Effectiveness of The BodyMind Approach® for women with depression and medically

unexplained symptoms in Taiwan

Abstract

This article aims to examine the hypothesis that The BodyMind Approach® (TBMA) can

effectively decrease depression and the distress experienced from medically unexplained

symptoms (MUS) for women in Taiwan. A quasi-experimental design was adopted to

examine this hypothesis along with the use of questionnaires and a repertory grid technique

(RGT). The former was used to objectively examine changes in depression and MUS distress

levels, while the RGT was used to examine any changes in subjects' psychological construct

system in terms of their intra- and interrelationships in their personal context. A case study at

the end presents the effectiveness of TBMA. The results showed that TBMA was more

effective for reducing the distress of MUS than for reducing depression. However, its

effectiveness for managing the rigid perception of social roles also cannot be strongly asserted.

Nevertheless, the client in the case study showed significant improvement in lower levels of

depression and MUS distress, and in psychological construct integration after treatment. This

research is expected to contribute to indigenous psychology by providing an example of the

adoption of a Western-developed research method (RGT) and intervention (TBMA) while

TBMA in Taiwan

retaining cultural sensitivity. TBMA is introduced as an alternative treatment for managing

depression and MUS distress in Taiwan.

Keywords: The BodyMind Approach®; medically unexplained symptoms; women;

depression; Taiwan; culture; effectiveness

Introduction

Depression is closely related to culture, and a common aspect of exploring the

connection between culture and depression is medically unexplained symptoms (MUS). MUS

are part of a somatic symptom disorder that is usually accompanied by psychological

symptoms such as depression and anxiety (Huang et al., 2016; Kleinman, 1977; Wayne &

Edward, 1998). MUS are the product of a complicated interrelationship between both

psychological and physical aspects and are ultimately part of "a clinical and social

predicament that includes a broad spectrum of presentations" (Edwards et al., 2010, p. 210).

Although somatization is a universal psychopathological phenomenon (Koh, 2018),

extensive research has indicated that people influenced by Chinese cultures (such as those

living in China, Taiwan, Korea, and Japan) tend to somatize depressive symptoms more than

Westerners (Kleinman, 1977; Lin & Winter, 2020; Ma-Kellams, 2014; Ryder et al., 2008;

Tseng, 1975; Zong, 1996). Notably, there are also more women than men with MUS in most

Western and non-Western countries (Malterud, 2000; Wu, 2010; Tsai, Tsai, & Shih, 2014;

Zhang, Hu & Ye, 2006).

Alternative treatments that approach depression through embodiment are being

increasingly emphasized because MUS are associated with both body and mind aspects (Lin

& Payne, 2019). However, while research indicating positive outcomes of body psychotherapy and dance movement psychotherapy in subjects with MUS and depression has been reported (Papadopoulos & Röhricht, 2018; Röhricht, Zammit, & Papadopoulos, 2018; Röhricht, Sattel, Kuhn, & Lahmann, 2019), culture has been poorly addressed in studies of body psychotherapy for the treatment of depression and MUS.

The development of culturally fit interventions and research methods is the indigenous psychologists' intention in Taiwan; nevertheless, the current situation is unsatisfactory due to a gap between research and practice. This article reports on a study which hypothesized that the Western-developed The BodyMind Approach® (TBMA) is culturally sensitive enough to be an appropriate intervention for women with depression and MUS in Taiwan. In addition, questionnaires along with a repertory grid technique (RGT) (Kelly, 1955), which are also able to meet cultural needs, were used to examine their effectiveness of supporting an individual to become more psychologically and socially integrated.

This article first addresses the current situation of indigenous psychology and what this research can contribute to this field. Second, it posits that the definition of 'effectiveness' should be reconsidered based on culture. Cultural characteristics and the cultural fit of TBMA are discussed. Finally, the Western-developed RGT is reported on as a culturally

sensitive method to examine the effectiveness of TBMA in Taiwan. Further descriptions of the RGT are presented in the 'Depression and MUS in personal construct psychology' section.

Development of indigenous psychology and psychotherapy in Taiwan

While Western psychotherapy is still dominant in most non-Western countries such as Taiwan (Yakushko, 2020), many psychologists have proposed the importance of developing indigenous psychology to meet cultural needs; this includes more culturally appropriate research methods and interventions (Wang, Liu, Sun, & Shiah, 2017).

Currently, indigenous psychology is divided into three categories (Wang, Liu, Sun, & Shiah, 2017; Lin, & Wang, 2018). The first aspect is cultural attunement and theoretical reflections (Chen, & You, 2001; Hong, & Chen, 2003, 2005; Hong, 2018; Liu, Hung, Peng, Chang, & Lu, 2016; Lee, 2018). This aspect is mainly addressed in practical fields; practitioners reflect on their Western-developed psychological training and practice in Taiwan. However, although the importance of cultural attunement and theoretical reflections is recognized and practitioners have their own reflections in practice (Wen, 2005; Shih, 2019), few research papers and alternative research methods address this aspect.

TBMA in Taiwan

The second category is enculturative indigenization (Hwang, 2011; Wang, Liu, Sun, & Shiah, 2017; Yee et al, 2004). The assumption is that the effectiveness of adaptations of Western-developed psychotherapy in non-Western cultures can be questioned when the fundamental assumption is not changed (Koç & Kafa, 2019). This category aims to develop indigenous psychology and corresponding interventions rooted in indigenous Taiwanese culture. New theories such as Huang's model of face and favor (Hwang & Hu, 1988), the mandala model (Hwang, 2011), Liu and her colleagues' virtue existential career model (2016), and Wen's Guanxi oriented psychotherapy (Wen, 2005) have been developed. Although interventions and corresponding research methods have been proposed, these developed theories and methods have rarely been adopted in practice. The gap between theory and practice results in limited contributions to the clinical field (Koç & Kafa, 2019; Yeh, 2017).

The third category is acculturative indigenization, which aims to include local tradition and culture in Western psychological theories. For example, Jin (2010) developed a theory called the psychological displacement paradigm in diary-writing (PDPD) based on personal construct psychology (PCP). The PDPD is similar to the concept of 'self-characterization', which is a qualitative method in PCP (Bell, 2020). Inspired by Gao Xing-Jian's Nobel-winning novel 'Soul Mountain', Jin proposes that writing with different singular

personal pronouns benefits emotional relief, self-understanding and self-acceptance (Yeh, 2017). There are relatively more empirical studies exploring the adaptation of the PDPD in practice than studies on other theories such as Chen's self-relation in the situation coordination counseling model (Chen, 2009). However, the PDPD is mainly used by Jin and his students, but its influence in both academic and practice fields is still limited. Moreover, methods examining the effectiveness of the PDPD have not been developed as completely as its intervention techniques.

Notably, body and movement seem to be ignored in the previously mentioned research. Although the union between the body and mind is often not considered due to the considerable influence of traditional Cartesian Western culture, it is still a central aspect of Chinese culture.

Therefore, the authors in this article intend to contribute to indigenous psychology by providing another perspective. Although both TBMA as an intervention, and RGT as a method, have been developed in the Western world, their natures both involve body-mind union, and they have high potential to be applicable in Taiwanese culture. Cessing effectiveness, cultural understanding is needed.

Depression, MUS, and Taiwanese culture

TBMA in Taiwan

When discussing the connection between Chinese culture (Taiwan is greatly influenced by Chinese culture) and depression, the most common characteristic is the prevalence of MUS. Three main points describe this phenomenon. The first relates to the linguistic features of the Chinese language. There are few words in the vocabulary that directly refer to emotions; however, there are many body-related words used to express them (Kleinman, Good, & Good, 1985; Ma-Kellams, 2014; Tung, 1994). Second, the stress arising from the stigma surrounding mental illness may accentuate bodily symptoms, which are considered more acceptable to express than psychological ones (Hsu et al., 2008; Ma-Kellams, 2014). Third, following social norms, the direct expression of emotions may be considered inappropriate (Sayar, Kirmayer, & Taillefer, 2003).

Another common element concerns social orientation and depression. Social and personal orientation can present self-views (Lu, 2008). The former refers to social connection, self-cultivation, social sensitivity, and self-adaptation in different circumstances, whereas the latter refers to independence, acting on one's own, competition, and consistency. Collectivistic culture can be understood as close to social orientation and values prioritize communal relationships and group goals over individual will (Triandis, 1996); in contrast, individualistic culture is close to personal orientation. Earlier researchers have indicated that

TBMA in Taiwan

depression is less common in Chinese culture due to its collectivistic values; people in a society that is tightly socially connected can receive more social support and consequently are less likely to be depressed (Blazer, 2005). Recent research indicates that having close social relationships is not the same as having social support, and sometimes having tight social relationships may even increase depression (Lin & Payne, 2019).

Chang, Jetten, Cruwys and Haslam (2017) found that research participants in Chinese cultures tended to show more somatization when they identified with collectivist values. Other researchers have found that a collectivist orientation is linked to depression (Broomhall & Phillips, 2020; Knyazev, Kuznetsova, Savostyanov, & Dorosheva, 2017; Yang, 2016).

In Taiwan, playing one's social role properly means meeting social expectations, a requirement that is sometimes even more important than being who one is, or actualizing oneself (Lan, 2018; Lee, 2004; Lin & Payne, 2019). Social relationships, and relationships with family members, in particular, are the main sources of pressure in the Taiwanese context (Shen, 2005). Henderson, Harmon, and Newman (2016) suggested that having, or trying to fulfill, unrealistically high expectations about being an ideal social self (such as in parenthood) and working hard to be a perfect individual can damage one's mental health.

Depression and MUS in personal construct psychology

TBMA in Taiwan

In PCP, the RGT can demonstrate how individuals play social roles. Kelly (1955), who developed PCP, proposed that an individual's psychological world is a hierarchical construct system, and each construct is bipolar. Based on the philosophical assumption of constructive alternativism, a system that can be reconstructed is for an individual to predict and anticipate the world (Kelly, 1970).

The RGT is the most common and highly developed technique that Kelly invented to explore people's constructs in terms of an issue or event. The RGT generally involves three steps: deciding 'elements', eliciting constructs and rating constructs. First, the elements are usually the essence that meets the purpose of the topic that the researcher would like to explore. Second, all the elements are presented in groups of three to each participant in the same order, each participant is asked "Could you please find an important way in which two of them are alike and thereby different from the third?" This is performed to identify one pole of the construct. Each participant is then asked to think of the opposite of this pole of the construct, so that the other pole is elicited. The third element, which was different from the other two elements, is removed and substituted by element four. This procedure is repeated until all constructs are obtained. Third, each participant is then asked to rate each element on a scale of one to seven for each construct.

TBMA in Taiwan

Based on the above description, it can be seen that both qualitative and quantitative data can be obtained through the RGT. Qualitative data refers to the constructs which have been elicited in the interview, and qualitative data refers to the ratings. For quantitative data, using the RGT, the distance between actual self and ideal self has been found to be closely related to depression (Sanders, Winter & Payne, 2018; Winter, 1994). People with depression tend to have high expectations of what their ideal self should look like, and they also think that their actual self is too distant from their expectations. In addition, tight construing is a characteristic of depression (Winter, 1992). Tight construing refers to a strategy of construing that results in unvaried predictions; the higher the level of the tightness, the more tightly organized and one-dimensional is the individuality's construing. In other words, people with tighter construing tend to experience the world in a more rigid way and are less able to be resilient. Tightness can be measured by software such as IDOGRID and GRIDSTAT. Principal component analysis can measure the percentage of variance within the construct system accounted for by the first component. The higher the percentage of variance accounted for by the first principal component is, the more tightly organized and one-dimensional the individual's construing (Winter, 1992).

TBMA in Taiwan

Lin and Winter (2020) found that women with depression in Taiwan tend to exhibit tighter construal of social roles than their counterparts. Thus, women with depression tend to have a less plastic and more rigid perception of playing their social roles. Following this observation, if clients can be encouraged to become more resilient (reduce their level of tightness) in relation to social roles, they might become less depressed. They also mentioned that depression can occur when women in Taiwan perceive that their actual and ideal selves are distant from the social roles they play (such as mother, wife, and daughter). This result echoes the findings of Western studies that the distance between actual self and ideal self can be positively correlated with depression (Watson & Winter, 2005) and that people with MUS tend to perceive actual self as distant from ideal self (Sanders, Winter & Payne, 2018).

In conclusion, the picture of depression can be observed through the construct system. Tightness and the distance between actual and ideal self can be observed in both Western and Taiwanese cultures. Moreover, cultural characteristics such as the anxiety and pressure of playing social roles are illustrated by the distance between the self and social roles. Consequently, this can be a measure of depression that is culturally suited.

Body-involved psychotherapy for depression and MUS in Taiwan

TBMA in Taiwan

Wang (2001) claims that doctors in Taiwan appear more sensitive to treating patients with MUS than those in the UK, Germany, and Canada. One decade after this report, other doctors indicated that, in addition to prescribing medication, they must also provide emotional support, health education, and encourage their patients to seek the help of a psychotherapist (Chen, 2015).

Traditional Chinese medicine is another treatment for culturally related depression and MUS that is frequently used in Taiwan (Chen et al., 2007). There is a fundamental belief in Chinese medicine that the body and mind form a union that cannot be separated. Somatic symptoms attributed to the blockage of *chi*, which stimulates the formation of "*yu* (depressed feeling) of a knot" (鬱結) (Tsai, Tsai, & Shih, 2014). Yu comes from an imbalance of *yin* and *yang*, and *chi* is the life force, a fundamental element at the root of every living thing in the universe (Frantzis, 2008).

Traditional medicine treatment of MUS includes both verbal education to adjust emotions and a medicinal approach, including proper diet, acupuncture, medication, *qigong* (a martial art that focuses on adjusting the body, breath, and mind to each other), education on the meaning of life, and the development of the opposite to strong emotions (such as happiness or anger) to counter depressed feelings (Xu, 1996). The effectiveness of traditional

TBMA in Taiwan

Chinese medicine for MUS remains unclear due to a lack of scientific research. Tsai, Tsai, and Shih (2014) claimed that a patient with MUS fully recovered after five months of treatment with traditional Chinese medicine. Nevertheless, this assessment was based on the client's self-description and a doctor's judgement, without any systematic evaluation.

Lee (2014) described individual dance therapy for a Taiwanese woman with depression and MUS (who complained of back pain and sore fingers). The therapy was called a dance class, and the client perceived the therapist, Lee, as a teacher, which is a common approach in this culture (Lee, 2014). Lee also described the client's ethical relationships in the sessions without encouraging her to leave any relationship. Lee accepted the client's choices and worked with her to create a balance between her self-development and harmony in familial relationships. However, there have been few such case studies performed in Taiwan, and a systematic approach is lacking.

Regarding traditional Chinese medicine and other treatments, we think that four main issues should be considered while developing a systematic approach that is culturally appropriate for depression and MUS in Taiwanese women. First, due to considerable influence of traditional Chinese medicine, many Taiwanese individuals believe that psychological problems are related to physical problems (the blockage of *chi*); thus, treatment

TBMA in Taiwan

should be body-mind integrated, and the participants should be encouraged to link their

symptoms to their all aspects of their lives including the psychological.

Second, the treatment should not be limited to the symptoms themselves; rather, it

should involve all elements of the clients' lives, including diet, sleep, and other lifestyle

questions. Third, the presentation of therapy as a structured class for learning is better suited

to Taiwanese clients than that described as a therapeutic session. In addition, avoiding the use

of the word 'therapy', which is associated with mental health, to evade questions of stigma is

necessary. Fourth, pursuing self-actualization may not be the clients' ultimate therapeutic

goal.

Under the premise that social harmony should be kept at some level, treatment should

help clients become more resilient (with less tightness) and find balance between themselves

and others, between their selves and their social roles, and between self-actualization and

their social responsibilities. However, when finding this balance, helping clients develop

stronger individualistic characteristics could enable them to become more capable of

confronting the rigid social expectations they encounter and to insist on their own standpoints

in a collectivistic society (Lin, 2016; Rin, 2007). Because ethical relationships can be a

source of suffering for people with depression, psychotherapy may not be an appropriate

means for clients to seek ways of remaining within such relationships. Rather,

psychotherapy's aim should be to assist clients in understanding the role ethics plays in their

lives and the importance of their ethical relationships (Yee et al., 2004).

The BodyMind Approach®

TBMA, derived from dance movement psychotherapy (DMP) and authentic movement

(AM) group work, has been specifically developed to support people to enhance their

self-management/wellbeing despite experiencing MUS. The effectiveness of the approach

has been adopted in the health service examined rigorously (Payne, 2009a, 2009b, 2009c,

2017; Payne & Stott, 2010; Payne & Brooks, 2015, 2016, 2017, 2020) but has yet to take root

outside the UK. The cultural issues TBMA has generated in the process of practice have had

few opportunities to be discussed. TBMA is designed specifically to address chronic MUS

and any co-occurring depression and/or anxiety in health care settings. Recently an argument

has been made for TBMA to support students experiencing MUS in higher education settings

(Payne, 2021).

Interestingly, TBMA has been found to address the four issues mentioned in the

previous section. First, TBMA is a body-mind integrated approach and is flexible enough to

TBMA in Taiwan

involve the use of *chi* during therapeutic sessions. In TBMA, clients are facilitated to

understand the meaning of their symptoms. These following two points are crucial.

First, clients need be able to live in their bodies and connect their minds with their

bodies. A range of activities can be pursued to enhance the connection between the body and

mind, such as:

improvisation, movement play, clay modeling, collage, bodymindfulness, creativity and

body (sensation)-mind-emotion connections enable participants to explore and access

meaning. Using the imagination and creativity in movement, for example, can tap into

sensory-emotional connections allowing embodied tacit knowledge of the symptom to

surface" (Payne & Brooks, 2019, p. 4).

Following the facilitator's own proclivities, other skills not part of typical dance movement

therapy activities, such as qigong, yoga, and meditation, can also be incorporated to enhance

the connection between the mind and body.

Second, the treatment should involve all aspects of the clients' lives. TBMA is referred

to as a learning methodology rather than a psychological treatment and is aimed at enhancing

an individual's capacity to self-manage their symptoms to improve their wellbeing (Payne &

Brooks, 2019). In other words, TBMA is not intended to be used as an intervention to relieve

symptoms (although many patients report a lessening or disappearance of symptoms

altogether). This is because symptoms are not considered problems that need to be

TBMA in Taiwan

eliminated; instead, they are conceived of as part of the self, which is full of traumatic

experiences (Lin & Payne, 2014) and early attachment issues (Payne & Brooks, 2019). By

exploring the rich meanings of symptoms, clients can develop the skills to self-manage their

symptoms more easily and cope with them, enhancing their activity, functioning, and quality

of life. As this sense of control develops, clients' depression, anxiety, and MUS appear to

decrease, improving their wellbeing (Payne & Brooks, 2015; Lin & Payne, 2014; Payne &

Brooks, 2016, 2017, 2019). The sessions provide for experiential learning rather than

functioning as therapy group. This terminology and reduced reliance on verbal language with

this approach enables increased accessibility for this population. This nomenclature can help

people avoid the stigma of admitting poor mental health or pursuing therapy, to which many

people suffering from MUS are resistant (Payne, 2009b).

TBMA also encourages integration by increasing conscious awareness, (Lin & Payne,

2014), with AM as the main methodology for this. This creative body-centered

psychotherapeutic practice is one of the main aspects of DMP and is based on the concept of

active imagination (Jung, 1997). Research has shown that AM helps to regulate emotions

(Musicant, 1994) and express prohibited ones (Garcia-Diaz, 2018; Lucchi, 2018). The basic

form of AM involves a mover with (at least) one witness, who observes, benignly and

TBMA in Taiwan

nonjudgmentally, as the mover moves spontaneously for a predetermined duration with closed eyes in the presence of the witness. AM helps to reveal unconscious material through non-goal-oriented, expressive movement and an awareness of images, sensations, thoughts, and emotions (Payne, 2006; Garcia-Diaz, 2018; Wiedenhofer, Hofinger, Wagner, & Koch, 2017).

When the body is better connected to the mind and unconscious material comes to the surface, explanations of symptoms can occur spontaneously. Activities that are related to topics in TBMA are encouraged to allow "meeting the symptom, perception of symptom, symptom as symbol, mapping the symptom, mindful movement, and sensation of symptom" to occur (Payne, Roberts, & Jarvis, 2019, pp. 5–7). This approach goes beyond clients including symptoms as part of their description of themselves; it encourages them to actively accept their symptoms as part of the process of life, thus promoting resilience, leading to recovery. Actively creating meaning from symptoms can result in feelings of being in control.

Some people with MUS may be "overwhelmed by their symptoms" and worry about what will happen if their symptoms disappear (Payne & Brooks, 2019, p. 7). To overcome

TBMA in Taiwan

this fear, a trusting relationship must be established between the facilitator and the client,

such as by setting ground rules and conversing at the beginning of, and throughout, the

meetings, establishing the facilitator as a benign, non-judgemental and acceptable witness. In

addition, in group discussion, bodily symptoms can be normalized, and fear reduced.

Moreover, "gestures and postures to represent the sensation of the symptom may bring

meaning to the forefront and in-depth knowing" (Payne & Brooks, 2019, p. 7). More

examples of how TBMA addresses symptomology can be found in Payne and Brooks (2019,

2020).

Third, a structured approach may be more suitable for therapy or counselling groups for

people in Chinese cultures (Hsiao, Lin, Liao & Lai, 2004; Lin, 2002). TBMA was designed

to be incorporated into 10 weekly 2-hour sessions. Each session is structurally similar,

beginning with verbal sharing in which every participant checks-in, followed by a warm-up

to encourage the participants to connect to their body. Some group themes may emerge at this

stage. Following this, AM practice is carefully introduced. In dyads or as a group,

participants can individually choose from art materials provided to develop additional

connections and to further explore their experiences with AM. This is then followed by

journaling and verbal sharing within the group at the end of the session. This semi-structured

TBMA in Taiwan

design, including rituals and predictable activities, was developed because TBMA is intended

for people with MUS, and this group usually needs more structured activities to feel safe

(Whooley & Simon, 2000; Payne & Brooks, 2019).

Group participants tend to perceive the therapist as a teacher and therapeutic sessions as

classes in Taiwan (Lee, 2014). This perception might be because relational hierarchy is a

characteristic of collective cultures (Zhang, Lin, Nonaka & Beom, 2005), and it cannot be

avoided in educational and therapeutic settings. Structured sessions may feel more natural

due to the Taiwanese perceptions of social hierarchy, and since the role taken by the group

facilitation in TBMA is close to that of a leader or teacher, this familiarity can provide a

sense of security. This also supports the idea of self-management in TBMA. Being part of a

learning group may be suitable for this population in Taiwan because teaching is an

important part of the technique in traditional Chinese medicine; thus, they are likely to

consider that learning from a teacher and practicing new skills in real life are important parts

of recovery.

There is TBMA training for dance movement psychotherapists and others with a

suitable background, but it is not necessary for trainees to be teachers, or for the structure of

the sessions to be rigidly fixed; these are simply proposed adaptations to traditionally

TBMA in Taiwan

Western therapeutic approaches that assume shared ideas of individuality and equality (Watts, 2017) for Taiwan. In addition, further modifications of the sessions in the light of the differences in cultural characteristics can be beneficial.

Fourth, developing stronger individualistic characteristics while finding balance between self and others is necessary. TBMA allows the pursuit of social role playing in collectivistic culture. AM facilitates social relationships and can increase the ability to seek social support (Garcia-Diaz, 2018; Stromsted, 2009). This method can encourage clients' exploration of their actual and ideal selves and their social roles, and these considerations could decrease the distance between these factors, which can be an element in depression. When participants are witnessed by another or when they have witnessed others, their anxiety around seeing and being seen may be aroused. They may seek to cope with their anxiety in an intensive dual relationship, and the following questions may need to be processed: "Who am I?"; "What do I want to be in front of people?"; "What is my actual self?"; "Do I want to share my actual self with my partner?"; "What is my authentic self?"; and/or "Do I do what I genuinely want to or what I think others witness wish to see?" These may have parallels with their relationships with their parents, partners, children, and friends and may be critically related to their thoughts, feelings, and emotions toward their selves and social roles. In this context,

TBMA in Taiwan

TBMA can help clients reflect on their social relationships and the problems or struggles they

have while playing their social roles. In addition, an inner witness gradually develops within

each participant throughout the sessions. The participants can enjoy the unconditional

acceptance of their facilitator and group, internalize this acceptance, and finally replace their

critical self-monitoring with a softer, more sensitive, and kinder inner witness. This becomes

self-compassion, which is essential for self-management, and which, in turn, increases their

compassion for others (Payne & Brooks, 2020).

Taiwanese psychologists suggest that rather than repairing individuals' ethical

relationships, the aim of psychotherapy should be to assist participants as they seek to

distance themselves from their ethical relationships and reconsider the role that ethics plays

in their lives (Yee et al., 2004). Following this approach, these scholars propose that clients

should explore themselves in what they term a "non-space" (Yee et al., 2004, p. 302), which

can refer to a therapeutic space. Here, clients can explore themselves without considering

their interpersonal obligations or social expectations. Ultimately clients can be expected to

assimilate and live well with what they have experienced and learned in the given space.

A space that is seen as a non-space is created in the discipline of AM practice and is

central to TBMA methodology. The witness and mover share a space in which they explore

intra- and inter-relationships each as a whole person, such that streams of thoughts, sensations, images, feelings, emotions, and memories can flow through the bodily movement or witnessing. In AM, participants can distance themselves from ethical requirements while simultaneously exploring their ethical requirements in interpersonal relationships.

Hypothesis

In conclusion, a quasi-experimental design is utilized in this research which attempts to adopt Western-developed methods (RGT) to examine the effectiveness of a Western-developed treatment, TBMA. This intervention culturally adheres to four aspects including 'body-mind integration', 'holistic treatment', 'structured treatment' and 'balance between self and others'. The RGT method is adopted because it is culturally sensitive and can be used to observe changes in the construct system in terms of social roles. Along with traditional questionnaires that are relatively more objective, RGT provides personal information of one's perception of social roles with a scientific method.

This article draws upon data from a study of Taiwanese women with depression and their movement qualities (Cipolleta, Lin, Winter, & Payne, 2017; Lin, 2016; Lin & Payne, 2019; Lin & Winter, 2020) that examined whether TBMA could effectively decrease

TBMA in Taiwan

depression, MUS distress, and the rigid perception of the necessity to play social roles. The

specific hypotheses investigated were as follows:

i)   Depression would decrease after the 12 TBMA sessions.

ii)   MUS would decrease after the 12 TBMA sessions.

iii)   The level of tightness would decrease after the 12 TBMA sessions.

iv)   The distance between actual self and ideal self would decrease after the 12 TBMA

         sessions.

v)   The distance between actual and ideal selves and social roles would decrease after

         the 12 TBMA sessions.

In addition to examining these hypotheses, a case study was performed to provide an

additional exploration of the effectiveness of the intervention group for an individual.

Methodology

Participants

Ethical approval for the research was obtained from the School of Psychology Ethics

Committee, University of Hertfordshire (protocol number is PSY/06/12/YCL). Following

TBMA format, two groups were set to meet for 12x2-hour sessions: one group of 12 women

with depression and the other of 12 women without depression. All participants were older

TBMA in Taiwan

than 18 years and were from Taipei. A snowball sampling method was adopted using an advertisement on Facebook to recruit women without depression. The women with depression were referred by their psychiatrists. The inclusion criteria were mild to moderate depression, at least one MUS, and no other mental health symptoms, such as psychotic symptoms or mania, that could lead to any diagnosis other than depression.

The mean age of the group with depression was 34.91 years (standard deviation (SD) = 11.56), and the mean age of the group without depression was 34 years (SD = 6.54). The women in Group 1 (with depression) presented with mild to moderate and recurrent depressive disorder, were seeing a psychiatrist regularly, and were taking medication. Five participants in Group 1 and one participant in Group 2 (without depression) withdrew during the intervention. Four among the five participants in Group 1 withdrew because they said they were too busy to keep attending the group, the remaining one participant said that 'it is not the right time to attend a group' because she thought her emotions were unstable and felt uncomfortable being in a group. The one participant who withdrew in Group 2 reported that the sessions did not match her expectations as she expected to dance, but the facilitator requested that she 'move'. The remaining seven participants in Group 1 and 11 participants in

TBMA in Taiwan

Group 2 completed all the sessions and returned the post-group assessment and three- and

six-month follow-up assessments.

All participants were asked to complete the Taiwanese Depression Scale (TDS) (Yu, Liu,

& Lee, 2008), the Screening for Somatoform Symptoms-7 (SOMS-7) (Rief & Hiller, 2003),

and an RGT one week before the beginning and after the end of the 12-week group and three

and six months later.

Measures

Taiwanese Depression Scale (TDS)

The TDS is a 22-item self-report scale designed by Yu, Liu, and Lee (2008) that uses a

4-point Likert-type scale. Its reliability and validity have been verified as satisfactory (Yu,

Liu, & Lee, 2008). In this scale, cognitive, emotional, physical, and interpersonal dimensions

are considered.

Screening for Somatoform Symptoms-7 (SOMS-7)

The design of the SOMS-7 (Rief & Hiller, 2003) is based on the somatic symptoms

mentioned in the DSM-IV and the International Statistical Classification of Diseases and

Related Health Problems, 10th Revision (ICD-10). The scale includes 53 items and ranges

from a rating of 0 (= not at all) to 4 (= very severe).

TBMA in Taiwan

Repertory Grid Technique (RGT)

In this study, 10 elements regarding the self and social roles were implemented: actual self, me as a mother (if I were a mother), me as a wife (if I were a wife), me as a daughter, me as a woman, ideal self (how I would like to be), how other people would like me to be, and how my father, my mother, and a normal person would like me to be. Once the 10 constructs were obtained, the participants were asked to rate each element on a scale of 1 to 7 for each construct to produce quantitative data. The analysis of the qualitative data is shown in the case study. IDIOGRID analytical software was utilized to analyze the quantitative data and perform single-grid Slater analyses (Slater, 1977) and assess the distances between elements for each participant (Connabeer, 2013). Tightness refers to tight construing, which was analyzed by principal component analysis. A principal component analysis can measure the percentage of variance within the construct system accounted for by the first component. The higher the percentage of variance accounted for by the first principal component is, the more tightly organized and one-dimensional the individual's construing (Winter, 1992).

Results

Changes in levels of depression and somatization

TBMA in Taiwan

Regarding hypotheses one and two, the levels of depression decreased only slightly (Graph 1), and the difference was not statistically significant (Table 1). The decreasing trend in the level of somatization reached statistical significance (Graph 2). In Group 1, the difference between the post-group and first follow-up reached statistical significance (Z = -1.859, p = 0.032), and the difference between the pre- and post-group was nearly statistically significant (Z = -1.577, p = 0.058). In addition, the difference between the pre-group and first follow-up in Group 1 was statistically significant (Z = -2.197, p = 0.014). Moreover, the overall changes in somatization in Group 1 were statistically significant (X^2 = 7.721, p = 0.026) (Table 2).

Insert Graph 1, Table 1, Graph 2 and Table 2 here

Change of tightness

Regarding hypothesis three, the trend in the changes in the tightness level across the four assessments in both groups is shown in Graph 3. For Group 1, the trend showed a slight decrease, while the trend for individuals without depression slightly increased from the first to the third assessments. However, the changes did not reach statistical significance in either group. The overall changes in tightness over the four assessments in both groups also did not reach statistical significance.

Changes in the distances between actual and ideal selves, actual self and social roles, and

ideal self and social roles

Regarding hypotheses four and five, unsurprisingly, the trend in the distance between

actual self and ideal self in Group 1 was greater than that in the non-depression group (Group

2) at all time points (Graph 4). However, the changes did not reach statistical significance in

either group. Regarding changes in the distance between actual self and social roles

(including me as a mother, me as a daughter, and me as a wife), while no statistical

significance was seen in Group 1, there was a statistically significant difference in the Group

2 in the assessments before and after the intervention and between the postintervention

assessment and first follow-up (Graphs 5 and 6). The overall changes over the four

assessments in the Group 2 also reached statistical significance. This was similar to findings

regarding the distance between ideal self and social roles, but only the overall changes over

the four assessments reached statistical significance in Group 2.

Case study from Group 1

TBMA in Taiwan

A case study is presented to help present the quantitative results in a more individualized and detailed way. YuHui (a pseudonym) was a 43-year-old participant from Group 1 in the above study. She was divorced for several years before the intervention and had two daughters: one was 12 years old, and the other was 13. YuHui was living with her two daughters and her boyfriend and was unemployed. She had been diagnosed with depression five years prior and began taking medicine and receiving psychotherapy after that point. She showed great interest in participating in a TBMA group when informed of the opportunity and emailed the researcher several times asking when the group would start.

Changes in the results at the four repertory grid assessments

Table 3 shows that YuHui's somatization and depression scores decreased significantly throughout the study. In addition, her tightness level also obviously decreased. This may represent a growth in flexibility in her perception of herself, her social roles, and her relationships, a change that is mirrored in the decrease in both her depressive and somatic symptoms.

Her changes in the distances between elements over the four assessments were mainly focused on the distance between her actual self and ideal self and between these two selves and her social roles. In addition, the changes in how she construed these elements are

addressed. Generally, the distance between her actual and ideal selves decreased over the four

assessments, and the changes in the distances between her actual self, ideal self, and social

roles went from long distances to short distances and then lengthened over time, illustrating

her process of reconstruing.

Insert Table 3 here

Graphs 7 to 10 show YuHui's changes between the elements regarding her selves, social

roles and (her construing of) a normal person. Numbers in squares refer to distances between

elements, and adjectives in orange squares refer to construct poles that YuHui described as

the elements. Four assessments will be discussed separately in the following section.

Pre-group assessment

Distances of less than 0.5 show that the related elements are construed in a similar way,

and distances of more than 1.5 indicate that they are very differently construed (Winter,

1992). Graph 7 shows that her actual self was the most distant from her ideal self, with a

distance of 1.31. Her ideal self was rather close to 'a normal person' and 'how others would

like me to be'. Her actual self was close to 'me as a mother'. These findings indicate that

YuHui recognized other people's expectations of her and wanted to meet their expectations.

TBMA in Taiwan

She also seemed to idealize normal people and was quite dissatisfied with herself and did not

think she was a good mother.

This can also be seen qualitatively from the construct poles closest to her actual self and

herself as a mother. The cosines of the elements and construct poles provided by the

IDIOGRID program illustrate how YuHui construed the elements. Her actual self and self as

a mother were closest to "closely bound up with everyday life," "undeniable," "fear,"

"pressure," and "worry". YuHui identified herself with the above construct poles, which

seemed to be very negative. In contrast, her responses for "ideal self," a normal person," and

"how other people would like me to be" were closest to the four construct poles of "free and

unconstrained," "familiar with and knowing clearly about one's life," "no fear," and

"honestly accepting one's life."

Insert Graph 7 here

Post-treatment assessment

At the post-treatment assessment, the distances between her actual self and right-sided

elements decreased, and the distances between her actual self and social roles increased. In

addition, the distances among her ideal self, 'a normal person' and 'how other people would

like me to be' also increased. Furthermore, while the construct poles "unfamiliar" and

TBMA in Taiwan

"normal" are related to "how other people would like to be," "flaunty" is related to 'a normal person'. "Interesting," "fulfilled," and "curious" were better able to describe YuHui's ideal self. This suggests that after the intervention, YuHui generated her own ideas of what her ideal self could be and began to perceive it as dissimilar to "a normal person" and "how other people would like me to be," and she did not perceive the latter two elements as positively as she had at the first assessment. In addition, she seemed to idealize her image of a normal person less and began to perceive her actual self as more like a normal person than previously. At the second assessment, she perceived herself to be "complicated," "heavy," and "not feeling easy." Although her actual self was still distant from her ideal self, she seemed to be less bound up with negative emotions.

Insert Graph 8 here

First follow-up assessment

At the third assessment, her actual self was closer to her ideal self, while her ideal self was more distant to 'a normal person' and 'how other people would like me to be'. In addition, her actual self was closer to social roles and 'a normal person'. This result suggests that YuHui was even more self-accepting, had come to perceive her social roles as being more integrated and began to perceive herself more as a normal person. This could be a sign

of relief from depression, as people with depression tend to recognize themselves as being different from others (Neimeyer, 1984). Moreover, YuHui may have become more opinionated about her expectations of herself and her perception of being a woman, with these becoming more and more different from other peoples' expectations.

Notably, YuHui became less emotional at the time of this assessment. She described her actual self as relating to "problems that needed to be dealt with first," "me as a mother," and "need to face" and her ideal self as "manageable." This result may be representative of becoming less depressed, and it echoes the obvious decrease in her depressive scores, as emotional constructs are used less often by people without depression (Feixas, Montesano, Erazo-Caicedo, Compan & Pucurull, 2014).

Insert Graph 9 here

Second follow-up assessment

At the fourth assessment, the distance between her actual and ideal selves continued to decrease, indicating YuHui's greater self-acceptance. In contrast, the distance between her ideal self and "how other people would like me to be" and between her actual self and "a normal person" were again as large as at the time of the first assessment. Examining the construct poles, she reported the following perceptions regarding these elements: her actual

self was close to "lessons in everyday life," "emergency," and "need to face"; her ideal self was close to "satisfied" and easy"; "how other people would like me to be" was close to "cannot see," "no need to manage," "not lessons," and "not that urgent"; and "normal person" was close to "simple" and "easy". Thus, YuHui saw that the way she perceived herself and other people's expectations might not be incompatible. In addition, she cared more for her actual self than for meeting other people's expectations, unlike at the time of the pre-intervention assessment. Consequently, she seemed to come to value herself more over the course of the sessions.

Insert Graph 10 here

Changes in movement qualities

YuHui's movement qualities through the 12 TBMA group sessions are also notable and may help to explore her changes as a whole from another perspective. The sessions were videotaped, and from the Laban movement analysis conducted YuHui's most used movement qualities were light and in a small kinesphere. In the middle of the sessions, light movement was replaced by bound movement. At the end of the sessions, the most used movement qualities became strong and bound.

TBMA in Taiwan

These findings show that at the beginning of the sessions, YuHui's kinesphere was small and did not show much strength. Gradually, YuHui started to move with more strength because more strength is needed when performing bound movement than when performing light movement. However, the quality of bound movement is more similar to a 'passive' way of showing strength. At the end of the sessions, she showed her strength in a more active way because of the use of strong movement, which may indicate a decreased level of depression.

Discussion

According to the results of the questionnaires, TBMA can only effectively decrease the level of distress in the somatization but not in the depression. This result is consistent with the results in Payne's pilot study (Payne & Stott, 2010) and in the subsequent studies (Payne & Brooks, 2016) that the decrease in somatization distress is more obvious than that in depression. This might be because participants in the depression Group 1 were already taking antidepressant medication, so their symptoms were controlled, making any decrease in depression less obvious.

Regarding the RGT results, tightness, and distances between elements, TBMA seems not to be effective enough to make significant differences. The decrease in tightness was not

TBMA in Taiwan

obvious for either group. Although the distance between the actual and ideal selves decreased

for both groups, the effectiveness of TBMA could not be determined because the results did

not reach statistical significance. Regarding the decrease in the distance between the actual

and ideal selves and social roles, surprisingly, TBMA seemed to be more effective for people

without depression than for their counterparts. This might be because people without

depression are more resilient and find it easier to acknowledge new concepts due to their

lower level of tightness; thus, they are consequently more willing to change. In addition, the

effectiveness of TBMA for social roles is uncertain.

In the case study, YuHui's social roles and her actual and ideal selves did indeed seem

to be more integrated as the sessions went on, and she became more flexible (exhibiting

lower levels of tightness) in her perception of social relationships. By closely examining

YuHui's constructs at the four assessment time points, the details of her quantitatively

decreasing levels of depression and MUS distress related to changes in constructs can be

better understood.

YuHui seemed to become more self-accepting and came to value herself more during

the intervention. This is illustrated through two aspects. First, the distance between her actual

and ideal selves lessened. Second, the distance between her ideal self and her idea of how

TBMA in Taiwan

other people would like her to be and that between her ideal self and a 'normal person' went

from being close to each other at the first assessment to distant from each other at the fourth

assessment. This could represent a journey of reconstruction of her ideal self for YuHui:

going from identifying her ideal self as similar to others' expectations, to perceiving that her

expectations were different from those of others', and then to perceiving that construing her

own ideal self might not necessarily mean being different from others, or others'

expectations. In addition, YuHui seemed to idealize her view of how other people would like

her to be and how a normal person is less after the intervention, and, she created her own

perception of what her ideal self might be.

Observations relating to cultural adaptation are also relevant here. During the

sessions, the concept of health preservation (養生, *yang sheng*) organically emerged and was

linked to the aims of the group, namely, enabling self-management, staying both physically

active and psychologically healthy, and increasing wellbeing. The idea of health preservation

originated in traditional Chinese medicine and is a commonly encountered concept in modern

Taiwanese society. Health preservation refers to the balance between body and mind and is

"based on the rhythm of life, the activities that can maintain body, reduce diseases, enhance

health and promote longevity" (Chen, Zhong, & Tsai, 2010, p?). From this perspective,

TBMA in Taiwan

TBMA meets the second issue mentioned above, an appropriated treatment for MUS in

Taiwan cannot be limited to the symptoms and should be holistic. Health preservation is quite

compatible with the aims of TBMA, which are not to diminish the symptoms but to manage

them sufficiently to live well with them to increase wellbeing.

Due to the flexibility of TBMA it can combine other elements, the facilitator (trained in

DMP and TBMA, was a Taiwanese woman who knew of health preservation) caught the

concept that is merged naturally in the group discussion and involved this concept into the

groups. For example, the participants were invited to listen to, and care for, their bodies and

minds during the treatment, and the sessions became part of what they recognized as

activities of health preservation. In this context, TBMA may be close to the participants'

culture, assisting them to achieve what they had already recognized.

Another example is that in Chinese medicine, in order to achieve full relaxation of body

and mind, one must 'do something different' to show adjustment of their personal life values,

beliefs, and actions to achieve by observing one's inner world (Chen, Zhong, & Tsai, 2010).

Therefore, in TBMA, the facilitator addressed practices that participants could perform in

their daily lives and provided advice at the end of each session.

TBMA in Taiwan

TBMA entails a journey of self-knowledge and preservation of health to move toward

wellbeing. Therefore, the idea of health preservation integrates well into TBMA affording its

implementation to have an improved cultural fit.

The research limitations are addressed here. First, the small sample size of this study

makes the statistical power of the results relatively weak. Therefore, future research should

consider enrolling more participants. Moreover, all the participants were living in Taipei, the

capital city of Taiwan. As the most modernized city in Taiwan, this living area may have

been associated with bias. Modernization may influence perceptions of social roles and selves.

Third, the participants with depression (Group 1) were all taking medication, and they had

mild to moderate depression. Medication can also influence changes in the levels of

depression. Fourth, this was the first time the facilitator had conducted TBMA groups, and

this lack of experience may also have influenced the effectiveness of the treatment.

Hopefully, the findings of this study can introduce an alternative approach for

addressing MUS in Taiwan and provide a different cultural perspective regarding the

practice of TBMA. However, more research into the wider effectiveness of TBMA and its

practice in different cultures, including Taiwan, is needed. In addition, culturally related

therapeutic factors associated with TBMA must also be researched further. For example, the

TBMA in Taiwan

four aspects investigated could be both quantitatively and qualitatively researched as could

participants' subjective experiences and changes in their attitudes towards their ethical

relationships.

Conclusion

This article reports the findings of a preliminary study examining the effectiveness of

Western-developed TBMA for women with depression in Taiwan. To better assess the

cultural specificities, an RGT was adopted to examine clients' perceptions of their selves and

their social roles in addition to assessments of depression and MUS. This article argues that

TBMA is suitable to adopt in Taiwan for four reasons: body-mind integration, holistic

consideration, structured sessions for learning self-management and balance between self and

others.

TBMA may be more effective for decreasing distress levels in MUS than for alleviating

depression in women from Taiwan. Changes in tightness and distances between selves and

social roles are insufficient to evaluate its effectiveness. However, the case study participant

with depression and MUS became better self-integrated after the intervention, when

compared to pre-intervention assessments and her levels of depression, MUS distress, and

tightness all decreased.

TBMA in Taiwan

This research contributes to both theoretical and practical fields. Theoretically, the RGT is a highly culturally sensitive method to investigate individuals' psychological changes in terms of their construct systems, which can be very useful along with the use of traditional questionnaires. This research also provides an example of adopting Western theories in indigenous psychology. Practically, TBMA can be an alternative treatment for MUS with co-morbid depression in Taiwan. For further research, similar studies with larger sample sizes are needed. Moreover, systematic TBMA involving health preservation should be developed, and its theoretical support and effectiveness need further exploration.

TBMA in Taiwan

References

Bell, R. C. (2020). Poems as self-characterization. *Journal of Constructivist Psychology*, 1-12.

Blazer, D. G. (2005). *The age of melancholy:" major depression" and its social origins*. New York: Taylor & Francis.

Broomhall, A. G., & Phillips, W. J. (2020). Collective harmony as a moderator of the association between other-referent upward counterfactual thinking and depression. *Cogent Psychology*, *7*(1)*,* 1714833.

Chang, M. X. L., Jetten, J., Cruwys, T., & Haslam, C. (2017). Cultural identity and the expression of depression: A social identity perspective. *Journal of Community & Applied Social Psychology*, 27(1), 16-34.

Chen, P. H., & You, S. Y. (2001). 台灣的家庭文化與家庭治療 [Cultural and family therapy in Taiwan]. *Asian Journal of Counseling, 8*(2), 153-174.

Chen, F. P., Chen, T. J., Kung, Y. Y., Chen, Y. C., Chou, L. F., Chen, F. J., & Hwang, S. J. (2007). Use frequency of traditional Chinese medicine in Taiwan. *BMC Health Services Research*, *7*(1), 26.

TBMA in Taiwan

Chen, M. F., Zhong, Q. S., & Tsai, B. K. (2010). 銀髮族的養生認知與旅遊需求之研究 [Research on the perception of health preservation and demand of traveling for older population] *Agricultural Extension Anthology*, *55*(8), 117-126.

Chen, P. H. (2009). A counseling model for self-relation coordination for Chinese clients with interpersonal conflicts. *The Counseling Psychologist*, *37*(7), 987-1009.

Chen, X.Z. (2015). 心身症 [Somatic symptom disorder]. *National Taiwan University Hospital E-news, 97.* Retrieved from https://epaper.ntuh.gov.tw/health/201512/ project_1.html.

Cipolleta S., Lin, Y., Winter D., & Payne, H. (2016). Beyond mind and body: Person in (inter)action. In: D. Ａ. Winter, P. Cummins, H. Procter, and N. Reed (Eds.), *Personal construct psychology at 60: Papers from the 21ˢᵗ International Congress* (209-226). Newcastle upon Tyne, UK: Cambridge Scholars Press.

Connabeer, R. (2013). Train drivers' experiences of witnessing a railway suicide: A repertory grid study. *Thesis submitted in partial fulfillment for a PhD.* University of Hertfordshire.

Edwards, T. M., Stern, A., Clarke, D. D., Ivbijaro, G., & Kasney, L. M. (2010). The

TBMA in Taiwan

treatment of patients with medically unexplained symptoms in primary care: a review of

the literature. *Mental Health in Family Medicine*, *7*(4), 209.

Frantzis, B. (2008). *The Chi revolution: Harness the healing power of your life force.*

California: Blue Snake Books.

Feixas, G., Montesano, A., Erazo-Caicedo, M. I., Compañ, V., & Pucurull, O. (2014).

Implicative dilemmas and symptom severity in depression: a preliminary and content

analysis study. *Journal of Constructivist Psychology*, *27*(1), 31-40.

García-Díaz, S. (2018). The effect of the practice of authentic movement on the emotional

state. *The Arts in Psychotherapy*, *58*, 17-26.

Henderson, A., Harmon, S., & Newman, H. (2016). The price mothers pay, even when they

are not buying it: Mental health consequences of idealized motherhood. *Sex

Roles*, *74*(11-12), 512-526.

Hong, L. C., & Chen, P. H. (2003). 諮商員專業發展歷程之文化反省經驗 [Cultural

reflections in counselor professional development] *Bulletin of Educational Psychology,

35*(1), 1-18.

Hong, L. C., & Chen, P. H. (2005). 台灣諮商人員對西方諮商與華人文化信念衝突

TBMA in Taiwan

的轉化經驗 [Cultural shock in counseling: The experiences of Taiwanese counselors] *Bulletin of Educational Psychology, 37,* 79-98.

Hong, L.C. (2018). A review study of counseling ethics research between 1986-2017 in Taiwan [台灣諮商輔導倫理研究之回顧與展望]. *Chinese Journal of Guidance and Counseling, 53,* 151-189.

Hsiao, F. H., Lin, S. M., Liao, H. Y., & Lai, M. C. (2004). Chinese inpatients' subjective. experiences of the helping process as viewed through examination of a nurses' focused, structured therapy group. *Clinical Nursing*, *13*(7), 886-894.

Hsieh, S. (2019). 一個本土諮商師在家族治療的學習經驗與反思 [A Local Counselor's Experience and Reflection in Family Therapy]. *Journal of Counseling Psychology & Rehabilitation Counseling, 33*, 29-44.

Hsu, L. K., Wan, Y. M., Chang, H., Summergrad, P., Tsang, B. Y., & Chen, H. (2008). Stigma of depression is more severe in Chinese Americans than Caucasian Americans. *Psychiatry: Interpersonal and Biological Processes*, *71*(3), 210-218.

Huang, W. L., Chen, T. T., Chen, I. M., Ma, H. M., Lee, M. T., Liao, S. C., & Gau, S. F. (2016). Depression and anxiety among patients with somatoform disorders, panic

TBMA in Taiwan

disorder, and other depressive/anxiety disorders in Taiwan. *Psychiatry Research*, *241*,

165-171.

Hwang, K.K. & Hu, X. J. (1988). *人情與面子：中國人的權力遊戲 [Favor and Face:*

Chinese power game]. Taipei: Chuliu publisher.

Hwang, K. K. (2011). The mandala model of self. *Psychological Studies*, *56*(4), 329.

Jin, S.R. (2010) 心理位移之結構特性及其辯證現象之分析：自我多重面向的書寫與敘說

[Structure characteristics of psychological displacement and its dialectical phenomenon:

narratives of the multidimensional self] *Chinese Journal of Guidance and Counseling,*

28, 187-229.

Jung, C.G. (1997). *Jung on active imagination.* J. Chodorow (Ed.). New Jersey: Princeton

University Press.

Kelly, G.A. (1955). *The psychology of personal constructs*. New York: Norton.

Kelly, G.A. (1970). A brief introduction to personal construct theory. In D. Bannister (Ed.),

Perspectives in Personal Construct Theory (3-20). London: Academic Press.

Kleinman, A. (1977). Depression, Somatization and the New Cross-cultural Psychiatry.

Social Science & Medicine, 11(1), 3-10.

Kleinman, A., Good, B.J., & Good, B. (1985). *Culture and depression: Studies in the anthropology and cross-cultural psychiatry of affect and disorder.* California: University of California Press.

Knyazev, G. G., Kuznetsova, V. B., Savostyanov, A. N., & Dorosheva, E. A. (2017). Does collectivism act as a protective factor for depression in Russia? *Personality and Individual Differences*, *108*, 26-31.

Koç, V., & Kafa, G. (2019). Cross-cultural research on psychotherapy: The need for a change. *Journal of Cross-Cultural Psychology*, *50*(1), 100-115.

Koh K.B. (2018) *Stress and Somatic Symptoms*: *biopsychosociospiritual perspectives.* Cham: Springer.

Lan, P. C. (2018). *Raising Global Families: Parenting, Immigration, and Class in Taiwan and the US*. Stanford: Stanford University Press.

Lee, T. C. (2004). Development of Dance Therapy in Taiwan. *American Journal of Dance Therapy, 26*(1), 47-49.

Lee, T. C. (2014). Trilogy of body imaginary: Dance/movement therapy for a psychiatric patient with depression. *The Arts in Psychotherapy*, *41*(4), 400-408.

TBMA in Taiwan

Lee, Y. T. (2018). Reflection on culture-inclusive concept of Bowen theory and practice in

Chinese culture. *Chinese Journal of Guidance and Counseling, 53*, 23-44.

Lin, H. T. & Wang, C. H. (2018). 台灣輔導與諮商專業的繼承與開展:本土輔導與

諮商專業發展的回顧與探索 [Inheritance and Development of Taiwan's Guidance and

Counseling Profession: Review and Exploration of the Development of Local Guidance

and Counseling Profession] *Chinese Journal of Guidance and Counseling, 53*, 1-22.

Lin, Y. C., & Payne, H. (2014). The BodyMind Approach™, medically unexplained

symptoms and personal construct psychology. *Body, Movement and Dance in

Psychotherapy*, *9*(3), 154-166.

Lin, Y.C. (2016). *Cultural-related depression in Taiwanese women and the application of the

bodymind approach.* Thesis submitted in partial fulfilment of a PhD, University of

Hertfordshire.

https://uhra.herts.ac.uk/bitstream/handle/2299/23623/14074812%20Lin%20Yu-Chi%20

final%20PhD%20submission.pdf?sequence=1

Lin, Y., & Payne, H. (2019). Movement speaks of culture: A study focusing on women with

depression in Taiwan. *The Arts in Psychotherapy*, *64*, 39-48.

Lin, Y.C., & Winter, D. (2020) Construing and depression in Taiwanese women.

Journal of Constructivist Psychology, 1-12.

Lin, Y. N. (2002). The application of cognitive-behavioral therapy to counseling. Chinese. *American Journal of Psychotherapy*, *56*(1), 46-58.

Liu, S. H., Hung, J. P., Peng, H. I., Chang, C. H., & Lu, Y. J. (2016). Virtue existential career model: A dialectic and integrative approach echoing eastern philosophy. *Frontiers in psychology*, *7*, 1761.

Lu, L. (2008). The individual- and social-oriented Chinese bicultural self: Testing the theory. *Journal of Social Psychology*, *148*, 347-373.

Lucchi, B. A. (2018). Authentic movement as a training modality for private practice clinicians. *American Journal of Dance Therapy*, 40:300–317 305.

Ma-Kellams, C. (2014). Cross-cultural differences in somatic awareness and interoceptive accuracy: A review of the literature and directions for future research. *Frontiers in Psychology*, *5*, 1379.

Malterud, K. (2000). Symptoms as a source of medical knowledge: understanding medically unexplained disorders in women. *Family Medicine-Kansas City*, *32*(9), 603-611.

Musicant, S. (1994). Authentic movement and dance therapy. *American Journal of Dance Therapy*, *16*(2), 91-106.

TBMA in Taiwan

Neimeyer, R.A. (1984). Towards a personal construct conceptualization of depression and

suicide. In F.R. Epting & R.A. Neimeyer (Eds.), *Personal meanings of death:*

applications of personal construct theory and mental health (41-88*)*. London: Croom

Helm.

Papadopoulos, N. L., & Röhricht, F. (2018). A single case report of body oriented

psychological therapy for a patient with chronic conversion disorder. *The Arts in*

Psychotherapy, *61*, 38-43.

Payne, H. (2006). The body as container and expresser: Authentic movement groups in the

development of our wellbeing in bodymindspirit. In J. Corrigall, H Payne & H

Wilkinson (Eds.*), About a Body. Working with the embodied mind in psychotherapy*

(162-180)*. London: Routledge.

Payne, H., (2009a). Medically unexplained conditions and the BodyMind approach.

Counselling in Primary Care Review, 10(1), 6-8.

Payne, H., (2009b). The BodyMind Approach[TM] to psychotherapeutic group work with

patients with medically unexplained symptoms: a review of the literature, description of

approach and methodology selected for a pilot study. *European Journal for Counselling*

and Psychotherapy, 11(3), 287-310.

TBMA in Taiwan

Payne, H. (2009c). Pilot study to evaluate dance movement psychotherapy (the BodyMind

Approach) with patients with medically unexplained symptoms: participant and

facilitator perceptions and a summary discussion. *International Journal for Body,*

Movement & Dance in Psychotherapy, 5(2), 95-106.

Payne, H., & Stott, D. (2010). Change in the moving bodymind: Quantitative results from a

pilot study on the BodyMind Approach as groupwork for patients with medically

unexplained symptoms. *Counselling and Psychotherapy Research, 10*(4), 295-307.

Payne, H., & Brooks, S. D. M. (2015). The Body speaks its mind: The BodyMind

Approach® for patients with medically unexplained symptoms in primary care in

England. *Arts in Psychotherapy, 42*, 19-27.

Payne, H., & Brooks, S. D. (2016). Clinical outcomes from The BodyMind

Approach® in the treatment of patients with medically unexplained symptoms in

primary health care in England: Practice-based evidence. *The Arts in Psychotherapy*, *47*,

55-65.

Payne, H. (2017). The BodyMind Approach®: Supporting the wellbeing of patients with

chronic medically unexplained symptoms in primary health care in England. In V.

TBMA in Taiwan

Karkou, S. Oliver, & S. Lycouris (Eds.), *Oxford Handbook Dance and Wellbeing* (769-789).

Payne, H., & Brooks, S. D. (2017). Moving on: The BodyMind Approach® for medically unexplained symptoms. *Journal of Public Mental Health*, *16*(2), 63-71.

Payne, H., & Brooks, S. D. M. (2019). Medically unexplained symptoms and attachment theory: The BodyMind Approach®. *Frontiers in Psychology*, *10*, 1818.

Payne, H., Roberts, A., & Jarvis, J. (2020). The bodymind approach® as transformative learning to promote self-management for patients with medically unexplained symptoms. *Journal of Transformative Education*, *18*(2), 114-137.

Payne, H & Brooks, S (2020). A qualitative study of the views of patients with medically unexplained symptoms on The BodyMind Approach®: Employing embodied methods and arts practices for self-management. *Frontiers in Psychology*, *11*, 3223.

Payne, H. (2021). The BodyMind Approach® to support students in higher education: The relationship between student stress, medically unexplained physical symptoms and mental health. *Innovations in Education and Teaching International*. Accepted for publication.

Rief, W. & Hiller, W., (2003). A new approach to the assessment of the treatment effects of

somatoform disorders. *Psychosomatics, 44*, 492-498.

Rin, H., (2007). *文化精神醫學的贈物：從台灣到日本* [A gift of cultural clinical

psychiatry: from Taiwan to Japan]. Taipei: PsyGarden.

Röhricht, F., Zammit, I., & Papadopoulos, N. (2018). Novel primary care treatment package

for patients with medically unexplained symptoms: a cohort intervention study. *BJGP

open*, *1*(4).

Röhricht, F., Sattel, H., Kuhn, C., & Lahmann, C. (2019). Group body psychotherapy for the

treatment of somatoform disorder-a partly randomised-controlled feasibility pilot

study. *BMC Psychiatry*, *19*(1), 120.

Ryder, A. G., Yang, J., Zhu, X., Yao, S., Yi, J., Heine, S. J., & Bagby, R. M. (2008). The

cultural shaping of depression: somatic symptoms in China, psychological symptoms in

North America. *Journal of Abnormal Psychology*, *117*(2), 300.

Sanders, T., Winter, D., & Payne, H. (2018). Personal constructs of mind-body identity in

people who experience medically unexplained symptoms. *Journal of Constructivist

Psychology*, 1-16.

Sayar, K., Kirmayer, L. J., & Taillefer, S. S. (2003). Predictors of somatic symptoms

TBMA in Taiwan

in depressive disorder. *General Hospital Psychiatry*, *25*(2), 108-114.

Shen, A. C. T. (2005). Factors in the marital relationship in a changing society: A Taiwan case study. *International Social Work*, *48*(3), 325-340.

Slater, P. (1977) *The measurement of intrapersonal space by Grid Technique. Volume 2. Dimensions of intrapersonal space.* London: John Wiley & Sons.

Stromsted, T. (2009). Authentic Movement: A dance with the divine. *Body, Movement and Dance in Psychotherapy*, *4*(3), 201-213.

Tsai, P.L., Tsai, J.L. & Shih, R.H. (2014). 身心症之中醫診療病例報告 [Chinese medicine treatment of somatization disorder: A case report] *Journal of North Taiwan Chinese Medicine, 6*(1), 37-48.

Tseng, W. S. (1975). The nature of somatic complaints among psychiatric patients: the Chinese case. *Comprehensive Psychiatry*, *16*, 237-245.

Triandis, H.C. (1996). The psychological measurement of cultural syndromes. *American Psychologist, 39*(9), 1006-1016.

Tung, M.P. (1994). Symbolic meanings of the body in Chinese culture and somatization. *Culture, Medicine and Psychiatry, 18*(4), 483-492.

TBMA in Taiwan

Wang, C.H., Liu, S.H., Sun, S.H., & Shiah, Y.J. (2017). 文化脈絡中的危機、轉機與復原力：本土諮商心理學研究的方向、目標與策略[Crisis, chance, resilience and culture context: probing into the direction, goal and strategy of indigenous counseling psychology] *Chinese Journal of Guidance and Counseling*, *50*, 1-28.

Wang, X. Y. (2001). 現代人的文明病—身心症 [Somatoform disorder as a modern disease in modern society] *Kaohsiung Medical University Institutional Repository, 20*(11), 3.

Watson, S., & Winter, D. (2005). A process and outcome study of personal construct psychotherapy. In D. A. Winter & L. L. Viney (Eds.), *Personal construct psychotherapy: Advances in theory, practice and research* (335–346). London: Whurr.

Watts, A. (2017). *Psychotherapy east & west*. California: New World Library.

Wayne, J.K. & Edward, A.W., (1998). Medically unexplained symptoms in primary care. *Journal of Clinical Psychiatry*, *59*, 15-21.

Wen, J.K. 2005. 關係取向心理治療 [Guanxi oriented and individual oriented psychotherapy]. *Taiwanese Journal of Psychiatry, 19*, 100-109.

Whooley, M. A., & Simon, G. E. (2000). Managing depression in medical outpatients. *New. England Journal of Medicine*, *343*(26), 1942-1950.

TBMA in Taiwan

Wiedenhofer, S., Hofinger, S., Wagner, K., & Koch, S. C. (2017). Active factors in dance/movement therapy: Health effects of non-goal-orientation in movement. *American Journal of Dance Therapy*, *39*(1), 113-125.

Winter, D. (1992). *Personal construct psychology in clinical practice: theory, research and application.* London: Routledge.

Winter, D. (1994). Personal construct theory in Europe: how do the spectacles fit? In: A. Thomson & P. Cummins, (Eds.,). *Perspectives in European PCP*. EPCA.

Wu, R.N. (2010). 四大身心症，為何女多於男？[Why more women than man suffer from four types of somatic symptoms?] *Common Health Magazine, 139*. Retrieved from https://www.commonhealth.com.tw/article/article.action?nid=62225

Xu, S.H. (1996). 中醫的心身觀念與心理治療啟示 [The concept of mind and body in Chinese medicine in light of psychotherapy] In: W. X. Zong, (Ed.), *Chinese psychology and psychotherapy* (pp. 391-416). Taipei: Gui Guan publisher.

Yakushko, O. (2020). On the dangers of transnational influences of Western psychology: Decolonizing international perspectives on women and therapy. *Women & Therapy*, 1-19.

Yang, X. (2016). Self-compassion, relationship harmony, versus self-enhancement: Different

ways of relating to well-being in Hong Kong Chinese. *Personality and Individual*

Differences, *89*, 24–27.

Yee, D.H., Lee, W.L., Lin, Y.S., Yu, A.B., Chen, S.H., Hsu, M.T., Shieh, B.L., & Shieh, S.M.

(2004). 倫理療癒作為建構臨床心理學本土化的起點[Ethical healing as the starting

point for indigenization of clinical psychology] *Indigenous Psychological Research in*

Chinese Societies, *22*, 253-325.

Yeh, P.L. (2017). 融合東西方文化思想建構個人諮商模式: 以三位專家諮商心理

學家為例 [Counseling and psychological therapy models integrated with East-West

cultural ideology constructed by Taiwanese counseling] *Indigenous Psychological*

Research in Chinese Societies, 48, 279-330.

Yu, M.N., Liu, Y.R., & Lee, R.H., 2008. 台灣憂鬱症量表的實用決斷分數編製報告 [The

practical usage of cutoff score in the Taiwanese Depression Scale] *Journal of*

Research and Development, *4*(4), 231-258.

Zhang, S.S., Hu, H.G., & Ye, Y.K., (2006). 身體化症之社區流行病學 [The pathology of

somatoform disorder] *Medicine Today*, *397*, 869-878.

Zhang, Y. B., Lin, M. C., Nonaka, A., & Beom, K. (2005). Harmony, hierarchy and

conservatism: A cross-cultural comparison of Confucian values in China, Korea, Japan,

and Taiwan. *Communication research reports*, *22*(2), 107-115.

Zong, W.X. (1996). 華文化中的心理疾病與社會心理問題 [The common psychological

disorders in Chinese culture and psycho-social problems]. In: W.X. Zong (Ed.) *Chinese

psychology and psychotherapy.* (271-294). Taipei: Gui Guan publisher.