

国际心理治疗

东西方对话



International Congress
on Psychotherapy in China-Kunming

**Psychotherapy:
Dialogues between
East and West**

August 20 to 24, 2001

中国·昆明

2001年8月20~24日

Speech on International Congress on Psychotherapy
—By Governor of People's Government of Yunnan Province

August 20, 2001

Distinguished guests and friends,

I am very glad to attend International Congress on Psychotherapy that is held by German-Chinese Academy for Psychotherapy in cooperation with International Federation for Psychotherapy, World Council for Psychotherapy Asia Branch and The First Affiliated Hospital of Kunming Medical College. This congress held in our province will surely play an important role in promoting the development of mental health and psychotherapy of our province and China. I would like to be on behalf of People's Government of Yunnan Province to extend my warm congratulations to the success of this congress, I would like to extend my sincere appreciation to German-Chinese Academy for Psychotherapy and other international organizations for holding congress on psychotherapy in our province. On this very occasion, I'd like to share with you my views on psychological and mental health issues.

I. Psychological and Mental Health Services are Facing Rigorous Challenge

Due to development of medical science, changes in spectrums of disease and death, changes of demand for health care services of human beings, medical model has changed from biological medicine to biological-psychological-social medicine, mental health has become an integral component of health. One who is mentally healthy can effectively cope with stress of life, can work more effectively, and make positive contribution to the society. With the acceleration of globalization and development of economy, social competition is getting severe, psychological and mental health issues have become public health issues of the globe, the globe is facing rigorous challenge. Main phenomenon: 1. Global Situation: At present, it is estimated that there are 400 million people suffering from psycho-neurological disorders, or alcoholism and drug-dependence. Most of them endure the torture of diseases silently and solitarily; the barrier behind the torture and lack of concern is discrimination, humiliation, rejection, and death that most people do not want to learn about. This has caused overwhelming health burden. At present, mental disease burden is accounting for 10.5% of total disease burden, it is predicted that this figure will increased to 15.5% by 2020. Among the 10 causes of disability, 5 are mental diseases. 2. The Situation in China: Psychological and mental health issues are becoming more and more serious, because China is a developing country, socialist market-economy is developing, and China is in the period of rapid social and economic development, social reform and advancement have brought about a great deal of new impact on social and psychological factors. On one hand, the following factors such as reorganization of labors, changes in structures of population and family, adjustment of existing social supportive network have resulted in dramatic increase of mental stress. On the other hand, changes in living environment, upgrading of living standard of people have resulted in the changes in disease spectrum and causes of death of people in China. Behavioral problems in children, mental health problems of college and high school students, senile mental disorder, abuses of alcohol and anesthetics, suicide and etc. have increased remarkably. A survey made in 1998 shows that prevalence rate of various mental disorders of urban and rural residents aged over 15 of Beijing are 34.34%, prevalence rate of psychic disorder and neurosis is 11.67% and 35.18% respectively. At present, there are 5% of

people have psychological disorders at various extent, 13% people suffering from mental disorder at various extent, 20%-30% of college and high school students have psychological problems in China. According to the international criteria of evaluating health status-Disability Adjustment Life Year (DALYS) which is used to evaluate total burden of various diseases, mental disorder is ranking the first in total disease burden in China, it is much higher than that of cardio-cerebral vascular diseases, respiratory diseases and malignant tumor and etc. (data of WHO in 1996). 3. The Situation of Yunnan province: Yunnan as a frontier province with multi-ethnic groups, on one hand, due to lag-behind of economic development, and unique geographical condition-it is neighboring with "Golden Triangle", existing medical system can not match well with the task of prevention and treatment of various mental and psychological disorders, which has resulted in accumulation of psychological and mental health problems, serious drug-dependent problem; At the same time, due to social and economic development, modern psychological and mental health problems are emerging. Some of the "white collars" in urban area have also mental health problems, for example, anxiety, social disorder, sleeping disorder and etc.

II. International Society Has Made Arduous Efforts and Gained Good Experience

1. International society gives priority to mental health services: In 1991, United Nations Assembly has approved "The Principle of Protecting Psychiatric Patient and Improving Mental Health Care", in 1989, The World Association of Psychiatrics, World Federation for Mental Health and other international organizations have approved "Announcement on Protecting the Rights of Psychiatric Patients", "Declaration on the Rights of Psychiatric Patient" and other documents. In 1995, WHO recommended "Eleven Fundamental Principles of Law of Mental Health Care" as reference for stipulating and revising law of mental health for governments of all countries, WHO has advocated "All countries cooperate with each other, promote mental health" and global strategy. The world Federation of Mental Health has stipulated that October 10 of each year is "Mental Health Day", and called for all countries to pay attention to mental health, disseminate knowledge of mental health. WHO decided to put mental health as the theme of World Health Day again in 2000-42 years later when mental health was finalized to be the theme of the World Health Day for the first time in 1959; On April 5 this year prior to World Health Day, Mr. Annan- General Secretary of United Nations made statement on calling for global attention to mental health issues.
2. Many countries have done a lot of work and gained good experience: In Brazil in Latin America, psychiatric patients actively participate in stipulation of policies to transfer closed institutions into communities; In Italy in Europe, mental health reform in 1978 is the start of "humanization" process of psychiatric hospitals, and provision of community-based services that enable psychiatric patients to live in normal environment; In Iran in Middle East, a new approach was conceived as "The National Mental Health Planning" in 1985; In Sri Lanka in South Asia, participation of community and family make over 500 patients who had been once hospitalized in psychiatric hospitals for a long time recovered; The government of Mongolia has conducted health promotion program among the youth so as to prevent unfavorable impact of social changes of alcoholism, suicide, violence and increase of crimes and etc.

III. Chinese Government Does its Best to Developmental Health Undertakings

Chinese government has always been giving high priority to and great concern to mental health undertakings and physical and mental health of people, National Working Meeting on Mental Health was held in 1958 and 1986, which has positively promoted mental health service in the country, inter-departmental mental health coordinating teams have been established to organize prevention and treatment of mental diseases in many areas, and actively explore the model of prevention and management of mental diseases. With the implementation of opening-up and reform policy, pilot projects of community rehabilitation of psychiatric patients has made great progress, advanced methods of psychotherapy of Europe was absorbed and applied in treatment of neurosis, psychosomatic and psychiatric patients both at the clinics and wards, different theory-oriented psychotherapy was extensively absorbed. Particularly, "German-Chinese Academy for Psychotherapy" which is composed of Chinese and German experts makes doctors of psychiatric and psychological departments integrate and accept new idea of psychotherapy which is developed in Europe, and has fostered a batch of senior psychotherapists. On October 10, 1999 and April 7, 2001, large- scale mental health education campaigns were launched throughout the country, that have further enhanced the awareness of mental health of relevant departments at various levels and general public. Mental health hospitals have been established in 14 districts and prefectures in Yunnan province, psychiatric departments and open psychiatric wards have been established in general hospital, great efforts have been made: effective exploration on psychotherapy, research on cross-culture psychiatrics among ethnic groups, social and psychological rehabilitation of drug dependents. Yunnan province and WHO jointly held Workshop on Promotion of Mental Health Awareness during June 21-24 in Kunming to conduct discussion and exchange on mental health issues.

IV. Further Strengthen Psychological and Mental Health Services

Although international society has made arduous efforts to cope with psychological and mental health problems, but it is a long way to go, there is still a lot of work to be done. In the West, due to early start of revolution of industrialization, awareness and control of psychological and mental disorders are also early, but severe competition and high unemployment rate and etc. have caused many psychological and mental health problems in Western countries. While in China like many other developing countries, the awareness of importance of psychological and mental health should be promoted, therefore, I think that the main task at present is to disseminate psychological and mental health knowledge, to eliminate prejudice, encourage people to care and love others, to prevent and reduce mental disorders and diseases, upgrade the level of therapy and rehabilitation so as to improve health status of people in the world. In the replying letter of World Health Day whose theme is "mental health" to Madam Brant-General coordinator of WHO on March 8 this year, Mr. Jiang Zeming-President of China stated that Chinese government was willing to continue cooperation with WHO in promotion of all health undertakings including mental health. According to overall planning and requirements of Chinese government and the Ministry of Health and actual situation of Yunnan province, our province will further strengthen mental

health and psychotherapy; promote continuing and stable development of mental health and psychotherapy.

I am convinced that International Congress on Psychotherapy will surely provide good opportunities to health workers to face mental health issues, share experiences of therapy, it will also provide rare opportunity to our province to learn and improve our work in the future. I hope that mental health workers of our province who participate in this congress can utilize this opportunity, to learn from experts and scholars home and abroad, make contribution to upgrading the level of mental health service and psychotherapy and promoting the development of mental health undertakings of China and the world.

Finally, I wish the full success of this congress.

Thank you.

在中国昆明国际心理治疗大会上的发言

云南省人民政府领导

(2001年8月20日)

尊敬的各位来宾、朋友们:

我非常高兴参加由德国德中心理治疗研究院主办、国际心理治疗联盟(IFP)、世界心理治疗学会(WCP)亚洲分会协办和我省昆明医学院第一附属医院承办的国际心理治疗大会。这次会议在我省召开,必将对我国和我省精神卫生和心理治疗工作起到重要的推动作用。我谨代表云南省人民政府对会议的召开表示热烈的祝贺。对德国德中心理治疗研究院等国际组织在我省召开心理治疗会议表示衷心的感谢。借此机会,我就心理和精神卫生问题谈几点看法:

一、心理和精神卫生工作面临严峻挑战

由于医学的发展、疾病和死亡谱的变化及人类对卫生保健需求的变化,医学模式已从生物医学模式转变到生物-心理-社会医学模式,心理卫生已成为健康的一个基本组织部份。一个人心理平衡,就能更有效地应付生活压力,更富有成效地进行工作,对社会作出积极的贡献。随着全球一体化进程的加速,各国经济的发展和竞争的不断加剧,心理和精神卫生问题已成为全球性公共卫生问题,面临严峻的挑战。主要表现在: 1、从全球情况来看:据估计,目前全世界有4亿人患有精神和神经疾患,或者受到酒精及药物滥用等相关问题的折磨。他们中间许多人默默地、孤独地忍受着痛苦,在痛苦和缺乏关怀的背后存在的壁垒是歧视、耻辱、排斥以及大多数时候人们不愿意去了解的死亡。这已在全球范围内造成了巨大的卫生负担。目前精神疾病负担已占疾病总负担的10.5%,预计到2020年将再增加于5%。世界上10种最主要致残原因中5种是精神疾病。2、从中国情况来看:在我国,心理和精神卫生问题日益突出,由于中国是发展中国家,目前正发展社会主义市场经济,处在社会经济的快速发展时期,社会的变革和进步给人们带来大量新的社会心理因素和精神因素的影响。一方面,劳动力的重新组合、人口和家庭结构的变化、原有社会支持网络的调整,导致了各种心理应激因素急剧增加。另一方面,生活环境变化、人民生活水平提高导致我国居民疾病谱、死因的较大变化。儿童行为问题、大中学生的心理卫生问题、老年精神障碍、酒精与麻醉品滥用以及自杀等问题明显增多。1998年的一项显示调查,北京市城乡15岁以上居民各类精神障碍患病率为34.34%,其中重性精神疾病为11.67%,神经症为35.18%。中国目前有5%的人存在不同程度的心理障碍,13%的人患有不同程度的精神疾病,20%-30%的大中学生存在不同程度的

心理卫生问题。按照国际上衡量健康状况的伤残调整生命年指标 (DALYS) 评价各类疾病的总体负担, 精神疾病在我国疾病总负担排名中居首位, 已超过了心脑血管、呼吸系统及恶性肿瘤等疾病 (WHO, 1996 年资料)。3、从云南情况来看: 云南省作为中国的一个边疆多民族省份, 一方面, 由于经济发展相对滞后和靠近国际“金三角”的特殊地理关系, 现有医疗体系与其承担的精神疾病及各种心理障碍的防治任务不相适应, 造成心理和精神卫生问题的积累, 药物依赖等问题突出; 同时随着经济和社会的发展, 现代心理和精神卫生问题也不断出现。在现代都市白领阶层也出现心理卫生问题, 例如焦虑、社交障碍、睡眠障碍等等。

二、 国际社会作了大量的工作并积累了很好的经验

1、国际社会重视精神卫生工作: 1991 年联合国大会通过了《保护精神病患者和改善精神保健的原则》, 1989 年世界精神病学、世界心理卫生联合会等国际组织通过了《保障精神患者权利的声明》和《精神患者的人权宣言》等文件。世界卫生组织 1995 年提出《精神卫生保健法一十项基本原则》作为各国政府制订和修改精神卫生法的参考, 世界卫生组织还发起“各国携起手来, 推动精神卫生”的全球倡议及其全球战略。世界精神卫生联盟还将每年的 10 月 10 日定为“世界精神卫生日”, 号召世界各国关注精神卫生, 普及精神卫生知识。世界卫生组织 (WHO) 于 1959 年首次将世界卫生日主题确定为精神卫生, 时隔 42 年后, 又将新世纪第一个世界卫生日再次确定为精神卫生, 今年 4 月 5 日世界卫生日前夕, 联合国秘书长安南发表文告, 呼吁全球关注精神卫生问题。

2、世界各国做了大量工作并积累了很好的经验: 在拉丁美洲的巴西, 精神病患者积极参与制定政策, 把保健从封闭式的机构转移到社区; 在欧洲的意大利, 1978 年的精神卫生改革开始了精神病院的“人性化”过程, 并提供了使患者能在正常的环境中生活的以社区为基础的服务; 中东国家伊朗于 1985 年构想出一种创新途径, 作为“国家精神卫生规划”; 在南亚国家斯里兰卡, 通过社区和家庭参与, 使曾经在精神病院长期住院的 500 多名患者获得康复; 蒙古国政府则在青年中开展健康促进, 预防酗酒、自杀、暴力和犯罪增加等社会变化的不利影响。

三、 中国政府不余遗力发展精神卫生事业

中国政府一贯重视和关心精神卫生工作和人民的身心健康, 1958 年和 1986 年先后两次召开全国精神卫生工作会议, 积极推动全国精神卫生工作, 很多地区建立了部门间的精神卫生协调小组统筹精神卫生防治工作, 并积极探索精神疾病的防治和管理模式。改革开放以后, 社区精神病康复试点得到显著进展, 并学习了欧洲先进的心理治疗方法, 应用于治疗门诊和住院的神经症、心身疾病和精神病人, 广泛接纳不同理论取向的心理治疗。特别是由中德专家组成的“中德心理治疗学院”, 使中国精神科和心理科医生接受融合发展于欧洲的心理治疗新思想, 培养了一批高级心理治疗师。1999 年 10 月 10 日和 2001 年 4 月 7 日, 我国在全国范围内开展了大规模的精神卫生宣传活动, 进一步提高了各级各有关部门和广大人民群众的认识。云南省先后在 14 个地州和部份县市成立了精神病院, 在综合医院开设精神科和开放式精神病房, 在心理治疗方面进行了有效的探索, 对少数民族人群开展跨文化精神病学研究, 大力开展吸毒人群的社会心理康复工作, 并注意加强与国内外有关组织的合作与交流。今年 6 月 21-24 日, 我省和世界卫生组织在昆明举办了高层精神卫生研讨会, 就精神卫生问题进行了深入的讨论和交流。

四、 进一步加强心理和精神卫生工作

尽管国际社会在控制心理和精神卫生方面做了大量工作, 但前面的路还很长, 还有许多工作要做。在西方, 由于工业化革命来得较早, 人们对心理和精神疾病的认识、控制也比较早, 但激烈的竞争和高失业率等原因使西方国家出现了很多心理和精神卫生问题。而在中国等许多发展中国家, 人们对心理和精神卫生重要性的认识还有待提高, 因

此我认为，当前最主要的工作是普及心理和精神卫生知识，消除偏见，勇于关爱，预防和减少精神障碍和心理疾病的发生，提高治疗和康复水平，从而增进各国人民的身心健康。中国国家主席江泽民今年3月8日就主题为“精神卫生”的世界卫生日复函世界卫生组织总干事布伦兰女士，表示中国政府愿继续与世界卫生组织合作，大力推动包括精神卫生在内的各项卫生事业的发展。我省将根据我国政府和卫生部的总体规划和要求，结合云南省实际，进一步加强精神卫生和心理治疗工作，促进我省心理和精神卫生工作持续稳定地向前发展。

中国昆明国际心理治疗大会将为广大卫生工作者提供一次正视心理卫生问题，交流先进治疗经验的好机会，也给我省提供了一次非常难得的学习和提高机会。我希望与会的我省精神卫生工作者，抓住这一难得机遇，认真向国内外专家、学者学习，为提高我省精神卫生工作和心理治疗水平，推动我国和全球精神卫生事业的发展作出我们的贡献。

最后预祝会议取得圆满成功。

谢谢大家。

**The Speech in the Closing Ceremony of
The International Congress on Psychotherapy**

2001/8/24

Du Kelin

The Deputy Director-General of Yunnan Provincial Health Bureau

Our Respected guests and friends:

The Kunming-International Congress on Psychotherapy is coming to an end today. During this congress, by the means of keynote lectures, workshops, panel discussions, posters and on-spot transcultural communication, experts and scientists from all over the world have had profound and extensive discussion and communication on issues regarding to psychotherapy, which resulted in reaching consensus, better understanding and deepening friendship. Therefore, on behalf of Yunnan Provincial Health Bureau, I would like to extend my sincere congratulations to the success of this congress; and I'd like to extend my best regards to the Chinese and international organizations and departments concerned for the arduous efforts they have made for this congress; I'd like to extend my heartfelt appreciation to the experts home and abroad who came afar and share their expertise and experience with us.

Although there are differences in cultural background, ideology, values and customs between the West and East, they never hinder cooperation and exchange in the field of mental health and psychotherapy among all the countries. There is no border among health and diseases, pursuit for mental health, improvement of the level of prevention and treatment of psychotic disorder are the common responsibility and mission of the whole society. Strengthening mental health service and improving the level of psychotherapy can improve not only the health status, but also the quality of life of psychiatric patients, and enable more psychiatric to return to the society, helping them live a happier life. On this very occasion, from the point of view of the Health Bureau, I would like to put forth some requirements to the mental health workers of our province:

1. Disseminate and carry out the main ideas of this congress, understand the remarks of the provincial leader deeply, further promote awareness, strengthen leadership, incorporate mental health service into the local "The 10th Five-year" planning, and implement it.

2. Strengthen various domestic and international cooperation and exchanges so as to further improve the quality of mental health professionals, make emphasis on fostering leading persons of mental health, upgrade the level of prevention and treatment of mental health of our province, identify psychiatric patients and start the treatment at the early stage so that they can recover sooner.

3. Take the opportunity of urban and rural medical and health system reform, make full use of the existing medical resources, establish rationally and emphasize the construction of software and hardware of institutes for mental health prevention and treatment and greatly promote community mental health service.

4. Positively strengthen the cooperation and coordination with relevant departments, make full use of all kinds of media, promote health education, disseminate common sense of mental health, eliminate prejudice and discrimination of the society to psychiatric patients, improve the psychological quality and adaptability to the society of the people.

5. Do the best to support the career of mental health with policy and financial support.

Ladies and Gentlemen, dear guests and friends: Let's take this congress as a golden chance to work hand in hand, to have further cooperation and communication, to work hard so as to improve the level of prevention, treatment and rehabilitation of mental disorder, to struggle for the psychological and physiological health of the human being, and to drive the career of psychotherapy and of mental health in the globe to take a big step in the new century!

Thank you for your attention!

在国际心理治疗大会开幕式上的欢迎词

云南省卫生厅副厅长 杜克琳

(2001年8月20日)

尊敬的各位来宾、朋友们，下午好！

在四季如春的昆明，我们迎来了国际心理治疗大会。籍此，我代表云南省卫生厅对本次会议的召开表示热烈的祝贺！对来自世界各地和我国各省、区的专家、学者汇聚昆明，共商心理治疗大计、交流心理治疗经验、筹划心理治疗未来和传播友谊、增进东西方的了解与沟通表示由衷欣喜和诚挚地欢迎！

云南省位于中国西南部，有 4240 万人口，既是一个集边疆、多民族聚居，经济社会发展较为落后和山区、半山区地貌为一体的省份，也是一个历史悠久、多民族文化灿烂、自然资源丰富、风光秀美的省份。新中国成立以来，我省社会、经济得到长足的发展，精神卫生事业也从无到有，不断壮大。目前全省共有精神卫生专业机构 44 所，病床 4000 多张，从业人员 700 多人，为我省精神疾病和心理障碍患者做了大量防治工作，并在精神卫生学术交流和科研方面有了一些成果。但由于云南省经济发展相对滞后和靠近国际“金三角”的特殊地理关系，以及随着经济和社会的发展，现代心理和精神卫生问题不断出现，使现有医疗体系与所承担的精神疾病及各种心理障碍的防治任务显得颇不适应，我省精神卫生工作面临着严峻形势。国际心理治疗大会的召开，为我省在心理治疗的政策、规划和技术等方面提供了难得的学习和提高机会，可谓是“近水楼台先得月”。我相信本次会议的成果将在推动全球心理治疗进程的同时，也将大大促进我省精神卫生事业的发展。

各位来宾、朋友们，四天的会议虽然短暂，但我希望热情好客的云南人民能给你们留下美好的印象，希望大家在昆明渡过愉快的时光。

最后预祝会议取得圆满成功，祝各位代表健康快乐！

谢谢大家。

Speech on International Congress on Psychotherapy
President of the German-Chinese Academy for Psychotherapy
Margarete Haass-Wiesegart

Dear colleagues,

Ladies and gentlemen:

It is a great honor for me to celebrate with all of you the opening of an unusual congress today.

Many of you have gone to great lengths to come here. On behalf of the congress committee, I am very pleased to welcome you here today.

I would like to welcome Dr. Schmidt-Dörr, the representative of the German Academic Exchange Service, who has lent his support for this congress.

I am very pleased that the president of the International Federation for Psychotherapy Prof. Dr. Senf and the President of the World Council for Psychotherapy Prof. Dr. Pritz are with us and will greatly enrich this event.

The courage of our Chinese and German colleagues, who decide to arrange this psychotherapy congress entitled "Dialogue between East and West", has its roots in more than 15 years of fruitful cooperation.

With this congress, we are taking the dialogue between psychotherapists from East and West to the next level.

Eastern, i.e. Asian, and Western concepts of the mind and of human behavior and the respective science systems are deeply rooted in the knowledge and experience typical of the specific societies and cultures.

The views on human development, the various states of consciousness, self-conception, the body-and-mind relationship, relationship patterns, the order of love, etc. are sometimes identical, often very different.

Although cross-cultural studies suggest that some of the mechanisms, which occur in therapeutic processes are similar, the treatments of psychological problems are sometimes very different.

In East and West, we as psychotherapists are confronted with an accelerated process of change. The enormous speed of economical and social change in societies such as China results in a transition society where the individual's psychological capability to integrate the dialectic relationship between steadiness and change has become more important than ever before.

The conflicting states of active participation in and passive subjection to the processes in society, the uncertainty of one's role as a subject or as an object is taking a toll on more and more people.

Confronting the question of how an individual or a family can process individual traumata or stress and/or tremendous change in their life brings us to the basic issues of psychotherapeutic work and touches upon the context in which such work takes place: the socio-economic conditions, the cultural setting and the ways in which a specific culture endeavors to solve problems.

Kant once said "A human being is like a crooked tree, you just can't straighten it out." An individual is influenced by the roots of his culture, his family, and his own biography.

It is predominantly the art of psychotherapists to apply general knowledge in an

individualized form. Nevertheless, psychotherapy takes place in a specific cultural setting.

Just like our patients, we are members of a culture and participate in both its richness and its limitations. The dialogue with colleagues of other socio-economical systems and cultures requires of us to reflect upon our own subjectivity. To learn which mechanisms and concepts are identical and to understand the differences expands our knowledge about human development, behavior and relationship patterns, symptoms, problem-solving, and treatments.

A true dialogue requires that the people taking part in it actually meet. I wish for you that these meetings will take place in the “Spirit of Kunming”, a spirit of openness, tolerance, courage, and far-sightedness.

I am convinced that when we all join in the effort to let the Spirit of Kunming come alive Again, we will have an exciting week full of new ideas and new knowledge.

I wish you great joy in the process.

在国际心理治疗大会开幕式上的欢迎词

德国德中心理治疗研究院主席

马佳丽 女士

尊敬的同事们

女士们、先生们：

我非常荣幸与大家一起庆祝这不同寻常的大会开幕式。大家不远万里来到这里，我谨代表大会组委会向你们表示热烈欢迎。

我还要向赞助和支持大会的德国学术交流组织 (DAAD) 的代表 Schmidt-Doerr 博士先生致敬。

令我们大家高兴的是国际心理治疗联合会主席 Senf 教授和世界心理治疗理事会主席 Pritz 教授前来参加这次会议给予我们大力支持。

中德两国同事有勇气决定进行关于东西方心理治疗的对话，是基于我们长达十五年之久的卓有成效的合作。通过这次大会，东西方心理治疗对话、交流将达到新的水平。

东方，即亚洲和西方的有关心理和行为的观念以及相应的科学体系深深根植于各自的社会和文化相关的知识和经验之中。

人类发展的不同阶段，意识存在的不同状态、人类自我认识的概念、心理与身体的关系、心理状态及情绪对身体的影响、人与人之间的关系和爱的亲疏关系的观点有些是相同的，但常常有很大不同。

有意思的是，尽管跨文化研究表明在治疗过程中的一些机制是相似的，但心理问题，治疗的方法有时很不相同。

无论东方还是西方，作为心理治疗师，我们都面对的是不断加速的变化进程，象中国这样的经济快速发展，社会急变的国家带来了社会的转型，生在其中的个人需要有比以往任何时候更强的心理调适能力，这一点变得越来越重要，以便调整、稳定与变化两者间的辩证关系。

对这一过程积极参与和被动服从形成的矛盾状态、个人角色的稳定或沦为受害者等等，让越来越多的人付出代价。家庭和个人如何面对这一切，如个人创伤、应激、生活巨变等等，成为我们心理治疗师面对的基本问题。

康德曾经说：“人就像一颗弯曲的树，不可以将它(他)弄直。他有着他的文化的根，他的家庭和他自己的经历。”

对于心理治疗师来说，其工作的艺术，是用他们的普遍知识区别对待不同的个体，使心

理治疗在具体的文化环境中进行。

和我们的病人一样，我们也是生活在不同的文化背景之中，有各自的优势和局限。与来自不同文化和经济背景的同道们进行对话，要求我们反思自己的主观性，相互理解。了解哪些治疗方法是相同的，哪些是不同的，能够加深我们对人类自身发展、人的行为、人与人之间的关系、症状、解决问题的方法和治疗方式的理解。

真正的对话，要求对话的人实际的参与和面对面的交流。我希望这次大会在富有“昆明精神”的气氛中举行，这种“昆明精神”就是开诚布公、宽容、勇敢和富有远见。

我坚信，通过我们大家地参与和努力，“昆明精神”会再次地发扬光大。在一周紧张的会议中，我们必定会有很多新的见识，获得新的知识。

预祝大会圆满成功！

“百尺竿头，更进一步”！

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Notes:

1. The list is in alphabetical order (lecturer's family name).
2. The posters are to be demonstrated at the lobby of the meeting hall.

Time of Demonstration	Number of Poster
13:30—14:30 Aug. 22	No. 1--30
13:30—14:30 Aug. 23	No.61--88
13:30—14:30 Aug. 24	No.31--60

说明:

1. 本册所有摘要按作者姓氏拼音字母顺序排列。
2. 墙报在会议大厅的门厅展出。

展出时间	墙报编号
8 月 22 日 13: 30 至 14: 30	1 至 30 号
8 月 23 日 13: 30 至 14: 30	60 号以后
8 月 24 日 13: 30 至 14: 30	31 至 60 号

Part I Abstracts of the Workshops

第一部分 小型研讨会主题发言摘要

1. Nature is so generous, a Marte Meo Video Demonstration on the Supportive Developmental Dialogue in Daily Interaction Moments

Prof. Dr. Aarts, Maria (NL)

Abstract: Marte Meo basic information set is a copy of natural developmental models. Marte Meo gives information on how to stimulate developmental processes in daily interaction moments. The information is understandable and useful in everyday communication-moments in families, social communities, day-care /kindergarten, schools, institutions etc.

Nature provides all the information about developmental processes at the action level, so why not use it to restart the dysfunctional developmental processes? A video presentation with an overview of the developed Marte Meo Programmes, e.g. Marte Meo family programme, Marte Meo quality control programme, Marte Meo child psychiatry programme, Marte Meo health care program etc.

The Marte Meo Guide describes the applications and use of the Marte Meo programme by all kind of different professionals all across the globe.

大自然是如此慷慨，Marte Meo 录影带展示一日常相互作用瞬间的支持性发展对话

玛丽亚·阿兹教授教授，博士（荷兰）

摘要：Marte Meo 基本信息是自然发展模式的翻版。Marte Meo 提供的知识是有关如何在日常相互作用瞬间激发发展过程。在家庭，社区，日间照顾中心 / 幼儿园，学校，单位等的日常交流瞬间，这些知识容易被理解而且很有用。大自然在实践层面为我们提供了有关发展过程的知识，为什么不利用它来重新启动失调的发展过程呢？该录影片概述了 Marte Meo 项目，如 Marte Meo 家庭项目，Marte Meo 质量控制项目，Marte Meo 儿童精神病学项目，Marte Meo 健康关怀项目等。

Marte Meo 手册讲述了全球各专家的应用。

2. Behavioral Psychotherapy with Children, Adolescents, Their Caregivers in Comparison with Adult Behavioral Psychotherapy

Dr. Babel, Margit (G)

Abstract: The majority of psychotherapists work with adults, reflecting on their childhood and adolescent life. Relatively few psychotherapists concern themselves, in theory or in practice, with psychological phenomena in children and adolescents.

This workshop is meant to awaken an interest and offer some suggestions for how to approach typical issues in psychotherapy with children, adolescents and their caregivers. Starting out from a theoretical elaboration on the major subjects in behavior-oriented psychotherapeutic concepts with children, adolescents and their caregivers, compared to concepts exclusively applied in adult therapy, different practical and therapeutic methods will be presented, demonstrated and learned in practical exercises.

儿童、青少年及监护人的行为心理治疗与 成人行为心理治疗的比较

巴梦吉·博士（德国）

摘要：大多数心理治疗医师的治疗对象是成年人，主要研究这些人童年和青少年时期的生

活经历。少部分心理治疗医师则从理论和实践方面对儿童和青少年的心理现象予以关注。

这篇论文目的在于使人们对如何处理儿童、青少年及监护人心理治疗典型问题产生兴趣，并提供一些这方面的建议。从理论的角度，讨论儿童、青少年及监护人行心理治疗概念的有关主题，与只用于成年人的治疗的概念进行比较。提出不同的治疗方法，并在实践中加以证实、研究。

3. Intercultural Relationships in Behavioural Psychotherapy with Children, Adolescents and Their Caregivers

Dr. Babel, Margit (G)

Abstract: In the light of the many phenomena which can be observed worldwide and which find their expression at the many different levels of life, psychotherapy should continue to open up, both in theory and in practice, to a broad "intercultural exchange".

Starting with some reflections on the psychotherapists' self-image with respect to their own culture and with respect to foreign cultures, special traits of "intercultural psychotherapeutic relationships" as well as the process of acquiring "intercultural competence" will be studied, in theory and in practice, and supported by examples from the behaviour-oriented psychotherapeutic work with children, adolescents and their caregivers.

对儿童、青少年及其监护人行心理治疗中的跨文化关系

巴梦吉 博士 (德国)

摘要: 由于世界范围的很多现象会在不同生活阶层中表现出来，心理治疗应在理论和实践中继续开展并拓宽到“跨文化交流”的层次。

从一些心理治疗医生自己的文化和外国文化在他们“自我意象”中的反映开始，将从理论和实践两方面对“跨文化心理治疗关系”的特点及“跨文化能力”的获得过程加以研究，并用儿童、青少年及其监护人行心理治疗的实例对此加以支持。

4. Pretherapy: A Special Client-Centered Technique to Get Psychological Contact with Severely Disturbed Patients

Dipl. Psych. Binder, Ute (G)

Abstract: The workshop deals with basic information about client-centered theory and practice of psychotherapy. Prof. Prouty (Chicago) has developed a technique that is based on Carl Rogers "principles" and enables psychotherapists to get in psychological contact, which is a precondition for psychotherapy to take place with patients, who are functioning on a primitive level. In the workshop this technique will be explained, demonstrated on a video and practical training will be done. Workshop II is based on workshop I

前治疗：一种特殊的以患者为中心的与严重心理障碍病人心理接触的方法

宾德·尤特 心理学硕士 (德国)

摘要: 本文讨论就诊者中心理论和心理治疗实践的基本知识。Prouty 教授基于 Carl Rogers 的“原则”研究了这种方法，它可使心理治疗医师能够与就诊者进行心理接触，这是对病人进行心理治疗的前提，而病人在功能方面处于原始的水平。本文介绍的方法将用录像和实际培训的方式来解释和展示。

5. Can a Psychoanalyst Understand Chinese Thinking and Feeling

Dr. Blowers, Geoffrey ((HK, China) Dr. Gerlach, Alf (G) Prof. Dr. Xiao Zeping (C)

Abstract: In the past some psychoanalysts writing about Chinese culture and personality doubted of the possibility to understand Chinese people in a psychoanalytic way. Meanwhile there are more experiences from the psychoanalytic work with Chinese patients. Psychoanalytic oriented psychotherapies are conducted in China by Chinese psychiatrists and psychologists, but also in Western societies Chinese people living there are looking for help by

The workshop will discuss, by clinical material from these experiences, the differences as well as the common aspects of psychoanalytic work with Western and with Chinese people.

Three psychotherapist, coming from different cultures and social backgrounds, will speak about their personal experiences with approaches for a psychoanalytic method in China (Xiao), cross-cultural psychotherapy of a western psychoanalyst with Chinese people (Gerlach), introduction in the thoughts of Bingham Dai, China's first psychoanalysts, and in his views linking culture and psychotherapy (Blowers), will be different parts of the introduction, which should enable a deeper discussion in the workshop.

外国心理治疗医师能理解中国人的感情和思维方式吗

布劳斯.格弗里 (中国香港) 盖拉赫.阿尔夫 (德国) 肖泽平(中国)

摘要: 过去, 有些心理治疗医师的文章写到中国的文化和中国人的个性, 他们对以心理分析方式来理解中国病人表示怀疑。同时, 对中国患者的心理分析中积累了更多的经验。在中国, 精神病医生和心理学家不仅进行心理分析性心理治疗, 而且在西方生活的中国人也需要心理治疗医师的帮助。

本文根据这方面的临床资料, 讨论国外生活的中国人与在中国生活的中国人进行心理分析时的异同

6. Dialogical Exposures in the Multiphase Integrative Treatment of Posttraumatic Disorders

Prof. Dr. Butollo, Willi (G)

Abstract: Posttraumatic adaptation has many phases and individual facets. An adequate treatment approach has to take care of these phases to support posttraumatic recovery and maybe even posttraumatic growth. A multiphase integrative treatment approach is presented using behavioural, experiential and systemic methods.

The theoretical background includes self-psychology and trauma related distortions of contact processes. Dialogical exposure has been developed as a special tool to rebuild posttraumatic deficits in contact skills and self-representation. The workshop makes use of role-playing and trauma related experiences of participants.

创伤后应激障碍多阶段整体治疗的对话接触

布吐罗.威利 教授 (德国)

摘要: 创伤后适应有很多阶段和不同表现。对不同阶段用完善的治疗方法, 将有助于创伤后恢复甚至生长。多阶段整体治疗法包括行为方法, 实验方法及系统方法。

该理论的背景包括自我心理学与创伤有关的接触过程曲解。为了重建创伤所致的社交技巧及自我展示能力缺陷, 有人研究了一种特殊的方式: 对话接触。这篇论文涉及到角色扮演和参与者相关经历。

7. Using Asian Philosophies in Counselling for Divorced Women in Hong Kong and China

Prof.Chan, Cecilia (Hong Kong, China)

Abstract: Divorce is an acute emotional loss among Chinese women who invest heavily in their marriage. Unlike divorced women in the West, Chinese divorced women find it much harder to adapt to single-parenthood and their chance of re-marriage is much lower. Quite a number of them experience psychological and physical symptoms of headache, numbness, depression, insomnia and sudden weight changes. This presentation will be on a Body-Mind-Spirit Group intervention for women of divorce in Hong Kong and China. Videotape-Clips of how the group is being conducted will be presented. A longitudinal study of 62 women before and after the intervention shows that these women improved significantly on their mental and psychical health scores. Their sense of control improved and they were more determined to take charge of their own life.

A critical review of the theories of intervention using Eastern Philosophies of Buddhist and Taoist traditions will be discussed. The generalizability of such model to the West will also be discussed.

亚洲哲学在香港和中国大陆离异妇女咨询中的应用

陈.塞思拉 教授 (中国香港)

摘要: 离婚对中国妇女来说是一次情感失落, 她们曾为婚姻投入很多. 和西方的离婚妇女不一样, 中国的离婚妇女很难适应单身母亲的生活, 再婚的几率也很低. 她们大多数有过头痛, 麻木, 抑郁, 失眠, 急速体重变化等心理和躯体症状. 本文是有关香港和中国大陆离异妇女的躯体—心灵—精神的集体干预. 62 名妇女干预前后的对照研究显示: 这些妇女的躯体的健康评分有显著提高. 她们的控制感提高了, 她们增强了要掌管自己生活的决心.

本文将探讨用东方的佛教和道教哲学进行干预的理论. 同时也将探讨该模式在西方应用的可能性.

8. Cognitive-Behavioral Treatment of Obsessive-Compulsive Disorders

Dr. W. Ecker, Willi (G)

Abstract: After providing clinically relevant information on OCD (epidemiology, phenomenological heterogeneity, assessment, differential diagnosis, comorbidity), this workshop will focus on the principles and practical application of cognitive-behavioral approaches to obsessions and compulsions. Illustrative case materials will be used to demonstrate problem analysis, treatment planning, exposure/response prevention and cognitive interventions. Emphasis will be on how to overcome therapeutic roadblocks and complications (e.g. intrapsychic and systemic maintaining factors, accentuated personality styles). The importance of the therapeutic relationship, of memory deficits, of translating neurobiological findings into cognitive interventions and of utilizing exposure as a tool for emotional exploration and biographical reconstruction will be stressed.

Workshop II is based on workshop I

强迫症的认知行为治疗

艾克威利 博士 (德国)

摘要: 本文先提出临床上与强迫症有关的信息 (流行病学, 现象多相性, 评估, 鉴别诊断, 同病率), 之后讨论用认知行为法治疗强迫症的原则与实际应用。

用病例资料来说明问题的分析、治疗计划、接触/反应预防及认知干预。强调了如何克服治疗障碍和并发症 (如内心维持因素和系统维持因素, 增强个性的方式)。治疗关系的重要性, 记忆丧失的重要性, 将神经生物学研究结果转变成认知干预的重要性, 用接触的方