Chinese Culture in Therapy:

Competencies for Therapeutic Alliance
Abstract

This paper aims to explore the nuanced impact of Chinese culture in therapy. Current research on Chinese cultural competencies and its impact on therapeutic alliance and outcomes is reviewed. Key themes, values, and norms of the Chinese culture and the potential challenges they pose to psychotherapists when building therapeutic alliances are discussed. From these challenges, culturally adapted practical applications and implications for therapists working with Chinese clients are recommended and explored.

Keywords: Chinese culture, cultural competencies, therapeutic alliance, culturally adapted practical applications, practical implications, collectivist framework, losing face, social hierarchy.

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In Westernized societies, Chinese clients not only underuse mental health services but when they do seek help, may find that therapy does not meet their needs (Jim & Pistrang, 2007). Tiwari and Wang’s (2008) study of ethnic differences in accessing mental health services utilizing data from the Canadian Community Health Survey found that White people were more likely to have used mental health services than those of East Asian, South Asian, and South East Asian descent. In particular, Tiwari and Wang (2008) found that Chinese participants were least likely to have used mental health services among other ethnic minority groups. With the continuing diversification of our society, it is important to understand the barriers towards access that clients of Chinese descent and other ethnic minority groups face in seeking out mental health services. Therapists and mental health professionals currently in the field must be cognizant of the disconnect between the Westernized services they offer and some of the Eastern values that Chinese clients hold. The elimination of such barriers and disconnectedness would increase effectiveness of therapeutic outcomes and enhance experiences in psychotherapy for clients currently accessing mental health services.

Regardless of models or therapeutic orientations, therapeutic alliance between clients and therapists plays an integral and vital role in therapeutic success and reduced dropout rates for individual and relational psychotherapy (Del Re, Flückiger, & Symonds, 2011; Escudero, Friedlander, Varela, & Abascal, 2008; Horvath, Sharf, Primavera, & Diener, 2010; Ma, 2007). Therapeutic alliance is generally regarded as the collaboration and consensus between therapist and client (Horvath et al., 2011; Sprenkle & Blow, 2004). When creating an alliance, a therapist’s level of cultural competency greatly influences the formation and maintenance of therapeutic alliance in cross-cultural clinical practice as it can lead to a better understanding of client’s change process (Lee, 2011). Cultural competencies refer to cultural knowledge and skills.
a therapist and/or mental health provider possesses of a culture in order to deliver useful and
effective services/interventions to members of the particular culture (Sue, 2006). Considering the
history of diversity in cultures through immigration in Canada and the Westernized world, it is
important to highlight the growing need for therapists to achieve higher levels of cultural
competencies in order to contribute to greater therapeutic success.

Current research on Chinese participants relies heavily on the use of behavioural and
cognitive approaches to therapy. There has been relatively little attention paid to utilizing
cultural and cross-cultural knowledge for engaging with Chinese clients and addressing the
barriers regarding intra-cultural differences between therapists and their clients (Lee, 2011; Ma,
2007). The purpose of this paper is to contribute to a deeper understanding of the unique
challenges that couple and family therapists (CFTs) working with Chinese clients face. In order
to address the unique aspects of Chinese culture, I will be utilizing a systemic postmodern
perspective when describing the needs of Chinese clients in an attempt to address some of the
barriers therapists may face when working with this population. This paper will utilize current
conceptual literature and empirical research regarding cross cultural competencies and their
contributions towards a stronger therapeutic alliance in order to identify important key ideas and
concepts of Chinese culture as these relate to CFT practice. This paper is intended to aid
therapists working with Chinese clients and thereby enhance therapeutic satisfaction and
outcome. I will first examine current literature regarding the impact of cross cultural
competencies on therapeutic alliance and outcomes. Secondly, I will explore Chinese
cultural/societal considerations and their unique implications/challenges in therapy. Next, I will
examine culturally adapted practical applications for therapists to consider. Lastly, I will discuss
further implications, critical analysis, and limitations regarding work and research with Chinese client populations.

**CULTURAL COMPETENCIES**

There has been increasing evidence in current research suggesting that mental health practitioners who possess higher levels of cultural competencies show improved therapy processes and outcomes when working with racially and ethnically different clients as indicated by client treatment satisfaction and reduced client attrition (Lee, 2011). There is limited research demonstrating how and why clients who work with more culturally competent mental health practitioners are better satisfied and stay longer in treatment (Fuertes et al., 2006; Lee, 2011). Lee (2011) postulates that with little knowledge of the mechanisms that underlie cultural competencies and their correlation with therapeutic change, the psychotherapy field as a whole is limited in reinforcing key elements in clinical practice. This lack of competencies often starts at the very beginning as a majority of psychotherapy training programs across the world utilize Westernized models of practice originally created by and for a Western White-dominant society (Wieling & Rastogi, 2008). Based on a survey sent out to members of the AALANA (African American, Latino/a, Asian, and Native American members of AAMFT) group and other couple and family therapists of colour in the US, Wieling and Rastogi’s (2004) sample of psychotherapists felt that culturally appropriate theoretical and practical implications were missing or inadequate during their time in training programs.

Lee (2011) attempts to address this inadequacy by proposing a theoretical integration of cultural competencies that engages social workers to practice in a culturally adaptive way. Lee’s (2011) research draws on her own research as well as that of others in the areas of therapeutic alliance and cultural competencies in order to propose Cross-Cultural Competencies (CCCs).
Lee’s (2011; 2012) CCCs are guidelines that integrate clinically grounded and culturally competent practices for therapists to utilize when working with clients of different cultures. For the purposes of this paper, I will be adopting Lee’s (2011) definition of cultural competencies as divided into two parts: one-person psychology (static: knowledge needed for therapists working across a wide range of culturally diverse clients) and two-person psychology (dyadic: actualized cultural competencies in work between client and therapist). These elements are key to a “therapist’s capacity to attune to an individual client’s culturally embedded lived experience and to create shared moments in interactions with the client from a different cultural context, which is a formative relational process” (Lee, 2011, p. 191). Lee’s (2011) one person CCCs reiterate the body of research that emphasizes the importance for mental health practitioners to obtain cultural knowledge. The two-person perspective addresses the gap between academic knowledge and practical applications (Lee, 2011). This two-person perspective addresses the unique impact on therapeutic process that cross-cultural interactions between therapists and clients create (Lee, 2011). Deeper understanding of such CCCs serve to create a more in-depth exploration of implications and impact that culture has throughout the therapeutic process, especially within the building of therapeutic alliance (Lee, 2011).

Lee (2011; 2012) expands the definition of cultural competencies by highlighting the importance of a psychotherapist’s ability to apply and integrate cultural knowledge. She argues that this integration allows psychotherapists to have the heightened ability to accommodate the impact of clients’ cultural lenses and engage more positively and frequently in sensitive dialogue regarding cultural differences between clients and therapists (Lee, 2011; 2012). Psychotherapists with a greater attainment of cultural competencies are able to be more responsive and work towards initiating the repair process when discrepancies emerge in the working alliance (Lee,
2011; Samstag, Muran, & Safran, 2004). This repair process can deepen therapeutic alliance and alleviate client’s feelings of fear or shame while still working towards client’s concerns and goals in therapy (Lee, 2011; Samstag, Muran, & Safran, 2004).

Studies on cultural competencies emphasize the importance of psychotherapists obtaining cultural knowledge for working with culturally diverse clients. However, it is not necessary for psychotherapists to be experts or have extensive experience with a particular demographic group or culture in order to be culturally competent (Jim & Pistrang, 2007; Lee, 2011). What is important is a psychotherapist’s efforts in attempting to learn about their clients’ cultures (Jim & Pistrang, 2007; Lee, 2011). This effort shows clients that psychotherapists are interested, concerned, and respectful of the differences that exist between cultures (Jim & Pistrang, 2007; Lee, 2011). Such awareness can inform psychotherapists as to how their own practice and utilization of therapeutic models may be biased towards privileging dominant Western values and have the potential to oppress clients’ unique social/cultural discourses (Jim & Pistrang, 2007; Lee, 2011).

Jim and Pistrang (2007) studied Chinese clients’ perspectives and outcomes in therapy when working with Chinese and non-Chinese therapists in the United Kingdom. With a total of eight Chinese participants, they conducted phenomenological analysis to explore in depth the experiences and perspectives of clients. Across these participants, Jim and Pistrang (2007) found that culture plays an important role in diverse ways in three key areas: a therapist’s ability to understand cultural context and nuances of client’s difficulties, a therapist’s ability to provide an environment free of cultural constraints to explore difficulties, and finally the role that culture plays in influencing how difficulties are explored in therapeutic dialogue. Jim & Pistrang’s (2007) research found that across all participants, a psychotherapist’s ability to ensure “a safe
space to explore their problems, with someone who they felt understood them and who was able to help them make sense of their difficulties” was highly valued (p. 470). Jim and Pistrang’s (2007) work emphasizes the rich diversity of experiences for Chinese clients in therapy and that there is no ‘one size fits all’ method in attempting to best serve this population. The underlying need for a safe space found in all participants’ experiences emphasizes the importance of extending cultural competencies beyond to just obtaining Chinese cultural knowledge. The incorporation of this cultural knowledge towards building strong therapeutic alliance to enhance safety in therapy for clients is important for psychotherapists to consider in their practice (Jim & Pistrang, 2007).

CHINESE CULTURAL & SOCIETAL CONSIDERATIONS

Collectivist Framework in an Individualist World

Chinese societal/cultural values and customs vary across the wide range of China’s ethnic communities. While it is impossible to completely account for its rich diversity in this paper, current literature has highlighted certain common key factors that influence and shape the perception and experience of Chinese clients in therapy (Epstein et al., 2012; Green et al., 2006; Ting-Toomey & Chung, 2005; Yeung & Ng, 2011;). The collectivistic history of Chinese culture has been ingrained into its peoples’ own values, expectations, and traditions. Influenced by a mixture of philosophies in Taoism, Buddhism, and Confucianism, Chinese collectivistic culture is guided by a strong emphasis on social harmony and the collective good (Dias, Chan, Ungvarsky, Oraker & Cleare-Hoffman, 2011; Epstein et al., 2012). Contrary to the individualistic means of the Western world, the key principle of Chinese collectivism is an emphasis towards sacrificing personal interests and individual rights for the good and well-being of the collective (Weatherley, 2002).
The two notions of harmony and balance act as the major guide towards a way of being within society as a whole, as well as in the daily behavioral and interactional patterns in intimate and familial relationships (Epstein et al., 2012). The overarching value of living in harmony suggests that people should live with consideration first to others before the self (Epstein et al., 2012). This value extends beyond family circles and into relationships with friends, neighbors, and the larger overall community (Epstein et al., 2012). The value of balance sets the way of life, guiding people to find harmony in resolving their own issues (Epstein et al., 2012). When there is conflict with others, one is asked to find the middle road (common ground, stepping back to achieve equilibrium) in choices of personal, political, and economic matters (Epstein et al., 2012). Personal sacrifice for the greater good, in order to achieve harmony and balance for self, family, and society, is the privileged and driving principle behind Chinese collectivistic culture. The ideas of collaboration and productiveness are central to what it means to live and be a part of the Chinese familial and societal system.

Those of Chinese descent living in Western society have the unique duality of living within two sets of contradictory cultural and societal norms. The traditional collectivist beliefs and practices of many first generation/immigrant Chinese shape and influence their own as well as future generations’ ability to understand and ultimately adapt to the individualistic culture in which they now live (Yeung & Ng, 2011). Yeung & Ng’s (2011) literature review of barriers towards accessing mental health services and suggestion of strategies for addressing cultural differences for Chinese clients in Great Britain highlights this unique duality. Additionally, Green et al.’s (2006) phenomenological analysis of in depth interviews of the experiences and perspectives of forty-two Chinese women accessing dual (Chinese and Western) health care systems highlight the fact that women and young people of Chinese origin in Britain neither
abandon their Chinese customs nor do they wholeheartedly adopt a British way of living. It is instead a delicate balance of contradictory social and cultural rules one must navigate holding a Chinese identity while living in the Western world (Green et al., 2006; Yeung & Ng, 2011). Research in acculturation has found that both individualistic and collectivistic cultures influence the values, beliefs, interpretations, and world understanding held by clients of Chinese origin living in the Western world (Green et al., 2006; Jim & Pistrang, 2007; Yeung & Ng, 2011). With the contradictions between collectivistic ideology privileging social balance and harmony and individualistic ideology privileging self-actualization and personal autonomy, it is important for psychotherapists to be aware of how such dualities affect clients’ perceptions and understanding of themselves (Liu, Zhao & Miller, 2014). Cheung’s (2000) international forum review highlights collectivistic cultures’ privileging of interdependence and relational harmony as an indication of social maturity that is celebrated. Yet, through the lens of an individualistic culture, this could be seen as an indication of over-conformity and lack of individuation (Cheung, 2000). Without acknowledgment of these intricacies, therapists who encourage clients of a collectivistic culture to confront authority figures directly could risk jeopardizing a client’s social networks and relationships (Cheung, 200; Lee, 2011; 2012). Such inapplicable and culture blind encouragements also contribute to discrepancies in rapport and therapeudic alliance between clients and therapists (Cheung, 2000; Lee, 2011, 2012).

The acceptance in collectivist cultures of the status quo and preferred strategies of non-intervention and inaction towards negotiating authority, confrontation, and conflict can be easily misinterpreted as resistance by psychotherapists unaware of such nuances (Yeung & Ng, 2011). Yeung & Ng’s (2011) paper provides an extensive review of literature regarding the barriers towards mental health access that Chinese clients face in Britain. Yeung & Ng (2011) noted in
their observations how empowerment and promotion of individual rights (in which many
Western psycho-educational programs and therapeutic models operate) may not be a very
welcome idea for Chinese communities as it involves challenging, disrupting, and damaging the
already established notion of social harmony. Such discrepancies further deter participation from
a group that already has difficulty accessing mental health services due to the complexity of
Chinese culture that brings about many unique risks in regards to issues of power, shame, and
confidentiality (Yeung & Ng, 2011). The unique systemic and cultural influences of the Chinese
culture on clients of Chinese descent and the delicate interweaving of Eastern and Western
ideals, values, and norms is necessary for psychotherapists to understand in order to be better
collaborators in their work with this population. Below are some key themes, values, and norms of
the Chinese culture and the potential challenges they pose for psychotherapists when building
therapeutic alliance.

Social Hierarchy

The privileging of harmony and balance within Chinese culture dictates what is
acceptable and unacceptable behavior depending on the level of position and power of one’s
place in the social hierarchy (Yeung & Ng, 2011). An inherent feature adopted from
Confucianism, the advocacy of a hierarchy of merit values the attainment of academic
achievement as a superior personal attribute (Yeung & Ng, 2011). As the social hierarchy of
Chinese society privileges academic achievements over other qualities, individuals who have
attained higher education are often more highly valued and respected, and thus awarded higher
social status (Yeung & Ng, 2011). In a society where merit is given to those of high intelligence,
seeking help through therapy contains a serious threat of moving down the social hierarchy.
Perceived shame can come from seeking help and losing merit as it means one has failed to resolve issues independently (Epstein et al., 2012; Yeung & Ng, 2011).

With the privileging of academic thinking and problem solving in Chinese social hierarchy, there is pressure for Chinese clients to succeed in therapy (Yeung & Ng, 2011). Just as one would tackle a project or school assignment, Chinese clients may have an expectation of being able to succeed and excel in therapy. Not being able to do so, or perceiving the progress as taking too long, risks one’s virtue of intellectual ability. Deng, Lin, Lan, and Fang’s (2013) overview of current developments and future directions for family therapy in Mainland China exemplifies such privileging of academic/logical thinking in therapy. The researchers reviewed trends of Chinese marriage and family therapy by analyzing demographic data taken from Beijing Normal University’s Marriage and Family Therapy training site. Deng et al.’s (2013) research is congruent with existing literature that finds Chinese clients preferring therapy to involve concrete solutions and answers to issues. Additionally, Chinese clients often stop coming to therapy if the first session does not bring about significant and concrete changes, which can be a challenge for therapists utilizing Western ideas of postmodern therapy as these methods tend to be less directive (Deng et al., 2013). The desire to ‘fix’ mental health problems quickly in order to reduce risk of degradation in the social hierarchy has serious implications in therapy. Chinese clients across the globe have been noted to have high rates of premature termination to therapy when compared to White/Caucasian client populations regardless of therapeutic models or interventions used (Atkinson, Morten, & Sue, 1998; Jim & Pistrang, 2007; Kwan, 2000). Psychotherapists working with Chinese clients should be aware of the importance of implementing concrete solutions and answers to issues especially in the first few sessions of
therapy. This accommodation could positively facilitate therapists and Chinese clients’ rapport, potentially strengthening alliance and reducing risk of early termination in therapy.

**Filial Piety and Loyalty**

Another important Confucian value still evident and embedded in Chinese culture is the concept of filial piety: a specific, integrated, unspoken incorporation of loyalty to one’s parents in all intentions, behaviours, and decisions (Dias et al., 2011; Kwan, 2000). The Chinese term of filial piety commands the need for children to respect and obey parents and elders of the family (Kwan, 2000). This loyalty dictates that children must put the interests of the family over self. Parents are expected to sacrifice their own needs, wants, and desires to ensure that children grow up with all possible advantages and opportunities available to them (Dias et al., 2013). In turn, children are expected to repay such efforts by remaining obedient and providing care to the generations before them (Dias et al., 2013; Epstein et al., 2012). The concept of filial piety also further ensures social balance and harmony, as each individual has a role that is expected for them to fulfill (Dias et al., 2013; Epstein et al., 2012). Filial piety emphasizes the loyalty to not just one’s own parents but to the overall extended family of origin (aunts, uncles, grandparents, close familial friends) as they often contribute economically and socially to the raising of children in Chinese families (Epstein et al., 2012). Failure to take care of your elders or adhere to filial piety is an act of deep disrespect and brings about great shame as one owes everything (their achievements, successes, life) to the generations that have come before them (Epstein et al., 2012).

The importance of filial piety in Chinese society has the potential to create deep misunderstandings in therapy. The driving factor of filial piety in one’s choice and decision making may be seen by therapists with a Western individualistic cultural lens as inauthentic and
unhealthy. Psychotherapists unfamiliar with such Chinese cultural concepts may encourage clients to individuate, to differentiate, and to escape the enmeshment of family (Dias et al., 2013). This well-meaning suggestion not only risks alienating clients from the psychotherapist but also runs the risk of betraying loyalty and filial piety in the family unit (Dias et al., 2013; Yeung & Ng, 2011). The encouragement to individuate without fully understanding the impacts and consequences of breaking social harmony and filial piety in Chinese culture could jeopardize the cultural foundations in place that were meant to reduce conflicts and tensions in the first place (Dias et al., 2013; Yeung & Ng, 2011). Jim & Pistrang’s (2007) study found that therapists who lacked such understanding of the cultural nuances and contexts of Chinese clients’ problems ran the risk of further pathologizing the situation and increasing negative effects on Chinese clients. The lack of cultural knowledge by psychotherapists resulted in Chinese clients feeling misunderstood and annoyed in the therapeutic process (Jim & Pistrang, 2007). In some cases, Chinese clients viewed suggestions and goals in therapy set out by therapists as impossible and inappropriate to their presenting problems given the nature of Chinese cultural and societal contexts (Jim & Pistrang, 2007). This lack of nuanced understanding resulted in frustration and the perception from Chinese clients that their psychotherapists were ineffective in being helpful to their problems, further decreasing therapeutic alliance and outcomes (Jim & Pistrang, 2007).

The promotion of personal autonomy and individualism without regard, reflection, and integration of the underlying principles of Chinese collectivistic culture can result in ineffective suggestions and solutions for Chinese clients in therapy. Such lack of consideration can further alienate and contribute to the difficulty of building therapeutic alliance between therapists and Chinese clients. Psychotherapists who have a greater understanding towards the concepts of filial piety are able to invite more discussions and encourage more participation and collaboration.
from Chinese clients regarding just how much of an impact such concepts play in their own experiences. This is important as there is a wide range of diversity and acculturation within the Chinese population across the globe. Such awareness towards this cultural knowledge will allow for more opportunities of collaboration in the therapeutic work, potentially reducing rates of premature termination and reluctance towards accessing therapy and other mental health services in the future.

**Privacy / Saving Face**

As a collectivistic culture, the responsibility of saving face in order to avoid shame is a shared burden within the family (Epstein et al., 2012; Fang & Wark, 1998). The risk of losing face and bringing about shame plays a key role in keeping family matters private in the Chinese culture (Epstein et al., 2012). Decisions and behaviors that may bring shame to the family are heavily avoided, there exists a strong boundary within families to not disclose familial issues and conflicts to outsiders (Epstein et al., 2012). The real and dire consequences in losing face involve not only the exposure of one’s humiliating actions, but also the withdrawal of family and other support systems from the individual (Epstein et al., 2012; Fang & Wark, 1998).

The inclusion of mental health professionals in dealing with both personal and familial issues is highly stigmatized and mistrusted within Chinese culture. Assistance has been traditionally limited towards seeking out advice from extended family members and neighbors who have high status as elders and/or leaders of the community (Epstein et al., 2012). The cultural stigma of seeking outside help, especially that of an expert, is an indication that the family is failing its members, revealing the family’s weakness (Jim & Pistrang, 2007; Yeung & Ng, 2011). As a result, the concepts of shame, face, and privacy are strong factors in resisting the decision to seek mental health services. Such fears of shame and losing face can influence
Chinese clients to only seek help in times of dire circumstances and/or crisis (Anderson et al., 2012; Epstein et al., 2012). The disclosure of such personal problems to psychotherapists who might not understand the sensitivity and significance of such revelations can risk increasing loss of face and feelings of shame for Chinese clients (Anderson et al., 2012; Epstein et al., 2012).

Anderson et al.’s (2012) phenomenological data analysis drawn from the interviews of twenty-four Beijing and Guangzhou university student’s knowledge, attitudes, and beliefs towards marital therapy found a common theme of unwillingness to talk to strangers (psychotherapists) about their problems. Participants in Anderson et al’s (2012) study attributed this hesitation to the fear of their problems being found out by other people in the community and that they would be subsequently cast out. Other ideas representative of such cultural stigma among participants included worry about being embarrassed, bringing bad luck/disaster to the family, being perceived as mentally unstable, and fearing prejudice from society (Anderson et al., 2012). Such barriers lead Chinese clients to “frequently entering treatment [individual and relational] feeling ashamed and defeated” and “usually, by this time, the problem is quite severe and requires crisis intervention” (Fang and Wark, 1998, p. 72). The unwillingness to seek outside help until high levels of stress and crisis occur, combined with the threat of further losing face and shame by seeking such assistance poses an added layer of complexity for psychotherapists working with Chinese clients. Without understanding the nuanced intricacies of such unique cultural implications for Chinese clients, there exists a real threat of further perpetuating client’s fears of losing face and bringing about shame through the breach of privacy they have risked by seeking outside help.

**Somatization: Physical pain as a consequence to mental or emotional pain**
Another unique cultural implication of the collectivist culture for psychotherapists working with clients of Chinese descent is somatization. Expression of emotions, including speaking out about mental distress or displeasure, is perceived to have the risk of disrupting social harmony and balance as it threatens the status quo of current group and status hierarchies (Chong & Liu, 2002; Hodges & Oei, 2007). Chinese people are more likely to express their emotional distress through somatic complaints and as a result, are more likely to report physical pain over mental distress when communicating with medical professionals (Cheung, 2000; Chong & Liu, 2002; Hodges & Oei, 2007). There is also higher cultural acceptance in the somatic expression of emotional distress and oftentimes less stigma and greater encouragement to seek treatment for physical pain (Chang, Tong, Shi, & Zeng, 2005; Hodges & Oei, 2007). The Chinese belief in the interconnectedness between mind and body supports the co-existence of physical and mental anguish and it has been suggested that rather than a process of somatization, Chinese clients have learned to ‘listen with their bodies’ in times of mental distress (Chen & Davenport, 2005; Hodges & Oei, 2007).

The acceptance of expressing mental distress through somatization in Chinese society may lead Western trained psychotherapists to misinterpret such expressions as purely physical pain (Cheung, 2000). Therapists working with Chinese clients need to pay extra attention to expressions of somatization. These expressions could be important cues from clients and have potential to be explored in therapy to deepen the understanding of the problems and issues at hand (Cheung, 2000). Rather than being viewed as acts of repression and avoidance, these expressions are a client’s ways of opening up and being vulnerable in therapy. Misdiagnosing, misunderstanding, and further pathologizing somatic expressions of mental distress could result in client’s expression of problems being undermined and shut down, closing the door to the
The possibility of deeper and more vulnerable self-reflection and exploration. This exploration of the interconnectivity between mental and physical distress in therapy can deepen the trust, rapport, and alliance between psychotherapist and client.

**PRACTICAL APPLICATION/IMPLICATIONS**

**Cross Cultural Competencies and Therapeutic Alliances/Outcomes**

Cross cultural competencies direct psychotherapists to not only be aware of cultural sensitivities that clients bring, but also the dyadic nature that comes into play when psychotherapists bring their own set of cultural expectations and rules into the therapy room through the building of therapeutic alliance (Lee, 2011; 2012). Having a familiarity with both Chinese and Western/North American values allows for a deeper understanding of cultural formulation and its influences in clients’ dilemmas (Jim & Pistrang, 2007; Cheung, 2000; Lee, 2011). Cultural competencies are deeply complex and are comprised of several characteristics and skills, with being knowledgeable and understanding of the cultural groups in which one works with as a vital component in ensuring clients get the most benefit out of therapy (Jim & Pistrang, 2007). While it is not necessary for therapists working with Chinese clients to be experts in Chinese culture, cultural knowledge can assist therapists in exploring the impacts of culture on client’s presenting issues more deeply. Taking into consideration the cultural implications discussed above, the following sections provide possible cultural considerations for psychotherapists to adapt and take into account when building therapeutic alliance with Chinese clients.

**Privacy: Building Trust/Reducing Shame**
The building of trust is essential when working with Chinese clients as there are real and perceived risks of losing face and bringing about shame to the family in accessing therapy (Chan & Chan, 2005; Yeung & Ng, 2011). Psychotherapists need to properly address concerns over privacy and confidentiality so that Chinese clients can feel safe in therapy (Chan & Chan, 2005; Yeung & Ng, 2011). Such assurance is vital in the building of a strong therapeutic alliance and consequently can help to facilitate the expression and disclosure of vulnerabilities and painful experiences in therapy for Chinese clients (Chan & Chan, 2005; Yeung & Ng, 2011). Anderson et al.’s (2012) participants in their study regarding client knowledge, attitudes, and beliefs of marriage and family therapy in mainland China emphasized the importance of confidentiality. Anderson et al.’s (2012) participants cited worries of people finding out, losing personal information, and the spreading of rumors as deterrents towards accessing therapy. Establishing the importance and understanding of confidentiality towards losing face and disgracing one’s family would not only ease client’s fears but also build trust and understanding between therapist and client (Anderson et al., 2012; Yeung & Ng, 2011). Discussion regarding how privacy and confidentiality is protected and safeguarded can ease Chinese clients’ worries. Placing such importance around privacy can increase Chinese client’s feelings of safety and trust towards the therapist and such alliances have potential to deter early termination in therapy (Anderson et al., 2012; Yeung & Ng, 2011).

Another advisable pathway to pursue in creating safety and privacy would be establishing relationships with bilingual Chinese community workers and other respected elders within local Chinese communities (Yeung & Ng, 2011). Including this network of trusted intermediaries who have an established relationship with the community builds trust and includes psychotherapists as part of the group network (Yeung & Ng, 2011). Yeung & Ng’s (2011) research summarizes
the strategies developed, utilized, and adapted in a pioneer agency called The Centre on Behavioural Health (CBH) at the University of Hong Kong. The CBH advocates a holistic approach in addressing physical, cognitive, and spiritual needs of individuals (Yeung & Ng, 2011). The Centre provides educational programs and serves the public through various social care methods (social work, counselling, physiotherapy, occupational therapy, and nursing). Having a multidisciplinary team like the CBH opens the door towards seeking psychotherapy and other mental health services as Chinese clients feel that recommendations and referrals from highly regarded professional medical intermediaries are more trustworthy (Yeung & Ng, 2011).

Having a multidisciplinary team of medical and mental health professionals under one association or community outreach could be a helpful solution in decreasing barriers for Chinese clients wishing to access psychotherapy. Having services under one roof may also decrease the cultural stigma of accessing mental health services as it is in partnership with medical services, a profession that is less stigmatized and looked down upon in the Chinese culture.

Confidentiality can also be aided through the use of modern technological advances in order to offer flexibility in services via phone, internet, and email, adding another layer of security for clients (Anderson et al., 2012). Anderson et al (2012) suggests inviting new clients to participate in an initial detailed and thorough phone interview about the problem as a first step. This initial interview could increase the likelihood of Chinese clients accessing services by providing an opportunity for them to gauge the therapist’s ability to understand the presenting problem and to evaluate therapist’s expertise (Anderson et al., 2012). Such accommodations are not always possible (governing college or agency restrictions, risks in confidentiality when utilizing technology, etc.) and it is important to note that Anderson et al.’s (2012) study only includes clients coming from mainland China. Clients of Chinese descent in North America
differ in their levels of integration of Eastern and Western philosophies and one needs to be aware of the possibility of overgeneralizing all Chinese clients as needing more reassurance of privacy and confidentiality in therapy. As with any standard practice in initiating therapy, psychotherapists should assure clients of the safety measures in place that aim to keep client’s issues private and confidential. Psychotherapists should inquire about how such issues or concerns about confidentiality affect Chinese clients and ultimately have clients lead the way in terms of how much time and discussion would be helpful around the topic.

**Figure of Expertise and Self Disclosure**

The perception of the therapist as an outsider and as professional expert poses potential barriers for therapeutic alliance with Chinese clients (Epstein, 2005). General distrust of therapists as an outsider of the family system is compounded by the hierarchy of social merit that puts psychotherapists as a specialist/expert able to solve many difficult problems (Kramer, Kwong, Lee, & Chung, 2002; Yeung & Ng, 2011). Chinese clients are likely to perceive therapists as figures of authority to be listened to rather than one to be in partnership and collaboration with (Kramer, Kwong, Lee, & Chung, 2002; Yeung & Ng, 2011).

Ma’s (2000) qualitative case study of treatment expectations and experiences of seventeen families from Hong Kong seeking family therapy found that psychotherapists were expected to play the role of an expert by providing information and offering advice and suggestions. Such expectations are often contradictory to Western models of psychotherapy in which psychotherapists take on the role of facilitator in order to help discuss and identify problems with the client. While Chinese clients have an expectation for psychotherapists to be distant and authoritative as an expert, the importance of collaboration should not be discounted (Ma, 2000). The sharing of personal information given the risks of privacy and confidentiality.
involved is one of great importance and a symbol of trust for those receiving the given information (Epstein et al., 2012; Ma, 2000). For Chinese clients, knowing something about their therapist in a more personal manner can be therapeutically important for alliance building (Epstein et al., 2013; Jim & Pistrang, 2007; Ma, 2000). Results from Jim & Pistrang’s (2007) study found that participants felt it was easier to open up in session when their therapist talked a bit about themselves. A suggested alternative approach in working with clients of Chinese descent is to have a mix of expert stance that creates distance while still inviting collaboration between client and practitioner through self-disclosure and sharing of ideas (Epstein et al., 2012; Ma, 2000). Holding this balance between expert and collaborator emphasizes practitioner’s expertise in processes of therapeutic change and client’s expertise in their life stories and experiences (Epstein et al., 2012). Therapists should respect Chinese social hierarchy/harmony by taking on the role of expert through sharing of ideas and stories, providing psycho-education, and offering concrete plans and solutions (Yeung & Ng, 2011; Liu, Zhao, & Miller, 2014). Additionally, psychotherapists need to hold on to the role of collaborator by sharing in client’s experiences where applicable and self-disclosing when it is therapeutically beneficial (Epstein et al., 2012; Yeung & Ng, 2011). Collaboration through such experiences would be a helpful way for therapists to join with clients, provide relief, prevent loss of face, and alleviate client’s feelings of being alone in their difficulties and experiences (Yeung & Ng, 2011).

Ways of Guiding and Teaching: Ideas and Stories

Chinese clients often expect psychotherapists to embody the role of authority/expertise and offer wisdom to teach and guide them (Epstein, 2005; Ma, 2000; Jim & Pistrang, 2007; Liu, Zhao & Miller, 2014; Yeung & Ng, 2001). The tendency for Chinese clients to take on the role student can work well with psychotherapists who offer advice, suggestions, and perspectives to problem solving in a variety of ways (Liu, Zhao, & Miller, 2014; Jim & Pistrang, 2007).
of ideas and stories provides a valuable tool for incorporating guidance and teachings while still balancing collaboration and trust building for Chinese clients. Being seen as both an expert and as a friend/confidant/collaborator can help to facilitate therapeutic relationship between therapists and Chinese clients (Jim & Pistrang, 2007).

Importance of saving face and maintaining social harmony and balance means that eliciting family conflicts and problems directly may sometimes be too stressful and lead to struggles with opening up in the therapeutic setting (Dwairy, 2009; Liu, Zhao, & Miller, 2014). Liu, Zhao, & Miller’s (2014) research is part of the growing literature attempting to bring forth clinically viable suggestions in incorporating culturally competent techniques in practice. Liu et al.’s (2014) qualitative analysis of coded transcriptions from 36 hours of video recorded family and couple sessions from 18 Chinese families identified categories of metaphors utilized by Chinese therapists. The metaphors used by therapists working with Chinese clients give insight into how one may adapt and better approach conflict and problems in therapy. Liu et al., (2014) identify two main categories of metaphors utilized by Chinese psychotherapists working with Chinese clients: verbal and non-verbal. Liu et al. (2014) divided verbal metaphors into four subcategories: stories (psychotherapist telling of anecdotes of others and/or oneself experiencing similar problems and how it was understood and resolved); object comparison (externalization of issues/conflicts through rhetorical use of simile, metaphors, and figures of speech); sayings (idioms and quotes spreading messages of wisdom or truth; folk adages and proverbs describing interaction patterns); and age metaphors (indicators of age using exact numbers, height, or secondary characteristics to present development and degrees of self-differentiation between family members and individuals). Non-verbal metaphors had two subcategories: spatialization (utilizing physical space in mapping out interpersonal relationships between family members to
identifying coalitions, exclusions, etc.); and gestures (asking clients to perform specific gestures or actions such as standing, sitting, and hugging to externalize, challenge, and change interpersonal maps and relationships).

Metaphors are powerful tools that therapists can use to transfer meaning and help Chinese clients to experience, reorient, and reconstruct their realities (Liu et al., 2014). The utilization of verbal and non-verbal metaphors allows therapists working with Chinese clients to intervene, challenge, and offer suggestions and advice in a non-threatening manner (Liu et al., 2014). Use of non-verbal metaphors allows therapists and Chinese clients to intervene, challenge, and explore the systemic issues and power dynamics at play in interpersonal relationships (Liu et al., 2014). Use of verbal metaphors can contextualize Chinese client’s problems and bring hope and reassurance as such messages can be a reminder that they are not alone in their struggles (Liu et al., 2014). Such metaphors in therapy can offer an indirect and safe way for clients to disclose and explore their internal conflicts with self and others (Dwairy, 2009; Liu et al., 2014; Periyakoil, 2008). Given the high degrees of privacy in the protection of family honour and harmony for Chinese clients, the use of verbal metaphors can be an extremely important tool for psychotherapists to use in creating a safer environment for clients to self-disclose.

Chinese language and dialect is complex, methodical, and rich in imagery. Chinese language reflects the importance of social harmony and utilizes different forms of metaphors that have been passed down from generations to provide insight, advice, and harmony in the face of challenges (Liu et al., 2014). It can be difficult for psychotherapists that are not part of Chinese culture to fully grasp and understand such nuanced integrations of symbolism and meaning making. It is important to note as well that many Chinese clients living in the Western world also

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struggle with fully grasping this complexity. Liu et al.’s (2014) sample of psychotherapists was from mainland China and they commonly used Chinese verbal metaphors. With the varying levels of acculturation and Westernization that Chinese clients have in both Asia and the Westernized world, it is not imperative that such metaphors used need to be of Chinese origins. In fact, Liu et al's (2014) sample of therapist participants also utilized Western stories, fables, and folk adages effectively when working with Chinese clients. This suggests that psychotherapists unaware of Chinese culturally specific metaphors can still utilize metaphors adapted from their own experience, knowledge, social location, and culture in a helpful manner. It may also be helpful to inquire from Chinese clients themselves if they are aware of any social messages or metaphors that are fitting to their presenting issues. Asking Chinese clients to draw from the expertise of their own culture and experiences has the potential to open doors to additional tools and resources that were not apparent before.

DISCUSSION

It is important to note that the research discussed and reviewed in this paper demonstrates just a small portion of current research in cultural competencies for working with Chinese clients. The studies discussed in this paper drew their sample sizes from either Mainland China or Chinese clients living in the Westernized world. There were no studies that directly examined the distinctive similarities, differences, and needs between these two groups. Further research addressing such issues would help clarify which specific pieces of cultural competencies and knowledge is relevant depending on geographical orientation. Many of the papers discussed were qualitative studies, which have been insightful and useful in understanding the underlying impacts of Chinese culture on the therapeutic process. However, future directions in quantitative research for this topic would contribute to the development of more culturally competent
evidence-based practices, models, techniques, and exercises for therapists in the field to utilize.

In considering the limitations and potentials for future directions in the current research it is important to also recognize the profound importance and impact this literature has for therapists working with Chinese clients.

As a therapist, working within client’s cultural and social systems means attempting to fully decipher and understand the intricate web that is our client’s lived experiences while acknowledging that it is something we can never fully comprehend. Yet there are certain duties as psychotherapists we must attempt to fulfill so that such responsibilities and burdens do not fall entirely onto our clients. This is especially true in the realm of cultural competencies. In working with diverse or specific concerns and topics with clients, acquisition of specific cultural knowledge and competencies is an important first step in establishing trust and understanding between psychotherapist and client. This knowledge and competency is an important building block for the foundation of therapeutic alliance, which in turn is an important contributor towards successful therapeutic outcomes.

In this paper, I have attempted to contribute to existing literature of utilizing Chinese cultural knowledge into practice in therapy with Chinese clients. A deeper understanding of the impact that collectivistic culture has on the everyday perception and decision-making process for Chinese clients can positively influence therapeutic alliance and subsequently therapeutic progress (Lee, 2011; 2012). Higher cultural competencies allow therapists to be more mindful of how such cultural influences create and define boundaries, expectations, and risks (Lee, 2011; 2012). This knowledge can allow therapists to collaborate more efficiently with Chinese clients in creating change and solutions that best fit and benefit client’s preferred ways of being. Lack of such cultural competencies when working with Chinese clients risks negative and harmful
outcomes from therapy. Chinese clients could experience confusion, resentment, anger, and even be traumatized from therapy and choose to terminate therapy early if psychotherapists lack the awareness and cultural competencies needed for opening space in sessions to explore issues of cultural influence. Therapists with greater cultural competencies are more likely to address discrepancies in therapeutic alliance and be more responsive and successful in initiating the repair process (Lee, 2011; Samstag, Muran, & Safran, 2004). Attainment of cultural competencies by therapists can contribute to a client’s perception of safety as well as feelings of being heard and understood (Epstein, 2005; Lee, 2011; Jim & Pistrang, 2007). These improved perceptions from clients can potentially strengthen therapeutic alliance and in turn contribute to lower rates of premature terminations of therapy and increase opportunities for positive therapeutic outcomes (Jim & Pistrang, 2007; Lee, 2011; Lee, 2012; Samstag, Muran, & Safran, 2004).

**CONCLUSION**

It is both a privilege and an honour as a therapist to be invited into the private lives of our clients and the systems and communities of which they are a part. To be invited into such intimate details by our clients should be met with empathy, non-judgment, and a true curiosity towards understanding client’s everyday perceptions and realities. Regardless of which theoretical orientation or model a psychotherapist utilizes, the building of a strong therapeutic alliance through empathy and cultural awareness can increase chances of positive change for clients (Jim & Pistrang, 2007; Lee, 2011). It is our obligation in holding such esteemed roles as psychotherapists to continuously train and educate ourselves in regards to cultural and social nuances. This responsibility is crucial in order to be more conscious of societal discrimination and oppression, so that psychotherapists are able to both advocate for and empower clients (Chu, Leino, Pflum, & Sue, 2016). I hope that the research reviewed and suggestions put forth from

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this paper can deepen cultural and societal knowledge of Chinese heritage for psychotherapists and serve as a helpful tool in generating new and creative ways to incorporate cultural competencies into practice with Chinese clients.
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