

**COUNSELLOR EMPATHY OR “HAVING A HEART TO HELP”? AN
ETHNOGRAPHIC INVESTIGATION OF CHINESE CLIENTS’ EXPERIENCE OF
COUNSELLING**

by

Chi Ting Connie Ng

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Abstract

Multicultural education has become an integral part of professional training in counselling psychology. Empathy refers to one's ability to hear, to feel, and to acknowledge others' experiences, and has been regarded as an essential counsellor skill in psychotherapy. However, current understanding of empathy is almost entirely based on Western culture and may not match with non-Western clients' expectations in cross-cultural counselling. As well, research regarding counsellor empathy in cross-cultural counselling has often focused on counsellors' self-reports, and clients' perceptions of empathy are scarcely investigated within any cultural group.

The present qualitative research, namely, ethnographic interview, examined the concept of counsellor empathy from Chinese clients' perspectives by exploring their experiences of therapeutic relationships. Eight informants, two male and six female, ranging in age from 40 to 55, were interviewed in-depth about their experiences of seeing Chinese counsellors. Elements of counsellor empathy were examined with the interview data obtained. Nine themes emerged from data analysis. They are: (a) Counsellor Professionalism, (b) Counsellor Attitudes, (c) Empathy, (d) Counsellor Disclosure, (e) Client Confidentiality, (f) The Counselling Process, (g) Chatting, (h) Roles of Clients and Client-Counsellor Relationship in Counselling, and (i) Perceived Importance in Counselling.

Based on the results, it is found that the concept of counsellor empathy existed, but not commonly, in informants' perceptions. Also, it was not considered as a priority in counselling according to informants' perspectives. It is conjectured that counsellor empathy might exist in Chinese counselling relationships as a different phenomenon linguistically and conceptually. Implication for practice and future research are delineated.

Preface

This research was conducted upon the ethics approval granted from UBC Behavioural Research Ethics Board on June 15, 2010 (number H10-01189).

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Chapter I: Introduction

As the North American population continues to diversify, counselling psychologists and other mental health professionals have an obligation to examine cultural sensitivity issues in practice and to develop multicultural counselling competence (Carlson, Brack, Laygo, Cohen, & Kirkscey, 1998). Multicultural counselling competence is defined as the extent to which counsellors have developed the awareness, knowledge, and skills necessary to work with clients from different cultural backgrounds (Sue et al., 1982). Over the past few decades, the importance of multicultural education has been discerned within mandates of professional associations (Speight, Thomas, Kennel, & Anderson, 1995). For example, the American Psychological Association (APA) has published ethical guidelines for serving historically oppressed groups, including statements for obtaining training, experience, and supervision to ensure the appropriateness and effectiveness of services (APA, 2002, 2003). The Canadian Psychological Association (CPA), in the Guidelines for Non-Discriminatory Practice, has also suggested that clinicians should be aware that theories and axioms developed to describe the population belonging to the dominant culture may contradict with the cultural beliefs of people from non-dominant cultures, and should strive to provide competent services by consulting with others who may be more familiar with the cultures being served (CPA, 2001). In sum, multicultural education has increasingly become an integral part of professional training in psychology.

Empathy in Counselling Relationships

Empathy has long been regarded as a cornerstone of effective therapy (Pedersen, Crethar, & Carlson, 2008) and as one of the essential counsellor skills (Chung & Bemak, 2002; Davis & Franzoi, 1991) in the development of therapeutic alliance. Lafferty, Beutler, and Crago (1989)

found that therapist empathy is the most discriminating factor of effectiveness in psychotherapy and counselling.

Rogers (1959) first defined empathy as the ability “to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person without ever losing the as if condition” (pp. 210-211). Such empathy requires therapists to offer their own presence as professionals who hear, feel with, and acknowledge the client’s experiences consistently throughout the therapeutic relationship (Pederson et. al, 2008). However, therapists’ empathy alone is not sufficient. Therapists also need to have the ability and skill to communicate and display empathic understanding (Chung & Bemak, 2002). Rogers (1951) stressed that empathy is communicated only if the client perceives and believes the therapist to be empathic. In a meta-analytic review, Elliott, Bohart, Watson, and Greenberg (2011) found clients’ perceptions of feeling understood by their therapists are the most robust predictor of therapeutic outcome. Thus, “empathy relates to the dyadic relationship between therapist and client and is an interactive process” (Chung & Bemak, 2002, p. 154).

Culture and Mental Health Care

Poortinga (1990) defined culture as shared constraints that limit the behavioral repertoire available to members of a certain group in a way different from individuals belonging to some other groups. Pederson (1991) also described that culture is learned patterns of thoughts and actions: before we were born, patterns of thinking and acting were already prepared to guide our ideas, to influence our decisions, and to help us take control of our lives. As Chung and Bemak (2002) explained, culture is a tool that helps people define their reality and worldview, within

which an individual's purpose in life is defined and properly sanctioned behaviours are prescribed.

Kleinman (2004), working from an anthropological framework, asserted that culture is not a fixed entity. Instead it is a process by which participants acquire emotional and moral meaning through ordinary activities. Cultural processes consist of the integration of meaning in habitus (socially learned dispositions) and physiological reactions, the understanding of what is at risk in particular situations, the development of interpersonal relationships, religious practices, and the development of individual and collective identity. Also, culture is inevitably caught up with economic, political, psychological, and biological conditions. Hence, treating culture as a fixed variable impedes one's ability to understand and respond to different phenomena and situations.

Moreover, Kleinman (1978, 2004) stated that culture influences all aspects of clinical process in psychiatry. Specifically, culture affects the experience, perception, labelling, and presentation of symptoms, patient and practitioner explanatory models of sickness, decisions about treatment, health-seeking behaviours, doctor-patient interactions, curing and healing, the likelihood of outcomes, lay and health professional evaluations of therapeutic outcomes, and the practices of professionals. As a result, some conditions are universal and some are culturally specific, but all are meaningful within particular contexts (Kleinman, 2004). For instance, a core group of depressive symptoms, such as dysphoria, negative cognition, psychomotor retardation, sleep disturbance, fatigue, and loss of energy—exists universally, but the experiences and expressions of depression vary across cultures, and these variations are clinically significant (Manson, Shore, & Bloom, 1985). Specifically, although functional somatic complaints associated with depression are common in both the West and the non-Western world, specific

bodily idioms of distress and somatic experience, such as pain, dizziness, and heaviness in the chest or head, communicate the emotional pain of depressed non-Western clients. (Kleinman & Kleinman, 1985; Weiss, Raguram, & Channabasavanna, 1995).

Kleinman (1978) further delineated that different societies and ethnic groups within one society often attach different sickness labels to the same syndrome, and these labels change over time. The explanatory models patients and practitioners use to manage sickness episodes serve to organize those episodes as socially constructed clinical realities, which include particular views of what is the problem, expectations about the type and style of treatment, and goals for effective care.

Although Kleinman based his work on psychiatry, his discussion can be applicable in counselling relationships since therapist-client relationships are often similar to psychiatrist-patient relationships, or traditional healer-patient relationships. The exception is that the former deals with mental health issues from a psychological perspective, whereas the latter deals with the issues from a medical perspective and may also include psycho-pharmacological and/or psychological treatments.

Anthropological studies have shown that people from some non-Western cultures may experience mental illness differently compared to Westerners' experiences. For instance, through an ethnographic study, James (2002) investigated the phenomenon of *agonias* (meaning "the agonies") with samples of Portuguese-American immigrants, which included community members and mental health providers. The author found that, while many mental health providers conceptualized *agonias* as an "anxiety disorder," interviews with community members indicated that *agonias* is a culture-specific somatic experiences. Specifically, when asked about *agonias*, all of the community members replied through their bodies: they pressed their hands on

their chests and inhaled quickly. The author commented that the Western diagnostic system (the Diagnostic and Statistical Manual, or the DSM) appears limited when attempting to classify idioms such as *agnoiias* that extends beyond psychological distress.

Similar to the results found by James (2002), ethnographic research with the Chinese population reveals that Chinese people's experiences of mental illness can be different from Westerners' experiences. For instance, using open-ended, in-depth ethnographic interviews, Lee, Kleinman, and Kleinman (2007) conducted a qualitative study to examine the experiences of depressive disorders among contemporary Chinese in Guangzhou (Canton), China. Forty patients with significant depressive symptoms were recruited using quota sampling from the outpatient department of a regional mental health service. Content analysis was conducted on both the Chinese and English transcripts. Study findings suggested that depressive symptoms described in contemporary Western textbooks and diagnostic systems (e.g., loss of interest, loss of appetite and weight loss, psychomotor retardation, impaired concentration, hopelessness, and suicidal ideas) were reported by all informants. In addition, a total of six categories of indigenous experiences and expressions were identified among the informants. They are indigenous affective lexicons, embodied emotional experiences, implicit sadness, preverbal pain, distress of social disharmony, and centrality of sleeplessness.

Particularly, Lee et al. (2007) reported that informants often combined affective distress with bodily experiences when articulating and locating their experience of distress. The compound terms nearly always involved the heart (心) – *xinhuang* (heart panic), *xinjing* (heart dread/frightened), *xinfan* (heart vexed), *xintong* (heart pain), and *xinyi* (heart dysphoric/compressed). Some informants, similar to the Portuguese community members in James's (2002) study, contended that emotional distress could be felt right inside or over the

heart. The authors noted that, in Chinese culture, the heart is regarded as the container of emotions and it is manifested linguistically in a very rich fashion. Yu (2002) identified sixty expressions of emotions—ranging over anger, anxiety, disgust, distress, fear, grief, guilt, happiness, and vexation—that include the image of heart. In addition, Lee et al. (2007) reported that sadness and depressed moods were often communicated implicitly in the interviews. Informants would actively reported their somato-emotional experiences, such weight loss, heart panic, head swelling, and life difficulties, but they would not directly express sadness and depressed moods by using the words for sadness. They felt that, given their social predicaments, sadness and depressed moods were so natural, obvious, and inevitable that they were presumably understood. The authors conjectured that Chinese patients' unspoken communication of depressed mood could result from their interpretation of depression being different from psychiatrists' conceptualization of depression in Western culture.

Lee et al.'s (2007) study has illustrated the relationship between culture and the experience, perception, labelling, and presentation of one's mental illness in psychiatric settings. One may conjecture that Chinese clients in counselling who strongly adhere to Chinese culture might present their personal concerns in a way that is different from how symptoms are presented in Western culture.

Chinese clients might also expect different styles of client-therapist interaction and types of intervention. In fact, scholars noted that Chinese clients tend to expect directive, goal-oriented, time-limited, and pragmatic counselling approaches (Chong & Liu, 2002; Y. Lin, 2001; S. Sue & Zane, 1987). Previous studies also indicated that Asian clients tend to perceive directive counselling styles as more effective than nondirective counselling approaches (e.g., Cao, 2008; Li & Kim, 2004; Wei & Heppner, 2005). For example, by combining quantitative

and qualitative research methods, Wei and Heppner (2005) investigated counsellor and client predictors of initial working alliance. Thirty-one counselling dyads from four counselling centers in Taiwan participated in the study following the first counselling session. The authors found that counsellors' active problem-solving behaviours were an important component for Taiwanese clients' rating of their counsellors' credibility. These problem-solving behaviours included encouraging clients to take actions to solve their problems, providing clients with suggestions, and offering clients solutions. However, while Chinese clients might prefer a practical counselling approach, Western counselling philosophy is mainly built on Caucasian middle-class culture and can emphasize individualism, relationship-building, insight, expressions of feelings and emotions, and future-orientation (Y. Lin, 2001). Based on the findings shown here, it appears that Chinese people's preferred counselling style that might be at odds with the style likely favoured by clients and practitioners from Western culture.

As well, D. Sue and Sue (1990) contended that, in traditional Asian cultures, therapists are typically considered as authority figures, experts, or individuals that can be relied upon and trusted. Empirical evidence also supports this claim, particularly with a Chinese population (e.g., Kuo, Hsu, & Lai, 2011; Y. Lin, 2001; Zhang, Li, & Yuan, 2001). For instance, through open-ended surveys, Zhang et al. (2001) conducted an investigation of Chinese people's expectations of psychotherapy and counselling with 56 Chinese clinic visitors recruited at three local Chinese hospitals in China. The authors found that these visitors expected counsellors to be profoundly knowledgeable and experienced, skillful, affable, patriarchal and experienced, talkative, friendly, similar to tutors, and having a high moral sense. Furthermore, while generally confirming Zhang et al.'s results, another study revealed that Chinese people have different images of a counsellor than the mainstream population. In particular, Mau and Jepsen (1988) compared native-born

Chinese and American graduate students' preferences for counsellor characteristics and found that most Chinese students in the study saw a counsellor as a friend and expert, whereas American students perceived a counsellor as a listener and friend.

In sum, the above scholarly evidence suggests that Chinese clients might have a different clinical reality as compared to clients with Western cultural backgrounds, or from practitioners who are trained with Western counselling approaches. This disparate clinical reality includes differences in symptom expressions, preferred counselling approaches, and expectations of therapists.

The Application of Empathy Across Cultures

While some scholars pointed out differences in symptom presentation and in expectations of counselling approaches between Chinese and Western mainstream population, others have raised concerns regarding the application of empathy in cross-cultural therapeutic situations in which practitioners, regardless of their ethnicity, use Westernized counselling strategies to work with clients from other cultures. Specifically, Chung and Bemak (2002) explained that counsellors in cross-cultural therapy traditionally rely on empathic concepts, such as Rogers' notion of empathy, that are based on their training with mainstream populations and that are mainly influenced by Western Euro-American values. Cross-cultural effects in current practice regarding empathy are rarely taken into consideration. Consequently, misinterpretations may arise when counsellors who receive mainstream education work with clients who are from non-Western cultures.

In particular, Rogers (1975) described that, in an advanced stage of empathy, the therapist accurately interprets all of the client's present discerned feelings. Also, with sensitivity and accuracy, the therapist moves into feelings and experiences that are only hinted by the client,

uncovering the client's most deeply shrouded emotions (Rogers, 1975). This implies that advanced level of empathy operates with a communication style that relies heavily on the therapist's verbal reflections of the client's moods, feelings.

However, Chinese clients may not necessarily welcome the therapist's advanced empathy because they hold different clinical realities and priorities than their therapist that are trained based on Western style of counselling. Although in the counselling profession empathy has been considered as an essential condition in the development of therapeutic alliance, Chinese clients might not hold the same clinical reality. As shown in the study by Kleinman (2004), Chinese research participants tended to report their depressive symptoms in terms of embodied emotional expressions. Therefore, Chinese clients in counselling may feel uneasy and lost because they have never heard of and/or learned how to react to such empathic statements that are heavily based on moods and feelings. They may even perceive therapist empathy to be unimportant because they are not familiar with this kind of interpersonal interaction in health care settings. Even if Chinese clients value counsellor empathy, their conceptualization and expression of empathy might differ from how it has been defined and manifested in mainstream counselling profession and/or in Western culture.

Kleinman (1978) explained that when a patient and a practitioner have explanatory models that reflect different cultural backgrounds, the clinical realities they construct can be, and frequently are, quite disparate. When those clinical realities are in conflict, therapeutic disengagement, patient non-compliance and dissatisfaction, missed or incorrect diagnosis, inappropriate intervention, and poor care may result.

The discussion above may illuminate the high under-utilization rates and the pattern of premature termination rates observed among Asian American clients. S. Sue, Fujino, Hu,

Takeuchi, and Zane (1991) investigated utilization and dropout rates of thousands of adult Asian-American, African-American, Mexican-American, and White clients using outpatient services in the Los Angeles County mental health system. Results indicated that Asian Americans in the sample underutilized psychotherapy services in comparison with their respective populations. One possible factor that may contribute to the low utilization rates among Asian clients is that they may feel misunderstood by their culturally different counsellor and that they may find their interactions with their counsellor difficult to comprehend and therefore lose motivation to continue therapy.

Indeed, a closer look at Sue et al.'s results showed that, for Asian American clients, therapist–client match in ethnicity was significantly associated with lower odds of premature termination (failure to return for treatment after one session) compared to unmatched dyads. A similar trend was found with Chinese-American clients. J. Lin (1994) analyzed a sample of 145 Chinese-American outpatient clients to determine their length of psychotherapy and dropout rate. Results revealed that Chinese-American clients in the sample stayed in psychotherapy with a length comparable to that of the general American public when ethnic- and language-matched therapists were provided. Based on the study results, the author suggested that traditional Western psychotherapy with a degree of modification was acceptable to the Chinese Americans when it was provided by ethnic- and language-matched therapists. The above study results may imply that ethnic-matched therapists, though likely to be trained in mainstream counselling approaches, may still be able to better relate to their clients' worldviews and experiences and be able to adjust their counselling skills to accommodate their clients' clinical realities due to shared ethnic backgrounds. In turn, they might be able to appropriately empathize with their clients and thus to establish therapeutic alliance.

However, as North America becomes increasingly multicultural, ensuring a match in ethnicity or worldview in therapy is not always possible; it is likely that counsellors will be working with clients from different cultural backgrounds. As well, due to globalization, counselling approaches originated in the West have been brought to other countries such as China and have played a role in the development of counselling practice in these countries. Hence, it is important to explore the concept of culturally sensitive empathy and the role of counsellor empathy, in cross-cultural contexts. Such knowledge might help counsellors prevent clients from prematurely terminating therapy and facilitate positive therapeutic outcomes.

The present study stemmed from the literature concerning empathy in cross-cultural counselling and from my belief that perceived counsellor empathy is an important therapeutic condition in counselling relationships. My own personal biases in this area arise out of the fact that I am both a first generation Chinese and a counsellor-in-training. As a Chinese immigrant who has been receiving mainstream North American education since youth, many of my beliefs and values are influenced and shaped by both North American and Chinese culture. As well, through my training and work experiences I have come to believe that counsellor empathy is crucial in counselling relationships. And yet, given my personal understanding of the differences between Western and Chinese cultures, I have always been interested to explore the applicability of empathy in therapeutic relationships with Chinese population.

Chapter II: Literature Review

An initial search in the literature regarding empathy in cross-cultural counselling, particularly with Chinese population, revealed that little attention has been given to this area. No study examined counsellor empathy as its primary focus. Counsellor empathy is often mentioned briefly in available counselling-related studies that mainly involved Chinese participants (e.g., Kuo et al., 2011; Wei & Heppner, 2005). Therefore, a literature review regarding empathy in cross-cultural counselling in general is conducted and presented in this section. Limitations of the literature with respect to the cross-cultural application of empathy with Chinese counselling clients will then follow.

In general, the scholarly literature concerning empathy in cross-cultural counselling has focused on how counsellors can transcend cultural differences in therapeutic relationships in order to empathize with clients, and on various factors related to counsellor empathy. Specifically, attention has been given to the following areas: (a) recommendations and suggested training models for skill development, (b) research on effectiveness of different training models, and (c) research on perceived counsellor empathy in relation to various counsellor and client variables.

Recommendations and Suggested Training Models for Skill Development

A small part of the literature regarding empathy in cross-cultural counselling is related to expert suggestions on how counsellors can employ culturally sensitive empathy in cross-cultural counselling relationships. In particular, Chung and Bemak (2002) provided detailed guidelines for counsellors to establish empathy when working with clients from different cultural backgrounds. The authors noted that therapists can convey empathic attitude by acknowledging and appreciating the cultural differences and their impact on the therapeutic process. For

example, while expressing the possible lack of awareness in some aspects of the client's cultural experiences, therapists can communicate a genuine interest in learning more about their client's culture. Therapists can also help the client to understand that culturally appropriate treatment outcomes and expectations will be incorporated into the counselling process as needed. In addition to the guidelines, the authors added six dimensions that can contribute to the development of effective cultural empathy. They are (a) understanding and accepting the social-family context from which the clients come, (b) including indigenous healing practices from client's culture when possible, (c) becoming knowledgeable about the client's historical and sociopolitical backgrounds, (d) becoming aware of the psychosocial adjustment needed by the client who has relocated, (e) becoming sensitive to the oppression, discrimination, and racism that may be encountered by the client, and (f) providing information about community resources to empower the client who might feel underprivileged and devalued.

Similarly, based on the clinical observation and work of other researchers, Ridley and Udupi (2002) provided specific guidelines for using cultural empathy. The guidelines are divided into two categories: (a) culturally generalized guidelines, which are universal and intended for use regardless of the cultural backgrounds of the counsellor and client, and (b) culturally sensitive guidelines, which apply to counselling dyads involving counsellors and clients from different cultural backgrounds. Specifically, culturally generalized guidelines include listening for core themes of the client, recovering from misunderstanding, not pretending to understand, and allowing time to think before uttering empathic responses. Culturally sensitive guidelines suggest counsellors to be aware of their possible biases and hidden prejudices, to avoid stereotyping, to explore cultural issues in the early stage of counselling process, to incorporate cultural information clients share in counselling, and to use clients' cultural schemas in

counselling. Ivey, D'Andrea, Ivey, and Simek-Morgan (2002) also suggested a similar but simpler set of guidelines for using cultural empathy. Their three-step model of empathy includes (a) listening to and observing clients' comments, (b) responding to clients' core words and constructs, and (c) checking with clients regarding the statements made and interventions used in the counselling process.

While some scholars provided guidelines for counsellors to establish and use empathy in cross-cultural counselling relationships, others proposed training models to help counsellors develop culturally sensitive empathy (e.g., Ingram, 2003; Ingram & Nakazawa, 2003). For instance, adapting from a model that was originally developed to assist counselling students acquire basic reflection skills, Ingram and Nakazawa (2003) suggested a socio-cultural empathy model to assist community college counsellors to build cultural competence, to listen to their clients' stories without judgment, and to facilitate empathic understanding of the lived experiences of culturally different clients. Socio-cultural poetry is "defined as writings that address the social, cultural, and racial lived experiences of members of oppressed groups" (Ingram & Moule, 2001, as cited in Ingram & Nakazawa, 2003, p.486). Counselling students are asked to read and critically process a poem through guiding questions. When readers interact with the text, they are communicating with the writer's or character's lived experience. The authors proposed that empathy for the writer's lived experience can develop when readers move beyond their own cultural comfort zone and resonate with the feelings behind the text.

Although the recommendations can be effective in helping counsellors to be competently empathic in cross-cultural counselling relationships, they are yet to be supported by qualitative and quantitative evidence.

Effectiveness of Training Models

Since the skills needed to convey empathic understanding can be learned (Ridley & Lingle, 1996), one may infer that helping counsellors develop cultural empathy is a crucial component in multicultural counselling education. However, Carter (2001) noted that multicultural education has often focused more on knowledge acquisition than on skill development. Specifically, Priester et al. (2008) conducted a content analysis of 64 syllabi for introductory multicultural counselling courses from master's counselling programs and found that multicultural counselling training courses “almost completely ignore the development of related skills” (p. 29).

In addition, the concept of empathy has also been scarcely investigated in multicultural education research. Chung and Bemak (2002) noted that there has been minimal attention given to empathy as a concept to consider across cultures: despite decades of identifying empathy as a core concept in counselling, the literature has mainly focused on the use of empathy with mainstream populations. Chung and Bemak's contention is indeed reflected in research in multicultural education. Specifically, based on a meta-analytic review of multicultural education studies, Smith, Constantine, Dunn, Dinehart, and Montoya (2006) examined the effectiveness of multicultural education and concluded that multicultural educational interventions were positively correlated with multicultural counselling competence. However, none of these studies included empathy as a separate dependent variable: the authors indicated that most studies used multicultural counselling competence as an outcome variable and that the remaining studies used counsellors' race-related attitudes, racial identity, or client-counsellor relationship as dependent variables.

The limited available literature provided mixed results concerning the relationship between multicultural education and counsellor empathy in cross-cultural therapeutic relationships. Lu, Dane, and Gellman (2005) investigated the effect of practicing mindful attitudes to foster social workers' culturally sensitive empathy. Twenty four first-year social work graduate students in the mental health concentration of study were introduced to a series of mindfulness exercises, which included mirroring breathing observation, posture, and moving awareness. Qualitative results showed that research participants found such practice enhanced their empathy attunement: students indicated that they were more attuned with their bodily awareness, sensing the flow of energy with others, letting go of power struggles and pre-existing ideas, and experiencing a different kind of human connectedness with others.

Nevertheless, two studies showed that multicultural competence training that includes guided experiential activities did not foster counsellors' cultural empathy. The first study was a quantitative study conducted by Nganga (2006), who examined the impact of cross-cultural interaction on master's level counsellor trainees' level of cultural empathy. The treatment group included 14 participants, who engaged in a six-week long structured cross-cultural interaction program with graduate level international students, while 23 participants in the control group did not participate in the program. Based on self-report measures, results revealed that counsellor trainees' intercultural sensitivity, but not cultural empathy, to multicultural issues was enhanced through structured interactions with culturally diverse groups. The second study was conducted by Seto, Young, Becker, and Kiselica (2006). Using a quasi-experimental treatment group design, the authors investigated the effectiveness of the Triad Training Model (Pedersen et al., 2008), an experiential cross-cultural counselling training method, on influencing master's level counsellor trainees' empathy, intolerance for ambiguity, and multicultural competency. Based

on participants' self-report ratings, study findings showed no significant difference in terms of the three dependent variables between the counsellors who participated in the training and those who did not.

Clients' Perceived Counsellor Empathy in Relation to Various Counsellor and Client Variables

A number of studies were found that examined the relationship between clients' perceived counsellor empathy and various counsellor and client variables. Many of these studies involved Chinese university students as part of the study sample. These studies can be divided into three areas as shown in the following.

First, a few studies focused on factors related to counsellor empathy in cross-cultural counselling relationships. For example, based on an *ex-post facto* research design, Fuertes et al. (2006) conducted a quantitative study with 51 therapy dyads who were recruited at three university therapy centers in the United States. The majority of the dyads consisted of a client and a therapist who were from different racial or ethnic backgrounds, while a small percentage of the dyads included participants that had the same race or ethnicity. To be eligible to participate in the study, a therapy dyad had to have completed at least three sessions of therapy. An analysis on clients' and therapists' self-report ratings found a strong association between clients' ratings of therapist multicultural competence and their ratings of therapist empathy.

In addition, using a quasi-intervention analogue method, Li and Kim (2004) conducted a quantitative study with Asian American college students to investigate the effects of counselling style and client adherence to Asian cultural values on career-focused counselling process. Fifty-two Asian American volunteer clients were classified as having either high or low adherence to Asian values and were assigned to a counselling session with a European American female counsellor, who employed either a directive or a nondirective counselling style. Immediately

following the session, clients completed a questionnaire that included a measure of client's perception of counsellor empathic understanding. The authors reported that clients in the directive counselling condition rated the counsellor as being more empathic than did those clients in the nondirective condition. However, contradictory to the authors' hypothesis, ratings of participants who adhere to Asian values did not show that the participants preferred a direct style to a non-directive style.

Second, a few studies have demonstrated the relationship between therapist-client match in various aspects and perceived counsellor empathy. Kim, Ng, and Ahn (2005) conducted a quantitative study in which 88 Asian American university students with personal concerns voluntarily engaged in a single counselling session with a female counsellor. The student's and the counsellor's worldviews were either matched or mismatched. Results revealed that a matched worldview among clients and counsellors, at least in terms of agreeing on the cause of the problem, was important in establishing clients' perceived client-counsellor working alliance and counsellor empathy. Also, clients who had high expectation for counselling success and who adhered strongly to European American values perceived the highest level of counsellor empathy. In another study, based on self-reported data from 61 Asian American clients at a university counselling center, Kim, Ng, and Ahn (2009) found that client-perceived match on client-counsellor belief about problem etiology was related to perceived counsellor empathy.

Finally, other studies examined the associations between client adherence to Asian cultural values and the counselling process among Asian Americans. Contradictory results were found. Particularly, Kim, Li, and Liang (2002) conducted a quantitative study with 78 Asian American college students who were experiencing career uncertainty. Study participants, who were classified into two groups of high or low adherence to Asian cultural values, were engaged

in a counselling session with a European American female counsellor. In each group the counsellor emphasized either immediate resolution of the problem or insight attainment through exploration of the problem. Results showed that, contrary to the authors' expectations, clients with high adherence to Asian cultural values perceived increased counsellor empathic understanding and stronger client-counsellor working alliance than did clients with low adherence to Asian values. The authors conjectured the validity of the measure they used for the study might account for such unexpected results. On the other hand, using a similar method, Kim and Atkinson (2002) investigated the relationships among client adherence to Asian cultural values, counsellor expression of cultural values, counsellor ethnicity, and career counselling process with 112 Asian American college students. Participants voluntarily engaged in a 30-minute career counselling session with a trained counsellor. Based on self-reported data, clients who had high adherence to Asian cultural values evaluated Asian American counsellors as more empathic and credible than did clients with low adherence to Asian values. As well, contrary to the results found by Kim et al., clients who had low adherence to Asian cultural values evaluated European American counsellors as more empathic than did clients with high adherence to Asian values.

Limitations of the Literature

As mentioned in the beginning of this section, no research is found that specifically explored the cross-cultural application of empathy with Chinese counselling clients. Furthermore, study results on effectiveness of multicultural education were mostly based on counsellor participants' qualitative or quantitative self-reports but not on client participants' perceptions. Counsellors' self-reports may be confounded by social desirability (Constantine & Ladany, 2000) and by ratings of perceived competencies rather than actual behaviours (Ottavi,

Pope-Davis, & Dings, 1994). As a result, taking clients' perceptions into consideration is crucial for two reasons. First, Rogers (1975) contended that clients are better judges of the degree of empathy than counsellors. When a counsellor thinks that he or she is culturally empathic but the client does not feel heard and understood, premature termination might still occur. Second, studies that investigated issues in cross-cultural counselling are often stemmed from counselling and multicultural counselling theories developed in the West. The assertion that counsellor empathy is a salient condition in cross-cultural counselling might be a clinical reality mainly endorsed in Western culture but not in other non-Western cultures. Clients with non-Western cultural backgrounds might not perceive counsellor empathy as a priority in their clinical reality. Given the argument presented here, one may question the validity of study results presented above and thus it is important to examine different aspects of clients' clinical reality.

The second limitation is related to the use of measures of empathy in these studies. There is no indication in the literature that these measures have been validated for their cross-cultural applicability in therapeutic relationships. This applies for both counsellor-rated measures, such as the Interpersonal Reactivity Index (IRI; Davis, 1980), and client-rated measures, such as the Empathic Understanding Subscale of the Relationship Inventory (Barrett-Lennard, 1962). Indeed, as noted by Yang, An, and Song (2008), current measures of empathy are mainly originated from the West. For example, the items on the Empathic Understanding Subscale were designed to represent the empathy construct of Rogers' person-centered theory (Barrett-Lennard, 1962). Barrett-Lennard (1962) indicated that the measure was content-validated by expert reviewers, who determined that the items accurately represented empathy; however the measure was developed based on Rogers' definition of empathy, which stemmed from North American culture. Yang et al.'s observation implies that many measures used in the aforementioned

studies are developed based on Western traditional concepts of empathy. Without being validated for their cross-cultural applicability, these measures might not capture the possible unique aspects of empathy in counselling relationships in other cultures.

Even though a measure, such as the Scale of Ethnocultural Empathy (SEE; Wang et al., 2003) used in Nganga's (2006) study, is constructed to capture the concept of cultural empathy, it fails to measure this concept from clients' perceptions. Indeed, Wang et al., the authors of the SEE, stated that the scale was built by counselling professionals and based on theoretical discussions of general and culturally specific empathy. While it is not being suggested that theories developed in the West and the views of professionals are invalid, the construction of existing measures of empathy appears somewhat one-sided and might not truly reflect clients' needs in cross-cultural counselling situations.

Purpose of the Present Study

Although empathy has been considered as a salient counsellor skill in cross-cultural therapeutic relationships, there is a paucity of information in the literature with respect to the application of the construct across cultures. Particularly, there is a lack of information from clients' points of view, let alone from Chinese clients' perspectives. Provided that Chinese people constitute one of the largest visible minority groups in Canada (Statistics Canada, 2001), it is important to understand the counselling needs specific to this population. Given the assumption that Chinese people might not be familiar with the concept of empathy as it is originated in the West, the purpose of the present study is to understand the concept of counsellor empathy from Chinese clients' perspectives by exploring their experiences of therapeutic relationships. Through examining the larger context (i.e., counselling experience), one can determine whether the notion of empathy exists in Chinese clients' perspectives and, if

so, how it may be presented. Results obtained from this study can then inform counselling practice with the Chinese population in North America. Moreover, based on the discussion in the previous chapter, it is assumed that the Chinese, especially first generation Chinese, are likely to hold non-Western cultural values. This implies that they are likely to hold a clinical reality that is different from the one commonly used in the counselling field in Western culture. Therefore, first generation Chinese clients were recruited for the study. This study also serves a personal purpose: as a Chinese immigrant, I feel strongly to advocate for Chinese people to obtain culturally sensitive mental health services that can address their unique needs.

Research Questions

Based on the above discussion, the main research question for the present study is “What is important for Chinese clients in counselling?” Within this over-arching question, three research questions are addressed:

1. Does the concept of counsellor empathy exist in Chinese counselling relationships?
2. If the concept of empathy exists in Chinese client’s points of view, how is it being communicated to them?
3. Is counsellor empathy a priority in Chinese clients’ expectations in counselling?

Significance of the Study

The present study is believed to be important for several reasons. First, results would inform how counsellors can competently address Chinese clients’ needs in cross-cultural counselling relationships, particularly through empathy that would facilitate positive therapeutic outcomes. Second, results would also help establishing culturally relevant measures of empathy so that the construct of empathy can be measured accurately. Third, knowledge gained from the study would provide further guidance for the development of more effective multicultural

competence education for counsellors. Finally, it would inform the current multicultural counselling literature and theories, and thus give directions for future research.

Chapter III: Method

This chapter will provide a rationale for employing a qualitative design and for using the research method, namely, ethnographic interview, in this study. Recruitment criteria, study procedures, data collection, and data analysis will also be described.

Qualitative Research Method

Creswell (2009) stated that if a concept of phenomenon needs to be understood because little research has been done on it, a qualitative approach is likely to be suitable. As discussed in the previous chapter, much of the literature that addresses the concept of empathy in cross-cultural counselling is based on professionals' conceptualizations of the construct. Little is known concerning clients' perceptions of empathy counselling relationships across cultures. Since previous knowledge regarding empathy appears insufficient, a qualitative research method, namely, ethnographic interview, was chosen for the present study.

Ethnography

Ethnography is originated in cultural anthropology. In the 1920s and 1930s, the anthropological field method was adopted by sociologists to study various groups in the United States. More recently ethnography has been embraced by researchers outside the field of anthropology and sociology such as health sciences and education (Creswell, 1998).

Ethnography provides a means for examining cultural groups. While a cultural group may refer to a particular nationality, cultures may also cross political boundaries, and a nation may consists of many cultural groups. At a broad level, culture often accounts for people's perceptions and worldviews (James, & Foster, 2006). Ethnography presumes that, in a cultural group, behaviours and patterns, values and meanings are shared, and that these patterns can differ from culture to culture. Moreover, ethnography is always holistic, contextual, reflexive,

and presented from the emic perspective, or from the perspective of the members of the cultural group involved (Richards & Morse, 2007).

Based on the assumption of culture mentioned above, researchers use ethnographic methods to study smaller subcultural units, such as institutions, loosely connected groups of people (e.g. hockey teams or gangs), and persons with particular characteristics such as shared illness or condition. The methods are designed to elicit features implicit in a culture.

Ethnographic research explores phenomena within cultural contexts from the emic perspective (Richards & Morse, 2007).

Because the manifestations of counsellor empathy may vary depending on the cultural or social orientation of the participants involved, an ethnographic approach is suitable for the present study. Ethnography allows me to elicit and analyze data about the concept of counsellor empathy in counselling relationships that is understood and described from the emic perspectives, namely, Chinese counselling clients' perspectives.

Ethnographic Interview

Spradley's (1979) ethnographic research sequence uses informants' language to explore in detail the cultural context the informants experience, the domains the informants identify as salient, and the relationships among the domains. Through ethnographic interviews, informants inform the researcher what they know about a particular cultural scene. The ethnographic interview provides an opportunity for people to talk about what they know in new ways, thereby unearthing the culture "encoded in linguistic form" (Spradley, 1979, p. 9). Ethnographic interview is suitable for the current study because the study is intended to explore Chinese clients' experiences of counselling, particularly the experiences of counsellor empathy, through their points of view and the language they use.

Recruitment Criteria

An individual could be recruited in the study if he or she satisfied the following eligibility criteria: (a) first generation Chinese who have lived in his or her hometown for more than 15 years, (b) was 19 years-old or above, (c) currently not in therapy, (d) was in therapy within 1 year prior to the interview, (e) had completed at least three sessions of therapy with the same counsellor, and (f) saw a Chinese counsellor.

The rationale for recruiting Chinese informants who saw a Chinese counsellor is that data obtained from that kind of counselling relationship may be able to help paint an original and rich picture of the clinical reality that resembles healing relationships in Chinese culture. As noted in the Introduction, based on J. Lin's (1994) study results, it is conjectured that Chinese therapists might be able to adjust their counselling skills to accommodate Chinese clients' clinical reality, and thus Chinese clients in J. Lin's sample stayed in psychotherapy as long as the American counterparts. One can further infer that Chinese clients' clinical reality may not be accommodated by non-Chinese therapists due to unmatched clinical realities between therapists and clients. Therefore, therapeutic relationships between Chinese clients and Chinese therapists should be explored when investigating Chinese clients' perceptions of counsellor empathy in counselling relationships because such relationships are likely to reflect Chinese clients' expectations of counselling. In turn, results from the present study will allow us to inform current multicultural counselling theories and practices.

Although theoretically any member of the group being studied may serve as an informant in the study, the researcher must consider the type of data required and the characteristics of good informants, for example those who have the ability to reflect on and describe the culture being investigated (Richards & Mores, 2007).

Spradley (1979) identified five requirements for selecting a good informant. In addition to the eligibility criteria stated above, Spradley's requirements were used as a guide to select informants for the present study. These criteria are: (a) enculturation of one's culture (i.e. how much potential informants adhere to their culture of origin), (b) current involvement in the culture of origin, (c) belonging to a cultural scene unfamiliar to the researcher, (d) having adequate amount of time to participate in the study, and (e) being non-analytic, which means informants are unlikely to draw from the psychology and social sciences to analyze their behaviours.

Given the selection criteria and the guidelines for choosing good informants, the sample in the present study was not a representation based on random selection, but instead is a representation of a variety of experiences and perspectives in relation to the study purpose. Therefore, purposive, criterion-based sampling was used to identify informants who represent the broad richness of counselling experiences among Chinese immigrants currently residing in Vancouver Lower Mainland. Informants could participate in this study when they (a) satisfied the inclusion criteria, (b) met Spradley's (1979) selection guidelines, and (c) reflected the diversity of the target group (e.g., immigrants who came from different Chinese societies, sought counselling services for different reasons, and saw therapists with training in different disciplines). During the recruitment process, I consulted with my supervisor on a regular basis regarding potential informants' suitability to participating in this study. Recruitment continued until data saturation was reached. Data saturation occurs when analysis of the newest data provides no new information and there is a distinct sense of redundancy in the interview text (Morse & Field, 1995).

Data Collection and Analysis

This study was implemented by following Spradley's (1979) ethnographic research sequence. A brief summary of the twelve steps in the sequence and the application of the sequence are outlined below.

Step one: locating informants. In accordance with data collection in ethnography, I gained entry by visiting different counselling agencies in Vancouver Lower Mainland that are likely to have Chinese-speaking therapists because they are likely to be seeing Chinese clients. By establishing contacts with staff members of the agencies and by gaining their endorsement of my research, I was able to advertise my research through the assistance of six agencies. Specifically, recruitment flyers were posted in the agencies. Also, Chinese therapists in some agencies gave potential Chinese client informants recruitment flyers at termination sessions. One agency offered to mail flyers to past clients who participated in counselling at this agency in the last six months. In addition to having counsellors handing out flyers to clients at termination sessions, another agency offered their counselling rooms for conducting research interviews. Moreover, I presented my research at different Chinese mental health support groups, in which clients who had used counselling services were likely to attend. Finally, recruitment flyers were posted at various health-related settings, such as university counselling centers, libraries, and community centers.

The recruitment flyer (Appendixes A and B) described the purpose of the study, the university affiliation, the approximate amount of time required to participate, the criteria for participating in the study, information regarding compensation, and my contact information.

Step two: interviewing the informants. Potential informants who contacted me were screened over the phone to ensure they met the inclusion criteria. They were then provided with

further details of the study. They were also offered the opportunity to ask questions before committing to participating in the study, and were informed that they could withdraw from the study at any time. When potential informants who fitted the criteria were willing to participate in the study, an appropriate meeting time and a private meeting space were determined. All informants were invited to two in-person interview sessions. However, they were also informed that they could participate in only one interview. The informants were given this option because a few Chinese mental health practitioners suggested that it might be quite demanding to ask Chinese people to participate in more than one research interview as they tend to be pragmatic and might see two interviews as an unneeded demand on their time. Such an option was meant to increase the likelihood of recruiting appropriate informants. Data analysis could still be conducted with only one interview; however, the data would be more well-organized and defined with a second interview, which was conducted for data verification and further data collection.

Within two days following the initial contact informants would receive a copy of informed consent through e-mail or by mail, depending on the informants' preference. Informants were told that the informed consent at this stage was just for them to learn more about the study and that I would bring a hard copy of the informed consent form for them to sign in the first interview. They were also encouraged to contact me if they have any further questions regarding the study.

Two days prior to the first interview, I contacted the informants by phone or e-mail to remind them about the scheduled interview. I also checked with the informants again to confirm whether they still wanted to participate in the study after reading the informed consent. All recruited informants did not withdraw from the study prior to the first interview.

In-person interviews were mostly conducted at informants' home, at the principal investigator's (researcher's supervisor) research lab, or at a counselling agency's counselling rooms (one of the agencies that helped with recruitment). One informant requested to be interviewed at a coffee shop even though the informant was fully informed about the risk of confidentiality when the interview is taking place in a public space.

At the beginning of the first interview, I explained to the informants the details of the informed consent form (Appendixes C and D), which includes the purpose of the study, the potential risks and benefits of their involvement, and their ethical rights such as anonymity and the right to withdraw at any time without any penalty or harm coming to them if they did so. After I had answered any questions that the informants might have, they were asked to sign the informed consent and to complete a demographic questionnaire (Appendixes E and F). Informants had a choice to conduct the interview in either Chinese (Cantonese or Mandarin) or English, as I am fluent in all the languages. At the end of the first interview, informants were asked whether they wanted to be contacted for a second interview. Informants were offered \$20 in cash at the end of each interview as a compensation for their time and cost of transportation. They were also offered community resources (e.g., counselling and mental health agencies) if they were interested.

All informants were informed of their right to stop the interview at any time, and to skip or refuse to answer any questions which they found too difficult to respond to. All interviews were audio-recorded, then transcribed and analyzed in the original language spoken in the interview. A few informants were contacted via e-mail for clarifications on their interview material after the second interviews. Informants were informed that the interviews were audio-

recorded for later analysis, and that their real names would not be used at any time and in any reports (i.e. this thesis and future articles for publishing) that resulted from their data.

Seven informants were interviewed twice in-person. One informant was interviewed in-person for the first interview and was interviewed on the phone for the second interview. Seven informants spoke in either Cantonese or Mandarin (or in Chinese supplemented by English) in the interviews, except one informant who chose to speak primarily in English. The interviews varied between 30 minutes to 105 minutes long. There were several individuals who wished to participate in the study but did not meet the inclusion criteria.

According to Spradley (1979), interview questions included descriptive, structural, and contrast questions. To build and maintain rapport with the informants, I often moved back and forth from interview to conversation. Conversation elements consisted of greeting, lack of explicit purpose, avoiding repetition, asking questions, expressing interest, demonstrating ignorance, taking turns, abbreviating, pausing, and leave taking.

Step three: making an ethnographic record. Documentation of the cultural context under the present study was included. Aside from interviews, I used an array of ethnographic techniques, including field notes and a personal diary, to collect data. The field notes consisted of reconstructions of observations and conversations, and were used to supplement the audio-recorded interviews. I also kept a personal diary to record my experiences, ideas, fears, impressions, and hunches. This diary was used for keeping track of my personal thoughts and feelings during the study.

Step four: asking descriptive questions. Descriptive questions are used to elicit a large sample of utterances in the informants' native language. These questions facilitate a process of building rapport, which involves four stages: apprehension, exploration, cooperation, and

participation (Spradley, 1979). For this study, descriptive questions (see Appendix G for examples) were mostly used in the first interview for the purpose of encouraging informants to talk about their counselling experiences.

Step five: Analyzing ethnographic interviews. As stated previously, data were transcribed in the language originally used during the interviews. Data were not translated until the researcher (myself) started writing the results of this study. Analysis for this study consisted of four types: (a) domain analysis, a search for broad units of cultural knowledge; (b) taxonomic analysis, a search for internal structures of domains that lead to identifying contrast sets; (c) componential analysis, a search for attributes that show differences among symbols in a domain; and (d) theme analysis, a search for the relationships among domains and how links occur with the culture as a whole.

Sept six: making domain analysis. Spradley (1979) described six steps in domain analysis: (a) choosing a single semantic relationship, (b) constructing a domain analysis worksheet (Appendix H), (3) choosing a sample of informant statements, (4) looking for possible cover terms and terms that would fit the semantic relationship, (5) developing structural questions for each domain, and (6) creating a list of all hypothesized domains. For this study, domain analysis occurred after the first interview with an informant.

Step seven: asking structural questions. Spradley (1979) noted that structural questions help the researcher discover folk terms and information about domains of cultural knowledge. Structural questions should be asked with the following five principles: concurrent, explanation, repetition, context, and cultural framework principles (Spradley, 1979). For the current study, these principles were often incorporated into the interviews in order to further learn about and

understand informants' ordinary language. Structural questions (see Appendix I for examples) were formulated after the domain analysis was completed.

Step eight: making a taxonomic analysis. Structural questions verify the domains and draw out the folk terms that are embedded in those domains. Taxonomic analysis involves an in-depth study of the internal structure of each domain and in turn leads to the identification of contrast sets (Spradley, 1979).

Step nine: asking contrast questions. Spradley (1979) described that contrast questions help the researcher discover what an informant means by different folk terms used in his or her native language. They allow the researcher to distinguish characteristics of various terms. Contrast questions should be asked with the following four principles: relational, use, similarity, and contrast principles (Spradley, 1979). For the present study, these principles were often incorporated into the interviews. Contrast questions (see Appendix J for examples) were also formulated after the domain analysis was completed.

Step ten: making a componential analysis. Componential analysis is a way of systematically searching for components or attributes that signal difference among symbols in a domain (Spradley, 1979).

Steps seven to ten of the ethnographic research sequence were implemented in the second interviews with the informants. After the domain analysis, groups of cards with informants' cultural terms describing a list of hypothesized domains were created. The cards were shown to informants in the second interviews, in which structural and contrast questions were asked and descriptive questions were used when appropriate. By asking these questions, I was able to conduct taxonomic and componential analysis while in the presence of the informants. By the end of the second interview, each informant would have created a number of mind-maps (see

Appendix K for an example of a mind map) with the cards I provided for them. The mind-maps served as a representation of informants' psychological reality of counselling, based on their ordinary language.

Step eleven: theme analysis. Theme analysis entails the search for relationships among domains and how they relate to the whole. A cultural theme can be any cognitive principle, recurrent in a number of domains, and serving as a connection among subsystems of cultural meaning (Spradley, 1979). For the current study, themes were created when at least half of the informants noted a phenomenon or an experience. Further details of theme analysis for this study will be delineated in the beginning of the Results section.

Step twelve: writing the ethnography. An ethnography was written by following Spradley's (1979) five levels of statements. These levels are: (a) universal statements, (b) cross-cultural descriptive statements, (c) general statements about a group, (d) specific statements about a domain, and (e) specific incident statements.

Sample Characteristics

In total, eight informants participated in this study. Table 1 outlines the demographic information for all informants. All informants reported having seen at least one Chinese counsellor in the past. Five informants mentioned having seen more than one counsellor. Among them, two informants reported that they had seen Chinese counsellors and non-Chinese counsellors who spoke with them in English. All informants reported having seen counsellors at various community counselling agencies. These counsellors' are mostly master's level registered clinical counsellors or registered social workers while a few are counselling practicum students. One informant reported also having seen psychologists in private practice. All of the informants reported having seen one of their counsellors for at least three sessions.

Table 3.1 Informants' Demographic Information

Pseudonym	Gender	Age	Hometown	First language	Education level	Years of residence in Canada
Wang	Male	55	Mainland China	Mandarin	Master's	~ 4 yrs.
Chen	Female	41	Mainland China	Mandarin	Master's	6 yrs.
Wong	Female	46	Macau	Cantonese	Highschool	27 yrs.
Lin	Female	42	Taiwan	Mandarin	Master's	4 yrs.
Lee	Male	48	Hong Kong	Cantonese	College	19 yrs.
Zhang	Female	40-45	Mainland China	Mandarin	College	15 yrs.
Chou	Female	53	Mainland China	Mandarin	Undergraduate	6 yrs.
Wu	Female	47	Mainland China	Cantonese	Highschool	20 yrs.

Note. Pseudonyms are used to protect informants' confidentiality.

The Researcher's Origin Vis-à-vis the Method

Traditionally, ethnographic studies are conducted by researchers who are willing to explore cultures other than their own. They try to be like the people they have chosen to study. Ethnographers work to become as integrated as possible into the lives of the people they are studying and yet the researcher stance remains outside the group being studied. Specifically, the researcher is a member of the cultural group he or she is studying, learning, and being taught, and yet is not truly one of the group (Richards & Morse, 2007). As the researcher of this study, I did not have to make an extra effort to establish commonalities to gain, build, and maintain the trust and confidence of the informants as a non-Chinese researcher might have been required to do. On the one hand, because of my Chinese ethnic background, I am very much like my informants. On the other hand, research informants and I can be different in several ways: we

can be different in terms of the duration of living in Canada, the amount of mainstream schooling received, and the fluency in the language(s) that we often speak. These factors might have influenced our various worldviews and experiences of living in Canada.

Like most qualitative research, ethnography runs the risk of criticism for its subjectivities. Morse and Field (1995) cited two possible sources of such subjectivities. First is the subjective nature of the research topic. The subjective feelings of the research participants are an integral part of how they perceive, report, or account for their experiences, the situations, or the events surrounding the experiences. This subjectiveness is essential in ethnography.

The second source is the researcher as an instrument. My involvement as the main interviewer in this study and as being responsible for data analysis enhanced the research process. I constantly, however, discerned and reflected on the relationship I developed with my informants so that I could ensure that my informants do not affect or influence the data collection and analysis. I was careful not to become too attached to my informants. I also had made attempts to draw appropriate boundaries with the informants so that validity of the study could be more adequately judged. Moreover, being aware that researchers are seldom without theoretical orientation, I tried to put my conceptual and theoretical frameworks aside through journaling, mental reflections, and consultations with my supervisor, unless they were found relevant to the themes that emerged from the data. As an insider, I do have my own assumptions and knowledge about Chinese culture, but I discern that there will times I am not aware of my assumptions because I recognize that my values and belief systems are influenced by both Chinese and Western culture.

Chapter IV: Results

Analysis of the interview transcriptions, informants' mind-maps, and field notes resulted in the formation of eight major themes common among the informants. Some themes contain several sub-themes. A ninth theme was created in order to delineate what is commonly considered as salient in counselling by the informants. A theme was formed when at least half of the informants mentioned a phenomenon or an experience. After all the themes were created, they were categorized mainly according to informants' mind maps created in their second interview, and subsequently the major themes were formed. Most of the resultant themes were labelled based on informants' word choices. If a label based on the informants' language was not found, an effort was made to create a label that is linguistically close to the language that most of the informants used.

In addition, a mind-map of the resultant themes (see Figure 4.1) was created in order to reflect how informants generally, through mind-maps, presented their clinical reality of counselling during their interviews. All theme labels are in bold, except theme 8. Each theme and its sub-themes (if applicable) are grouped into a dotted-box. It is important to stress that the resulting themes are overlapping and interrelated: as shown in Figure 4.1, relationships among the themes are demonstrated by line arrows connecting among boxes or dotted boxes, implying that the themes are interconnected. Thus, one should not treat them as independent entities.

Moreover, it is worthwhile to note that study informants' comments are generally consistent across gender (i.e. female vs. male informants) and across different geographic regions (i.e. Mainland China, Hong Kong, Taiwan, and Macau). On the other hand, results presented here do not suggest that all informants are from a homogenous Chinese culture: while informants share some similarities (e.g., all informants understand Chinese), they are different

from each other as they come from regions that have disparate societal, political, and historical influences.

The eight themes will first be described in detail, followed by a presentation of the ninth theme regarding informants' perceived priorities in counselling. In the quotes presented in this section, CN represents the researcher (myself).

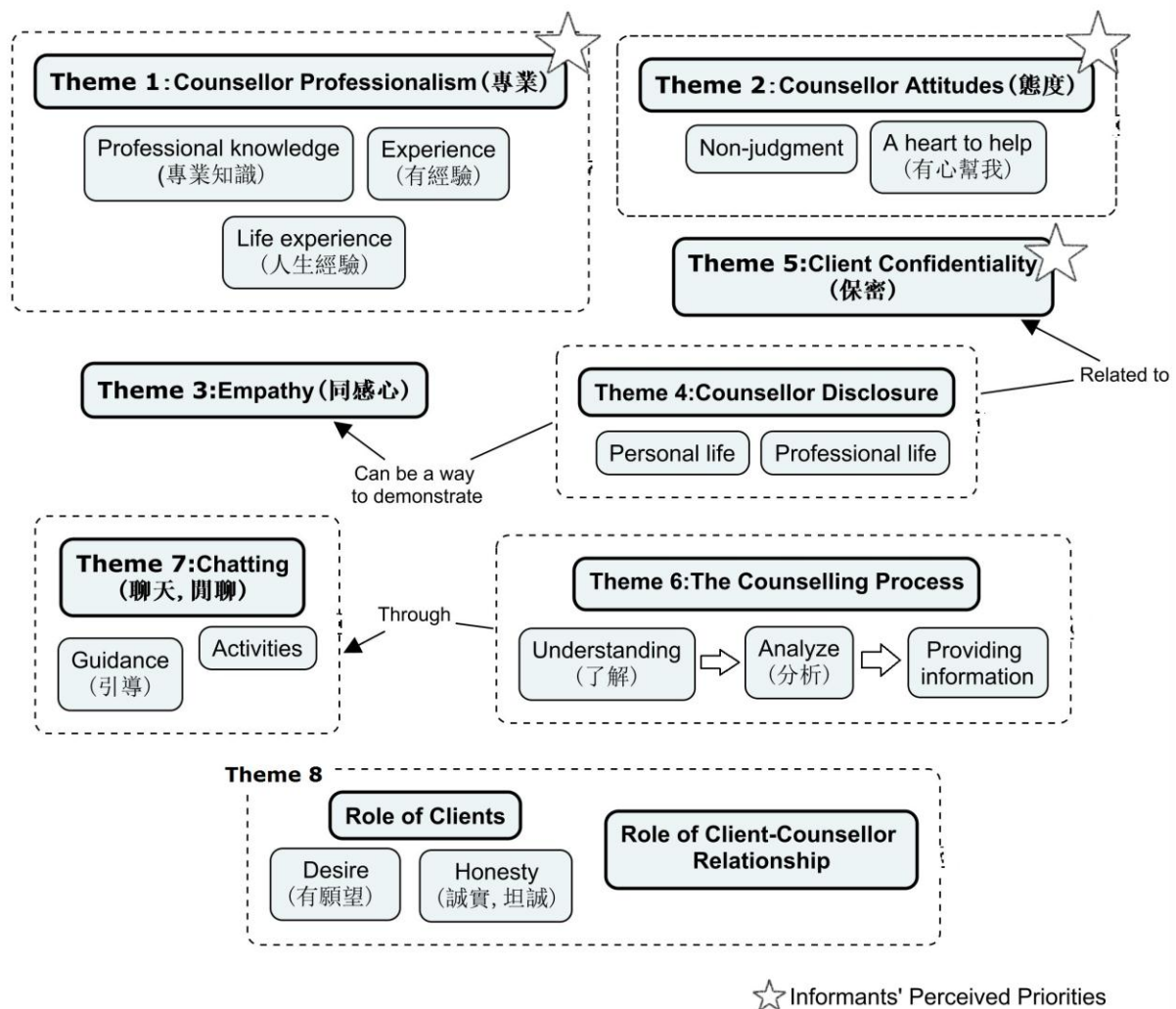


Figure 4.1 Informants' perception of counselling.

Theme 1: Counsellor Professionalism (專業)

From the interviews, all informants stated that counsellors need to be professional (專業). According to the informants, being professional consists of several components: (a) *having professional knowledge* (專業知識), (b) *having experience* (有經驗), and (c) *having life experience* (人生經驗).

Having professional knowledge (專業知識). All informants described that counsellors should have gone through relevant education and training so that they are equipped with professional knowledge (專業知識) for working with their clients. A few informants elaborated that such professional knowledge allows counsellors the ability to “analyze their clients’ situations at a deeper level.” As Lee explained:

The counsellor’s experience is related to his knowledge. Because of his skills, things that he can do, he needs to have the base. When he has the foundation and base, then he can help others to analyze the situation. If not, what you have got to analyze?

Similarly, Lin expressed the importance of a counsellor’s professional knowledge:

If you [counsellors] are not professional, you are only telling other people’s experiences. I feel it’s like you are only telling other people’s methods, or counsellors narrating the experience of the cases they have encountered before. However, if you have not received the training, have not acquired the common knowledge in this profession, you don’t have the methods to analyze. You will not be able to teach others to manage at a psychological or mental level, even how to prepare some homework.

She also explained how such knowledge can contribute to a counsellor’s professionalism:

I think it’s necessary. If they [counsellors] haven’t received training, where can they have the professional knowledge? I believe many things don’t come with everyone when

he or she is born. I also don't believe that counsellors possess the knowledge when they are born. I believe it is common sense and knowledge that they learn from going to classes. Then your experiences are all your valuable methods. I believe these are accumulated experiences. Therefore, they need to be trained. In the process of being trained, they become more professional. Or it will make them to have more knowledge in their brain and tummy. I believe that it is necessary.

Some informants described that professional knowledge not only includes textbook theories, but also includes knowledge learned through sharing clinical experiences with other counsellors at professional conferences and through obtaining resources in professional trainings. For instance, as Lin commented:

Of course I feel that, their [counsellors'] information is constantly...may be they [counsellors] need to constantly go to classes outside. Because information is always changing, even some government policies, some plans, may get changed along with some legislation changes. I feel that they should acquire the most updated information, because they need to offer this information to people like us [clients]. I feel that this is something that [counsellors] must possess.

She also recalled:

I heard my counsellor said, they [counsellors] are required by the agencies they work for to organize different workshops once or twice each year. She [Lin's counsellor] said that that's the way they learn. She said organizing these kinds of workshops is considered as a way of learning. With the people [professionals] who participate in the workshops, she said, they can learn from others regarding what are the issues they are facing lately. Because everyone might encounter different struggles or issues, she can learn from others

the way some new immigrants think, or learn from others' who share their different experiences.

Having experience (有經驗). Another component of a counsellor's professionalism reported by many informants (5 out of 8) is *having experience* (有經驗). Chou explained that a counsellor having experience "means he or she has done the work in the field for a long period of time. The longer the counsellor works in the field, the more experience he or she has." A few informants mentioned how counsellors' experience can support their work with clients. For example, when counsellors have accumulated experience from working with more clients, they will be able to share those experience with the clients that they are currently working with. As Lin described:

Sharing with you [the client] other people's method of managing their issues. Hoping us [clients] can learn from other people's cases and how to deal with your situations or your problems, how to adjust your thinking. When counsellors encounter more cases, accumulate other people's experiences, they can serve as some references for us. I feel it is very useful that counsellors share with clients the cases they had dealt with before, because maybe no one told me [the client] about them before.

According to some informants, a counsellor's experience can also help the counsellor's ability to "analyze" and "to look at clients' problem more accurately." For instance:

CN: Having experience . . . how can someone show you that he or she has experience?

Wu: For example I told him [Wu's counsellor] my problems. I told him what I'm doing in my life; about my problem. Then after he understood it for example I remember he told me, "You need to change your life style in order to escape from the bitterness." It's something that I've never thought about before. . . . Him having experience means he

saw one thing – I’m not my old self anymore. I should change. . . . This is his experience. Do you think so? [Wu asking the researcher] That’s why I feel that it comes from his experience.

Having life experience (人生經驗). More than half of the informants (5 out of 8) talked about the role of counsellors’ life experience in their professional work. They mentioned the more life experience counsellors have, the more likely that they have gone through the different life situations their clients have experienced. Such experience can help them to better understand their clients and to have more knowledge to offer to their clients. It is worthwhile to note that, among the informants who discussed counsellors’ life experience, most of them equated counsellors’ life experience with counsellors’ age. For example, Wang mentioned that he was a bit surprised when he first met his counsellor, who is a young female almost half of his age. He felt embarrassed and wondered what this young counsellor could offer him:

First time I felt very embarrassed. I saw my counsellor was a young female. Because she just got married recently and does not have kids. . . it is especially embarrassing.

You think, I’m already fifty something and still have to come to a young female who does not have kids and to get her to teach you how to be a parent. At that time it’s a bit embarrassing.

Since the interview with this informant, I started to pay more attention to the subject of a counsellor’s age in the subsequent interviews. When I noticed an informant appeared to think that a counsellor’s age plays a role in his or her clinical work, I would ask the informant to elaborate. From the interviews, it appears that some informants perceived that a counsellor’s age is associated with counselling effectiveness because a counsellor’s age is related to a counsellor’s life experience, which in turn is likely to have an impact on the quality of the

counsellor's clinical work. Lee explained how age and life experiences are related and how they might influence a counsellor's work:

They [counsellors] need to have a good base. Very broad. That means you don't necessarily need to have a lot of knowledge. It means if you find a very fresh, like my son. He's only a teenager. What does he know about? What has he gone through in life? How can he help other? I feel that [a counsellor's] base is very important. Of course it's related to whether [the counsellor] is convincing. If you find a teenager to counsel a fifty something . . . as a Chinese saying goes, "I eat salt more than you eat rice." It means I see a lot more, have more experiences, and live longer than you. If you are in your twenties, what have you got to help me? How much have you experienced?"

However, for some informants, it does not appear that counsellors' age, and thus counsellors' life experience, are absolutely crucial components of counsellor professionalism. Some informants stated that a counsellor's age does not absolutely matter to them anymore when the counsellor can provide clients with a sense that he or she has the experience to work with the clients. Counsellors can provide such a sense by disclosing their work experience or by dressing maturely. For example, Wang recalled an exchange between him and his counsellor:

I said [to my counsellor], "If you haven't had children, haven't had the experiences of parenting children, how can you teach others to parent kids?" Right? "I'm in . . . I'm experienced but you [Wang's counsellor] are inexperienced. How can you teach me?" [My counsellor] was not embarrassed at all. She said . . . a bit surprising to me. Yeah. She said it very naturally. She said, "Although I do not have children, but it's because of my work, I see parents everyday. Through talking with them [parents], working with them, I have acquired a lot of experience and knowledge about how to teach kids. Then I

can give those knowledge and experience to you.” When I heard this response, I thought it made sense. That was reasonable. That’s why I made the decision to continue counseling.

Chou explained how counsellors can dress older when they appear young: “In terms of appearance, I think even though [the counsellor] is young, it’s not a big deal. Dressing more maturely will do. Don’t dress too extravagantly. Then it will be fine. Not a big deal.”

Aside from describing counsellors *being professional* (專業), several informants (4 out of 8) also used the term *having technical skills* (有技術, 有技巧) as they were speaking about counsellors who have extensive professional knowledge and experience. Wu explained what *having technical skills* means by using the analogy of hair cutting:

They [technical skills] are related to knowledge. Just like how I cut hair. I need to learn the theory and then keep practicing on my own. They [technical skills and knowledge] are together. Then you would get good skills. If you have not learned it before I think it’s difficult to have good skills.

Theme 2: Counsellor Attitudes (態度)

During the interviews, many informants talked about their counsellor’s attitude towards them and towards his or her counselling work. They also delineated how a counsellor’s attitude can play a role in his or her clinical work. Two commonly noted attitudes are (a) non-judgment and (b) *having a heart to help* (有心幫我).

Non-judgment. Almost all informants (7 out of 8) expressed that counsellors should be non-judgmental when working with their clients. Informants’ comments suggest that the term “non-judgment” can be used with other terms interchangeably. In particular, other common terms used by informants are being *neutral* (中立) and *open-minded* or *open-chest* (心胸開闊).

Many informants considered non-judgment as a part of a counsellor's professional attitude. Other informants simply perceived that it is a professional "service offered to clients" or a part of being a professional counsellor. Informants often remarked why it is important for counsellors to be non-judgmental and suggested how counsellors can demonstrate such an attitude towards their clients. For instance, as Chen explained:

Don't be judgmental. Clients are afraid to be criticized. In our society many people they have the habit of criticizing others. Clients might have difficulties to describe the situation because of language barrier, memory. Clients might remember but they cannot totally present the whole picture. Don't do that when you first see your client, when you aren't so close [with your client]. Don't make comment so easily. Don't jump to conclusion. Always try to get more details, to know the situation better. At least don't say it's an absolute. Say it more tentatively. Or use "I-statements." Say it mildly, "Don't you think it's appropriate?" or "I feel . . . do you agree?" Don't say, "I don't think you are right." Because these words are very hard for people to accept. People have high respect for themselves. They want people to respect their points of view, their thinking. Everyone has the right. It's so easy to hurt people's feeling.

Other informants, as they talked about counsellor non-judgment, used some of the terms mentioned by this informant, such as, *not criticizing*, *not jumping to conclusions*, *trying to get more details*, and *respect clients' points of view and thinking*.

In addition to these terms, other informants noted that counsellor non-judgment can be demonstrated by *not imposing ideas*, *not blaming that I am silly* (冇責備我咁樣係咪傻), *not hurting my feelings*, *accepting my feelings* (認同我的感覺), *looking at me with coloured lens* (用

有色眼鏡睇我), or *putting bias away*. For example, Zhang talked about how counsellors should not judge their clients:

Zhang: How you [the counsellor] respect her [the client's] thinking, not considering that she's weird...or, force her to accept their [the counsellor's] thinking. I think, I don't know whether other people think about it this way. I haven't encountered such a situation yet. But I feel that this is very important. That is letting clients to open their mind.

CN: Open their mind, that means...

Zhang: They won't judge.

CN: uh-um. That is also.

Zhang: Important. Sometimes I don't know. I feel that counsellors should . . . professional [counsellors] should not judge others.

As well, informants also talked about what are the contrast terms of non-judgment. For example, some informants mentioned that when counsellors are judging they are *subjective* (主觀), *prejudice*, *giving personal or negative opinions* (給了自己個人/反面意見), *narrow-chest* (心胸狹窄) or *narrow-minded* (思想狹窄), *biased*, and *stubborn* (偏執狂).

A counsellor's judgment towards clients, as suggested by some informants, can have a negative impact on clients in the counselling process. As shown in Chen's quote in the beginning of this section, when clients feel that their counsellor is judging them, they feel hurt. Such a reaction is also reflected in a recount of another informant. Wu reported feeling very hurt by her counsellor, who thought Wu might harm someone when she felt that she had no such an intention, but was simply crying for help:

I feel that her [Wu's counsellor's] response hurt me a lot. I find someone to help me you feel . . . even you [Wu's counsellor] have already met me a few times, even you feel that I would have a knife with me? To kill someone? If I really want to kill someone with a knife, I will not tell anyone I want to kill someone.

Counsellors' judgment towards clients might not only have an unfavourable effect on clients, but might also have a negative consequence on counsellors' clinical work. As Lee explained:

Because when you are subjective you become biased. Counsellors should be more open. It means being objective. For example, seeing a person with tattoo means the person is bad. That's not always definitive. The woman who's crying must be the victim. You haven't understood the case thoroughly. If you're subjective, you might not listen to certain people's stories. [Counsellors] have to understand why the incident happened. What caused it. Counsellors should not have prejudice. Should not be subjective. Their job is to understand what's going on. Then they should analyze it. Then they work from there. [Just like] prescribing medicine. Counsellor should have an attitude of being neutral. Then to analyze. Consider whether it's the full story. Just like a detective investigating a case. Shouldn't jump to conclusion too quickly.

This example implies that, according to some informants, if counsellors are judgmental and jump to conclusions too quickly they might work with their clients from a biased perspective and in turn might use the wrong "medicine" to help their clients.

Having a Heart to Help (有心幫我). All informants expressed that counsellors should have *a heart to help* their clients. In particular, according to many informants, *having a heart to help* is considered a counsellor's professional attitude, a quality, or *a positive attitude* (正確態度)

of a counsellor. Several informants stated that this is an essence (本質) and special characteristic (特質) of a counsellor, or a characteristic of a trustworthy (可信任) counsellor.

A few informants asserted that counsellors should possess certain attitudes in order to have such a “heart.” They described that when a counsellor is *kind* (善良), *sincere* (誠懇), *compassionate* (有愛心), and/or *responsible* (有責任), the counsellor would *serve others* (為人服務), demonstrate humanity, or *take pleasure in serving others* (助人為樂). For example, Chou elucidated what it means to *have a heart to serve others* (為人服務的心情):

If one [a counsellor] doesn’t have compassion, responsibility, he is only doing things superficially. He is only doing things on the surface. If he’s doing it for money, he will not serve others. These two can’t go together. But there are people who deserve the money. They have compassion, also responsibility.

Also, when counsellors are passionate about what they do, they will have the drive to help their clients by investing time and energy in their work. As Chen explained:

Chen: Yeah. And the drive you know to help the client out.

CN: The willingness to help the client...

Chen: The...Yeah. The drive. I mean . . . if you like the subject, no one can stop you from learning, from putting energy, time, investing in that right.

Some informants provided examples as to how counsellors can demonstrate *having a heart to help*. For example, Wong explained that counsellors should have *a real heart to help me* (真心想幫我): when counsellors demonstrate that they have such a heart, they would not appear like they are *doing their job for a meal* (為兩餐) or would make clients feel as though clients are *wasting my time* (咁緊我時間). To elaborate, Wong described what would happen when

counsellors do not have *a real heart to help*: “Like while you [the client] are chatting with me [the counsellor], I look at here, I look at there. Or I play with my watch, play with my ring. It’s like ignoring. This kind of behaviors. This means ‘Oh you’re annoying.’ ” Wu used the analogy of seeing a doctor:

Some doctors they take patients, take the money. But often they are . . . like being perfunctory. For example a doctor goes: “You go for whatever blood tests. Do whatever x-rays.” [The doctor] just wants to brush you off. Does not give his or her heart out to help you and yet take the money.

Moreover, half of the informants in this study reported that their counsellor was *having a heart to help* because, from their perspective, their counsellor did more than their job required, and the informants appeared appreciative of their counsellor doing so. For instance, Lee described that his counsellor was *willing to help when he can* (幫得到就幫):

Like with my wife, I had a small argument with her in a session. He [Lee’s counsellor] acted like a mediator. That means he tried his best to be a mediator. It means that he can do that, willing to help when he can. This [kind of] thing should not be something that he is required to do.

Lin had a similar experience. She mentioned that her counsellor helped her with things that appeared unrelated to the counsellor’s job duties. She found her counsellor *very willing to help* (很願意幫忙) and *very attentive* (用心):

Then she [Lin’s counsellor] said “If it really didn’t work for you . . .” She even gave me her cell phone number. It’s for just in case if I ever needed support. She said “If you have communication difficulties with some agencies, or if it’s inconvenient for you to contact those agencies.” She said I can call her. She can assist me on the side. So it has

come to this far. She even . . . usually counsellors rarely gave out their cell phone number to others. Yes, but she even gave me her cell phone number, saying, if you have any problem, she basically is willing to help.

In sum, based upon these interviews, it appears that informants viewed that counsellors can provide different levels of help to their clients. The level of help offered is dependent on the counsellor's attitude or whether the counsellor "has a heart to help." Zhang summarized it succinctly:

Counsellor can give you two attitudes. I [counsellor] can do the job like a routine, just spending the time. Let's talk and you can pay for it. One work attitude. Another kind [of attitude is] always try her best. May be not concentrating for ten minutes in an hour, she [the counsellor] thinks about her own business. It's acceptable. But she would, when she concentrates, she would focus on your problem. To figure out and try different ways. That's a level of service. I feel that in the process of the service, if she doesn't . . . I [the counsellor] know[s] what the biggest problem is. For example, depression. Counsellor A would use one method. She personally believes that method is the best. Then she gives it to clients to try, [like using the] professional tool. She might feel that this works the best. Then would give customers to try. Every customer is the same thing. I feel that it's a bit like doing routine work. She did not. If it's the next level, it means, "Oh it's not a big deal I [the counsellor] would think that my job is to take my clients into consideration." Maybe her knowledge and experience are limited, but she would try her best. Trying her best I mean after work she would reflect whether her tools work [for her clients] or not. It means considering whether customers' thinking has improved. Then try more. Then redo these things. Over again with another way. This is best. The first

one [counsellor] did not try her best. Only does what she feels comfortable. Second one just doing her work routines. Better than the first one. A little bit better. And I think [what] clients want is most the third one. That's the purpose of client seeing a counsellor. I don't want to go to a lecturer either. Like work routine. Like we [clients] are a tester. Or just for you [to] collect pay cheque.”

Zhang then further explicated, when counsellors *try their best* (盡力) to help their clients, they demonstrate they have *moral* (道德) and *conscience* (良心).

It is worthwhile to note that many of the words that informants used to describe a counsellor's prerequisite attitudes for *having a heart to help* contain the word “heart” (心). For example, the Chinese word of *conscience* (良心) used by the informant presented here contains the character *heart* (心). Similarly, many of the prerequisite attitudes mentioned by other informants, such as *compassionate* (有愛心), *a real heart to help me* (真心想幫我), *very attentive* (用心), *warm-hearted* (熱心), also contain the character *heart* (心). It appears that, in many informants' perspective, a counsellor's “heart” plays a salient role in the counsellor's clinical work. Therefore, a term used by an informant that contains the word “heart” (心), “having a heart to help,” is chosen for the name of the theme for this section because I believe it can best represent the informants' cultural understanding of favorable counsellor attributes in the context of counselling relationships.

In fact, informants in this study are similar to the participants in the study by Lee et al. (2007; see Introduction for details). Participants in both studies used the word “heart” frequently to describe one's emotions or qualities: while informants in this study used the heart to describe counsellors' positive qualities, participants in Lee et al.'s study used the heart to articulate

emotional distress. Thus, the present study results, coupled with Lee et al.'s results, suggest that linguistically the “heart” plays a significant role in Chinese language: the “heart” is not only a container for emotions but is also a common word used for describing different human attributes.

In general, based on the informants' comments, it appears that informants used slightly different terms to describe the two counsellor attitudes, namely, non-judgment and *having a heart to help*. Also, informants perceived that these two attitudes can have significant impacts on both the client and the counsellor in a counselling process.

Theme 3: Empathy (同感心)

Two informants explicitly mentioned that it is important that counsellors have *empathy* (同感心). Chen explained what empathy means, how counsellors can demonstrate it to clients, and what effect it can have on a counsellor-client relationship:

Empathy, empathy means you understand the client very well. Sometimes you need to let the client feel that, feel understood. Just tell him! “I know what you are feeling.” I mean don't neglect those you know ignore those short statements. It makes yours...it makes the client feel better. Because if you don't say, even if you understand your clients but you don't say. . . . because clients are different right. Some are very good at observation right. Some are not. Because their personalities are just different. But I think a client should always . . . because good communicate depends on both, depends on both. You need let the clients know what you feel. It helps build the bond. That means you just tell [your clients] you know. Sometimes just tell them directly. “I know what you're feeling.” “I understand you.” These are very positive response. . . . It encourages the good communication.”

Chen also suggested that sharing personal experience is also a way to show empathy and in turn to build the bond between counsellors and clients.

Wu elaborated that, in order to have empathy, one has to see things from others' perspectives. When one has empathy, he or she will be able to understand others more:

Really put your heart out there. Use your heart to listen. Really understand others by standing in others' points of view, to learn about them, to understand them. Their needs, their feeling of loss. Perceive from others' points of view. When you have empathy you will easily understand other people more.

Wu also used an experience she had with her friend as an illustration of how to show understanding of others' situations:

Yeah. I think let her [Wu's friend] to think clearly on her own. For example let her understand that "you are in a swamp right now. I understand that you suffer so much in this swamp. You don't know where to go in this intersection. May be you can leave this intersection for a while. Leave the swamp. Give yourself some time to think about where you want to go. By then you will find a way out."

Another linguistically related term of empathy is *feeling for others with one's body* (身受同感). Wong described how her counsellor tried to see things from her family member's perspective and in turn helped her to understand her family member.

Like that person seems not happy today. Or he because of his boss. In fact he didn't do anything wrong, but his boss gave him a hard time. Then he got upset. Or he [the boss] picked on you [him] for not doing things right, or for making slow progress. You do things like how you normally do it. Why are you treating me that way? But then that person, he himself is the victim. He didn't know. Therefore he blames himself for

making slow progress. But then the counsellor would tell me [him] “I would feel upset too. I would feel upset too.” This is how you feel for others with your own body.

Other informants (3 out of 8) made comments that are similar to the descriptions made by these informants; however, instead of labelling the descriptions with the term empathy, they related these comments to other concepts. Specifically, Wong remarked that seeing things from others’ perspectives is part of being neutral:

Counsellors should be in the middle. You can’t say, “You’re mean. He is not mean.” . . . She [the counsellor] should perceive by standing on others’ side. Not blaming them why they are being silly. The way he [the client] thinks is affected by something else. That’s why he is being this way.

The other two informants described that their counsellor *accepts my feelings* (認同我的感覺) or is *observant of my words and gestures* (察言觀色) because their counsellor understood how they felt. For example, Lin recalled:

She [Lin’s counsellor] would ask me . . . in the beginning . . . the normal way she communicated...she would ask me “What problems do you have?” Then I would tell her. I don’t know how to tell her my problems, but I would tell her what happened recently. I would briefly tell her what happened. Then from my narratives, she would say, “Are you feeling scared?” Or “You feel lost.” Or she would say, “Are you feeling that you are at an intersection right now you don’t know how to choose.” Then I said, “Yes, correct!” At that time I felt “Eh, at least she’s very observant of my words and gestures. She did seriously listen to my problems. Listen to me talking about what happened.” Then from there she could generally find out what my problem was.

As shown in this section, a small number of informants overtly reported that it is important that counsellors have empathy towards their clients. While these informants used the term empathy, others used other terms to describe counsellors' empathic responses, such as being neutral, *accepting my feelings*, and *being observant of my words and gestures*.

Based on some informants' descriptions, one may notice that some of the terms, namely, being neutral and *accepting my feelings*, appear in the preceding section regarding counsellor attitudes, particularly, counsellor non-judgment. Therefore, based on this observation, one might suggest that there might be an association between empathy and non-judgment in a counselling context.

Theme 4: Counsellor Disclosure

More than half of the informants in this study (5 out of 8) reported their counsellor made some kinds of self-disclosure during the counselling process, either about their professional life or their personal life.

Disclosure about personal life. Several informants mentioned that their counsellor talked about their family, about their marital status, or about experiences that the counsellor had encountered that were similar to the informants' situations. For instance, Wong recalled that her counsellor showed her the counsellors' family picture and talked about the counsellor's family.

Some informants perceived such counsellor self-disclosure is a way to "shorten distance" between themselves and the counsellor. As Chen explained:

Do you want to talk to a person that only. For example, I am the counsellor and you are the client. I know you very well, but you don't know me a lot. Do you think you can, you dare to open up. Right?

Chen also mentioned that she felt the distance between her counsellor and her was shortened when her counsellor “opened up herself”:

And she [Chen’s counsellor] told me about her stories, her experience, or her classmates’, her friends’ experience. Yeah. I mean this is the way she knows she open up herself. And in that way . . . clients could feel that “Okay, I could talk more.” I could talk more. And the relation, I mean distance was shortened.

Similarly, Lin noted that her counsellor’s personal disclosure made her feel like her counsellor was treating her like a friend rather than a customer:

She [Lin’s counsellor] was really willing to tell you [Lin] what she knows. Because she was also divorced before. She shared with me her family situation. Eventually she went for a divorce and then married again. Now her kids are grown up. The process of it wasn’t mentioned in great detail. But she was willing to share what she’s gone through. I feel that she, not only shared with me other people’s experience, but also shared with me her own experience. And then she hoped that you wouldn’t run into those unhappy experience. It felt like caring for a friend, like caring for a family member. She cares for your case by putting her heart into others’ body. . . . Like caring for her friend. Not like working for her customers.

It is worthwhile to note that the term *putting her heart into others’ body* (將心比心) used by Lin has a meaning similar to the term empathy. The two terms share very similar connotations: they both contain the meaning of putting oneself in others’ shoes. Lin’s comment echoed Chen’s comment (mentioned in the previous section) that counsellors can communicate empathy to their clients by sharing their personal experience. Hence, in some informants’

perspectives, counsellors' personal disclosure might not only shorten the distance between counsellors and clients, but might also communicate counsellors' empathy towards clients.

Although some informants stated that they appreciated that their counsellors told them about their personal life, they noted that such disclosure is not absolutely necessary and should be done appropriately. As suggested by Chen, appropriate counsellor self-disclosure is likely to have a positive effect on the counsellor-client relationship and there are different ways counsellors can share personal experience with clients:

It's not very necessary. Some counsellors might not feel comfortable, but it depends. If you [counsellors] could share personal experience, or maybe not sharing personal experience but speak from a personal perspective. Not just professional perspective. For example, as a counsellor you can say "speaking from my experience, I feel that ..." or you can give an example of yours. You give yourself as an example. But there are many rules. You don't wanna hurt your feelings. You don't want to let your privacy being intruded. So there are many rules to restrict. Sometimes it works very well. When the counsellor appropriately talk about him or herself. Because that's the best example. The information is very true. I met with a Chinese counsellor who said "Oh I have a client . . . I have a classmate . . ." because I [Chen] talked about my classmate. It helps a lot. But you need to say that there are many rules. . . . Sharing personal experience builds bond. That's very good example – using personal experience. The counsellor has to feel comfortable. Can't use it like something that he or she has to do. Doesn't need to do it if he or she doesn't feel comfortable.

Disclosure about professional life. Some informants reported that their counsellor talked about their educational backgrounds, about the kinds of cases that the counsellor had dealt with

before, or about other professional work that he or she did aside from doing counselling, such as attending conferences and professional training. In particular, Wong noted, “She [Wong’s counsellor] also talked about her educational background, her education and what kinds of cases she had dealt with before. Also talked about some cases weren’t successful.”

In addition, some informants mentioned that their counsellor shared with them the cases the counsellor had worked with in the past as references for the informants regarding their own situations. For instance, Lin stated that she appreciated her counsellor shared outcomes of some cases with which the counsellor had worked before so that she could learn from those cases and manage her own situation more effectively:

Lin: She [Lin’s counsellor] would really in the cases that she has encountered before.

She would briefly tell me situations that are similar to yours. She would tell these cases.

CN: You feel that it’s very valuable for you.

Lin: I feel it’s very good. Because I don’t see others’ situations . . . others’ cases are our case . . . exactly the same case. But I think I can learn from them [the cases]. They can be used as references. Other people have this kind of case. In those cases people would encounter what kinds of situations or what serious conditions would happen in the family.

Actually when we [clients] learn about these conditions, I would of course try to avoid other people’s conditions. Because I feel that this condition is very similar to mine.

Then I would say: “I would not go there.” Maybe controlling my emotions, not bumping into the thresholds of those serious conditions like in other families. Therefore, I think.

“Do I need to adjust myself?” or “I need to teach my kids about what to do to avoid serious problems in the family. To avoid other serious happenings in the family.

Therefore I think this is an information exchange. Yes. It means learning from other people's mistakes. Don't let it happen in my family.

Some informants asserted that, similar to sharing personal experience, counsellors should share their professional experience with caution, especially when client confidentiality becomes a concern. For example, as Lin commented:

She [the counsellor] should tell us [clients]. What happened in those cases. In those cases, the cases she dealt with, the similar conditions. I feel that she should briefly even generally tell us. But counsellors should not share with clients their cases in too much detail even very very explicitly, meaning in a very direct and straightforward way.

I feel that they [counsellors] should not share with people like us so much detail.

Lin then explained there might be negative consequences when counsellors share too much detail about other cases:

Because there might be negative effect. First I would be scared. Second I would say, "Why there is such a scary situation?" This would give us [clients] negative impressions. Even though no specific names are given. Other people's names are not directly provided. But if you [counsellor] narrate the stories in such great detail. [I would think], "Would this counsellor tell other people about my case too?" I think this is not very moral.

From the interviews, it appears that counsellor self-disclosure, if done appropriately, can shorten the distance between counsellors and clients. Also, it can serve as a way to support clients in dealing with their issues at hand.

Theme 5: Client Confidentiality (保密)

In the interviews, half of the informants explicitly talked about confidentiality (保密). They stated that it is a counsellor's "professional duty" to keep clients' personal information confidential. For example, Zhang described how all of her counsellors had demonstrated their duty to client confidentiality.

Because I believe, confidentiality is their [counsellors'] job responsibilities. That's their professionalism, because every counsellor told me the same thing. Sign the same contract. . . . Yeah, first is because their professionalism. Another is law protection. . . . My counsellor told me unless it's court ordering you [the counsellor] to disclose your stuff. Otherwise, without your [the client's] permission you [the counsellor] can't . . . your name, story connected. Even in public place. My counsellor, all counsellors [I had seen] asked me, "If in public place, like, McDonald's, if you say hi to me, I would say hi to you. Other than that, I would not initiate contact with you. It's not about politeness. Because this is related to confidentiality. Because the people whom you are with might ask you out of curiosity. "Oh. Who's this person?" If you say "counsellor," people might not feel comfortable. Therefore she [Zhang's counsellor] would explain to me very clearly. Therefore, I feel very comfortable.

As described in the theme regarding counsellor disclosure about professional life, Lin mentioned that counsellors should not be too explicit when sharing with clients the cases they have dealt with before. Not being explicit is a way to maintain confidentiality. As Lin stressed that, "They [counsellors] shouldn't, without our [clients'] consent, share our stories with their colleagues, share our cases with other people. Without our consent, they should not do that. I feel that this is very very important."

Some informants noted that, since they were informed that their information is kept confidential, they did not have to worry about their stories and personal information being disclosed to members of their community. In turn, the informants felt that they could trust their counsellor. Moreover, when the informants talked about client confidentiality in counselling, all of them talked about it in comparison to confidentiality in friendships. For example, Zhang explained the difference between her counsellor and her friends in terms of handling personal information and what made her trust and thus feel safe to disclose to her counsellor:

A very good friend, maybe would talk to you. Maybe they won't share your situations with others, or whatever, but you never know. Because sometimes when good friends are chatting with each other, this kind of thing, you can't demand your friends, even you demand, not to tell other people. Like so-called "family shame don't get spread outside." But it's hard to say they would not tell other people when they are chatting, or under what circumstances they would suddenly spit it out. Then, maybe at least through counsellors I believe they would not. I feel that I have respect, and, trust, a kind of trust. Therefore I'm willing to tell them [counsellors] a lot of things.

After learning that client confidentiality is crucial for some informants, I started asking some of them what they wanted me to do when I see them in public, regardless of whether they talked about client confidentiality during the interviews. All the informants that I had asked stated that they are happy to greet me in public. Some mentioned that they did not mind others finding out how I got to know them. On the other hand, a few informants preferred that I greet them as a casual friend, but not as a researcher who had interviewed them about their experience in counselling. Therefore, although some informants did not mind letting others know how I

knew them, others seemed to appreciate my effort of keeping the researcher-informant relationship, and thus the interview content, confidential.

Theme 6: The Counselling Process

Many informants reported that they experienced three phases in their counselling experiences: (a) *understanding* (了解), (b) *analyze* (分析), and (c) providing information.

Understanding (了解). Six out of eight informants reported there was a phase of understanding (了解) in their counselling experiences. They described that their counsellors would first understand their history or current situations. For example, Wong explained, “The first two sessions are for you [the counsellor] to understand me and my family background. The second time you begin to talk a bit. The third time you talk a bit.”

Other informants explained the purpose of understanding a client’s background. Specifically, Zhang stated that “first thing first, counsellor, how to figure out the problem.” And this can be achieved by *understanding my situation* (了解我的狀況), which means “figure out the big picture, the situation of the client, even background. Then identify problem.” Similarly, Lee mentioned:

The [counsellor] first needs to understand why you have such a point of view. Then he can analyze [your situation] for you. He needs to understand why I said my son is not behaving. . . . “Oh he [the son] draws on the bed everyday.” Then he [the counsellor] analyses it with you.

Analyzing (分析). Another phase noted by more than half of the informants (5 out of 8) is *analyzing* (分析). Many informants reported their counsellors “analyzed” their situations with them by helping them understand other people’s perspectives or consider other possibilities that

the informants had not considered before. In particular, Chen recounted how her counsellor helped her understand others' behaviours.

She [Chen's counsellor] let me know how to analyze the situation. She said that . . .

“Okay sometimes you [the informant] don't know what you are thinking about. Even you're the person who is thinking, but you don't really know.” Because sometimes we feel that we know ourselves, but in fact we don't. . . . That's the origin of the problem. . . . She . . . want me to know that the first step is to know yourself very well, to analyze yourself, to analyze the problems you face and . . . she also asked me a question: “I don't know your ability of analyzing others' behaviours, which is also important.” Because sometimes if you don't think about it very carefully. . . . Even if you think about it carefully, but you don't really understand the purpose of others' behaviours. . . . Because once you understand others' purpose, you might have better strategies to deal with those negative feelings that person's. . . . that you feel toward the behaviours.

Other informants talked about how their counsellor analyzed possibilities with them. These possibilities to which the informants referred include possible causes of a situation or possible outcomes of various decisions. For instance, Lin stated:

They [counselors] would analyze some negative things. Yes, she [Lin's counsellor] would analyze negative things. Like for this problem . . . if you [Lin] go with method A, what kinds of condition you might encounter. Then if you go with method B, you might have different results. She would then do some analysis. She even would go into the psychological or emotional level. The conditions or the responses in the cases she encountered before. She would share them with us. Therefore, I think that's very valuable.

Similarly, Lee echoed:

Analyze from different points of view. Sometimes I would bring out a case, an incident that happened before. For example my family, or with my wife, three of us. Or it's my son. Then after he [Lee's counsellor] finished listening to me. He would analyze it as a second or third person . . . "Is it because of that? Is it because of that causing the person to do this?"

Providing information. Five out of eight informants mentioned that they appreciated their counsellor providing them with information or resources related to their presenting concerns. The information or resources appear to be tangible or intangible material that informants could take away from their counselling sessions. For example, Wang recalled acquiring information from his counsellor that he was unaware of. He considered a part of counselling "is a process of getting information, getting advice, from someone who is more experienced than you." He provided an example to illustrate this process:

I [Wang] discussed with my counsellor what to do if kids make mistakes. I said "I can't hit. I can't yell." Then my counsellor would use her experience, refer to her knowledge. [She] told me what I should do. For example, [she explained to me that I] can't not use physical discipline, but the level of it makes the difference. Like if you hit her, hitting her bumps is okay. Slapping her face is not okay. This is a kind of advice. This kind of advice is something that I didn't know about before.

On the other hand, some informants mentioned that they were given material to take away from counselling sessions. Chen stated that she appreciated how one of her counsellors gave her "information after session" on different topics.

She [Chen's counsellor] gave me lots of information. I wanted to understand this. I know that it's a theory she learned, strategies. So I think try to give your clients some professional knowledge. It's *very* helpful. Because that way, you try to make her [your client] think in a . . . make her think in a professional way. . . . Many professionals may feel "I can't pass professional knowledge to my clients, because it's professional right? They're [the clients are] not professionals and they were not trained." But I think if you can, pass on some knowledge.

Likewise, a few informants reported that they received helpful resources from their counsellors. Some resources were related to topics that were discussed during counselling sessions. For instance:

Chou: Then she, I feel what was helpful is that, she [Chou's counsellor] gave me the diagrams to take home. I would remember those pictures. It's like reminding myself to always have positive thinking so that I can improve some of my thinking, positive thinking.

CN: That means she can give you . . .

Chou: Give me things that I can take home. Remember it. . . . That's what I needed. I feel that she's very helpful.

As illustrated by Lin's comment below, other recourses include information pertaining to addresses and phone numbers for various kinds of support services:

For example, I had experienced this problem in the past. I also went to consult her [Lin's counsellor]. . . . She would directly tell me. When she encounters this kind of problem, she would print out some information to give me, and would tell me, "If you encounter this kind of problem, the Internet site is here and the address is here. What kind of

agency do you need? The phone number is here and support numbers too.” She would give me a list. Then she would give me a list for when I encountered different problems. I would have the list with me. If I really encountered the problem..., or if I don’t, of course that’s great. Then I don’t need to use it. But if I really do encounter the problem, she said you can call certain emergency numbers, or you can find those emergency agencies. Or you need certain support.

Also, Lee remarked that counsellors can provide clients with more options because sometimes clients experience a “lack of knowledge.” He further elaborated that options, for example, can include information found in library, on the Internet, or in other businesses.

It appears that informants found the information that they acquired through counselling to be helpful. Without receiving information, informants’ perceived effectiveness of counselling appears to be diminished. For instance, Wu reported that her counsellor only talked, but did nothing else, with her in sessions. She thought there should be some “things that she could do,” such as “homework” for her to complete, other than alleviating stress by only talking with her counsellor. When asked what counselling would look like for her if she had the “homework” or “things to do,” Wu was not able provide a concrete example – she stated that she was not sure what she would be doing in sessions. However, she mentioned that going to mental health workshops (information sessions) was even more helpful than going to counselling:

I think doing something would be better. But I don’t know if it should do homework or something else. As long as there is something to do. Actually it would be better. At the end I went to . . . I often went to those mental health workshops. I find listening to those workshops is helping me to learn more. Better than only talking. You’ve paid for it, but I don’t think I got a lot out of it.

Finally, it appears that many informants perceived that counselling involves *understanding, analyzing*, and providing information. However, informants regarded the occurrences of these three phases differently. Specifically, half of the informants reported some of the abovementioned phases occurred in a sequence in their counselling process. Among these four informants, two reported that their counselling process involved their counsellor first understanding them and then analyzing their situations. The other two informants stated that their counselling process involved their counsellor analyzing their situations with them, and then “providing options” or offering them “solutions.”

On the other hand, based on their experience, the other half of the informants stated that counsellors should incorporate some of the phases in sessions. However, the informants did not mention that these phases should occur in a sequential manner. In particular, two of the four informants noted that *understanding* should be the first step in counselling, but they did not report if other phases should follow. The other two informants noted two of the phases, namely, *understanding* and providing information, should occur in counselling sessions, but did not talk about them in any kind of specific order. In sum, some informants saw these phases happening sequentially and others did not.

Theme 7: Chatting (聊天,閒聊)

When asked what they usually did with their counsellor, all informants reported talking, chatting, or causal chat (傾談, 傾吐, 傾計, 講話, 聊天, 閒聊) was the main mode of activity in counselling. However, informants mentioned that two components were generally incorporated into the process of chatting in counselling: (a) guidance (引導) and (b) activities.

Guidance (引導). Although the informants stated that they and their counsellor simply talked most of the time, some of them described the talks as guided conversations. Several

informants praised their counsellors for *smartly* (聰明地) *guiding* (引導) them in conversations. For instance, Wang commented that the kind of guided talks he had with his counsellor, as shown below, is *an art of conversation* (談話藝術):

Like I said before, initially it looks like it's a causal talk. In fact, I can tell it's been carefully designed. . . . The final topic is always about parenting kids. But parenting does not mean "You shouldn't do this you shouldn't do this." It's through the process of talking or guiding, realizing certain things. Learning the differences in certain things. Mostly it's guidance."

Lin also felt that her counsellor was very smart in guiding her to talk, even though to her it appeared to be a *casual talk* (閒聊) in the beginning of the session:

Actually initially she [Lin's counsellor] might casually chat with you [Lin], or talking about random family matters. I would, through the process of talking, or through the random chats about family, I would slowly talk about things that I wanted to say. So she would give me a lot of guidance. I thought she was very smart.

While these informants appreciated their counsellor guiding the counselling process, Chen talked about what happened when she felt that one of her counsellors was not taking the lead in sessions:

Chen: She's [the counsellor's] still the dominant person. . . . In control the situation, to control the session, but she's not bossy. You know, to tell the truth, I'm the person who if you want me to talk, I can. And I'm pretty open. But with the Canadian counsellor you know, I feel that she let me control the session. Because I might [my] talk [took] a large part of the session.

CN: So . . . she let you talk a lot.

Chen: She became a listener. And I did 10 sessions we didn't achieve any practical goal. Zhang succinctly echoed the comment above as she mentioned that she was "a follower" who "took orders" (接受指令) from her counsellor. On the other hand, she contended that though she might be lower than her counsellor in terms of knowledge, she and her counsellor are at the same level in terms of dignity.

The element of guidance is also apparent in the interviews I had with the informants; a few informants did not seem to be familiar with taking the lead during the interviews. Specifically, with some informants I often had to remind them during interviews that their perceptions and opinions, *not mine*, were more important. However, even with that reminder, a few informants would still ask me to consult with my supervisor for more accurate results. Also, sometimes the informants would ask me whether or not their thoughts were "correct", or how their mind maps were doing compared to other informants'.

Activities. Besides chatting, some informants mentioned that their counsellor did other activities with them in sessions, such as using toys, visualizing, imagining, drawing, pretending, and practicing breathing exercises. For example, Zhang described an imagination exercise she did with her counsellor:

I remember she [Zhang's counsellor] set up a situation for me to imagine. Then she would ask me, and pretended that it's like a play. Then she would ask for my thinking. Or I imagined if I was that person, what would I do if I was by myself. Then second time, next session, after this pretending, she would ask for my thinking. Maybe she had some record. But I also had some memories, right. Then she would bring this question, analyze and think accordingly. Talking about the situation from my perspective [and]

from her perspective. Then next time [she] still ask me to practice. Then think again. Practice again. Then my thinking would change.

While half of the informants reported that, other than talking, they did activities such as the ones mentioned above in their counselling sessions, the rest of the informants mentioned that they solely talked with their counsellors. Of the four informants whose primary mode of counselling activity was talking, one (Wu) stated that only talking was not enough for her. Wu's comment is also mentioned in the sub-theme concerning providing information in the previous theme. Based on her comment, it appears that she might find counselling more helpful if she could engage in some activities other than talking, or if she could acquire information related to her concerns in sessions. The following quote shows that, for Wu, counselling is not helpful when it only involves talking between the counsellor and the client:

Wu: I really want a certain kind of help. But I don't know why...I didn't get that.

Initially the two counsellors said to me they would do something with me. I really anticipated that they would do something with me. But then no one did anything in the end. Then, I kept asking the second one [the second counsellor]. I said, "You said you are going to something with me. . . . how come you are not doing it?" Then he said I don't need it. [Wu smiled bitterly] In the end I don't know what had been done.

CN: Then actually you feel that psychological counselling is not just about talking. Having something to do is better?

Wu: Yes! I feel that there should be something to do. If not then it's just alleviating stress.

CN: You mean only talking is not enough.

Wu: Yes! Of course it's not enough. Like you don't get anything out of it by just talking.
[Wu smiled] It's just like talking to other people. Like it's not different from talking to a normal person.

CN: You mean you think it's no difference.

Wu: The only difference is they [counsellors] understand what I'm talking about. Just like that. [Wu smiled]

In fact, for the informants who stated that their counselling sessions were “only chatting,” they reported that at least some phases of the counselling process noted in the previous theme, such as *analyzing* and getting information, were incorporated in their counselling sessions. Except for Wu, who expressed that she felt something was missing in her counselling sessions that involved only talking. Interestingly, based on Wu's comments, the things that she thought were missing or wished her counsellors had done in sessions are apparently similar to the phases of the counselling process that were integrated in other informants' counselling sessions in which the primary mode of activity was talking. This observation further confirms that informants may find elements such as acquiring information important in their “chats-only” counselling sessions.

In sum, even though many informants reported that chatting was the main mode of activity in their counselling experience, the “chatting” they referred to appears to entail a complex level of verbal interaction between the counsellor and the client. It appears that informants are likely to find counselling helpful when counsellors take the lead in the chats, and when some activities, or elements of the counselling process noted in the previous theme, are incorporated into the chats.

Theme 8: Roles of Clients and Client-Counsellor Relationship in Counselling

During the interviews, some informants unexpectedly talked about their role and the role of client-counsellor relationship in counselling. I did not intend to ask the informants questions about these two subject areas; the focus of my interviews was primarily on informants' experiences with their counsellors and on informants' perceptions of important counsellor attributes. However, when I attempted to focus the interview on the informants' counsellors, a number of informants (5 out of 8) talked about how they and/or their compatibility with their counsellor played a role in the counselling process.

When talking about clients' role in counselling, informants mentioned two attitudes clients should possess. The first commonly mentioned client attitude is the *desire* (有願望) to go to counselling. Clients need to make the conscious decision to participate in counselling and the decision needs to be voluntary. As Wang explained:

That I now realize . . . I'm afraid that only depending on myself is not enough. Still have to receive help from others, even though it's a bit of an extreme way of getting help, not very good. But I choose and am willing to come. That's the first reason. You have to have the desire. You have to have the will. Then, just to give an analogy. It's like you got sick. Usually you hate taking [Chinese] medicine. Medicine tastes bitter, not tasty. . . . You don't want to drink it. But you know you are sick. Even though you don't want to drink it you still drink it.

Similarly, Zhang mentioned:

You have to be very brave and you have to make your own decision and then come to see [a] counsellor. Because this is an important part. Because you go to counselling you have made the decision to come see her [a counsellor]. No one pushes you. The

counsellor can do nothing about grabbing you here right. . . . You know you have problems. Be brave to face the problem. The client has gotten the first task. Push yourself. When you come see a counsellor you're already push[ing] yourself to find a way to deal with the problem.

The second frequently mentioned attitude is *honesty* (誠實, 坦誠), or open-up (坦白).

An informant remarked it is important that clients are honest with their counsellor. If clients are not honest, counsellors will not be able to appropriately provide suggestions to the clients. For instance, Wang stated:

This is necessary . . . You [clients] should not provide false information. Then people [counselors] might struggle. You said you go see a doctor. You know you have a headache but you said you have back pain. Then doctor would give you medicine for back pain. Then you would not get well from your headache . . . You have to be honest.

As Zhang further expounded, some clients might not want to be honest with their counsellor because they are afraid of being judged, losing face and dignity, and facing their problems:

Zhang: I feel that Chinese people are just like that. Because they won't . . . Because they hide many things. They won't want to tell you. Then no way to . . .

CN: Finding the problem.

Zhang: The roots of the problem. . . . Because I'm like that too, sometimes I would judge, would think twice, whether I should tell him this. Because I'm a human being, I would feel selfish too! I don't want to bring out [my problems]. . . . If you're not honest, he would go round and round with you. . . . Yeah. Therefore, I feel that the difficulty is in our Chinese culture. . . . We're not used to facing our problem honestly.

They also don't know how. . . . Because they don't want to face the problem. Also, the so-called saving face/dignity.

In addition to client attitudes, some informants gave attention to the client-counsellor relationship. When asked what makes a good counsellor, some informants' responses did not focus so much on the characteristics of the counsellor, but instead they focused on the counsellor-client match. They noted that whether counselling works *depends on the person* (因人而異). For example, Wong noted that not everyone would find the same counsellor helpful:

Wong: Everyone is different. To me may be she [the counsellor] is good. When another person goes, not so good. It's very hard to say.

CN: So you are saying that it depends on the person who receives counselling. But what factors would cause . . . have to consider?

Wong: [Wong pretending to make suggestions to a third person] I would tell you . . . the one that I went for. She's pretty good. She can click with me. And she helped me. But I don't know if she can help you. You can give it a try. If you think it fits, then keep going. If not, then don't go. . . . Maybe that person has different preferences.

CN: That means it depends on personal preferences.

Wong: Of course. It's not just me. When I think she's okay, you might not think so.

Like some people like having dim-sum; some people like drinking coffee; some people like eating Western food.

Some informants stated that counselling is *both-ways* (雙方面), which means both counsellors and clients are contributors of the counselling process. Lin explained that counselling requires both the counsellor and the client to participate in the conversation:

Counselling service is two-way. I feel that regardless this kind of opportunity is two-way. If it's one-way then [you would] rather find a friend, or talk to yourself. But I would remind you that you would not see [any] effect. You would not get what you want. Not having ways to solve the problem. Two-way is within an hour conversation, you talk, she [the counsellor] answers. She talks. You are willing to share more. I feel it's two-way. Not one-way; only one person talking. Or only depends on one side. Forcing you to talk. Not this way. I refer two-way to the time the counsellor and client talk.

Moreover, Lee stated that counselling relationships have no guarantee because in order for counselling to work both the counsellor and the client need to be compatible with each other:

Actually counselling is not just one-sided. I always say two-sided. . . . The wheels have click together. If the wheel can't click with each other, it might become worse. That doesn't work. Then of course, the counsellor, should suppose, should be, he [the counsellor] is more flexible. Easier, it means [the counsellor] should know how to click with other people. But that doesn't mean that it always clicks.

Lee then gave an example of client-counsellor fit in counselling relationships:

Like you have to consider your client. For example if you have a client who grows up . . . like social workers. . . in Hong Kong. The clients you [a social worker] work with are bad. I don't know how bad . . . like problematic teens. Sometimes if you present yourself like a teacher, no one is going pay attention to you. They don't give a damn about you. But may be the social worker was also a gangster in the past. Then now he becomes a social worker. He would use the attitude that he had in the past to perceive the teens. Or when he talks to them he wouldn't [say] . . . "Hey have you eaten yet? Why

are you smoking?” Like he would never ask them “Hey don’t smoke!” I [the social worker] would smoke with them. I think it means counsellors have to consider [the background of each] individual client.

Based on the interviews, it appears that some informants perceived that the counsellor is not the sole factor that makes counselling relationships work. What makes them work also depends on the relationship between the client and the counsellor.

Theme 9: Perceived Importance in Counselling

After my informants had created mind maps in their second interview, they were asked what were their perceived priorities in counselling. I did not limit their responses to one priority: they could choose as many priorities as they wished or they could choose none. Some informants chose more than one priority, and others chose more than one priority and then ranked them. Also, while most informants gave ranking among their perceived priorities, a few informants pointed out that all elements are important for them in counselling and did not particularly mention whether some elements are more important than others. Unless an informant specifically pointed out there is only one priority for them, informants’ top two priorities were included in the results. From the interview, it appears that the common perceived priorities were (a) counsellor professionalism, (b) counsellor attitudes, and (c) client confidentiality.

Counsellor professionalism. Six out of eight informants ranked counsellor professionalism as an important element for them in counselling. As previously mentioned, professionalism includes professional knowledge, clinical experience, and life experience. Of the six informants, half of them mentioned that counsellors professionalism is the most important or one of the most important elements in counselling. For instance, Lee noted how counsellors’

knowledge, which includes textbook knowledge and life experience, plays a significant role in assisting them to analyze their clients' situations: "Counsellors' experience, which is related to their knowledge. Because of their skills, they can do certain things. They need to have this foundation or base in order to help others to analyze. If not, what have you got to analyze?"

Counsellor attitudes. All informants indicated that a counsellor's attitude, which includes non-judgment and/or *having a heart to help*, is a crucial component in counselling. Of all informants, five of them mentioned that a counsellor's attitude is the most important or one of the most important elements in counselling. In some informants' views, "to be a counsellor you have to be a good person." Wang elaborated by drawing on an analogy of a doctor:

A doctor who is very kind with a very kind heart, humane. That's his nature. Then whether his medical skills are wise, that's his skills. A doctor can have very wise medical skills but have very bad temper. However, there are doctors who have very good temper and also have very wise medical skills. . . . Your [a doctor's] attitude of treating others is also a basic factor. For example your attitude towards others . . . your attitude towards others is kind, is taking pleasure to help others, and [is] being with others with kindness. Then the way you manage things will be different. If you are already narrow-chested, I think [you] probably would not choose this profession.

Similarly, Lee delineated that it is the most important that counsellors *have a heart to help others*:

He [the counsellor] needs to feel that he is able to help others. If such an attitude is not strong, how can he help others? That means he needs to be "I can help." His attitude needs to be positive. Like some people: "You take it as a job." Then it's a different

point of view. I do this job, because I'm paid to do this, or I have to do this job.

Compared to "This is my job. My job can help people." The attitude is different.

Client confidentiality. Four informants mentioned that client confidentiality is an important element in counselling, with two of them asserting that this is the most or one of the most important elements. For example, Lin perceived that when counsellors make an effort to keep their clients' information confidential, they are not only maintaining their *basic job moral* (基本的職業道德), but are also showing their clients respect. Thus, she commented that this is a top priority in a counselling relationship. As she explained, "[When] there is confidentiality and respect, the rest should not be a problem. Without them, the rest doesn't need to be considered."

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Chapter V: Discussion

Although empathy is considered as a salient counsellor skill in cross-cultural counselling situations, there is little information in the literature with respect to this construct's cross-cultural applicability, particularly from clients' perspective. Therefore, the purpose of the present study is to understand the concept of counsellor empathy from Chinese clients' perspectives by exploring their experiences of seeing Chinese counsellors. Knowledge gained from the study would inform multicultural counselling literature and practice with Chinese population in North America. Specifically, in this section the research questions (see Literature Review for details) noted previously will be addressed, followed by a discussion on other themes found in this study.

Does Counsellor Empathy Exist?

According to the findings of the present study, it appears that the concept of counsellor *empathy* (同感心) does exist in some Chinese clients' perceptions. Not all informants, however, explicitly mentioned empathy, nor did they spend a significant amount of time talking about this concept during their interviews. This finding generally confirms the results found in the study by Wei and Heppner (2005): the authors, similarly, revealed that counsellor empathy accounted for a relatively small percentage of counsellor creditability in the perceptions of Taiwanese client participants.

As mentioned in the Introduction, Rogers (1959) defined empathy as the ability "to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person without ever losing the as if condition" (pp. 210-211). Half of the informants in this study talked about counsellor empathy or gave descriptions about their counsellors that are similar to Rogers' definition of empathy. Among these informants, some used the term empathy in English or the equivalent

term of empathy in Chinese, *the heart of feeling the same* (同感心), which is a literal translation of the term from Chinese into English. Other informants gave descriptions about their counsellor that would have been labeled as empathy according to Rogers' definition. Regardless of the labels that these informants used, all of their comments and examples are related to a counsellor's ability to see from clients' point of view or to recognize how clients might feel regarding their concerns.

For those informants who did not use the term empathy to label their counsellor's empathic responses, they used other terms, such as being *neutral*, *feeling for others with one's body* (身同感受), *accepting my feelings* (認同我的感覺), and *observant of others' words and gesture* (察言觀色) to describe the responses. Some of the terms these informants used, namely, being *neutral* and *accepting my feelings*, are terms they used to describe counsellor non-judgment. Such an observation suggests that counsellor empathy and counsellor non-judgment might be associated in some informants' perspectives: the two constructs might share similar elements.

Informants' understanding of non-judgment apparently aligns with Rogers' definition of unconditionality. According to Rogers (1992), unconditional regard means a therapist warmly accepts each aspect of the client's experience as being the nature of the client. A therapist's acceptance of his or her client is unconditional (e.g., "I accept you regardless of who you are and how you feel."), but is not based on the therapist's evaluation of the client (e.g., "What you did is silly."). The examples that informants gave regarding counsellor non-judgment appear to echo Rogers' conceptualization of unconditionality. Hence, one can infer that informants' understandings of non-judgment and Rogers' unconditional regard share similar meanings.

Given this interpretation, one may propose that the association between counsellor empathy and counsellor non-judgment found in these interviews is indeed supported by the existing research. In particular, Gurman (1977) reviewed 16 studies of intercorrelation subscales in the Berrett-Lennard Relationship Inventory (BLRI), which measures clients' perceptions of therapists' facilitative conditions. Specifically, the scale is a client-rating measure that assesses Rogers' definitions of empathy, congruence, positive regard, and unconditionality. The author found that the magnitudes of intercorrelation in all these subscales suggest that, while overlapping to some extent, the subscales are consistently measuring different aspects of clients' perceptions of therapeutic relationships. Such findings imply that perceived empathy is difficult to differentiate from other perceived relationship factors, meaning that there is a confound between the constructs of perceived empathy and perceived unconditionality. On the other hand, studies that did factor analysis at the item level sometimes identify empathy as a separate component (Gurman, 1977). Therefore, empathy can be viewed as a construct that is both conceptually distinct and is part of a higher-order relationship construct (Elliott, Bohart, Watson, & Greenberg, 2011).

Provided with the abovementioned evidence, it is not surprising to find some informants used terms related to non-judgment to describe empathic statements. However, no research has done thus far on the relationship between counsellor non-judgment and counsellor empathy in the context of Chinese culture. Hence, future studies need to be conducted with Chinese people in order to investigate this postulated relationship.

In addition, scholars have argued that the notion of empathy appears to exist in Chinese philosophy, which has been profoundly influenced by Confucianism (Hwang, 2009). Particularly, Slote (2010) indicated that Confucian thinkers seem to have had something similar

to the present concept of empathy long before that notion was familiar to Western culture. The author noted that Chinese philosopher Wang Yang-Ming mentioned “forming one body with others” (Wang 1985, as cited in Slote, 2010, p. 304) when one feels sympathy and compassion for them or their plight. This metaphor is similar to the cultural Western idea of someone identifying with the problems of others or feeling their pain (Wang 1985, as cited in Slote, 2010). Similar ideas are also found in the writings of Cheng Hao about humane (仁) individuals (Chan 1963, as cited in Slote, 2010). In sum, Slote suggested that Confucian traditions not only have the idea of empathy but also view its essential relation to concepts like compassion, benevolence, being humane, and sympathy.

As shown in the present study results, many informants mentioned that it is important for counsellors to have the attitude of *having a heart to help*, which is closely related to attributes such as compassion, being humane, kindness, and sincerity. Provided with Slote’s illustration, one might postulate that the notion of empathy might be embedded in the informants’ clinical reality in counselling. They might have just used different ways to describe what would have been called empathy in the West.

It is also interesting to note that, in fact, counsellor empathy would not exist as a theme in this study if this concept is being examined based on informants’ mind maps and labels. When the data was being analyzed and organized based on informants’ labels, results would show that empathy only exist in two informants’ perceptions, as only these two informants explicitly used the term empathy in their interview. Other empathic statements that were labeled with terms other than the term empathy would have fallen under other themes or would have been set aside because the labels are not commonly mentioned among informants. Thus, empathy would not be considered as a theme because less than half of the informants mentioned this concept. Until the

interview data were examined based on Rogers' definition of empathy, but not based on informants' labels, the theme of empathy emerged. Basically, when interview data were considered according to Rogers' definition, the theme of empathy existed in the study results, but when the data were examined based on informants' terms, the theme of empathy did not exist because some empathic statements would have been embedded under different labels. Such an observation indeed reflects the postulation that the notion of counsellor empathy might be embedded and exist as a different construct in some informants' perceptions.

In conclusion, based on the present study results and the available literature on the notion of empathy in Chinese culture, one might argue that, although the concept of counsellor empathy might not commonly exist in many informants' perceptions, it might well exist as a different phenomenon linguistically and conceptually or as an element associated with the perceived counsellor attitudes presented in this study. Unfortunately, no available study has systematically and empirically investigated how the concept of empathy is associated with other relationship constructs in Chinese culture, or how Chinese people label what would have been termed as empathy according to Western counselling theories.

How is Counsellor Empathy Communicated?

As mentioned previously, Rogers (1951) stressed that empathy is communicated only if the client perceives and believes the therapist to be empathic. Some informants in the present study gave concrete examples regarding how their counsellors communicated empathy to them, while others gave suggestions as to how counsellor empathy can be demonstrated. According to the informants' comments, there appears to be several ways that counsellors can convey empathy to clients. First, counsellors can show that they understand their clients by directly informing their clients that they understand (e.g., "I understand you," or "I understand how you are

feeling.”). Second, counsellors can also share personal experiences that are similar to the clients. Third, counsellors can reiterate clients’ experience through metaphors (e.g., “You feel stuck in an intersection.”), coupled with overtly naming how clients might feel in their situations (e.g., “Are you feeling scared or lost?”). Finally, counsellors can express empathy by perspective-taking (e.g., “If I was this person I would have felt the same way too.”).

As delineated in the Literature Review, although there are empirical studies that investigated perceived counsellor empathy with samples of college Asian clients (which included Chinese clients) in counselling, the client-rating empathy measures used these studies are derived from professionals with Western psychology backgrounds. There apparently is no quantitative or qualitative research that has specifically examined the concept of empathy and the manifestation of this concept in Chinese clients’ terms.

Similarly, little research regarding clients’ perceptions of empathy has been done on the general population. One such study is found. Specifically, using a qualitative open-ended inquiry formant, Bachelor (1988) examined what constitutes empathic responses from a client perspective. Fifty-seven participants completed self-reports on situations in which a therapist (if they had received counselling) or someone else had demonstrated empathy towards them. Content analysis of participants’ self-reports revealed four types of client-perceived empathy: (a) cognitive – the helper is empathic when he or she accurately recognizes the client's ongoing innermost experience, state, or motivation; (b) affective – the therapist participates in the client's ongoing feeling states; (c) sharing – the therapist readily discloses to the client personal opinions or experiences bearing on the client's ongoing communication; (d) nurturant – the helper is supportive, security-providing, or totally attentive and presence.

Although this study is not done specifically with Chinese people, its results are generally consistent with the findings of the present study. Specifically, Bachelor's perceived cognitive, affective, and sharing are similar to perceived counsellor perspective-taking, emotion-naming, and self-disclosure, respectively, in the current study. Bachelor's perceived nurturant is also found in informants' examples. For example, an informant (Cindy) reported that her counsellor was very attentive (*very observant of others* according to Cindy's word choice) as the counsellor reflected the her situation with metaphors and emotion words. In sum, similar to the participants in Bachelor's study, informants in the present study apparently also considered counsellor empathy as a multi-dimensional construct. However, it is important to reiterate that some informants used other terms, such as *very observant of others*, to describe what would have been labeled as empathy in the West. While the different dimensions of perceived empathy noted here can be considered as elements of empathic responses, one should keep in mind that they might hold completely different meanings and labels in the informants' clinical reality.

One hypothesis that I have made about counsellor empathy, as previously noted in the Introduction, is that Chinese clients might feel uneasy when counsellors' empathic responses heavily consist of moods and feelings. Nevertheless, based on informants' examples, it appears that a few informants did not seem to reject counsellors' empathic statements filled with emotion words. Current study results suggest that there are various strategies that counsellors can use to appropriately communicate empathy to Chinese clients, and one of the strategies includes using feeling words. In particular, some examples of empathic responses that the informants recalled or recommended contain many feelings words. Although it is difficult to make a conclusive statement about the emphasis of expressing emotions with Chinese clients in counselling as little research has been done on this area so far, the examples regarding empathic responses presented

in the current study suggest that Chinese clients might sometimes appreciate counsellors using feeling words to empathize with them. Thus, counsellors might not want to rule out the possibility of using feeling words in empathic statements when working with Chinese clients.

What are Informants' Perceived Priorities?

Study results show that informants' common perceived priorities in counselling include counsellor professionalism (counsellors' professional knowledge, and counsellors' clinical and life experiences), counsellor attitudes (non-judgment and *having a heart to help*), and client confidentiality.

Although scarce research has been done on Chinese clients' perceptions of counselling, findings of the current study are consistent with the results found in the studies by Y. Lin, (2001) and Zhang et al. (2001). For example, as noted in the Introduction, Zhang et al. found that clinic visitors expected counsellors to be profoundly knowledgeable and experienced, skillful, affable, patriarchal and experienced, talkative, friendly, like tutors, and having a high moral sense. These findings appears to correspond with some of the top priorities mentioned by the informants in the current study, specifically, counsellor professionalism, and one of the counsellor attitudes, which is *having a heart to help*. As well, Zhang et al.'s study also supports the present finding regarding client confidentiality. Clinic visitors in Zhang et al.'s study reported that the worry about client confidentiality is one of the main problems they find in regard to current psychotherapy or counselling. This means that the clinic visitors, similar to some informants in the present study, perceived client confidentiality as a salient element in counselling.

Another study that examined indigenous counselling with Chinese people in Taiwan from a Chinese counsellor's perspective also revealed results that generally align with the themes found in the current study. Kuo et al. (2011) adopted a single qualitative case study method to

examine indigenous approaches to crisis counselling in Taiwan, as seen through the lens of a Taiwanese counselling psychologist. Results in Kuo et al.'s study showed that, in the psychologist's own perceptions of the counselling process, there was often an emphasis on the psychologist's authority and expertness, on her genuine commitment through extra accommodations, and on her professional neutrality and confidentiality. These elements of counselling process are similarly reflected in the findings of the current study.

The influence of Chinese cultural traditions might illuminate the present finding that counsellor professionalism and client confidentiality are regarded as top priorities by many informants. In particular, the expectation of professionalism can be attributed to the Confucian principle of respecting superiors in Chinese culture (Gabrenya & Hwang 1996). Informants might perceive counsellors as expert professionals and therefore expect them to have a wealth of knowledge and related experience. Moreover, informants' concern regarding client confidentiality can be explained by how personal information is often being shared among different kinds of social groups in Chinese culture. Specifically, in Chinese societies, members of small social groups are clearly differentiated from outsiders: refraining from disclosing one's private family matters to outsiders is considered proper and praiseworthy (Chan, 2000). This might explain why some informants in the current study expressed concerns about client confidentiality: they might worry that their personal information disclosed in counselling will be revealed to the greater community.

Furthermore, the rest of counsellor expectations presented in Zhang et al.'s study, such as patriarchal, talkative, friendly, like tutors, and having a high moral sense, were not commonly mentioned by informants in the present study and thus could not be considered as themes;

however, these counsellor attributes were occasionally mentioned by a few informants.

Therefore, it appears that present study results mostly confirm the findings of existing research.

One top perceived priority reported in current study findings – counsellor non-judgment – is not reflected in clinic visitors’ self-reports in Zhang et al.’s study. However, Zhang et al. described that, rather than clinic visitors, Chinese counsellors in their study reported it is important for them to maintain neutrality when working with clients. This finding coincides with the finding in present study, although the finding came from Chinese counsellors’ expectations about themselves as counselling professionals.

In sum, one can conclude that the top client perceived priorities found in the present study are supported by the limited research available. However, not all the available research on indigenous counselling with Chinese people comes from Chinese clients’ perspectives – some drawn from Chinese counsellors’ perspectives. Thus, further studies are needed to further verify the current results.

Is Counsellor Empathy a Priority?

As shown above, counsellor empathy is not included as one of the top perceived client-priorities in the present study. At first glance, it appears that counsellor empathy is not a priority in the informants’ clinical reality. However, when the present study results are examined more carefully, one might propose a different conclusion. While current study findings reveal that many informants considered the aforementioned three elements, namely, counsellor professionalism, counsellor attitudes, and client confidentiality, as pre-eminent priorities, the findings also show that half of the informants mentioned empathy or gave descriptions that are close to Rogers’ definition of empathy during their interviews. Of these informants, two indeed mentioned that counsellor empathy is an important element in counselling. Nevertheless, when

all the perceived counselling elements are considered as a whole, counsellor empathy is not discerned as having the same level of importance as the top three priorities: most informants stressed that there needs to be counsellor professionalism, counsellor attitudes, and/ or client confidentiality before any other elements. Hence, one should view these three priorities as prerequisite priorities, rather than the *only* priorities. Likewise, the present study results do not suggest that counsellor empathy is perceived to be unimportant by informants simply because this element is not being ranked as a top priority. The fact that a few informants considered counsellor empathy to be important, though not the most important, or recalled their counsellor's empathic responses suggests that such an element might still be a salient component in counselling.

Given the above discussion, two inferences can be made here. First, one can infer, when the aforementioned three priorities are in place in a counselling relationship, other elements, such as counsellor empathy, might likely become salient for the informants. Second, as stated previously, the concept of counsellor empathy might exist as a different phenomenon linguistically or as an element related to the perceived counsellor attributes presented in this study. One might then infer that, counsellor empathy can be a perceived salient element since it might be related to counsellor non-judgment and *having a heart to help*, which were ranked as pre-eminent counsellor attributes by many informants in this study.

In sum, given the above discussion, even though on the surface counsellor empathy was not considered to be a top priority by most informants, for some informants it might still play a significant role in counselling. The extent to which empathy plays a role in Chinese counselling relationships, however, is yet unknown as there is limited literature that examines this topic area.

The Counselling Process

Many informants in this study reported that they experienced three phases in their counselling experience: (a) *understanding* (了解), (b) *analyze* (分析), and (c) providing information. It appears that these perceived phases are quite present- and goal-oriented. Such findings appear to match with the well-noted assertions by many scholars regarding Chinese people's preferences for a pragmatic counselling style (e.g. Chong & Liu, 2002; Chang, Tong, Shi, & Zeng, 2005; S. Sue & Zane, 1987). For example, Chong and Liu (2002) stated that Chinese clients expect a directive, goal-oriented, time-limited, and practical counselling approach. The authors noted a Chinese proverb that says "The purpose of learning is for use," which reflects that Chinese people value practice over conceptual thinking. Thus, Chinese people may desire to have immediate benefits or resolutions of their problems from counselling and may in turn look for direct guidance from professionals to solve their problems in a short time.

In addition, the pragmatic elements in counselling found in the current study are also evident in the available research in the literature (e.g., Cao, 2008; Kuo et al., 2011; Wei & Heppner, 2005). For instance, Cao (2008) found that Chinese college students in her study were likely to have relatively greater willingness to stay in therapy and greater ratings on therapist credibility when they perceived counselling was implemented in an directive approach, an approach that involves concrete and tangible techniques such as conveying information, probing for information, giving advice, directing behavior, and making interpretations. These available studies need to be viewed with discretion, however, because the characteristics of research participants in the existing studies might differ from those in the current study: the existing research mainly involved Chinese college students as research participants, whereas the

informants in the present study are mostly in their middle age and were recruited from the community. Therefore, the comparability among the available studies and the present study might be questionable.

The pragmatic characteristic of counselling process is also apparent in how informants in the current study talked about what they did in counselling. Specifically, although most informants in the present study reported chatting was the main mode of activity for them in counselling, many noted they also engaged other activities. Moreover, several informants mentioned that the chatting was indeed a guided conversation, in which informants were led and given information or practical resources by their counsellor. Therefore, it appears that the chatting reported by many informants entails quite a level of complexity. Such findings fit with the scholarly claim that Chinese people are likely to expect a “doing” and a practical approach in counselling, in which the counsellor is perceived as an expert and a leader in a respectful manner.

In sum, many informants reported that, in their counselling experience, their counsellor would try to understand and analyze their situations mainly through chatting, coupled with other types of activities. After finding out what the clients’ problem was, their counsellor would offer them resources, new perspectives, or information. The fact that many informants described their counselling experience in such a pragmatic manner supports the current literature regarding how Chinese people tend to understand the practice of counselling.

It is worthwhile to underscore the phase of *analyzing* mentioned by some informants in the current study. A number of informants reported that they appreciated their counsellor helping them analyze their situations. One might speculate that informants’ appreciation of the “analysis” element in counselling is a result of the influence of Confucianism, a school of

philosophy that is profoundly embedded in Chinese culture (Gabrenya & Hwang, 1996; Hwang, 2009). Specifically, Chinese culture is relation-oriented (Gabrenya & Hwang, 1996): people are part of a family and larger social systems (Nutt, 2007). Under the influence of Confucianism, an individual is characterized as a relational-self in relationships and in his or her social networks (Chen, Boucher, & Tapias, 2006). Given this cultural tradition, it is not surprising that a few informants in the present study mentioned that they appreciated their counsellor's help in analyzing their situations by getting them to perceive from others' perspectives. Because the informants are likely to perceive themselves as interdependent individuals, they might tend to think about their concerns in relation to others. Therefore, they found it helpful when their counsellor helped them understand others' perspectives because that might fit well with their relation-oriented mindset.

Counsellor Disclosure

A number of informants in the present study reported that their counsellor made disclosure about their professional and personal life. Counsellor disclosure regarding professional life can be related to the finding that informants in the current study valued counsellors' professional knowledge and experience: such counsellor disclosure might serve to increase counsellors' creditability and thus counsellors' professional image in informants' perceptions.

In terms of counsellor disclosure regarding personal life, a few informants mentioned that their counsellor's self-disclosure "shortened the distance" between themselves and their counsellor. Thus, as one informant (Amy) explicated, such a personal revelation is a way for counsellors to show empathy towards clients and in turn to facilitate the bond between counsellors and clients. This finding replicated the results found by Y. Lin (2001). The author

conducted a qualitative research on Taiwanese female university students' perceptions of counsellors by employing three different counselling styles, namely, problem-solving, client-centered, and relationship-centered counselling. One hundred and ninety Taiwanese female university students wrote down their reactions toward the counsellor and the process of counselling after watching a video segment demonstrating a counsellor counselling a Taiwanese university student with a problem of college major selection. Similar to the informants in the present study, Y. Lin reported that participants in her study perceived counsellor self-disclosure as an important credit to a counselor's reliability, trustworthiness, and genuineness towards clients.

Moreover, the finding with respect to counsellor self-disclosure is also reflected in the Chinese psychologist's perspective in the case study by Kuo et al. (2011). The Chinese counselling psychologist noted that the client-counselor bond was further strengthened by her spontaneous and candid self-disclosure of her own past personal experience that is similar to her clients. Such self-disclosure resonated with the unspoken sentiments of the clients, and conveyed to the clients the psychologist's empathy and genuine understanding of their experiences. The impact of counsellor self-disclosure about personal experiences found in this study is confirmed by the very limited existing studies: current results and previous findings suggest that Chinese clients may tend to perceive a counsellor's personal disclosure as a vehicle for demonstrating the counsellor's empathy and credibility. However, informants in this study added that counsellor self-disclosure should be done appropriately and is not a necessity in counselling relationships.

Roles of Clients and Counsellor-Client Relationship in Counselling

Unexpectedly, more than half of the informants in this study spoke about their role as a client and the role of the counsellor-client relationship when they were asked about their experience with their counsellor and their perceptions of important counsellor attributes. In terms of clients' role in counselling, some informants seemed to perceive that, in order to make counselling effective, clients need to participate and take responsibility in the counselling process. Specifically, the informants stated that clients need to have the *desire* (有願望) to go to counselling and to be *honest* (誠實, 坦誠) with their counsellor.

Such understandings do not seem to be reflected consistently in the scarce research available. In particular, participants in Y. Lin's (2001) study did not seem to share the same understanding of the client's role in counselling as the informants in the current study. The author found that participants in her study viewed the counsellor as the person who should be responsible for outcomes of counselling: participants seemed not to be aware of the shared responsibility between counsellors and clients.

On the other hand, results found in another study suggest that some Chinese people, similar to some informants in the current study, might have an understanding of client's role in counselling. Hou, Zhou, and Ma (2009) quantitatively examined expectations of counselling amongst high school and university students in a major city in China. Two hundred and ninety eight high school students and 272 university students completed the Expectation about Counselling Questionnaire-Brief form (EAC-B; Tinsley, Workman, & Kass, 1980), a questionnaire that measures expectancies of counselling. The authors found that the university participants had significantly higher expectations than did the high school participants in terms

of client motivation, openness, and responsibility. Therefore, the authors' results appear to somewhat support the findings of the present study concerning clients' role in counselling.

However, one must consider with discretion the comparability among the results of existing research and the findings of the present study. First, the studies by Y. Lin (2011) and Hou et al. (2009) were conducted with students, whereas informants in the current study are in their middle age. There might be other mediating factors, such as age, that facilitate individuals' understandings of clients' role in counselling. Second, different research methods used in these studies might play a role in the inconsistent findings revealed. Particularly, in the study by Hou, et al., a measure (i.e. the EAC-B) was introduced to study participants and thus they were prompted to answer questions regarding client attitudes in counselling. On the other hand, Y. Lin used general open-end questions for data collection; participants in the study were not prompted to respond to specific questions concerning the role of a client's attitude in counselling. As a result, participants in Y. Lin's study did not talk about clients' responsibility in counselling relationships. Therefore, the use of a measure versus open-end questions might explain the contradictory results found in the available studies. In turn, knowing that disparate results were found with different research methods, it might be difficult to use these contrary results as solid references for the findings of the present study.

Third, there appears to be a discrepancy between the available existing research and the current study regarding what constitutes a client's participation in counselling: the perceived client attitude, namely, *being honest* (誠實, 坦誠), found in the present study is not reflected in Hou et al.'s study. However, the notion of client honesty is reflected in research conducted with non-Chinese populations. For example, in a study conducted in a counselling agency in New Zealand, Manthei (2007) revealed that some participants mentioned it was their responsibility to

discuss everything with their counsellor and that they needed to be honest with themselves otherwise their counsellor could not help them. Similarly, Paulson, Truscott, and Stuart, (1999) reported that client participants in their study saw client self-disclosure as a helpful and necessary aspect of counselling. Unfortunately, there appears to be no existing research that reflects the concept of client honesty among Chinese counselling clients. In sum, while one may suggest that informants' perception of their role in counselling is somewhat supported by the existing research, given the very limited available studies with the Chinese population and their mixed results, it is difficult to conclude whether Chinese people have the awareness of their role in counselling.

The role of counsellor-client match mentioned by a few informants in the current study is generally supported by Manthei's (2007) results. In particular, client participants in Manthei's study perceived that they and their counsellor were compatible because their perceived needs were met by their counsellor or they were similar to their counsellor in some notable ways. Such compatibility appeared to facilitate the counselling process. Nevertheless, no available study is found that explores the idea of counsellor-client match specifically from Chinese clients' perspectives. Many of the available studies regarding counsellor-client match involved Chinese participants as part of the study sample and are outcome research in which various therapeutic outcomes were investigated by matching different client and counsellor variables. Counsellor-client match, for example, includes match between counsellors' and clients' worldviews (e.g., Kim et al., 2005), match between therapists' counselling styles and clients' cultural values (e.g., Kim et al., 2002; Li & Kim, 2004), and match between counsellors' ethnicity and clients' cultural values (e.g., Kim & Atkinson, 2002). Therapeutic outcomes consist of client-counsellor working alliance, counsellor credibility, empathy, and cross-cultural competence (e.g., Kim et

al., 2005; Li & Kim 2004; Kim et al., 2009). Due to the lack of information in the literature, little is known about the phenomenon of counsellor-client match from Chinese clients' perspectives. It would be interesting to know what the perceived components and perceived associated concepts of this phenomenon are. In conclusion, the topics regarding the roles of clients and counsellor-client match appear to be relatively new topics in the counselling literature involving the Chinese population, and future research is needed.

Implications for Practice

Results found in this study suggest several implications for practice in counselling. The themes identified in the present study can be useful as a set of ideas for counsellors or other mental health professionals who might work with Chinese clients in a counselling context. Given the top three perceived priorities identified in this study (i.e., counsellor professionalism, counsellor attitudes, and client confidentiality), counsellors might want to emphasize these concepts when working with Chinese clients. Specifically, as delineated, Chinese clients might view counsellors as expert professionals and might also worry about private information being disclosed to outsiders. Thus, in order to establish a trusting relationship with Chinese clients, practitioners might want to highlight their professional status and experience, to dress professionally, and to emphasize client confidentiality during the counselling process.

Although empathy was often not explicitly mentioned and was not considered as one of the top priorities in counselling by many informants in the current study, elements of this concept were noted by more than half of the informants. Also, as mentioned, these elements might be related to perceived counsellor attitudes such as *having a heart to help* and its associated attitudes. Therefore, practitioners might still want to employ empathy when working with Chinese clients. While practitioners might not rule out the possibility of empathizing with

Chinese clients with feeling words, other strategies should also be employed. For instance, practitioners can use strategies such as self-disclosing personal experience or using metaphors to empathize with clients, rather than only relying on verbalizing clients' feelings. At the same time practitioners might want to stay pragmatic with clients. In sum, when counselling Chinese clients, practitioners might not only want to acknowledge clients' emotional experience, but might also try to balance the counselling process with psychoeducation and other resources when possible – ideas or resources that clients can take away from their counselling sessions, such as a new perspective, knowledge, a take-home practice, or a list of resources. When clients have something concrete or cognitively stimulating, they might feel that they have done or accomplished something in counselling and in turn are more willing to continue counselling.

Another implication that can be drawn from the current study results is that practitioners might want to conceptualize clients as relational individuals. Even if a Chinese client comes for individual counselling, practitioners might not want to focus on the client *only* in terms of interventions, but also address the people whom might be involved in the client's situation and the interpersonal relationships that the client might have with these people. As well, practitioners can empathize with clients' relational-self: rather than only addressing how clients might feel in their situations, practitioners might also tap into how clients might feel about the relationships between themselves and other involved parties and into their feelings towards the involved parties. Meanwhile, practitioners can help clients understand others' points of view. By conceptualizing Chinese clients as interdependent individuals, practitioners might be able to engage them in counselling more effectively.

Finally, many informants in this study mentioned that it is important that counsellors have an attitude of *having a heart to help*. One way that counsellors can demonstrate they have a

heart to help, according to the informants, is to engage in tasks that may not be part of their job duties provided that such additional duties are within the ethical and competency practice. The focus here is not on whether or not counsellors need to provide extra services to the clients, but is on the perceptions of the clients – clients need to feel that counsellors are genuinely concerned about them. As one informant (Donna) mentioned, clients do not want to be their counsellor's "testers" in session, in which the counsellor is "doing his or her work routine" without taking the clients into consideration. Therefore, if it is appropriate for clients' concerns, practitioners sometimes can act as a liaison on behalf clients by connecting clients with resources and involving other professionals with whom clients are in contact during the counselling process. One on hand, one may view that doing "extra work" for clients is taking away clients' independence or autonomy. However, given that Chinese people tend to be relation-oriented, they are more likely to rely on others for help if they trust the individuals. Thus, if done appropriately, engaging in some extra work can be a way for practitioners to build rapport with Chinese clients. At the same time, practitioners might want to inform and clarify with clients about their role in counselling so that they can still set boundaries and in turn maintain a professional relationship with clients. It might be necessary that practitioners make an effort to clarify their role in counselling because Chinese clients may not have a clear sense of interpersonal boundaries (Kuo et al., 2011); their expectations of a counsellor's role might be confused by their perceptions of a friend's role (Y. Lin, 2001).

Trustworthiness

Several credibility and trustworthiness checks have been employed in the present study. First, I attempted to explicitly identify my biases and preconceptions, both at the outset and in the process of conducting the study. As data analysis was in process, I referred to my journal

and held awareness of how they might influence the process of data analysis. I also made an effort to discuss with my supervisor about my experiences with my research informants in order to become more aware of my subjectivity. Second, triangulation was achieved not only by comparing different sources of information (i.e., field notes, interview, and diary), but also by comparing different phases of the fieldwork and different points in the temporal cycles occurring in the setting (Hamersley & Atkinson, 1995). Third, referential adequacy (Eisner, 1991) was done through the retention of informants' word choices in coding and categories (at times retained in the original language), as well as through the frequent use of quotes to illustrate categories. Fourth, respondent validation (Hamersley & Atkinson, 1995) was accomplished by having informants check the resultant categories and theoretical schemes. Finally, resultant themes have been confirmed by a Chinese non-informant who is in the counselling profession and has been to counselling as a client with a Chinese counsellor in the past.

Limitations

There are several limitations of the present study. First, current study results are not generalizable in the same way that large-scale statistical studies with fully randomized sampling may be. Specifically, study results cannot be generalized to all Chinese immigrants and to all counselling relationships in North America, not only because of small sample size, but also because most of the informants in this study reported having positive counselling experience while only a few mentioned they had negative experience. Thus, data collected in this study may be skewed and could primarily reflect some of the positive counselling experiences for some Chinese immigrants. Similarly, it is important to note that all the informants in the present study are between the age of 40 to 55 and appear quite enculturated to Chinese culture. (i.e. informants

appear adhered to their culture of origin). Thus, study results cannot be generalized to Chinese counselling clients in other age ranges and with different acculturation rates.

Second, while efforts have been made to ensure validity, qualitative research is inherently biased and to some degree subjective because of the researcher's influences over the process of induction. Finally, this research is formulated based on the multicultural counselling theories and research mostly originated in Western culture (counsellor empathy is a concept developed in the West). Thus, present study results may not be valid in psychotherapy and other forms of client-healer relationships in other Chinese societies, such as China and Singapore. There may be other salient therapeutic conditions in Chinese culture that are conducive to Chinese client-healer relationships. Further research needs to be conducted so that healing-related concepts can be identified and developed based on original Chinese language and culture.

Future Research

As there is limited research done on Chinese people's perceptions about counselling and particularly on the construct of counsellor empathy, the present research can serve as a preliminary study that provides directions for future research. In particular, a number of future research areas can be considered. First, aside from interviewing informants, a component of behavioural observation of actual counselling sessions can be added in future research. A research study using multiple sources of data can enhance that study's richness and credibility. As well, it could also help identify interaction patterns between counsellors and clients that might constitute Chinese clients' understandings of counsellor empathy and other therapeutic conditions.

Second, another line of future research can examine the relative impact of various expressions of counsellor empathy on counselling effectiveness in therapeutic relationships that

involve Chinese clients. Researchers then may be able to identify what kinds of empathetic expressions are optimal for working with Chinese clients in counselling. Third, future research can also examine, in Chinese clients' perceptions, the impact of perceived counsellor empathy on counselling effectiveness compared to the impact of other aspects of counselling process found in the present study. Fourth, it is also worthwhile to investigate how counsellor empathy may be related to other relationship constructs such as, neutrality, kindness, and compassion in Chinese culture. Finally, most of the themes found in the present study are supported by the exiting research, though very limited, that examined the practice of counselling in Chinese cultural context. Nevertheless, there appears to be no research that has examined one of the themes, Chinese clients' perceived roles of clients and counsellor-client relationship in counseling, found in this study. Due to the paucity of information in the literature, understanding of this theme is still premature, and future research is needed before it can be related to the concept of empathy in counselling relationships in Chinese culture.

All of the future research suggested so far consists of the assumption that the concept of counsellor empathy plays a role in counselling with Chinese people. However, findings of the present study suggest that counsellor empathy might exist in other forms in the eyes of the informants. Hence, further studies need to be undertaken in order to investigate how Chinese people might linguistically conceptualize and behaviourally express components of counsellor empathy, a concept that is well-known in Western psychology. Or, future studies may investigate counselling relationships in the context of Chinese culture, without the Western concept of counsellor empathy, discovering components of counselling relationships or processes with which most Chinese people can resonate.

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Appendixes

Appendix A : Recruitment Flyer (English Version)

Version 2; Sept 24, 2010



CHINESE RESEARCH PARTICIPANTS WANTED

You are invited to participate in a research study on Chinese clients' experiences in counselling relationships. The study's specific goal is to understand the concept of counsellor empathy from Chinese clients' perspective. Your participation will help us to better understand and serve the needs of Chinese clients in counselling in Canada. Your participation might also help you gain further understanding in your experience in counselling.

You can participate in the study if you meet all of the following:

- First generation Chinese who have lived in your hometown for more than 15 years
- 19 years old or above
- Currently not in therapy
- Was in therapy within the last 6 months prior to the interview
- Had completed at least 3 sessions of therapy with the same counsellor
- Saw a Chinese counsellor

You will be invited to:

- 1) minimum 1 in-person interview (~60 to 90 minutes)
- 2) complete a short questionnaire (~10 minutes)

Your identity and interview data will be **STRICTLY CONFIDENTIAL**.

To compensate for your involvement in the study, you will receive

\$20.00 CASH for an interview as a token of appreciation **.

*** Note: You can participate in up to 2 in-person interviews (\$20 cash each) and 1 follow-up interview by phone or in-person (~ 30 minutes and voluntary).*

If you are interested or want to find out more about this research, please contact:

Connie Ng, M.A. student
Department of Counselling Psychology
Faculty of Education, UBC





誠徵華裔研究對象

誠邀閣下參加一項關於華人接受輔導服務經歷的研究。研究目的是從曾接受輔導服務的華人的角度去了解「輔導員的同感心」這個概念。（「同感心」的意思就是指能站在別人的角度來看問題，切身地理解他人的情緒，感同身受地明白及體會身邊的人的處境及感受，並可適切地回應其需要。）你的參與能讓我們更明白華人在加國接受輔導服務時的需要和改善服務。你的參與或可對你接受輔導服務的經驗有所裨益。

如你符合以下所有條件，你便可參加此項研究：

- 華裔移民及曾居留自己原居地多過十五年
- 十九歲或以上
- 目前並非接受輔導服務
- 在接受訪問前六個月內曾接受過輔導服務
- 與同一位輔導員完成了至少三次會面
- 你的輔導員是華裔人仕



你會被邀請：

- 一) 參加最少一次約60至90分鐘的面談
- 二) 完成一份簡短的問卷(約十分鐘)

你的個人資料及訪談內容會是絕對保密。為了表達我們的謝意，每次面談你會收到一份現金二十加元的謝禮**。

**備註：你可參與最多兩次面談(每次面談你會收到現金二十加元)以及一次電話或面對面跟進訪談(約30分鐘、義務性)。

如有興趣參加此研究，或想知更多有關詳情，敬請聯絡：

Connie Ng (吳子庭)，碩士學生

輔導心理學部 (Department of Counselling Psychology)

卑斯大學教育系 (Faculty of Education, UBC)

Appendix C : Informed Consent (English Version)



Consent to Participate in a Research Study

Counsellor Empathy: an Ethnographic Investigation of Chinese Clients in Counselling

Principal Investigator: Dr. Susan James, R. Psych.

Associate Professor, Educational and Counselling Psychology & Special Education
Faculty of Education, The University of British Columbia.

Co-Investigator: Chi Ting Connie Ng, B.A.

Educational and Counselling Psychology & Special Education
Faculty of Education, The University of British Columbia.

This research project is conducted as a partial fulfillment of the Master's degree in Counselling Psychology. The principal investigator and co-investigator will have access to the information for educational purpose only.

Purpose:

The purpose of the study is to explore Chinese clients' experiences in therapeutic relationships. Specifically, using ethnographic interview, the goal of this study is to understand the concept of counsellor empathy from clients' perspective. You are being invited to take part in this research study because you fulfill the inclusion criteria of this study: 1) first generation Chinese who have lived in your hometown for more than 15 years, 2) 19 year-old or above, 3) currently not in therapy, 4) was in therapy within the last 6 months prior to the interview, 5) had completed at least three sessions of therapy with the same counsellor, 6) saw a Chinese counsellor.

Study Procedures:

- a) You will participate in the first in-person interview with the co-investigator, which will be approximately 60 to 90 minutes long and be audio-taped. Prior to the interview you will be asked to spend about 10 minutes to complete a demographic questionnaire. At the end of the interview, the co-investigator will ask you whether you want to participate in the second in-person interview.
- b) If you have agreed to participate in the second in-person interview, you will be interviewed again by the co-investigator within the next two months. The interview will also be approximately 60 to 90 minutes long and be audio-taped.
- c) Within another two months, you will receive a hard copy of an analysis of your interview by mail and be contacted by the co-investigator by phone or in-person for a brief interview (approximately 30 minutes) for verifying results. You will be asked at the end of your last interview as to whether you want to participate in this step.

Please note that all the interviews will be conducted in either Chinese or English, according to your preferences. The time and location of interviews will be decided based on your availability and your preferences. The co-investigator will meet you at a location of your convenience.

Potential Risks:

The interviews in which you will participate involve minimal risk. However, discussing your experiences in counselling can sometimes result in negative emotions such as discomfort, feelings of anxiety, suspicion, insecurity, and defensive reaction. Please feel free to let the interviewer know that you do not feel comfortable to respond to certain questions. You can refuse to answer any questions at anytime without any consequences. If you feel any distress while participating in this study and wish obtain information on where to get help, we can give you the names and contact numbers of appropriate agencies.

Potential Benefits:

There may be no direct benefit to you for taking part in this study. Your participation might help you gain further understanding in your experience in counselling, although this might not be the case for all participants. However, your participation will help researchers learn more about the unique needs of Chinese people and how counsellors can effectively help clients who are from different cultural backgrounds.

Confidentiality:

All electronic and paper data will be identified only by a code number. Study documents that include participant data, for example, interview transcripts, completed questionnaires, and researcher's notes will be secured in a locked filing cabinet in the principal investigator's research lab. All computerized files will be saved in the research lab's computer, which is protected by a password and locked in the lab. The data will only be accessible to the principal investigator and co-investigator.

Data will be analyzed and presented in a group format. Therefore, no identifying information will be reported; you will not be identified by name in any reports of the completed study. In addition, original data obtained for the study will be retained in the research lab for at least five years after the work is published, but may be retained for a longer period provided that they are stored securely.

Compensation:

In order to defray the costs of inconvenience and transportation, you will receive an honorarium in the amount of up to \$40.00 in cash. Such compensation will not be dependent on completion of the project, but will be pro-rated if you withdraw before completion.

If you complete one in-person interview, you will receive \$20.00. You will receive \$20.00 each time you complete an in-person interview. In sum, if you complete the first two in-person interviews, you will receive the full amount (\$40.00).

Contact for information about the study:

If you have any questions or desire further information regarding this study, you may contact Dr. Susan James.

Contact for concerns about the rights of research participants:

If you have any concerns about your treatment or rights as a research participant, you may contact the Research Subject Information Line in the UBC Office of Research Services.

Consent:

Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without jeopardy to your employment and personal well-being. If you withdraw from the study, your data will be withdrawn and will not be included for data analysis. Also, your responses will not be made known to your counsellor and that your participation and responses will not help or hinder your eligibility to receive counselling services in any way in the future.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

Signature _____ Date _____

Printed Name _____

Appendix D : Informed Consent (Chinese Version)



參與研究同意書

輔導員同感心：以民族誌研究方式訪問曾接受輔導服務的華裔移民

督導教授：Dr. Susan James, R. Psych., Associate Professor,
Educational and Counselling Psychology & Special Education (教育和輔導心理學與特殊教育)
Faculty of Education, The University of British Columbia (卑斯大學教育系)

研究者：吳子庭 (Chi Ting Connie Ng), B.A.,
Educational and Counselling Psychology & Special Education (教育和輔導心理學與特殊教育)
Faculty of Education, The University of British Columbia (卑斯大學教育系)

此研究將作為吳子庭的碩士論文。督導教授和研究者只會將從研究中獲得的資料用作教學用途。

研究目的：

此研究的目的是想透過訪談的方式，對華人接受輔導服務的經歷有更深入的了解。具體來說，本研究的目的是要使用訪談的方式，從曾接受輔導服務的華人的角度去了解「輔導員的同感心」這個概念。（「同感心」的意思就是指能站在別人的角來看問題，切身地理解他人的情緒，感同身受地明白及體會身邊的人的處境及感受，並可適切地回應其需要。）我們的研究對象需要符合以下所有條件：一) 華裔移民及曾居留自己原居地多過十五年，二) 十九歲或以上，三) 目前並非接受輔導服務，四) 在接受訪問前六個月內曾接受過輔導服務，五) 與同一位輔導員完成了至少三次會面，六) 你的輔導員是華裔人仕。因為你符合以上的參加條件，你被邀請參加這項研究。

研究程序：

- a) 你將參加與研究者吳子庭的第一次面談。會面將歷時約 60 至 90 分鐘。訪談將會被錄音。在訪談前你會用大約 10 分鐘完成一份問卷。研究者將會在面談結束時徵求你是否願意參加第二次面談。
- b) 如你選擇參與第二次面談，在兩個月之內，您將接受這次訪談。會面也將歷時約 60 至 90 分鐘和將被錄音。
- c) 再兩個月後，你將透過郵寄收到一份對你訪談的分析。研究者將會與你安排一次簡短的訪談（約 30 分鐘），目的是和你核証訪談的分析結果。這次訪談可透過電話或面對面進行。研究者將會在後一次面談結束時徵求你是否願意參加此步。

備註：訪談將以中文或英文進行，依你的喜好而定。訪談的時間及地點也將以你的方便和喜好為主。

參與此研究的潛在風險：

你將參與的訪談存在最低程度的風險。但是，由於訪談過程中會探討到你接受輔導的經驗，您可能會有不安的情緒，例如憂慮，懷疑，欠缺安全感，和懷有戒心。若有任何問題讓你覺得不便回答，請直接告知研究員。你有權拒絕回答任何問題。如果你在訪談過程中因感到不安而想得到援助，我們可以為你提供適當機構的聯絡資料。

參與此研究的潛在利益：

參加這項研究對你可能不會有直接的利益。你的參與或可對你接受輔導服務的經驗有所裨益。雖然這可能不是所有參與者的情況；但是，你的參與將能提供輔導心理學研究者得知更多華人在接受輔導服務時的獨特需要，藉而使輔導員能更有效地為來自不同文化背景的人仕提供相應的服務。

保密性：

所有從研究中獲得的電子資料和文件將被設定一個代碼。研究檔案，包括參與者的數據及資料，例如，訪談抄本，問卷，研究者的筆記，將會保存在督導教授的研究實驗室一個有鎖的檔案櫃中。所有電子檔案將會被儲存在研究實驗室的電腦，而這電腦是受到密碼保護並且被鎖在實驗室中。

只有督導教授和研究員能直接取得從研究中獲得的資料。你的個人資料不會在我們做資料分析和匯報時被揭露。當此研究報告獲出版或在學術研討會上討論時，沒有任何可辨識你身份的資料會被包括其中。此外，研究資料和檔案將會在研究報告出版後被儲存在督導教授的研究實驗室中至少五年。但是，如果研究資料能被儲存在一個安全而有保安的地方，這些資料可能會被保存更長的時間。

參與研究的酬勞：

為了支付你因參與此研究帶來的不便，我們將致贈你一份可達現金四十加元的謝禮。無論此項研究最終能夠完成與否，你都會收到你應得的謝禮。但是如果你在整個訪談過程完成之前退出，你將會收到部份的謝禮。每當你完成一次的面談，你將會收到一份現金二十加元的謝禮。而你將會在每次面談後收到這份謝禮。詳細來說，如果你完成所有(共兩次)的面談，你將收到共現金四十加元的謝禮。

關於此研究的查詢資料：

如果你對此研究有任何問題或你想得到更多有關此研究的資料，請與督導教授 Susan James 博士聯絡。

關於受訪者權利的查詢資料：

如果你對參與此研究的權利有任仿疑問，請聯絡 Research Subject Information Line in the UBC Office of Research Services。

同意書：

你的參與完全是自願性的。你也可隨時拒絕或退出參與此研究，而這決定是不會影響你的就業狀況以及你的身心健康。如果你退出參與此研究，與你有關的研究資料會被抽出而且亦不會被用作資料分析。同時，你的輔導員不會有權得到你的個人資料及訪談內容。而你的參與和訪談內容亦不會幫助或影響你在將來接受輔導服務的資格。

你以下的簽名表示你已得到此份同意書的副本作為記錄。

你以下的簽名同時亦表示你同意參與此研究。

受訪者簽名 日期

受訪者姓名

Appendix E : Demographic Questionnaire (English Version)



Counsellor Empathy: an Ethnographic Investigation of Chinese Clients in Counselling Demographic Questionnaire

Age:	Sex:	Race/ Ethnicity:
Hometown:	First Language:	Education level:
Occupation:	When did you immigrate to Canada? (dd/mm/yyyy)	
Immigration Status: (Please check one) <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Work/ Student Visa <input type="checkbox"/> Don't know <input type="checkbox"/> Other, Please specify: _____		
Race/ ethnicity of the counsellor that you saw:		
How many sessions had you had counselling with this particular counsellor?		
How often did you see this particular counsellor?		
My counsellor is: (Please check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, Please specify: _____ <input type="checkbox"/> Don't know		
To my knowledge, my counsellor is a: (Please check all that applies) <input type="checkbox"/> Registered Clinical Counsellor <input type="checkbox"/> Registered Social Worker <input type="checkbox"/> Registered Psychologist <input type="checkbox"/> Certified Canadian Counsellor <input type="checkbox"/> Other, Please specify: _____ <input type="checkbox"/> Don't know		
I saw this counsellor at: (Please check one) <input type="checkbox"/> University/ College Counselling Centre <input type="checkbox"/> Private Office/ Practice <input type="checkbox"/> Church/ Place of Worship <input type="checkbox"/> Community Counselling Agency <input type="checkbox"/> Other: (Please specify) _____ <input type="checkbox"/> Don't know		

Version 1 May 26, 2010; Demo Form #: _____

Appendix F : Demographic Questionnaire (Chinese Version)



輔導員同理心：以民族誌研究方式訪問曾接受輔導服務的華裔移民

人口統計問卷

年齡：	性別：	種族：
原居地：	母語：	教育程度：
職業：	你何時移民到加拿大？（日/月/年）	
移民身份：（請選擇其一） <input type="checkbox"/> 落地移民 (Landed Immigrant) <input type="checkbox"/> 加國公民 (Canadian Citizen) <input type="checkbox"/> 工作/學生簽證 (Work/ Student Visa) <input type="checkbox"/> 不知道 <input type="checkbox"/> 其他，請說明：_____		
你接見的輔導員的種族是：		
你與這位輔導員完成了多少堂療程？	你會見這位輔導員的頻密次數？	
這位輔導員是：（請選擇其一） <input type="checkbox"/> 男性 <input type="checkbox"/> 女性 <input type="checkbox"/> 其他，請說明：_____ <input type="checkbox"/> 不知道		
據我所知，這位輔導員是：（請選擇全部適合的答案） <input type="checkbox"/> 註冊輔導員 (Registered Clinical Counsellor) <input type="checkbox"/> 註冊社工 (Registered Social Worker) <input type="checkbox"/> 註冊心理學家 (Registered Psychologist) <input type="checkbox"/> 持牌加拿大輔導員 (Certified Canadian Counsellor) <input type="checkbox"/> 其他，請說明：_____ <input type="checkbox"/> 不知道		
你在哪個機構會面這位輔導員：（請選擇其一） <input type="checkbox"/> 大學/專上學院輔導中心 (University/ College Counselling Centre) <input type="checkbox"/> 私人執業 (Private Office/ Practice) <input type="checkbox"/> 教會 (Church/ Place of Worship) <input type="checkbox"/> 社區輔導服務機構 (Community Counselling Agency) <input type="checkbox"/> 其他，請說明：_____ <input type="checkbox"/> 不知道		

Chinese Version 1 May 26, 2010; Demo Form #: _____

Appendix G : Sample Descriptive Questions

Guide for Descriptive Questions

Sequence	Question	Rationale for question
Introduction	What brings you to counselling? 您尋找輔導服務的原因是什麼？	Question for introducing the topic of counselling into the conversation.
Grand Tour Question (GTQ)		
(i) Typical Grand Tour Question:	What does a typical counselling session look like? 您可形容一下你接受的輔導服務通常是怎樣進行？	Question asks the informant to generalize, to talk about a pattern of events.
	What kinds of things do you and your counsellor do when you saw your counsellor? 您接受輔導服務時，您和您的輔導員通常會做些什麼？	Question taps into the types of things happened in counselling sessions.
(ii) Specific Grand Tour Question	a) Could you describe a positive experience(s) or event(s) with your counsellor that stood out for you the most? 您可否敘述一些和這位輔導員的正面經歷？ b) Could you describe a hindering experience(s) or event(s) with your counsellor that stood out for you the most? 您可否敘述一些和這位輔導員的負面經歷？	Some informants might find it difficult to describe what is typical but can easily describe experiences are best known to them.
(iii) Guided Grand Tour Questions:	Imagine you are taking me into your counselling session, what are the things I would see and hear? 想像一下，如果您帶我進入您其中一次輔導療程，我會見到和聽到什麼？	Questions that aids the informant to describe what is happening during a counselling sessions.
Mini-Tour Questions:	a) Could you describe X? 您可否敘述一下X？ b) Could you tell me more about X? 您可否告訴我多一點有關X？	These questions usually go after the GTQ's. They are identical to the GTQ's except they deal with a much smaller unit of experience. The purpose of these questions is to help the informant to describe specific events during counselling sessions.
Sample Questions:	Can you give me examples of X? 您可否為X舉例？	To elicit examples of particular behaviours enacted or events happened in the informant's counselling

		relationship.
Experience Questions:	If someone asks you about your experience in counselling (or in X), what would you tell him/her? 如果有人問有關您接受輔導的經歷，您會告訴他/她什麼？	This question asks informants for any experiences they have had being a client in a counselling relationship. It might elicit atypical events rather than recurrent, routine ones.
Native-Language Questions:		
(i) Direct Language Questions:	How would you refer to X? 您會怎樣形容X？	To get the emic language used to describe behaviours enacted or events happened in the informant's counselling relationship.
(ii) Hypothetical-Interaction Questions:	Let's say a stranger asked you about X. How would you explain what is X. 如果一個陌生人問你X，您會怎樣向他/她解釋？	To get the native language used to describe behaviours enacted or events happened in the informant's counselling relationship.
Other Probes:	Tell me more about X... 您可否告訴我多一點關於X...	To be used when things go quiet between the researcher and informant.

Appendix H : Domain Analysis Worksheet

Domain Analysis Worksheet

1. Semantic relationship: _____ 2. Form: _____ 3. Example: _____			
	Included Terms:		Semantic Relationship:
Structural Questions:			Cover Term:

	Included Terms:		Semantic Relationship:
Structural Questions:			Cover Term:

Appendix I : Sample Structural Questions

Concurrent Principle: Ask structural questions concurrently with descriptive questions.

Explanation Principle: “I’m interested in getting a list of all the different kinds of _____...”

Repetition Principle: Structural questions must be repeated many time to elicit all the included terms of a folk domain.

Context Principle: provide informants with contextual information

Cultural Framework Principle:

- Personal: What are all the different kinds of counselling that *you* know about?
- Cultural: I’m interested in finding out about all the different kinds of counselling people can go to.

Types of Structural Questions:

1. Verification questions:

- a. **Domain Verification Questions:** Are there different results of counselling?
- b. **Included Term Verification Questions:** Is modification (X) is a result of counselling?
- c. **Semantic Relationships Verification Questions:** Would most Chinese people say, X is a result of counselling?
- d. **Native- Language Verification Questions:** Is this a term you would use? Would most Chinese people usually say ____ when talking about results of counselling?

2. Cover Term Questions: “Are there different kinds of _____?”

3. Included Term Questions: “Are there other kinds of _____?”

4. Substitution Frame Questions: Questions are constructed from a normal statement used by an informant.

“You find chatting in counselling.”

“You find _____ in counseling.”

5. Card Sorting Structural Questions

Appendix J : Sample Contrast Questions

The relational principle: the meaning of a symbol can be discovered by finding out how it is related to all other symbols.

The use principle: the meaning a symbol can be discovered by asking how it is used rather than asking what it means.

The similarity principle: the meaning of a symbol can be discovered by finding out how it is similar to other symbols.

The contract principle: the meaning of a symbol can be discovered by finding out how it is different from other symbols.

*** Ask for contrasts among members of the same contract set.**

Types of Contrast Questions:

1. **Contrast Verification Questions:** to confirm or disconfirm the difference.
2. **Directed Contract Questions:** begins with a known characteristic of one folk term in a contrast set and asks if any other terms contrast on that characteristic.
3. **Dyadic Contrast Questions:** ask the question without having any differences to suggest to the informant. E.g. "Can you tell me any differences between a counsellor and a psychologist?"
4. **Triadic Contract Questions:**
 - Which two of these are different from the others?"
 - May require an explanation or even an example.
 - Follow up with a directed contrast question.
5. **Contrast Set Sorting Questions:** "Would you sort these into 2 or more piles in terms of how they are alike or different?"
6. **Twenty Question Game**
7. **Rating Questions:** to discover the values placed on sets of symbols.

Appendix K : Sample Mind-Map

