

Literature Analysis of Psychotherapy Research on Phobia in China from 2011 to 2021—Proposal of Five-Acceptance Psychotherapy Strategy

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Abstract:

To understand the domestic research status of psychotherapy in the treatment of phobia, and propose localized psychotherapy strategies for phobia. Research literature on phobia psychotherapy was retrieved and analyzed based on CNKI database and online bibliometric analysis technology; localized psychotherapy strategies for phobia were established by cultural analysis. A total of 216 literatures were retrieved, including 46 literatures on the use of psychotherapy alone to treat phobia. The overall trend analysis indicates fluctuation in domestic research on phobia psychotherapy, and the overall literature volume is relatively small; the keywords with high frequency in the literature include "social anxiety disorder", "anxiety disorder", "social phobia" and "cognitive behavioral therapy". "Cognitive behavioral therapy" and "social anxiety disorder" co-occur frequently in the same literature. There are few domestic studies on phobia psychotherapy, the application of cognitive behavioral therapy to the treatment of phobia is more studied, the treatment strategies fail to integrate and localize several psychotherapy techniques. Hence, five-acceptance psychotherapy strategy with Chinese cultural characteristics is proposed for integration and localization needs based on Chinese cultural background, including perception strategy, acceptance strategy, discomfort strategy, tolerance strategy and enjoyment strategy.

Keywords: *Phobia, Psychotherapy, Bibliometric analysis techniques, Five-acceptance psychology strategy.*

I. INTRODUCTION

Phobia is a common mental disorder with a lifetime prevalence of 5%-25% and a median age of onset of 5-10 years. On average, only 27.6% phobia patients receive any treatment globally, and 9.8% receive potentially adequate treatment. Hence, there is a global need to improve phobia treatment level [1].

Regarding clinical phobia research, the earliest clinical case study is the case recorded by *Internal Injury, Confucians Duties to Their Parents*, an ancient book of Traditional Chinese medicine, in which Zhang Zihe, a famous doctor in Jin and Yuan Dynasties, treated Wei Dexin's wife [2]. At that time, a TCM psychotherapy method similar to systematic desensitization behavior therapy was adopted, which lack of systematic induction and later exploration based on modern scientific research ideas. Contemporary clinical research on phobia mainly involves drug therapy, psychotherapy, and psychological nursing [3,4]. In terms of psychotherapy, Li Yindi (1994) was the first in China to report the intervention on simple phobia from the perspective of psychological nursing [5]. The main intervention strategies then include health education, social support reconstruction and suggestive psychotherapy. In the following two decades, with the development of clinical psychology and the society's growing concern on phobia, various psychotherapeutic methods are used clinically, including systematic desensitization behavior therapy, cognitive behavioral therapy, and psychodynamic method. Also, gradually more research is conducted on phobia psychotherapy.

Based on the relevant domestic research literature in the past decade, this paper attempts to make a review of researches on the application of various psychological interventions on phobia, including psychotherapy and psychological nursing, and therefore provide theoretical support for the application of five-acceptance psychology strategy in the treatment of phobia.

II. CONCEPT DEFINITION

2.1 The Concept of Phobia

Phobia refers to a mental disorder with fear as the main clinical symptom without organic brain disease or other mental disorders [6]. In daily life, the patient will develop strong and often unnecessary fear of specific things and environment; when there is fear, the patient also exhibits obvious anxiety and autonomic symptoms, developing stress responses and active avoidance of these things or scenarios to relieve such anxiety [7].

The core symptoms of phobia are fear and tension, and the fear triggers severe anxiety and even panic. Depending on the object of fear, it can be divided into the following categories: (1) Social phobia, mainly almost uncontrollably immediate anxiety in social scenarios, with persistent and obvious fear and avoidance towards social scenarios; (2) Simple phobia, which is a strong and unreasonable fear or disgust towards a specific object or a highly specific scenario; (3) Place phobia, which is not only fear of open spaces, but also worry that it will be difficult to quickly leave crowded places, or anxiety due to unavailability of help [6].

2.2 The Concept of Psychotherapy

Earlier concept of psychotherapy originated from the psychoanalytic school, mainly referring to psychoanalysis based on free association and dream interpretation techniques [8]. As connotation of

psychotherapy changes and increases in variety, it is impossible for the original concept of psychotherapy to define all types of psychotherapy methods. Therefore, in the current general definition, psychotherapy is a formal process of interaction between the therapist and the client, the purpose of which is to let professionally and legally accepted therapist specializing in theories of personality origin, development, maintenance, change, etc. adopt treatments logically related to the theories to ameliorate the client's distress towards incompetence or dysfunction in any or all of the following areas: cognitive, affective, or behavioral function [9].

There are three main forms of psychotherapy: (1) individual psychotherapy, which is a commonly used form of psychotherapy, mainly in the form of individual conversations between therapists and clients; (2) group psychotherapy, which is conducted by therapist by organizing clients with similar problems together, mainly in the form of lectures, activities and discussions; (3) family psychotherapy, in this form, the therapist conducts family talks according to the relationship between the client and family members to establish a good family psychological atmosphere and psychological compatibility among family members, so that family members make joint efforts to help the client adapt to family life [10].

III. RELATED RESEARCHES ON PHOBIA PSYCHOTHERAPY

3.1 Bibliometric Analysis of Domestic Research on Phobia Psychotherapy

Using CNKI database and its online bibliometric analysis, a total of 216 research literatures in China in the past ten years were retrieved with the subject terms of phobia and psychotherapy. Where, there are 46 research papers on the use of psychotherapy alone to treat phobia. According to the overall trend analysis in Fig 1. the research on phobia psychotherapy in China generally fluctuates, there are few literatures in overall, indicating low attention to research on phobia psychotherapy domestically at present.

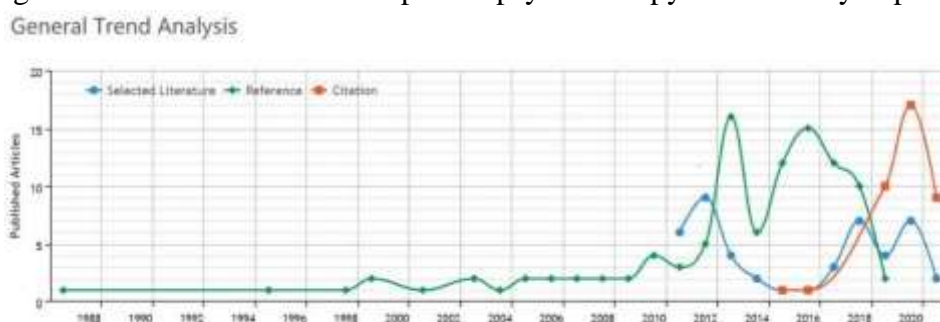


Fig 1: Overall trend analysis

Keyword co-occurrence network analysis suggests (Fig 2) that the keywords with high frequency in the research literature on phobia psychotherapy include “social anxiety disorder”, “anxiety disorder”, “social phobia”, “cognitive behavioral therapy”, “psychoanalysis”, etc., which reveals popularity changes of related studies, indicating that cognitive behavioral therapy alone for the treatment of phobia is more studied. The edge line is the line between keywords, whose thickness represents the number of times that

two keywords appear together in the same literature, indicating that there are more studies on the use of cognitive behavioral therapy alone for the treatment of various types of phobia, including social phobia.

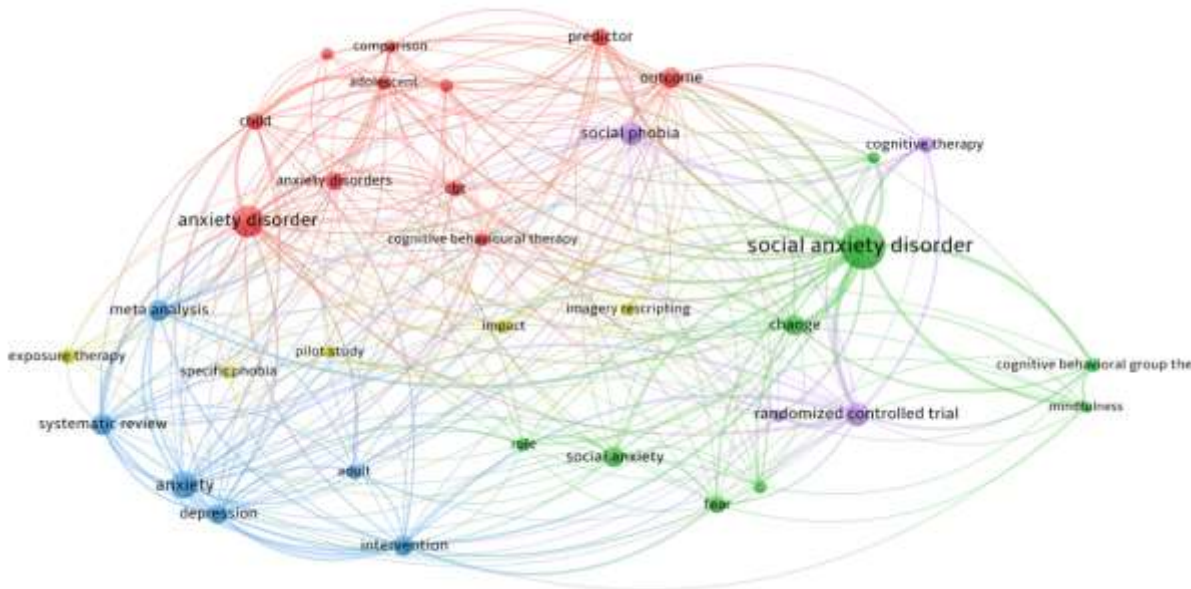


Fig 2: Keyword co-occurrence network analysis

In general, the bibliometric analysis results show that domestic research on phobia psychotherapy is insufficient in the past decade, and the treatment of phobia still mainly adopts single psychotherapy, lacking the integration of multiple psychotherapy techniques.

3.2 Content Analysis of Research Literature on Phobia Psychotherapy at Home and Abroad

The drug therapy for phobia mainly uses SSRIs, which can ease patients' tension and anxiety, but cannot reverse the psychological formation mechanism, so the long-term efficacy is poor [11]. Hence, drug therapy gradually plays a secondary role in the entire treatment strategy, while various psychotherapy methods gradually become the dominant treatment strategy. In the early stage, psychotherapy combined with drugs was mainly simple behavioral therapy such as systemic desensitization [12,13], the recently gradually used cognitive behavioral therapy[14-16], and various other psychotherapy methods based on single psychological theory, such as Morita therapy [17], biofeedback therapy [18], sandplay therapy [19], interpersonal psychotherapy[20], mindfulness therapy [21], psychodynamic therapy [22], etc. Although the aforementioned studies all claim that there is a certain curative effect on phobia treatment, most of these psychotherapy methods are purely based on psychotherapy techniques of a certain theoretical school. On the one hand, efficacy varies, and on the other hand, efficacy is difficult to be confirmed in partially repeated studies [23].

The latest evidence-based medical research found that, the factors of phobia can be classified into 7 dimensions: genetic and biological factors, temperament factors, cognitive factors, peer relationship factors,

parenting style factors, adverse life event factors and cultural factors. Except that culture factor barely affects genetic and biological factors, it exerts moderating or mediating effect on the other five dimensions [24]. This suggests that phobia psychotherapy needs multiple strategies based on the cultural environment in which the patient lives.

To sum up, considering that the onset of phobia is mainly the result of a combination of multiple factors, mainly social and psychological factors, and cultural factors have an important moderating or mediating effect on other factors expect genetic and biological factors, phobia treatment strategy should reflect multi-targeting and multi-dimensional effect. That is, it is necessary to adopt an integrated thinking to selectively use various treatment methods [25], and more attention should be paid to the role of cultural factors and social psychological factors in the formulation and implementation of psychotherapy strategies, so that effective treatment of phobia can be more comprehensively implemented.

IV. FIVE-ACCEPTANCE PSYCHOTHERAPY STRATEGY—PROPOSAL OF INTEGRATED PSYCHOTHERAPY STRATEGY FOR PHOBIA

As mentioned above, the domestic treatment of phobia at present still mainly adopts single psychotherapy or combined use with drugs. On the one hand, there is a lack of strong evidence-based research evidence for efficacy, and on the other hand, psychological therapies implanted from the West face problems such as cultural barriers. However, exploration into localization and integration of psychotherapy has already become the mainstream of international psychotherapy research [26,27]. As Nelson points out: "In the West, after the recognition of limitations in each psychotherapy, integration has become the dominant phenomenon in the recent evolution of psychotherapy." [28]. Scholar Song Huanxia et al. pointed out: "Localization is also a major theme in the field of domestic psychotherapy at this stage, and some scholars are attempting to create a psychotherapy integration system applicable to Chinese people". Therefore, how to adopt psychotherapy integration and localized thinking to exploratively construct psychotherapy strategy for phobia has become a necessary and important task.



Fig 3: Five-acceptance psychotherapy strategy

Under this international development trend, based on the cultural atmosphere in which the Chinese live and the characteristics of interpersonal relationships and parenting styles developed in this atmosphere, the humanistic therapeutic thought with traditional oriental cultural color, Taoist cognitive behavior therapy,

the Confucian philosophy of life, the core concepts of Morita therapy and mindfulness training are integrated to construct five-acceptance psychotherapy strategy to be more adapted for the treatment of Chinese patients with phobia. Specifically, the five-acceptance psychology strategy includes feeling strategy, acceptance strategy, discomfort strategy, tolerance strategy and enjoyment strategy (Fig 3). Where, the feeling strategy is to "confirm the current feeling without judgment, and maintain awareness", which is a technique derived from mindfulness training; the acceptance strategy is "to accept the various reactions (symptoms) and let nature take its course", which is the core concept derived from Taoist cognitive therapy; the discomfort strategy is "to understand that suffering is a necessary and normal constant occurrence", which is derived from the Confucian philosophy of life; the tolerance strategy is "to learn to tolerate distress, develop self-control, and do what one ought to do", which is derived from the core concept of Morita's therapy; the enjoyment strategy is to "enjoy unacceptable and unbearable negative feelings", which originates from the idea of humanistic therapy.

Five-acceptance psychotherapy strategy embodies the following advantages: First, it conforms to the international trend of technical eclecticism in the integration of psychotherapy. In order to achieve successful treatment practice, treatment means and methods are selected depending on patients' characteristics, symptoms and problems. Various effective psychotherapy techniques supported by empirical research and confirmed by clinical experience are selected and combined to achieve the optimal therapeutic effect. This accords with Lazarus (2005)'s definition of technical eclectic-oriented psychotherapeutic integration [29]. Second, integration strategy mainly adopts humanistic techniques and attitudes in the basic treatment stage, which lays the internal foundation for establishing a good counseling relationship and developing follow-up treatment. Furthermore, in the early stage of treatment, the application of Taoist cognitive behavioral technology and Confucian philosophy focuses on channeling patient's negative emotions by paying attention to the patient's emotional experience. Through effective training, patients can consciously control or meditate one's own psychological activities and reduce the degree of fear arousal. Finally, in the middle and late stages of treatment, the mindfulness training techniques and the concept of Morita therapy are successively applied. Where, mindfulness training technology can directly ease patients' pain, with especially good effect for anxiety [30], depression [31], somatic symptoms. Morita therapy can change the patient's basic cognition and core belief system [32]. The integration with mindfulness training technology can strengthen the patient's cognitive system constructed by Morita therapy, and also consolidate the effects of cognitive behavioral therapy applied in early treatment stage. Finally, by correcting the patient's negative thinking and beliefs, it helps the patient learn to adjust their own cognition and evaluation process, establish positive attitude, control and manage the impact of fear, and eliminate the adverse effects from fear, thereby eliminating the fear for a particular person, place or thing.

To conclude, clinical application of technical eclectic-oriented psychotherapy integration strategy is an important way to deal with phobia, and also the main development direction and research focus of phobia treatment in the future. The clinical research on the application of five-acceptance psychology strategy to the treatment of phobia reaches a high research level at home and abroad, which carries great positive significance for promoting the development of clinical psychology and the localization of psychotherapy in China.

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REFERENCES

- [1] Alonso J, Liu Z, Evans-Lacko S, Sadikova E, Sampson N, Chatterji S, et al. (2018). Treatment gap for anxiety disorders is global: results of the world mental health surveys in 21 countries. *Depression and Anxiety*, 1-14.
- [2] Hong J, Lv SH, Zhou C, etc. (2017). Zhang C Z's contribution to the psychology of traditional Chinese medicine. *Journal of Shaanxi University of Chinese Medicine*, 40(5), 13-15.
- [3] Huang HX. (2016). Effects of comprehensive psychological nursing measures on patients with social phobia. *China Medical Engineering*, 24(004), 114-116.
- [4] Alexandra K, Alicia D, Chloe F, et al. (2020). Time intensive cognitive behavioural therapy for a specific phobia of vomiting: A single case experimental design. *Journal of Behavior Therapy and Experimental Psychiatry*, 66(2), 101-129.
- [5] Li YD. (1994). Psychological nursing of sexually transmitted disease phobia. *Journal of Nurses Training*, (10), 29.
- [6] Shen YC. (2009). *Psychiatry* (5th edition). Beijing: People's Health Publishing House, 587-588.
- [7] Davis III TE, May A, Whiting SE. (2011). Evidence-based treatment of anxiety and phobia in children and adolescents: Current status and effects on the emotional response. *Clinical Psychology Review*, 31(4), 592-602.
- [8] Paul B. (2005). *Abnormalities and Clinical Psychology*. Beijing: People's Posts and Telecommunications Press, 25-31.
- [9] Zheng RC, Jiang GG, Wu XC. (2006). *Contemporary Psychological Counseling and Therapy System*. Beijing: Higher Education Press, 4-19.
- [10] Wang DF. (2008). *Clinical Psychology*. Beijing: People's Education Press, 97-106.
- [11] Song HX, Zhu Z, Li JZ. (2016). The orientation and new trend of psychotherapy integration. *Chinese General Practice*, 19(10), 1222-1224.
- [12] Chen TX, Wang CG. (2015). Comparison of the therapeutic effect of systematic desensitization therapy on patients with phobia of heights in different occasions. *Journal of Clinical Psychiatry*, 25(3), 169-172.
- [13] William WE, Bienvenu OJ. (2018). Specific phobias. *Lancet Psychiatry*, 5, 678-86.
- [14] Mathiasen K, Riper H, Ehlers L, et al. (2016). Internet-based CBT for social phobia and panic disorder in a specialised anxiety clinic in routine care: Results of a pilot randomised controlled trial. *Internet Interventions*, 4(1), 92-98.
- [15] Guo LR, Zhong H, Liao MR, et al. (2016). Observation of group cognitive behavioral therapy combined with paroxetine in the treatment of social phobia. *Jiangxi Medical Journal*, 51(4), 371-373.
- [16] Huang YM, Gan FC, Zhou ZJ, etc. (2018). The curative effect of cognitive behavioral group psychotherapy on patients with phobia. *Journal of Clinical Psychiatry*, 28(1), 60.
- [17] Chen CP. (2010). Morita therapy and its counseling implications for social anxiety. *Counselling Psychology Quarterly*, 23(1), 67-82.
- [18] Zhou H, Xie Q. (2017). Efficacy observation of EEG biofeedback combined with paroxetine in the treatment of phobia. *Evaluation and Analysis of Drug-Use in Hospitals of China*, 17(4), 504-508.

- [19] Lin DM. (2018). The influence of sandplay on children's social phobia and self-awareness. *China Modern Medicine*, 25(14), 32-34.
- [20] Liu ZD, Wang WT. (2019). The effect of venlafaxine combined with group interpersonal psychotherapy on the efficacy, self-efficacy and anxiety symptoms of patients with social phobia. *Journal of International Psychiatry*, 46 (5), 863-866.
- [21] Zhou Y, Xiao YP, Qiao LZ. (2020). Application of mindfulness-based stress reduction combined with progressive muscle relaxation techniques in magnetic resonance examination of claustrophobic patients. *Chinese Nursing Research*, 34(14), 2577-2580.
- [22] Gabrielle S, Theodore, et al. (2013). Treatment of anxiety in children and adolescents: using child and adolescent anxiety psychodynamic psychotherapy. *Child & Adolescent Psychiatric Clinics of North America*, 83-96.
- [23] Qi W, X ZP. (2010). Evidence-based research on the efficacy of psychotherapy for anxiety disorders. *Guide of China Medicine*, 8(10), 43-45.
- [24] Spence SH, Rapee RM. (2016). The etiology of social anxiety disorder: an evidence-based model. *Behaviour Research & Therapy*, 50-67.
- [25] Zhou X. (2009). Research on evidence-based practice of psychotherapy. (Master's thesis, Hunan Normal University).
- [26] Yang WD, Ye HS. (2010). Evidence-based psychotherapy: a new direction for the development of psychotherapy. *Journal of Psychological Science*, (02), 500-502.
- [27] Yang JQ. (2015). Clinical observation of curative effect of SSRIs drug combined with psychological intervention in the treatment of social phobia. *Chinese Journal of Clinical Research*, 28(5), 667-669.
- [28] Nelson DL, Beutler LE, Castonguay LG. (2012). Psychotherapy integration in the treatment of personality disorders: a commentary. *Journal of Personality Disorders*, 26(1), 7-16.
- [29] Lazarus AA. (2005). Is there still a need for psychotherapy integration? *Current Psychology*, 24(3), 149-152.
- [30] Zhang JY, Zhou YQ, Zhang QZ, et al. (2015). Effects of mindfulness-based stress reduction therapy on perceived stress, anxiety and depression in breast cancer patients. *Chinese Journal of Nursing*, 50(2), 189-193.
- [31] Zhu ZG, Hu Z, Luo AL, et al. (2016). Effects of mindfulness-based stress reduction on negative emotions in depression patients. *Nursing Practice and Research*, 13(7), 135-137.
- [32] Zhang QF, Yuan YT, Ren QT, et al. (2014). A randomized, single-blind, controlled study on the integrated application of Vipassana and Morita therapy in the treatment of generalized anxiety. *Chinese Mental Health Journal*, 28(09), 651-656.