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Taoist Cognitive Therapy: Treatment of Generalized Anxiety Disorder in a Chinese Immigrant Woman

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This case report describes the application of Taoist cognitive therapy (TCT) to a 32-year old Chinese (Fujianese) American immigrant woman with generalized anxiety disorder (GAD). TCT is a manualized adaptation of an indigenous psychotherapy developed in China (Zhang & Young, 1998; Zhang et al., 2002). Mrs. Liu received 16 sessions of TCT administered in Mandarin by a Chinese American social worker in conjunction with psychopharmacologic treatment. Sources of data included case notes, transcripts of session recordings, client thought records, and a battery of standardized measures. Mrs. Liu presented with significant guilt regarding her perceived failures to fulfill her filial obligations postmigration, which resulted in constant worry about family members' health, reassurance-seeking, and controlling behavior. Her anxiety and worry were conceptualized as the result of rigid attachments to beliefs, goals, and desires that are not reflective of the natural order of the universe (*Tao*). Mrs. Liu was guided in reevaluating stressful situations from the perspective of 8 Taoist principles that promote collective benefit, noncompetition, moderation, acceptance, humility, flexibility, *wuwei* (nonaction), and harmony with the laws of nature. Clinically significant reductions in anxiety, worry, and experiential avoidance were observed after 16 sessions. However, results were attenuated by the 4-month follow-up due to acute stress surrounding her husband's deportation proceedings. This case highlights how immigration-related stressors, including transnational family separation and cultural values, can shape the experience and expression of GAD. Further, the positive treatment response provides some evidence of the acceptability and applicability of TCT to Chinese immigrants with GAD.

Keywords: Taoism, anxiety, culturally adapted therapy, CBT, Chinese

> "Maybe there are two sides of things, a good side and a bad one. I should start thinking about the two sides of things. It makes me feel much better inside."
> – Mrs. Liu, a 32-year-old Chinese (Fujianese) immigrant with GAD

Despite their high levels of educational attainment and income relative to other ethnic groups, Asian Americans face acculturative stressors, discrimination, and other adjustment-related difficulties that increase risk for health and mental health problems (Leong, Park, & Kalibatseva, 2013; Zhang, Hong, Takeuchi, & Mossakowski, 2012). Anxiety is the most common manifestation of distress in this population, with one in 10 Asian Americans (10.2%) reporting a lifetime prevalence of an anxiety disorder (Hong, Walton, Tamaki, & Sabin, 2014).

Fortunately, extensive research supports the efficacy of psychotherapeutic treatments for anxiety disorders, particularly cognitive-behavioral therapies (CBTs; Borkovec & Ruscio, 2001; Chambless & Ollendick, 2001). Traditional CBTs are consistent with many Asian Americans' preference for short-term, problem-focused

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therapies involving direct guidance from a respected authority figure (Leong, Chang, & Lee, 2006). However, CBT's emphasis on rationality, linear reasoning, and a Socratic-style of discourse can conflict with Asian values of pragmatism, accommodation, dialecticism, and humility (Kim, Atkinson, & Umemoto, 2001; Young, Zhou, & Zhu, 2008). In recent years, mindfulness and acceptance-based behavioral therapies (AABTs) have emerged as a new class of CBTs (sometimes called "third-wave behavioral therapies" or contextual therapies) with growing evidence of their efficacy in treating a range of conditions, including anxiety (Roemer, Williston, Eustis, & Orsillo, 2013).

On the surface, these newer approaches would seem to be more culturally aligned with the values and practices of Asian immigrants than their predecessors (Hall, Hong, Zane, & Meyer, 2011). AABTs such as acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999), mindfulness-based cognitive therapy (Segal, Williams, & Teasdale, 2001), and dialectical behavior therapy (DBT; Linehan, 1993) are strongly influenced by Buddhist teachings that shift the focus away from evaluating the accuracy of thoughts and feelings, toward an appraisal of how individuals relate to these internal experiences. However as Hall et al. (2011) have observed, the philosophical insights and practices embedded in AABTs are largely stripped of their Asian spiritual and cultural origins. In adapting these approaches for a Western independent self that values active, direct coping responses, the ironic consequence is that these therapies are rendered less relevant to Asian Americans and others who share a cultural emphasis on the collective, interdependent self and a preference for indirect coping. Moreover, mindfulness training is used primarily in AABTs to foster nonjudgmental awareness and acceptance of unwanted internal experience, with relatively less attention paid to external realities including one's interconnectedness with others and the environment. This bias toward the self as the primary source of meaning and experience is not unique to AABTs, but is reflected in most psychotherapies developed or practiced in the West. Finally, like many other evidence-based therapies, AABTs have not yet been empirically tested for their effectiveness in treating anxiety in Asian Americans (Fuchs, Lee, Roemer, & Orsillo, 2013; Lau, Chang, Okazaki, & Bernal, 2016).

This case report describes the treatment of Mrs. Liu, a 32-year old Chinese American immigrant woman with GAD, using a culturally adapted CBT from China, Taoist Cognitive Therapy (TCT). Like the AABTs mentioned above, TCT draws from Eastern philosophy and teachings and integrates it with principles of CBT, including a focus on the role of worry and avoidance in the development and maintenance of anxiety. TCT also shares a focus on acceptance, including the realization that there are many experiences that are outside of one's control. Similar to DBT, TCT emphasizes dialectical thinking, the idea of continuous change, and the interdependence and unity of opposites. TCT also engages the client in an exploration of values, sharing a strengths-based perspective that is present in ACT.

At the same time, TCT is distinct from these AABTs in several key ways. First, the primary intervention is the explicit promotion of greater cognitive and behavioral alignment with Taoist principles, which emphasize an interconnected, relational self and a view of problems as the result of being out of step with one's environment and the natural order of the universe (of which the client is a part). (The interested reader is referred to Mitchell's excellent interpretation of Lao Tzu's *Tao Te Ching* (Lao Tzu, 2006) and Merton's (2010) translation of Chuang Tzu). Second, formal mindfulness training, including meditation, is not part of the TCT intervention package, nor is it central to case formulation. However, clients are encouraged in later sessions to engage in informal practices that cultivate a sense of stillness and quietude as a way of preparing the mind to observe clearly what is happening without distortion. It is possible that treatment effects may be partially mediated by individual differences in clients' trait mindfulness, although this hypothesis has not been empirically tested. Third, the moral authority of the clinician, guided by Taoist teachings, is made explicit and is conceptualized as an active ingredient that helps to enhance the credibility of the treatment. We observed that counselors in our study intuitively introduced TCT to their patients as drawing on traditional teachings from Chinese sages (Lao Tzu and Chuang Tzu) blended with modern scientific understandings of how anxiety is developed and maintained. In these ways, TCT may address some of the cultural incompatibilities of many AABTs, capitalize on the ascribed credibility of an ancient philosophical system, and present a novel cognitive-behavioral treatment approach for more culturally identified Chinese clients and others who identify with a more relational, interdependent view of the self.

TCT

TCT is an elaboration of Chinese Taoist cognitive psychotherapy (CTCP), a culturally adapted CBT developed in China by the psychiatrists Zhang Yalin and Derson Young (Young et al., 2008; Zhang & Young, 1998; Zhang et al., 2002). Like traditional CBT, TCT adopts the view that when clients learn more adaptive modes of thinking, affective and behavioral changes naturally follow. However, unlike CBT's emphasis on rationality and logic, clients apply a Taoist analytic to evaluate their thoughts, feelings and behavior.

Whereas Confucianism has fueled China's development through its emphasis on self-cultivation, collective responsibility, and social and family stability, obstacles and challenges often interfere with goal attainment (Feng, Cao, Zhang, Wee, & Kua, 2011). In these moments, Zhang and Young (1998) found that Taoism's emphasis on acceptance and conformity with natural laws helped to mitigate psychological suffering and stabilize the body and spirit (Lee, Yang, & Wang, 2009; Watts, 1975). Their clinical experiences guided their development of eight Taoist principles that form the basis of the CTCP approach (Young et al., 2008). Written in the traditional paired couplet form, the principles are presented as correctives to the cognitive distortions and unreasonable expectations that give rise to emotional distress.

Clinical trials of CTCP conducted in China found it to be more effective for the long-term treatment of anxiety than medications alone (Zhang & Young, 1998; Zhang et al., 2002). Zhang et al. (2002) randomized 143 Chinese patients with GAD to one of three treatment conditions: CTCP only, benzodiazapines (BDZ) only, or combined CTCP and BDZ. For the CTCP and combined treatment groups, patients received 1 month of weekly sessions lasting one hour each, followed by 5 months of biweekly sessions. Medication visits for the BDZ group were on the same frequency schedule but lasted only 10 min each. One month after beginning treatment, the BDZ and combined treatment group reported greater reductions in

symptom scores compared with patients who received only CTCP. However, after 6 months of treatment, the CTCP only and combined treatment groups reported significantly lower symptom scores compared to the BDZ group, whose scores increased to near intake levels. There were no differences in symptom scores between the CTCP and combined treatment groups after 6 months of treatment.

In 2009, the primary author launched a collaboration with Dr. Zhang and Dr. Cao Yuping to translate and adapt CTCP for Chinese immigrants in the United States. Following a multiphase adaptation process, the updated version of the approach, renamed TCT, updates and expands the CTCP approach in a number of ways including: elaborating the conceptual framework, revising procedures in the assessment phase, providing detailed instruction for Western-trained clinicians with minimal exposure to Taoism, and creating client handouts and materials to promote review and consolidation of concepts. Table 1 presents the eight Taoist principles/32-character formula with explanations written in lay language. A community-based pilot study is underway to assess the feasibility and clinical impact of TCT for GAD among Chinese immigrants. Below, we describe the application of TCT to a 32-year old Chinese immigrant client, Mrs. Liu (a pseudonym), with GAD.

Case Context and Method

Mrs. Liu received 16 sessions of TCT, delivered biweekly to monthly over the course of 1 year. Sessions were scheduled to accommodate the client's work schedule and family commitments. Treatment took place in an urban community health center that provides bilingual and bicultural services for Chinese clients. The therapist was a 30-year-old Chinese American female licensed clinical social worker with 4 years of clinical experience. She was born in the United States. and is fluent in English and Mandarin Chinese. The therapist identified as Christian with no exposure to Taoism. While she was trained in CBT, she did not have experience with manualized interventions. She received 12 hours of group training in TCT led by the first author, who also provided supervision to monitor fidelity and assist with case conceptualization. Sessions were structured according to the TCT treatment manual (Chang, Zhang, & Cao, 2013) and were conducted in Mandarin. Mrs. Liu was the first of several clients that the therapist treated as part of the pilot study.

Mrs. Liu and her therapist consented to participate in the pilot study, to have their sessions recorded for research and training purposes, and were informed that any identifying information would be removed in presentations and publications of her data. In this case presentation, identifying information and specific details of the case have been changed to preserve the client's anonymity. Mrs. Liu was compensated $85 for completing study measures and a debriefing interview.

Sources of data include case notes, transcripts of audio recordings of each session, client thought records and written homework assignments, supervision notes, self-report measures, and debriefing interviews with the client and therapist. Two outcome measures commonly used to evaluate treatment effects for anxiety disorders were administered to the client, the Penn State Worry Questionnaire (PSWQ; Meyer, Miller, Metzger, & Borkovec, 1990; Zhong, Wang, Li, & Liu, 2009) and the State-Trait Inventory for Cognitive and Somatic Anxiety (STICSA; Grös, Antony, Simms, & McCabe, 2007). The client completed these measures at baseline, Session 4, Session

Table 1
The Eight Principles of Taoist Cognitive Therapy: Client Handout

1. **Benefit without harm** [利而不害]: Focus your energies on the things that benefit yourself, others, nature, and the greater universe while minimizing harm. Take into account others' needs and interests and seek an outcome that benefits everyone. When you act in this way, people will respect and follow you. Do not take pleasure in others' misfortune, nor envy others' successes. Treat yourself and others with gentleness and compassion, not judging or criticizing too harshly, or casting blame for events outside of one's control.
2. **Act but do not compete** [為而不爭]: It is tempting to compare yourself with others and compete for status, approval, power, or money. Yet, defining yourself in relation to others can create harmful feelings of envy, shame, pride, or complacency. In striving to achieve your goals, do your best according to your own capacity. Accurately appraise your abilities, talents, and resources, as well as your limits and weaknesses so that you can set a realistic goal. Remember that the value of certain traits and abilities changes according to the situation.
3. **Limit possessions and moderate desire** [少私寡欲]: Desire can motivate you to set goals and cultivate yourself; however, the sea of desire is difficult to fill. Excessive desire creates stress, dissatisfaction and longing; it may cause you to behave in ways that are damaging to yourself, to others, and the environment. Therefore, strive to moderate your desire for material possessions, wealth, fame and social standing. There are others who have far less.
4. **Know when it is enough, know when to stop** [知足知止]: Peace and happiness come when we cease our striving, when we accept that we have achieved enough according to our abilities and needs, and are content. When doing something, know when you have done enough, when to stop and let go, and when to be satisfied with what you have. In so doing, we can avoid the harm and suffering that comes from selfish pursuits and excessive desire.
5. **Know harmony and be modest** [知和處下]: Harmony is the fundamental law of nature. Cultivating harmonious relationships and putting yourself in a humble position reduces conflicts and helps maintain group (family, workplace, community) stability and unity.
6. **The soft can overcome the tough** [以柔勝剛]: In life, there are frustrations, injustices, setbacks, and failures. Those who are hard and unyielding will crack like a piece of broken jade; those who are soft, flexible, and yielding will survive intact. Just as water can wear away the hardest of stones, when you are flexible, patient, and open to alternatives, you can weather even the most difficult challenges.
7. **Be clear and still and rest in nonaction (*wuwei*)** [清靜無為]: Cultivate a state of calm, quiet awareness so that you may see yourself, others, and the world as they are, and respond to events as they unfold naturally. Cultivate clarity through practices such as mindfulness, meditation, *qigong, taichi,* yoga, calligraphy, or prayer.
8. **Let nature take its course** [順其自然]: Do not resist the law of nature. Accept that there are many things that you do cannot control; rather there are natural laws governing how life unfolds. Therefore, strive to suit your actions to the present circumstances, without lamenting how things *should* be. In this way, you can achieve twice the results with half the effort and handle difficult tasks with skill and ease.

8, termination (Session 16), and at 4-month follow-up to monitor changes in worry and anxiety.

Case Description

Mrs. Liu is a 32 year-old woman who immigrated to the United States in 2001 from Fujian, China. She was previously divorced but remarried after settling in the United States. Mrs. Liu and her second husband had a 9-year-old daughter and she worked full-time as a cashier in a busy supermarket. She was referred for mental health services by her primary care provider for complaints of insomnia, guilt, anxiety, and intrusive thoughts that developed following the deaths of two close family members. Her assigned clinician gave Mrs. Liu a primary diagnosis of GAD with subclinical symptoms of posttraumatic stress disorder. She was also seen by a psychiatrist who initially prescribed Zoloft (25 mg) and Ativan (1 mg). Prior to enrolling in the TCT study, Mrs. Liu met with the therapist for five sessions of standard treatment, at a frequency of once every 3–4 weeks. These sessions targeted her acute symptoms of distress related to the deaths in her family. After five sessions of supportive therapy, the therapist determined that she was coping much better with the traumatic memories but still exhibited patterns of worry and avoidance. At that point, she was referred to the present study.

The Structured Clinical Interview for *DSM–IV–TR* (First, Spitzer, Gibbon, & Williams, 2002) confirmed a primary diagnosis of GAD with posttraumatic stress disorder in remission. Mrs. Liu's concerns centered on her "excessive" worries and sleep disturbances. As shown in Figure 1, she reported clinically significant levels of worry, anxiety, psychological inflexibility, and experien-

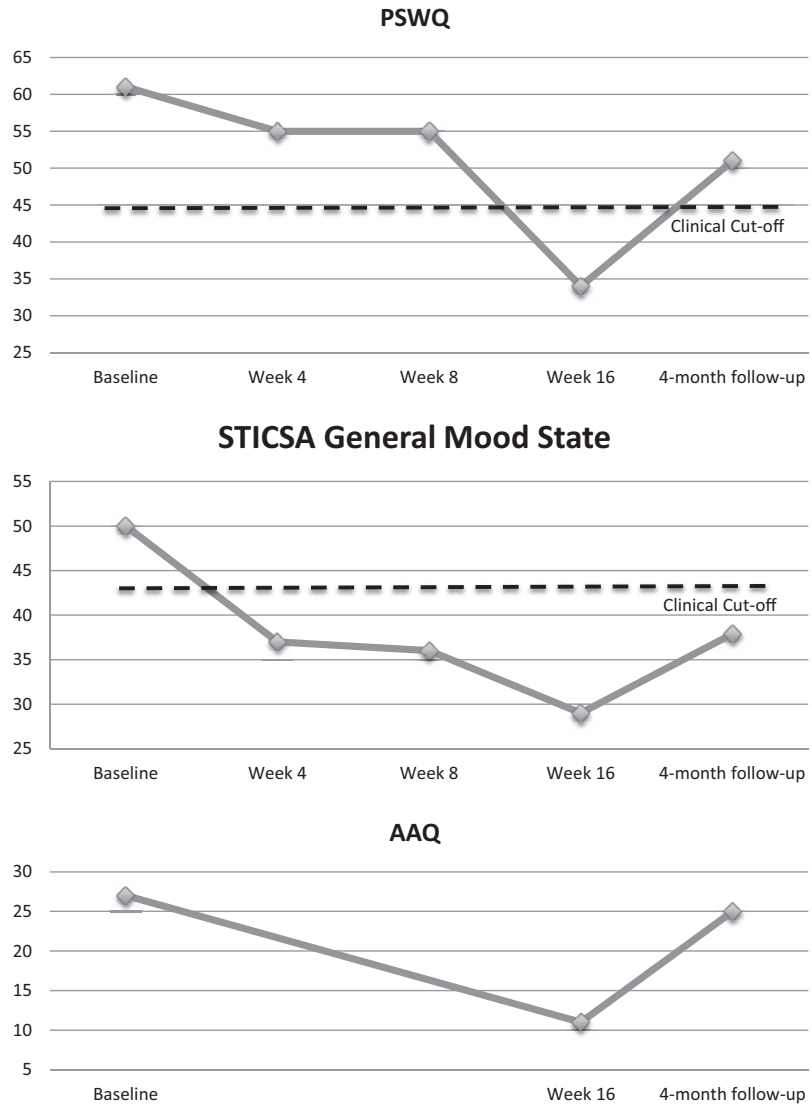

Figure 1. Changes in scores on the Penn State Worry Questionnaire (PSWQ), State-Trait Inventory for Cognitive and Somatic Anxiety (STICSA): General Mood State scale, and the Acceptance and Action Questionnaire-II (AAQ-II). The cutoff score is the value above which a psychological disorder is likely. Cut points were obtained from Behar et al. (2003) for the PSWQ and Van Dam et al. (2013) for the STICSA.

tial avoidance at baseline. Her score of 61 on the PWSQ (Meyer et al., 1990), which measures the frequency and intensity of worry, placed her above the clinical cutoff (>45) for generalized anxiety in treatment-seeking populations (Behar, Alcaine, Zuellig, & Borkovec, 2003). Her score of 50 on the STICSA: General Mood State (Grös et al., 2007), a measure of cognitive and somatic anxiety, also exceeded the clinical cutoff (>43; Van Dam, Grös, Earleywine, & Antony, 2013). On the Acceptance and Action Questionnaire-II (AAQ-II; Bond et al., 2011), Mrs. Liu's score of 27 indicated clinically significant levels of psychological inflexibility and experiential avoidance. She reported subclinical levels of depressive symptoms, although she did endorse sleep disturbances "several days over the prior two weeks" (Patient Health Questionnaire [PHQ-9]; Chen, Huang, Chang, & Chung, 2006; Kroenke & Spitzer, 2002). Interpersonal functioning scores were in the normal range (Outcome Questionnaire-45.2 [OQ-45.2]; Boswell, White, Sims, Harrist, & Romans, 2013).

Mrs. Liu's symptoms were precipitated by the traumatic discovery that the aunt and uncle who had raised her had died, a fact that was hidden from her for nearly a year by family members in China. Mrs. Liu felt upset and betrayed, while also blaming herself for not discovering the truth. She was preoccupied with guilt, sadness, and worry over the possibility that her aunt and uncle may have instructed the family to keep secret the news of their declining health to punish her for not informing them of her divorce. While Mrs. Liu could acknowledge that her family may have been trying to protect her from emotional suffering, she had difficulty integrating this perspective into her understanding of the event. Thus, her cognitive rigidity at the level of core beliefs and worldview served to amplify her own emotional distress, a fact that she could readily acknowledge.

The same was true of Mrs. Liu's perception of her compulsive behaviors, as her worries began to expand to the health and safety of other family members. Hearing about a plane crash, a bomb scare, or natural disaster in the news would prompt frantic efforts to contact family members to reassure herself of their safety and persuade them not to travel or take unnecessary risks. Once, after she failed to contact her brother despite numerous attempts, she drove 3 hrs to his home so that she could confirm his safety. Mrs. Liu also reported avoiding close friends out of worry that they would inquire about her family and trigger distressing memories. She recognized that her safety behaviors were excessive and debilitating, but she was driven to seek safety and control over her environment and others' behavior. In addition, Mrs. Liu reported persistent worries that her husband would be deported and sent back to China due to his undocumented status in the United States.

On the demographic form administered during the baseline assessment, Mrs. Liu reported that she did not identify with a particular religious or spiritual belief system and indicated that she was "not at all" familiar with Taoism. However, on the Chinese Values Survey (Chinese Culture Connection, 1987), which asks individuals to rate their values on a scale from 1 (*not important at all*) to 9 (*extremely important*), Mrs. Liu reported moderate endorsement of the Taoist values of *harmony with others* (score = 6), *humility* (9), *moderation* (6), *adaptability* (7), and *contentedness with one's position in life* (9). Additional items included for this study also found moderate ratings for *the Tao* (5) and *unity of Yin and Yang* (6), but low ratings for *harmony between man and nature* (1). These findings were consistent with the perspective shared by several clinicians that Taoist values inform the cultural perspective of their clients, even if they do not identify with Taoism as a religion.

Mrs. Liu continued to receive medications as an adjunct to therapy. She remained on Ativan (when necessary) for sleep, but discontinued the Zoloft shortly after beginning TCT due to its side effects. Her psychiatrist tried a variety of medications including Trazodone and Neurontin, before settling on Ativan and Seroquel by Session 9. However, Mrs. Liu frequently missed her medication visits, and the psychiatrist and therapist assumed that she was not fully compliant with her medication regimen.

Case Formulation and Treatment Plan

Treatment Overview

TCT views anxiety as the cognitive and behavioral manifestations of one's rigid attachment to beliefs, goals, and desires that are not reflective of the natural order of the universe (*Tao* 道). The principle of *yinyang* (阴阳) observes that all things in the universe exist in polarity, that is any two opposites complement and depend on each other for their existence (Lee et al., 2009). For example, goodness cannot exist without evil, and evil arises in opposition to goodness. Safety requires danger for existence, just as danger emerges in contrast to safety. By focusing on only one side of the balance, we develop a distorted understanding and fear of its opposite that is reinforced by experiential avoidance. In this way, the TCT approach is consistent with the cognitive avoidance theory of GAD (Borkovec, Alcaine, & Behar, 2004), a convergence that our updated treatment approach makes explicit.

The heart of the CTCP approach is analysis of the client's rigid, maladaptive patterns of responding and the development of alternative responses that acknowledge the interconnectedness of all living beings and the natural order of the universe (the *Tao* 道), including the cyclical process of change. The central Taoist idea of *wuwei* (无为), sometimes translated as "nonaction," "actionless action," or "nondoing," involves more than simply accepting ourselves and the world as it is. Rather it involves relaxing the grasping, desiring ego to observe and respond to events as they unfold naturally (Watts, 1975). Thus, *wuwei* involves an active but effortless stance toward harmonious balance. The client learns a more flexible way of responding to aversive events (both intrapersonal and extrapersonal), decreases avoidance behaviors, and cultivates greater balance between one's internal standards, values, and wishes and the interconnected world in which she lives. A Taoist metaphor used to illustrate *wuwei* is water. Water is clear, flexible, and soft; yet it is also powerful and persistent, moving past obstacles in its path (Lao Tzu, 2006, Chapter 8; Lee et al., 2009; Watts, 1975).

The basic TCT model consists of 14 individual sessions. The treatment is conducted in three stages: (a) orientation and assessment (four sessions), (b) Taoist doctrine instruction and application (four sessions), and (c) internalization and reinforcement (four sessions), with an additional two sessions focusing on preparing the client for termination. However, there is some flexibility to add sessions as needed: for example, if acute stressors emerge that require immediate attention. In Mrs. Liu's treatment, two more sessions were added to Stage 3 to process concerns about her husband's undocumented status. Stage 1 (orientation and assessment) focuses on assessing and exploring the client's current

difficulties. The therapist provided psychoeducation about GAD and introduced the cognitive model of anxiety. Handouts, including thought records, were used to promote review and application of concepts. An initial case formulation was developed based on an analysis of the client's presenting problems in the context of her coping responses and values framework, which was updated as treatment progressed. In Stage 2 (Taoist doctrine instruction and application), the client was introduced to the eight Taoist principles (see Table 1), and guided in applying them to specific concerns. The principles prescribe actions that promote collective benefit, noncompetition, moderation, acceptance, balance and harmony with natural laws, and *wuwei*. These sessions follow a structured outline, including agenda setting, homework review, didactic instruction, discussion, and feedback. Toward the end of this stage, the therapist and Mrs. Liu reviewed all eight Taoist principles and identified those that were most applicable to her life situation. Stage 3 (internalization and reinforcement) focuses on helping the client internalize and independently apply the principles, and develop strategies to cope with future stressors and worries. Two final sessions are devoted to summarizing treatment progress and preparing the client for termination.

Case Formulation and Treatment Plan

Mrs. Liu presented for treatment preoccupied with her family's concealment of her aunt and uncle's deaths and her own failure to detect this, alongside persistent worries regarding her family's safety and well-being. In the first stage of treatment, she was also plagued by significant guilt that she did not tell her uncle and aunt about her divorce. While they had instilled in her the value of honesty, she did not want them to worry about her, given the stigma attached to divorce. Mrs. Liu ruminated over whether they had learned about the divorce and had decided to keep their own illness secret to punish her. Thus, an additional source of distress was her belief that she had failed to fulfill her filial duties and further, had violated her family's teachings about honesty and integrity.

Formal assessments of values confirmed the importance of family and the cultural value of filial piety in shaping Mrs. Liu's experience of these events. On the Chinese Values Survey (Chinese Culture Connection, 1987) completed at baseline, she rated the value of filial piety as a 9 (*extremely important*), the highest score on the 9-point scale. In the third session, the therapist engaged Mrs. Liu in an exploration of her values using the Valued Living Questionnaire (Wilson, Sandoz, Kitchens, & Roberts, 2010). She described the importance of family and her duty to care for family members both locally and in China. She also discussed her worry that her cousin who was undergoing surgery might die from complications. Mrs. Liu wondered whether she should go to China to persuade him not to have the surgery. However, doing so would mean facing the relatives whom she felt had betrayed her. In response, the therapist shared with the client a brief case formulation that included a description of how worries interfere with her ability to align her actions with what matters most to her:

> Therapist: To a great extent, your behaviors match your personal values. But sometimes you avoid things that are important to you, because you are afraid to confront them and the possible outcomes. As you have said before, you have considered going back to China to see your family, but you are afraid. Yet, you realize that what you desire may not be under your control, for example your family's health and safety. So under these situations, worrying is your way of coping. But we also realize that worrying more does not [increase your ability to] achieve your desired outcome and only increases your anxiety over time.

In this session, the therapist presented the client with a handout that described the cycle of worry, and suggested that Mrs. Liu's worries may serve an avoidance function, allowing her to avoid emotional processing of aversive emotions (Borkovec et al., 2004). They also explored how her belief in the benefits of worry—that she could protect her family through close monitoring—was reinforced through the cultural value of filial piety. In other words, she could rationalize her excessive worries within a more positive cultural framework. Mrs. Liu's worries were reinforced further by her repeated and successful efforts to seek reassurance from family members. This pattern of worry and experiential avoidance prevented a full emotional processing of her grief and fears of losing another loved one. It also prevented Mrs. Liu from accurately challenging the distortions and assumptions underlying her catastrophic style of thinking, and strained her relationships with others.

Whereas the cognitive model of anxiety explains how worry is maintained in TCT, Taoist philosophy guides analysis of the cognitive distortions that contribute to negative affect. From a Taoist perspective, three distortions may been seen as central to her distress: (a) her belief that, according to the virtue of filial piety, she *should* do everything in her power to ensure her family's health, (b) that this includes seeking to control and shape others' behaviors, and that (c) in so doing, she can reduce the risk of future harm. A traditional CBT approach may label these distortions as *should statements*, the *fallacy of personal control*, and *fortune telling* (Burns, 1980) and use logic and evidence to challenge the validity of these beliefs. However, Taoism presents the world as having a natural rhythm of its own. Like water, the conditions of life are fluid and in constant flux. Those who respond in harmony with natural laws can adapt to life's ebb and flow with ease (Watts, 1975).

As this case formulation evolved over time, Mrs. Liu and the therapist worked to connect these principles and their behavioral implications to her values, which included a commitment to family, filial piety, honesty, and respect. The discussion of values provided a framework for understanding the situations that were most stressful, and helped to clarify her treatment priorities. Besides her initial goals of reducing worry and improving her sleep, Mrs. Liu also began to express a desire for help in accepting the limited control she had over her family's safety. Further, she hoped that treatment would address her feelings of guilt related to her aunt and uncle's deaths.

Therapist and Relational Factors

Using a problem-focused and didactic style, TCT relies on the therapist to hold "expert" knowledge that is shared with the client. While this is the cultural script embedded in TCT, Mrs. Liu and her therapist reported a strong working alliance, which may have

contributed to the effectiveness of the treatment. Mrs. Liu completed the Working Alliance Inventory-Client version (Tracey & Kokotovic, 1989) during Weeks 4, 8, and 16 (termination). Her ratings ranged from 6.83 to the maximum score of 7.00 across the three assessment periods. During the debriefing interview, the therapist likewise reported having a close alliance with Mrs. Liu from the beginning, which grew even stronger toward termination: "I can feel that she trusts me a lot and she feels safe in therapy." Mrs. Liu reported the therapist to be supportive, understanding, and encouraging, which enhanced the client's positive expectations that treatment would be helpful.

Course of Treatment and Monitoring of Treatment Progress

At the end of Stage 1 (orientation and assessment), Mrs. Liu rated the credibility of TCT and expectations for treatment success (Devilly & Borkovec, 2000). On a scale from 1 to 9 (*high credibility/expectancy*), responses averaged 5.3 (*credibility*) and 5.6 (*expectancy*). These scores suggested that she was receptive to the treatment but did not hold overly high treatment expectations.

At the start of Stage 2 (Taoist doctrine instruction and application), the therapist's discussed the ancient origins of the principles that she would be teaching Mrs. Liu, situating them within a long and rich history of Chinese wisdom. The primary tasks of Sessions 5 to 8 involve teaching the eight Taoist principles (two per session) and applying them to stressful situations in Mrs. Liu's life. Thought records were used to help Mrs. Liu identify her reactions and apply one or more Taoist principles to promote a more balanced and flexible understanding of the situation.

By Stage 3 (internalization and reinforcement), Mrs. Liu had identified the Taoist principles that she found to be most applicable to the situations that caused the greatest stress and anxiety. As she became more skillful in applying the concepts to her life, she began to feel less anxious, more confident in her abilities to cope with the uncertainties of life, and more generous and understanding in interactions with her family. Mrs. Liu's mastery and internalization of the principles was undoubtedly enhanced by her own conscientious study; she described posting copies of the principles around her home, carrying copies in her pocketbook, and reviewing them each night before bedtime. The following clinical examples illustrate the application of Taoist principles to specific treatment targets in the context of the client's cultural context and value system.

Guilt and Worry About Family Members' Health

Mrs. Liu felt guilty that she was less able to take care of her family since she moved to the United States. Her guilt manifested in constant worry and persistent monitoring of others' health. After her father refused to see a doctor about his stomach pains, she threatened to have him tied up and forcibly transported to the doctor's office. Mrs. Liu viewed her feelings of guilt as punishment for her unfilial behavior, noting that she had not been able to call home as frequently during the past year due to mounting caretaking responsibilities for her daughter and her husband's ailing father.

In applying the pair of principles 利而不害,為而不爭 [Benefit without harm; Act and do not compete], Mrs. Liu began to see that while her caregiving behaviors were consistent with her values, her feelings of guilt were distorting her capacity to attune to her family's needs and causing harm as a result. In Session 8, the therapist helped Mrs. Liu see that while her desire to care for her family is grounded in a positive core value, there is a limit to what she can do:

Therapist: You want to put more effort into caring about them. But your living situation will not allow you to do that. 為而不爭 [Act and do not compete]. This principle relates to our standards toward ourselves. Like we said before, if we set the bar too high, it may be impossible to achieve our goals. This leads to dissatisfaction. So . . . in this domain, what demands do you have for yourself?

Mrs. Liu: They are not as high as before. Seriously. If it was the old me, I might go very extreme. But now, I think my bar has been lowered [to a more reasonable level]. Elders . . . if you force them to do something, they are more likely not to do it. But if you approach it from a softer way, like 以柔勝剛 [The soft can overcome the tough], you are more likely to reach your goal.

In this excerpt Mrs. Liu demonstrated the ability to recognize and relax her desire for control and to set a more reasonable expectation for herself given situational constraints. Moreover, she spontaneously applied a third principle [The soft can overcome the tough], as a more effective strategy for approaching her family about their health maintenance behaviors.

Psychological Inflexibility

Mrs. Liu's distress was exacerbated by her difficulty considering alternative reasons why her family may not have informed her about the deaths of her aunt and uncle. The therapist used several Taoist principles to promote dialectical thinking, or the capacity to view a situation from multiple perspectives and to balance seemingly contradictory information. In Session 9, Mrs. Liu discussed a coworker who had been diagnosed with cancer. Told he had only 6 months to live, he refused treatment and instead took his wife to travel the world without notifying her of his illness. Seeing the parallels in her own family, Mrs. Liu initially found her coworker's secrecy deplorable. Below, she considers how the Taoist principles may offer an alternative way of viewing the situation:

Mrs. Liu: 利而不害 [Benefit without harm]. If he told his wife about this, it wouldn't benefit him, and maybe neither his wife.

Therapist: On the other hand, if he doesn't tell his family during this 6-month period, maybe it will make them feel very bad at the end.

Mrs. Liu: It is a very uncertain situation. His relatives may not be mentally prepared at all for this death. So they might have similar thoughts like I did [in relation to her aunt and uncle's death], and not be able to accept the fact that he is gone. I would also choose to apply 清靜無為, 順其自然 [Be

clear and still and rest in nonaction, Let nature take its course]. Be happy, just let things happen.

Therapist: 順其自然 [Let nature take its course]. So what would that look like?

Mrs. Liu: He only has half a year left, and he accepts it, lets what is going to happen, happen. Maybe there will be a miracle if he is happy. Maybe his wife knows but pretends she doesn't . . . If he tells her, both of them are going to be unhappy. His wife will worry and he will worry about his wife. If he doesn't tell her, it will just leave behind good memories. Maybe this is just a white lie.

Therapist: So applying 利而不害 [Benefit without harm] is useful. For this person, not telling the truth may be beneficial to his family. But maybe there is the potential for harm as well.

Mrs. Liu: The good outweighs the bad.

Therapist: In his opinion. Of course everyone has different perspectives.

Mrs. Liu: Yes. Maybe his perspective is very similar to my aunt and uncle. My aunt and uncle didn't tell me as well.

Therapist: It sounds like when you are analyzing this situation, you notice that everyone has their own perspective. And it's easier now for you to accept other people's opinions that may differ from your own. Maybe these two principles 知和處下,以柔勝剛 [Know harmony and be modest; The soft can overcome the tough] can be applied here as well. It seems like you are not like who you were before, when you used to believe that only your view was correct. You also admit that people have different perspectives. It sounds like you are not as stubborn as you were before.

Mrs. Liu: Yes, really! In the past, I only considered my own perspective. These [principles] are really useful! My previous way of thinking was very extreme. But now, I'm able to consider more perspectives. Very good!

Therapist: Now these changes in your thinking can help you adapt to different situations.

The Taoist principles offer a philosophical counterpoint to Mrs. Liu's rigid judgments of right and wrong and encourage a more complex consideration of how the same event may have multiple meanings and effects. This allows her to feel empathy for the difficult decision faced by her colleague and, by extension, her aunt, uncle, and other family members. This marked a turning point in the therapy and precipitated substantial decreases in worry and anxiety by Session 16 (see Figure 1).

Experiential Avoidance

Mrs. Liu had always hoped to return to China one day. However, she found herself avoiding thoughts of returning home and expressed anxiety about facing the relatives whom she felt had betrayed her. By Session 10, she had begun to accept that her relatives might have had their own reasons for not disclosing her aunt and uncle's health status, including a desire to protect her. Below, she finds comfort in the principle 順其自然 [Let nature take its course], applying it to promote a more self-compassionate view of her own healing process:

> I want to "let nature take its course" and just take things one step at a time, depending on what happens. I have a plan, to go back to China someday. . . . But [rather than force herself to go before she is ready], maybe I will just "let nature take its course." Some day when I feel that particular moment has come, when I am free of burden, I will go back. Instead of avoiding that, I am facing it directly and acknowledging that I haven't reached that point yet.

Here, Mrs. Liu expresses a tentative acceptance of herself as working toward a goal that has not yet been achieved, but that may be achieved in time. This reveals the progress she has made in her capacity to acknowledge her fears and her growing awareness of herself as part of the natural order of the universe. She, too, is always changing and evolving in response to circumstances around her. This shift in perspective is accompanied by a notable decrease in her avoidance of thinking about going home and seeing her family one day.

Assessment of Treatment Outcome

Standardized Measures

A comparison of Mrs. Liu's scores before and after 16 sessions of TCT paired with medications shows clinically significant improvements in the target symptoms of worry and anxiety. Scores on the PSWQ and STICSA fell below the clinical cutoff of 45 and 43, respectively (Behar et al., 2003; Van Dam et al., 2013), placing her in the normal range of functioning (see Figure 1). Applying Jacobsen and Truax (1991) guidelines for calculating reliable change (RC) scores, Mrs. Liu's decrease of 27 points on the PSWQ between baseline and treatment completion was equivalent to an $RC_{completion}$ index of −4.88. An RC index of >1.96 is unlikely to occur by chance ($p < .05$). However, these effects were attenuated at the 4-month follow-up ($RC_{4\text{-month follow-up}} = -1.81$). A similar pattern was found on the STICSA: General Mood State measure ($RC_{completion} = -3.96$) although the magnitude of change was still clinically significant at the 4-month reassessment ($RC_{4\text{-month follow-up}} = -2.28$).

Scores on the AAQ-II, a measure of psychological inflexibility and experiential avoidance, also showed clinically significant gains at the end of treatment that were diminished at the 4-month follow-up ($RC_{completion} = -3.28$; $RC_{4\text{-month follow-up}} = -0.41$). Mrs. Liu's depressive symptoms changed from "mild" to "nonminimal" at the end of treatment, a change that was maintained at follow up (PHQ-9; Kroenke & Spitzer, 2002). Sleep disturbances decreased from "several days" in the two previous weeks to "none" by treatment end, but returned to baseline levels four months later. Interpersonal functioning was in the normal range at all three time points (OQ-45.2; Boswell et al., 2013).

Debriefing Interviews

Debriefing interviews were conducted at the end of treatment and 4 months later. In her first interview, Mrs. Liu expressed gratitude and satisfaction. She found TCT to be extremely helpful in improving her sleep, worries, and ability to view things in a more balanced way:

> Before, I couldn't fall asleep at all. But now, I do a lot of deep breathing to keep a clear mind. Also, my thoughts were very extreme. I didn't think of the positive side of the situation. I would only think about the worst-case scenario and all the bad things that could happen. But now, I think about the fact that a lot of people are not as lucky as I am. I am very lucky. My thoughts have changed.

Mrs. Liu named several Taoist principles that she found to be particularly helpful in promoting a new way of thinking and responding to stressful situations. The principle 清靜無為 [Be clear and still and rest in nonaction] helped her to be less impulsive in stressful situations, and to be more aware of her worries and fears instead of rushing to respond. This principle also helped her cultivate a greater sense of ease and calm, which she believed helped improve the quality of her sleep. "Now I can sleep for five and half hours. Before, I would sleep for an hour, then wake up from a scary dream, and then have difficulty falling back asleep. My sleep quality has improved." She also frequently applied 以柔勝剛 [The soft overcomes the tough] in interactions with her family.

After completing the 16 sessions of TCT, Mrs. Liu continued to see the therapist once a month for ongoing support as needed, as recommended by the treatment developers (Zhang et al., 2002). At the 4-month follow-up, Mrs. Liu reported that she continued to feel less worried and distressed than before treatment. However, due to recent life events, her mental state had worsened since the prior interview. Her husband was now facing deportation, which caused her to feel a great deal of stress and worry. Despite these stressors, Mrs. Liu reported that she was able to apply the principle 清靜無為 [Be clear and still and rest in nonaction But keep the] at the end to help calm herself and reduce her anxiety. Before each meeting with her lawyer and Immigration and Customs Enforcement officials, Mrs. Liu reminded herself of the principles and practiced calming strategies to promote greater clarity and stillness, including listening to a CD of ocean sounds. Her account suggests that the elevations seen on the outcome measures may be a temporary reaction to acute stressors rather than a failure to maintain treatment gains. Indeed her condition did restabilize and she discontinued the Seroquel two months after the second interview.

Discussion and Limitations

Mrs. Liu's case provides initial evidence that TCT can be applied successfully in United States clinical settings to treat Chinese immigrants with GAD. Quantitative findings suggest that TCT was helpful in decreasing Mrs. Liu's worry, anxiety, and avoidance behaviors, and increasing cognitive flexibility and acceptance of uncontrollable life events, including the health of family members back in China. However, limitations of the study include the use of standardized measures that were primarily normed in North America. While some of these measures have been translated and used with Chinese samples, further research is needed to establish specific clinical cutoff scores for Chinese outpatients. Further, it is difficult to disentangle the effects of TCT from the medications Mrs. Liu was taking at different points in the treatment, and the positive working alliance she had with the clinician. Despite these limitations, we note that that Mrs. Liu herself attributed her recovery to learning and applying the Taoist principles. This was unexpected, given that she reported no knowledge of Taoism prior to treatment and only moderate expectations that TCT would be helpful. Thus, it would not seem that positive expectancy effects were driving her initial treatment engagement, which makes her later perception of the usefulness of the TCT approach particularly noteworthy. Further, her treatment gains were facilitated by a United States-born Chinese American clinician who likewise had little formal exposure to Taoism.

In addition to illustrating how TCT may be applied to a Fuzhounese immigrant woman with GAD, Mrs. Liu's case illustrates how immigration-related stressors may increase risk for anxiety. In New York City, immigrants from Fuzhou represent the majority of new Chinese immigrants. As many as 50% are undocumented, entering the country through human smuggling networks in search of greater economic opportunities (Guest, 2011). Compared to other Chinese migrants, those from Fuzhou come from farming or fishing villages and have lower levels of education (Liang, 2001). Social class differences and cultural isolation contributes to the higher levels of postmigration stress reported by Fujianese women compared to those from other parts of China (Ying, Han, & Tseng, 2012). For Mrs. Liu, being separated from family members in China was both a significant source of stress and worry, as well as a means of avoiding dealing with feelings of guilt, betrayal, and loss.

Although Mrs. Liu had legal status, another major source of immigration-related stress and worry was her husband's undocumented status and deportation proceedings. While the effects of undocumented status are poorly understood among Asian Americans, Arbona et al. (2010) found higher levels of acculturative stress among undocumented Latino immigrants compared to their documented peers. Yet the undocumented status of loved ones increased acculturative stress even for those with legal status. This was certainly the case for Mrs. Liu, as the stress of her husband's deportation proceedings was reflected in an attenuation of treatment gains at the 4-month follow-up.

Mrs. Liu's illness narrative also highlights how cultural socialization shapes individuals' responses to life events and the development and maintenance of psychological disorders. The assessment process identified two key events as triggering her GAD symptoms: the family's decision to conceal her aunt and uncle's illness, combined with her failure to uncover the truth until it was too late. Whereas the death of a loved one is distressing for most people, Mrs. Liu's feelings of fear and helplessness at not being able to care for her aunt and uncle, or even know that they were suffering, was amplified by her internalization of a core Chinese value, filial piety. Filial piety, a Confucian virtue, is characterized by respect, obedience, and care for one's parents, elders, and ancestors. Involving many unspoken rules and societal expectations, filial piety encompasses both emotional connection and caring attention paid to elder family members as well as suppression of one's own wishes to satisfy elders' expectations (Yeh & Bedford, 2003). Mrs. Liu's decision to keep her divorce a secret was informed by a sense of filial responsibility not to burden or

worry her aunt and uncle, as well as the social stigma of divorce within the Chinese community (Chan, Chan, & Lou, 2002). Indeed, her growing sense of family disconnection and misalignment of cultural values and behavior was conceptualized as directly contributing to the development of her anxiety.

Confucian values such as filial piety, benevolence, social order, and ritual, are often incorporated into culturally adapted treatments for Chinese and other Asian Americans (Hsu & Wang, 2011; Hwang, Wood, Lin, & Cheung, 2006). Skills-building exercises, didactic instruction, and homework are also seen as consistent with the authoritarian dynamic that is common in Chinese healing relationships (Hodges & Oei, 2007; Hwang et al., 2006); these elements were also included in TCT. However, unlike the goal-directed focus of traditional CBTs, a unique feature of TCT is its emphasis on the Taoist principle of *wuwei* that can be more supportive of mental health in the face of stressors outside of one's control. Acting according to the *wuwei* principle does not involve struggle, desire, or excessive effort or control, but carries a sense of ease (Lee et al., 2009). On the surface, the concept of *wuwei* may appear similar to the stance of *acceptance* emphasized in ACT and other ABBTs. However, *wuwei* is more than simply accepting oneself and the world as it is. It involves an attentive awareness and spontaneous responding to situations, opportunities, and changing events as they present themselves. As such, it is both an active and passive stance that involves approaching events with open attention (vs. avoidance) and consideration for how one fits into a larger interconnected whole. As described in Principles 7 and 8, cultivating stillness and clarity of perspective allows one to determine the best course of action, one that is most harmoniously aligned with the Tao. Although mindfulness is not explicitly taught, TCT's focus on contemplation and acknowledgment of the ebb and flow of life is shared by mindfulness- and AABTs for anxiety (Orsillo & Roemer, 2005).

Implications and Recommendations

Implications for Clinical Practice and Theory

The successful application of TCT in Mrs. Liu's case suggests that clients and therapists need not be particularly knowledgeable about Taoism to benefit from or successfully apply the treatment. At the same time, Mrs. Liu's moderate endorsement of cultural values associated with Taoism likely enhanced her receptivity to the treatment approach. Similarly, the therapist's bicultural identity and experience with CBT may have facilitated her learning of the approach. While research is needed to determine the client and therapist characteristics associated with the effective application of TCT, the training process was designed so that even clinicians with little exposure to Taoism may effectively administer the treatment. Acknowledging that few Chinese today have formal exposure to Taoism, several clinicians in the pilot study preferred to introduce the treatment simply as grounded in "traditional Chinese wisdom," as the core Taoist principles have permeated Chinese secular culture and worldviews. De-emphasizing the Taoist nature of the intervention may increase its transportability to more acculturated Chinese (and also non-Chinese) clients and their therapists. However, to avoid assumptions about clients' value identifications, we recommend conducting formal assessments of clients' values and cultural identity to determine the cultural fit of the treatment, including the best strategy for introducing the eight principles.

Additionally, the combination of collaborative exploration paired with tailored didactic instruction, may be less autocratic than typical Chinese therapeutic relationships, as well as less egalitarian than typical North American therapeutic relationships. As such, the TCT approach may provide a useful "middle ground" for navigating the therapeutic relationship with Chinese immigrant clients. Lastly, it should be noted that both the client and therapist were matched on gender, in addition to ethnicity, language, and culture, which may have aided the development of the therapeutic alliance. Future studies will investigate the potential effect of these intersecting identities in treatment process and outcome.

Implications for Research

Further research is needed to determine TCT's effectiveness with a larger sample of clients and clarify its mechanisms of action. One possibility is that TCT offers clients a culturally meaningful explanation for their suffering and a strategy for restoring health (Frank & Frank, 1993). A recent meta-analysis found that the superior outcomes of culturally adapted psychotherapy over conventional, unadapted psychotherapy were moderated by one adaptation in particular: namely, altering the treatment's explanatory model of illness (e.g., illness myth) to more closely align with the client's own cultural beliefs (Benish, Quintana, & Wampold, 2011).

Whereas Mrs. Liu's initial style of coping hewed more closely to a Confucian value system (e.g., filial piety, proper social behavior), the Taoist view of life and its natural rhythms helped to explain why her prior coping efforts had not been successful. Although Mrs. Liu arrived to therapy facing significant interpersonal and immigration-related stressors, treatment did not focus on how she would "solve" these problems. Rather, it sought to teach her strategies to respond with greater flexibility and spontaneity to the natural unfolding of events, rather than seeking to control or force her will on others and the world. Thus, TCT may operate at least partially through the promotion of experiential acceptance, psychological flexibility, and engagement in value-congruent activity, similar to ACT (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Furthermore, the self-monitoring that is part of TCT and other CBTs may serve to enhance trait mindfulness, which may also contribute to reductions in anxiety. This possibility should be explored in future studies. Finally, while TCT was developed in a Chinese context and adapted for Chinese immigrants with GAD, research is needed to demonstrate its utility and efficacy for other disorders and populations.

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