

Freud goes to China

Teaching psychoanalysis in a different culture--A dialogue

Editor's introduction: Psychoanalytic theory and technique are alive and well in China, as the Chinese look to Western therapy approaches for use in their own culture. In our last issue (Vol 8, No. 2), Alonso Center faculty Dr. Ruthellen Josselson wrote about her experiences teaching group therapy to Chinese psychiatrists in Beijing and elsewhere. In what follows, we continue our exploration of the issues involved in teaching theories developed in one culture to students in an entirely different one. Reflecting on his own experiences in a different context teaching psychoanalysis in China, Dr Jose Saporta—Boston psychiatrist and psychoanalyst—strikes a cautionary note about what he calls, “psychoanalytic evangelism.” Dr. Josselson then responds, with further comments from Dr. Saporta.

The perils of psychoanalytic evangelism

Jose Saporta, MD

The Chinese are enamored of psychoanalysis. As China has developed and confronted its mental health problems, Chinese professionals and lay people have drawn on the analytic expertise of the West. Many seasoned American and European analysts are currently providing direct and long-distance training—over Skype—of Chinese clinicians. An example is The China American Psychoanalytic Alliance (CAPA) which has psychotherapy training programs running concurrently in 4-5 training centers, offering continuous education, supervision and psychoanalytic treatment over Internet video conferencing. European psychoanalysts are more cautious about technology for long distance learning, supervision and treatment, and offer smaller programs at one training site per institute, traveling to China for intermittent rather than continuous teaching. I participated in CAPA for over two years; teaching case conferences in three cities,

supervising a beginning psychoanalytic study group, designing curriculum, supervising, and serving on the Board of Directors. I am no longer involved with CAPA. I participate in a China study group with the Boston Psychoanalytic Institute which was formed to learn what we can from our Chinese colleagues about their culture, history and language and to think about where and how psychotherapy—or we—fit in.

My experiences with CAPA left me with many questions about the issues of cultural difference and the importance of including dialogue on cultural perspectives when trying to teach psychoanalytic principles. I'd like to focus here on the perils of what I call, “psychoanalytic evangelism.”

First, it might be helpful to consider what strange bedfellows psychoanalysis and the Chinese really are. In a recent article on Freud and China, New Yorker staff writer, Evan Osnos commented on this, noting that when he arrived in China fifteen years ago, no one mentioned seeing a therapist:

The concept of discussing private troubles and emotions with a stranger runs counter to some powerful Chinese beliefs about the virtues of “eating bitterness” and the perils of “disasters that come from the mouth.” For most of Chinese history, mental illness carried a stigma of weakness so intense that the siblings of a disturbed person could have trouble finding a spouse. Mental health was left largely to

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Jose Saporta, MD

The Importance of Listening While Testing

Krista Freece

For a doctoral student, the completion of one's dissertation is often a daunting task. The lore of this process is that it can often be frustrating, including struggles with statistics, a seemingly endless number of revisions, and potential disagreements among committee members on highly conceptual issues in which matters of opinion may be disputed as fact.

The process of my dissertation could not have been farther from these descriptions. I had a firm foundation in statistics (as well as an enthusiastic methods advisor), a supportive committee, and a straightforward theory to test. I set out to examine the differences in performance between three diagnostic groups, on measures of memory and attention; one group of participants was diagnosed with Posttraumatic Stress Disorder (PTSD), another was diagnosed with mild traumatic brain injury (mTBI), and the last group was diagnosed with both disorders.

Previous research in the field suggested that individuals with both diagnoses would perform worse than those with one diagnosis, which was a relatively straightforward hypothesis to test. Essentially, it seemed like I was confirming that one plus one equals

two. I dutifully gathered over two hundred cases to examine statistically and found no differences between the groups on memory measures, whereas the results that were significant for the attention measures showing that the PTSD-only group performed worse than the mTBI-only group and the PTSD/mTBI group. As so often happens in Psychology, people were more complex than a simple numerical formula could predict.

On the day of my last committee meeting, six months before my final oral defense, my statistical consultant and I spent a day in front of my laptop, transforming data and running supplemental analyses, trying various statistical approaches, in order to make meaning out of all of the data I had acquired. While we were able to salvage some additional results from the plethora of data, my personal moment of transformation grew out of what happened in the meeting. Upon hearing the lack of findings consistent with previous hypotheses, Dr. Sherry Hatcher suggested that I look to the qualitative data. At first, my thought was, "Not *another* thing to do," especially since my data was in Michigan and I was currently completing my internship in San Diego. However, my experience with Dr. Hatcher's prodding me to always stretch to be a little

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Psychoanalytic evangelism... (from cover)

herbalists, who tried to rebalance the seven emotions—happiness, anger, sadness, fear, love, hatred, and desire—and to witch doctors, who sought to calm the unhappy spirits of ancestors or encourage patients to adjust to life's setbacks. At the time of the Communist revolution, in 1949, China had some sixty psychiatrists for a population of nearly five hundred million. (Osnos 2011, pg. 56-57)

Yet the horrors of the Great Leap Forward and the Cultural Revolution produced deep trauma within the country. Couple

...when psychotherapy teachers minimize the significance of cultural difference... and eschew dialogue on cultural experience, they enact a denial of difference...

that with an economic rebirth that has created the largest human migration in history as rural citizens have streamed into the city in search of jobs and a growing gap between rich and poor and you have a recipe for a population with a high rate of mental distress.

Enter well-meaning psychoanalysts, eager to teach insights derived from experiences in Western culture and history. Unfortunately, often—in my experience—we forget to bring an awareness of cultural differences with us and we fall into an unequal hierarchy of “us teaching them.”

Chinese students internalize and adapt our ideas to their cultural perspectives and circumstances. As psychoanalytic clinicians we should be committed to making such implicit processes explicit in conversation. This way we model the psychoanalytic value of attention to difference and complexity. Through dialogue we restrain our colonialist impulses.

Psychoanalytic teaching organizations may downplay inquiry and dialogue on cultural difference to facilitate the spread of their ideas and sustain the group's momentum. CAPA's ambitious and wide spread training and treatment programs are staffed by volunteer faculty and therapists. Acknowledging potential obstacles can interfere with recruiting volunteers and expanding their programs. At one point the president of CAPA told me that while my agenda was to explore cultural differences, her agenda was to “respond to the requests of the Chinese for training and treatment” (Snyder personal communication 1/22/2010). Though I was a popular teacher with students, my offer to design and conduct a course on culture and psychoanalysis, a structured opportunity for dialogue on how our ideas fit with students' cultural experience, was rejected. Among the reasons was the concern that Chinese students in analysis would use claims about cultural difference as resistance in their treatment, and thus “cause problems” for the American therapists (Snyder personal communication 4/3/2010).

I am concerned that when psychotherapy teachers minimize the significance of cultural difference, such as expressed in CAPA president Dr. Elise Snyder's paper, “The Shibboleth of Cross-Cultural Issues in Psychoanalytic Treatment” (2010), and eschew dialogue on cultural experience, they enact a denial of difference and an illusion of unproblematic mutual understanding, all in the service of spreading our ideas. The more alike we seem, the easier our task may seem. In a paper presented in Beijing (Saporta

The concept of discussing private troubles and emotions with a stranger runs counter to some powerful Chinese beliefs

2010) I offered the history of Jesuit missionaries in China as an example of this organizational dynamic enacted in the service of evangelical ambition. In his book, [China and the Christian Impact: A Conflict of Cultures](#), Jacques Gernet (1985) describes fundamental conflicts in language and modes of thought. Assuming the universality of their form of reasoning and world view, the missionaries had no idea that their ideas were adapted to pre-existing traditions and modes of thought with fundamental changes in meaning. The illusion of mutual understanding is a recurring theme for Gernet, “However much it delighted the

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missionaries, the substitution of Christian ideas for Chinese ones was not necessarily proof of a true change in mentality” (1985 pg. 90).

The European analysts teaching in China who heard my paper expressed appreciation and more openness to the relevance of cultural difference than I had experienced in CAPA. One Chinese clinician pointed out how Chinese people are proud of their culture; another senior Chinese psychotherapy researcher told me that over the last few years there is a resurgence of interest in traditional Chinese culture and thought. Another Chinese clinician was appreciative but articulately spoke to the value she experienced from the CAPA training program, which while not perfect, was the only psychodynamic training and supervision she had access to. She feared that my comments could dissuade desperately needed American teachers and supervisors.

Psychoanalysts disagree on the role of culture in structuring subjectivity and the universality of psychoanalytic concepts. Yet I worry that debate and dialogue are too often dismissed with the mantra of “no difference.” Some who teach in China argue that when patients refer to cultural differences, such as when patients say, “In my culture we do not express anger at our parents”, this manifests resistance (see Snyder’s comments in Osnos 2011 pg. 63, & Snyder 2010). To take these statements at face value is indeed to buy into resistance, but lack of inquiry or curiosity about cultural difference - or its ready dismissal as “defensive” - can also heighten resistance.

More fundamentally, internal cultural models (Quinn and Holland 1987) organize perception and meaning in ways that cannot be articulated as propositions, defensive or otherwise. Here are a few examples among many. When Western Americans and Europeans look at a picture their eyes scan the central object. Asian eyes scan the periphery and interconnections. Westerners have better recall for the central object, but if cued with contextual information, recall for Asians exceeds that of Westerners (Nisbett 2003). This is in line with a distinction between Westerners and Asians in terms of analytic versus holistic modes of thought (Nisbett, Peng, Choi & Norenzayan 2001). Asians categorize objects and events according to their interconnections, while Westerners categorize according to necessary and sufficient individual properties (Nisbett, Peng, Choi & Norenzayan 2001). Cultural meanings even guide the earliest mother infant interactions. Japanese and American mother-infant pairs show different patterns of interaction at three months (Fogel, Toda, Kawai 1988). Cultural neuroscience was featured in an issue of the journal, *Social Cognitive and Affective Neuroscience* (Chiao 2010). Cultural neuroscientists have used neuro-imaging to show cultural differences very early in perceptual processing. There are cultural differences in social cognition. Westerners explain behavior with reference to individual properties while East Asians more readily site context (Morris & Peng 1994). The same is true for dispositional versus contextual causal

explanation for physical events (Morris & Peng 1994). Cultural neuroscience is studying the neural correlates of cultural differences in interpreting behavior (Mason and Morris 2010). *The point is that none of these cultural differences are likely to be articulated as propositions, defensive or otherwise.*

Do these differences matter for psychoanalytic therapy? If so, how should they be integrated into our listening and responding? I do not know. But we will not know if we dismiss them as merely “defensive” from the start. Psychoanalytic observers note differences between Asian and Western cultures in the experience of self and self in relation to others (Doi 1973, 1986; Roland 1988, 1996). Cultural psychologist Tania Zittoun (2007) has shown that in times of transition and ambiguity of meaning and identity, people turn to cultural symbolic resources to give

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**Dr. Saporta with his wife, Anne Ling Li,
MD, in Beijing**

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their experience meaning. Psychoanalysts use cultural resources such as novels to understand the meaning of a wider range of experiences (Fonyi 1994 cited in Zittoun 2007). The great psychologist Vygotsky (1978) showed how cultural tools are internalized and become the means of self regulation. These tools include a culture's symbolic resources such as cultural narratives, symbols, rituals and practices.

Psychoanalysis and Western philosophical and theological traditions draw from the same Western world view and modes of thought (Kirschner 1996, Strenger 1989). China scholar Francois Jullien (2000, 2004, 2007) describes fundamental differences between traditional Western and Chinese thought. For example, Jullien (2000) describes different "strategies of meaning" deriving from classical Greece and traditional China. In the West meaning is referenced directly from content. In China meaning is referenced obliquely and inferred from the context, consistent

with the holistic versus analytic distinction used to characterize Asian and Western modes of thought. Psychoanalysts might regard indirect reference to desire as indicating conflict; a compromise formation. Classical Greek and Chinese thinking have different notions of personal agency (Gernet 1985; Nisbett, Peng, Choi & Norenzayan 2001). The Chinese did not oppose reason and passion as we did in the West; rather than oppose our animal nature the Chinese sought to cultivate it through ritual (Gernet 1985). Our theories of the mind and the very functions of the mind in relation to desire and passion are

organized by these traditional narratives. The Chinese had different notions of happiness (Jullien 2007). Western philosophy and psychology emphasized stable entities, while Chinese language drew attention to process and change; Classical Chinese could not refer to an agent independent of the circumstances of action (Gernet 1985). Jullien (2004) describes different concepts of change and how to bring it about in China and the West, giving rise to different strategies of warfare. Would this not affect our notions of change in psychotherapy and how to intervene to bring it about?

Do these differences in traditional modes of thought persist and do they matter for psychoanalytic therapy? When I supervised Chinese clinicians and listened to them describe relationship

problems, I worried about my cultural bias as to how relationships should go. I brought this concern into our dialogue by explaining that this is how we think relationships should go in our culture and I asked if it was similar in theirs. This way I learned too. Traditional narratives have a role in organizing the meaning and direction of relationships. Cultural psychologists describe culturally unique emotional/relational experiences, such as shim-cheong in Korea (Choi, Han & Kim 2007) and amai in Japan (Doi 1975).

There is also the contemporary cultural milieu in China. In her ethnography of contemporary China, Lisa Rofel (2007) describes changes from class consciousness to a subjectivity of desire and consumption, brought about by economic changes and cosmopolitanism. There are multiple sites in China for working out a preoccupation with the proper embodiment of desire. This cultural preoccupation is an important context for the popularity of psychoanalytic therapy. Without dialogue on culture, psychotherapy teachers join a cultural dialogue without knowing it.

The Chinese have always taken what they need from the West and discarded the rest. But when teaching psychoanalysis and psychotherapy it is better to make this process explicit in conversation, as characterizes the ideals of the psychoanalytic approach. Exposure to Western influence can prime cognition in Asian subjects so that the salience of the individual self comes to resemble that of Westerners (Sui, Liu, Han 2007, review by Kitayama and Park 2010), and psychotherapy can have a shaping influence. To allow the other to become more fully themselves, instead of more like us, we must bring to the process a sensibility for how culture can make the clients' experience different from ours, often in ways that are beyond articulation.

In 1949, China had some sixty psychiatrists for a population of nearly five hundred million. In 2002, the APA estimated that there were only 10,000 psychologists in a country of more than a billion. Currently, only one in twenty Chinese people with a mental disorder has ever seen a professional about it.

In 2004 the first Psychoanalytic Association of China was founded. There were 33 members.

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Western psychology can have an iatrogenic impact on non-Western cultures when exported without regard for indigenous meanings and culturally specific expressions of distress (Waters 2010). Waters (2010) describes how in Hong Kong anorexia nervosa was rare and presented differently than in the West. After Western experts described in the Hong Kong press what anorexia meant, who it affected and what it was supposed to

This culture... had developed its own meanings regarding catastrophe and memory and what was supposed to happen to the self

look like, there was an epidemic of Western styled anorexia nervosa and a change in the population afflicted to young women similar to those afflicted in the West. More disturbing was Waters' account of Western trauma experts arriving en masse in Sri Lanka following the tsunami. This culture, long torn by civil war, had developed its own meanings regarding catastrophe and memory and what was supposed to happen to the self following such experiences. It had its own structures, distributed in the community, for containing and giving meaning to trauma. The Western trauma experts arrived and created an atmosphere likened to "a gold rush". They imposed their meanings of trauma and their version of what is supposed to happen after terrible things, namely Western style PTSD, which they assumed to be universal and which disrupted the cultural meanings and ways of containing terrible things.

My friend and colleague, Josh Krieger (2010) studied a daily television program of the Dr. Phil variety in China, "Psychological Sessions." Guests bring traditional narratives for family problems which are replaced with Western psychological narratives by the show's expert. This show, unimaginable in China until very recently, is a process of "psychologizing" experience in China. We were so long ago acculturated to understand ourselves with psychological narratives and categories that they now seem natural and necessary (Ward 2002). Such understanding can be helpful. But Krieger argues that it can also serve the state in China by locating

problems as internal which have complex causes in social upheaval and economic changes and inequalities.

None of the considerations above means that we ought not to teach Western psychology and psychoanalysis in China. This is up to the Chinese. They do oblige us to be thoughtful and to include dialogues on the cultural experience of our students.

When two people make meaning, such as therapist and client or even mother and infant, possible meanings are contained, guided, and restrained by a cultural third, a network of signs, symbols and rules of interpretation (Muller 1996). This "cultural third" or "symbolic order" is a limit on the degree to which meanings are universal versus culturally bound and it places a limit on mutual understanding. Denial of difference and of limit are features of unrestrained ambition in individuals and groups. When psychoanalytic evangelists assert universal meaning and mutual understanding without the need for dialogue on cultural difference, that limiting boundary is denied in the service of unrestrained ambition. Ironically, mutual understanding is more genuine if we acknowledge limits and boundaries. Through the different cultural perspective of the other we understand our own perspective more deeply and the degree to which it is rooted in our own historical, cultural experience.

I will end with the experience of a former student and now friend in China. He told me that he was learning in his analysis the "psychoanalytic way"; to be clear about and assert what he wants. This was different from the "Chinese way"; to submit to parental and family wishes. His friends followed "the Chinese

...mutual understanding is more genuine if we acknowledge limits and boundaries. Through the different cultural perspective of the other we understand our own perspective...

way". Though they complained more now, he was not sure in the end which way led to greater happiness.

AC

(Author's note: Thanks to Sam Osherson for help and encouragement, and to my mentor, the late Anne Alonso for often repeating, "the helping hand strikes again")

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Psychotherapy and Curiosity: Comments on Dr. Saporta's paper

Ruthellen Josselson, PhD

I think that good psychotherapy, whether psychoanalytic or otherwise, is best conducted in a spirit of curiosity and inquiry. In my own experience teaching group therapy in China, at the invitation of the China Institute for Psychotherapy, culture is one of the many aspects of individual experience that arises as people search for meaning and personal growth. I have brought my understandings of psychology and human development, including a psychoanalytic framework for thinking about both growth and change, with an expectation that the Chinese people I work with will adapt what makes sense to them to use in their own work. I have no authority to insist on their doing anything, except demonstrating enough competence in the therapy model I am teaching for them to be eligible for certification through the Yalom Institute of Psychotherapy, which I co-direct and under the auspices of which I am teaching.

While one aspect of Chinese culture I have learned about is their obedience and devotion to authority, I have also found that they can challenge my authority and I encourage them to do this. If there is anything revolutionary and intriguing to them about what I am teaching, it is respect for the individual and the belief in the possibility of self-directed personal growth. But I am not taking a West vs. East stance on this. I can recognize with them, for example, their cultural imperative to treat their parents in a certain way and the dilemmas this sometimes causes them when their own wishes run counter to parental desires. In years of treating American adolescents, this is to me not an unfamiliar dilemma and the balancing of filial loyalty and independent growth has no easy solution, either in the US or in China. Within a psychoanalytic frame, one can explore one's relation to authority and then have the freedom to make choices.

One aspect of work teaching psychoanalysis in China that seems to have been omitted both from the New Yorker article and Saporta's discussion is the problem of language. There are many Chinese people and they vary in their comfort with English. Very few of my students speak English and all of my work is done through a (superb) interpreter. One of my students (one of the very few who does speak English) participated in the German-China psychoanalytic training program yet she could not communicate well enough in English to tell me in much depth about what she had learned. So I have a lot of questions about



IPA Panel

Lee Rather (San Francisco), Hermann Schultz (Frankfort Germany), Jose Saporta (Boston)

the assumption that Chinese people being trained in psychoanalysis are learning what the teachers think they are teaching. Words don't translate exactly – meanings always have to be checked, and I doubt that the Chinese are “getting” an unadulterated psychoanalytic message. Whatever they hear is always filtered through whatever cultural assumptions are foundational to them; this is true for all of us. I agree with Saporta that there are limits to mutual understanding, especially, but not only, across cultures. Nevertheless, learning is possible.

In short, my experiences teaching psychotherapy in China for three years have made me increasingly humble about how much power I have to be a cultural imperialist even if I wanted to be one. Teaching there is like teaching anywhere else: I offer opportunities to learn and people learn what they find meaningful. Indeed, the Chinese are enamored of psychoanalysis

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Psychotherapy and Curiosity... (from page 7)

with its focus on internal experience, its nonjudgmental explanations for behavior, its possibility to speak freely and to value emotions. They are fascinated with (but somewhat suspicious of) the unconscious, as are all students when they first encounter the forces that operate inside us outside of our conscious awareness. I have learned from them about a model of locating feeling and experience in “the heart” (not exactly how it sounds in English) and I am continuing to learn about what constitutes “heart.”

What I have learned about “Chinese culture” is that it is not unitary. There are many regions in China and each has somewhat different mores, even different languages. People from one

Response to Dr. Josselson

Jose Saporta, MD

I appreciate the remarks by Dr. Josselson, who is experienced in teaching psychotherapy in China. Her comments reflect a voice in my own internal dialogue. I agree with her recommendation of humility, openness, curiosity and inquiry. This attitude would welcome dialogue on cultural experience and how that affects the relevance of our ideas. My point is that these attitudes are more likely in certain kinds of programs—smaller, one-to-one relationships between teaching organization and learning center—than others. With large organizations that are ambitious to spread psychotherapy throughout China, teaching at multiple training sites and needing to recruit and

maintain large faculties to sustain momentum, organizational dynamics emerge that make these attitudes less likely. Such an organization may avoid dialogue on cultural difference and other complexities in the service of their ambitious goals. With CAPA this dynamic went beyond issues of cultural difference. For example, CAPA solicited papers for a panel on Ethics and Skype Supervision and Treatment. My colleague Wynn Schwartz, who teaches graduate courses on supervision and who supervised for CAPA, proposed a paper on how ethical decision making can be complicated by limitations in information available over Skype. CAPA rejected the

suggestion, stating that they experienced no such limitations and perhaps he should check his computer or Internet connection. Meanwhile, at the Freud and Asia conference in Beijing, Chinese psychologist Xiong Wei presented her study of Skype supervision based on twenty students and 600 hours of supervision. Students complained frequently of dropped calls and problems with sound transmission, lack of eye contact, and other problems which interfered with spontaneity and learning. Dr Xiong Wei was quoted in the China Daily, “Tiny but important information such as sighs and facial expressions are easily missed during Internet-based therapies” (11/22/2010).

Dr. Josselson tells us that her students think critically about and question the ideas she teaches. Perhaps my concerns reflect my

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International Psychoanalysts Association Meeting,
Beijing, October 2010

region look down on people from other regions. There are in-groups and out-groups that are opaque to us and require a lot of explanation, much of which may seem obscure. My students think of me as “Western,” not American (this was hard to get used to) and I’m not quite sure just what their projections are—and whatever they are, they shift as we get to know each other better.

So I think Saporta’s paper is an important statement against arrogance of any sort, which rarely is a useful therapeutic stance. I think we can appreciate the Chinese interest in our “Western” psychoanalysis and ways of thinking, share our viewpoints with them and then see what they do with it. Whatever that is will be (already has been, for me) fascinating.

AC

Response to Dr. Josselson... (from page 8)

own colonial paternalism. But, again, hers' is a small program which encourages dialogue. I do not worry about her individual cultural hegemony—that is not the issue. Most individual psychotherapy teachers are thoughtful as she is. If one considers the huge popularity of psychoanalytic therapy in China, the idealization of the field by Chinese students, and psychoanalysts eager to teach there—especially when their status in the West has been devalued, group and cultural dynamics are possible which run contrary to our individual intensions and proclivities. This is more likely with certain kinds of organizations with expansive ambitions. I cited a fair amount of evidence that supports the potential for harm with large scale exporting of Western psychology to non Western cultures, especially when done without understanding the culture we seek to “help”. Open dialogue regarding cultural experience and cultural difference is one way to guard against these perils. I understood Dr. Josselson to agree. Perhaps our difference lies in how likely we see the perils I describe.

If one considers the popularity of CAPA in China and in the US, the risks I describe are not farfetched. CAPA is the only organization of American psychoanalytic clinicians that provides teaching and treatment in China. Their goals and programs are expansive. Partly my essay is ethnography of a large organization of Americans eager to spread psychoanalytic therapy throughout China, and not a criticism of any Westerner who teaches there. CAPA embodies much that is positive in the American spirit: volunteerism, optimism, expansiveness. But these very traits can create problems as well.

I agree completely with Dr. Josselson's comments about language. But the problem goes beyond students' fluency with English. Takeo Doi, in *The Anatomy of Dependence*, writes about the importance of understanding a country's language in order to understand its' culture and the emotions of its people. Several CAPA students, whose English proficiency was good, told me that after class they often discussed how impossible they found it to translate certain ideas or experiences related by patients into English. Language also draws attention to certain things and not others. For example, certain Australian aboriginal tribes must attend to cardinal directions as their language refers only to these and not to person-centered directions. This affects

Language also draws attention to certain things and not others

their sense of directions; they are able to point to East, West, North or South with stunning ease and accuracy, even after blindfolded and spun around or taken into a building blindfolded and walked through a maze of corridors. Gernet, in his book, *China and the Christian Impact: A Conflict of Cultures*, discusses in detail how Chinese language differed fundamentally from Indo-European languages, including Sanskrit. Chinese was a non-inflected language that did not allow reference to certain concepts that were important to Western philosophy and theology. In the paper I presented in Beijing I discussed how these language difference might implicate the kind of psychoanalytic theory that might have developed in China. For example, classical Chinese was not able to refer to an agent as apart from the particular circumstances of action. In the current essay I mention as well that in such a language a psychoanalytic theory might have been more about process and change than about stable, abstract entities. Western language has guided us to a focus on entities and structures.

One's reaction to my essay might turn on the degree to which one sees Western psychology and psychoanalysis as rooted in Western meanings, narratives, and modes of thought. Traditional Chinese thought is different in fundamental ways. Those differences influence how we understand the mind and even how the mind functions, and how we experience ourselves and our relationships to others. There is a huge scientific literature on differences between Westerners and Asians in cognition and perception. I am curious about whether Dr. Josselson regards these differences as relevant and important to consider. I believe that we and our students should engage these differences and explore whether they matter for the ideas we are teach. The issue is not only one of cultural imposition and dominance. The details of these differences implicate how psychoanalytic theories and treatment might need to be modified to be relevant and helpful for Chinese patients. They are relevant to how psychoanalytic therapy might best be integrated into Chinese society. Otherwise we plop down our theories and treatment approach without exploring how they fit, which is not good clinical practice. I do not believe that this integration and adaptation should be left for students to do on their own. Dialogue on this process is part of what we teach. If we make this process explicit in dialogue, as characterizes the ideals of the psychoanalytic approach, our students will be better able to adapt our ideas to their cultural circumstances and meanings. We stand to learn more also, to the benefit of our theories and treatment approach. AC

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Importance of Listening... (from page 2)

better than I thought I could won out and I trusted that if she wanted me to do some extra work that was not in the original design of the study, it was probably going to be worth my while.

What I found was that the interview data was crucial in understanding nuances in my numerical data. Particularly important were the participants' answers to the question, "What changes have you noticed since the accident?" Depending on the diagnostic group, men and women showed subtle differences

Similar to the PTSD-only group, many of the individuals in the comorbid group described avoidance or fears of driving or riding in cars and much like the mTBI-only group, all of the individuals who worked outside of the home described difficulties with memory and attention that impacted their performance at work. Both the fear/avoidance and the cognitive complaints were consistent across male and female participants. However, similar to the female participants in the mTBI group, the female participants in the dually diagnosed group, irrespective of working outside the home or not, reported problems with memory and attention in fulfilling the demands of their multiple roles as



Krista Freece with research consultant Dr. Rae Newton

in the way they responded to this question. All of the participants in the PTSD-only described aversions to driving and/or fears of riding in cars since their motor vehicle accident. In the mTBI-only group, there was a trend for the male participants to resume work more quickly than the female participants, as well as with less focus on remediation of cognitive difficulties. Further, while all of the participants with a mTBI who worked outside of the home reported difficulty at work, all but one of the female participants also reported problems with memory and attention in their non-occupational roles, while only one male participant did so. The problems that this group described involved multi-tasking. For example, they reported forgetting to do errands after picking children up from activities or on the way home from work. One of the female participants described hiring an after-school tutor for her children because she was unable to help them with their homework and cook dinner at the same time without burning the dinner.

The comorbid PTSD/mTBI participants responded similarly to the question as did the other two groups, except that the different problems experienced by each of the other groups overlapped.

employees, mothers, and/or wives. As in the mTBI-only group, there was one male in the dually diagnosed group that reported similar multi-tasking difficulties, attributing the problem to being a single parent. Members of both genders and all three diagnostic groups were similar in reporting shame about their symptoms and a sense of frustration that they had not yet returned to their previous level of cognitive and emotional functioning.

So, what does this all mean? When we do neuropsychological testing, we need to LISTEN to what the patient says in addition to administering and interpreting psychometric tests. The clinical interview is vital. When beginning my dissertation, I had thought the results were going to be straightforward: people with two diagnoses were going to have greater impairments on testing than those with one. In the end, the results could not have been more straightforward; plugging numbers into a formula to describe people limits our ability to see them as both unique and complex. An accurate differential diagnosis following trauma

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Importance of Listening... (from page 11)

must rely on both test scores and the ability of the interviewer to listen to the individuals' description of their lives.



Dr. Krista Freece graduated this year from Fielding's School of Psychology PhD program in Clinical Psychology.

Adele and Louis Osherson Fellowship News

Every January, the Adele and Louis Osherson Fellowship brings two non-Fielding midcareer professionals to Fielding Graduate University's Winter Session for a week of study and training in psychodynamic principles and therapy. This year's two Osherson Fellows were Bill Milford and Tom Lucas.. Both men live and work in rural communities where they

"As a social worker, psychodynamic thought often is relegated as having largely historical significance and being impractical in current practice. The Fellowship provided me with an opportunity to understand the depth and breadth of how psychodynamic theory created the foundation for many current practices and to value the quality of insights this reflective process holds. Current applications of psychodynamic approaches provide a rich and thoughtful venue for all social workers to consider. I am deeply appreciative of the opportunity to have explored this with the Osherson Fellowship."

Mr. Bill Milford, Osherson Fellow 2011

do not have access to the kind of professional training that the Fellowship provides. Bill is Chair of the Department of Social Work at Thomas College in rural Georgia, which serves primarily

a first generation, minority student population. Tom Lucas is the Director of Clinical Training at the Pecan Valley Mental Health Center in rural Cleburne, Texas.

....For more information contact Dr. Judith Schoenholtz-Read at jbsread@fielding.edu. Want to make a donation to support this opportunity? Contact Dr. Sam Osherson at sosherson@fielding.edu

Both Tom and Bill were welcome additions to our Winter Session and participated in all aspects of community life. They took courses in Intersubjectivity and Group Process, Theories of Personality, New Directions in Online Teaching, Dream Interpretation, and Case Conceptualization. Bill Milford is an accomplished musician and used his talents at song-writing (along with a borrowed guitar) to incorporate music into his Theories of Personality group presentation, entertaining the seminar with a song about Maslow and Self-Actualization

The week provided "unexpected gifts" for both Fellows, as they found their stereotypes and preconceptions about psychodynamic theory and therapy challenged. Bill came away with "a strong sense of the unity among many theoretical approaches. I feel almost apologetic for my skepticism about Freud and his work—I can see now more of what he was trying to accomplish and the challenges he faced in his work. Inexact translation from the German being one example. His work is much deeper than I thought."

Reflecting on his week at Fielding, Tom said that he came to see
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Fellows Tom Lucas and Bill Milford

Fellowship news... (from page 12)

that psychodynamic work was not the dry, remote, judgmental enterprise he had pictured it as: “it seems filled with caring and compassion.” After participating in some experiential and case seminars, Tom “was amazed at how present the therapist really is.” Returning home, Tom wrote that, “I hope to integrate psychodynamic principles into our more structured state programs. Particularly around people with personality disorders. It’ll take me awhile to digest all I’ve learned, but I am struck by the difference between how psychodynamic work reads on paper versus what it looked like in actual experience. So much of other orientations seem actually built on psychodynamic principles. I’ve walked away with a new paradigm.”

The Osherson Fellows bring their own experience and expertise into Fielding’s community life as well, and become active participants in the week. Tom reflected that the “biggest surprise was the sense of community at Fielding—how warm and gracious and connecting the students and faculty were. It was very touching to be so accepted.”

Deconstructing CG Jung’s Red Book

Sam Osherson

The publication of CG Jung’s *Red Book* in October, 2009 was greeted with great fanfare. *The New York Times Magazine* featured the book on its cover, with a lead article trumpeting, “The Holy Grail of the Unconscious.” The publisher’s advertising copy announced that *The Red Book* would transform Jungian scholarship, making obsolete all that had come before. Coincidentally, Alonzo Center faculty member Dr. Sanford (“Sandy”) Drob had just sent his book on Jung, *Kabbalistic Visions*, to his publisher for imminent release. Instead, Dr. Drob delayed publication of his own book for several months while he evaluated this new trove of information. So he began a careful study of this demanding, unusual work.

The *Red Book* was written by Jung primarily between 1913-1919, in the years immediately after his break with Freud. Jung asked a local printer in Geneva to create a special, large blank volume, pages finely printed and bound all in red, in which he could record and illustrate his memories, visions, dreams. Jung continued to add to this secret book until 1929, then kept it in his kitchen cupboard, refusing to allow its publication in his lifetime. It is a stream of consciousness work, filled with thoughts, associations, fantasies, and speculations, accompanied by dramatic artwork that Jung also produced during this period. The illustrations are finely done and much of the calligraphy is very carefully rendered. It’s clear that Jung was very identified with this work; it was likely one of way of coping with his long “night of the soul” that he describes more generally in some of his other writings.

After spending several months with the *Red Book*, Dr. Drob’s

revised his own study of Jung to incorporate material from this previously unpublished work. At Fielding’s winter (2011) teaching session, Dr. Drob shared his perspective on the *Red Book*, which he sees as a fascinating work filled with explorations that presage Jung’s later ideas of the Shadow, the Collective Unconscious, and Archetypes. Nietzsche’s influence on Jung is apparent in the *Red Book*’s pages, and at times the book has an existential, even post-modern, flavor.

The book tells a story, and there are both linguistic and pictorial threads. The story wanders and two threads appear to only occasionally intersect: the paintings tell one story while the written text tells another. Jung was very interested in how human psychology can be expressed in media other than words, and the illustrations are his attempts to do so through images.

In the *Red Book* Jung describes encounters with various mythological figures in ways that might be considered psychotic if reported in a clinical session. Yet Jung saw himself using the process of “active imagination” to explore uncharted realms of his own experience, often carrying his dreams forward when awaking into an active reverie. He wrote that he wanted to accept everything about his experience, especially that which is rejected and reviled in ordinary life. He claimed to want to accept what humanity actually IS and allow it to flow through his being to reach his soul. In some ways, the *Red Book* is a very phenomenological study and in it Jung is preoccupied with existential themes regarding the meaning and authenticity of experience. Like Nietzsche, Jung reverses traditional values and he focuses on a number of polar oppositions such as reality/fantasy, meaning/absurdity (sense/nonsense), order/chaos, sanity/madness, and science/magic, among others.



Dr. Sandy Drob

Jung’s claim is that we must reverse the commonly-accepted relationships among these dualities and accept “the coincidence of opposites”—that only by entering one end of the polarity fully can we understand the full nature of its opposite and reality as a whole. In other words, only through absurdity can we find meaning. Out of chaos comes a new kind of order. Madness can lead to true sanity, though not on the narrow societal definition of “sane.” For Jung, “the transcendent function,” if we allow it to work on our souls, can lead to a creative, imaginative reconciliation of opposites and resolution of internal conflict. Only in this way can we step outside of the narrow, constricting meaning framework that we are given when we are born. For Jung, in anticipation of many post-modern theorists such as

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Jung's Red Book... (from page 13)

Lacan, the ruling discourse needs to be challenged. However, when we truly encounter the "real" we may be overwhelmed by what we find.

Dr. Drob's presentation was provocative and challenging. When asked what he would make of this material if presented by a patient in a clinical setting, he suggested that he might "diagnose an hysterical psychosis" but he emphasized that there are other factors at play here: Jung also wrote and published some of his greatest work during the very period that he was filling the *Red Book* with his speculations.

The conversation turned to issues of madness and manipulation in Jung's life and to the varying ways of understanding the *Red Book*, and indeed Jung's contributions in general. Jung can be seen alternately as a genius, a psychotic, a charlatan, and a literary figure. While acknowledging this complexity and ambiguity, Dr. Drob spoke of his admiration for Jung's willingness to extend boundaries, his openness to surprise, chaos, and the search for the renewal that different energies bring into life. Jung urges us not to segment our wholeness by projecting the unwanted aspects of our self onto "the other." He wants us to be open to what is completely Other within us. In that sense, Jung presages existential, post-modern approaches to being human. If we are not open to the difficult and even frightening aspects of

In the *Red Book* Jung describes encounters with various mythological figures

ourselves, we are led into a narrow, constricted life.

Dr. Drob closed the discussion with an observation about the difficulty of mapping human experience with just one methodology, whether it be positivistic science, mystical exploration, non-spiritual rationality or religious faith. He observed that in cartography it is impossible to create a two-dimensional map that fully and adequately captures a three dimensional space, such as the earth without distortion. What is needed are several different ways of describing the earth, for example, mercator, polar, and "orange peel" projections that, when viewed in combination, provide a better view of the globe, despite the fact that each method has distortions and omissions. Perhaps, too, the "mapping" of human experience needs cartographers like Jung, just as we need those who would chart human experience in very different ways, with resulting very different pictures of what it means to be human.

So, from this view, the *Red Book* is not a "holy grail" or the "last word" on anything—it combines many elements and, in Dr. Drob's view, asks us to think deeper about what we are all about as human beings. A

Dr. Drob's study of Jung, Kabbalistic Visions: C.G. Jung and Jewish Mysticism, was published in paperback in 2010 by Spring Journal Books, New Orleans, La. Though the major theses of his book did not change, Dr. Drob revised various sections of Kabbalistic Visions in response to his reading of The Red Book: "there was much in The Red Book that helped me understand Jung's later receptivity to Kabbalistic symbols and ideas."

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