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# Distance Psychoanalysis and Psychotherapy in China

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**ABSTRACT**

The treatment program of CAPA, initiated in 2006, has provided low cost, effective psychoanalysis and psychotherapy, over the Internet, to several hundred CAPA trainees. English-speaking analysts and therapists are recruited from all over the world. They also participate in the teaching and supervisory programs. Cultural differences, which can be challenging, frequently must be considered during treatment, but have not proven to be insurmountable. The value of this endeavor is immeasurable, as resources for treatment are still quite limited in China. Time zones limit the available hours for treatment, but our students are highly motivated to accept very early or very late appointments. CAPA treaters have been extremely generous with respect to their acceptance of very low fees. This program has been quite successful, and can be a model for Internet treatment.

## History of CAPA treatment in China

Elise Snyder, M.D., a brilliant and visionary American psychoanalyst, was invited to China in 2001 to deliver two papers on psychoanalysis at a literary conference taking place in Beijing. While participating in this conference, she learned of a group of academics and clinicians in Chengdu, a city in central China, who were interested in learning about psychoanalytic theory. She decided to visit this group in Chengdu after the Beijing conference. She was invited to give several lectures about psychoanalytic theory and technique, and she agreed to provide numerous clinical consultations for this group and their patients. She was surprised to learn that there was a critical shortage of trained mental health professionals throughout China, primarily because almost no one was trained as a psychiatrist, psychologist or counselor during Mao's Cultural Revolution (1966–1978).

The mentors and instructors, who would have taught the current trainees, after the sweeping reforms that followed this terrible repressive period of Chinese history, were simply not available. Dr. Snyder returned to Chengdu a year later to provide additional training and consultation. Many members of this group, who were studying psychoanalytic theory in a non-clinical university program, asked to begin treatment with American analysts via Skype. A colleague of Dr. Snyder visited Chengdu shortly; thereafter, evaluated a potential analysand in person, and agreed to conduct an analysis via Skype. This was CAPA's (China American Psychoanalytic Alliance) first Internet analysis, begun in 2005, even before there was a CAPA.

Since that time, CAPA has been providing low-cost psychoanalysis and psychodynamic psychotherapy via Skype and Zoom, to many Chinese patients, primarily to the mental health professionals who are students in CAPA training programs. These treatments are conducted exclusively in English, and proficiency in spoken English is a requirement for a referral to a CAPA analyst or therapist. All prospective students are carefully screened for proficiency in English. Patients are seen in analysis three to five times a week, or in psychodynamic psychotherapy one or two sessions a week. The analyst and the patient jointly determine the frequency of the sessions. What makes Skype so well suited for Internet therapy is that the computer-to-computer version is secure, thus ensuring the confidentiality of the treatment sessions. The computer communication, as well as the

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Skype telephone and chat communication, are encrypted uniquely on each computer, and are changed with each transmitted session. (Berson, 2010). The Zoom protocol is equally secure, and the connection is often more stable than Skype. It has an end-to-end encryption feature, which ensures HIPAA compliance. Of course, in the current climate, any computer communication can be hacked, as can phone calls, which can be wiretapped. No one is entirely safe from snooping, but we are pretty confident that Skype and Zoom are reliable applications (Fishkin & Fishkin, 2011).

As of this writing, CAPA has arranged psychoanalytic treatment for more than 175 Chinese students, and psychodynamic psychotherapy for over 255 students, all conducted on computers using the free Skype or Zoom software. Psychoanalysts and psychodynamic psychotherapists are recruited from psychoanalytic institutes and psychodynamic psychotherapy training programs, primarily all over the United States. There are also several analysts from Canada, Australia, England, France, Germany, Italy, South America and Israel, all of whom have excellent English skills. Clearly, geography is not a limiting factor in the implementation of a psychodynamic psychotherapy training and treatment program in China. What is of critical importance is (1) access to a high-speed Internet connection for both the therapist and the Chinese patient, (2) a high-resolution camera and a noise-canceling microphone, if they are not already standard equipment on the computers in use, and (3) technical facility in the use this equipment. It is not difficult to download these applications, Skype and Zoom, and to learn how to use them. (VandenBos & Williams, 2002) Elise Snyder leads annual tours to China, and many of the clinicians who are treating CAPA students participate in them. An opportunity is thus provided to meet in person, on the tour, with the CAPA patient. A wide range of experiences can occur during this meeting, depending on the state of the transference at that time.

Chinese distance patients, who are in treatment with CAPA treaters, are mostly mental health professionals with varying levels of experience. They are in intensive training in the CAPA psychodynamic psychotherapy program, currently conducted on Zoom. CAPA strongly recommends, just as is the case in American psychoanalytic and psychodynamic educational programs, that students undertake personal treatment. Many of our Chinese students apply to the low fee CAPA treatment program, are screened for suitability for analysis or psychotherapy, and are referred to an analyst or psychotherapist for further evaluation. If it is a good match, a therapeutic contract is made between the therapist and the patient, and treatment is begun.

As the director of the CAPA Treatment Program, it is my responsibility to ensure that the treatment goes smoothly. Problems with any aspect of treatment are referred to me, for investigation and disposition. About three-quarters of each incoming CAPA class apply for treatment

The parameters of treatment via the Internet are not significantly different from those in a face-to-face setting. If anything, Chinese patients are even more highly motivated than their American counterparts, because they are aware of how fortunate they are to be selected to participate in the CAPA program. Alternatives to the CAPA program for treatment in China are few, and these options are not uniformly at a level of competence that we would find acceptable. Thus, the premature termination rate, both among therapists and patients, has been low. The feedback from CAPA analysts and therapists is generally enthusiastic and positive. They have found this opportunity to work with patients from a country and culture so vastly different from their own to be challenging, intellectually stimulating and gratifying. The technological hurdles have not proven to be insurmountable by any means. (Bee et al., 2008)

There is some controversy over whether distance treatment is as good as in-person treatment. Of course, the gold standard of treatment requires the patient and the analyst to be physically present in the same room. However, a great deal of therapeutic work can be accomplished via distance technology, as those who have experienced it will attest. CAPA analysts who have conducted analyses with our students have affirmed that an analytic process has developed. Some of our treaters have been able to travel to China to meet with their patients, on the annual CAPA tour, and some patients have come to the US to meet with their analysts. Of course, the opportunity to meet, even for a limited period of time, enhances the connection of the analyst and the patient and

provides further opportunities for the intensification of the transference neurosis (Fishkin, Fishkin, Leli, Katz, & Snyder, 2011).

## Clinical illustration

The patient, Ms. A, was a 34-year-old married graduate student who was in a PhD program in psychology at one of the most prestigious universities in China. She was a few years away from receiving her doctorate. She had approached Elise Snyder, the American president of CAPA, after having attended her lecture about psychoanalysis given at this woman's university. Ms. A was intrigued by this approach to exploring psychological conflicts, and requested an evaluation for possible psychoanalytic treatment. She was referred to me for an assessment, which of course was conducted over the Internet, via Skype. Although her English was occasionally halting, she was open and articulate, and provided a comprehensive personal history, which was quite adequate for a determination of her analyzability.

Ms. A belongs to the first generation of single-child families, the required policy of the Chinese government, implemented in 1979, for control of the exploding population of China. She had felt the ongoing pressure of her parents' hopes and expectations, all intensely focused upon her alone. (Fong, 2007) Her parents, now in their 60s, were both retired and living in another city, where Ms. A had grown up. Her father had worked far away in another city for the first 4 years of the patient's life, a practice extremely common in China for economic reasons. She lived during that time with her mother, who worked full time in a factory, and her maternal grandmother, who cared for her while her mother worked.

Significantly, Ms. A spontaneously commented, while describing her family constellation, that Chinese people have great difficulty expressing their positive feelings. She further elaborated that her parents never told her that they loved her and were proud of her, although she guessed that they were. Instead, they were consistently critical of her, always expecting her to do better in school. If she got a 95 in a test, they would ask, "What happened to the other five points"! She described her parents as "emotionally abusive", frequently engendering feelings of shame and anger within her. Nevertheless, her need to be "number one" was reenacted over and over in her academic and professional life, often complicating her relationships with her peers.

Ms. A provided little information about her husband of 8 years who remained in her hometown city with her parents while she pursued graduate studies for several of those years. She and her husband had both been students at their university when they met and fell in love. They continued to be "very close" in spite of the physical distance between them, speaking every night and spending long weekends together at least monthly. Her husband was a college professor who taught medical students at a university in their hometown, and was investigating the possibility of a teaching position at the university where my patient studied. They planned to start a family when that became possible.

Ms. A talked at length about her difficulty expressing her feelings, especially angry ones. She could readily see that this inhibition was related to her need to be universally liked and admired. Her conflict was reinforced, she remarked, by the Chinese cultural value of "equanimity", requiring the suppression of strong feelings. Other feelings that were conspicuous by their absence in our sessions were sexual feelings. I felt some reluctance to explore this omission, as it was not clear to me to what extent this was culturally determined and how much was a result of the conflict.

An early dream that Ms. A reported indicated her conflicts about professional advancement at the expense of her family. The dream portrayed her wish to forge ahead, carving out a burgeoning career in her adopted city, as well as her guilt about uprooting her family, which included parents who were her sole responsibility, in order to relocate them all to this city. She struggled with feelings of selfishness: returning to her hometown would put her back to "zero" professionally, as she now had many contacts where she currently studied and worked.

Over the course of several years, Ms. A developed a very positive transference to me. She frequently referred to me as her "psychological grandmother", explaining that she always felt encouragement, support and unconditional love from her maternal grandmother, who lived with the family and took care of her. Her grandmother died when the patient was a preadolescent- a devastating loss. Ms. A remarked

that she felt so "relaxed" during our analytic sessions, that she could tell me anything without concern that I would be critical or disapproving, just as she had felt so many years ago with her grandmother.

After the analysis had been in progress for almost 2 years, an opportunity arose for me to meet Ms. A in China when I participated in a CAPA tour, visiting five major Chinese cities where I conducted consultations and teaching. When I arrived at the city where my patient lived, I found it difficult for me to contain my excitement and sense of anticipation. We arranged to meet in a private room in a teahouse adjacent to my hotel. For the price of a pot of tea, we had a completely soundproof, comfortable private room, tastefully furnished with two facing leather couches. We participated together in a somewhat extended analytic session, not unlike our regular Skype sessions. I asked her how she felt about meeting me in person. Her response was both surprising and reassuring. She commented that, although she was delighted to finally meet me, it didn't seem all that different from our Skype sessions. On Skype, she felt able to discuss anything that occurred to her, to associate freely, and being with me face-to-face in that teahouse felt very safe and familiar. She said that she felt "totally comfortable" with me, and grateful that she had the opportunity to undertake an analysis with me. I finished my tea, and we concluded our session. Upon my return from China, two weeks later, we resumed our Skype sessions uneventfully.

During the course of the analysis, Ms. A explored her transferential relationship to a mentor, a senior professor in her department, who was initially idealized, subsequently devalued, and more recently has become a more reality-based figure. She recognized how important and helpful this mentor has been to the patient's professional development, but now also recognized his clear limitations and deficiencies. Her feelings about this professor have paralleled those concerning her father, about whom she has similarly come to a more accepting understanding.

Ms. A related a recurrent anxiety dream, which had troubled her since middle school: she was taking exams in physics and chemistry, and had somehow failed to adequately study for them. She always awoke from this dream feeling anxious and unprepared. Her associations were that these sciences were always difficult subjects for her and created much distress. However, in a recent version of this dream, she was able to reassure herself that she still had time to study, that she did not have to get A's, and that she just had to pass. She awoke feeling calm and confident. I pointed out the substantial progress that Ms. A had made in her tolerance of herself as less than perfect. She was pleased to acknowledge that and readily concurred.

At this point in the analysis, there were some hints of negative transference toward me, amid the glowingly positive "grandmother" transference that had been constant. There were a number of canceled sessions, initiated by each of us, due to conferences, illnesses, and vacations. Ms. A admitted, with great difficulty, that she was surprised to notice that she felt relief when we canceled, as she was running out of "problems" to bring to the analysis. Such feelings made her feel extremely guilty, thinking that I would be "disappointed" to hear this. I suggested that the treatment was becoming less important to her, as many of her conflicts had been resolved. Ms. A commented that she could recognize that she had more self-confidence, could express negative feelings more easily, and was much more effective in her interpersonal dealings. She was looking forward to the impending move of her family to her adopted city, where her husband had accepted a teaching position. Given the unique conditions of this analysis, in that I was treating someone thousands of miles from my office, someone from a different culture, and whose native language is not English, I was gratified and reassured by the familiar unfolding of the analytic process. It felt much like what I had always experienced with analytic patients who were physically present in my office. The reach of the Internet and the opportunities that it provides are nothing short of miraculous.

A termination date was set, and, as generally the case with analytic patients, the "unfinished business" of the analysis unfolded during the course of the next few months. I was able to obtain a follow up, as this patient has remained in close touch with Elise Snyder who became a mentor and a friend. Ms. A completed her doctorate and secured a very significant clinical position at that prestigious university, in her department. Her family relationships have deepened and become richer, thus illustrating Freud's famous statement: "Love and work … work and love … that's all there is." It is pretty evident that our analytic work together has made a significant difference in Ms. A's life.

## Issues concerning setting fees, appointment times, and payment

When CAPA began providing psychotherapy and psychoanalysis in China, in 2010, we had no idea how to set appropriate fees for Internet treatment. Treaters often accepted unrealistically low fees from their patients. This situation created many problems for both the patient and the therapist, and often affected the progress of the treatment. Patients felt guilty or triumphant for paying far less than they could afford, and therapists felt somewhat cheated, but unable to prove it. Often, patients boasted to their colleagues about the low fee they were able to convince their therapists to accept. Since so many of our students were only children, according to the "one child" policy established by the Chinese government to control the exploding population, it is tempting to speculate about the narcissistic sense of entitlement of many of these students.

Both transferences and countertransferences were negatively impacted. After a few years, we realized that China is a "bargaining" culture, and that it extended to setting treatment fees. Therefore, a recommended fee structure was established, and made available to prospective patients. Reduced fees are offered to new patients who truly cannot afford the recommended fees, but resources, such as spouses or parents, must be explored with the patient. We cannot expect our analysts and psychotherapists to subsidize their treatment instead of their relatives. We expect CAPA analysts and psychotherapists to discuss the greatly reduced fees annually, as circumstances may change from year to year. Resistances around affordable fees are invariably part of the treatment, and, just as with local treatment, must be addressed. Since there is a fee for the transfer of money from China to the US, generally payment is made every three to 4 months. There are several ways to transfer money. Western Union is probably the least expensive, and the payment is made in American dollars. Other secure means of payment are Pay Pal and a bank transfer, from the patient's account to the analyst's. They all charge a fee.

It is important to remember that China is 13 h ahead of Eastern Standard Time, uniformly all over China. This time difference severely limits the scheduling of sessions to the very early morning and the early evening in the US. Other countries, where CAPA members also practice, have a smaller time difference, and so it is possible for them to schedule late morning and early afternoon sessions. CAPA students are often so eager and motivated to undertake therapy that they are willing to schedule their appointments as late as 11:00 PM China time. Sessions are 45 to 50 min, just as with in person appointments. Generally, the patient contacts the analyst via a Zoom room, although some therapists are more familiar with Skype and use it instead. Instead of "Hello," the familiar greeting when a patient arrives at our office, usually the first words we hear from the patient are "Can you hear me?"

The use of the couch in the analysis of a Chinese patient is variable. Some patients are eager to experience Freud's parameters, and arrange to recline on a sofa or bed in their apartment or office. Others, missing the immediacy of an in-person session, prefer to have eye contact. The physical position does not seem to make much difference for the development of an analytic process. (Schachter & Kaechele, 2010). Sometimes, an analysis starts out face to face and, after a greater sense of trust develops, the patient feels more comfortable to lie down.

There is no set CAPA policy for payment for missed sessions. We leave it up to the discretion of the treater. Since many Chinese holidays do not coincide with American holidays, these holidays may be occasions when the patient wants to cancel. For example, during Spring Festival, which coincides with the Chinese New Year, it is a custom for Chinese children to visit their families in their hometown. The visit may last a week or two. We recommend flexibility, but in the end it is up to the analyst or therapist whether to charge for sessions missed during these holidays.

## Issues concerning cross-cultural treatment and language

CAPA is unique, among psychotherapy training programs, in offering psychotherapy and three to five sessions per week psychoanalysis to its Chinese students, by means of a Skype or Zoom connection, with a designated CAPA analyst. It is obvious that, like any variation from the usual

analytic frame, the possible detrimental effects that the use of this distance technology may have on the patient–therapist relationship must be closely monitored. The reasons for our decision to undertake this parameter are obvious: There are few senior analysts in China who are available, accessible, and affordable for our students to consult.

There is a great demand for treatment in China, and therapists who have had their own individual treatment, even via the Internet, are better prepared psychologically to meet this need. The availability of an innovative technology such as Zoom or Skype, unimaginable to Freud at the time that he developed the techniques of psychoanalysis, have made this experience highly advantageous to CAPA students, and with proper safeguards, it can be productively used without significant distortion of the analytic process as he and later analysts have described it. CAPA therapists are able to explore the effects of treatment via Internet technology on the nature, depth and analyzability of the patient–therapist relationship, and to deepen their knowledge and understanding of the effects of cultural differences on that relationship, which is, after all, a subject that often comes up in office-based clinical work as well. (van Deurzen, Blackmore, & Tantam, 2006)

CAPA is confident that productive and helpful psychotherapy and psychoanalysis can certainly be conducted through this medium, and as a result there are a number of clinicians in China who have been afforded an opportunity that would have been impossible a few years ago, and they are grateful for it. In most cases, CAPA therapists have had little difficulty in developing a deep and meaningful relationship that can be carefully analyzed, including transferences and resistances, to the benefit of the patient. Several analysts and psychotherapists who participated in the 2009 tour of China, led by Elise Snyder, met with their patients face to face for the first time. These meetings were important and moving for therapists and patients alike. Annual tours have afforded many CAPA clinicians an opportunity to meet with their patients in person. What was truly unexpected was that some of the tour participants found that the face to face meeting actually was somewhat disruptive, interfering with the usual Internet routine in much the same way, perhaps, as occurs with any alteration of the analytic frame.

Cultural differences have a major impact on therapy, as they do in all of life, and in this respect, it may be best to describe the process as one of mutual learning. Chief among the culturally defined issues that therapists have noticed early in the treatment of Chinese patients is the very strong prohibition against expressing, or even being aware of, aggressive thoughts and feelings, particularly those directed at parents and respected authority figures. In analysis and therapy, this prohibition becomes a resistance that must be explored and brought to light with special delicacy and care, because it is ego and superego syntonic. In fact, expressing ANY strong emotion is met with disapproval in prevailing Chinese culture. That would certainly cause conflict in the Chinese patient, and the exploration thereof would constitute an important part of the ongoing treatment.

Dealing with language difficulties can be a significant challenge. Obviously, all CAPA treatment is conducted in English. While students are selected for the CAPA training program whose English proficiency is excellent, there are occasional lapses of comprehension on both ends. This difficulty is often a result of different language connotations. For example, a patient was describing her past medical history to her new analyst, and stated had undergone six "abortions". The analyst was somewhat discomfited by this method of birth control, even for China with its draconian "one child policy," and expressed some concern. Here was fertile ground for a misunderstanding: The word in Mandarin for therapeutic abortion and spontaneous abortion, or miscarriage, is the same. The patient was talking about multiple miscarriages!

Using metaphors and common English expressions can also prove troublesome. For example, an analyst, trying to convey the idea that there were multiple solutions to a particular problem that the patient was discussing, commented, "There is more than one way to skin a cat!" Imagine the discomfort of this patient when she had a graphic, literal image of this statement in her mind. When the analyst hastened to clarify what she had meant, the patient was greatly relieved. Paying greater attention to our choice of words requires more effort than with local patients, where we take our shared language for granted.

Dealing with primal scene material is another challenge for the CAPA analyst. Given the urban housing shortages and the population explosion in China, it is a common practice for parents and children to all sleep together in the same room and often in the same bed. Challenging this ego-syntonic norm with patients can be a delicate and difficult matter. While our students have learned all about the Oedipal stage of development in their course work, and the consequences of excessive sexual stimulation to the young child, there can be a curious and observable failure to connect this understanding of the theory with consequences that may be brought about by this generally accepted sleeping arrangement in China. The cultural norm of these sleeping arrangements may be related to the absence of sexual content, which has been observed in many clinical sessions. Despite learning in course work about sexuality and its central role in psychopathology, the student often avoids discussing this topic in treatment sessions. This omission may reflect embarrassment or discomfort. In addition, the patient, because of the strong and rigid characterological defenses that have been erected, may disregard the connection with trauma or overstimulation.

Another cultural difference that has consequences for the psychosexual development of the Chinese child is the widespread "norm" of separation of the child from the parents at a very young age, in order for one or both parents to pursue professional goals or economic necessities. The child is often sent to live with grandparents in another city, sometimes for years, and then returned in adolescence to barely familiar parents, who have only been occasional visitors over many years. It may be difficult to address this practice, and how the patient felt about it then and now, in treatment, if it has been so well rationalized as to have become ego-syntonic. When the history of this separation is explored, painful feelings of rage and loss, which have been repressed for so many years, are often uncovered. The patient has to face TWO losses; first, feeling abandoned by the parents, and second, being taken from the surrogate parents, to be returned to the parents, who have become the objects of great ambivalence.

Another aspect of Chinese culture is the widespread practice of physical beatings as a discipline, even extending to very young children. This culturally sanctioned behavior apparently transcends class, as I have heard about this method of disciplining children both in lower class, uneducated households and in upper-middle class, well-educated homes. Again, it may be difficult for patients to access the outrage and trauma that they are repressing as a result of experiencing beatings over many formative years of childhood. Nevertheless, it certainly shapes character development in Chinese children and affects their subsequent relationships. It is often difficult to question this practice in treatment, as it is so ubiquitous and well rationalized.

The demand for academic excellence and achievement from these children, many of whom are only children, is uncompromising. Parents expect these children to be the best, admitted to top high schools and universities. The children study for long hours. A few years ago, on a trip to China, our guide, who lived nearby, took us on a walk through a playground, filled with state-of-the-art equipment. I commented that his only child, age eight, must enjoy playing here. He replied, "Oh, no, she never comes here, she is too busy studying and doing her homework!" I was appalled, and felt sorry for his unfortunate child, deprived of playtime, which is necessary for optimal development and is the right of every child.

I recently learned that a Chinese student had decided to send his wife and nine-year-old daughter to another Asian country, to enroll in an English-speaking international school, because he was distressed that she was staying up until 11 PM to finish her homework, while still in primary school. China has made enormous strides since the end of the Cultural Revolution, in catching up with Western countries, but at what psychological price to its citizens?

## Conclusion

CAPA has undertaken the challenging task of educating Chinese mental health professionals in psychoanalytically oriented psychotherapy and treating them in low cost, Internet-based, psychoanalysis and psychoanalytic psychotherapy. CAPA's mission is to alleviate the urgent need for state

of the art psychological education, which arises from the rapid development of Chinese society. CAPA, in this challenging work, has had to grapple with intimidating issues of geographical distance, cultural differences, and technological naiveté.

CAPA is continuing and expanding its pioneering work in cities all over China. CAPA, a not-for-profit NGO, is manned entirely by volunteers, who are psychoanalysts and psychodynamic psychotherapists from all over the world. In the process of carrying out its mission, CAPA is promoting a deeper understanding of virtual psychoanalytic and psychotherapeutic treatment. The hope is, that, by training its students, CAPA will be able to fulfill its mission and that the CAPA students will assume the position of teachers, therapists, and leaders of tomorrow's China.

## Notes on contributor

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