

The Trajectory of Counseling in China: Past, Present, and Future Trends

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This article surveys the past, present, and future trends of counseling in China. Historically, mental health problems were addressed within the family. Currently, psychotherapy from trained practitioners is available on a limited basis, at least in urban settings. The challenge of mental health in China is tremendous, and the efforts to meet that challenge are encouraging. The authors recommend that in the future, prevention and intervention services be offered that are ecosystemic, strengths-based, and culturally appropriate.

Boasting a booming economy and having showcased itself to the world as the host of the 2008 Olympic Games, China is poised to become one of the most powerful nations in the world. Signs of economic progress abound in the massive urban centers. As part of this rapid economic and social change, the Chinese people are experiencing significant multiple stressors. At the World Mental Health Day held in Beijing on October 2, 2006, Zhou Dongfeng, president of the Chinese Society of Psychiatry, revealed that at least 100 million of China's 1.3 billion people have various mental disorders, such as schizophrenia, bipolar depression, obsessive-compulsive disorder, and social phobias. According to one report, mental illness accounts for 20% of the total patients in hospitals, making it the most widespread disease in China (Fei, 2006).

Although the worldwide average rate for suicide is 14 per 10,000, the suicide rate in China is approximately 20 to 30 per 10,000. In urban areas, where the signs of economic progress are most obvious, suicide is often committed by jumping from high-rise buildings or into rivers, whereas in rural areas, suicide is often committed by ingesting pesticides or other poisons. According to gender, the suicide rate is higher among Chinese women than among Chinese men. Suicide is the leading cause of death for Chinese individuals between the ages of 15 and 34 (Ji, Kleinman, & Becker, 2001; Liu, 2003). Xinhua news agency reported that approximately 10% of 340 million youth under the age of 17 experience mental and/or behavioral problems such as anxiety, depression, alcoholism, and criminal activity (Radio Free Asia, 2004). During Chinese Vice Health Minister Zhu Qingsheng's address at the 13th World Mental Health Day, he expressed concern that the "problems with mental health have threatened the development of China's human resources" (Radio Free Asia, 2004, para. 2). In addition to these mental illness concerns, there are many other reasons for the Chinese to seek psychological help; among the most common are mental distress, school-related problems, finan-

cial worries, family/relationship difficulties and "anxiety about adapting to the changing demands of the marketplace" (Chang, Tong, Shi, & Zeng, 2005, p. 106). Extramarital affairs continue to be common, and now, with economic progress and social change, divorce has become easier and the rate has been rising.

The Cultural Revolution of 1966–1977 was a watershed era. Using it as a benchmark of the Chinese people currently alive, one can divide the Chinese into three different generations: (a) those who were born before the Cultural Revolution and who were directly traumatized by this movement, (b) those who are children of the Cultural Revolution and who may face secondary trauma, and (c) those who are in the generation born after the Cultural Revolution who were spared the trauma of this revolution but face the pressures of modernization and economic prosperity. Each one of these generations faces different challenges to their mental health and may exhibit different levels of openness to psychological services.

Past Trends

Because of China's centuries-long history of collectivism, the Chinese family and its expanded network have been a bastion against mental health problems. As is typical of collectivistic cultures, problems have traditionally been handled within the family itself, not in public (e.g., family members consulting their elders rather than someone unknown to the family). Because of conservative social norms and a desire to retain economic resources in the family, divorce was frowned on. Furthermore, the China Revised Marital Law in 2001 made divorce difficult to obtain (Huang, 2005). The result was that families tended to be more externally intact, and resources from the extended family were relied on whenever there was a crisis in a family. Although there are positives to such an approach to life, there is also a negative side: There tends to be shame and social stigma linked to mental health problems.

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Thus, to “save face,” the Chinese may deny the existence of mental health problems or illnesses or treat them as medical problems, which is more socially acceptable. The historical development of mental health services has been well chronicled by different authors (Chang et al., 2005; Qian, Smith, Chen, & Xia, 2002; Yip, 2005); however, most of these reviews tend to focus on psychiatric services in hospitals or institutional settings rather than on psychological mental health.

The formal advent of Western psychotherapy in China appears to date from two significant events in the early 1900s: (a) the formation of the Beijing Psychology Institute in 1917 and (b) the establishment of the Chinese Psychological Society in 1921 (Han & Kan, 2007). The next 3 decades saw the gradual development of training courses in Freudian psychoanalysis. Then, in the mid-1950s, the Soviet-influenced Pavlovian rapid comprehensive therapy was developed by a group of Chinese psychologists and psychiatrists to treat neurasthenia and other anxiety disorders. This behaviorally based treatment modality also incorporated psychopharmacology, group therapy, psychoeducation, and physical exercises (Psychotherapy in China, 2005). The foregoing is indicative that whether or not more formal and even Western forms of psychological help were widespread or freely accepted, they were being progressively brought to and used by at least some segments of the Chinese population during the first half of the 20th century.

However, during the Cultural Revolution, psychology and psychiatry were considered counterrevolutionary, bourgeois disciplines that exploited the masses. Thus, both the development and delivery of psychotherapy were halted, and psychologists and psychiatrists, like other professionals, were sent to do manual labor in the countryside. People with mental disorders were released from hospitals and institutions and reeducated with Mao’s thoughts (Liu, 2003). However, by the 1980s, political changes and economic reforms yielded “a favorable environment for psychotherapy to reemerge as a legitimate discipline” (Leung, Guo, & Lam, 2000, p. 81). The 1985 formation of the Chinese Association for Mental Health signaled a significant milestone in the collective identity and support of mental health professionals. Along with this milestone came a resurgent interest in psychotherapeutic publications, with the market being supplied by both translation of foreign literature and production of indigenous Chinese works. The 1980s also saw the emergence of both cognitive insight and *Shudao* therapy (Chang et al., 2005; Qian et al., 2002). The former was developed by Youbin Zhong, who integrated psychodynamic theory and cognitive therapy, and the latter was developed by Longguang, who incorporated the concept of unblocking energy meridians with a confrontational approach that challenged the client’s belief system. Morita therapy, with its Daoist epistemological root, became an increasingly popular approach because of its consistency with the Chinese ecological view. It embraces the basic premise of *shun qi ziran* or “letting nature take its course.” However, the most practiced theory in China seems to be behavioral therapy, which is brief

and pragmatic and in keeping with the Chinese propensity for the practical (Chang et al., 2005; Qian et al., 2002).

In schools, homeroom teachers play an important role in psychological counseling of students (Wang, 1997). They are not school counselors per se because they also attend to many other teaching and administrative duties in school, including implementing the educational and teaching plan for the school. However, as homeroom teachers, they are responsible for ensuring the all-around development of their students in each assigned cohort. They provide psychological counseling, which includes moral education, educational and career guidance, personal development, and guidance in interpersonal relationship issues. School counseling as a specialized and formalized field, as understood in the West, was not developed as such in China.

Present Trends

The current scene is significantly different from that at the height of the Cultural Revolution. In terms of psychological help, services are found in large urban areas throughout the country in settings as diverse as mental health clinics, hospitals, prisons, schools, and private practice offices (Chang et al., 2005). Even with this progress in providing mental health services, the ratio of counselors to the population in China is 2.4 per 1 million people—a stark contrast with the United States where there are 3,000 counselors per 1 million people (Han & Kan, 2007). As for educational preparation, some 60 universities have counseling- and psychology-related departments. These universities are located in various key urban centers, such as Beijing, Shanghai, Guangzhou, and Changsha (Han & Kan, 2007). In addition to the degree programs within the country, some Chinese obtain graduate degrees in international settings, among the most popular locations being Germany, Hong Kong, Japan, and the United States. In addition to formal university courses and degrees, there are a number of free-standing nonuniversity counseling certification programs as well as a national licensing process. Among the free-standing certification programs are the German–Chinese Psychotherapy Training Program, the International Psychosomatic Medicine Training Program (in Wuhan), the Training Program of Psychoanalysis (in Nanjing), and the Harmony Counseling Training Program in Marriage and Family Therapy (in Shenyang).

China currently has a three-tier national licensing program that dates from 2002 when the National Counseling Licensing Board was formed under the auspices of the Central Department of Labor. A person qualifies to be a Licensed Level Three Counselor with satisfactory completion of a government-approved course and the passing of the Department of Labor examination (covering such areas as basic counseling skills, developmental and social psychology, personality disorders, and psychological assessments). The Level Two courses and examination cover such areas as advanced counseling skills,

diagnosis, and assessment of mental disorders and the use of various psychometric inventories. The highly coveted Level One License is reserved primarily for those who have qualifying doctoral degrees in the fields of education, medicine, or counseling and have worked as a therapist for at least 3 years. It also includes therapists who have master's degrees, but these individuals must have passed Level Two. Currently, there are more than 30 locations throughout China that offer the examinations (Qualifications for Applying for Examinations, n.d.). China also recently instituted a national exam to license school guidance counselors. Furthermore, in spring 2007, in collaboration with Rowan University in the United States, Beijing Normal University was reported to be the nation's first university to offer a school counseling training program. However, school counseling is an area that is currently still not well-defined in China (Education Profs, Students to Help Implement, 2007).

Future Trends

The future of both counseling and prevention services in China should be considered from a culturally sensitive perspective. This means that both the Chinese and non-Chinese who provide mental health services and training in China need to carefully consider the sociocultural context. Wholesale importing of noncontextualized approaches to mental health is actually counter to the ethical codes of all mental health professions. This caution is especially important to note because since the "opening-and-reform policies initiated in the 1980s, [China has been] experimenting with Western ideas, markets, and institutions, including Western-style counseling and psychotherapy" (Chang et al., 2005, p. 104).

At the same time, it should be noted that the caution Chang et al. (2005) voiced is in reference to the contrast between Western individualistically oriented approaches to counseling and psychotherapy and the relationally oriented focus of Chinese society and culture. Although the caution needs to be taken with utmost seriousness, the phrase "Western-style counseling and psychotherapy" seems to be used in a monolithic way, with the idea that all approaches originating in the West are individualistic by assumption, philosophy, and intervention. However, the West has seen a growing transformation in the perspective and practice of mental health—the movement to a holistic ecosystemic perspective in which persons and their problems are considered in their relational and circumstantial contexts. This holistic ecosystemic perspective considers the sociocultural milieu as well as family and community networks and each individual's characteristics and coping strategies. The etiology of an individual's symptoms may be anywhere and at any level of the ecosystem, and thus intervention can be at any level or combination of levels and facets of the ecosystem. The same perspective is readily applied to prevention efforts as well. Because of the nature of Chinese society, it seems that the most culturally appropriate approach to mental health is an ecosystemic one.

Along with being more congruent with Chinese culture, an ecosystemic approach is necessary for adequately meeting the challenges of the mental health situation in China. It takes into consideration all levels from the macro to the micro—from the level of the national government to the level of the individual—emphasizing that all levels interact with and influence one another. Thus, a national mental health strategy and code of ethics would not only recognize the immense needs of the situation but also provide financial and material resources for the implementation of psychological well-being at the grassroots level as well. This ecosystemic approach is in concert with what Jiang Zemin, former president of the People's Republic of China, communicated to the World Health Organization—that China is determined to create a friendly society for individuals with mental illnesses (Confidential Mental Health Survey Conducted in China, 2001).

An ecosystemic approach would mean that discussion of policy matters regarding mental health would take place at the macrosystemic level and would include not only Chinese political and mental health leaders but also leading ecosystemic mental health persons from around the globe. The combined prevention-intervention strategy would incorporate psychoeducation, support groups, and psychotherapy. This strategy is encompassed by two Chinese terms (Chang et al., 2005). The first term is *xinli zixun* (i.e., psychological counseling, consulting, or psychoeducation), whereas the other term is *xinli zhiliao* (i.e., psychotherapy). Both *xinli zixun* and *xinli zhiliao* are needed to manage the mental health needs of the nation. The training of mental health professionals is congruent with China's traditional emphasis on education. Although several universities have counseling programs, many of these are adjuncts to other disciplines, such as medicine, where mental health issues may be a part of the curriculum for training medical doctors (Chang et al., 2005). Specialized counseling degrees at both the bachelor's and graduate level will need to be instituted at the universities to train mental health professionals. Universities, together with the government and nongovernmental organizations, can play a great role in using mass media technology, such as radio, television, and the Internet, to provide mental health awareness and skills in both the urban and rural communities. A good example is the collaborative effort between the Department of Labor and Hua-Xia PsychCn, an innovative Web-based organization, to train lay counselors (Huang, 2005).

Although psychotherapy may be a social stigma in China, psychoeducation is not. Psychoeducation is more impersonal, and its practical nature fits well with the rationalistic Chinese worldview. Most Chinese would welcome self-help classes addressing such interests as stress management, coping with anxiety, effective parenting, and marital enrichment. Support groups organized by neighborhood communities can help people to be connected and promote healthy relationships. Although psychotherapy is becoming more known and accessible in urban China, it is still in its early developmental

stages—a common place to be for any profession as it is developed in a new setting. Currently, it still seems more acceptable to consult a medical doctor to treat one's headache than it is to see a mental health professional to treat personal, marital, or familial stress. An effective counselor, one who seeks to be consistent with Chinese culture, will take into account this cultural peculiarity, which results in the counselee's expectation of brief consultations in which practical advice is dispensed. Aspects of the so-called solution-focused approach (Berg, 1994; de Shazer, 1985; Yeung, 1999) may be invaluable for the Chinese context. Using an adaptation of this practical, action-oriented, short-term, and solution-focused approach from an ecosystemic perspective could well be that which is most consistent with Chinese culture, with its combination of relational orientation and practicality. The common Chinese expectation of a single session for solving a problem is not totally outside the purview of even Western approaches to mental health as evidenced in Talmon's (1990) monograph *Single Session Therapy: Maximizing the Effect of the First (and Often Only) Therapeutic Encounter*.

There has been healthy discussion on the appropriateness of Western psychological and psychiatric concepts in China (Kung, 2005; Woo, 1991). However, we envision that in view of the vast mental health needs in China, there will be a greater openness among China's policy makers for the cooperation between China and the West in adopting mental health counseling as it is known in the West. An example of this cooperation is a suicide hotline that was a cooperative venture between Michael Phillips, a Canadian psychiatrist, and the Chinese Society for Psychiatry (Liu, 2003). Other East–West collaborations are the annual trainings in Satir's therapeutic approach held in Shanghai and Guangzhou (Satir Institute of China, 2007) and the ongoing training, supervision, and consultation in marriage and family therapy at the Harmony Counseling Center in Shenyang that are provided by professors and mental health professionals from the United States, with the Graduate Department of Counseling of George Fox University acting as a consultant.

East–West cooperation is necessary in view of the pressing mental health crisis, but it must be implemented in a way that is respectful of Chinese culture and its ancient worldview that includes filial piety, deference, family obligations, and duties. Metaphysically, there is also a need to understand the influence of yin and yang on both physical and mental disorders in the Chinese Daoist worldview (Qian et al., 2002). Just as it is in Western psychology, it is important in China to work with other professionals; it would also be helpful to work with traditional Chinese medical physicians, acupuncturists, moxibustionists, and other homeopathic practitioners who work with energy systems in ways that are meaningful for the Chinese. The Chinese have different stress-reducing exercises that incorporate proper breathing techniques. Examples of such ancient arts that stimulate and open up the life-giving

energy points and channels of the body are taiji quan, qi gong, and acupuncture. These are health adjuncts for sustaining mental and physical wellness (Sancier & Hole, 2001).

Conclusion

The challenge of providing mental health care in China is tremendous, and the efforts to meet that challenge are encouraging. Mental health services that foster the development of healthy individuals as well as strong marriages and families need to encompass culturally contextualized intervention and prevention services. The most important strategy for the future of psychotherapy in China is that Chinese nationals need to be empowered, and they need to integrate their Chinese cultural norms and values, such as Confucianism and Daoism, as they consider the possible use of contributions from the mental health traditions developed in the West (Yan, 2005; Yip, 2004; Young, Tseng, & Zhou, 2005). As it stands today, it appears that China not only is poised to become the next economic leader in the world but also could well become a leader in how to develop and provide comprehensive, culturally congruent prevention and intervention services.

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