

從西方心理學回到中國的心學與倫理療癒：共返心靈的原鄉

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摘要

本文回應李岳庭教授《家族治療本土化的研究與展望》。李教授的論述內容偏重於外學引入的在地化、文化融合的本土化兩階段的開展為主；對於家族治療移入臺灣本土的發展現況，有縝密的回顧，並提出切用的、前瞻性的建議。筆者提出兩大面向的建議。

一、在文化融合的本土化方面，關於研究主題及方法，有兩點：

（一）質性研究，是以治療師為主，或協同研究者為輔，是以微觀的實務歷程為主，了解家庭關係網絡及所處社會文化的影響；並以行動研究的精神來推展與家庭成員協同發展的療癒歷程。

（二）量化研究，可以心理學研究學者為主，採用多樣本的訪談研究、或大樣本的調查研究，以了解鉅觀的時空因素下，社會文化對於家庭關係網絡及角色功能的影響。探究結果並可作為家庭關係三級療癒之參考。

二、家族治療文化繼承的本土化：推介資深家族治療師及學者的有關的開展，了解其成果或困境，並據以作為本土化前瞻的方向，包括：吳就君的華無式家族治療、王行的修身齊家—以儒家心學為助人知識的家族治療，和黃光國的儒家倫理療癒理論建構。

關鍵詞：本土化、家族治療、儒家心學、儒家倫理療癒、華無式家族治療

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李岳庭教授（以下稱李教授）的論述，按王智弘（2017）本土諮商心理學的研究目標以三種分類來觀察，偏屬於外學引入的在地化（localization）、文化融合的本土化（acculturative indigenization）以兩階段的開展為主，對於文化繼承的本土化部分，雖有指出方向，但尚未有詳明的論述。

筆者的回應，有以下三個部分：首先，摘要歸納有關的論點，並對照其他回顧文獻的觀點，來理解家族治療在臺灣發展，並邁向本土化的應然。再者，筆者通過文獻探究後，再提出對於家族治療發展方向的想法，包含兩個向度，其一為文化融合的本土化方面，關於研究主題及方法的意見，其二為文化繼承的本土化方面，加以說明於下。

壹、家族治療在臺灣的發展與前瞻

一、 家族治療在臺灣60年

家族治療理論與實務的崛起對於西方個別治療的傳統，將心理困難產生的焦點由個人轉向以家庭系統的關係風貌來檢視，提供了更完整的觀點與介入的徑路，臨床上的應用結果也揭示系統取向介入處遇的重要性。

家族治療於 1960 年代引入臺灣（Chao, 2011）走過 60 年的歷史，按李教授一文的探討，家族治療仍面臨本土化、對東西文化差異的因應，有待突破及積極開展，才能落實對臺灣斯土斯民心理健康促進的效益。

以下筆者綜合兩篇文獻探討（趙文滔，2006；Chao, 2011），並對照於李教授分析結果，來了解前後階段家族治療在臺灣進展與現況，與仍待開展的方向。

（一）1969-2009年階段的特色

1960年代引入臺灣，起初以讀書會或工作坊等訓練相關領域工作者，1980、1990年代，邀請國外知名家族治療大師來臺灣，使家族治療展起來，到2004-2009年在當時面臨的挑戰與困境包括：專業人員的訓練、建構本土文化之家庭理論、以理論及技巧的介紹為主，對實務研究數量有限，雖涵蓋治療人員、治療場景與問題探討，但治療歷程傾向專注於治療師介入，忽略家庭本身經驗（趙文滔，2006；Chao, 2011）。

（二）2011-2020年階段的特色

按李教授歸納可知，此階段探討主題多元並較能統觀思考，依序是以個案及家庭議題分析為主，約占四成，其次是對文獻的回顧或家族治療理論與技術的介紹及應用；較少數為治療師自身對學習家族治療經驗加以反思。

（三）前後兩階段的共通性

根據李教授一文及前階段兩篇文獻探討（趙文滔，2006；Chao, 2011）可歸納前後兩階段的共通性：（1）理論取向的介紹，仍偏重「結構取向」與「薩提爾模式」兩種，多元性有限；（2）雖關注到在地文化因素對治療產生關鍵性影響，但實徵研究及針對家族治療理論提出本土化反思的部分則相對較少，然探究篇數成長有限，需要更積極的開展。

二、邁向本土化的前瞻

李教授的建議與趙文滔（2006）可前後階段呼應貫串，包括建構本土化理論及西方理論本土化方面、及人力訓練方面，但是在研究與實務方面則另有主張，說明於下。

（一）在西方家族治療理論與華人文化衝突，建構本土化理論及西方理論本土化方面

趙文滔（2006）提出重視文化因素對本地家族治療過程的影響。李教授則更具體指出對本土文化的尊重、衝突的覺察、省思與調和行動，包含以下內涵：

1. 重視華人文化中重要的價值觀，特別是孝道對親子關係的影響。諸如：2009年葉光輝提出中國人的孝道雙元模式，較能符應臺灣親子關係的風貌及對家庭問題因應的需要。
2. 強調西方理論的適應性及本土理論的需要，宜重視臺灣多元文化習俗儀式以及家族影響力。諸如：以自我分化理論的觀點為例，因應臺灣孝道的文化脈絡，治療師要思考在親子關係關聯性、與自我分化程度及獨立性之間如何平衡，進而建構本土化家族治療理論。又以結構學派為例，對應用於文化中的衝突以及需調整的部分，其核心的論述包含：
 - （1）華人家庭成員關係緊密，相對地亦是一種糾結的界限？有的家庭不允許孩子離家和獨立。
 - （2）華人文化重視「以和為貴」的部分，在父系社會架構裡父權架構的挑戰，特別是對有經濟壓力的家庭中，對於家族權力最大者的挑戰，可能造成反撲、案家退縮及更大的衝擊，要敏感且審慎於面對。
 - （3）華人文化講求孝道，了解有的父母對孩子有親職化的角色考量或是家庭決策時，須納入長輩的建議與決定權等。對於家庭長輩的連帶關係與尊重，是西方理論對本土文化的適應及本土理論在建構時的需要。

此段筆者的回應有三點：第一，李教授以結構學派為例，說明於文化中的衝突以及需調整的清晰縝密的論述，值得有心於家族治療本土化工作者的參考。第二，李教授亦指出，臺灣多元文化中的習俗儀式以及家族組成方式，如入贅、原住民各族祭典、家族

位階、家族儀式等，這些西方家族治療理論中無法接觸到及考慮到的，值得實務工作者注意。這部分可呼應目前西方心理學中對於多元文化諮商的基本主張、重視在地文化、民俗宗教療癒做為文化諮商（陳秉華等，2017）。第三，筆者建議亦可納入對於新住民（邱珍琬，2017）及原住民家庭文化的關懷（陳秉華等，2017）。

（二）訓練方面，建立更完整且穩定長期的督導及訓練系統方面

趙文滔（2006）提出在實務工作上豐富理論取向的多元性；積極推展本地婚姻、家族治療實務工作及跨領域專業間之聯繫合作；培育實務督導師資、開設實務取向訓練課程，以轉化既有理論認識為實踐能力，增進治療。

對應於李教授一文，對於跨領域專業間之聯繫合作，偏重以研究法專家的參加，並傾向將前述三點理論學習與實務應用整併為前後銜接的訓練系統，而由資深督導來主導，具體包含兩點建議：

1. 採用工作坊形式，提供完整學習入手。引入多元的家族治療理論與技術；向督導學習已調適後、已本土化的西方理論晤談技巧，對家庭問題互動模式的觀察，對於運用在本地族群上的限制與優勢。
2. 在資深督導的經驗傳承與帶領下，帶著對本土文化差異的敏感度，持續開展理論與療癒過程的調適，以貼近本土文化與案家的需要。

（三）研究與實務方面，李教授的主張可歸納如下

1. 長期督導系統與跨專業的協同：跨專業成員包含對本土化實務及研究有經驗或有興趣深究者及研究法專家，處理研究參與者對改變的定義或是反思西方家族治療理論與技術運用在華人文化中，修改或調整其理論與技術以適應本土文化，提供更貼切的協助。
2. 對於實務過程步驟、研究設計：
 - （1）設計的創新需要研究法的專家協助，從系統觀點來界定家庭議題研究設計為一個家庭或是一個小團體，統計法及質性研究法和資料收集及分析。
 - （2）對於流失率的掌控：易於因為家庭中一位家人的流失而牽動其他家人，特別強調對於家庭成員間安全感的建立，並改為採用知後同意的家庭契約，替代家人個別的同同意書。

筆者認為李教授對於邀請研究法專家參與建議，是基於以家族為單位的設計或是減少流失率等考量，應該是屬於家族治療專業領域的共通問題，並非屬於文化融合或本土化議題。

綜合前述，筆者通過對李教授論文的了解及前述回顧文獻的對照，可觀察到以下特點，並提出相關思考：第一，李教授除了能掌握家族治療的發展特色，兼顧理論與實務

過程的重要發展方向之外，並提出具有個人統整、獨特性且前瞻性的想法：重視由資深督導來主導的訓練系統，統攝對於西方理論的輸入及本土化、人力訓練、研究與實務等三個面向；並且強調跨專業間的聯繫合作，包含研究法專家，及本土化實務及研究有經驗者的協同。第二，對於研究法專家參與的主張，是基於以家族為單位的設計或是減少流失率等考量，應該是屬於家族治療專業領域的共通問題，並非屬於文化融合或本土化議題可再廓清。第三，李教授主張家族治療的本土化，應由資深督導來主導之主張，可以循以下步驟來推動：首先由家族治療專業領域的有志之士，舉薦家族治療資深治療師擔任督導，並糾集研究法、本土化心理學學者跨領域專家，形成跨專業的推動團隊，繼而藉由定期工作坊、研討會的舉辦，形成性的來號召更多對於家族治療專業成長及本土化有動機的治療師或心理學者、心理工作者，進而成立學會，擁有穩定的成員來參與，方能長期、持續而系統化的推動。

貳、關於文化融合的本土化探究徑路

李教授對於家族治療在文化融合的本土化方面，努力的方向可歸納為以下主張：第一，應先暫時放下過往於西方治療理論的背景知識，心態須歸零，反思及解構由西方文化脈絡中學習到的理論及技術。第二，透過現象觀察，重新認識本土化家庭之特性，將所學針對本土化家庭特性與環境進行反思。第三，了解西方理論執行於華人文化中的衝突。第四，並進行更多西方理論與技術本土化的家族治療實徵研究，修正理論與技術並建構本土化的常模及量表，使成果能應用於更多在地的本土家庭，並產生更多西方家族治療理論與技術在本土化調整及反思的研究。

呼應於李教授對於文化融合的本土化探究方向，筆者經文獻探究，提出對於研究主題及研究方法有關的補充性看法如下。

一、質性研究取向之於實務歷程或社會文化影響下家庭關係脈絡的探究

可考慮應用於文化及關係脈絡、個人與成員關係間的調適或療癒歷程，之於關係脈絡、個人與成員關係間選擇與平衡。茲列舉有關的研究為例，加以觀察。

（一）俗民誌的微觀分析法

諸如賈紅鶯等（2003）、及賈紅鶯、陳秉華（2001）以結構策略家族治療學派的觀點，研究小組採用俗民誌的微觀分析法，觀察並探討一個出現睡眠障礙、酗酒癥狀的大學生（以下稱為IP）及其家人（包括父親、母親及妹妹）治療歷程。以二十次家庭治療全程的錄影帶進行分析，得到以下主要發現：

1. IP的癥狀與父母之間關係呈動態互動特性，癥狀對家庭結構的改變具有功能性意義，癥狀在隨著互動關係變化在「復發」與「改善」之間循環進展（賈紅鶯、陳秉華，2001）。

2. 治療介入歷程特色

- (1) 在醫療情境中治療者以「專家」姿態和家庭互動。同時，因著家庭對癥狀重視，治療介入也是「癥狀」與「系統」並重。
- (2) 在治療過程中，治療介入面對的文化衝突：包括「家人一體」、與劃清代間界限；對於子女「關心過頭」、與鼓勵自主；父母以子女問題取代「家庭」問題。
- (3) 在父權的文化脈絡下的家庭治療介入也特別注重：邀請父親「參與」、順應父親與尊長而挑戰家庭結構、順應親職的壓力與維持「好父母」形象(賈紅鶯等,2003)。

由此研究例及取徑，可觀察在家庭端，子女表現徵狀的功能性、徵狀對家庭結構的動態影響、以及社會文化脈絡對家長參與家庭治療的影響；在治療過程中，家庭成員、治療師及其所在的醫療文化三者共構的歷程特色。

(二) 現象學取向的詮釋學，當事人所處的社會文化脈絡或家庭關係脈絡及影響

1. 蕭玉潔（2011）以質性研究的詮釋學精神，透過深度訪談三位高中青少年及資料整理，了解高中青少年面對父母長期衝突後的因應策略與影響。歸納研究結果如下：

- (1) 青少年面對父母長期衝突後因應：會發展出一套因應的自處之道，並採取解決衝突原因的行動與想法，青少年會在家庭裡呈現不同的角色與作為，以尋求自我的生存空間，並在父母冷戰的時候稍做喘息。
- (2) 父母長期衝突對青少年的影響，父母長期衝突會影響青少年自信與自卑的自我概念，以及該時期正在建構的信念，包括自我保護、或鞭策的生存觀及未來規劃。其次，會使他們對家庭概念有親密與疏離的矛盾感、質疑親密關係的信任感，並影響其將來的兩性情感觀。

2. 陳高凌（2001）深度訪談二十六位華人男性施虐者，分析「義」與「面子」在男性角色定型、夫婦關係中的意義，並發展建構一套用以理解婚姻暴力的模型。研究結果指出：

- (1) 以義為主導文化脈絡：他們都以「義」作為個人道德、男性形象及人際交往的指標，包括「道義」、「孝義」、「兄弟之義」、「父子之義」及「夫婦情義」。
- (2) 暴力行為係對核心的文化脈絡與角色時衝突的因應表現：當他們面對社會變遷與婚姻衝突的挑戰，難以實現「義」的道德訴求時，仍堅持地強迫自己達到要求，並強求配偶作出犧牲、配合及體諒，由此而產生巨大的壓力和衝突。當他們對自己及配偶的期望愈大，壓力及不理性的想法則更強，以致減弱個人對處理衝突和壓力的能力，加上情緒控制的能力不足，對配偶使用暴力的可能性隨之而增加。

3. 黃曬莉（2001）以一位向精神科求診的已婚中年婦女為案例，約 20 小時的敘說資料為分析素材，以個案的自我發展為論述主軸，逐步釐清其文化自我建構與父權主義之對話，及其罹患身心違常的發展脈絡。

- （1）成長過程的人格發展：個案在青春期是一位受現代化教育且具有「功能性獨立」的少女，在保護性父權主義的社會教化下，欠缺「情感性獨立」的發展；
- （2）進入婚姻中，遭遇家庭中文化自我建構與父權主義的嚴重衝突，促使人格崩解。其演變過程為個案進入婚姻生活中，誤入傳統性的父子軸家庭，處在父權主義或以男性為中心的孝道觀、性愛觀、以暴力展示權力等所形成的三重文化壓制，且與個案婚姻前所希冀的現代性夫妻軸家庭，有所背離，又因其「自我執迷於情愛忠貞及夫妻平權之婚姻倫理觀，促使個案不斷地與深具支配性的父權先生發生糾葛式衝突，並且被迫「自我消音」（silencing self），因而逐漸地身心能量耗竭，導致「自我迷失」而無所適從，甚至走向自我解組的危機邊緣。

由此項研究可觀察到：深植於文化社會中的父權結構如何透過社會化歷程，並配合親屬網絡的社會期待、文化中的習俗規範，共同形成嚴密的體系，讓生存其中的女性當事人無法掙脫，而瀕臨精神崩潰之邊緣。透過此研究也反應了在父權主義下，女性自我的充權（empower）必要性，以舒緩女性有較高身心違常罹患率的現象。

二、量化研究之於文化差異的探究

大樣本的調查研究，可應用於探究的主題包含：東西文化差異、文化變遷時空因素、地域性或家族性優勢文化的壓力；家族治療理論適合度的理解及修訂、西方家族治療理論驗證性研究在本土社會契合情形。

（一）地域性或家族性優勢文化的形塑對於家庭成員個人的壓力知覺探究實例

黃楷婷（2015）對於婦女的親密關係暴力主要的迷思的藉由分層配額抽樣以問卷調查法進行研究，共抽取384位研究樣本，以T檢定、單因子變異數、皮爾森積差相關、多元逐步迴歸以及結構方程模式進行統計分析。重要研究結果如下：第一，被害人迷思中，認為婦女被打是因為她用言語挑釁施暴者；在施暴者迷思中，認為婦女因外遇而被施暴者毆打是可以被接受的；最後，在家庭迷思中，認為夫妻因為溝通不良才會引發暴力。第二，父權主義與親密關係暴力迷思的整體模型配適度良好，兩者呈現正向相關，表示愈具有父權主義思維者，對於親密關係暴力迷思的程度就愈高。第三，一些基本資料與親密關係暴力迷思有正相關，包括：多為60歲以上的年長者、國小及國小以下或國中的教育程度等。按此研究發現對於暴力防治的方向，可包括：在婦女個人方面，必須自我知覺生活在父權主義思維的社會，積極參與家庭決策及家庭資源的分配、減少職業性別

的偏見；在社區文化脈絡為基礎上，加強落實親密關係暴力防治宣導。

（二）文化變遷生命發展階段對傳統文化的影響風貌的探究

王叢桂、羅國英（2013）的調查研究，以28位面臨退休時期與已退休的工作者為對象，了解他們當前的心理需求與價值，受到傳統社會文化「修齊治平」思想影響的情形。研究結果顯示：

1. 嬰兒潮工作者成年前期，已經受到現代的來自西方個人主義思潮的洗禮，面臨退休時期主要的心理需求：卻以社會關係作為安身立命的基礎，對於人生成功、成就的定義相當程度地呼應儒家「修齊治平」的理想順序。
2. 家庭狀況和專業資源的多寡，則使他們在這個階段的心理需求與生活重心出現明顯差異。
 - （1）關係取向的自我實現需求：資源充足者通常選擇照顧家庭、發揮專業、生活有意義與利他服務。
 - （2）關係脈絡中的關係維持需求：資源比較不足者通常的選擇安全穩定生活與維持親密關係。

筆者認為王叢桂與羅國英（2013）的研究指向一個特別的社會文化觀察角度，那便是——是否存在中華傳統文化的深層結構，已深植人心？若在一些外在狀況滿足或心理需求滿足後，這樣的價值導向便會發揮影響。

綜合本段探討，筆者歸納有關的本土化探究徑路可為質性研究取向與量化研究取向兩種。質性研究之於實務歷程或社會文化影響下家庭關係脈絡的探究。包含：第一，俗民誌的微觀分析法。可由家族治療師或實務工作者為主，或與研究人員等構成的研究小組在實務過程來進行，包含以下步驟：首先以現象學取向、詮釋現象學為先導，以了解當事人所處關係脈絡及社會家族文化的優勢與困境；再以協同行動研究精神及家族治療的觀念及溝通技巧，協助家庭系統成員平等和諧溝通，發展適合的選擇及發展適合個人及環境的因應之道；第二，現象學取向的詮釋學應用於特定現象或群族的社會文化系統及關係脈絡，可以研究人員為主，採取大樣本的訪談，來加以探究；而量化研究之於社會文化或東西文化差異的探究，可以研究人員為主，進行大樣本的調查研究。

根據以上本土化的探究徑路及探究結果，筆者認為可以提供家族治療三級療癒系統的介入或參考架構，包含：在一些社會階層或是區域，進行早期預防或早期進行調節性介入，諸如：家暴的防治；透過家族治療的歷程，以當事人及家庭為中心，系統性地理解其在社會文化下的關係脈絡與壓力知覺下，透過治療師與家庭成員協同溝通與行動，對於家庭成員心理失衡或家庭功能失衡現象，提供緩解的方向。

參、關於家族治療文化繼承的本土化

李教授對於家族治療的文化繼承的本土化徑路，指出以下要點：（1）需要建構本土化理論。首先需要深入學習本土文化，與已建構本土理論之學者交流，學習本土文化下的理論建構，並與西方理論進行對話，達到文化交流與了解；（2）邀請研究法之專家，對本土文化所建構出之理論所需之研究法提出創見，進而對理論進行實證研究以驗證或修改理論；（3）根據理論，在實務上鼓勵使用技術，使本土化家族治療的理論及技術逐漸被建構成形；（4）針對某議題或是族群所提供的介入，其成效如何，使得本土理論可以扎根發展。

以下筆者擬針對李教授建議的（1）建構本土化理論的部分加以回應，描繪幾位家族治療先驅的身影，說明他們家族治療在文化繼承的本土化的成果或困境。並據以前瞻本土化的方向。

一、家族治療先驅與兩種本土化的取徑

對於臺灣幾位家族治療的先驅，吳就君教授、鄭玉英教授、王行教授，筆者經過資料搜尋後的理解，發現他們雖均以薩提爾（Stair）家族治療家庭重塑的闡揚為主，累積了數十年在臺灣推動及開展家族治療理論與實務經驗，但卻各自代表了兩種本土化路徑：

（一）文化融合的本土化

鄭玉英教授在天主教系統以牧靈諮商起始，繼而長年推動全人心靈的關懷，推動開展家族治療實務、家庭關係的重塑的理念，並且著作等身，目前仍活躍在臺灣各地舉辦演講，在心靈中心舉辦工作坊，在教會宣教，所應用的仍偏屬西方的心理學或宗教的觀點與語言。

（二）文化繼承的本土化

吳就君教授、王行教授雖從西方心理治療的系統入門，但經由助人歷程的催化、不斷的反思檢視，最終回歸到中國文化來進行對話，或開展中國思想文化為底蘊的、融入中國儒道思想與語言作為詮釋的家族治療或諮商理論（王行，2015，2016，2017；林筱婷等人，2017）。

二、吳就君的華無式家族治療。

以下根據王行（2017）的回溯，簡要說明吳就君老師在臺灣推動家族治療的經過、華無式家族治療的開創與本土化的困境。

吳就君老師首開風氣之先，1983 年國際級的家族治療理論大師薩提爾（Satir）邀約到臺灣。當時，在陽明山舉辦五天的工作坊，一時聚集了許多助人專業各界菁英；爾後，在吳就君老師持續推動下，帶動了家族治療的學習風潮，薩提爾幾乎成為臺灣家族治療專業的代名詞。

1997 年薩提爾大師過世，失去良師後吳就君老師，隻身前往美國南加大攻讀博士後，逐漸從對西方專業的關注，轉而憧憬東方的哲思；再度回到臺灣時，也回到內心更深層的靈性需求；進而開創「華無式家族治療」。

華無式的華無式「無」，是承襲自道德經所說：「無名，天地之始」。「無」字指如虛無、包容、一切都有可能發生，可以包羅各個學派與方法，「華無式」意涵是：不限單一學派和技術，應用時是彈性變化而沒有既定的技術或方式。

2000 年前後在中華心理衛生協會及華人伴侶與家族治療協會的安排下，吳就君老師創立「種樹工作坊」，與王行老師共同合作，透過親自接案示範的教學模式，分享、示範、討論、交流，傾力培育海內外對家族治療的有興趣助人工作者。為了便於溝通「華無式家族治療」的名稱應運而生。

繼而，吳就君老師的年輕學生們，諸如：林筱婷等（2017），將吳老師的工作理念時轉化為實務性的文本，集結為「華無式家族治療的在地風光」一書。王行（2017）指出，此書處處可見薩提爾的影子，表現這些學生們對薩提爾的理念與語彙的熟稔；相對的，學生們對於吳老師融入家族治療實務的中國的哲思，卻顯得在理解及掌握上有困難。由此，可觀察到吳就君在家族治療文化繼承本土化的道路上，她是孤獨的，沒有學生門人能懂，按王行（2017）的形容：有如「獨釣寒江雪」的意境。

吳就君老師對華無式家族治療的創立，是華人社會發展家族治療在地化的重要里程碑。但是目前可看到吳就君老師在文化繼承的本土化之困境是：吳就君老師對於在東方思想在理念上仍「難以言傳」給學生們，而顯得獨行踽踽。

筆者由是再度回應前述李教授所建議的：家族治療的本土化宜由資深督來帶領主持，吳就君老師創立「種樹工作坊」可以表徵了這樣一種的典範；但是李教授提出的：督導並集合研究法與本土心理學者來協同指導，看來是有其必要性。吳就君教授下一步要著力的，可以是如何將其融會的中國哲思的精華傳承給學生？嘗試從「無」到「有」、「名可名」，將一些核心理念更具體的論述及闡發。這方面應該是跟其他對本土化有經驗的心理學者加以交流一些經驗或借重相關史哲專家來共同對話來闡揚。

三、王行的修身齊家——以儒家心學為助人知識的家族治療

王行老師早期留學美國取得碩士學位，回國後即與鄭玉英老師協同投入家族治療的工作。他是家族治療先驅者中少數投入中國文化加以鑽研的，並先後發表論著，具體明

如何應用於助人工作。而這樣本土心理學的投入行動，是由於經歷四十年以的西方知識為主、家族治療學習及實務過程，他在在覺知與自身的中國文化體驗與道德信念多有斷裂之處（王行，2017）。

王行（2015）在〈儒與家：「四書」中體悟的療人之道〉一文中指出：以修身代替病理觀點：儒家思想的修身工夫論證，可以作為現代社會療己助人的方法學。情緒行為困擾改善之道，並不能依靠何種諮商治療方法，而是在於學習如何做人處事。因此，以儒家思想建構出不同的家庭工作概念：視家庭為學習做人處事（修身）的生活場域。

王行（2016）在《修身齊家：以儒家心學為助人知識的家族治療》書中，字字剴切地提出，提出他對家族治療專業中含攝本土文化的努力方向：「東方的生命之學，如何能擴充現代人的心靈內涵？儒家思想如何能深化自我成長的境界？心性之學如何能匯入家族治療的實踐，而成為現代人改善家庭關係、增進自我發展的良方？」

此書以「新儒家」為範疇，探討中國文化流傳千年的心性之學，然後匯入家族治療的實踐。文化素材包含《論語》及《孟子》為經典，以《易傳》發展出天人之際的形上基礎，以及在《中庸》及《大學》中建構了自我成長的方法學，筆者歸納其主要觀點及貢獻如下：

（一）儒家心性之學「反求諸己」的修養工夫在現代應用的意涵

對人性的肯定、對自我成長的期許、對關懷社會人群的道德使命，以及靈性圓滿的生命哲學，可對應於西方心理學、現代社會所強調的自我探索、自我成長與自我實現等人本價值，靈性健康等，足以充實現代人的心靈需求。

（二）儒家心法「援仁釋愛」「誠」的義理，可與家族治療薩提爾學派理論對話

「援仁釋愛」足以緩解現代人為狹隘的「情愛」觀所束縛的困境；「誠」的義理，於對應於薩提爾的「一致性溝通」觀點，並將「一致性」提升至形上本體的高度。

（三）深究經典，深入助人方法背後的哲學立場，心性觀與認識論

趙文滔（2016）指出：王行老師對於「儒學」和《易經》這些古傳天書的探究非常不容易、且難能可貴，啟發了對家族治療、心理助人專業的方法與本質，根本上有一番反思。這是一般的專業理論、操作技術層次之書，所不能企及的。

（四）儒家思想仍待的探究方向

王行（2016）指出，原擬進行《易經》中六個卦象對家族治療的啟示，最後，僅呈現「乾」、「坤」與「家庭」三卦之部分義理與助人工作之呼應，其他三卦猶待開展。對中國文化的本體論待深究、可將陽明心學融入會談的實務過程；可將結構派家族治療列入與儒家思想對話的材料。

趙文滔(2016)推薦王行老師，說他是：「早在專業法規制度還在一片迷霧的年代，他和鄭玉英老師是少數最早跳出來、開始實踐助人專業服務的勇者」。並評論他投入《修身齊家：以儒家心學為助人知識的家族治療》一書的著述十年，逐漸走上「一條人煙更稀少的路」。由此，筆者聯想到本文前述王行(2017)對於吳就君走入將本土文化匯入家族治療之途，感受到她有孤獨感，當是有共鳴之感。

筆者於此有兩點思考，其一再度重申李教授的建議；在家族治療本土化的道路上，形成「跨專業團隊的協同行動」的重要性。筆者基於自身對於本土心理學探究經驗，特別有感於是在文化繼承的本土化上，「跨專業團隊的協同行動」的重要性，由於需要對中國古典的文化素材的探究，對於義理有所掌握，這點王行(2017)自述是「困知勉行」，因他並非文史哲系統科班出身的。再者，要會通現代助人專業的理論或觀念。因此，是一項需要跨專業素養而須要持恆的工程，僅憑個人一己的投入者對此要有相當的決心與體認；或是如前述跨專業團隊來協同行動；其二，遺憾的是王行教授已於2017年因病逝世，昔人未遠，「典範在夙昔」。筆者呼籲對於家族治療本土化有共識者，可以深入理解其在儒家心學的家族治療的觀點，加以承繼接棒前行，則不失為便捷的取徑，相對於另闢蹊徑或另尋在承繼文化的本土化探究方向。

肆、儒家倫理療癒理論建構前瞻

由黃光國(2014)提出儒家倫理療癒的構念指出中國社會長期深受儒家思想影響，成為綿延幾個世代華人思想的底蘊，按五倫關係系統，每個人都置身於各種不同的倫理關係中，值得家族治療學者加以關注投入探究。

按李教授的論述、筆者前述幾個以家庭關係為研究範疇的研究結果顯示：中華深層文化結構如「修齊治平」思想的對個人高層心理需求滿足後發揮影響性(王叢桂、羅國英，2013)、時空因素影響的不同世代、地域文化的特色、社會文化(如父權主義或義一面子等)，影響著家庭關係網絡中對於親職的、或子女的、夫妻的角色任務與分工與關係期待等(黃楷婷，2015)，在層層的倫理關係網絡中互有交涉。陳復(2020)指出，儒家倫理療癒系統的建構，有助於釐清社會各層面關係的意義，藉由生命內省、家庭關係、學校教育與社會工作來重構儒家倫理，藉此完成人的療癒。但是，對於傳統儒家的五倫「絕對倫理」，導致壓迫人性的的現象、對於「相對倫理」的範疇的適切性等，都有待釐清家族治療或本土心理學者加以關注投入探究。

伍、結語

筆者經由研讀李教授〈家族治療本土化的研究與展望〉論述、文獻探究與思考後，回應的脈絡梳理如下：

一、家族治療的本土化發展，經歷60年歷史，是仍以外學引入的在地化、文化融合的本土化兩階段的開展為主。

二、李教授對於家族治療本土化的前瞻，是承繼發展的歷史對於外學在地化及文化融合本土化兩階段的加深加廣，歸納要點有二。

（一）重視由資深督導來主導的，家族治療訓練系統，並統攝對於西方理論的多元的輸入及本土化、人力訓練、研究與實務等三個面向。

（二）強調跨專業間的聯繫合作，包含研究法專家，及本土化實務及研究有經驗者的協同。

三、筆者建議補強文化融合的本土化，並承接李教授的觀點，歸納要點有三。

（一）文化融合的本土化方面，研究主題及方法之主張

1. 質性研究是可以治療師為主或協同研究者為輔，是以微觀的實務歷程為主，了解家庭關係網絡及所處社會文化的影響；以行動研究的精神，來推展與家庭成員協同發展的療癒歷程。
2. 計量研究可以心理學研究學者為主，採用多樣本的訪談研究或大樣本的調查研究，以了解鉅觀的時空因素下，社會文化對於家庭關係網絡及角色功能的影響。探究結果並可作為與家庭關係三級療癒之參考，包含：兩性平權教育、親職教育、家庭成員的家族治療。

（二）對於文化繼承的本土化部分

1. 推舉黃光國的儒家倫理療癒理論建構：可有助於釐清社會各層面關係的意義及和諧，藉以達成生命內省、家庭關係、學校教育與社會工作來重構儒家倫理。
2. 細描家族治療先驅者的身影與對本土化的成果與困境，呼籲跨專業領域有識者的協同前行。

（1）吳就君的華無式家族治療

1987年最早將薩提爾家族治療引入臺灣，推展成為臺灣家族治療的顯學；其創立於2000年的種樹工作坊，傳承其數十年實務經驗並督導學生實務進行，可呼應於李教授所

建議的家族治療的本土化宜由資深督導來主持，吳就君則足以作為資深督導的典範。

她將道家的觀念與語彙挹注入薩提爾家族治療，但其困境為因主張「無名，天地之始」無定式，沒有固定的技巧，也對於無法言傳給追隨的學生們，因此，學生們從她的示範中只能解讀他們所熟悉的薩提爾家族的觀念與技術。吳就君在傳承本土文化的家族治療生涯路上仍是形影孤獨。

(2) 王行的修身齊家——以儒家心學為助人知識的家族治療

早期投入家族治療實務的先驅，累積有40年經驗與成果。將「新儒家」所傳承的心性之學挹注入家族治療，有明確對於儒家經典的整理，並且與薩提爾家族治療對話，提升該理論至形而上層次，堪稱是第一人。然而，王行教授2017年已逝世，留下本土化前瞻的方向，及尚完成的探究。

有鑑於兩位資深的家族治療師，本土化先行者的獨行踽踽，筆者再度重申李教授的建議：呼籲跨專業領域有識者的協同前行！以傳承或接棒前驅們的開創的成果持續前行。又有感兩位大師歷經 40 年的實務經驗、案主生命經歷的及個人經歷激盪，不約而同地從純然西方心理學的知識系統，重返中華文化思想的懷抱，似乎意味著有一種擬同於臺灣斯土斯民的案主及家庭成員們，治療師也是這塊土地思想文化所孕育成長的，對於生命經驗或困頓時，一種對個人生命真實、價值觀基底的覺知與回應。身為現代學者及助人工作者的我們，經由專業養成過程經歷西方思想的知識系統洗禮後，得再回到鄉土的中華的文化思想裡再反芻、檢視與統合，好像也是一種必然、必要的道路。

參考文獻

- 王行 (2015)。儒與家：我在「四書」中體悟的療人之道。**輔導季刊**，**51** (1)，11-18。
- 王行 (2016)。修身齊家：以儒家心學為助人知識的家族治療。心理。
- 王行 (2017)。從玄關聽雨到獨釣寒江。載於林筱婷、杜恩年、田禮璋、張鎔麒、楊雅嵐、李玉華、蘇益志、吳就君 (2017)。華無式家族治療：吳就君的治療心法和助人美學 (vii-xii 頁)。張老師。
- 王智弘 (2017)。探索本土諮商心理學的發展理路。**本土諮商心理學學刊**，**9** (1)，vii-x。
- 王叢桂、羅國英 (2013)。嬰兒潮世代退休時期的心理需求與價值：關係主義取向。**本土心理學研究**，**39**，3-63。
- 林筱婷、杜恩年、田禮璋、張鎔麒、楊雅嵐、李玉華、蘇益志、吳就君 (2017)。華無式家族治療：吳就君的治療心法和助人美學。張老師文化。
- 陳復 (2020) 黃光國難題的誤區：由案例反思儒家倫理療癒。**本土心理學研究**，**53**，181-224。
- 陳高凌 (2001)。義與面子在華人家庭暴力裡的運作及其對治療之啓示。**本土心理學研**

- 究，15，63-111。
- 陳秉華（主編）（2017）。多元文化諮商在臺灣。心理。
- 黃光國（2014）。倫理療癒與德性領導的後現代智慧。心理。
- 黃曬莉（2001）。身心違常：女性自我在父權結構網中的”迷”途。本土心理學研究，15，3-62。
- 黃楷婷（2015）。婦女的親密關係暴力迷思與父權主義之關係—以屏東縣為例〔未出版之碩士論文〕。屏東科技大學。
- 賈紅鶯、陳秉華（2001）。癥狀與家庭互動的轉變歷程：結構策略家族治療的觀點。本土心理學研究，15，163-220。
- 賈紅鶯、陳秉華、楊連謙（2003）。一個結構—策略家族治療改變歷程與文化意涵。中華心理衛生學刊，16（1），71-124。
- 趙文滔（2006）。台灣婚姻與家族治療實務之發展：十一個案例的比較分析。本土心理學研究，26，73-103。
- 趙文滔（2016）。井深水自涼，心定書方妙。載於王行（2016）。修身齊家-以儒家心學為助人知識的家族治療（vii-xii 頁）。心理。
- 蕭玉潔（2011）。高中青少年知覺父母長期衝突的因應及其影響之質性研究〔未出版之碩士論文〕。臺灣師範大學。
- Chao, W. (2011). Review and reflections on 40 years of family therapy development in Taiwan. *Journal of Family Therapy*, 33(4), 415-428.

From Western Psychology back to Chinese Psychology and Ethical Healing: Returning to the Native Land of the Spirit

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Abstract

This paper responds to Professor Yueh-Ting Lee's "Research and Prospect of Indigenization of Family Therapy." Professor Lee's article focuses on developing the two stages of localizative and acculturative indigenization of family therapy introduced by foreign studies. His paper reviews family therapy development in Taiwan and makes practical and forward-looking recommendations. The author proposes two major aspects of suggestions.

1. In terms of the acculturative indigenization of family therapy, there are two points regarding the research themes and methods: (1) Qualitative research can be mainly based on therapists or supplemented by collaborative researchers and is mainly based on micro-practical processes. Firstly, we understand the network of family relationships and the influence of the social culture in which they live. Secondly, with the core points of action research, we promote the healing process of coordinating with family members; (2) Quantitative research is mainly used by psychologists, using large-sample investigation to understand the influence of social culture on family relationship networks and role functions under the temporal and spatial factors of the Macro view.

2. Enculturative indigenization of family therapy: Introducing senior family therapists and scholars' contribution and dilemma. (1) Chiu-Chun Wu's Hua Wu Style Family Therapy; (2) Shane Wang's family therapy with the Confucian theory of mind as a helping knowledge, and; (3) Kwang-Kuo Hwang's Confucian ethical healing theory construction. Further research is also proposed.

Keywords: indigenization, family therapy, Confucian psychology, Confucian ethical healing, Hua Wu Style Family Therapy

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Professor Yueh-Ting Lee (from now on referred to as Professor Lee)'s discussion can be observed in three categories according to Chih-Hung Wang's (2017) research goals of indigenous counseling psychology. It belongs to the indigenization introduced by foreign studies and the indigenization of cultural integration (Acculturative indigenization is mainly carried out in two stages. Although the direction has been pointed out for the indigenization part of cultural inheritance, there has not yet been a detailed discussion.

The author's response has the following three parts: First, I briefly summarize the relevant arguments and compare them with the views of other reviewed literature to understand the development of family therapy in Taiwan and the move toward indigenization. Furthermore, after researching the literature, the author puts forward his thoughts on the development direction of family therapy, which includes two dimensions. One is the indigenization aspect of cultural integration, including opinions on research topics and methods, and the other is the indigenization aspect of cultural inheritance, explained below.

I. The development and prospects of family therapy in Taiwan

1. Family therapy in Taiwan for 60 years

The rise of family therapy theory and practice has shifted the focus of psychological difficulties from the individual to the relationship style of the family system, providing a more complete perspective and intervention path for the Western individual therapy tradition. Clinical application results have also revealed the importance of a systems approach to intervention.

Family therapy was introduced to Taiwan in the 1960s (Chao, 2011) and has a history of 60 years. According to Professor Lee's article, family therapy still faces indigenization and response to cultural differences between the East and the West. Breakthroughs and active development are needed before it can be implemented in Taiwan—the benefits of promoting people's mental health.

In the following, the author combines two literature discussions (Chao, 2006, 2011) and compares them with the analysis results of Professor Lee to understand the progress and current situation of family therapy in Taiwan in the previous and later stages, as well as the directions that still need to be developed.

(1) Characteristics of the 1969-2009 period

It was introduced to Taiwan in the 1960s. At first, reading groups or workshops were used to train workers in related fields. In the 1980s and 1990s, well-known foreign family therapy masters were invited to Taiwan to develop family therapy. By 2004-2009, the challenges faced at that time included training professionals, constructing family theory in local culture, focusing on introducing theories and techniques, and a limited number of practical studies. Although it covers treatment personnel, scenarios, and problem discussions, the treatment process focuses on therapist intervention, ignoring the family's experience (Chao, 2006, 2011).

(2) Characteristics of the 2011-2020 period

According to Professor Lee's summary, the topics discussed at this stage are diverse and more holistic. The main focus is case and family issue analysis, accounting for about 40%, followed by a literature review or an introduction and application to family therapy theories and techniques. The smaller proportion is the therapist's reflection on the experience of learning family therapy.

(3) Commonalities between the two stages before and after

According to Professor Lee's article and the two previous literature discussions (Chao, 2006, 2011), the commonalities between the two stages can be summarized: (1) The introduction of theoretical orientation still focuses on "structural orientation" and "Satir Model" two types, with limited diversity; (2) Although attention is paid to the critical impact of indigenous cultural factors on treatment, there are relatively few practical studies and indigenous reflections on family therapy theories, but the number of research articles has been limited needs to be carried out more actively.

2. Looking forward to indigenization

Professor Lee's suggestions echo those of Chao (2006) in both stages, including the construction of indigenous theory, the indigenization of Western theories, and workforce training. However, other opinions regarding research and practice are explained below.

(1) In terms of the conflict between Western family therapy theory and Chinese culture, the construction of indigenous theory and the indigenization of Western theory.

Chao (2006) proposed to pay attention to the impact of cultural factors on the local family therapy process. Professor Lee more specifically pointed out that respect for local culture,

awareness of conflicts, reflection, and reconciliation actions include the following connotations:

a. Pay attention to the critical values in Chinese culture, especially the impact of filial piety on the parent-child relationship. For example, in 2009, Yeh proposed that the Chinese dual model of filial piety is more in line with the style of parent-child relationships in Taiwan and the need to deal with family problems.

b. Emphasis on the adaptability of Western theories and the need for indigenous theories, and attention should be paid to Taiwan's multicultural customs, rituals, and family influence. For example, taking the perspective of self-differentiation theory as an example, in response to the cultural context of filial piety in Taiwan, therapists need to think about how to balance the relevance of the parent-child relationship with the degree of self-differentiation and independence and then construct an indigenous family therapy theory. Taking the structural school as an example, its core discussions regarding conflicts and parts that need adjustment in culture include:

(a) Chinese family members have close relationships, but there are also tangled boundaries. Some families do not allow children to leave home and become independent.

(b) Chinese culture attaches great importance to the "peace is the most important" part. In the patriarchal social structure, the challenge of the patriarchal structure, especially in families with financial pressure, is a challenge to those with the most family power, which may lead to counterattacks and criminal cases. Retreat and more significant shocks must be faced with sensitivity and prudence.

(c) Chinese culture emphasizes filial piety. We understand that some parents have parental role considerations for their children or must include their elders' advice and decision-making power when making family decisions. The joint relationship and respect for family elders are the need to adapt Western theory to indigenous culture and construct indigenous theory.

The author's response to this paragraph has three points: First, Professor Lee used the structural school as an example to explain the cultural conflicts and the need for adjustment in a clear and thoughtful discussion, which is worthy of reference for those interested in indigenous family therapy. Second, Professor Lee also pointed out that Western family therapy theories cannot access and consider the customs, rituals, and family formation methods in Taiwan's multicultural culture, such as marriage, aboriginal festivals, family ranks, family rituals, etc., worthy of the attention of practitioners. This part can echo the current basic proposition of multicultural counseling in Western psychology, focusing on local culture, folk, and religious healing as cultural counseling (Chen et al., 2017). Third, the author suggests that

care for new residents (Chiu, 2017) and aboriginal people's family culture can also be included (Chen et al., 2017).

(2) training, establishing a more complete and stable long-term supervision and training system.

Chao (2006) proposed to enrich the diversity of theoretical orientations in practical work, actively promote indigenous marriage and family therapy practical work and the connection and cooperation between cross-field professions, cultivate practical supervision teachers, and set up practical-oriented training courses to transform existing theories. Understanding as practical ability enhances treatment.

Corresponding to Professor Lee's article regarding cross-field professional connections and cooperation, emphasis is placed on the participation of research law experts, and the tendency is to integrate the above three-point theoretical learning and practical application into a coherent training system led by senior supervisors. Specifically, it includes two suggestions:

a. Adopt a workshop format to provide a complete learning experience. Introduce multiple family therapy theories and techniques; learn from the supervisor the adapted and localized Western theoretical interview techniques, observe the interaction patterns of family problems, and the limitations and advantages of applying to local ethnic groups.

b. Under senior supervisors' experience in inheritance and leadership, with sensitivity to local cultural differences, we will continue to adapt the theory and healing process to meet the needs of local culture and clients.

(3) In terms of research and practice, Professor Lee's propositions can be summarized as follows:

a. Long-term supervision system and inter-professional collaboration: Inter-professional members include those who have experience in or are interested in indigenous practice and research and experts in research methods to deal with research participants' definitions of change or to reflect on Western family therapy theories and techniques. Use it in Chinese culture, modify or adjust its theories and techniques to adapt to local culture, and provide more appropriate assistance.

b. For practical process steps and research design:

(a) Design innovation requires the assistance of experts in research methods, defining family issues research design as a family or a small group from a systemic perspective, statistical methods and qualitative research methods, and data collection and analysis.

(b) Control of the loss rate: It is easy to affect other family members due to the loss of one

family member. Special emphasis is placed on establishing a sense of security among family members, and a family contract with informed consent is adopted instead of individual consent of family members.

The author believes that Professor Lee's suggestion to invite research method experts to participate is based on considerations such as family-based design or reducing the attrition rate. It should be a common issue in the professional field of family therapy and is not an issue of cultural integration or indigenization.

Based on the above, the following characteristics can be observed through the author's understanding of Professor Lee's paper and comparison of the previously reviewed literature. Related thoughts are put forward: First, Professor Lee can not only grasp the development characteristics of family therapy but also consider the importance of theoretical and practical processes. In addition to the development direction, it proposes personally integrated, unique, and forward-looking ideas: attaching importance to the training system led by senior supervisors and integrating the input and localization, workplace training, and research and practice of Western theories; and emphasizes inter-professional contact and cooperation, including collaboration between experts in research method and those experienced in indigenization practice and research; Second, the proposal for the participation of research method experts is based on considerations such as family-based design or reducing the attrition rate. It should be a common issue in the professional field of family therapy and is not an issue of cultural integration or indigenization that can be clarified; Third, Professor Lee advocates that senior supervisors should lead the indigenization of family therapy. This can be promoted through the following steps: Initially, people with lofty ideals in the professional field of family therapy recommend senior family therapy therapists to serve as supervisors and gather together cross-field experts in research methods and indigenous psychology scholars to form an interprofessional promotion team, and then hold regular workshops and seminars to call for more motivated treatments for the professional growth and indigenization of family therapy. Teachers, psychologists, and psychological workers should establish societies and have stable members to participate in achieving long-term, continuous, and systematic promotion.

II. On the indigenization research path of cultural integration

Professor Lee's efforts in the indigenization of cultural integration of family therapy can be summarized as the following propositions: 1. We should temporarily put aside the past background knowledge of Western therapy theories and return to zero mentality. Then, reflect

on and deconstruct the theories and techniques developed in the Western cultural context. Second, through phenomenon observation, re-understand the characteristics of local families and reflect on the characteristics and environment of local families based on what they have learned. Third, understand the conflict between the implementation of Western theories in Chinese culture. Fourth, conduct more practical research on family therapy that localizes Western theories and techniques, revise theories and techniques, and construct localized norms and scales so that the results can be applied to more local families and produce More research on localized adaptation and reflection of Western family therapy theories and techniques.

In response to Professor Lee's research direction on the indigenization of cultural integration, the author puts forward the following supplementary views on research topics and research methods through literature research.

1. Qualitative research orientation is used to explore the context of family relationships under the influence of practical processes or social culture

It can be applied to the adjustment or healing process between culture and relationship context, the relationship between individuals and members, and the choice and balance between relationship context, individuals, and relationships between members. Here are some relevant studies as examples for observation.

(1) Microscopic analysis of folklore

For example, Jia et al. (2003) and Jia and Chen (2001) took the perspective of the structural strategy family therapy school. The research team used the micro-analysis method of folklore to observe and explore a college student who had symptoms of sleep disorders and alcoholism (after this referred to as the treatment process for IP) and his family (including father, mother, and sister). An analysis of twenty videotapes of the entire family therapy session resulted in the following main findings:

a. The relationship between IP symptoms and parents is dynamic and interactive. Symptoms have functional significance in changing the family structure. Symptoms progress cyclically between "relapse" and "improvement" as the interactive relationship changes (Jia & Chen, 2001).

b. Characteristics of the treatment intervention process

(a) In medical situations, the therapist interacts with the family as an "expert." At the same time, because families attach great importance to symptoms, the therapeutic intervention also

pays equal attention to “symptoms” and “systems.”

(b) During the treatment process, the therapy intervenes in the cultural conflicts faced, including “family unity” and drawing clear boundaries between generations; “excessive concern” for children and encouraging autonomy; parents replacing “family” problems with children’s problems.

(c) Family therapy intervention in the cultural context of patriarchy also pays special attention to inviting fathers to “participate,” complying with fathers and elders and challenging the family structure, complying with the pressure of parenting, and maintaining the image of “good parents” (Jia et al., 2003).

From this research example and approach, we can observe the functionality of children’s symptoms at the family level, the dynamic impact of symptoms on family structure, and the impact of social and cultural context on parents’ participation in family therapy during the treatment process, family members. It is a process characteristic that is co-constructed by therapists, therapists and the medical culture in which they live.

(2) Hermeneutics with a phenomenological orientation, the social and cultural context or family relationship context and influence of the parties involved

a. Xiao (2011) used the hermeneutic spirit of qualitative research through in-depth interviews with three high school teenagers and data collection to understand the coping strategies and impacts of high school teenagers facing long-term conflicts with their parents. The summarized research results are as follows:

(a) Adolescents respond to long-term conflicts with their parents: they will develop a way of dealing with themselves and adopt actions and ideas to resolve the causes of the conflict. Adolescents will take on different roles and behaviors in the family to seek their own identity: survival space and a little respite from the cold war between parents.

(b) The impact of long-term parental conflict on adolescents. Long-term parental conflict will affect adolescents’ self-concepts of self-confidence and inferiority and the beliefs they are constructing during this period, including self-protection or motivational views on survival and future planning. Secondly, it will cause them to have a conflicting sense of intimacy and alienation in the concept of family, question their trust in intimate relationships, and affect their future views on gender emotions.

b. Chen (2001) conducted in-depth interviews with twenty-six Chinese male abusers, analyzed the significance of “righteousness” and “face” in male role stereotypes and couple relationships, and developed and constructed a model for understanding marital violence. The

research results point out:

(a) The cultural context is dominated by righteousness: they all use “righteousness” as an indicator of personal morality, male image, and interpersonal communication, including “morality,” “filial piety,” “brotherly righteousness,” “father and son” meaning” and “couple’s love.”

(b) Violent behavior is a response to the conflict between core cultural context and role. When they face the challenges of social changes and marital conflicts and find it difficult to realize the moral demands of “righteousness,” they persist in forcing themselves to meet the requirements. Forcing your spouse to sacrifice, cooperate, and consider creates tremendous pressure and conflict. When they have greater expectations of themselves and their spouses, the pressure and irrational thoughts become more assertive, which weakens the individual’s ability to deal with conflicts and stress. Coupled with the insufficient capacity to control emotions, the possibility of using violence against their spouses increases.

c. Huang (2001) took a married middle-aged woman who sought psychiatric treatment as a case and used about 20 hours of narrative data as analysis material. She used the self-development of the case as the main axis of discussion. She gradually clarified the relationship between her cultural self-construction and her parents—a dialogue on authoritarianism and the development of mental and physical disorders.

(a) Personality development during growth: The case was a girl who received a modern education and had “functional independence” during adolescence. However, under the social upbringing of protective patriarchy, she lacked the development of “emotional independence”;

(b) Entering marriage and encountering serious conflicts between cultural self-construction and patriarchy in the family, leading to personality disintegration. The evolution process is that the case enters marriage life, mistakenly enters the traditional father-son axis family, is under the triple cultural suppression formed by patriarchal or male-centered views of filial piety, sex, and the use of violence to demonstrate power, and is incompatible with The patient had deviated from the modern husband-wife family that he had hoped for before getting married, and because of his “self-obsession with the marriage ethics of love, loyalty and equality between husband and wife, the patient continued to have entanglements with the dominant patriarchal husband. Conflict, and being forced to “silencing self”, thus gradually exhausting physical and mental energy, leading to “lost self” and being at a loss as to what to do, and even reaching the edge of crisis of self-disorganization.

From this study, it can be observed how the patriarchal structure deeply rooted in cultural society forms a strict system through the socialization process, in conjunction with the social

expectations of the kin network and the customs and norms of the culture, so that the women living in it and was unable to break free and was on the verge of a mental breakdown. This research also reflects the necessity of women's self-empowerment under patriarchy to alleviate the phenomenon of women having a higher incidence of physical and mental disorders.

2. Quantitative research on cultural differences

Large-sample survey research can be used to explore topics including Eastern and Western cultural differences, time and space factors of cultural changes, pressure from regional or familial dominant cultures, understanding and revision of the suitability of family therapy theories, and validation studies of Western family therapy theories fit the situation in the local society.

(1) Examples of research on the pressure perception of individual family members caused by the shaping of regional or familial dominant culture

Huang (2015) conducted a study on the main myths about women's intimate relationship violence through stratified quota sampling and questionnaire survey methods. 384 research samples were selected, and the T-test, single factor variation and Pearson product difference were used. Correlation, multiple stepwise regression, and structural equation models were used for statistical analysis. The critical research results are as follows: First, in the victim myth, it is believed that a woman is beaten because she provokes the perpetrator with words; in the batterer myth, it is believed that it is acceptable for a woman to be beaten by the perpetrator because of an affair; finally, among family myths, it is believed that violence is caused by poor communication between couples. Second, the overall model fit between patriarchy, and the myth of intimate relationship violence is good, and the two are positively correlated, indicating that the more patriarchal a person thinks, the higher the degree of the myth of intimate relationship violence. Third, some basic information is positively related to the myth of intimate relationship violence, including that they are mostly elderly people over 60 years old and have primary school or below or junior high school education, etc. According to this research, the directions for violence prevention and treatment can include: in terms of individual women, they must self-consciously live in a society with patriarchal thinking, actively participate in family decision-making and the allocation of family resources, and reduce professional gender bias; in the cultural context of the community basis, we will strengthen the implementation of publicity on the prevention and control of intimate relationship violence.

(2) Exploring the impact of cultural changes and stages of life and development on traditional culture

Wang and Luo (2013) conducted a survey and research on 28 workers who are facing retirement and have retired to understand their current psychological needs and values and how they are affected by the traditional social and cultural thought of “「修齊治平」, Xiu Qi Zhi Ping, means Self-Cultivation, Family Regulation, State Governance, Bringing Peace to All Under Heaven.” research shows:

a. In their early adulthood, baby boomers have been baptized by the modern trend of Western individualism and face primary psychological needs during retirement. However, they regard social relationships as the basis for settling down and settling down, and their definition of success and achievement in life echoes Confucianism to a certain extent. The ideal sequence of “Xiu Qi Zhi Ping.”

b. The family situation and the amount of professional resources make their psychological needs and life priorities significantly different at this stage.

c. Relationship-oriented self-actualization needs: People with sufficient resources usually choose to take care of their families, perform professionally, live meaningful lives, and serve altruistically.

d. Relationship maintenance needs in the relationship context: People with relatively insufficient resources usually choose a safe and stable life and maintain close relationships.

The author believes that the research of Wang and Luo (2013) points to a particular social and cultural observation angle, that is - is there a deep structure of Chinese traditional culture that has been deeply rooted in people’s hearts? If some external conditions or psychological needs are met, such a value orientation will have an impact.

Based on the discussion in this paragraph, the author concludes that the relevant indigenous research paths can be divided into two types: qualitative research orientation and quantitative research orientation. Qualitative research explores the context of family relationships under the influence of practical processes or social culture. First, a microscopic analysis of folklore is included. Family therapists or practitioners can conduct it as the main body or by a research team composed of researchers and others during the practical process. It consists of the following steps: First, take the phenomenological orientation and hermeneutic phenomenology as the guide to understanding the context of the relationship and the relationship between the parties. The advantages and dilemmas of social family culture, and then use collaborative actions to study the concepts and communication skills of spiritual and

family therapy to help members of the family system communicate equally and harmoniously, develop appropriate choices, and develop responses suitable for individuals and the environment. Second, phenomenological-oriented hermeneutics is applied to the socio-cultural system and relationship context of a specific phenomenon or group and can be explored by researchers as the mainstay, using large sample interviews. Quantitative research is significant to social culture or Eastern and Western cultures. To explore the differences, researchers can conduct large-sample surveys.

Based on the above indigenous research paths and research results, the author believes that an intervention or reference framework for the three-level healing system of family therapy can be provided, including early prevention or early regulatory intervention in some social classes or regions, such as Prevention and treatment of domestic violence; through the process of family therapy, focusing on the client and the family, systematically understanding their relationship context and stress perception in the social culture, through collaborative communication and actions between the therapist and family members, for the family Provides relief directions for members' psychological imbalance or family functional imbalance.

III. On the indigenization of family therapy culture inheritance

Professor Lee pointed out the following key points regarding the indigenization path of cultural inheritance in family therapy: (1) It is necessary to construct an indigenous theory. First, it is essential to study the indigenous culture in depth, communicate with scholars who have constructed indigenous theories, learn the theoretical construction of the indigenous culture, and dialogue with Western theories to achieve cultural exchange and understanding; (2) Invite experts in research methods to provide creative ideas on the research methods required for the theory constructed by indigenous culture and then conduct empirical research on the theory to verify or modify the theory; (3) Based on theory, techniques are encouraged in practice to establish indigenous family therapy's theory and techniques gradually; (4) How effective is the intervention provided for a specific issue or ethnic group so that local theory can take root and develop?

The following author intends to respond to Professor Li's suggestion (1) to construct a localization theory, describe several pioneers of family therapy, and explain their achievements or dilemmas in the indigenization of cultural inheritance in family therapy. Based on this, to seek a forward-looking direction of indigenization.

1. Family therapy pioneers and two indigenous approaches

Regarding the several pioneers of family therapy in Taiwan, Professor Chiu-Chun Wu, Professor Yu-Ying Zheng, and Professor Shane Wang, after searching for information, the author found that although they all focused on the family reshaping of the Stair family therapy, has accumulated decades of experience in promoting and developing family therapy theory and practice in Taiwan, but each represents two indigenization paths:

(1) Indigenization of cultural integration

Professor Zheng started with pastoral counseling in the Catholic system and then continued to promote the care of the whole person for many years, promoting the concept of family therapy practice and the reshaping of family relationships. She has written many books and is still active in giving lectures across Taiwan. They still use Western psychological or religious perspectives and language, holding workshops in spiritual centers and church preaching.

(2) Indigenization of cultural inheritance

Although Professor Wu and Professor Wang got started with the Western psychotherapy system, through the catalysis of the process of helping others and constant reflection and examination, they finally returned to Chinese culture for dialogue or developed Chinese ideological and cultural foundations and integrated Chinese Confucianism. Taoist thought and language serve as interpretations of family therapy or counseling theory (Lin et al., 2017; Wang, 2015, 2016, 2017).

2. Chiu-Chun Wu's Hua Wu Style Family Therapy.

Based on Shane Wang's (2017) review, the following briefly explains the process of Teacher Chiu-Chun Wu's promotion of family therapy in Taiwan, the creation of Hua Wu Style Family Therapy, and the dilemma of indigenization.

Teacher Wu pioneered the trend. In 1983, Satir, an international master of family therapy theory, was invited to Taiwan. At that time, a five-day workshop was held in Yangmingshan, which gathered many elites from all walks of life in the helping professions. Later, the continuous promotion of Teacher Wu led to a learning trend of family therapy. Satir almost became the leader of family therapy in Taiwan and became synonymous with professionalism.

Master Satir passed away in 1997. After losing his mentor, Wu went to the United States to study for a doctoral degree at the University of Southern California. He gradually shifted his focus from Western majors to Eastern philosophy. When he returned to Taiwan, he also returned to the deeper spiritual needs of the heart, creating “Hua Wu Style Family Therapy.”

According to the Hua Wu Style, “Wu” is inherited from the *Tao Te Ching*: “No name is the beginning of heaven and earth.” The word “Wu” refers to nothingness, inclusiveness, everything is possible, and can include various schools and methods. The meaning of “Hua Wu Style” is not limited to a single school of thought and techniques, and the application is flexible and changes without any established techniques or methods.

Around 2000, under the arrangement of the Chinese Mental Health Association and the Chinese Couple and Family Therapy Association, Teacher Wu founded the “Tree Planting Workshop” and worked with Teacher Wang to share demonstrations, discussions, exchanges, and efforts made to cultivate helpers at home and abroad who are interested in family therapy. “Hua Wu Style Family Therapy” was used to facilitate communication.

Subsequently, young students of Teacher Wu, such as Lin et al. (2017), transformed Teacher Wu’s work philosophy into practical texts and compiled them into the book “Hua Wu Style Family Therapy: Wu Chiu-Chun’s therapeutic approach and helping aesthetics.” Wang (2017) pointed out that the shadow of Satir can be seen everywhere in this book, which shows that these students are familiar with Satir’s ideas and vocabulary; in contrast, the students are concerned about Teacher Wu’s Chinese philosophy that has been integrated into family therapy practice. But it seems to be challenging to understand and master. From this, it can be observed that Wu was lonely on the road of inheriting and indigenizing the family therapy culture. No students or disciples could understand her. According to Wang (2017), it was like “fishing alone in the snow in the cold river.”

Establishing Hua Wu Style Family Therapy by Teacher Wu is an essential milestone in developing indigenous family therapy in Chinese society. However, we can see that Teacher Wu’s dilemma in the indigenization of cultural inheritance is that Teacher Wu still finds it “hard to explain” Eastern thoughts to his students and seems to be walking alone.

The author is again responding to Professor Lee’s suggestion: senior supervisors should lead and preside over the indigenization of family therapy. Teacher Wu’s “Tree Planting Workshop” creation can represent such a model. Still, Professor Lee suggests that it seems necessary to supervise and gather researchers and indigenous psychologists for collaborative guidance. The next step that Professor Wu will focus on is how to pass on the essence of Chinese

philosophy he has absorbed to students. Try to move from “nothing” to “existence” and “nameable”, and discuss and elaborate some core concepts in more concrete terms. This aspect should be expounded by exchanging some experiences with other psychologists who have experience in indigenization or relying on relevant experts in history and philosophy to have a joint dialogue.

3. Shane Wang’s self-cultivation and family management—family therapy using Confucian psychology as helpful knowledge

Teacher Shane Wang studied in the United States and obtained a master’s degree in his early years. After returning to Taiwan, he collaborated with Teacher Yu-Ying Zheng to work on family therapy. He is one of the few pioneers in family therapy who has devoted himself to studying Chinese culture and has published treatises on how to apply it to helping others. This kind of investment in indigenous psychology is due to his forty years of Western knowledge, family therapy study and practice, and his awareness of many gaps in his own Chinese cultural experience and moral beliefs (Wang, 2017).

Wang (2015) pointed out in the article “Confucian and Confucianism: The way of healing people realized in the “Four Books””: Replacing the pathological view with self-cultivation: The demonstration of self-cultivation in Confucianism can be used as a methodology for healing oneself and helping others in modern society. The way to improve emotional and behavioral distress does not depend on any counseling and treatment methods but on learning how to behave and deal with things. Therefore, different concepts of family work are constructed based on Confucianism: The family is regarded as a living field for learning how to behave (cultivation).

Wang (2016), in the book “*Cultivating oneself and regulating one’s family: Family therapy using Confucian psychology as helpful knowledge*,” put forward clearly every word; he proposed the direction of his efforts to include local culture in the family therapy profession: “How can the Oriental study of life expand the spiritual connotation of modern people? How can Confucianism deepen the realm of self-growth? How can the study of the mind be integrated into family therapy and become a good way for modern people to improve family relationships and enhance self-development? “

This book uses “New Confucianism” as a category to explore the theory of mind and nature that has been passed down in Chinese culture for thousands of years and then integrates it into the practice of family therapy. The cultural materials include the *Analects of Confucius* and Mencius as classics, the metaphysical foundation of the relationship between heaven and

man developed in the *Book of Changes*, and the methodology of self-growth constructed in the *Doctrine of the Mean* and *The Great Learning*. The author summarizes them. The main ideas and contributions are as follows:

(1) The modern application of the Confucian cultivation technique of “Turn inward and examine yourself” in the study of mind-nature

Affirming human nature, the expectation of self-growth, the moral mission of caring for social groups, and the spiritually complete philosophy of life can correspond to the humanistic values of self-exploration, self-growth, self-realization, and spiritual health, etc., all emphasized by Western psychology and modern society, which are enough to fulfill the spiritual needs of everyday people.

(2) The Confucian philosophy of “supporting benevolence and releasing love” and “sincerity” can be in dialogue with the theory of the Satir school of family therapy

“Supporting benevolence and releasing love” can alleviate the dilemma of modern people constrained by the narrow view of “love”; the meaning of “sincerity” corresponds to Satir’s view of “consistent communication” and elevates “consistency” to form the height of the upper body.

(3) Study the classics deeply, the philosophical stance behind the methods of helping others, the view of mind, and epistemology

Chao (2016) pointed out: Teacher Wang’s exploration of ancient scriptures such as “Confucianism” and “*The Book of Changes*” was challenging and valuable. It inspired some fundamental reflection on the methods and essence of family therapy and psychological assistance. This is beyond the reach of ordinary books on professional theory and operational techniques.

(4) The research directions that still need to be explored in Confucianism

Wang (2016) pointed out that the original plan was to discuss the enlightenment of the six hexagrams in the “*Book of Changes*” on family therapy. In the end, only part of the meaning of the three hexagrams “Qian,” “Kun,” and “Family” was presented, and the echoes of the work of helping others were presented, the other three hexagrams still need to be developed. The ontology of Chinese culture needs to be further studied, and Yang-Ming Wang’s theory of mind can be integrated into the practical process of the talks; structural family therapy can be included

in the materials for dialogue with Confucianism.

Chao (2016) recommended Teacher Wang, saying: “Back in the era when professional regulations and systems were still in a fog, he and Teacher Zheng were the first brave person to jump out and start practicing professional services to help others.” He also commented that he had devoted ten years to writing the book “*Cultivating oneself and regulating one’s family: Family therapy using Confucian psychology as helpful knowledge*” and gradually embarked on “a less traveled road.” From this, the author thinks of Wang (2017) mentioned above in this article, who feels that Chiu-Chun Wu has embarked on the path of integrating local culture into family therapy and feels that she feels lonely, which must be a sympathetic feeling.

The author has two thoughts on this. First, he reiterates Professor Lee’s suggestion; on the road to indigenization of family therapy, the importance of forming “collaborative actions of an inter-professional team” is essential. Based on my own experience in exploring indigenous psychology, the author is particularly impressed by the importance of the “collaborative action of an inter-professional team” in the indigenization of cultural inheritance. This requires exploring classical Chinese cultural materials and a grasp of the principles. Wang (2017) said in his own words that he was “hard-working enough to learn and practice” because he did not have a major in literature, history and philosophy.

Furthermore, you must be familiar with the theories or concepts of modern helping professions. Therefore, it is a project that requires inter-professional literacy and perseverance. Individual investors must have considerable determination and understanding of this, or they must act collaboratively as an inter-professional team as mentioned above; secondly, unfortunately, Professor Wang passed away due to illness in 2017. The past is not far behind, and “the example is in the past.” The author appeals to those who have a consensus on the indigenization of family therapy to understand its views on family therapy in Confucian psychology deeply and to inherit and move forward. This is a convenient way to take it, rather than finding another method or finding another research direction that inherits the culture.

IV. Prospects for the construction of Confucian ethical healing theory

Kwang-Kuo Hwang (2014) proposed the concept of Confucian ethical healing and pointed out that Confucianism has deeply influenced Chinese society for a long time and has become the foundation of Chinese thought for several generations. According to the five-ethics relationship system, everyone is exposed to various ethical relationships, which deserve the attention and research of family therapy scholars.

According to Professor Lee's discussion, the author's aforementioned several research results in the field of family relationships show that the deep Chinese cultural structure, such as the thought of "Xiu Qi Zhi Ping," exerts an influence on the satisfaction of individuals' high-level psychological needs (Wang & Lo, 2013), different generations, regional cultural characteristics, and social culture (such as patriarchy or righteousness-face, etc.) affected by time and space factors affect the roles, tasks, division of labor, and relationships between parents, children, and husbands and wives in the family relationship network. Expectations, etc. (Huang, 2015), negotiate with each other in layers of ethical relationship networks. Chen (2020) pointed out that constructing the Confucian ethical healing system helps clarify the meaning of relationships at all levels of society and reconstructs Confucian ethics through life introspection, family relationships, school education, and social work, thereby completing human life of healing. However, the "absolute ethics" of the traditional Confucian five ethics, the phenomenon that leads to the oppression of human nature, and the appropriateness of the category of "relative ethics" need to be clarified by family therapy or the attention of indigenous psychologists.

V. Conclusion

After reading Professor Lee's discussion of "Research and Prospects of Indigenization of Family Therapy," and through literature research and thinking, the author's response is summarized as follows:

1. The indigenous development of family therapy, which has a history of 60 years, is still mainly carried out in two stages: localization introduced from foreign schools and indigenization based on cultural integration.

2. Professor Lee's vision for the indigenization of family therapy is the inheritance of the history of development and the deepening and broadening of the two stages of localization of foreign studies and indigenization of cultural integration. There are two main points.

- (1) Pay attention to the family therapy training system led by senior supervisors and govern the three aspects of diverse input and localization of Western theories, manpower training, research, and practice.

(2) Emphasis on cross-professional contact and cooperation, including collaboration between experts in research methods and those experienced in indigenization practice and research.

3. The author recommends strengthening the indigenization of cultural integration and following Professor Lee's point of view. There are three main points.

(1) Proposals for research themes and methods on the indigenization of cultural integration

a. Qualitative research can be led by therapists or supplemented by co-researchers. It is based on micro-practical processes to understand the impact of family relationship networks and social culture; it uses the spirit of action research to promote the development of relationships with families—the healing process of collaborative development among members.

b. Quantitative research can be conducted mainly by psychology researchers, using multi-sample interviews or large-sample survey research to understand the impact of social culture on family relationship networks and role functions under macro-temporal and spatial factors. The research results can be used as a reference for three-level therapy of family relationships, including gender equality education, parenting education, and family therapy for family members.

(2) For the indigenization of cultural inheritance

a. Recommend Kwang-Kuo Hwang's theoretical construction of Confucian ethical healing: it can help clarify the meaning and harmony of relationships at all levels of society to achieve introspection of life, family relationships, school education, and social work to reconstruct Confucian ethics.

b. Describe in detail the pioneers of family therapy and the achievements and difficulties of indigenization, and call for collaborative progress among knowledgeable people across professional fields.

c. Chiu-Chun Wu's Hua Wu style Family Therapy

In 1987, Satir family therapy was first introduced to Taiwan and promoted to become the prominent science of family therapy in Taiwan. Its "tree planting workshop," founded in 2000, inherits its decades of practical experience and supervises students' practice, which echoes what Professor Lee said. A senior supervisor should lead the suggested localization of family therapy, and Wu's indigenization is a good example of a senior supervisor.

She injects Taoist concepts and vocabulary into the treatment of the Satir family. Still, her

dilemma is that the idea of "nameless, the beginning of heaven and earth" has no fixed formula, no fixed techniques, and cannot be explained to the students who follow it. Therefore, the students from her demonstration can only interpret the concepts and techniques of the Satir family they are familiar with. Wu is still alone in his family therapy career of inheriting the indigenous culture.

4. Shane Wang's self-cultivation and family management—family therapy using Confucian psychology as helpful knowledge

He pioneered family therapy practice with 40 years of experience and results. He is the first person to infuse the theory of mind and nature passed down by "New Confucianism" into family therapy, clearly organize the Confucian classics, and dialogue with Satir family therapy to elevate the theory to a metaphysical level. However, Professor Wang passed away in 2017, leaving behind a forward-looking direction of indigenization and unfinished research.

Because two senior family therapists and pioneers of indigenization are struggling alone, the author reiterates Professor Lee's suggestion: collaborating with knowledgeable people across professional fields! Continue to move forward by inheriting or inheriting the achievements of our pioneers. I also feel that after 40 years of practical experience, the life experience of the clients, and the turmoil of personal experiences, the two masters invariably returned to the embrace of Chinese cultural thought from the purely Western psychological knowledge system, which seems to mean that there is a similarity with the clients and family members of Taiwan. The therapists are also nurtured and grown up by the ideological culture of this land. They have a kind of awareness and response to the reality of personal life and the basis of values in response to life experiences or difficulties. As modern scholars and helping workers, after experiencing the baptism of the knowledge system of Western thought through professional development, it seems inevitable and necessary to return to indigenous Chinese cultural thought to contemplate, examine, and integrate it.

Reference

- Chan, K. L. (2001). Understanding of family violence through the Chinese concepts of "Face" and "Yi". *Indigenous Psychological Research in Chinese Societies*, 15, 63-111. (in Chinese)
- Chan, P. H. (Ed.) (2017). *Multicultural Counseling in Taiwan*. Psychological Publishing. (in Chinese)
- Chao, W. T. (2006). A critical review of the recent development of couple and family therapy

- practices in Taiwan: A comparative analysis of 11 case clinical studies. *Indigenous Psychological Research in Chinese Societies*, 26, 73-103. (in Chinese)
- Chao, W. T. (2011). Review and reflections on 40 years of family therapy development in Taiwan. *Journal of Family Therapy*, 33(4), 415-428.
- Chao, W. T. (2016). Cool water in a deep well: Calmness of the heart finds wisdom in writing. In S. Wang, *Self-cultivation and family harmony: Confucian heart-learning as a resource for family therapy* (pp. vii–xii). Psychological Publishing. (in Chinese)
- Chen, F. (2020). Misunderstanding the Hwang Kwang-Kuo Problem: An introspection on Confucian ethical therapy based on a case study. *Indigenous Psychological Research in Chinese Societies*, 53, 181-224. (in Chinese)
- Chia, H. Y., & Chen, P. H. (2001). The change process of symptoms and family interaction based on the Structural-Strategic Family Therapy Approach. *Indigenous Psychological Research in Chinese Societies*, 15, 163-220. (in Chinese)
- Chia, H. Y., Chen, P. H., & Yang, L. C. (2003). The change process and the embedded cultural meanings of a Structural-Strategic Approach Family Therapy. *Chinese Journal of Mental Health*, 16(1), 71-124. (in Chinese)
- Chiu, J. W. (2017). Aboriginal counseling. In P. H. Chan (Ed.), *Multicultural Counseling in Taiwan* (pp. 505-543). Psychological Publishing.
- Fu, M. L., & Huang, T. C. (2014). The healing opportunity of spiritual integration in family therapy. *Counseling Quarterly*, 50(3), 24-32. (in Chinese)
- Hsiao, Y. C. (2011). *The responses and impacts of senior high school adolescents' awareness of long-term parental conflicts: A qualitative research* [Unpublished master's thesis]. National Taiwan Normal University.
- Huang, L. L. (2001). Psychosomatic disorder: The straying of a woman's self within the patriarchal structure. *Indigenous Psychological Research in Chinese Societies*, 15, 3-62. (in Chinese)
- Huang, K. T. (2015). *The relationship of the women myths of intimate partner violence and paternalism: A case of Pingtung County* [Unpublished master's thesis]. National Pingtung University of Science and Technology. (in Chinese)
- Huang, S. J., & Yeh, K. H. (2013). The effect of perceived parenting styles on adolescents' dual filial belief: A mediational analysis. *Indigenous Psychological Research in Chinese Societies*, 39, 119-164. (in Chinese)
- Huang, T. C. (2010). Typology of triangulation among college student couples and their satisfaction to intimate relationships: Dyadic analysis of matched couples. *Chinese Journal of Psychology*, 52(1), 25-46. (in Chinese)
- Hwang, K. K. (2014). *Ethical healing and postmodern wisdom of virtue leadership*. Psychological Publishing. (in Chinese)
- Lin, H. T., Du, E. N., Tian, L. W., Chang, J. C., Yang, Y. L., Lee, Y. H., Su, Y. C., & Wu, C. C.

- (2017). *Hua Wu Style Family Therapy: Wu Chiu-Chun's therapeutic approach and helping aesthetics*. Living Psychology Publishers. (in Chinese)
- Wang, C. H. (2017). Exploring the development of indigenous counseling psychology. *Journal of Indigenous Counseling Psychology*, 9(1), vii–x. (in Chinese)
- Wang, C. K., & Lo, K. Y. (2013). The needs and values of Taiwan baby boomers in retirement stage: A relational approach. *Indigenous Psychological Research in Chinese Societies*, 39, 3-63. (in Chinese)
- Wang, S. (2015). The Confucius and family therapy: Learning from the classic. *Counseling Quarterly*, 51(1), 11-18.] (in Chinese)
- Wang, S. (2016). *Self-cultivation and family harmony: Confucian heart-learning as a resource for family therapy*. Psychological Publishing. (in Chinese)
- Wang, S. (2017). From listening to the rain at the mysterious doorway to solitary fishing in the cold river. In Lin, H. T., Du, E. N., Tian, L. W., Chang, J. C., Yang, Y. L., Lee, Y. H., Su, Y. C., & Wu, C. C. (2017). *Hua Wu Style Family Therapy: Wu Chiu-Chun's therapeutic approach and helping aesthetics*. Living Psychology Publishers (pp. vii–xii). (in Chinese)