E	FT	Obsessive-compulsive disorder
F8	32	M	A	FT	Obsessive-compulsive disorder
F9	14	F	C	FT	Family interpersonal problems
F10	18	M	B	FT	Family interpersonal problems
F11	18	F	D	FT	Family interpersonal problems
F12	32	M	A	CT	Mood disorder
F13	30	F	A	CT	Mood disorder
F14	34	M	A	CT	Substance abuse
F15	35	M	B	CT	Marital and sex problems
F16	9	F	A	FT	Somatoform disorders
F17	16	F	A	FT	Dissociative disorders
F18	28	F	A	FT	Schizophrenia

Note: FT= Family therapy, CT= Couple therapy, M=male, F= female, IP= Identified

Patient (the family member who is indentified by others as a ‘patient’)

Table 2 Structure of themes

Note: figures in parentheses indicate the frequencies of the themes

Intentions	**Techniques**
• Build and maintain therapy relationship (128)	• Circular questioning （134）
• Gather information of current difficulties (169)	• Discrepant questioning （111）
• Clarify history of referral (115)	• Hypothetical questioning （90）
• Explore background of current difficulties (104)	• Feed-forward questioning （53）
• Evaluate families' social function (137)	• Scale questioning （51）
• Gather information of families' history（110）	• Exceptional questioning （25）
• Indentify & explore perspectives and beliefs（368）	• Orientating technique （33）
• Clarify behavioral pattern and interactions（513）	• Linear questioning and statement （1304）
• Present behavioural patterns (103）	• Metaphor (52)
• Explore resource and empower（179）	• Interpretation（165）
• Develop new understandings （163）	• Paradox and Challenge（66）
• Explore and elicit solution（183）	• Direct suggestion and instruction (103）
• Secure changes（115）	• Reframe（50）
• Review, summarize and provide feedback（229）	• Supportive technique （131）
• Navigate dyads（40）	• Mirroring（161）
	• Homework（41）

Table 3 Therapist's changing focus across three therapy stages

Beginning stage	Middle stage	Ending stage
• Clarify history of referral • Explore the background of current difficulties • Gather information of family's history		
• Build and maintain therapy relationship • Indentify and explore perspectives and beliefs • Gather information of current difficulties	• Build and maintain therapy relationship • Indentify and explore perspectives and beliefs • Gather information of current difficulties	
• Evaluate families' social function	• Evaluate families' social function • Navigate dyads • Present behavioural patterns • Clarify behavioral pattern and interaction	• Evaluate families' social function • Navigate dyads • Present behavioural patterns • Develop new understandings • Secure changes • Explore and elicit

		solution • Explore resource and empower • Review, summarize and provide feedback

Table 4 Therapeutic techniques associated with intentions

Intention		Technique
• Build and maintain therapy relationship • Gather information of current difficulties • Review, summarize and provide feedback • Evaluate families' social function	• Clarify behavioral pattern and interaction • Explore the background of current difficulties • Clarify history of referral • Gather information of family's history	• Discrepant questioning • Linear questioning and statement
• Indentify and explore perspectives and beliefs		• Circular questioning • Scale questioning • Mirroring
• Explore resource and empower		•Hypothetical questioning • Feed-forward questioning • Exceptional questioning • Supportive technique
• Explore and elicit solution • Develop new understandings • Secure changes • Present behavioural patterns		• Direct suggestion and instruction • Paradox and Challenge • Metaphor • Homework

	• Interpretation • Reframe
• Navigate dyads	• Orientating technique