
FAMILY THERAPY AROUND THE WORLD

Three 'Depressed Families' in Transitional Beijing

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ABSTRACT. Focusing on three Beijing families with a depressed family member, the author uses presenting symptoms as an entry into the socio-political pathway as experienced by each family. All three families shared a theme of gender evolution, a testimonial to the particular social historical period to which they belonged, and a struggle to make sense of personal and familial lives in the context of an ever changing social and political climate. These case examples offer a glimpse into a spectrum of changing patterns of family lives in modern China, and provide a snapshot of how they interface with the larger system within which they are embedded. [Article copies available for a fee from *The Haworth Document Delivery Service*: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by *The Haworth Press, Inc.* All rights reserved.]

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The idea that families are entrapped by many layers of exterior dimensions is perhaps more true in contemporary China than elsewhere. From Monarchy to the People's Republic to Communism, the country has witnessed one revolution after another in a sweep of changes over the past century. Political changes also brought cultural changes. Culture is like a multi-bodied giant; individuals and families are continuously subjected to its ever-evolving footprints.

Jung Chang's epic novel *Wild Swans: Three Daughters of China* (1991) provides a rich account of the interface between family life and the larger socio-political system. This was depicted in the popular Chinese novel *To Live* (also turned into a film of the same name by award winning director Zhang Yi Mou) in which every developmental stage and event that occurs in the family has something to do with government policies. Both the novels portray the strength of human adaptability and the profound sadness of families trapped in the crushing cycle of turbulence created by a nation in transition. The Cultural Revolution, which destroyed many of the old values, also opened up more alternative family lifestyles. Indeed, working with families in contemporary China poses a challenge to therapists because of the many variables, not only between families but also within families; sharp contrasts can be depicted in each of a family's developmental stage.

However, family therapy is relatively new to China, though there has been widespread interest ever since Glick's (Glick, 1982) visit two decades ago. The most systematic training was a three-year program initiated by Heidelberg University that provided training twice a year to a group of about 40 professionals from various parts of China (Yang et al., 1999). The Minuchin Foundation for Family Therapy, an organization based in Hong Kong in collaboration with the Minuchin Center for the Family in New York and the Beijing University, has also started a three-year training program for therapists from across China.

As the principle trainer for the Minuchin Foundation project, I would like to use my consultations with three Beijing families, each coping with a depressed patient, to portray the obscure journey of an outside trainer finding her way in the complex interplay between the family dynamics and the larger social/political background.

As a Structural family therapist, I see therapy as a process of challenging the existing norms in order to make room for change. I rely on

questions and feedback to conduct my sessions, an approach that I have found useful since, as a Chinese woman, I have always found myself working with unfamiliar cultures both in the U.S., where I acquired my training and practice, and in Asia where I conduct trainings. I believe that if my questions and feedback are curious and thought provoking, the families will respond with their narratives and play out their dramas. A therapeutic path would thus be opened up within the family and I only need to play a minimal role in the process. With such a stance, the theoretical construct of Structural Family Therapy serves as a way of thinking rather than a set of techniques (Minuchin, Lee & Simon, 1996).

The body of literature on depression in China is vast, while the publications on family therapy are relatively few with most of them focused on the application of techniques that were introduced to China through the German school. Therefore, it is not surprising to find that of the 199 articles on depression found between 1990 to 2001 from different sources (PsychINFO, Medline, Social Work Abstract), only about 20 of them touched on some level of analysis of family issues. The interface between the presenting symptom and the larger systems is seldom mentioned.

While current research indicates that there is no single cause for depression, it is the view of the family therapy field that depression takes place within the context of family relationships and is profoundly affected by them (Papp, 2002). These three cases are interesting in that all three patients attributed their illnesses to events that had occurred in the socio-political system and not their families.

These cases also represented different stages of family development in modern China. The first case was a middle-aged couple at a crossroads, making choices between new and old value systems of marriage and confronted by an awakening sense of gender singularity. The second case was a young couple struggling to sustain a nuclear family free from intrusion by the older generation, and subsequently paralyzed by the scrutiny of the society at large. The last case involved an older couple who dedicated their early years to the Communist party, with the wife still fighting in vain to keep the chronicle of her early life alive. These families all shared a theme of gender evolution, a testimonial to the particular social and historical period to which they belonged, and a struggle to make sense of their personal and familial lives in the context of the ever changing socio-political climate. History, economics, politics, government policy, and social norms all seemed to play a part in the lives of these individuals and their families to the point that psychiatric problems were spawn.

While these three cases shared the same symptoms of a depressive disorder, the therapy was not focused on depression itself but rather, the symptom was used as an entry to demonstrate some key cultural issues that interfaced with the family.

THE FIRST CASE

The first family consisted of a couple with a 20-year-old son and a 14-year-old daughter. The Identified Patient (IP) was the husband who had been hospitalized for over a year for depression after he lost his business to his business partner. Beijing mental institutions have a practice of requesting that a family member live in the hospital with the patient. As a result, the wife of this patient had spent more than a year in the hospital. The family session was attended by the couple and their son. The referring psychiatrist attending to this case was also present. The reason for the referral was to see if the husband was ready to leave the hospital.

The interview started with the husband's story of his betrayal by his partner, which seemed all too familiar to his family and the hospital staff. His wife still listened attentively although with a reluctant posture, while the son looked uptight and did not take part. The only person who seemed interested was the psychiatrist, who encouraged the patient to continue. Apparently the husband had been receiving a great deal of individual attention in the hospital. He had gone through many steps of the 'Morita' program (Morita, 1998), a popular treatment process in China originating in Japan involving intensive self-reflection and progressive levels of rehabilitation to no avail. It seemed that he was getting too accustomed to hospital life. His wife kept trying to persuade him to start over again but he simply ignored her. Half an hour into the session, I felt like I was also being kept in a position in which I could only relate to him as a sick person. To break away from this restriction, I turned to the wife and asked what it was like for her, a perfectly healthy person, to stay in a hospital for such a long period of time. Although I phrased it very gently, discomfort could be felt throughout the room. She struggled to tell me that she had to do it for her husband. I applauded her loyalty but continued to explore her own experience. Soon she began to pour out her sorrow and frustration of being forced into such an impossible position.

At the time I had no idea how far I could go with this transaction. The couple appeared to be very traditional Chinese. The wife seemed very

willing to accept a secondary position, and placed her husband's needs far above her own. My only clue came from the son's silent resentment toward his father, which gave me the impression that the couple's way of being was not left unchallenged. It was interesting that the husband referred to his daughter as his 'medicine,' but ironically, due to the fact that both parents had to stay in the hospital, the daughter was sent away to a boarding school.

I concluded the session by agreeing with the man that his daughter could have a better effect on him than the hospital. I also suggested to the wife that she could help her husband resume a more normal life by relating to him as a responsible person with strength, and not as a patient.

In the subsequent discussion, the audience of over 60 mostly male psychiatrists and psychologists observing from a closed circuit television, expressed puzzlement. They wanted to know why I attended so much to the wife's needs when in fact the husband was the patient. I explained that I was not trying to 'liberate the woman' as they perceived it. On the contrary, I was trying to 'cure the man' by using the wife as the potential 'healer.' Finding healers within the family is a typical Structural Family therapy maneuver (Minuchin et al., 1996), but I was not sure if these interventions really had any impact on this particular family.

A few weeks after the consultation, I received an e-mail from the psychiatrist informing me that the wife had expressed her desire to leave the hospital. I suggested that this might be a good chance for the psychiatrist to do some couple work and help the husband deal with his marital crisis as a way to recovery. However, before a meeting was arranged, the wife left, and the husband decided to leave the hospital with her.

I had not thought about this case further until a year later when I returned to Beijing for another training session. One of the cases I was asked to see was the same couple. In the second interview, the wife seemed like a totally different person. She was brightly dressed and looked very attractive. By contrast, the husband still presented himself as weak and easily tired. He tailed behind his wife into the interviewing room, and this time it was the wife who took charge.

She began to complain about the lack of support from her husband both at home and at work. She had started a new business on her own and her husband refused to take part in it. The husband agreed that he was leading a very passive life where his only daily activity was to take a walk down to the park and watch people play chess. Therefore, when the wife said that she had no time to take her daughter to the park, I was

surprised that she did not ask him to help with this simple task. In response, he mumbled something like he got headaches and could not face too many demands. The wife was upset by his response, and refused to compromise any longer. When I encouraged the man to deal with her frustration, the psychiatrist became uncomfortable and said that the husband had already improved a great deal. At this point I realized that the four of us were divided into two camps. I automatically moved back and waited to see what might transpire. Unexpectedly, the husband turned to his wife and assured her that he would assume more responsibilities in the house and even help her with the business. The psychiatrist asked him if he would find this undertaking too stressful to which the husband replied, 'all I have to do is to take half a pill, and my headache will subside.'

Again, this session became a source of great debate in the audience. Some felt that I was fostering discontent between the husband and wife. Others said that the woman's discontent did not need fostering and if the man continued to assert his illness he was at risk of losing his wife. I maintained that I was simply trying to turn the couple's marital crisis into a resource to speed up the man's recuperation.

The participants were generally divided into two camps and the heated debate was most revealing, contrary to the common belief that Chinese trainees are not inclined to express their opinions. The debate also signified the war between the sexes in China, as reflected in the struggle between the couple. As a nation in transition, the traditional Chinese institution of marriage is going through a process of steady differentiation and dissolution (Huang, 1998). In the older generation, many couples seemed to accept their marriages in stalemates. In this case, it took a depressive symptom to get the couple to face up to their marital crisis.

The discussion alerted me to find out more about gender evolution, which appeared to be an important consideration in couple counseling in contemporary China. The Global Referendum on the human rights of women (Bunch et al., 1996) and the United Nations Fourth World Conference on Women (Wang & Miles, 1996) held in Beijing in 1995 claimed to have had a great impact on the Chinese women's movement. Judging from the number of publications (See Dept. of Public Information, United Nations, 1996) generated from these events, they brought the issues of Chinese women to an international platform. In a matter of a few years, almost 500 women's studies centers were set up in China at universities, research institutions, and women's federations.

However, the women's movement in China has a long history. In 1949 it was written into the constitution that women and men are equal in China. Although this inception was seen as an attempt to subordinate the women's struggle to the class struggle (Eber, 1976) during the early years of economic and political hardship, it was successful in closing the gap between the two sexes. Men and women started to dress in a similar manner, to call each other comrades, and to undertake jobs that were assigned with a blind eye to gender. United by political ideology and untouched by the Western tradition in courtship games, it seems that contemporary Chinese women learned to compete with men in the battlefield as well as in the factory. Even the term 'bare-foot doctor' was broadened to describe the many men and women performing professional duties under harsh conditions.

From bound-foot to 'bare-foot,' modern Chinese women have proven that they can change their script and play different roles in the blink of an eye. As a result, mate finding has become a difficult task as the reported proportion of educated and successful women in their reproductive years has far surpassed the number of available men. The divorce rate in both Beijing and Shanghai has shown a steady increase, and from those seeking a divorce, the number of women is double that of men (Huang, 1998). The lack of compatibility between men and women in various areas will certainly affect the quality of family relationships and the up bringing of the next generation.

In Shanghai, girls were beating boys at the elementary school level to such an extent that the authorities had to intervene by setting up an exam system that would allow each sex to compete against itself and not against the other; otherwise, very few men would be able to find their way into university (Davis, 1993). Chinese governing bodies had traditionally assumed a strong role in regulating a balance between the sexes. As jobs became scarce, new policies were introduced to keep women home. Although these proposals were continuously rejected by the Chinese Women's Confederation, it is ironic to see that as China enters the new millennium, its policy towards women is heading toward restricting gender roles (Wang et al., 1996) that China had originally liberalized.

THE SECOND CASE

The second family case also involved a man with a depressive disorder. Before the onset of his illness, this man's adopted father and his

new wife ransacked his house in protest over the son's failure to satisfy their financial needs. Chinese family law makes it clear that it is the children's responsibility to support their elders. As a result, public support was very much sided with the adopted parents. The story of the 'ungrateful adopted son' appeared in newspaper headlines. Unable to face the outside pressures, the man slipped into depression and had been hiding at home for six months.

The man came to the session with his wife and their 10-year-old daughter. Like the wife in the first case, this woman was supportive of her husband. There was a strong sense of helplessness shared by this family of three; the daughter seemed equally depressed if not more so as compared to her father. She sat quietly beside her mother, with her eyes fixed on her father.

I asked what it was like for her to witness this calamity in the family. She replied softly that she was there when her adopted grandparents attacked. She thought that they were going to kill her father and was very frightened. She said that although her parents did not want her to be involved, she could hear their discussion from behind the bedroom door. However, the father told her not to get involved. He said that she should concentrate on her studies and not worry about the family. At this point, the daughter submissively agreed.

I asked the daughter whether she really meant to agree with her father, as it was difficult for a ten-year-old not to worry about her parents when she felt that they were in trouble. The daughter thought for a moment, then told her father that she could not just push this matter aside. Her voice was weak at the beginning, but with some encouragement she began to tell her father how much she worried about his health. Her mother also seized this opportunity to tell her husband that his avoidance had made the situation worse, not only for the daughter but also for her. However, the husband looked withdrawn when his wife began to take over. As in the first scenario, the depression of this man also seemed to play a role in his avoidance of interpersonal contact with his wife, which rendered her speechless. It seemed that the father was more willing to listen to his daughter than to his wife. The turning point of the session came when the daughter went over to her father, begging him not to shut her out, since not letting her know what was happening made her worry even more. The daughter's move brought tears to the eyes of both parents.

In the follow-up discussion, the audience seemed touched by this session. Some said that they had been wondering what family therapy could have possibly offered in a case where the pressure clearly came

from outside. Seeing that the mobilization of family resources from within could be one of the possibilities for therapeutic direction, they seemed to be more sufficiently convinced of the value of family therapy.

This interview and discussion was conducted immediately after the second interview of the first case. I wondered if the audience's objection to my 'breaking up' the couple's marriage in the first case influenced the way I handled the second family. Clearly it was more politically correct to unite family members than to encourage differences. Although these two cases were different and required different therapeutic interventions, it dawned on me that the moral judgment of the social structure was extremely powerful in shaping the role of the family and the way I worked with the family.

With the first couple, the husband felt betrayed by his business partner and refused to get on with his life, but the moral court would impose no judgment on his conduct. In fact, it was his wife who would be judged if she was not sympathetic to his ordeal. In the second case, the husband was the one who had to face-up to the outside pressure and it appeared that it was this sense of shame that had kept him paralyzed emotionally. I could have used the wife to activate the husband in the second case, as I did in the first, but something in the process seemed to stop me from entering into the couple's relationship. Instead I opted for the child who was more available to me.

Perhaps my lack of interest in the couple's relationship was also due to the fact that my thoughts were drawn to issues larger than their interpersonal context. The impact of the Chinese law that obligates children to support their aging parents stems from a traditional belief that 'having children is to safeguard comfort in old age.' There was a controversial case in Luoyang, an old town in the mid-North of China, where a mother took her son and daughter-in-law to court for failing to support her and her ailing husband. She sued for the return of the family business, which she and her husband had given to the son years ago. The small assets had turned into a multi-million dollar business. The court ruled that the parents could only claim part of the current assets as the son and his wife had contributed to its growth. It is interesting to note that in a national television program, this case was fiercely debated in all parts of the country. Everyone was angry with the son and his wife, and no one could accept the court's ruling, the most cited reason being: 'without their parents, how could they have made it?'

This example demonstrated how the moral court could overrule the legal system even though China's governing bodies were supposed to be omnipotent. In the second family, when the adopted grandparents

ransacked the son's house and terrified their granddaughter, public opinion still sided with the elders. Watching how one family suffered in responding to outside pressure—particularly the ordeal of the young child in this session—seemed to have activated the audiences' own sense of fear and helplessness at the possibility of being singled out in this restrictive social and political environment. Inevitably I was also finding myself in a position in which my clinical judgment was influenced by the pull of larger issues.

THE THIRD CASE

Another kind of socio-politically induced depressive disorder was seen in an older woman in her 60s who came with her husband. When I asked her about her illness, this was her reply: 'I think I have contracted a political illness. From idealism to illusion, to disillusion, and finally all my dreams are shattered.' She went on to give an account of her 40 years of political life as a communist officer. Her husband was an overseas student from Indonesia who went to China as a youth to serve the country. They were soldiers in the early communist regime and during the 10 years of Cultural Revolution, they were perpetrators as well as victims. Now that they were out of the limelight, the husband had adapted well to retired life, but it seemed that the wife's energy was still consumed by past political upheavals. As she talked her eyes beamed with excitement but her psychiatrist became quite irritated and kept asking her to move on. It seemed that the helping professionals here were inclined to listen to patients' complaints about their illnesses, as in the case of the first interview, but to listen to a patient's narrative of a piece of history was considered a waste of time.

The husband was concerned that she might become too excited and would not be able to sleep at night and that his previous attempts to stop her from dwelling on the past only resulted in arguments. As young comrades they had been united by the same dream and inspiration, but as a retired couple they seemed to have little in common.

To bring her back to the present, I asked if they were happy with the new China; they both agreed that it had never been better. I then asked if they felt they had contributed to building up this new country. They both said yes, but she said that she was now feeling useless and did not know how to use her energy.

As I was listening to this couple I felt a strong sense of respect. I told them that although I was aware of the political struggle in China, the

way that she described it gave me a sense of connection. I asked if she ever thought of writing her story down and if I could write about my meeting with her. She was really astounded and asked what I would be writing about. I began to elaborate: 'I would probably write something about how I met this couple in Beijing. They had, in the course of an hour, filled me in on 30 years of Chinese history, an experience that I had missed in my own life. For during those years while they were fighting with their lives to rebuild our country, I was wandering in a self-imposed exile in foreign lands.'

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

It occurred to me later that some of the audience was in tears as well. I was told later that a narrative of the Cultural Revolution had long lost its audience. In this case, it seemed that my interest in their saga had a healing effect for the woman as it gave new meaning to her old struggle. And the best feedback I had ever received came from someone in the audience who told me, 'you have the advantage of coming in as an outsider, because you can see novelty in things that we have long lost interest in.'

I believe that the experience of this couple was only a variation on the experience many other families were subjected to during the Cultural Revolution and other political upheavals. This case offered me a glimpse into the life of a 'comrade couple' in the aftermath of the Cultural Revolution. When I presented this case in a workshop at the Minuchin Center for the Family in New York, some Chinese participants whose parents had suffered badly under the communist regime felt very hostile towards the couple. They saw them as perpetrators who had caused pain to many others. It seems that the wounds inflicted by the traumatic political climate of recent decades are still deep and perplexing. Unfortunately, there has not yet been an official acknowledgement or a healing hand to mend the damage done to the nation's psyche.

I took away from their legacy something very dear to my heart. This encounter was indeed a healing process for myself as it gave a sense of closure to my many years of wandering abroad without a purpose.

DISCUSSION

Despite the fact that I was trained to wear a lens for interpersonal messages, the manifestation of the symptoms and the narratives of these patients directed me to see their problems in social and political terms.

The concept of how an individual's belief system is affected by outside norms is not new by itself, as ideas of social constructivism have swept the family therapy field in the post-modern era. However, the ways in which families are affected and the clinical implications are seldom discussed in the family therapy literature in relation to families in China. These cases provide a pattern in which the patients' self-diagnosis is directed toward events that occurred in the larger culture, rather than giving a biological diagnosis of depression as it is often the case with families in the Western world. In a strange way, the significance of family seems to be secondary when compared to outside norms. To me this leads to important clinical questions, how should family therapy be conducted in a culture in which family experiences are interrupted continuously by outside factors? If the therapists do not have a great deal of knowledge about the larger culture, can they still guide the family realistically to deal with the gigantic pressure from outside? Is it sufficient to unite the family members to fight the outside villain as I had done in the second case? After all, a man's home is his castle against all outside invasions. Or should the therapist validate the external experience and sentimentalize the historical significance of the client's experience, as in the third case, since the therapist herself had longed for that missing piece in her own life? As I am contemplating these questions, it becomes clear that therapy is a three dimensional encounter involving the therapist, the family and the strings that pull the family from above in which the mutually shaping and reshaping interpersonal process has an impact on all the parties concerned (Lee, 2002).

My work with the first couple was probably the most controversial as I had unbalanced the couple's equilibrium, enabling the wife to exercise more demand on a husband who is still seen as fragile by many. By ignoring the need of a sick man and highlighting the need of the healthy one in the couple liaison, did I succeed in activating the interpersonal system to speed up the healing process or did I stir up chaos unnecessarily failing to see that the couple's subsystem is enclosed within a much larger system? Am I at risk of breaking up an otherwise well-maintained marriage or am I saving the woman from a miserable relationship that offers her little satisfaction? Is it realistic to expect individual fulfillment in a tradition that glorifies the sacrifice of individual need for the need of the others?

However, if I had chosen to respect the cultural norms, would I not be equally guilty of maintaining the same old cultural pressure on the wife and failing to see that this very culture is in constant movement and transition regardless of all the constraints?

Families in transition: While marriage in the Western world is generally viewed as the couple's business, marriage in China has always been a social and family affair, and to a great extent, a political affair for the nation as well. Though differing greatly in age, all three couples were brought up in an era when Chairman Mao played a prominent role in their courtships, either quoting his proverbs from the 'red' book which all men and women carried in their pockets—dating activities were mainly a recital or discussion of Mao's sayings—or in the form of a plaster statue, which was the most popular, if not the only gift available at weddings.

Now that the Mao mania days are gone, families are suddenly finding themselves moving from having no choice to having more choices than ever in lifestyle and family values. From this point of view, the audience's fear of my intervention in the case of the first couple was probably justified, as my support for the woman could have cast a destabilizing weight on a delicate balance, causing a triggering effect. In a society that has been so used to a closely-knit political structure like China, it is not surprising to see that people are finding their government and other social factors having a greater impact on them than their families. Particularly in couples, the sense of complementarity in which people constructed each other seems to give way to a sense that the larger system constructs the couples. Some of the occurrences are even quite humorous. For example, the one-child policy that has been criticized by many people as being responsible for female infanticides (Keng, 1997) was also seen as promoting awareness of female sexuality in China in an analysis conducted by the Women's Hotline (Women's Hotline, 1998) in Beijing. As women are finding themselves fulfilling their 'reproductive duty' after one child, there is a trend in demanding a better quality sex life with their mates. The Hotline reported an increase in the number of men calling in for information on sex. One hilarious example concerned a call from a man who was literally kicked out of bed by his wife for poor performance and was now desperate for tips on improving his sexual ability.

Clinical implications: Although I belong to the same ethnic group, I was a lost sheep returning to the herd. My ability to translate social awareness into clinical practice, as Papp (2000) suggested in her work with couples, was restricted by my ignorance of the related social norms. Therefore, I worked the other way around; my social awareness was gained through the clinical experience (Lee, 2002).

I depended on each case to educate me about more pieces of the larger culture. However, it is inevitable that the family map I follow is largely a universal map. As such, I often wondered if I was Americaniz-

ing Chinese families in my work in China. To minimize this risk, I try to follow the clues closely so that I can come nearer to the family's existential realm. It should be noted that I do not always take a neutral position in the therapeutic process. I strategically join in certain subsystem and challenge the other to create new room for change. However, as I was so intrigued by the women and the complex roles that they were playing, I am sure that my bias towards the seemingly passive men in these cases might not have been too strategic, affecting my clinical decisions in working with these families.

Follow up of the first case indicated that the wife had become more assertive, and the husband had started to seek couples therapy from the psychiatrist. We did not hear further from the family in the second case. The referring psychiatrist indicated that everyone was satisfied with the one-session consultation and saw no reason to return. Work with children in Chinese families has not been well addressed in the literature. The child experts Cooklin (1999) and Barnes (Dowling & Barnes, 2000) with whom I had provided joint training sessions in Beijing in the fall of 2000, were amazed by the children's ability to express themselves during the family sessions. This case is only one example of our work in which children's voices were used to shape the experience of the families.

The wife in the third case was a warrior, the kind whom Mao might have described as 'holding up half a sky' (Peck, 1985). Clinically I could have focused on helping the couple to adjust to a more relaxed retirement time together instead of validating her dated sense of history, or preferably, to do both. However, I started out with a strategic position only to find myself so absorbed by it that I became part of her story. This was something totally unexpected, as my style of therapy tends to be more rational. Technically, one may consider this an induction, a dilemma in which the therapist got drawn in by the pull of the family. But I like to think that it was the quality of unpredictability in the human encounter that created a true emotional climax in the healing process.

Working cross culturally, I have realized that my picture of families has become blurred and I have lost my certainty. Each session is a human encounter that carries ambiguity and unpredictability. Therefore, instead of making a generalization, I prefer to raise more questions.

No doubt there are still many layers of sub-cultures I am ignorant of in this land that have become increasingly familiar to me through my clinical encounters. Each of my journeys with these families brought to the surface some part of my own Chinese roots, and taught me the long forgotten wisdom that a wise teacher can be knowing and not knowing at the same time.

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