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Abstract. This article employs a model of foreign policy as psychotherapy to illustrate dilemmas in the political relationship between the United States (US) and the People's Republic of China (PRC).

The current U.S. foreign policy agenda towards the PRC includes human rights, proliferation of weapons and weapons technologies of mass destruction, the PRC trade surplus with the US, PRC prison labor, PRC sale of body parts of executed prisoners, alleged PRC attempts to influence the 1996 U.S. Presidential elections, and alleged PRC cooption of U.S. aerospace companies to obtain information improving PRC ballistic missile guidance and control.

As with many psychotherapists towards the behaviors of patients and clients, U.S. foreign policy authorities usually view the above behaviors of PRC leaders as disorders and dysfunctions. This pathologization and delegitimization of PRC behaviors often lead to U.S. foreign policy miscalculations. (1) PRC behaviors are taken out of political contexts: local, regional, national, and international. As a result, attempts to influence PRC behaviors are unlikely to succeed, for the attempts are premised on faulty conceptions of cause and effect, moderating and modifying variables, discriminative stimuli, reinforcers, punishment, and the like. (2) PRC behaviors are taken out of sociocultural contexts and divorced from local, regional, national, and ethnic psychologies. As a result, attempts to influence PRC behaviors are unlikely to succeed, for the attempts ignore that at least some salient acts are virtually impervious to extinction or significant reduction. Other behaviors may be crafted or developed but will themselves be subject to an intrinsic and prepotent behavioral drift or to the influence of other components of the PRC's behavioral repertoire. (3) The contribution of U.S. foreign policy authorities to PRC behaviors is discounted, ignored, minimized, or even repressed. The interdependence, reciprocity, and interaction of political actors are ignored so that U.S. behaviors are not judged to be contributors to the presence, absence, frequency, and intensity of PRC behavioral targets. Yet this contradicts the very premise of U.S. foreign policy: that specific actions and nonactions will have consequences for others. (4) There is a political hubris that the U.S. conception of an optimal world and how to get to it is the only accurate conception--and that U.S. interests are world interests. This can create misperceptions of PRC adaptive behavior as nonadaptive.

There are common surface behaviors of the above source dispositions. U.S. leaders may speak of the need to show displeasure with specific PRC behaviors--as if displeasure necessarily is associated with effectence. These leaders may argue among themselves about the risk that an effectent positive reinforcement may "send the wrong message"--even if the "right message" would not be effectent. They may malignantly personalize the US-PRC dyad, much as might occur in a countertransference. They may engage in mirror imaging--so significant in the recent intelligence failure concerning India's nuclear testing. They may seek to maximize gains throughout an apparent global sphere of influence and then react with sincere surprise if the PRC or any other political actor manifests competitive or adversarial behavior.

This analysis is not an apologia for the PRC but a prolegomena for a foreign policy informed by the iatrogenic shortfalls of psychotherapy. Otherwise--as with ontological controversies over multiple

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personality disorders, repressed memory syndromes, and satanic ritual abuse--the cure may be worse than the disease for all concerned. (See Acocella, J. (April 6, 1998). The politics of hysteria. *The New Yorker*, pp. 64-79; Bennet, J. (June 4, 1998). Clinton says he will renew China's trading privileges. *The New York Times*, <http://www.nytimes.com>; Black, D.W. (1996). Iatrogenic hypochondriasis: Four patient examples of "chemical sensitivity." *Psychosomatics*, 37, 390-393; Breland, K., & Breland, M. (1961). The misbehavior of organisms. *American Psychologist*, 16, 681-684; Casaret, D., & Ross, L.F. (1997). Overriding a patient's refusal of treatment after an iatrogenic complication. *New England Journal of Medicine*, 336, 1908-1910; Karlin, R.A., & Orne, M.T. (1997). *Cultic Studies Journal*, 14, 172-206; Kouyanou, K., Pither, C.E., & Wessely, S. (1997). Iatrogenic factors and chronic pain. *Psychosomatic Medicine*, 59, 597-604; Pepper, R.S. The omnipotent clinician: A potential source of iatrogenesis. *Journal of Contemporary Psychotherapy*, 26, 287-294.) (Keywords: Foreign Policy, People's Republic of China, Psychotherapy.)