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Ethical Issues in Psychotherapy Training in China

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ABSTRACT

The growth of psychodynamic psychotherapy in China has been accompanied by a small number of ethical complaints. Some particular aspects of the logistics of building a practice in China have contributed to these ethical situations and are discussed. The CAPA Ethics Committee has worked with its Chinese counterparts to explicate the basic concepts of ethics and professional behavior, and ethics investigations, as they are articulated in the CAPA Ethics Procedures, the Ethics Code of the American Psychoanalytic Association and the Ethics Code of the Chinese Psychological Society. Continued education by CAPA and CIC about the essence of ethical and professional behavior will be a feature of its training going forward, and should be extended after graduation by means of continuing education programs.

Introduction

Our purpose in this article is to present initial impressions of the special ethical situations and problems and related professional issues we have encountered as members of the CAPA Ethics Committee, as well as in our roles as teachers, supervisors and treaters in the work of the CAPA program of psychodynamic psychotherapy training. The Ethics Committee, which is chaired by Susan Shively, M. D., and the present authors as the additional members, has been called upon several times during a period of 7 years to consider and act upon matters of concern raised by Chinese CAPA members or their international teachers, and to make recommendations in response to them. Additionally, the committee's activities have stimulated the creation of a separate Ethics Committee in CIC (CAPA in China) the organization of CAPA graduates and students, and have also led to the recent addition of three Chinese members to the existing CAPA Ethics Committee.

It is only a small exaggeration to say that the modern development of the profession of psychodynamic psychotherapy in China was created more than a decade ago by CAPA. Prior to that, psychotherapy was practically unknown in China. Now, some Chinese writers refer to a "psycho-boom" (Huang, 2017, p. 29) to describe the proliferation of patients and therapists, the development of new professional organizations, and a number of website startups that match hundreds of therapists with thousands of patients (Huang, 2017). Along with this growth we would expect a growth in the occurrence of ethical problems, whether brought about by exploitation or just by inexperience. Currently, CAPA has 153 students in its basic and advanced 5 year program. Since it began, CAPA has graduated 332 students from its basic two year program and 115 from its advanced program (years 3–5). 34 graduates have entered psychoanalytic training in both APsaA and non-APsaA institutes.

While many CAPA trainees are psychiatrists and psychologists, a large number of trainees are new to psychotherapy, having sought CAPA training as a second career. The important thing about this is that, like the creation of a new mountain by means of volcanic action, CAPA has not only created a training program, but it virtually (pun intended) has created a new profession in a new country in a new era, using a new medium, where none had existed before. This mixture of new and old has created a mixture of new and old ethical issues and this presents a challenge, not only for the students, but also for the teaching, supervising and treating faculty.

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Not only must CAPA teach the essential specialized knowledge of the profession, but it must also instill the essence of what ethics and ethical principles mean to many students who have had no prior socialization in a helping profession. It must teach them about the existence and functions of ethics codes. They need to know that ethical codes, such as The APsaA Principles of Ethics for Psychoanalysts (Dewald & Clark, 2008), are intended to guide practitioners in their professional conduct toward their patients, and in the case of minors, also toward their parents or guardians. In addition, CAPA's students must recognize such ethical principles as a guide to professional conduct toward supervisees, other students, colleagues and the public. They need to be taught that such codes provide general guiding principles such as professional competence, mutuality, informed consent, confidentiality, truthfulness, avoidance of exploitation, scientific responsibility in the use of clinical material, respect and nondiscrimination toward all persons, protection of the public and the profession, social responsibility and personal integrity.

There are, however, limitations to the scope of CAPA's jurisdiction. Here is a current example: When a current CAPA trainee makes an infraction, there are obvious remedies and sanctions that can be applied when necessary: suspension or ejection from training; requirement of additional supervision by a person with special expertise in the area of the student's failure or ignorance; recommendation of psychoanalysis or psychotherapy if appropriate, and so on. However, an issue came to our attention very recently where the problem was what to do about ethical missteps of former students, people who have already graduated from CAPA, and therefore are no longer under its jurisdiction.

> Fostering ethical behavior is important not only to protect patients and students, but also to protect the reputations of the profession and of CAPA, which is now very well known and respected in China. China does not issue psychotherapist licenses, which can be taken away or restricted by licensing boards, as can happen in the USA. Legal channels in China are very complicated. Fortunately, all CAPA graduates automatically become members of CAPA in China (CIC), a developing professional organization that now sponsors a study group on ethics, and is on the way to developing an Ethics Committee and ethics procedures. Our committee is now working with CIC members to mentor and advise them about developing methods of evaluating complaints and, hopefully, disciplinary and remedial procedures for use when needed. In the circumstance just mentioned about the CAPA graduate, the CAPA Ethics Committee and the newly developing Ethics Committee of CIC met together to work out an appropriate procedure. We decided that the responsibility falls to CIC to deal with the complaint if the accused therapist is a member of that organization. If the accused resigns or refuses to cooperate with CIC, we decided that CIC has a responsibility to inform the accuser of alternative options, such as making a complaint to the Chinese Psychological Society clinical registry system.

The following sections describe several of the distinctive ethical issues that occur in the special circumstances that CAPA and its students and faculty encounter:

The challenges of starting and conducting psychotherapy in the digital age

A. Finding a Psychotherapist, Finding and Recruiting Patients

In addition to the traditional methods of building a practice, such as receiving personal referrals from colleagues, gaining visibility by publishing papers and books, or making public presentations, there are on-line referral platforms in China that are used widely. The largest and most successful of these is Jiandanxingli ("Simple Psychology," referring hopefully to the ease of finding a therapist, not to the variety of psychology that is practiced, see Huang, 2017). People throughout China and beyond, use this network. Psychotherapists participating on Jiandanxingli are screened as to credentials, training, and professional contributions, all of which are listed on the site. Therapists must sign a contract to receive both in-person and online referrals and to make appointments with patients who contact them. Billing, scheduling and payment (for each session, paid in advance of the session) are done by Jiandanxingli, which takes a percentage of the payment.

While this platform facilitates connection, there are several basic evaluative considerations that CAPA instructors must teach and CAPA students must know about that are essential for determining a patient's suitability for treatment. They must be a part of the CAPA therapist's evaluation, when he or she considers treating CAPA students via the Internet, and they must be part of the

CAPA student's clinical evaluations of all patients whom they consider for treatment. A basic issue is that CAPA supervisors must be sure that students do not simply accept referrals from the platform without themselves doing a careful evaluation of the patient's suitability for treatment. Patient safety is a most important consideration should a crisis present itself during the treatment. It is ethically necessary that all therapists – CAPA students and CAPA treaters – assure themselves of the availability of recourse in case of crisis. Should a crisis occur, CAPA provides and has used local backup psychiatrists for the therapy it provides for its students. All CAPA students must provide the name and e-mail of their backup psychiatrist for their patients. Another important ethical concern that should be on the radar of all supervisors is that, from time to time, students, unaware or inattentive to the risks and professional considerations involved, have made arrangements to treat patients referred to them by a website *before* ascertaining the patient's suitability for treatment by *them* and *before* obtaining the agreement of their supervisors. Students sometimes have begun treatment without considering whether the patient might have problems that require urgent medical attention, psychiatric backup or even hospitalization.

B. Another related ethical concern has to do with the difficulty some students have, especially if they feel burdened by extreme financial pressure, to evaluate objectively a prospective patient's suitability for treatment, or to select the appropriate intensity of treatment. The phenomenon of "psychoanalysis for acute and chronic remunerative indications" is not unknown to Ethics Committees in traditional training programs. Sometimes, out of an urgent need to find cases, students may fail to consider whether the patient's goals for treatment are compatible with psychotherapy. For example, treating patients whose goals are determined by career considerations (patients who want therapy because some training program requires it or to enhance their CV's) and are not based on an awareness of a personal need for psychotherapy are not appropriate. Cases of this type are clearly not suitable as supervised training experiences. Such matters can be dealt with in supervision, as part of the student's clinical education, when they are caused by naïveté. But more serious was an instance in which a CAPA student, out of both naïveté and a narcissistic zeal to achieve an illustrious career, portrayed herself on a website as a psychoanalyst. Another student initiated treatment at an analytic frequency, without telling any supervisor. She had a fantasy that this experience would be a good credential when eventually she applied to an institute for psychoanalytic training. In such cases, an ethics committee must determine whether the trainee is acting out of psychopathy, naïveté, a lack of psychological mindedness, or some combination. Its recommendations must be tailored to its findings. In another instance, a student with a family history of privation experienced extreme internal pressure to succeed and to support his new family. He offered treatment to a patient who was already in an on-going treatment with another therapist, not recognizing the ethical lapse in essentially stealing a patient from another clinician.

C. The ethical problem that is most commonly discussed in the United States is the sexual boundary violation. Many books and papers have been written on this subject (*e.g.*, Gabbard, 2016); COPE study groups have explored the problem, and local institutes have been shaken and even seriously undermined by transgressions of this type (Honig & Barron, 2013). Sometimes, but **not** most frequently, they reflect exploitation of the power of the transference by a psychopathic analyst. Sometimes they are part of an enactment stimulated by a crisis in the analyst's life (a spouse's illness, for example). Quite often these major violations are preceded by a variety of boundary crossings with the patient who is the eventual victim, or with students or colleagues who are bullied, treated unkindly, or in other ways victimized. One might imagine that this particular category of ethical problem, the sexual boundary violation, would never come to the attention of the CAPA Ethics Committee, because we interact with patients on the internet and not in the same room. Therapists and patients can't touch each other on the internet. But apparently, psychological need has overcome even this great obstacle. We are aware that there have been incidents of sexual exploitation by CAPA trained therapists with their own patients. We have also learned that a CAPA faculty member

repeated with a distant CAPA supervisee, the same boundary violation he had previously committed with a local supervisee earlier in his career.

D. CAPA treaters and supervisors use the Internet to treat and teach our CAPA patients out of necessity. There is no other way in which someone in Philadelphia can analyze a person in Chengdu – and at this moment there are very few qualified analysts and only a small number of qualified psychodynamic psychotherapy supervisors living in China. Distance treatment has been a topic of some controversy and uncertainty within the psychoanalytic community, not only for international analyses but also within the United States, where it, nevertheless, has become increasingly common. This controversy should not blind us to the fact that this mode of treatment, like any other modality, offers both common and unique potentials for transference and countertransference resistances which are worth noting and taking into consideration. While seeing a patient on Zoom, especially a patient who is lying on a couch, it is easy for a bored or anxious analyst to engage in small distracting behaviors which the patient cannot notice: opening a browser to check his stock holdings, might be one; playing with the mouse and adjusting/readjusting the size of the Zoom window; reading something that is out of the patient's sight, while the session is going on. Many Internet applications that compete for the analyst's attention are designed to make them attractive, compelling and difficult to resist. Of course, similar behaviors can take place in an office as well, especially with the analyst sitting behind the patient, but they are less likely, and harder to conceal. It is most improbable that an analyst would see a patient in his office while wearing pajamas, but this has happened during on-line treatments. The reverse has happened also, so that is important for the supervisor and the student to keep in mind that the therapeutic frame, which is always co-created by the patient and the therapist/analyst, is subject to additional variations in distance treatment to which each contribute, and that these variations can represent threats to the effectiveness of the treatment and can be indicators that ethical problems might evolve if the clinician contributes to, or is unaware of, their potential for harm.

E. A subtler side effect of our routine use of the Internet may be in what it teaches or models for our students. For them, on-line treatment may become such an unquestioned, typical way to conduct therapy that they sometimes don't recognize that, even though both can produce excellent results, the processes involved in in-person and internet treatment are not identical. The reasons patients choose one or the other, and how they use them, may have many individual and personal meanings. CAPA students may not think to consider the psychological reasons that a person who lives in the same community as the therapist may choose to have all sessions over the internet, and never have even an opportunity to shake hands with their therapist, or why a patient in a large city chooses to see a therapist from a different large city on-line, instead of a local one. Those of us in CAPA who have traveled to China and met and worked with our patients in person, or whose patients have come to the U.S. to visit and to see their therapists in their offices, can attest to the value of these in-person sessions to deepen, and also to lend a new reality to, the therapeutic relationship. But people whose entire experience with treatment has been conducted on-line are likely to have no idea that there is any difference between the two settings. One supervisee, who lived and worked in Chengdu, presented a patient for supervision without clarifying that this was an internet treatment, and only after several months, when she described a session that seemed to be taking place outdoors on a park bench, did the supervisor learn that, in fact, the patient lived in Hong Kong, hundreds of miles away, and had not even considered obtaining her treatment in the city where she lived, and in person, in a therapist's office. Another supervisee presented a patient who was recovering from a brutal and shameful sexual encounter, after which she had been briefly hospitalized. Although she lived within driving distance of the therapist's office, she said only that she preferred to talk by internet because of its convenience, and because it permitted her to care for her child. Only when the supervisor suggested further inquiry did the therapist discover that the patient had actually avoided discussing the incident with a face-to-face therapist while she was in a hospital recovering from the trauma, because it was too difficult to talk about to a "real," immediately present, flesh and blood person; and

that she also wouldn't have felt able to tell this current therapist about it if she had in person sessions in the office. The Internet provided distance, and the illusion of safety from intense affect, which was helpful to the patient for the time being; but her choice merited further exploration at a later point. If the therapist had not inquired, because she assumed the Internet was no different than an in-person setting, it might have taken much longer for her to learn about the patient's intense shame, and her passive, self-effacing mode of defense. Of course, we recognize that there are legitimate reasons, particularly the guarantee of confidentiality and privacy, to see a therapist from another city, especially, just as in the United States, when the therapeutic community is so small, that these essential requirements cannot be achieved.

These are not the sorts of ethical transgressions that call for formal investigation. They may not even be problematic at all, once they are discussed and examined. But they are examples of the many ways in which ethical considerations and therapeutic and technical ones can overlap and interdigitate. Some might argue that it may actually be unethical for a therapist to offer on-line therapy to a person in a distant city, while knowing that that city has its own cadre of expert therapists. We would not go that far, but certainly it would seem technically deficient for the therapist to neglect to explore the reasons for the patient's unusual choice, and to consider, instead, recommending a referral to a local person. This may not be so obvious to beginning CAPA students.

F. Cultural Competence

Another relevant matter is the American therapist or supervisor's ethical responsibility to achieve the cultural competence needed to conduct or supervise a particular treatment, and to develop ways of constantly improving that competence. We know that neurosis is no respecter of nations or geography. But there are some real cultural differences from one place to another with regard to norms of behavior, and it is an ethical responsibility for the therapist to respect a patient's claim that he or she is following local cultural rules (until proven otherwise), to try to learn about those rules, and to ascertain whether or not the behaviors in question are also neurotically determined.

One closeted gay man claimed to his American therapist that homosexuality was much less well accepted in China than in the West. Although he now lived in a big city and was highly educated, he had grown up in a rural setting, with uneducated and unsophisticated parents. The patient said he felt obliged by cultural requirements to produce a grandchild for his parents, and had made arrangements with a similarly obliged gay woman, to create a sham engagement that would eventually (by artificial means) produce the child that both of them felt they must have, even though they did not get along well together. The American therapist was ethically required to recognize her own limited cultural competence, and to proceed cautiously in treatment, while trying to understand how much these claimed norms might, or might not, actually represent masochistic fantasies.

Comparable questions about cultural expectations come up from time to time regarding subjects like divorce. For example, what does tradition or the legal system mandate by way of protections for an unemployed spouse? How shameful is divorce? How does this vary with social class and home province? Other important areas where cultural and legal patterns may have an impact on the lives of our patients and the patients of our supervisees include abortion and child care patterns such as the famous emphasis on education above all other needs of the child. Many of us have surely come across, among the patients of our supervisees, ambitious parents who commit to sending kindergarten age children to live in dormitories in order to give them access to the best schools. Another subject is traditional deference to older siblings and parents – even when those elders are far less knowledgeable or emotionally competent than the patient herself.

Conclusion

In 1985, welcoming the IPA to its first postwar Congress to be held in Germany, the mayor of Hamburg said this: "It is the humanism of Sigmund Freud and of your profession which has brought about so much respect and affection for your work. Even so, I am still unable to say, whether you can

help us, not only to understand ourselves better, but also to be better, to act better" (Dohenyi, 1985). We do not share his doubt. In our opinion, acting ethically and teaching ethics are intrinsic to the work of psychoanalysts, and to what we have to teach in CAPA. In this article, we have described many of the unusual ethical and professional dilemmas that confront CAPA's international therapists as they provide treatment via the internet to CAPA's students in China, and those that confront the students themselves, and their teachers and supervisors on CAPA's international faculty. Since we believe that ethical considerations are integral parts of therapeutic and analytic technique, we have also discussed a number of "gray areas" that do not rise to the level of clear-cut ethical rules, but are significant treatment challenges raised by the unique circumstances of the CAPA experience.

Our experiences as members of the CAPA Ethics Committee, have given us some perspectives that we have already fed back to the CAPA Board of Directors, and that have been incorporated into CAPA procedures. CAPA now asks all applicants to agree to uphold the Chinese Psychological Society's Code of Ethics. It has introduced ethics instruction into its curriculum, and advises all supervisors to be attentive to ethical matters when teaching our students, thus exemplifying our conviction that ethics informs psychoanalytic thinking, technique and process. We have added three Chinese members to the CAPA Ethics Committee, to work with the three existing American committee members. In addition, the CAPA ethics committee is working with CIC to help it form and launch its own ethics committee, looking toward the future time when CAPA programs will be increasingly handed off to be run and staffed by Chinese therapists and analysts.

Disclosure statement

No potential conflict of interest was reported by the authors.

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