



ASIAN ACADEMY OF FAMILY THERAPY
NEWSLETTER

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I am honored to present to you this first official AAFT Newsletter. It will be published twice a year, every July and December. A big thank you to our Editorial Board for putting together such an eclectic collection of articles representing not only the work in Asia, but also from abroad.

I hope our members and colleagues will consider this an exciting platform to share their innovations and clinical endeavors. Please enjoy our first issue!



Wai Yung Lee, Ph.D

Our Five Presidents



EDITORIAL

We are delighted to have received such diverse submissions for our first issue. Our Vice Presidents, Xudong Zhao and Takeshi Tamura, have shared how their families of origin have shaped their experiences as therapists in China and Japan respectively. Young-Ju Chun's paper on "ideal families", and Sun-Hae Lee's discussion on relationships in Korea are eye-openers, allowing us to see how therapy is conceived in an important neighboring region.

Maimunah Mosli's piece on the redevelopment of therapy in Singapore offered a perspective on how ideas from East and West can be bridged. Noriko Nakamura from Japan and Paul Johansson from Sweden had expressed their interests in bringing the Family Biofeedback Assessment initiated by Wai Yung Lee of AAFT to their respective regions, signifying another cross-regional collaboration far beyond Asia.

Furthermore, Wentao Chao's attempt to tackle the styles of family therapists in Taiwan and Joyce Ma's advocacy on mutual learning and mutual professional growth in Hong Kong expanded the themes and spirit in our clinical discussion.

Last but not least, we are also thankful to our colleagues from abroad, Maurizio Andolfi from Italy, Martine Nisse from France, Chris Habben from AAMFT, and Ian Goldsmith from Australia, who have devoted their time to attend our previous conferences and sharing their invaluable experiences. We concluded our first issue with Maurizio's, "Comparison of opinions: Where is family therapy going in the world?", in which he had interviewed Wai Yung Lee for the Italian Family Therapy Journal. We are honored to have his consent to print the English version in our newsletter.

We look forward to your continuous support and contribution.



Viviana Cheng, Psy.D., Chief Editor

MY FAMILY AND MY CAREER AS A PSYCHIATRIST & FAMILY THERAPIST

Xudong Zhao , M.D. (China)

My interest in psychiatry and psychology has something to do with my experiences as a child. As a man born in the 1960s, I witnessed unprecedented social changes from the perspective of a little child and teenager.

My father was a Law student at Yunnan University before 1949, but he had worked as a jurist only for very short time at the beginning of 1950s. Then, he became a middle school teacher to teach Chinese. He was a very smart and talkative man, knowing far more things than the people around him, and he played bridge very well. I learned a lot of things by chatting with him. He liked to tell me interesting stories he had experienced or had heard from other people, especially the old things that had

happened in his and my mother's large families. He recalled these memories often with pride, sometimes with regret. But my mother always tried to stop him telling me about her family.

I seldom saw him smiling and laughing. I didn't know exactly why he appeared to be unhappy, but I understood later that it had to do with what he had studied before. After 1949, it was considered a bad thing if one knew too much about social sciences or humanities. Instead, it was a widely accepted idea that hard sciences and technology would have brighter future. My mother was also a teacher. She was the only daughter among seven children of a large family. Her ancestors had been cultured and rich so that the clan could keep their elegant tradition for many generations. The emotional bond in her family of origin was very close and warm. I have never seen conflict or sibling rivalry among relatives on my mother's side in my life. Although she lived in difficult times, she was very strong, and in addition to loving her relatives and family members very much, she was also very friendly to others. She has taught a lot of primary school students from poor families in the countryside, and she was very much respected and loved by the peasants. As I grew up, I could understand why she didn't like to let me know about her large family. She believed in the new doctrine that the people should sacrifice their own interests for other's welfare. For this sake, she should cut off her ties to the old large family that had been classified as 'exploiting class'.

In 1976, the 10-year Cultural Revolution ended. By this time, the enrollment examinations for college students (*Gaokao*) had been cancelled for 10 years. One year later, in 1977, the examination system was reinstated by Deng Xiaoping. In order to get qualified college students as soon as possible, the government allowed students who have not yet graduated from high schools to take part in the first and second entrance exams that were launched after the Cultural Revolution. In 1978, when I was still a freshman in high school, I skipped the college entrance examination at the age of 16. Before that, I had always wanted to study liberal arts, but because of my family background in that special social context at that time, I was afraid to study liberal arts, so I applied for majors in science and technology. Then, I was admitted to Kunming Medical College.

Since the selection to study medicine was not made from my heart, I didn't have strong enough motivation to learn the courses, except English. However, such a passive attitude was changed by a course in my 3rd year of college, when Prof. Huang Rujin gave a lecture on medical psychology in a philosophy class, which aroused my great interest and made me listen attentively for the very first time. That very evening, I went to Prof. Huang's house, told him that I wanted to be engaged in this area in the future, and asked about the road to success in medical psychology. Prof. Huang replied, "I graduated from the Philosophy Department at Peking University. Originally, the psychology department shared the same teaching building with us, but then the psychology department was deleted afterward. There is no real psychology in the country until now. Only a few doctors in the First Affiliated Hospital of Kunming Medical College and in the Provincial Psychiatric Hospital have been working in this area." Prof. Huang gave me a mimeographed 'Medical psychology academic conference proceeding' during our conversation, I was very moved and happy, and felt as if I had found treasure.

After talking to Prof. Huang, I began to follow the work of these teachers. In the next semester, I met Mr. Wan Wenpeng, then president of Yunnan Provincial Psychiatric Hospital and adjunct professor of Kunming Medical College. Since then, he became the most influential person in my life.

After his first class, I followed him to the bus stop to ask him how I could become a psychiatrist. He asked me why I wanted to study psychiatry, and I replied, "Well, when I was 16 or 17, I always thought there should be some kind of doctors that would make people happy. In the Cultural Revolution that just passed, the whole society was full of games in which the people tried to prosecute and persecute each other, and this made all the people unhappy. Therefore, I'm going to become a 'pleasing physician' who makes people happy." This was the first time I had clarified my strong intention and my wish regarding my career.

Since this starting point of my career, I have devoted myself to learning, research, and practices of mental health. I graduated from college in 1983 and became a resident in neurology. From 1985 to 1988, I studied for a master's degree in psychiatry at the West China University in Chengdu and became a psychiatrist. From 1990 to 1993, I studied family therapy at the University of Heidelberg in Germany and became a family therapist. Because of my achievements in psychiatry and psychotherapy, I was unexpectedly promoted to be the director of the largest and best general hospital in Yunnan province, China, in 2000. However, this created inner turmoil within me. I thought that I would not like administrative affairs as my major job, and that I preferred clinical work as a service to the people. In particular, I liked using family therapy to do psychological therapy.

So, 15 years ago, I decided to continue my early ambition by moving to Shanghai, a city beloved by adventurous people.

Looking back on my path over the past 39 years, I think it is very important to start from an initial pure

motivation and to keep it as dynamic both in the mind and in the heart. The initial motivation was shaped by what had happened to me as a child and teenager, not least by my parents. I learned much knowledge and wisdom from my father, and saw in him the social pictures that were reflected into our family. My mother made me feel selfless love and taught me to love.

I believe that my ability to empathize with people originated mostly from the influences of my mother's side, while my father's neuroticism reinforces also my sensibility. The interactions between my parents, and the stories about their families had me be confident in our good family tradition, be curious about and good at the so-called 'family dynamics', which would help to make me a family therapist.

I am 57 years old now and very satisfied with my life so far. I am grateful to my parents for making me tolerant, so much so that I am even grateful for the absurd years that made us both bitter and wiser.

Takeshi and Xudong now...



and then... 10 years ago.



MY FAMILY, MY CAREER; HOW I BECAME A FAMILY THERAPIST

Takeshi Tamura, M.D.
(Japan)

I have become more interested in how I can make sense of the whole picture of my own life as I grow older; how my family story and my career choice of being a mental health professional are related to each other. This is what I encourage younger therapists to explore as part of their training. I like systemic thinking, that functional/dysfunctional behaviors (i.e., the presenting problem) and the past and present life stories of the individual and his/her family are all systemically interrelated. The following three questions are the ones I repeatedly ask myself. I have many different answers from various perspectives. I share parts that are related to my family story.

1. Why did I wish to be a medical doctor?

My grandmother died when I was five years old. I was taken to a crematorium and saw smoke from the chimney. I asked my father where grandma was going. He responded she would go to heaven through the chimney, but I was not convinced. My family was not religious at all. The concept of death for a 5-year-old was mere panic and fear. I wanted to know what life was all about; why do human beings and other creatures live? Why do humans have consciousness and are able to think? What about other creatures? Why am I "me" but not others? Why was I born at this specific time, but not 100 years ago or later? Why was I born in Japan but not anywhere else? I liked math and science more than social subjects. DNA was discovered by Watson and Crick when I was in high school. I read a book called "Double Helix" and wanted to learn molecular biology to answer my questions. My father suggested majoring in medicine rather than biology for a better life. I was lucky and talented enough to be able to choose what he had suggested.

2. Why did I choose to be a psychiatrist?

I was a top student in high school but did poorly in medical school. I was not confident enough to choose major fields like internal medicine or surgery and compete with the smart guys. Psychiatry is popular among medical students now, but it was not the case 40 years ago. I realized that modern medical science did not answer my fundamental questions anyway, and I was more interested in the mind than the body. I like children. I thought I was going to specialize in pediatrics or obstetrics. I wanted to deal with younger people because they are likely to live longer and it is more cost effective to treat them than older patients. I met a professor of child and adolescent psychiatry who said the area was new and short of specialists. I thought I would find my place and start something new in the area. My father was a professor in educational psychology. He taught psychology to schoolteachers but was not involved in clinical work. I majored in psychology and became a professor at a university for education, although I never thought I would follow his path.

3. Why was I attracted by family therapy?

Among the various mental issues of adolescence (e.g., depression, schizophrenia, eating disorder, conduct disorder, self-harm and suicide), I saw many school refusal cases. My professor wrote a popular book on school refusal in 1983, which attracted many clients. Unlike schizophrenic or depressive clients, I could not find any emotional or mental abnormalities in school refusal teenagers. I realized the medical model was not so useful. Their parents were depressed and so worried about the child's future that they lost confidence in parenting. Bateson said information is "a difference that makes a difference". I tried to make sense of the clinical parents by comparing my own experience. I had two sets of parents: biological ones and American host parents from when I was an exchange student in high school. The mothers of the clients and mine were all the same: devoted, worried and very close to the children. The clinical fathers, however, were very different from mine. Both of my fathers were steadily present in my family: my biological father who was raised in rural Japan took me to the mountains to ski in childhood and encouraged me to go abroad in high school. My American father came home at 5pm every day and spent the rest of the evenings and all weekends with our family. I was physically and emotionally attached to them. In contrast, fathers of my school refusal clients were remarkably absent at home. They used busy work as an excuse and did not show up to the counseling sessions, even when their kids were in crisis. Distant fathers did not know how to become more involved in their families, and enmeshed mothers did not know how to separate from their children. I was fascinated to study family therapy in London as a new way of thinking and dealing with patients. I was in my early 30s, just married and had no children yet. I was struggling to form a new nuclear family. I saw how my parents were doing at home, but I was not totally confident in being a good enough husband and father. I became interested in gender, especially men's issues, for both clinical and personal reasons. Eia Asen was one of the trainers at the Institute of Family Therapy in London. It was also easy to spot Wai Yung Lee and young Xudong Zhao at family therapy conferences in Europe and the U.S., because we were the very few participants from Asia. I feel privileged to have our own family therapy conference in Asia.

FAMILISM AND FAMILY PRACTICE IN KOREA

Young-Ju Chun, Ph.D.
(Korea)

People in Korean drama are described as being family-oriented and putting family as their highest priority above anything else. However, the reality of Korean family seems quite different. The national statistics shows the dramatic transformation of family living in Korea. For example, the proportion of single household and two-person household in the year 1975 were 4.2% and 8.3%, but in 2015 the numbers changed to 27.2% and 26.1%, respectively. Since 'family rule' regulates the interactions of family members, family ideology considerably influences the family process in the region. Despite the rapid changes in modern society, "Familism" has been considered the constant foundation or ideology of Korea,. However, it is now recognized that traditional, modern, and post-modern components are embodied in the concept of "familism" differently by the Korean people depending on their gender, age, social class, religion, etc. Among the many components, Confucianism, instrumentalism, and individualism are regarded as the three major components affecting contemporary familism in Korea.

First, "Confucianism" is a component of traditional familism characterized by collective harmony, hierarchy, and role division in institutionalized family life based on gender and generation. The social chaos in Korea after the end of colonization and war was stabilized by the revival of the Confucianism. While the value of harmonious order in Confucianism is highly respected, power partiality and role conflict within the family were also areas of major complaints, particularly by the women and the youth. In the contemporary Korean family, the acceptance of and reliance to Confucianism is dwindling especially among the women and younger generations, which is a phenomenon so called "defamilialization."

In addition, in order to maintain the Confucian family life style, male breadwinners need to have enough financial and cultural resources to support the family as well as to keep his power and authority within the family. However, families are now frustrated by the gap between the ideal Confucian familism and the reality of the family with little resources. The fact in Korea is that people with wealth are more likely to enter into the legal marriage while less fortunate people choose being single life or cohabitation. This indicates the invisible qualification criteria required for institutional family.

Second, "family" was the most important "instrument" for Korean people's survival, especially during colonization, war, and absolute poverty. Since family bond and support were the only social resource available, strategic use of family relationship was important to increase competitiveness in the survival, prosperity and success of the family members. However, as "family instrumentalism" combined with the market economy of capitalism is currently becoming more prevalent, family life tends to become more a part of a "project" in order to win in the social competition for the child's school achievement or spouse's social success.

Recently, excessive competition in child education or economic activity has revealed the dark side of family instrumentalism, particularly among the middle-class nuclear family. While the family devotes its activities in achieving the family's particular economic or educative goals, just like a "project team" (mother or father being the "project manager"), the true value of caring and loving among the family members may be disregarded in the process.

Third, "Individualism" is standing out as an important family ideology in the 21st century, where individualism emphasizes the individual choice in family life in terms of coupling(marriage), giving birth, childrearing and decoupling(divorce). Due to the advancement of democracy, westernization, urbanization, feminist movement, and technology, Korean people are becoming more sensitive to human rights and individuality than ever before, especially among the women and the youth. Particularly, higher education for women enabled them to participate in the labor market with higher income, which influences their "defamilialization." Younger people are less likely to feel pressure from their family of origin related to their significant decisions in life, and they can set high values on the balance between individual well-being (e.g. self-realization, occupational success) and family interest.

In conclusion, we know that families have always been diverse, fluid, and complicated throughout the ages; however, in the context of rapidly changing familism, a therapist needs to consider the different ideological components that each family member is embodied with, depending on his/her social location(e.g. gender, age, religion). A husband's strong orientation toward Confucianism may conflict with his wife's values, a mother's instrumentalism may depress her child, or a child's individualism-oriented behavior may disappoint his/her parents. It is important that every family member has the right to be given one's freedom, equality, autonomy, and happiness in their relationships within the family. A therapist, as a neutral mediator, needs to help the families to understand, to respect, and to narrow the ideological gap between generations and genders.

A JOURNEY TOWARDS UNFAMILIAR IMAGES OF FAMILY RELATIONSHIPS

Sun-Hae Lee, MSW, Ph.D.
(Korea)

Social change defines the history of humans. Every time when a new era dawns, there is a paradigm shift towards social norms and structures. We now live in a world that is changing at an unprecedented rate, where social norms and structures are challenged in a daily basis at an individual and societal level, with new ideas and norms developing overnight. In this time of volatility, one has to wonder whether the concept of the family still remains relevant with the new generation of people.

While the family has long enjoyed its privilege as the basic unit of human survival, its universality is also increasingly questioned in the Asian regions, where the culture is oriented towards the well-being of the collective. The dominant narratives about the family in Asia are that of crisis, dissolution, loss, and so on. New evidence indicate that researchers and practitioners may no longer be able to take for granted the same form and meaning of the family as what we have known. In South Korea, different forms of households are emerging. Most visibly, the proportion of a single person household takes up more than half of the entire households in the country. The globalization of the economy and automation have brought about an increased risk of financial insecurity to the younger generation, making it much more difficult

for them to live by what was once a “natural course of life.” They are forced to give up the fundamental dreams in life; the opportunity for a decent job, courtship, marriage, children, home ownership, and so on. At the same time, diverse families such as same sex couple, non-blood family, and communal living have not only become familiar in the scholarly circle, but also are becoming visible in the community.

Family therapists in today’s Asia, although their respective sociocultural context of practice may vary, are a community of clinicians committed to saving the numerous relationships in the life of their clients. While families may continue to tell us stories about the pain and suffering they face as “the family” as they know is disappearing, perhaps we need to turn our attention to what is yet to be told, that is, their own know-hows that have sustained their relationships so far.

Michael White, one of the founders of narrative therapy, viewed a family as a culture; he compared a family therapist to an anthropologist who goes into an unfamiliar cultural territory to conduct research. We can also allow ourselves to research and co-research with the family their ways of relating to one another as a cultural phenomenon. As relationship experts, we—the family therapists—can decode the embedded wisdoms in our clients’ relationships and guide the process of recoding alternative images of their relationships. There may no longer be a concept called “family” for therapists to fix or heal. A joint journey looking for alternative relationships that can empower the family to relate to one another in their preferred ways appears to be an option. This approach can lead us all to an unfamiliar and exciting territory and open to a whole new spectrum of possibilities.



RE-IMAGINING THERAPY & BEYOND

Maimunah Mosli, MSc Fam. Sys. Psych
(Singapore)

In 2016, I wrote a review on Amazon for the book, *Systemic Therapy as Transformative Practice*, published by Everything is Connected Press. In my review, I wrote:

“This is a book so timely written and put together. Interwoven and inter-related across field offering multiple description to issues faced in our world today. As a therapist, this book holds me for a moment from the usual exploration. It invited me to want to reflexively reflect on how we have been using systems ideas and how we have USED system ideas. It offered me space to consider if we have mechanized systems ideas as we talk or think systems, or practice and even as we do therapy. Dr Gail’s witty ability in language-ing and brevity is so apparent

and Imelda’s intelligently warm thoughts is so present in this book. I love the experience of how the book gently unpack layers of issues we see or even face especially considering the chaos and/ or ‘orderliness’ our world is experiencing. A book that offers us to meander along the slippery edges of difficult observation and conversations by bringing writers together from different array of context, writing what they consider as systemic practice, is humbling. To me, it expands, extends and offers possibility of mutual learning. The discussion offered by the writers are rich and in itself offer reader’s like myself a way of diving into systemic ideas yet withhold the tentativeness without having to quickly adopt. What I really really like about this book is, it did not make me feel that I needed to have a one way of knowing or a specific way of looking at things. It facilitated me to want to know more and I can also include my knowing. It made me question ideas around culture. Culture was briefly mentioned in this book. But what this offered me is a holding space to notice my cultural frame and while the book did not expand on it, it made me wonder where it will go when culture is discussed with therapy practice and how I can contribute the way the writers elegantly and courageously did so in this book. Thank you Gail and Imelda and of course the rest of the contributors. A must have book for therapist and anyone...”

In reading the book by Nonaka Ikujiro (1995), *The Knowledge Creating Company*, the emphasis of the book was on creating tacit knowledge for knowledge creation purposes. The major highlight of the book is on the difference between Japanese organization and the western organization and their relationship with dichotomized organizational functions and operations.

In his book, *Art as Therapy*, Alain De Botton (2013) uses the Korean, 17th -18th Century ‘Moon Jar’ from the Joseon Dynasty to describe its useful beauty. He describes, “Aside from being a useful receptacle, it is useful receptacle, it is also a superlative homage to the virtue of modesty. It stresses this quality by allowing minor blemishes to remain on its surface, by being full of variations of color and having an imperfect glaze and an outline that does not follow an ideal oval trajectory”(page 38). This is inviting a reimagining that can offer and expansion on use of culture, spirituality, history, stories, art and concept of meaning by Polanyi M (1975). Amazed by the difference in intent and content of the two writing, I notice the similarity in the effort to resuscitate and fashioned an idea, belief system or value. Both were discoursing about management of people and people’s relatedness in relating to their emotional or psychological being.

In trying to re-imagine therapy practice in Asia, I am cautioned by how binary thinking can influence how we could re-imagine therapy practice, writing or documenting of our practice. Other than inviting me to pay attention to the human factor of the practice, It is making me consider, how ready are we to write about our practice differently especially, if we have been familiar with writing from a more modernistic or mechanistic way that looks at quantifying practice? I guess the question to help leap us to thinking differently is to start paying attention to what do we notice about our noticing?

In reimagining therapy practice in Asia, perhaps we can begin with agreeing to look at the world we live in today. What is affecting families in Korea is affecting people in Japan, Singapore and Malaysia or even Taiwan, China and vice versa. It is making me look at the world context we live in. We live in a world where people are affected by issues surrounding social mobility, climate changes, political upheaval and not forgetting the dynamic changes taking place in families. What other aspects of practice with drug addiction or mental health can the region offer outside statistical reports? Is it time for family therapy practice in Asia to foster the culture of thinking about the way we think about aspects that are systemically affecting families in the region? What would it take for practitioners to pay more attention to documenting through researching their practice?

While Ikujiro (1995) continues to highlight the dichotomy in viewing knowledge creation, family therapy field have offered rejoicing of the difference. We have developed close collaboration and connection. Takeshi Tamura and his connection with practitioners from USA and Lee Wai Yung and her special relationship with the late structural family therapist icon, Salvador Minuchin.

Both seasoned practitioners like Takeshi and Wai Yung have paved the way for a connection with family therapy practitioners in the west that has allowed cross learning that nurtures the way we look therapy and practice today. In my exploring with practitioners from the west, particularly in the UK and parts of Europe, those relationships offered me more than just learning about therapy, it often left me thinking about how we make sense of the information and method of doing therapy with individuals and families and at which platform can we develop a process of consolidation in the region and rely on our regional know-how, historical storying whilst paying attention to the content but also the process and documenting it. In reimagining family therapy and beyond, I am imagining us in discussion about the ideas used to help deepened the ontological and epistemological way of doing therapy with families in Asia. It is beyond understanding and application, it is developing a useful attitude towards making 'tacit' knowledge tacitly known.

In reimagining therapy, I remember fondly, of a retreat session with fellow therapists organized by Ng Wai Sheng from Growing Space (Malaysia) in 2017 and 2018, where budding therapists connected with ideas purported by Rumi, the Sufi philosopher. In the wonderful island of Bario, Sarawak, practitioners across the region sat under a hut talking about

practice, nurturing the practice by allowing time and space for each one of them present, connecting with each other and to the ecology. Perhaps, in re-imagining therapy practice, I am re-imagining a network or ecology of care for practitioners in the caring field in Asia.

With the wave of new materialism, I am hopeful and certain that reimagining a different wave of learning and constructing of therapy, practice and documentation can take place. Doing it together as a region can be a beginning. Perhaps with given time and space to think about our practice, we can adopt the philosophy of Marcel Proust when he says, "the voyage of discovery consist not in seeking new landscape, but in having new eye". With a new eye, I hope I am reimagining practitioners offering trans contextual learning (Nora Bateson, 2016) to prepare us in shaping our responses in the current world.

Reference:

- Alain De Botton & John Amstrong (2013), *Art As Therapy*, Phaidon Press Limited, London.
- Ikujiro, Nonaka & Hirotaka Takeuchi (1995), *The Knowledge Creating Company*, Oxford University Press, New York.
- Polanyi, Michael and Prosch, Harry (1975) *Meaning*. Chicago: University of Chicago Press.
- Bateson, Nora (2016), *Small Arcs of Larger Circles, Framing Through Other Patterns*, Triachy Press, London.



STUMBLING WITH STYLES IN FAMILY THERAPY

Wentao Chao, Ph.D
(Taiwan)

In my limited years of practicing family therapy, it is embarrassing to find myself drifting among styles as a therapist.

When I was new to the field, I was very much enchanted by postmodernism, which advocates equality and flexibility. Back then, it seemed to make the most sense to be open and honest in therapy. I felt very comfortable to tell my clients that I was not an expert, nor did I try to pretend to be one, and that I'd like to work in collaboration with them toward what we mutually concur upon. The non-expert, not-knowing position relieved me from the burden of "must know better than my clients", and it worked well for me for a while.

Then I found myself becoming persistent from time to time, especially when encountering clients who were obstinate in some ways. I am sure an experienced postmodernist therapist would deal with strong-headed clients with elegance.

Nevertheless, I noticed that I began to increase intensity in therapeutic conversation, and test out ways to pull my clients and myself out of boggy impasse.

There was this father who I found challenging to talk to. In spite of his kind wish to help his daughter to walk out from her years of hikikomori, he often insisted on doing things to his daughter that only exacerbated her withdrawal. I must confess I grew impatient with his good intentions at one point, and found myself telling him in a tenacious and ruthless tone that what he was doing was sabotaging his own goal.

I was perplexed by my authoritative style when reflecting on the session. I did not regret being very persistent in delivering a message and making an impact on him, but I was not used to that either. I believe equality and accommodation are still within my therapeutic repertoires, but now I am willing to work in more intensity when I see it necessary.

There was another family I interviewed in China which I found myself tackling in opposite maneuvers. The family members and the audience of professionals who witnessed this interview via real time video broadcasting all wished that I would provide assertive advice to the family's predicament. I found myself reluctant to fall into that expectation, and worked twice as hard to explore the issue with the family without letting them and the audience down.

It is always challenging to work in a style against people's expectation. In the above two cases, I found my working style as a therapist varying depending on the context, what I think most beneficial for my clients, and how much I am willing to involve myself in an intensive therapy process.

I knew I am inspired by Salvador Minuchin's intense style and also by Harlene Anderson's tender style of working with clients, but I have no idea how these two masters, each with their own distinctive style, will work hand in hand within me.

I look forward to finding out as I continue along my journey.



TRAINING IN SYSTEMIC THEORY - THE EXPERIENCES OF A GROUP OF HONG KONG PSYCHIATRISTS

Irene Kam, MRCPsych, FHKCPsych,

Dickson Chow, MRCPsych, FHKCPsych, &

Alex Cheung, FHKCPsych

(Hong Kong)

Relational dynamics and interpersonal perspectives of human relationships are important areas that are frequently being neglected in a usually individually based treatment approach in our daily clinical practice. On occasions when we involve families in our treatment plan, the reasons are usually to gather more collateral information or for psycho-education.

When we first started our training with the Asian Academy of Family Therapy a few years ago, the relational or interpersonal language was completely new to us. It has taken us quite a while to switch to an “interpersonal paradigm” in the interview room with families and “restrain” ourselves to ask questions which are merely focused on cognition, emotion or behavior of individuals. Gradually, we are able to see the person’s presenting problem in context and how it is maintained within a system, instead of just seeing problems as belonging to one individual. This shift in the paradigm has definitely enriched us on understanding the difficulties our clients face in their family situations and improved our treatment outcomes.

We have presented our work with Wai Yung at AAFT Annual Conferences over the past few years in Shanghai, Tsukuba, and Taipei. We hope we can continue our close relationship with AAFT and continue to learn more.



MARATHON AND BUDDHISM

Alex Cheung, FHKCPsych
(Hong Kong)

I have completed more than ten marathon races (of 42.195 km). In the initial 10 km of the races, there were usually a lot of thoughts wandering in my mind, for example, whether I was running at a 'correct' pace, worries about my physical fitness, the goal of the race and some other unrelated things. After warming up for an hour or so, the mind would start to attend to the breathing mainly and stay focused on the here-and-now. This mindful state allowed me to focus on the race till it

finished, no matter how physically exhausted I was. I would regard a session with family to have some 'impacts' if I can be fully present in the session as I was in the second half of the marathon. As a therapist meeting at least two people at the same time, there are lots of things to attend to. Besides the contents, the therapist has to be aware of the processes that are going on. These include the way the family members speak and interact and the interpersonal significance behind the contents. A therapist has to fully immerse himself into the treatment session before he can see the 'truth' behind the contents and select a most appropriate intervention.

One fundamental teaching in Buddhism is the doctrine of the Middle Way, which, in short, means to steer away from the extremes. In the closing workshop of the Advanced Certificate Course this year, I presented a case which I had seen for two years. The presenting problems were the emotional outbursts and disruptive behaviors of the adolescent son who was diagnosed to be suffering from autistic spectrum disorder and attention deficit hyperactivity disorder. Wai Yung reminded me some backgrounds on the development of 'structural family therapy' and we reached a conclusion that the son should be held responsible for his problematic behaviors even though we looked at the issues from the systemic perspective. In the traditional (individual) illness model, when one is diagnosed to be suffering from a mental illness, it 'naturally' follows that his abnormal behaviors would be largely (if not totally) attributed to the mental illness. This is, in my view, one extreme. For family/ systemic therapists, we expand the individual's symptoms or problems to the family system. We may, on the other hand, be at risk of becoming too understanding and hence rationalizing an individual's problematic behaviors. This could be another extreme.

To me, the art of being a systemic therapist is finding the balance in between.



HOW WE BROUGHT BIOFEEDBACK INTO FAMILY THERAPY

Emil M.L. Ng, M.D. (Hong Kong)

I am a psychiatrist trained in psychoanalytically orientated psychotherapy and the Masters and Johnson brand of sex therapy. In my clinical practice, I often used biofeedback devices to help assessing and treating clients with conditions related to sexual health, anxiety disorders, and pathological gambling. As a music lover who had learned something about music therapy, I also used biofeedback to help me choose which type of music worked better for which type of patients or diseases.

After my retirement from the Department of Psychiatry in 2007, I joined the HKU Family Institute (predecessor of AAFI) as an Associate Clinical Director. In the Institute, Wai Yung Lee and I had frequent chances to meet and exchange different or even controversial ideas on clinical or theoretical matters related to family therapy. On one occasion when the team was working with a child who was resistant to therapy, we decided to ask the parents to freely talk about their problems in a room for half an hour with the child sitting quietly in one corner, listening to what they say while at the same time being connected to a running biofeedback device (Lee, Ng, Cheung, & Yung, 2010).

The experiment came out with very useful results. We continued with the experiment to a large number of children and nearly all the children measured showed dramatic waves of autonomic reaction in their biofeedback tracings, which could be easily linked to what the parents were doing or talking about in those moments. Many parents were shocked or moved to tears by the extreme reactions they saw (for example, a heart rate up to 200 beats per minute compared with a resting of less than 100bpm) and were quickly motivated to find ways to improve their relationship. Over the years, we found different types of conflicts, family dynamics, and discussion contents that could be related to different reaction amplitudes and patterns. A delineation of these relationship patterns could suggest directions for family process development in the clinical setting or validate theories or hypotheses in family therapy and stimulate new thoughts. With this in mind, we are building up a protocol on a standard method of using biofeedback to assess family dynamics and applying it to family therapy. We call it **Family Biofeedback Assessment**. It is not meant to be a final authoritative dictum for all to follow, but a set of budding procedures for every therapist to try, modify, and improve indefinitely for the welfare of those families in turmoil.

I am no family therapist (it is too difficult for me to be one), but I am happy I can contribute something that could probably help that international efforts are being made to try, apply, research, and improve on in various ways. I look forward to seeing more and more prosperous results.

Reference

Lee, W.Y., Ng, M.L., Cheung, B.K.L., and Yung, J.W. (2010). Capturing children's response to parental conflict and making use of it. *Family Process*, 49(1), 43-58.

TRAVELING TO LONDON AND PARIS WITH OUR WORK IN ASIA

Viviana Cheng, Psy.D. (Hong Kong)

In November 2018, I traveled with Wai Yung to London and Paris, where she was invited to share her work.

At the conference in London, which was held in memory of Salvador Minuchin, Wai Yung presented the protocol that she had developed, in which she first measured children's physiological responses to parental relationship and then used these responses to engage them to comment on their parents' relationship. Her innovative work was considered as "turning Structural Family Therapy upside down" (Imber-Black, 2014, p.4), but in fact, she credited Minuchin for playing a mentoring role in the conceptualization of her work.

The audience stated that while they all knew how children were affected by parental relationship, this tool makes it easier for the therapist to convince families of such connection.

Our second stop was Paris. At the Centre des Buttes-Chaumont, we met Martine Nisse and a group of French psychotherapists she had gathered together. When we showed them videotapes of our data, before we could even translate them, the audience exclaimed, "These children are French! We can tell from their body language." In another one of our clips where a couple was throwing deadly curses at each other, we were concerned if this seemed too strange to them, but they reassured us, "French couples talk like that too!"

Martine proclaimed that this was a historic moment as it brought therapists from the East and West closer to one another. And I feel exactly the same!

Reference

Imber-Black, E. (2014). Eschewing certainties: The creation of family therapists in the 21st century. *Family Process*, 53(3), 371-379. doi:10.1111/famp.12091

GREETINGS FROM THE TAVISTOCK CENTRE

Esther Usiskin Cohen (England)

I was intrigued to see Prof Wai Yung Lee present her interesting work at the Minuchin memorial event in London in November last year. I was fascinated by the work in respect of using children as consultants as I worked for many years in the High Court in London working with parents in conflict (having also written an article on a similar aspect).

Dr Alan Cooklin and I have spoken and he suggested that I connect in relation to that. In addition, I am poised to take up the post of Systemic Training Portfolio Manager here at the Tavistock Clinic and want to think about learning from others and growing our training. So, in the spirit of connecting, sharing and growing, I will provide a few details of who we are and what we do.

The Tavistock and Portman Centre is a world-renowned specialist clinic and training institution. It is a mental health Foundation Trust based within the UK government's national health service (NHS).

The Centre has a focus on training and education alongside a full range of mental health services and psychological therapies for children and their families, young people and adults. Staff are committed to improving mental health and emotional wellbeing, believing that high quality mental health services should be available for all who need them.

We all aim to bring a distinctive contribution based on the importance we attach to social experience at all stages of people's lives, and our focus on psychological and developmental approaches to the promotion of health and the prevention and treatment of mental ill health.

We contribute to the pool of ideas through our own research and development but are also committed to bringing together the best ideas of the time, old and new, from inside and out, together with the most gifted and able professionals in our fields of endeavor. We aim to share our ideas and practice through as many routes as possible.

The Tavistock Centre has a national UK brief for training in the mental health professions, social care, education and forensic services across the age range. There is a real commitment to developing new training initiatives to meet the needs of a modern health and social care sector, and be responsive to policy and initiatives from government and other relevant agencies.

We are committed to the expansion of training opportunities for professionals from all communities and social classes and to their continuing personal and professional development.

THE SYSTEMIC PSYCHOTHERAPY DISCIPLINE

There are about 40 members of the systemic psychotherapy discipline. We are based in the Child & Family Department and we are all UKCP registered systemic psychotherapists, in addition to holding postgraduate qualifications in allied health professions including nursing, social work, psychology and psychiatry. The discipline makes its impact and plays a key role in both the delivery of clinical services and education and training.

We contribute to clinical services and service development by working as part of multi-disciplinary teams. The discipline is responsible for the provision and development of all systemically based trainings, clinical and research work within the Tavistock Clinic and in the community. The discipline has a lively academic and clinical culture with a strong interest in practice-based research. There are academic links with a number of universities and members of the discipline make substantial contributions to the development of the field through academic publications.

Systemic training is offered from Foundation through Intermediate to the qualifying Masters level Qualification which is the largest and oldest course in the country. It has an annual intake of 32/34 students. This is an advanced training which develops applicants to be able to compete for Systemic psychotherapy posts in the NHS or in the private sector. And we are proud to deliver a top-quality student experience and excellent professionals.

The Tavistock Centre is entering an exciting phase of growth in education and training at this time, and I would want to make links in order to make a significant contribution to these developments as I take up the role of Systemic Training Portfolio Manager.

MAKING THE INVISIBLE VISIBLE

Noriko Nakamura, Ph.D. (Japan)

Even if you don't speak, your body will speak for you. This is the essence of **Family Biofeedback Assessment (FBA)**. In the same way, the human psyche is very complicated and often psychotherapy clients cannot explain themselves, but through the Rorschach test and other assessments as multi-methods, the therapist can see the world through the client's view point. This similarity is what draws me to FBA. If I can assess a person biologically as well as psychologically, then I will be able to see the whole person. Many of my clients in Japan are young people with problems expressing themselves, including *hikikomori* shut-ins, but their parents do not know how to help their children. Incorporating FBA into the assessment will enable the parents/teachers to understand their child and themselves better.

Rorschach-based psychotherapy

In my practice, my field of specialization is Rorschach-based psychotherapy. After the initial session, I introduce psychological assessments, including the Rorschach test. The assessment results play an important role as the 'road map' of the therapy. I can do the therapy safely and successfully only when I have these assessment results at the beginning of the course of therapy.

Path to a non-judgmental stance

People do not change overnight, making our work as therapists time-consuming. We have to listen to them and try to understand their individual circumstances and personal relationships, and try to grasp what they want. Then, we need to figure out the way they can avoid repeating existing patterns of thinking or behaviors so that positive changes will occur. This kind of work is "invisible" and that is what makes it difficult. Nevertheless, if only we get some assessment data, the data become visible not only to the therapist but also to the clients. We can even look at the visible data together and discuss it together for the better understanding of the clients. Treating the data as a third, objective participant, we can create a tripartite relationship of client, therapist and data. This third party, the data, speak for and stand by themselves. When I share the results, I try to explain the results in a non-judgmental way so that the data will help clients explain their invisible inner world in their own words. It is an exciting experience for the clients to see themselves objectively. In order to promote desirable changes, showing and sharing the data in feedback session(s) is very powerful. Just as we use language to communicate and express ourselves, so we can use objective numerical figures to produce an understanding of the psychological state that is otherwise invisible and difficult to explain to others.

Non-judgmental vs. judgmental approaches

Usually psychologists evaluate and interpret, but my goal is to let the client understand him- or herself by seeing the numerical data and grasping their meaning. If we practice non-judgmental communication during the assessment feedback session, we can continue this approach throughout the remaining course of the therapy.

Typically, in a psychological assessment, the results are presented to the client after substantial interpretation. The therapist stays on their own safe ground. This way, the client never receives the results non-judgmentally because the results were formed after a substantial analysis beforehand.

In contrast, my way of doing a non-judgmental feedback session is like rowing a boat with the client. We need to breathe in unison and be in sync, otherwise the boat will sink, so the client and I discuss what to do and reach a basic understanding of who will row and in what direction and how far we will go. As we are in a small boat on the surface of a lake, we need to equally depend on each other and cooperate with each other. From my experience, I have come to believe that this is the path to a non-judgmental approach.

Towards a new era in my assessment

Because I am very much used to this way of non-judgmental collaboration using the Rorschach assessment data, I am eager to learn FBA to incorporate it into my clinical/research work in Japan. I aim to apply FBA to enrich my assessments. This will round out my skills by enabling me to handle both psychological and biological assessments. I believe good assessment is the key to safe and successful therapy: Where there is an "assessment", there is a way.

CAN A CHINESE FAMILY ASSESSMENT TOOL BE USEFUL FOR SWEDISH FAMILIES

Paul Johansson, MSW & Mona Wibran, MSW (Sweden)

We met Wai Yung Lee for the first time at the Swedish National Family Therapy Conference in the Fall of 2015.

Wai Yung was one of the keynote speakers. The title of her keynote was "Measuring Children's Response to Parental Conflicts". We became very touched by her presentation. Wai Yung showed us several video clips from sessions with Chinese families where children were diagnosed with behavioral or emotional problems. We were shown examples of first sessions with families where children's individual problems were reframed as a response from conflicts between parents. She then showed us how to take this further. In family therapy training, we are taught to reframe individual problems and look at them in a relationship/family context. Wai Yung showed us how this can be done in an innovative way using biofeedback technique. As family therapists, we often believe that it is obvious how children's symptoms are family-related. The real challenge for us lies in how to communicate to parents that they are a part of the problem and then help them see how they are a part of the solution, while trying not to make them feel blamed.

Using Biofeedback to evaluate children and families is a genius method/tool. It is neutral and hard data, children are having an actual physical reaction. Children's physical response is connected to specific situations during a conversation between the parents. This becomes an amazing tool for the therapist and the family to, in a non-blaming way, explore what is happening within the family and strengthen the voice of the child.

We have worked with children and families within the social services during 30 years in Gothenburg, Sweden. Our history spans from an in-patient clinic for children and families to an out-patient clinic for the last 20 years. Applying the motto "Help families to help themselves", we built a clinic founded in family therapy to meet families in their homes, neighborhood, schools, kindergarten, etc. We were pragmatic and action-oriented. We always looked for interesting people, methods, and interventions to develop our work.

Wai Yung's presentation reminded us that there are many different ideas about how changes occur.

Traditional psychotherapy looks for explanations of an individual behavior, in this case, the children, including problematic behavior in his or her psychological make-up (motives, conflicts, feelings, etc.); other therapists rely on the power and influence of language. We believe more on the interaction here and now between people. We think, like structural therapy, it is effective and interesting to look for explanations of behaviors in the relational context, specifically the relational context that includes the behaviors of other individuals, in this case, the parents. We believe that an action-oriented approach is very helpful in working with children and their families. Using biofeedback gives you, as a therapist, a wonderful tool to be a more action-oriented therapist without thinking that you are one.

We have stayed in contact with Wai Yung and her team over the years and we hope that we will be able to conduct a study with Swedish families. We know that Wai Yung and her team originally have been conscious of possible cultural differences that may emerge between a Chinese sample and western sample. However, they also conclude that without a comparative study to look at, there is no way to confirm this. In spite of the fact that no study has been carried out in Sweden yet, we are convinced that a family assessment tool that works in China would be equally useful in Sweden.

In order to enable children to develop in a healthy way, it is very important that certain needs are met as they grow up. We believe that this is a universal truth that applies to all children across the globe. An environment that is characterized by conflicts is unpredictable for the child regardless of whether s/he is in a European or Chinese family. The basis for a safe attachment between the child and the parents is the predictability of their interaction, but the child is also characterized by the predictability of the relationship between the parents. We also know that children can sense emotional tension and different moods, already at a very early age.

In conclusion, yes, we do believe that a Chinese Family Assessment Tool can be very useful for Swedish families.

USING BIOFEEDBACK TO WORK WITH DIVORCED FAMILIES

Elaine Fong, M.Soc.Sc. (Hong Kong)

The treatment goal of a family therapist working with couples who have marital conflict may well be to improve their relationship and enhance their intimacy. But for those going through divorce, a totally different mindset may be required.

Ten years ago, focusing on working with divorce families would not be something that I would imagine myself doing. It was not until I started working with AAFT when a striking similarity of the cases dawned on me: it does not matter whether they were couples coming to solve their children's behavioral or emotional problems, or whether it was about the school refusal of an adolescent. The presenting problem of the child would be related to some form of divorce, one way or another. True enough, in most of the cases I have seen, the parents were either planning to divorce, in the process of getting divorced, or they would already have been divorced.

Armed with the unique approach developed by Wai Yung Lee, I walked through the process by first conducting the **Family Biofeedback Assessment** with the families. During the assessments, children were able to observe the dynamics of their parents in a contextual environment. When I asked the children to give feedback to their parents' discussion, it was not unusual for them to surprise their parents with answers that were totally out of their expectations.

A six-year-old girl told her parents that "my heart has four parts: one is mine, one is my sister, one is Mother, and the other one is Father. When you (the parents) are fighting, my heart is split into pieces and scattered on the floor." This girl had been described as hyper active and emotional both in school and at home. However, from what she had said, she simply told her parents that her heart was bleeding. The mother responded by saying that no wonder she was so unsettled all the time. The father concurred with her observation. This was the first time during that session for them to stop arguing with each other. They realized how sad the daughter felt about their break up and was desperate in hoping that they could get back together.

However, divorced parents always carry with them anger and pain generated from their marital conflicts. When the children give feedback to their parents, their voices could become motivation for their parents to refocus on their role as parents. They could start to think in a more rational way and learn to establish a new way of communicating to facilitate co-parenting.

If I were to focus solely on handling their co-parenting issues without registering their interpersonal issues, no matter how many new co-parenting skills the parents would learn, they are bound to fail.

I realized in the process that we have to be mindful of the significant difference in adopting approaches. We may not want them to hone their communication skills, or to improve consistency in co-parenting. Rather, we aim to help reestablish their boundaries by discouraging them from criticizing or intervening with each other's ways of teaching and getting along with the child. The therapist has to repeatedly remind them to refrain from bringing their hatred in the marriage into their roles of being parents. Otherwise, their hatred would transform into pain for the children. Is it easy to do so? Definitely not.

Divorce is commonplace in most cosmopolitan cities around the world. Hong Kong is no exception. Working with Hong Kong families allow me to walk through the process with them despite the pain it entails. I am learning the complexity of human relationship in the process of divorce. If we can help to facilitate a safe environment for family members to have some important conversations and exchange, we would provide a healing process for not only the children but also for the parents.

Divorce could be a long journey with no destination in sight. Divorce could also be a short trip where members of the family would return to their respective new homes within a short period of time. As a therapist, it is my wish I will accompany them to safety on the way home, no matter how hard the journey is.

MUTUAL LEARNING AND MUTUAL PROFESSIONAL GROWTH

Joyce L.C. Ma, Ph.D., R.S.W.
(Hong Kong)

From 399 to 412, a Chinese Buddhist monk Faxian (法顯) (337- 422) travelled a long way from ancient China to ancient India on foot. He wished to get the original Buddhist texts and translate them to Chinese so that Chinese people could have a better understanding of Buddhism. Faxian (法顯) decided to undertake a tough and challenging journey because the translated Buddhist knowledge in Ancient China was fragmented and inconsistent. Faxian (法顯)'s adventure was driven by his strong will of pursuing the truth. He also had to have physical strength to climb over the snowy mountains, travel deep into the icy desert, as well as cross the rivers and forests in order to reach the destination. Despite the hardship, Faxian (法顯) accomplished his sacred ordeal. He was the first Chinese in ancient time who had travelled across India and reach Sri Lanka. Faxian's (法顯) conscientious effort to discover the truth is indeed admirable.

Today, we are luckier than Faxian (法顯). There is no need for us to climb a snowy mountain and cross deep gorges in order to learn from others. The Asian Academy of Family Therapy (AAFT) has created a platform for family therapists, academics, and people who are interested in learning about family therapy to meet one another each year. Through this platform, we are able to have continued professional and academic exchanges with family therapists from different Asian countries. In the past years, I kept coming back to join the conference organized by AAFT since I learned a lot from the conference, to name a few, the development, practice, and training, and supervision of family therapy in different parts of Asian, similarities and differences of different Asian societies in these areas and challenges that each of these societies is facing. More importantly, I made connections with participants coming from different cultures (e.g., Muslim and Korean) and became inspired by their clinical practice and research studies during the presentations.

Asia is a large continent. However, we are indebted to the thoughtful initiatives of the AAFT which has successfully provided a conducive environment for professional sharing and exchange. It has shortened social distance of the participants who come from different parts of Asia. The learning process is mutual and reciprocal, which may operate through two mechanisms: (a) personal reflection and (b) a process of social comparisons, both upward and downward. By hearing others' presentations, therapists can reflect on their clinical practice on the basis of which further professional growth and development can be made. Upward comparison is a process which informs us how others have done better than what we have done; hence, it has motivated us to excel. The process gives a direction to our society to develop the clinical practice, training and supervision, and research. Downward comparison enables us to validate and confirm our own work as well as the works of others, especially in countries which have limited resources for clinical practice, teaching and research.

It is hoped that AAFT would continue to organize the conference in future. I believe that under such a stimulating learning atmosphere, more strategic collaboration in family therapy practice, training and supervision as well as research can be developed and blossomed.



CONFERENCE RECAP



2016

第三届亚洲家庭治疗学院年会

——发展变化中的亚洲家庭治疗

AAFT 3rd Annual Conference --Asian Family Therapy in Transition

上海·光大会展中心 2016年10月14-16日

主办单位 Host

协办单位 Co-Organizer



Japan 2017



FAMILY THERAPY GOES EAST

Maurizo Andolfi
(Italy)

I've been practicing and teaching family therapy for over 50 years. I lived in New York during the Golden period of the family therapy movement in the U.S and when systemic interventions were aimed to solve family crises in the social context.

Therapists were working in the trenches with marginalized families and communities in order to help them to find their own integrity. I was a fellow of the Social Community Psychiatry at the Albert Einstein College of Medicine, and I worked in the South Bronx with very violent adolescents, trying to understand the different components of their acting violence. I was very much influenced by a number of founders in the field, like Zewrling, Bowen, Minuchin, Whitaker and Framo, just to mention the most relevant ones. They were all present at a historical, International Conference in Florence in 1978, and this event signaled the beginning of the "boom" of systemic ideas and family therapy in Europe. In the following decades, family therapy became very well established in Europe as well as in South America. Sadly, in North America, systemic orientation and family work have been progressively replaced by a prevalent biological, medical approach and by the adherence to the application of the DSM5 to treat any sort of mental and psychological disorders. Labelling people, especially children, with psychiatric disorders and using medications, and "fixing problems" became the main psychiatric interventions. This resulted in the splitting of families and ignoring the value of recognizing and harnessing their resources. This tragic phenomenon has been expanding all over the western world.

Taking in light this discouraging and controversial context of helping individuals and their families, it was gratifying to note that a few years ago, the Asian Academy of Family Therapy was founded with the goal to connect several Eastern countries in their common interest to work with families utilizing systemic intervention. My first encounter with the Asian Movement of Family Therapy was at a IFTA Conference in Kuala Lumpur in 2015. I was very impressed by the energy and curiosity of the many, young Asian colleagues, which resonated with my own personal enthusiasm and commitment in the 70's, when I was making a new important discovery; that is, seeing families together as an emotional system and working to elicit their resources. Families, their multigenerational history, traditional healing and community support seem to be very important values in the Asian culture that they strive to preserve. This very positive impression was amplified at the recent AAFT Conference in Taipei in 2018 where I had the pleasure to participate as a main speaker. More than two hundred people came from Taiwan, Hong Kong, Mainland China, Japan, South Korea and Singapore. They gathered for 3 days in a beautiful university complex, moving from academic discourses to more clinical sessions, with passion and curiosity. Hao-Wei Wang, Professor of Psychiatry and Director of the Taiwan Institute of Psychotherapy was the host of the conference, and also chaired an interesting round table discussion on the man's role in Asian countries, which is so relevant as we well know how often it is difficult to engage fathers in family therapy. Dr. Wai-Yung Lee was the heart of the conference. As the Clinical Director of the AAFT, she did a great job in connecting different countries, cultures and languages, by creating an Asian Forum of Family Therapy, with the help of prominent members of the Association, including Takeshi Tamura from Japan, Chun Young-Ju from South Korea, Xudong Zhao from China, and Hao-Wei Wang from Taiwan.

Chao Wentao, an emerging and outspoken Professor of Psychology made a beautiful comment on Dr. Lee's presentation on making use of the children's voice: He said that she is "one of the few therapists in the world who advocates children to be pivotal facilitators in changing their parents". And he added: "this is a silent revolution in our profession".

It will be a revolution if children can finally be included in our systemic theories and therapeutic interventions when we work with couples in crisis or after hostile divorces. Nathan Ackerman was the grand-father of family therapy and he invented the metaphor of the child as a "family scapegoat". Salvador Minuchin was extraordinary in reading children's behavior and listening to their suffering. Both Dr. Lee and I, have been strongly influenced by his teaching. We both keep showing videos of our therapeutic sessions with children and adolescents at risk at conferences and workshops to shake the professional "adult mind" in order to move to the "children's floor" and listen to their voice and lift the weight they carry for the sake of their parents.

I would like to conclude this short comment on my appreciation of the openness of my Asian colleagues on a personal level. I've been conducting a few professional courses on the use of Self in Malaysia, and I found the therapists there very open and willing to grow personally as well as professionally, by learning how to use themselves as the main tool for family transformation. Authenticity and creativity is the main door to discover our own spirituality in order to reach the essence of the people that we see in therapy. This is indeed the main topic of the 6th AAFT Conference which will be held in Indonesia very soon.

The essence of the people that we see in therapy. This is indeed the main topic of the 6th AAFT Conference which will be held in Indonesia very soon.

DARE TO SHARE: A LOOK AT THE 5TH ANNUAL AAFT CONGRESS IN TAIPEI FROM THE EFTA NEWSLETTER

Martine Nisse
(France)

With the 4th AAFT Conference ending in a quiet atmosphere in Tsukuba in 2017 (see last EFTA Newsletter), participants have been invited to come to refresh their minds in the next AAFT Annual Congress. So I did, inspired by the way of connecting and sharing of our cultural differences in being family therapists. I was pleased that our beloved president Rodolfo de Bernart once again officially asked me to attend as representative of EFTA. From the hospital, he sent a letter of Best Wishes for our Asian Friends and these moving words were kindly conveyed to the participants at the 5th AAFT Conference.

Organized by the Asian Academy of Family Therapy (AAFT) and the Taiwan Institute of Psychotherapy, the 5th Annual Conference was held in Taipei, Taiwan, in October 2018, at the Shih Chien University with more than 200 participants coming from Eastern countries: Bangladesh, China, Hong Kong, Japan, Korea, Malaysia, Singapore, Taiwan, and Thailand, and from Western countries: Australia, France, Great Britain, Israël, and United States.

Hao-Wei Wang, Chair of the Conference, opened with a short presentation about the theme of this conference, "In Search of Diversified Families", which reflects there is no longer one single definition of family. Since the existence of written records, human history seems to be always marked by unpredictable changes. When we face the society today, with the arrival of the digital age, globalization of economy has become inevitable. From a macro viewpoint, the world economic system is going through rapid changes; from a micro viewpoint, internet changed the cognitive learning of human beings and also the neural development of infants. What happened to human mind and its surrounding environment have already exceeded our control, even our imagination.

Wai Yung Lee, President of Asian Academy of Family Therapy, after a dynamic welcoming opened by a keynote, "*Dancing with Asian families: Dialogue on differences and similarities*", invited the audience to participate in a dialogue to share in what way we are the same and in what way we are different. Using video segments from her interviews with Asian Chinese families from different regions as context, she highlighted specific cultural and clinical issues to open up a dialogue among participants, both Asian and non-Asian. This interchange and sharing set the stage for a fun and energized exchange.

I already knew her admirable, impressive, and upsetting work (first time in XXXIII IFTA World Congress in Kuala Lumpur 2015, and in 5th AAFT Annual Congress in Tsukuba 2017). As Wentao Chao (National Taipei University of Education) wrote in the Australian Newsletter, the deep impact of Wai Yung provoked a deep impression on everyone, children, parents, or family therapists who watch her clips of therapy sessions. She is surprising too by her generosity. I didn't expect that she would visit us in November 2018 in Centre des Buttes-Chaumont à Paris, where Rodolfo de Bernart did a skype meeting with her for Naples. Our students, the team, and I were deeply touched by the incredible changes she is experiencing in family relationships and by the incredible ability of Chinese children to poetically explain what they are suffering from. Wai Yung amplified children's voices inside the field of family therapy all over the world.

As Ian Goldsmith Vice President of Australian Family Therapy Association wrote in his wonderful Australian Newsletter, I, too, was deeply impressed with the quality of the panel, "*Men's role in Asian Families- from the Asian male therapists' view*".

At the panel, the Conference Chair, Hao-Wei Wang (Taiwan) began with a fascinating analysis of the roles of men in Taiwan as influenced by the historical and political events of the last 70 years. His contribution, pretty psychoanalytic, was as part of a panel discussion of "*Men's Role in Asian Families*", which was contributed to by presenters from China, Hong Kong, and Japan (Takeshi Tamura, Vice President of Asian Academy of Family Therapy).

Argument: Identities of the therapist inevitably influence how they view the clients (e.g., gender, culture, ethnicity, sexual orientation and generation). Being in the same category, Asian male therapists may project their own self and their personal relationships with other men (father, son, friends and colleagues) to their Asian male clients. Takeshi Tamura invited Asian male experts to reflect on their own views toward Asian men's positions and roles in the family, the clinical implication to work with Asian men, and explored suggestions to Asian male and female therapists. This seems to be an ongoing discussion from conference to conference.

I was invited to present a plenary session on incest and family therapy. As usual, this subject has attracted attention, including child protection organizations in Taiwan. A number of presentations had children as part or all of their subject. David McGill (US) commented at the end of the conference that the focus had been a welcome and different one from many conferences he had attended in recent years.

GRATITUDE AND APPRECIATION FOR Aaft

Christopher Habben, Ph.D.
(USA)

I am writing in my current role as the Past President of the American Association for Marriage and Family Therapy (AAMFT). The governance structure of AAMFT includes the election by the association membership of an individual to serve a five-year term - two years as President-Elect, two years as President and one year as Past President. During my two years as the President of AAMFT, I had the distinct pleasure of attending the fourth annual conference of the Asian Academy of Family Therapy (AAFT) in Tsukuba, Japan as well as the fifth annual conference in Taipei, Taiwan. On each occasion, I attended the annual conference of AAFT with the AAMFT Chief Executive Officer, Dr. Tracy Todd, as representatives of AAMFT.

In my 25 plus years as a student, clinician, professor and supervisor in the field of marriage and family therapy, I have attended many different professional conferences. My experiences at the AAFT conferences, have been among my favorite. As systemically minded therapists, I suspect we might all agree on the centrality of relationships in the human experience. The members and guests of the Asian Academy of Family Therapy have a remarkable capacity for building meaningful and lasting relationships. Scholars, students, researchers, clinicians, authors and practitioners of systemic therapy from across the globe converge for meaningful engagement on matters relevant to the human experience and our mental, emotional and relational health.

At each event, I found the hospitality of AAFT to be remarkably gracious and generous. The venues were extremely comfortable and convenient. The organization of the conferences were exceptional. The presentations were relevant and meaningful. Dialogue was welcome and genuine. I truly enjoyed every moment of the conferences I attended. I left the conferences with new friends and broader networks. The time together with AAFT created space for collaboration among the common goals of all those present.

The brevity of my elected position offers new opportunities for new leaders and new relationships. I am delighted my colleague and current President of AAMFT, Dr. Timothy Dwyer, will soon experience the tremendous culture of the Asian Academy of Family Therapy and I am certain his enthusiasm regarding the annual AAFT conference will not be any less than my own. As my own turn in a leadership role with AAMFT is quickly fading, I would like to say thank you to AAFT for creating such a welcoming and inclusive community. My experiences at the conferences have been a highlight of my term as President of AAMFT and shall forever be among my most cherished memories.

World Network Meeting



NOT RIGHT OR WRONG - JUST DIFFERENT

Ian Goldsmith
(Australia)

Greetings from Down Under – thank you for the opportunity to contribute to this Newsletter.

Just as I look forward to attending your Conference in a few weeks' time, a group down here are busy putting together the program and accompanying events for the 40th annual Australian Association of Family Therapy Conference (17-18 October 2019) in Melbourne.

Reflecting our recent engagement with Family Therapists from Asia, we are excited that Dr Takeshi Tamura from Japan and Dr Charles Sim from Singapore have accepted invitations to present at our Conference. We are, of course, delighted to welcome all Family Therapists from Asia to attend our Conference.

I have recently been intrigued to see studies about cultural differences in the way families and couples interact. I do not know whether this is a new trend or whether I am, because of my involvement at your two previous conferences, just more attuned to notice this research.

For instance, a couple of recent studies on inter-cultural marriages, and of those living away from home in a different cultural context, caught my eye.^[1]

As Family Therapists, we help clients discover (make explicit) the adaptive strategies and patterns of experience that come from early attachment and family functioning.

How fascinating that this study of intercultural relationships then asks us to try to make explicit the larger cultural injunctions or narratives that so often guide our behaviour, but also remain implicit or unconscious.

This research, which highlights the West and East cultural dichotomy^[2] allows us to see the cultural contrasts like individualism vs collectivism, or egalitarian vs hierarchical social relations, or the extent to which communication patterns are 'direct' or 'indirect'.

Family Therapy, almost unlike any other modality, with its central focus on context, demands that we identify and understand these subtle influences and look out for them in our work with families.

But how easily can this happen? As Dr Lee et. al. note in their 2013 paper examining regional differences in couple interaction in Asia, it can be *"challenging to reconcile the 'American truth' of our training with the 'Eastern truths' we live by"*.^[3] Dr Lee and her team, for example, ask, *"is conflict avoidance universally pathological?"*, a 'truth' many western clinicians might not question.

I think it is exciting that researchers and clinicians in Asia would "challenge" the 'truths' in (western) Family Therapy models. However, if Asia is a collectivistic culture that *"emphasizes the importance of fitting in with others and the importance of harmonious interdependence"*, is there not a danger that "fitting in" might prioritise "challenge" and stifle debate. And from a western perspective, is there not a danger that the importance of "being assertive" and "sticking up for what I believe" might stifle debate.

I would hope that we can, together, test the dominant, and possibly unchallenged assumptions in our Family Therapy models. However, the cultural differences will require us to use all our abilities to reach out and connect with each other. Surely this can only make Family Therapy more robust, even with the discomfort questioning sometimes causes, or is this me just, again slipping into my own cultural perspective?

References

[1] Couple Relationship Standards and Migration: Comparing Hong Kong Chinese With Australian Chinese. W. Kim Halford, Patrick Leung, Chan Hung-Cheung, Lau Chau-Wan, Danika Hiew, Fons J. R. Van De Vijver. *Family Process*, Vol. 57, No. 4, 2018

[2] Indirect Couple Communication and Relationship Satisfaction in Chinese, Western, And Chinese-Western Intercultural Couples. W. Kim Halford, Sherwynna Lee, And Danika N. Hiew, Fons J. R. Van De Vijver. *Couple and Family Psychology: Research and Practice*. 2018, Vol. 7, Nos. 3 & 4, 183-200

[3] Asian Couples in Negotiation: A Mixed-Method Observational Study of Cultural Variations Across Five Asian Regions. Wai-Yung Lee, Shin-Ichi Nakamura, Moon Ja Chung, Young Ju Chun, Meng Fu, Shu-Chuan Liang, Cui-Lian Liu. *Family Process*, Vol. 52, No. 3, 2013

COMPARISON OF OPINIONS: WHERE IS FAMILY THERAPY GOING IN THE WORLD?

An interview with Wai Yung Lee by Maurizio Andolfi

English version of the original article from the Italian Journal, *Terapia Familiare*.

I met Wai Yung Lee in the 90s when I used to go in New York to conduct workshops at the Minuchin Center: in reality, they were always live consultations with families by therapists of the Center directed by Minuchin. Unfortunately, our acquaintance then was very superficial due to the crowded working context, and today, after having gotten to know her better, I very much regret that. Our real meeting happened much later, in 2017, at an IFTA (International Family Therapy Association) Conference in Kuala Lumpur, Malaysia, which also represented my first personal and professional experience in the Asian world. Another occasion to get to know Wai Yung better was last year in Taipei, at a congress organized by the Asian Academy of Family Therapy (AAFT), which was presided over by her as president of the Academy.

The first thing that struck me while meeting Wai Yung was her serenity and naturalness in managing and coordinating such a complex congress, starting from the registration table she was sitting at to help the secretaries during heavily crowded moments, to being a speaker or chairman during her various scientific presentations.

Even more surprising for me was seeing that during her plenary sessions, Wai Yung did not use the by now inevitable PowerPoint Presentations, which give a university researcher tone but can also be quite lengthy and common.

Instead, she shows video clips of clinical therapy sessions with families and children, which are carefully selected according to a research protocol that will be described throughout the interview. I had to look over the belief that, after the death of Minuchin, I was now almost "old fashioned" all the while feeling a secret pleasure for the "exclusive" showing of videos of my own therapy sessions, recorded by the Academy's Multimedia Library.

I had to go to Taiwan to discover a person who, starting from China, had followed a journey parallel to mine inspired by a great professor and who, like me, puts the child at the center of the therapy session as a therapeutic resource in constant and growing parental conflicts that cross the couple crisis and often stay even after a divorce. Wai Yung treats children and preteens with various disorders, from anxiety disorders to school refusal, from eating disorders to depressive states or social withdrawal. There are images of Chinese families and children (luckily with English subtitles) that belong to a world very far away for us Westerners, but with the same dynamics and triangulations that we find both in Italian therapies and described in our books. As if the universality of human events really did emerge powerfully, even within different and idiosyncratic cultural characteristics. Wai Yung sees children, their pain, but she does not protect them by excluding them from the therapeutic context: on the contrary, she gives voice to and legitimizes their criticisms for their parents' behavior, capturing their physiological reactions in response to the parental conflict and actively using them in therapy with a clear therapeutic goal.

Before listening to Wai Yung's answers to our interview, I would like to remember Nathan Ackerman, who was the first person to put the child at the center of family dynamics since the prehistory of the family therapy movement, in the distant years preceding World War II. He then created the metaphor of the child as the scapegoat within parental conflicts. And Ackerman was Minuchin's first professor, implicitly tracing the high road for Wai Yung, for myself, and for everyone else who will have the curiosity and courage to give children a voice in family therapy.

The interview:

Wai Yung Lee, can you describe the most significant transformations of the Chinese family structure in the last 25 years?

It is not easy to capture the significant transformations of Chinese family structure in the last 25 years in just a few sentences. China had gone through such rapid change in all aspects in past decades that family life is inevitably affected. One of the more significant changes is that families have become smaller and children fewer.

I had been consultant for a children's mental health center in Shanghai on a regular basis in the past 20 years. Obviously, many things changed over the course of 20 years. One thing that struck me, however, was that although many things have changed, the family dynamics involving children with mental health problems seemed to remain consistent, in that when one parent feels hurt or criticized by another, he/ she will naturally turn to the child for support and the child would also spontaneously offer support to that parent. This appeared to be the major dynamic for the so-called sick children. This is also often gender-specific, with the mother being more likely to be the one to feel hurt or criticized, resulting in a very close mother-child relationship and a peripheral father, although in a few cases it is the father who the one that was playing this role. This type of family structure that had been described in early family therapy literature appeared to be the most prominent one among families that I have come across in Mainland China, Taiwan, and Hong Kong.

Which are the most relevant issues inside the Chinese culture today and how they affect family life?

The family structure as described earlier is the most relevant issue that seemed to affect family life because it often results in a very lonely and disconnected spousal relationship, drawing in a very loyal child to maintain or protect one or both of them at the expense of the child's own developmental growth.

Is the divorce's rate in China high as in the Western Countries and how this phenomenon affects children's growth?

The divorce rate in China is now reaching 40%. In my observation, many families continue with the strong emotional animosity years after the marriage cease to exist.

Which are the main expressions of discomfort and conflict shown by adolescents? Are they expressed more at home or in the outside world: school, peer group etc.

The children and adolescents in my clinical work tend to be extremely sensitive to and responsible for the parents' animosity and often get very entangled with the emotionality in their attempt to help. They tend to internalize the conflict instead of externalizing it, resulting in various psychiatric diagnoses such as depression, anxiety attacks, eating disorders. Many cases of school refusal appeared to be strongly related to that.

How the elderly people are considered inside the Chinese family structure and in the social context?

The elderly is also facing new adjustment as China is entering into an ageing society. The old concept of filial piety is now being challenged and some are even questioning whether filial piety still exists. In any case, filial piety is transformed and manifested itself in different forms. Although government policies still expect the elderly to be the family's responsibility, the elderly know that they cannot depend on the old belief that children will always take care of them. Also, the traditional dependency on sons is now switched to daughters, who are gradually seen as being more inclined to extend the family tradition. There is an interesting saying among the elderly population now, "We are the last generation to still take care of our parents and the first generation to be deserted by our children."

When and how family therapy started in mainland China and in Hong Kong?

Family therapy started in Mainland China, Hong Kong, and Taiwan probably around 30 years ago. In China, the Systemic Family Therapy from the German School is generally considered the first major influence in China, to be followed by Structural Family Therapy. However, in recent years, many other schools of thought also flourished in all three regions, each building its root under different contexts and many universities have begun to provide family therapy as part of the curriculum in human service training.

Which have been the major influences for the development of Chinese family therapy from the western world?

Family therapy is still developing in Asia. While many practitioners would claim their professional affiliation to be from a certain school, I think, in general, family therapists are still struggling to develop a systemic language.

How family therapy has been accepted by the general public and integrated inside the Chinese Mental System?

Chinese are very relational oriented. After years of sociopolitical trauma, there is a general sense of being “wounded”. They often want to seek to heal the bruises from relational hurt and so there is a great need for family therapists. However, therapists tend to focus more on psychoeducation than the process of emotional healing or relationship repairing. The good thing is that many Chinese mental health systems have begun to apply a systemic framework. In particular, more Chinese psychiatrists are interested in psychotherapy instead of just prescribing medication.

You are the most prominent family therapist in China today. Can you tell us about your professional roots and development?

My professional roots can be best understood in a book, “Mastering Family Therapy: Journeys of Growth and Transformation”, which I co-authored with Sal Minuchin and George Simon. In one of the chapters, “The Shit Painter”, I described my professional journey, and how it was related to my personal background. I think the development of a family therapists is always related to his/her personal journey. From being an immigrant in America to returning to my own native land, as mentioned in my article, “The Shit Painter Grows Up”, I always feel like a stranger whether I am on foreign or familiar land. This sense of always being an outsider, which I did not like at the beginning, eventually developed into a useful lens, which helped me see new possibilities in seemingly old norms.

You have been very close to Salvador Minuchin for many years in New York: can you describe briefly how was your experience there and how you utilised Sal's ideas when you went back to China 20 years ago?

My relationship with Salvador Minuchin spanned thirty years, from a supervisory relationship in the early 1990s to colleagues and co-authors in the early 2000s, to continuous collaboration and friendship for until the end of his life. In fact, it was his suggestion for me to return home to work after our training venture in Beijing.

His inspiration to me is far beyond the school of Structural Family Therapy. What I learned from him is the importance of commitment and a lens to see the interpersonal nuances in human relationship. In the past 20 years since I returned to Asia, I had the privilege of spending a week or so with him once a year until he passed away. This once-a-year dialogue with him was so special to me and they will stay with me for the rest of my life.

Can you describe your major contributions to the field of family therapy in clinical work as well as in the area of research?

I believe that training, practice, and research have to go hand-in-hand, particularly now that I am working in Asia, where there are still so many unexplored territories. To me, the essence of family therapy is the fun of creating uncertainty in order to explore possibilities. In my work here, I have been playing around and mixing this idea with those from Eastern philosophy, such as Buddhism and Taoism. I think these ideas resemble and complement each other.

We share the same passion for children in family therapy and also we share many years of close relationship with Sal Minuchin. Why children have been so neglected in the field of family therapy and what is your main idea about them in the therapeutic process?

Yes, we certainly share the same passion for children in family therapy. In one of my recent articles, “An unexplored subsystem – Young children as healers: A Dialogue with Sal Minuchin”, we discussed how children had been so neglected in the field of family therapy. I have been developing a protocol to first capture children's response to parental conflict by measuring their physiological responses such as skin conductance, peripheral temperature, and heart rate, and then using these arousal scores for therapeutic exploration. We have been applying this protocol to children with a variety of presenting problems, not just with children from intact families but also children from divorce families and transgenerational families. We have been accumulating a large volume of clinical data on not only how children respond to their parents but also how adult children respond to their elderly parents. If there is a possibility, I really wish to have a chance to have an exchange with you on working with children from two different cultures. It would be fun if we could do a joint workshop together somewhere!

You are the President of the Asian Academy of Family Therapy, which was formed in 2012 under your strong influence and commitment. Can you tell us which is the composition of AAFT and which are the main goals of this Association and how do you see family therapy in the future?

AAFT is comprised mainly of Asian countries and regions. So far our membership covers Japan, Korea, Taiwan, Mainland China, Hong Kong, Bangladesh, Australia, and Singapore. Each of our annual conference is held in a different region. In particular, we have a Roundtable Discussion where therapists from around the world would join us, including your esteemed self for exchange and sharing. In the past, much of the influence of family therapy is from the West. We hope to also develop our own unique contribution from the East to the West.

I had personal experience and connections with colleagues of AAFT few years ago in Kuala Lumpur and very recently I was invited to present in Taipei for the Fifth Conference of AAFT. I have been impressed by the energy, curiosity and openness of the Asian people and I have the impression that the future of family therapy will move more and more in the Eastern part of the world.

Thank you for your comment. I certainly hope that family therapy can move more and more into the Eastern part of the world. You may find the Eastern part of the world so family oriented, so you would not be surprised to see the systemic perspective to be a suitable, if not desirable, treatment approach to many individual problems in Asia. Our major challenge is how to train sufficient family therapists to meet the increasing need.

You spent many years in US: can you say how you have been able to integrate Western and Eastern experience and philosophy?

After living in both places for many years, I must admit that my lens for Eastern and Western culture is blurred, lacking the clarity implied by cultural experts. I tend to focus my attention on nuances instead of generics. And I consider any clinical session an encounter between "two cultures", the family's and that of the therapist.

Which is your legacy for the younger generations? And which is the message that you want to transmit to your Italian colleagues through this interview?

I don't think I have a legacy. I love Italian food and movies, especially Fellini's presentation of chaos and absurdity. I imagine that doing family therapy in Italy must be like enjoying a sumptuous meal in a most fascinating atmosphere. To my Italian colleagues, I envy your great experience and wish you every success in your journey!

Reference

Andolfi, M. (2019, March). Personal interview with WY Lee. *Terapia Familiare*, 119, 81-86.



DEVELOPMENT OF AAFT MEMBERSHIP

Sally Chan, M.Soc.Sc. (MFT)
(Hong Kong)

thought I knew but in fact didn't. I would like to express my heart-felt gratitude to AAFT Clinical team. They have played a very important role in helping me re-organize my thoughts on how to conduct the membership drive from a systemic perspective.

Over the past few years, we have been working hard to set up our membership committee. I am excited to inform you that that we now have six local representatives from six different regions: Dr Noriko Nakamura from Japan, Dr Insoo Lee from Korea, Ms Su Yi from Mainland China, Ms Rosseana Wong from Singapore, Ms Lee-Chun Lin from Taiwan, and Mrs Monica Yau from Hong Kong. Our first meeting was held during the AAFT 5th Annual Conference in October 2018. There, we discussed our Terms of Reference and brainstormed ideas on how we can continue to expand our membership. A few of our preliminary ideas include providing local activities and benefits to members in each region, and recognizing local trainings or workshops as partial fulfilment of the clinical training requirement for potential AAFT members and so forth.

We see the need to work closely with the AAFT Accreditation Committee, as the accreditation of Asian therapists through our Fellow category is an important vision and mission of AAFT. As for me, this will be a huge milestone for us to achieve.

In 2015, the Academy of Family Therapy officially changed its name to Asian Academy of Family Therapy, to reflect the interests of family therapists from other Asian regions. That same year, I took up the position as AAFT Membership Chair. It really was a very big challenge for me, as I had to increase local and international membership while being based in Hong Kong, and recruit a group of professionals with diverse backgrounds from different regions to join our membership committee.

In the process, I have had a fruitful experience in relearning how to make connections and to have dialogue exchanges with others, which I



Becoming an AAFT Member

AAFT is the first academy established in Asia that aims to provide accreditation to family therapists practicing in Asia through its Fellow member category. Our membership categories are as follows:

<p>Fellow Member Annual Fee: US\$210</p>	<p>An applicant who is interested in becoming a Fellow member should hold a graduate degree in the human services profession and have at least three years of post-graduate experience in working with families, including case practice, systemic training, and supervision. Fellow members of AAFT are our accredited clinicians. Therefore, their membership must be approved by the AAFT Vetting Committee, which is comprised of members representing Japan, Korea, Taiwan, Hong Kong, and Mainland China.</p>
<p>Full Member Annual Fee: US\$150</p>	<p>An applicant is eligible to become a Full Member if he/she has attained educational requirements for licensure or certification in the human services profession or equivalent. He/ She can pay a one-off membership fee to become a Life Member.</p>
<p>Associate Member Annual Fee: US\$110</p>	<p>Associate Membership is open to any applicant who holds a degree in other human service programs; or is a student in family therapy.</p>
<p>Organizational Member Annual Fee: US\$520</p>	<p>Organizational membership is designed for professional or social service organizations/ associations/ societies/ institutions who share the mission of AAFT. Each Organization may nominate up to three members who will be eligible for AAFT membership.</p>

For more details, please visit <https://www.acafamilytherapy.org/membership>

ABOUT AAFT

This description of AAFT is attained from the renowned Encyclopedia of Couple and Family Therapy edited by Jay Lebow and his colleagues:

Introduction

The Asian Academy of Family Therapy (AAFT) is a charitable and non-profit organization with a vision to promote family therapy research, training, and practice in Asia.

Originally named as Academy of Family Therapy, the same group of visionaries who had established the HKU Family Institute (HKUFI) almost a decade ago started the Asian Academy of Family Therapy in 2012. Through the training effort of the Director of HKUFI, Wai Yung Lee, a collaboration with other Asian regions was formed. As a result, a cross-regional study to compare how couples negotiated their differences among five regions was made possible. This joint venture created a bond among the involving regions. Prominent figures from each region started to meet annually and in 2015, the Academy officially changed its name to Asian Academy of Family Therapy to reflect the interests and activities of other family therapists in the Asian region. Currently, AAFT is membership-based. Its membership categories include Fellow, which consist of qualified family therapy practitioners from multi-disciplinary backgrounds, as well as members who support the vision of AAFT.

Location

AAFT is based in Hong Kong, with core members from the Asian region, including Hong Kong, Japan, Korea, Taiwan, Mainland China, Singapore, and Malaysia.

Prominent Associated Figures

Wai Yung Lee, Ph.D., Ng Man Lun, M.D., William Fan, M.D., Joyce Ma, Ph.D., Takeshi Tamura, M.D., Shin-Ichi Nakamura, M.D., Zhao Xudong, M.D., Du Yasong, M.D., Meng Fu, M.D., Chen Xiang-Yi, M.D., Hao Wei Wang, M.D., Chao Wen-Tao, M.D., Lin Lee-Chun, M.A., Young-Ju Chun, Ph.D., and Sunin Shin, Ph.D.

Contribution

Asia covers a vast geographic area with diverse cultures. Each region has very different family norms and language expressions. However, while there are different social and family structures, we do share some things that are uniquely Asian, such as an emphasis on collectivism rather than individualism, religious and ethical influences of Buddhism and Confucianism, extended kinship system, and lifelong parent/child relationship of filial piety. AAFT is established to create a strong collaboration and professional exchange among our counterparts in Asia. It should be noted that although there are many family therapy associations in other parts of the world, AAFT is the first family therapy organization in this region that represents distinctive effort in developing family therapy. As the service system in Asia tends to be more individual-based, we also have a strong mission to draw together systemic thinkers and practitioners in different parts of Asia to reflect the family-oriented culture of this part of the world.

Our important research includes:

1) *A comparison of how couples negotiate their differences among five regions including Japan, Korea, Taiwan, Shanghai, and Hong Kong.* Contrary to popular belief that Asians are all the same, it was found that couples in these five regions have very different styles in negotiating their differences (Lee et al., 2013).

2) *Children's Response to Parental Conflict* (Lee et al., 2010). Wai Yung Lee has set up an innovative tool to measure how children respond to their parents' impasse. This tool shows to be very powerful in activating the parents to change when used for clinical purpose. Clinicians from both within the Asian region and abroad are showing interest for possible cross-regional collaborations.

AAFT is aiming to provide accreditation for Asian therapists. Criteria that pertains to the Asian culture is currently being established. Each participating region is also working toward developing their own practice and training model that is relevant to their region. For instance, South Korea has a long history in developing family therapy, with very well-systematized organizations and professional standards within the region. In Taiwan, different therapists have also been developing their therapeutic approaches. Mainland China, in particular, has shown a strong interest in the development of systemic approach. Not only are family therapy programs provided by universities and mental health organizations, private institutes, such as the newly established Aitia Family Institute in Shanghai, is one example of how training, practice, and research can be combined to bridge the work between the East and the West. Different regional training efforts are also taking place, such as Takeshi Tamura and his peer supervision group with members who represent different regions meeting regularly at different parts of Asia to exchange ideas and clinical contributions.

Although a strong bond with some Asian regions have been established, AAFT hopes to continue to expand its geographical coverage, to elicit more regional and cultural participation from all over Asia in the near future.

Reference

Lee, W. Y., Nakamura, S. I., Chung, M. J., Chun, Y. J., Liang, S. C., Meng, F., & Liu, C. L. (2013). Asian couples in negotiation: A mixed method analysis of cultural variations among couples from five Asian regions. *Family Process*, 52(3), 499-518.

Lee, W. Y., Ng, M. L., Cheung, B. K. L., and Yung, J. W. (2010). Capturing children's response to parental conflict and making use of it. *Family Process*, 49(1), 43-58.

Tamura T., Lee W.Y., Cheng V. (2017). Asian Academy of Family Therapy. In: Lebow J., Chambers A., Breunlin D. (eds) *Encyclopedia of Couple and Family Therapy*. Springer, Cham

Asian Academy of Family Therapy, <http://www.acafamilytherapy.org>



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*Viviana Cheng, Psy.D., Chief Editor
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