

The Impact of Live Demonstration Under the Beijing Sky: The Sharing of a Teaching Experience in China

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Through the consultation of six families, the author shares her teaching experience in Beijing, which utilized a live-family demonstration model. This article focuses on the relationship of the three-dimensional encounter in the intensity of live family interviews, in which the families, the therapist and the audience all form parts of the mutually shaping and reshaping interpersonal process. A summary of the audience feedback is also included to give a sense of the response from a group of professionals with diverse backgrounds.

Although a great deal has been written on working with Chinese families in the Western sphere, few people will dispute that very little clinical information on family therapy from the China mainland is available to the Western world. Glick's (1982) impression of China twenty years ago suggested that the practice of family therapy was very limited, if it existed at all. Hampson and Beavers' (1989) 14-day trip to China offered a more hopeful account and reported a strong interest in family therapy in some Chinese cities, especially Beijing and Shanghai. However, although Chinese practitioners may not be fully aware of the concepts and techniques of family therapy in the same manner that the Western world has defined them, systems perspective is not new to Communist China. In a culture in which everyone

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has something to do with everyone else, individuals and families are used to functioning within layers of systems overlapping one another.

While the discussions on therapy with Chinese families in the West still tend to be theoretical and generic, a review of indigenous literature among Chinese journals in the China mainland appears to be more clinically inclined. A group of Chinese psychiatrists in Kunming published a number of articles focusing on the application of Systemic Family Therapy techniques. One of their studies reviewed the work of 137 families at the Kunming Medical College and it was concluded that the general techniques of Systemic Family Therapy worked well with Chinese families (Yang, Tang, Xiu, & Zhao, 1999). Another study, focusing specifically on how the Systemic approach was used in the treatment of 73 families with emotionally disturbed youngsters under 18 years old, also claimed a success rate of 86.3% (Yang, Zhao, Tang, & Xiu, 1999). These studies seemed to be more interested in specific techniques introduced by the Milan team in its early days. Although the definition for success and ways to examine it were not clearly defined, the sample size for these studies was impressive and enviable. While the American journals often talk about the difficulties in engaging Chinese families in therapy, there was no mention of this kind of problem in the studies from the China mainland.

The indigenous literature on family therapy appears to be overwhelmingly systemically oriented, possibly due to the influence of the Sino-German project — a three-year training package provided by the Heidelberg University. The project members in Germany visited China twice a year to train a group of about forty Chinese therapists from different parts of China. Structural Family Therapy and some Bowenian concepts were also mentioned in some discussions (Lee, Du, & Dou, 1998; Ni, Jia, Liu, & Liu, 2000; Yang, 1995; Zhao & Xuan, 1999).

In the winter of 1998 I arrived in Beijing to conduct a three-day workshop

on Structural Family Therapy. The Beijing Women's College (the first university for women in China), which hosted the event, had prepared a one-way mirror and the required video equipment, a professional audience of over sixty individuals including a number of graduates from the Sino-German project, and six families lined up for consultation.

It was not my intention to show the audience another treatment model, but to build on what they had already learned. Since they seemed to be more focused on techniques, I was hoping to expand their perception of the contextual elements in family relationships. This article will attempt to share my clinical journey in this event, which was later transformed into a three-year training course cosponsored by the Beijing University, the New York Minuchin Center for the Family, and the Hong Kong-based Minuchin Foundation for the Family. The feedback from the participants will also be included to illustrate their bewilderment, if not confusion, in exposing themselves to a more spontaneous way of conducting therapy.

The First Case

The family consisted of a couple with two children, one 20-year-old son and a 14-year-old daughter. The Identified Patient (IP) was the husband who had been hospitalized for over a year for depression after he lost his company to his business partner. The Beijing Mental Institution had a policy, which encouraged family members to stay in the hospital with the patients. Therefore, the wife of this patient had also been living in the hospital. Since the wife had to accompany the husband in the hospital, their daughter was sent to a boarding school.

The couple and their son attended the family session. The young psychiatrist who attended to this family was also present.

This first interview with a Beijing family was a rather surrealistic experience for me. The building was dim and the Beijing skyline is always

gray in winter. In a small interview room with no window, the husband went on and on with the story of his ordeal and betrayal by his business partner; a story that seemed all too familiar to his family and his psychiatrist. His wife still listened attentively, while the son looked uptight and refused to take part in the conversation.

Apparently the husband had been receiving a great deal of individual attention in the hospital. It seemed that he was so accustomed to hospital life that he had no intention of leaving. His wife kept encouraging him to turn over a new leaf, but the husband dismissed her for not knowing how sick he was and began to complain to his doctor about his difficulty sleeping at night.

Half an hour into the session, it seemed clear that the husband would only allow me to relate to him as a sick person, and I decided to turn to the wife and asked what it was like for her to stay in the hospital for such a long period of time. Although the question was phrased very gently, the discomfort could be felt in the room. She said that she had to do it for her husband. But as I continued to explore her experience she began to pour out her sorrow and frustration in being kept in a mental hospital while she was in perfect health.

I was really not sure how far I could go with the husband and wife. They sounded like a very traditional Chinese couple. The husband dismissed his wife's opinion continuously and refused to respond to her even though she pleaded with him. The wife seemed so willing to accept a secondary position and to place her husband's needs far above her own. My only clue came from the son's silent anger toward his father, which gave me the impression that the couple's way of being was not left unchallenged. It was particularly revealing when the husband said that he missed his daughter who was the "best medicine" for him, but ironically, due to his need to stay in the hospital, she had been sent away.

I concluded the session by agreeing with him that his daughter would indeed be a better “medicine” for him than the hospital. I also suggested to the wife that her husband would become better if she began to treat him as a responsible person and not as a patient.

In the following discussion, the audience of mostly male psychiatrists and psychologists who had observed from a closed circuit television expressed puzzlement. They wanted to know why I attended so much to the wife when in fact the husband was the patient. Some of them asked if I was using the “paradoxical” maneuver to bring about changes. If not, why not?

I explained that I was not doing anything deliberate to the couple, nor did I try to “liberate the woman” as they perceived. On the contrary, I was trying to “cure the man” as they had asked me to do, but I was using his wife for the task.

All things being said, I was quite sure that my intervention failed to activate the system. Then one month later I received an e-mail from the attending psychiatrist informing me that the wife was planning to leave her husband. And after much negotiation between the husband and wife, the husband finally left the hospital and went home with her. Our goal of getting him out of the hospital was achieved unexpectedly.

The Second Case

The second case was also a case referred from a mental hospital. The IP was a sixteen-year-old son who had a diagnosis of “schizophrenia.” His parents were Communist Party members, and his mother in particular impressed me as a very tough lady who had lived through the upheavals of the Cultural Revolution. Before I entered the session, I observed from behind the one-way mirror that the young man was rather agitated, pacing up and down the small room and flipping his hands like a “psychotic” patient, as described by the referring agent.

However, to my great surprise, he presented himself to me normally and showed a strong interest in my questions. He described a life with a great deal of difficulty at home and at school. He said his illness started when he found himself failing to keep up with the rest of his classmates. Since then, he had been idling at home for three years during which time he was in and out of hospitals and was given high doses of psychotropic drugs. The parents were in great despair as this was their only son. They considered him very obedient and patient before he became ill.

This was an extremely handsome young man. When I asked if he ever had a girlfriend, he jumped on his parents, blaming them for not allowing him to have a normal social life. His mother explained that in her day she had missed her schooling due to the Cultural Revolution, therefore, she insisted that her son should put his full attention to education. No phone calls and no contacts with girls were allowed. The two generations seemed to be caught up in opposite ends of a fast-changing nation in transition. The parents talked about their struggle to build up the country from the grassroots level in the labor force to which they both belonged, while the boy talked about his wish to live a more leisurely life in modern China. The mother admitted that she was the tough one as compared to her husband, and she had no understanding of the modern youth. I suggested then that perhaps this was a good time for her to learn from her son of a new world, which was unfamiliar to her, but the son seemed to find it difficult to respond to his mother. The son was known to have physically attacked his mother who later confessed that after each attack he would kneel down on the floor and beg for forgiveness. It seemed that the boy needed to become sick in order to defy his mother.

I discovered that the family of three lived in a very tight space where there was only space for one bed. This young man grew up sleeping next to his mother who slept in the middle between the husband and son. They had sent the adolescent son to live with his grandparents when they found it too

awkward to continue with such practice. However, now that the son was ill, he was back home again and took up the same position with his parents in bed. I remembered the son's agitated gesture when I looked in from behind the one-way mirror. It seemed that he was desperately creating physical space for himself by pushing out at his restricted boundaries. However, when I encouraged him to negotiate with his parents for new boundaries, his articulation disappeared, and he became speechless in responding to his mother whose no-nonsense approach seemed to silence both her husband and son.

It was a sad case with a classic Freudian undertone set against a Communist backdrop. The son was motivated to change, and he showed that he could be normal with the therapist during the session. The mother also wanted her son to be independent and not sickly, as he had become. The father, who had witnessed in despair the struggle between his wife and son, certainly wanted the situation to be different. But all three were locked in a small room both physically and mentally, unable to make any new moves.

I was careful not to touch on the parents' relationship but simply defined the youth's problem as difficulty in growing up, and got the parents to work together in helping him to learn to negotiate a new beginning for himself.

This case also inspired a great deal of thought-provoking discussion among the audience. Some suggested that this family represented a type in the Communist regime where gender difference is not always easily distinguishable as men and women dress up similarly and perform the same duties. Some women become "generals" not only at work but at home as well, leaving the women isolated while the husbands and sons often fail to live up to her demands as in this case.

The extremely limited living space that has forced many families to

limit their activities in bed was seen as an important issue that had shaped many patterns of interpersonal dilemma. One worker reported a case in which the mother was so used to falling asleep with her infant son while breast-feeding that the son could not fall asleep without sucking the mother's breast even when he reached puberty. It seemed that the restricted environment was creating many adjustment problems, which had not been put to question previously. But how far one's psychological space was tied to physical space and whether more physical space could facilitate better psychological space were two important issues that require much more clinical exploration.

Dr. Long-Ji Sun's (1996) classic *The Breast-Sucking Nation* may also provide interesting cultural perspectives on the nation's psyche, which is still clinging on to its bottle.

The Third Case

The third case involved a retired couple, both of whom were devoted Communist Party officials. When I asked them to define their problem, the wife, who had been diagnosed as schizophrenic, told me that she had contracted a "political illness." In one breath, she explained how she started life with a vision, a dream and a commitment, which then turned out to be an illusion, and she had ended up in delusion.

In the same illustrative manner, this lady told me her story, which ran through thirty years of political struggle in China. Her husband, from Indonesia, like many Indo-Chinese youth of his time returned to the motherland to "serve the country." Joined by a mutual dream of building a new country, these Communist comrades devoted their domestic and career lives entirely to the Communist Party. Now that they were both retired, the husband was more able to adjust to a quiet domestic life gardening and fishing, but his wife had difficulty letting go and had become agitated and manic.

I asked both of them, “Do you like what is happening now in China?” They both responded, “It has never been better.” I said, “Then, shouldn’t you be proud of your contribution to the country?” The lady said, “Yes, but now I have nothing else to do. They won’t even allow me to read the newspaper. They say I become too anxious. And they don’t want me to talk about the past.”

I told her that she had a most fascinating story and she should write it down. I told her that I was also a storyteller, and with her permission I would like to write about her. She looked surprised and asked how I would do that.

I said I would write, “I met this couple in Beijing who were ‘old comrades,’ and in the course of one hour, they took me through thirty years of China’s contemporary history — an experience that I had missed in my own life. For during those years while they were fighting with their lives to rebuild our country, I was wandering in a self-imposed exile in foreign lands ...”

I did not complete my story as I began to choke up. She looked at me with great amazement. As our two parallel lives crossed at this juncture like two separate lines meeting, her story merged into that of my own.

When I returned to the classroom, many of the participants were in tears as they found the session touching, but some of them were puzzled, as a story of the Cultural Revolution had long lost its audience in China. One asked if my tears were part of a “technique” because it seemed like a powerful maneuver to her. The best compliment I had ever received in teaching abroad came from someone who told me “you have the advantage of coming in as a stranger because you can bring new meaning to an old story.”

This experience was also interesting to me in that I realized I was not

entering into the family through the interpersonal arena that I was accustomed to, rather, it was the larger political theme which served as a common thread to weave not only the couple's relationship but also my connection to them.

The Fourth Case

The fourth case involved a 16-year-old young man who was described as a "selected mute." He was only willing to respond to my questions by nodding and shaking his head to indicate his agreement or disagreement. For example, when I asked him if he was interested in girls, he shook his head. When I asked if girls were interested in him, he nodded. Similarly, when I asked if his reason for not talking had anything to do with school problems, he shook his head. When I asked if it had anything to do with his family, he nodded. This was an interesting contrast to his parents' insistence that their son's problem had nothing to do with the family.

This was about all the information that I could get out of the interview. Although the parents admitted that they had had some marital problems, both claimed that these had been resolved and saw no point in going through them again. The young man, on the other hand, seemed to imply that unless his parents were willing to address their problems openly, he would continue to refuse talking.

There was a strong pull between the parents and son; the tension was mounting up in silence. I decided to join them in their silence. I noticed that the son kept looking at his mother who was a very attractive lady. When I asked if his lack of interest in girls was due to the fact that few women could match his mother's grace and beauty, he responded with a smile.

The lack of words soon shaped my intervention and I began to turn to the use of space. I asked the young man to come closer and kneel between his parents. I said that when we are young, our parents look very big and important, but as we grow, they become smaller. I asked the young man to

get up and look at his parents from a few feet away, then move back a few feet further and look at them again. He did as I suggested until he reached the end of the room. I asked if he would like to look at them from even further away, and suggested that he could stand on top of a chair. The young man got up on a chair and since he was rather tall, he could see the small opening above the door. I said that as we grow older, our eyes start looking out of the window into the outside world, and our parents become even smaller. The young man followed my instructions quietly and he began to cry. He cried for a long time as he was standing on top of the chair, looking out into the opening, which, unfortunately only opened up into a hallway.

This was not a maneuver that I had used previously, although the use of space was not a new concept in Structural Family Therapy. All experienced therapists have accumulated a great deal of technical maneuvers in the backs of their minds. The question is, what triggers the therapist to use what maneuver, and at what given point in time. For me, it was not a conscious decision, but rather, a mutually shaping and reshaping process that act like a giant hand that molds me and all the involved parties into new shapes. At the end, an experiential drama had taken form, which surprised not only the audience and the family, but also me — the therapist.

After the last two cases, I thought that I had exhausted my energy and emotional capacities. But the following two cases continued to push me into different directions.

The Fifth Case

The fifth case involved a 15-year-old boy who had been hospitalized for over a year for psychotic episodes. Again, his mother was hospitalized with him. The father was a successful businessman who was very much against putting the boy in the hospital. He was particularly against putting the son on psychotropic drugs. Indeed, the boy seemed heavily drugged and it was rather difficult for him to function without dozing off. He

spoke of a voice inside his head, which kept him away from school. However, as I continued to talk to him in a normal way, his affect improved and he gave me a good description of his hospital life. This family of three presented itself as having extremely low energy; therefore it was not easy to carry out a conversation with them. The boy said that he did not like the hospital, and his mother added that he had befriended a girl of the same age there, and he was very upset when this girl left. The boy seemed to brighten up a little when the topic of girls was touched upon. The turning point of this case came when the father and the son began to have a “man to man” talk. The boy was keen to find out how his father met his mother, details about their romance, and questions regarding why his father’s first marriage failed. It seemed that the boy was very concerned about his parents’ relationship.

I did not offer the family any solution to the boy’s problem, but the parents were obviously happy to experience the son as a normal youth and not a psychotic patient.

Again, the audience was quite curious about how the whole thing evolved. They claimed that they would never have believed it possible for a father and son to have such a good talk, particularly in relation to girls, since this was not in their personal experience nor in their understanding of the Chinese culture. The truth is, it was not my own cultural and personal experience either, but in view of the lack of topics that seemed to interest this family of three, I just took a risk and used the boy’s interest in a girl, and pushed for the father-son interaction. This showed us that sometimes it is possible and even useful to break some norms and do unthinkable things. After all, therapy is a process of introducing novelty.

The Sixth Case

This was a big contrast to the previous case. At 10 years old, the IP in this case was described as a little monster whose behavioral problems started

in kindergarten and became worse each year. His mother went to the same school when she was young and was also described as having behavioral problems back then.

The school principal came with the family for this consultation. She said that the boy was so out of control, that if he had had to wait any longer for the interview, he would have succeeded in tearing down the waiting room, if not the entire building.

There was tremendous pressure on me to perform. I tried to resist the push but soon realized that if I did not respond, I would also be torn apart by the group.

When I finally got to see the boy he seemed like a normal 10-year-old. I told him that I had been informed that he had a great skill in climbing up walls and succeeded in escaping any confinement imposed on him. I asked him if he could get out of the interviewing room if we were locked in. He looked around seriously and replied that it was very easy, all he had to do was to step on the doorknob and reach for the window above the door. Just two steps and he would be free.

It was quite easy for me to relate to this boy. He was cooperative and well-spoken. He told me that he had never done anything well, and was rejected by everyone at school. His only hope was to become a master of the martial arts, so that he could avenge all the wrongs that were done to him.

His parents belonged to the poor working class. When the situation was really bad, the school had instructed the father to attend classes with his son, so that he could control the boy when no one else could. Such an arrangement, of course, isolated the boy further from his classmates. And the father was so annoyed for having to attend school with the son that he just beat him even more.

The boy had learned to become very tough and he said that physical punishment was nothing to him. As he talked about the unfair treatment that was imposed on him by the school system, he became very angry and started to cry. The protest of a young child in tears proved difficult for the adults to deal with. His parents started to scold him and even the school principal who was sympathetic to the boy could not help but kept telling him that she had a job to do.

It became clear that the boy and his mother were closely connected. Both were regarded as misfits in the society. The boy was said to have walked miles to look for his mother at work whenever he could get away. It was also clear that the boy was a lot brighter than his parents, who were also rejected by the larger system and labeled as “poor parents.” It was interesting to see that while the parents were lacking verbal expression and comprehensibility, the son was outspoken and expressive.

Locked in a tight and suppressed system, the boy reminded us of the rebellious legend of the Monkey King. Turning heaven upside down seemed to be the only way to escape the imposition of the heavenly Gods. And the belief that one person with unbeatable powers can defeat the entire bureaucratic system appeared to be embedded in the national psyche as indicated in the popularity of this favorite classic. Looking at the boy’s problem in the light of the Monkey King legend seemed to give a new meaning to his behavior.

The audience, like me, was very much drawn to the boy and his pain. The principal who witnessed this interview was also touched by the boy’s story. She moved from a position of defending the position of the school at the beginning, to the conclusion that “the boy’s behavior is partly shaped by the school system.” She promised to act as a bridge between the boy and the school.

Discussion

I have reported these cases in the exact sequence in which I saw them. I have done this because when seen alone, each presents its own particular narrative pattern, but when experienced together they form a kaleidoscope of colors that guided me on an extensive cultural tour. The impact of marathon live family interviews is indeed labor-intensive and emotionally demanding for both the trainer and the trainees. Some of the more experienced participants, who were graduates of the Sino-German training project, shared their observations in their e-mail correspondence and later sent me copies for reference. The following is a brief summary of the trainees' remarks. It was written in the format of an Internet chat room with one trainee starting a remark and other trainees adding in their comments or interjections in parentheses.

Audience Remarks

Initial reaction

“When I first attended the lecture by Dr. Lee, I found her ideas very different from what we have learned from our German teachers. In comparison with my own theoretical framework and practice, I found a lot of contradictions in her demonstrations and I rejected her teaching at the beginning. However, after the training, I found myself beginning to use her methods unconsciously. When I went back to check my notes taken during the training, I realized that without thinking carefully, I had adopted 90% of her teaching into my work.” (Interjection from another person: What would you have learned if you had been THINKING CAREFULLY?)

“Indeed when the therapist asked what we had learned from her first interview, my response at that time was that I did not learn anything. I thought what she taught us could be simply summarized in two parts: The first part was the ideas we had already learned — correct ideas. The other part were ideas that were not compatible with what we had

learned — wrong ideas.” (Interjection: I felt the same when I first attended her demonstration in Hong Kong). “Luckily, after half a day, I was able to re-adjust my focus. This experience reminded me of the Zen story that a full cup holds no new water. I have to take along more empty cups for my learning in the future.”

The Importance of Joining

“If the therapist was listening to the experience of an old couple, she was in tears. She later explained that there was nothing to be worried about if you got emotionally involved. Her position was puzzling to me because we had learned to be always ‘neutral’ from our German teachers. And yet she believed that therapists should be flexible and be able to be neutral sometimes, and other times to take a position depending on the situation.” (Interjection: This is easier said than done.) (Interjection: Is this against Neutrality, or what?)

Intensity

“It works in the same way as hypnosis. I used to believe it was redundant to repeat the same message in the therapeutic session. In two of the cases, the therapist repeated herself again and again. In the case of the 14-year-old boy who refused to talk she said repeatedly, ‘It must be difficult for you to be so concerned about your parents’ relationship.’ And the boy began to cry, releasing his pain and suffering. It seemed that her repetitiveness had a direct and powerful effect on the boy’s inner self.” (Interjection: How can you tell that the boy’s weeping in the session was created by her repeated use of the same sentence?) “In the case of the 10-year-old boy who was out of control and vowed to fight the world of injustice, the therapist repeated herself again, ‘I understand that it must be very painful and upsetting as people around are not happy with you and always rejecting you.’ Gradually, her words calmed the naughty boy and he started to pour his feelings out from the bottom of his heart. She later explained that repeating the same message in different manners is a way of creating intensity. Indeed, it created an atmosphere and

context in which people in it had to gradually respond to her seemingly non-pushing manner.”

Communicating with Children

“In the six cases, four of the IPs were boys aged between 10 and 15. Some of them were anxious and nervous, some were quiet and some were active. In her demonstration, the therapist employed different approaches according to each child’s personality, and successfully made the nervous child relax, the silent one respond, and the active one settle down. I was impressed by how she managed to find related topics to engage the children in interesting conversations. I thought some topics could not be discussed between father and son, for instance, ‘when did the father begin to show interest in girls?’ But when she promoted this topic to the father and son, it did lead to better communication between them. I was amazed at how she could break the taboos.”

Dealing with Conflict

“One of the skills used in Structural Family Therapy is Enactment. The therapist made use of this skill frequently. She continuously encouraged family members to talk to each other directly.” (Interjection: I have been using this skill on couples that cannot communicate with each other. Although it was difficult to get started, surprisingly, it often worked out fine. The use of enactment also provided an opportunity for the couples to practice and rehearse what should be done at home.) “My main concern is how to control the situation if the couple starts to quarrel during an enactment?” (Interjection: I had the same concern too.)

Using Action

“The therapist did more than just talk during her sessions. She used different kinds of gestures, especially with children. When she met the clients she shook hands with each of them, and asked them to write down their names on a piece of paper. She often asked the children to stand up so that

she could see how tall they were. She asked the child to exchange his seat with his mother so that his parents could talk to each other face-to-face. The silent teenager was asked to stand on the chair to see if his parents looked smaller from this new perspective. She also moved herself away from the family so that they could talk freely. But she never pours tea for family members, and when they cry she never gives them tissues (she only moved the box closer).”

Persistency

“The therapist did nothing but wait when quiet children refused to answer her questions. When the parents tried to answer for the children, she would suggest that the children be given more time to give a response on their own. With the case of the selected mute it took more than 10 minutes. Everybody kept quiet and waited for the young man to respond. There was tremendous pressure caused by waiting through the silence for such a long time. After that she told him her own story. She said, ‘When I was 13, I also decided not to talk. Do you know why?’ The boy shook his head. ‘I think the world was too noisy. Do you know how long I kept quiet?’ He shook his head again. ‘Two years! People tried to help me. Guess if it worked.’ The boy answered ‘No.’ ‘You know the way adults try to help does not always work.’ The boy still did not say much. But he listened attentively and used his tears to respond. I described this ability to join the boy in his silence as ‘persistency.’ Sometimes, what we lack is not skills but persistency.” (Interjection: But isn’t persistency a skill as well?)

Grown-up Syndrome

“The therapist defined all the children’s problems as ‘having difficulty in growing-up.’ In our previous training we have been taught to get to the core of the problems and ask the families to control the problems. Her approach was to change difficult psychological problems to developmental ones, which seemed to make it much easier for the parents to handle. It is much better than telling parents that their children are mental patients.”

Making Use of Your Ignorance

“The therapist often told the family that ‘I am not familiar with your situation, can you please tell me more about it?’ I recalled Dr. MacDonald (German teacher) also used the same tactic when he gave lectures. He used to ask the clients to repeat or to speak up because his hearing was poor. Instead of using authority to give instruction, the therapist was using his/her physical weakness or cultural differences in pushing clients into action.”

My Gains

“I saw that Lee’s therapy did not have any standard structure. It was not structural, nor systematic, nor strategic. She was very individualized in the sense that she is guided by her interaction with the families. I was reminded of a story of a samurai who vowed to defeat a high monk. For twenty years he had studied all the martial art approaches and acquired all the fighting techniques, but the monk only smiled when he heard about it. In the next decade, when the monk learned that the samurai was making bean curd daily, he began to worry. For he knew that the samurai had learned the most powerful skill, which came from the practice of life. Likewise, the therapist’s skills in working with families should also reflect the life situation, which changes constantly.”

“This therapist was not keen on changing the family’s interactive patterns; instead, she preferred to reveal the conflict and the transactional patterns of the family. She did not use paradox, or anything that was theoretical or conclusive. She was not keen to sell the family anything. When families pressed for an answer, she always answered with uncertainty. By comparison, I am still finding it hard to resist giving families a prescription when asked.”

“To conclude, I am most impressed with three things in the therapist’s demonstration: (1) The use of enactment. (2) The use of space. The scenario

of the boy standing on the chair and weeping as he looked outside the room was indeed very touching. (3) Her friendliness toward the family members. During the interviews she shook hands with the family members to show her support and encouragement for their actions. That was probably the easiest thing for me to take away from the demonstration.”

Conclusion

One can discuss this teaching experience through many different lenses, such as the cultural perspective, the one-child phenomenon, gender issues, as well as clinical options. In this article, I would like to focus on the relationship of the three-dimensional encounter in the intensity of live family interviews, in which the mutually shaping and reshaping interpersonal process has an impact that is seldom addressed in therapy (Lee, 2002).

When the therapeutic stage is observed by a live audience, the fear of boring myself and the audience from behind the one-way mirror seems to necessitate a sense of entertainment as depicted by Cloe Madanes. In Madanes’s view, entertainment relies heavily on metaphorical communication and often plays with confusion and misunderstanding, whereas education involves information and the transmission of skills with no place for confusion and misunderstanding of symbolic communication. The exception is, of course, in the training of therapy. When the learning is to solve problems of living, teaching must take place at different levels (Madanés, 1988).

For that matter, I am quite pleased with the audience’s feedback, which appeared to reflect a complex and intense range of emotional reactions. Live family interview for the purpose of training is a tradition in the field of family therapy. It is deemed necessary for new therapists to observe how the experienced ones work. In the training of Asian therapists where the clinical culture is still underdeveloped, live observation of the clinical process helps to bridge the gap between theoretical learning and clinical application.

In my situation, since I am practically a stranger in Beijing, it is equally important for me to explore how my therapeutic approach can be applied to local families. However, any demonstration of a clinical approach is idiosyncratic in nature, as it is always reflective of the personal style of the demonstrator. For a moment, the trainees are put in an audience position, taking a back seat while inevitably evaluating the work of the trainer. One can always argue that it is like going to a show or a performance. To make the best use of live demonstration, a more systematic training program has to be in place.

However, the aim in Structural Family Therapy training is to help therapists to develop an open system, one that can adapt to a wide range of familial and social context. I think this training experience has helped to expand the participants' perception of family relations as they were able to witness first-hand the drama of six families. I was very impressed with their ability to observe details, their inquisitiveness, and their interest in techniques. It is true that I used enactment continuously in all the interviews. The advantage of such is for the audience to witness the family drama by themselves with no need for explanation. During the various family sitcoms or dramas, I could then challenge the wife's seemingly loyal commitment to the husband as in the first case, turn a schizophrenic young man into a normal youth, join with the Communist warrior, help a selected mute to express himself in silence, introduce the topic of sex to a father and son, and tame a monster in the final session. While all this was going on, I was also in dialogue with the invisible audience from behind the one-way mirror whose anticipated responses had inevitably influenced my performance in the room.

Of the six cases, four were from mental institutions and two were from the school system. The involvement of families was dictated by policies in both systems. Two of the cases involved hospitalization of family members, the wife in the first case, and the mother in the fourth one. In the school

system, the parents were asked to attend school when their child was ill-behaved, as in the case of the 10-year-old misfit. Clearly, families were made responsible for other members, particularly in the case of minors. It seems to me that these family-oriented policies, which can be burdening to families, can also pave solid ground for the development of family therapy. On the one hand, this teaching experience put me constantly in touch with my theoretical framework, while at the same time, there was an urgent need for me to stray away from my own therapeutic orientation. At the end, I came to understand more fully why Structural Family Therapy is more a way of thinking than a set of technical steps (Minuchin, Lee, & Simon, 1996).

Sal Minuchin is the founder of Structural Family Therapy. He is also my teacher who never stops from pushing me to explore new horizons. When I talked to him about how I applied the Structural concepts to Asian families, he often responded with: “That is boring, I know how to do that, tell me something new!” In my quest for originality, only when I told him about the Communist couple in the second case did he respond: “That is new, I could not do that.” I took it as his way of saying that a therapist has to transform his/her own unique experience into a therapeutic encounter, something that is beyond technique from any given therapeutic framework. And my Beijing encounter has certainly expanded my capacity for interconnectedness and emotionality in the unfamiliar land of my home country.

It seems that the impact of marathon live family interviews has intensified the learning experience for both the trainees and the trainer. If the interest of the audience determines the success of the show, there is no question that the six families put on quite an impressive show.

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北京天空下的家庭治療示範：一次國內教學的分享

透過六個北京家庭的個案，作者分享她作現場家庭治療示範的教學經驗。現場示範是個十分複雜的過程，它反映的不單是治療師與家人的會談過程，同時也反映著單面鏡後觀眾與治療師之間的微妙關係——這是個三維度的運作過程，每個維度都間接影響著另一個維度，本文集中討論這三個維度的相連關係。作者引述她對這六個家庭的會談撮要，以及部分觀眾對這次治療示範的反應，從而分析她個人對這次經驗的感受。