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Indigenous Crisis Counseling in Taiwan: An Exploratory Qualitative Case Study of an Expert Therapist

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Abstract In this study, we adopted a single qualitative case study method to explore and examine indigenous approaches to crisis counseling in Taiwan, through the distinct lens of an expert Taiwanese counseling psychologist. In-depth, open-ended interviews were conducted with the psychologist (as the case) to document her lived clinical experiences counseling a grief-stricken Taiwanese family in crisis (as the context). Using open-code data analysis, five cultural themes were abstracted from the interviews: a) significance of counselor's authority and expertness; b) primacy of client-counselor rapport and relationship; c) centrality of collective familism; d) observance of indigenous grief response and process; and e) adherence to face-saving communication and interpersonal patterns. Implications for implementing crisis counseling practice and research with native Taiwanese/Chinese clients based on these preliminary findings are discussed.

Keywords Crisis counseling · Indigenous · Taiwan · Chinese · Qualitative case study

Introduction

In recent years, there has been growing interest and emphasis within the field of counseling to advocate for a new knowledge basis grounded in research and understanding of indigenous counseling and healing practices around the world (e.g., Gerstein *et al.* 2009; Leung and Chen 2009). Out of this movement is an emphasis on promoting international counseling research through articulating and describing indigenous practices across

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cultures, examining the process and the outcome of counseling and healing effectiveness around the globe, and adopting both quantitative and qualitative methodologies for indigenous research inquiry (Leung and Ponterotto 2003). These developments highlight the significance and the relevance for the counseling field to research and consider clinical issues from localized, cultural perspectives.

Of particular interest in the recent counseling literature is the emerging and growing knowledge base on cultural practices of counseling among Chinese in Asian countries (e.g., Chen 2009; Hwang 2009; Hwang and Chang 2009; Leung and Chen 2009; Kwan 2009; So 2005). This corpus of research has begun to identify unique indigenous cultural characteristics as well as challenges associated with helping and counseling relationships in the Chinese Confucian context. However, empirically-based counseling research from an indigenous Chinese framework by the perspectives of ‘cultural insiders’ remains scarce. Therefore, the intent of this research was to expand this body of counseling literature by exploring distinctive indigenous features of crisis counseling with a Taiwanese family based on an in-depth qualitative case study of an ‘expert’ counselor in Taiwan.

This current study adopted a single instrumental case study method (Stake 2005) to explore the clinical and lived experience of a female counseling psychologist in Taiwan, Dr. L, whose clinical specialty is in the area of crisis and trauma intervention. Grounded in the narrative of the psychologist, as collected through in-depth interviews, the study attempted to identify indigenous cultural themes associated with her crisis counseling with a trauma- and grief-stricken Taiwanese family, the Chens (a pseudonym). As such, in the current qualitative case study the counselor Dr. L represents ‘the case’ and the Chen family represents the ‘context’ within which therapeutic themes in crisis interventions were explored.

The authors wish to note that the terms ‘*Taiwanese*’ and ‘*Chinese*’ were used in the text separately at times but interchangeably at other times deliberately. While Taiwanese culture inherits many principal traditions and practices from its Chinese ancestral origin, it is also characterized by many distinctive derivatives in values and customs from its root (Leung and Chen 2009). Therefore, the following discussions and the current study are presented within the context of both Taiwanese and Chinese cultures.

The Cultural Context of Crisis Counseling in Taiwan

Resistance toward counseling and psychotherapy intervention is common among Asians and Asian Americans and has been well documented in the literature (e.g., Kuo *et al.* 2006a; Lee 1997). The difficulty in engaging Asian clients in counseling is further heightened in crisis situations, when incidents of physical or psychological trauma, death, harm involving self or in-group others (e.g., family members) occur (Lee 1997). This results from significant shame, stigmatization, and humiliation evoked by such events and by the associated cultural taboos and superstitions (Hsu *et al.* 2002, 2003).

Incidentally, there has also been increasing cross-cultural research pointing towards cultural variability and specificity in stress and coping responses (e.g., Kuo *in press*), including among Chinese and Asians (Kuo *et al.* 2006b), and preferred indigenous healing methods and help-seeking patterns among divergent cultural groups in the face of extreme crises, traumas and distresses (Marsella *et al.* 2008). However, cross-cultural understanding of culturally-specific or indigenous treatment approaches to crisis and traumatic events is relatively new and limited, and is in need of further research (Marsella *et al.* 2008). In considering the Chinese context specifically, Hwang (2009) asserted that a culturally responsive, indigenous approach to comprehend counseling experiences and psychology of

Chinese requires a ‘bottom-up’ model’. That is, a conceptual psychological paradigm that is rooted in ‘indigenous realities; one that relies on native values, concepts, belief system, problem methods and other resources’ (p. 934).

Chinese Values and Their Effects on Counseling

Cumulative multicultural and cross-cultural counseling literature has highlighted the need to incorporate Asian values into counseling and psychotherapy when working with Asian clients (e.g., Hwang 2009; Lee 1997). For example, more recent conceptual and empirical research has illustrated the interface between Chinese values and the use of cognitive behavioral therapy (CBT) with Chinese and Chinese American clients (e.g., Lin 2001a; Chen and Davenport 2005). As a case in point, Hwang (2006) made a set of specific recommendations in modifying standard CBT to accommodate the cultural characteristics of Chinese American clients. Hwang explicated that the traditions of Confucianism, Taoism and Buddhism are deeply entrenched in the Chinese ways of thinking and being and, as such, they define Chinese culture, self-construction, socialization process, family, beliefs and practices. These ideological forces also dictate Chinese social relationships, value emphases, and conceptualizations and beliefs about illness.

Furthermore, other counseling researchers have identified additional Asian values critical to clients’ help-seeking attitudes and therapeutic relationships and processes, including but not limited to filial piety, social hierarchy and role expectations, reciprocity, collectivism, familism, achievement orientation, moral discipline, and emotional control (Hwang 2009; Kuo 2004; Kwan 2000).

On the other hand, in order to fully account for clients’ cultural experiences, other researchers have advocated indigenous approaches to counseling interventions with Asians in their native countries (Chong and Liu 2002; Leung and Chen 2009). However, despite the support for this indigenous movement, the prevailing counseling practices and research in Taiwan continue to be dominated by the adaptation of Western-based counseling theories and techniques (Lin 2001a). Moreover, the existing counseling research among Chinese and Taiwanese appears to be dominated by studies based on clients’ perceptions (e.g., Lin 2001a) and researchers’ and clinicians’ syntheses of their observations (e.g., Hwang *et al.* 2006). Hence, empirical investigation that links Taiwanese cultural worldview and practice to counseling process and dynamic remains scarce yet critically needed. To date, no published works known to the authors have empirically documented the indigenous features and cultural factors associated with the process of conducting crisis interventions with Chinese or Taiwanese.

Taiwanese/Chinese Cultural Perspectives on Traumatic Grief and Crisis Response

In a highly patriarchal and collectivistic Taiwanese society, the depth of grief and distress has been found to be prolonged and particularly traumatic for family members suffering from the death of the male head, who is the traditional breadwinner of the family (Hsu *et al.* 2002, 2003). Taiwanese researcher Hsu and his colleagues have found that the impact of such a traumatic event is most strongly felt by the surviving widow who has lost her husband, and children who have lost their father (Hsu *et al.* 2002, 2003, 2004). This grief experience can be exacerbated by the profound social stigma and shame associated with being a widow (e.g., being viewed as bad luck by others) and by the cultural sanction against mourning openly for the deceased in social situations. Under these conditions, extra-familial assistance, such as Western-based crisis or grief counseling, is often viewed with suspicion and skepticism by native Taiwanese (Yeh and Lin 2006).

Therefore, it is not surprising that, when faced with tragic and shameful events or crises, more traditional Chinese have been found to favor indigenous shamanism, folk healing, and religious coping, which are rooted in Confucius, Buddhist and Taoist beliefs and practices, over Western-based professional counseling and psychotherapy (So 2005). This observation finds support in a recent large-scale survey in Taiwan. In dealing with depression-related issues, Yeh and Lin (2006) found that only 6.82% of the 7,888 respondents indicated seeking help from mental health workers as an option. Instead, accessing self-care methods, medical services, Chinese herbal medicine, fortunetelling, and indigenous religions ranked among the most preferred sources of help by the Taiwanese nationals. These findings hint that active infusion of appropriate indigenous values and practices into the helping process, including crisis counseling, would be necessary to increase clients' receptiveness to psychological interventions (Kuo 2004). However, empirical research on culturally-grounded crisis counseling among Taiwanese is currently lacking.

The Current Study

Therefore, as an exploratory inquiry the primary objective of the study was to seek answers to the following research questions, based on Dr. L's crisis counseling experience with the Chen family as an illustrative example. First, "*What are the principal, culturally-specific themes and characteristics associated with facilitating crisis counseling with the trauma- and grief-stricken Chen family based on Dr. L's narrative report?*" Second, "*How might these cultural themes and factors pertaining to crisis counseling be understood and interpreted within the indigenous context of Taiwan/Chinese values and worldviews?*" In short, based on this single case study, the current research aimed to: a) identify and categorize specific cultural values, beliefs, norms, and practices embedded in the crisis counseling process; b) extract and interpret these indigenous characteristics in the form of overarching cultural themes; and c) synthesize and summarize the study's findings to help inform future counseling interventions and research with Taiwanese/Chinese families in crisis situations.

Research Method

Qualitative Case Study

The present study adopted a *qualitative, single instrumental case study* (Stake 2005) as an exploratory means to investigate the indigenous aspects of crisis counseling in Taiwan. Creswell *et al.* (2007) defined qualitative case study as a method to examine a single or multiple bound systems (a case or cases) overtime, through collecting data based on multiple sources of information (e.g., interviews, observations, documentations, etc.), with an intent to generate a detailed case description and case-based themes. Hilliard (1993) noted that the merit of a single case study is its ability to offer an 'intrasubject' perspective on the issue in focus. It sheds light on "what is possible rather than what is common" (p. 376) with the research participant, within the peculiar context of a research. As such, the case study method is said to be particularly valuable in the discovery phase of a new research area (Edwards *et al.* 2004).

Furthermore, qualitative case study is merited for its particular usefulness in counseling research because the method is more relevant and more realistic to the 'lived' experiences of clients, more flexible and fluid in discerning complex psychological constructs, and can generate more clinically and pragmatically relevant findings (Dattilio 2006; Edwards *et al.*

2004). Hence, in view of the absence of research on indigenous crisis counseling in Taiwan, the single qualitative case study was deemed appropriate for the exploratory nature of the present research.

Researchers' Subjectivities and Assumptions

Researchers' awareness of their own subjective position and self construction is critically important in qualitative research, because researchers' philological beliefs will invariably affect how a study is conducted and interpreted (Yeh and Inman 2007). As authors of this current research, we recognize that a number of assumptions were potentially in operation in our approach to this study. First, we presumed that the reliance on the first-hand, lived personal and clinical experiences of a native Taiwanese counselor as a case example was an appropriate and valuable methodological approach to begin to explore the indigenous characteristics of counseling in the Taiwanese context (Yin 2003). The counselor's established clinical expertise and professional reputation in crisis work, combined with her intimate knowledge of Taiwanese culture, were assumed to render her an ideal cultural informant to address the research questions of this study.

Second, as authors we shared in common our cultural heritage as Taiwanese, despite being divergent in our gender, ethnic and educational backgrounds. The first author is a male, first-generation Taiwanese immigrant to Canada who was educated in Canada and the U.S.; the second author is a female Taiwanese national of Taiwanese parentage (parents born and raised in Taiwan) who was educated in Taiwan; the third author is a female Taiwanese national of Chinese parentage (parents originated from Mainland China) who was educated in Taiwan. The presence of both commonalities and differences among the investigators was believed to offer the study a more balanced perspective on the subject matter under research. That is, it afforded the study a shared and consistent cultural insider's perspective, while instilling the study with a degree of diversity among the three researchers in terms of their viewpoints (Suzuki *et al.* 2007).

Finally, recent qualitative researchers have stressed the importance of establishing 'collaboration' and 'relationship' in the researcher-participant interaction, particularly in the context of ethnic and multicultural research (Suzuki *et al.* 2007; Yeh and Inman 2007). Taking this recommendation to heart, this study involved Dr. L in not only being the participant but also as a co-author of the research. With this approach, the power imbalance typically existing between researcher and participant was reduced and the relationship between them became more egalitarian and collaborative. Having Dr. L as a co-author also helped ensure her experiences were fully and accurately represented in the current research. These subjective stances are likely to impact the authors' interpretations of the data and representation of the findings in this study.

Data Collection and Analysis

The interview questions for the study were developed by the first and second authors based on a review of relevant literature on counseling and psychotherapy with Chinese and Taiwanese more broadly, and crisis counseling within the Chinese cultural context more specifically. In addition, the interview questions were also informed by the clinical experiences of these two authors, both of whom have extensive counseling and therapy experience working with nationals and immigrants of Taiwanese and Chinese descent. The content of the interview questions was not known to the participant prior to the interviews. Two semi-structured, open-ended interview sessions scheduled 1 week apart were

conducted with the participant by the first and second authors at the second author's office at her university. The interview protocol included both structured questions and unstructured follow-up probes. Each interview lasted approximately 2 h.

Prior to the first interview, the participant was requested by the first two authors to recall a therapy case that she believed could epitomize and exemplify indigenous concepts and approaches in crisis counseling with Taiwanese clients, based on her own cumulative clinical experiences. During the actual interviews, the participant was asked to recount the context, the process, and the approaches she employed to engage this particular therapy case in relation to the interview questions presented. She was encouraged to account in detail her counseling interaction with the clients in a temporal order, beginning with initial engagement with the clients and then followed by development of the crisis counseling process over time. The participant also was encouraged to offer her analysis and interpretation of critical incidences occurring during the intervention process. The content of the interviews was tape-recorded and then transcribed by an independent professional transcriber into Mandarin Chinese. In an effort to preserve objectivity and to avoid coding bias on the part of the third author, who was also the participant of this study, she was not involved in the construction of the interview questions nor the data coding and analysis process as described below.

In analyzing the interview transcript, we followed the analytic procedure for the 'open coding' method stipulated by Strauss and Corbin (1998). This approach involves the following steps: a) microanalysis; b) naming or labeling concepts; c) defining categories; and d) developing categories in terms of properties and dimensions. Thus, the first and the second authors of this study initially read the Chinese verbatim transcripts line-by-line several times. The two analysts independently identified salient concepts related to key ideas, incidences, phrases, and/or sentences in the transcripts. These concepts were then given brief descriptors or names. Key concepts with similar meanings and properties that emerged in the previous steps were then grouped into a single 'category' and assigned a label. The categories represented salient 'cultural themes' considered by the analysts to be meaningful in capturing the distinctive indigenous and cultural aspects of the participant's crisis work with the Chen family (See Table 1 for examples).

Following the principles of member checking (Strauss and Corbin 1998; Yeh and Inman 2007), the emergent 'themes' or 'categories' and the corresponding interpretations were submitted to the participant for an accuracy check. Her input was then incorporated into the final synthesis of the findings. The cultural themes and corresponding Chinese verbatim elements were carefully translated into English by the first author. The translated material was subsequently submitted to the second author for a thorough review and cross-checking for accuracy between the original Chinese and the translated English versions. At the final step, the participant verified the accuracy of the translation and then, as a co-author, the authenticity in the reporting of the findings during the writing phase.

Description of the Counselor Participant (the Case) and the Clients (the Context)

The participant in the present study was Dr. L, a 50-year-old female counseling psychologist who is native to Taiwan. She is a Mandarin- and Taiwanese-speaking psychologist who has had over 20 years of clinical experience specializing in crisis work with trauma survivors of natural disasters (e.g., earthquakes), accidents and crime in Taiwan. Dr. L described her counseling orientation to be eclectic with an affinity towards psychodrama and multicultural/cross-cultural theories.

In the study, Dr. L personally identified and selected an exemplary case that she believed to be illustrative of the complexity of conducting indigenous crisis counseling in Taiwan, as

well as being likely to be helpful in capturing and crystallizing her cumulative clinical experiences in this area. The case was selected by Dr. L because of: a) the involvement of multiple social systems (i.e., the nuclear and the extended families, the referring community and government agencies, and the counselor); b) the highly acute and stigmatizing nature of the identified crisis due to suicidal death; and c) the representativeness of the case in reflecting indigenous beliefs and practices in Taiwan.

The Chen family was referred to Dr. L by a regional community mental health agency in Taipei following the suicidal death of the 50-year-old husband/father, Mr. Chen. The referral was made by the government ministry in which the deceased was employed at the time of the incident. The deceased was a high-ranking civil servant at this government organization. Reportedly, Mr. Chen's suicide was precipitated by chronic depression, persistent work stress, and significant changes occurring at his workplace.

The surviving family consisted of Mrs. Chen, the 45-year-old wife of the deceased, and her three daughters, aged 15, 18, and 20, and a son, aged 7. The role of the son was significant because the birth of the boy (following the birth of the three daughters) was a result of strong family pressures being placed on Mrs. Chen to conceive a male child in order to 'pass on the family name'.

Following the death of her husband, Mrs. Chen faced not only the shame, stigma and loss associated with her husband's suicide, but also her parents-in-law's finger pointing and blame. The pressure of intense grief coupled with the accusations against Mrs. Chen led to a rapid deterioration of her physical and psychological condition. The community mental health center was asked to intervene.

At the outset, Mrs. Chen was highly suspicious and refused any outside assistance, including crisis counseling. It was only after repeated persuasions that Mrs. Chen and the family agreed to a preliminary phone screening by a social worker. Subsequently, Dr. L was recommended and introduced to the family. Dr. L engaged the Chens in twice-weekly crisis counseling for six sessions at the family's home, followed by individual and family grief counseling at Dr. L's office.

Results

Following the analytical procedure described previously, five conspicuous cultural themes were identified. The themes were: a) significance of counselor's authority and expertness; b) primacy of client-counselor rapport and relationship; c) centrality of collective familism; d) observance of indigenous grief response and process; and e) adherence to face-saving communication and interpersonal patterns. An overview of these themes along with their corresponding cultural beliefs and issues and counseling interventions are presented in Table 1. We describe and illustrate each of these themes in the following sections.

Theme One: Significance of Counselor's Authority and Expertness

Under this theme, the participant's responses revealed that the client-counselor relationship was essentially maintained by the hierarchy of Taiwanese social interaction and by the power assigned to expert professionals. First, being mindful of the collective orientation of Taiwanese people, a 'tag-team' approach between the counselor and the social workers from the referring agency was adopted by design. That is, both of these mental health professional units supported each other's efforts in a strategic and calculated manner to promote counseling engagement with the clients. This arrangement also set up the

Table 1 Summary of the narrative interview data: cultural themes, beliefs/issues, & interventions

Cultural theme	Underlying beliefs/issues	Counseling interventions
Significance of counselor's authority & expertise.	Hierarchy characteristics of Taiwanese/Chinese society.	A progressive 'tag-team' approach contacting & screening the Chens initially through a social worker.
	Reverence ascribed to high-status authority (e.g., professionals & academic scholars).	Dr. L. highlighted her position as a university professor during the introduction.
	Demand for concrete & tangible helping through counseling.	Coaching & psychoeducation were used swiftly & early with clients, with positive results, to convey the usefulness of counseling.
Primacy of client-counselor rapport & relationship.	Unfamiliarity with standard counseling approach (e.g., structured, in-office services).	Dr. L. broke superstition and conducted counseling at the clients' home to convey her genuineness to 'join' the family.
	Superstition of bad luck in interacting with family members of the deceased.	
	Expectation of confidentiality & impartiality over helping relationship.	Dr. L. actively clarified her role & asserted her neutrality to safeguard the client-counselor relationship.
	Client-counselor cultural congruence.	An intentional effort was made by Dr. L. to 'match' clients in language & customs.
	Personalized empathy & understanding of clients' experiences.	Dr. L.'s self disclosure of her own grief experience served to enhance the counseling relationship with the Chens.
Centrality of collective familism.	Collectivism & familism as two core Taiwanese/Chinese values.	A family system approach to crisis work was adopted.
	Patriarchy (male-focused) & filial piety.	Placing initial focus on helping the youngest son served to motivate & engage the entire family in the crisis work.
	Shame & humiliation in seeking mental health or psychological help.	Each family member was empowered by being assigned roles & responsibilities in the counseling process.
Observance of indigenous grief response & process.	Social & emotional isolation of the grieving family during mourning due to superstitions.	Prompt & timely crisis interventions were stressed following traumas.
	Taiwanese burial & funeral as time-specific and limited processes (e.g., 49 days).	
	Shame & stigma of suicide.	A heightened vigilance & sensitivity exercised to attend to the clients' restraints & avoidance of grief during crisis work.
	Proscriptions against open mourning for the dead.	
	Customary grieving responses through 'doing' as opposed to 'feeling'.	Dr. L. facilitated the youngest son to express his grief reactions through making an offering to the father with play dough.
Adherence to face-saving communication & interpersonal patterns.	Indirectness & deference as a means of saving 'face' (' <i>mainzi</i> ').	Dr. L. enlisted Mrs. Chen & her daughters as 'helpers' for the son to subtly introduce them into the crisis counseling.
	Communication through implicitness & deference.	Dr. L. functioned as a 'mediator' for family members during their conflicts through reframing & normalization.
	Face saving to preserve social relationship (' <i>kuansei</i> ') & harmony.	Efforts were made to de-stigmatize and de-pathologize clients' experiences to offset their social & personal shame.

counselor's professional status and seniority as the leader of the team in the eyes of the clients. The participant explained:

It is advantageous to work with a team approach, in order to share the responsibility and the authority... Everyone takes up a different position and uses different strategies. Should one person fail, others can take over and intervene during the [counseling] process.

For this purpose, the participant described making the initial contact with the Chen family through a well-coached social worker, who acted as a scout and/or an intermediary in reaching the family. The social worker was instructed to conduct a brief phone screening with the family. It was only then that the participant was introduced by the social worker to the Chen family as a team leader and a professional expert (i.e., a 'doctor') in crisis work. This sequential approach strategically set the stage for the counselor's eventual engagement with the clients and heightened the counselor's prominence.

Second, a calculated effort was made on the part of the counselor to accentuate her experience, expertise and authority during her initial self-introduction (i.e., 'Doctor L' or 'Professor L') to the Chen family during the first session. The participant explained:

Maintaining a professional image is highly important in conducting crisis counseling [in Taiwan]. One needs to effectively utilize her role as an authority figure and an expert. I intentionally presented my title as a professor to 'engage' and not to show off to the clients. I must exercise the credibility the [Taiwanese] society has afforded professionals. After all, one needs to be respected and esteemed by clients in order to offer any crisis interventions. Therefore, these factors are interwoven in our culture. Focusing on one and neglecting the other is destined to fail.

Third, beyond the perception of authority and expertness, the participant further underscored the importance of reinforcing such an appearance by providing the family with substantiating evidence of counseling effectiveness with Taiwanese clients. Here Dr. L described the common helping-seeking attitudes among Taiwanese people.

Our culture sets us up for certain expectations [of counseling]. We [counselors] must demonstrate effectiveness. Without it clients would not be bothered with us. Because this [counseling] is Western stuff. See, going to a fortuneteller is so much faster. Fortunetelling gives me the answer right way, then everything is OK—there's the result. But counseling takes forever, right? If I don't see immediate results [from counseling], I am not going to stick around. So to a certain extent, I must come up with some evidence of progress and helpfulness for them [the clients] to see. That's how I back up my credibility!

To uphold the image of an expert, the participant further described the use of concrete intervention strategies, such as psychoeducation or 'coaching', in bringing quick emotional relief and empowerment to the distressed family members.

Coaching is a critical component of processing clients' crises. Without effective coaching, clients won't be able to get over their crises.... Of course, we prepare them ahead of time in anticipation [of the funeral]. It's better for us to be advised and to anticipate things in advance than being caught by surprises and unawareness. That's why I inform the clients before executing every new intervention. I tell them what they can expect next in the counseling process, so all of them can be prepared.

Dr. L regarded this direct, solution-focused and didactic intervention to be appropriate and effective in addressing and inoculating the family against the many unspoken anxieties and apprehensions leading up to the funeral and the burial rituals. The helpfulness of this psychoeducation intervention experienced by the clients further affirmed the counselor's knowledge and expertise. Further to this point, the participant commented that the combined qualities of 'authority' and 'humility' are paramount attributes that coincide with the Chinese ideal characteristics of a 'benevolent healer'.

Theme Two: Primacy of Client-counselor Rapport and Relationship

Another salient theme from the participant's narrative centered around the counselor's intimate cultural knowledge of Chinese relationships or '*kwuen sei*' and of its implications in establishing the client-counselor bond.

As the saying goes: 'Having relationship [kwuen sei] ensures problem free.' Hence, one [as a counselor] must place 'relationship building' before 'professionalism'. No matter how accurate a counselor's assessment might be, without a good rapport [with clients], nothing counts! Similarly, once the [client-counselor] relationship is damaged, it would be incredibly difficult to rebuild.

This excerpt highlights the pivotal role of client-counselor '*kwuen sei*' or relationship when working with a family. Given that a favorable relationship with clients supersedes a counselor's counseling skills and abilities, as indicated in this quote, Dr. L's initial crisis work concentrated on transforming her role from being an '*outsider*' to an '*insider*' with the clients very early on in the therapy process. There were at least four ways through which the participant endeavored to consolidate her therapeutic alliance with the clients.

First, Dr. L conveyed her genuine commitment to work with Mrs. Chen and her children by being accommodating and flexible in working with them. As an example, the counselor offered her services at the home of the family through a proactive 'outreach' effort. The counselor's unexpected willingness and openness to meet and to 'join' the family via a home visit was deeply appreciated by the family. This was particularly significant given strong cultural superstitions against doing so.

We Chinese have a taboo. When a person visits the home of a deceased, by custom, upon returning to one's home, one must take a bath, etc. [to get rid of evil spirits and bad luck]....The client said: 'We are having a funeral and have a morgue in our house, do you [counselor] dare to come and visit?'... In fact, this is the most opportune time for a counselor to engage a grieving family, because that willingness to enter the clients' home at this critical juncture would demonstrate to the clients that she truly cares about them... I said, of course I am willing, because I know if I don't seize the opportunity I might lose it once and for all.

Second, to safeguard a secure and trusting client-counselor bond with Taiwanese clients, the participant further stressed her professional neutrality and confidentiality. The participant's experience led her to anticipate beforehand the potential conflicts of interest and boundary issues among those who would be involved in the case (e.g., the referring government agency, the social workers, etc.). She clarified this complex web of '*kwuen sei*' or relationships with the family.

This is because Chinese people do not have a clear sense of [interpersonal] boundaries. If you don't define your boundary at the outset, eventually you would find

yourself completely controlled by others...The reason your role [as a counselor] is accepted by the clients is your objectivity, neutrality, and position as a professional third-person, on the one hand... and your ability to become part of the clients' family on the other hand. A very intriguing phenomenon! Your being 'close' and yet somewhat 'removed' from them maximizes their acceptance of you.

Thirdly, the participant cemented her rapport with the Chens by aligning herself with their worldview and practices through the process of 'matching':

I tried to adopt their language, customs, and habits when working with them. This was to show my respect for them—not expecting them to make adjustment for my sake. Instead, it was me entering into their system and context, and [it was important] for me to respect their things...Upon engaging the clients at their home, I worked collaboratively with them and made sure I didn't appear intrusive..... After all, seating down and talking [about problems] is awkward for Chinese people. How I needed to join them at where they were, not them accommodating me, was the key!

Finally, the client-counselor bond was further strengthened by the participant's spontaneous and candid self-disclosure of her own past traumatic grief.

My younger sister died of a tragic accident. So I understand very well the impact an abrupt accident can bear on an individual. As I was sharing my own experience, they [the clients] were deeply touched. Then, they all wept because they could fully identify with everything I said. To them, no one has ever spoken to them about these issues until now.

Such a personal revelation by the counselor resonated with the unspoken sentiments of the bereaved family, and communicated to the clients the counselor's deep empathy and genuine understanding of their experiences.

[Chinese]...have the tendency to catastrophize and personalize their problems..... If you have never had a similar misfortune, no matter how good you empathize [with the clients], you would not be easily believed..... Chinese believe strongly that: 'Oh, you've been through it, you must truly understand.'.... The counselor's personal sharing and self-disclosure, knowing how to 'match' clients' experiences, become very important.

Theme Three: Centrality of Collective Familism

Evidence of strong Chinese collectivistic and family values was also noticeable throughout the participant's narrative. Dr. L indicated that therapeutic attention to the Chinese collective and familial principles is integral to successful crisis counseling with Taiwanese families. First, the participant described the tight interconnectedness among members of a traditional Taiwanese family and the implications for counseling.

In our culture, we hold 'family', not 'individual', as the basic unit—we are collectivists. We don't have 'individual'. 'I' or 'me' is just a part of the larger family process. Therefore, when you help a person to become strong [independent of his family system], that might lead to an even bigger problem. Because others [in the family] might not accept him. So my expectation in working with a [Taiwanese] family is not to focus on the adjustment of a single individual... because in our culture, family members are closely interconnected. Instead, [a counselor should] strive for shared goals and benefits for the entire family.

The Chinese patriarchy norm that overlays collective familism in Taiwan propelled the counselor to organize her interventions around this male-dominant social hierarchy. This patriarchal tradition dictates that male children are valued most highly in a family because of their birthright to 'bear the family name'.

I enter into a family based on the element considered most important to the family. Within a [Taiwanese] family system, children are what adults care about the most....I said to the mother: 'I am very concerned about your son. I hope that all the daughters and you can be present when I meet and work with your son. I would like to discuss and consult with you all about the boy's situation. You can help introduce me to your son.'

Based on this pretext of her concern over the 7-year-old son, the participant was able to motivate and involve the entire Chen family in the counseling process. This appeal by the counselor for Mrs. Chen and her daughters' assistance resulted in an incidental benefit of empowering them by soliciting their contributions in this crisis intervention process.

Chinese hold a strong stigma for being the recipient of help. Individuals don't like to be viewed as weaklings who possess problems. Instead, individual family members are willing to make sacrifices for other members' sake at any cost.... So I wanted to empower this family by highlighting the contributions they could make to the others in the family. Once everyone was assigned a responsibility, then no one felt that they were being singled out as having problems. Instead, they felt that they received an important assignment for assisting their brother or son.... They did not see themselves as useless, as they could actually do something [for the family] during this process.

By affirming and collaborating with all family members, the participant effectively removed Mrs. Chen's initial suspicion, resistance and shame associated with receiving help from an outsider. Instead, the family members were drawn closer together by a shared goal of supporting their vulnerable son/brother—an altruistic action highly consistent with Chinese familism.

Based on my invitation of the family to see them together, I was able to observe the family interactions, and how the family members dealt with the death collectively. I first worked with the son, and then afterward with the boy's sisters and mother. The actual focus was not on the boy, but on the mother-daughter and the sibling relationships, with an aim to establish a family relational pattern that would facilitate a greater harmony and enable them to be united in facing their common concerns.

Theme Four: Observance of Indigenous Grief Response and Process

The incorporation of knowledge of indigenous grieving rituals, practices and taboos in Taiwan into the therapy process represents yet another key theme based on the counselor's report. Dr. L identified three crucial elements pertaining to this aspect of cultural knowledge: a) the typical timing and duration of mourning; b) the customary beliefs and the taboos related to bereavement; and c) the expected grief responses. First, the participant described the immediacy and the necessity for a quick crisis response following the traumatic event.

Regardless of whether we are engaging in grief, trauma, or crisis work, the most agonizing period [for clients] is the initial moment [following the triggering event].

That's because you could not handle it. You are struck with overwhelming emotions. You have the most difficulty. I operate with the concept of debriefing. I try to connect with clients immediately and to intervene at the earliest possible time.

The urgency to involve bereaving clients in crisis and grief work is further heightened by the time-limited nature of burial and funeral practices in Taiwan.

In Taiwanese culture, the entire mourning process appears to conclude with the ending of the funeral ritual. ...All the helping relatives and family would disappear then...Nowadays, the funeral ritual is brief; some only last 49 days. That is, once the funeral is over; no one talks about it anymore, as if nothing has ever happened.

Second, the counselor's cautious observance of the clients' indigenous grief responses was demonstrated through her acknowledgement of the cultural disdain and shame associated with suicide specifically, and with death and the deceased more generally.

Even if people are angry over his [the deceased's] suicide, Chinese would still confer the utmost respect to the dead....In our culture we dare not to talk about those who had passed away, because he might come back to seek you out. Plus, when you keep complaining about the dead person, you are really not letting him 'depart in peace'. The guy is dead, cut him some slack—that's our culture..... As important as our family is, the paradox is that within the family we absolutely don't talk about this subject [bereavement over the dead] ... because we don't know how to talk about it.

In view of these cultural sanctions against any public display of bereavement and emotions, the participant illustrated the use of action or 'doing' as a way of coping with grief among Chinese.

Chinese are accustomed to keep 'doing' and not staying with the emotions [of grief]. It is through continuous 'doing' that one comes to remit oneself from the feelings of guilt and anxiety. This is actually very consistent with the expectations of our culture. Family members often keep busy by preparing the ceremonial money and lilies to offer the deceased in honor of the person. Relatives will offer to cook and clean for the bereaving family as a way to show their sympathy. So we are constantly 'doing'. You hardly ever see people gathering around to share [about their grief].

An example of working with this behaviorally-oriented grief response via art work was described by Dr. L as she attempted to facilitate the 7-year-old boy's expression of his deeply-suppressed sadness over the death of his father. The intervention involved play therapy that combined the use of play dough and Taoist ancestral worship during the third session with the boy.

After that session, he brought a plate of stuff (made of play dough) and placed it at the offering table for the father, but did not say a word....He just kept weeping and weeping at the table and muttered quietly to himself. When he stopped crying, he wiped his tears and offered up burning incense, then ran back to his room. Meanwhile, the mother and the sisters witnessed the entire process and were all deeply moved by the experience....He did not know how to communicate his emotions. I used the process to bring forth his reactions. I tried to help him in resolving some 'unfinished business'. He really wanted to do it, but did not know how to. I helped him achieve that.

Theme Five: Adherence to Face-saving Communication and Interpersonal Patterns

The final indigenous theme is captured by the alignment or assimilation of counseling practices to the Chinese norms and etiquette for social communication and interaction. The participant's narrative highlighted the Chinese core concepts of 'face' (*'mainzi'*) and 'face saving' (Chen and Davenport 2005; Kuo 2004). A number of examples were highlighted that exemplified 'face-saving' interventions at work in counseling the Chens.

First, the participant cautioned that the absence of straightforwardness, openness and assertiveness on the part of Taiwanese clients should not be misconstrued as signs of avoidance, evasiveness, or disingenuousness. Instead, social indirectness and implicitness in communication might well signify a Chinese person's expression of deference or consideration—a virtuous face-preserving act for others' sakes.

For us Chinese, we approach things with tentativeness. Even with the thing I like very much, I couldn't just go for it—we ought to appear courteous and restrained. I must show that I am keeping distance from it. Being too close to it, you risk rejection. Our culture simply prohibits too much directness. Instead, approaching it in a roundabout way [is preferred].

This implies that an acute discernment and attunement on the part of the counselor to the unexpressed needs and wishes of the clients is essential in promoting a positive client-counselor working relationship. The therapeutic use of indirectness was also evident in the participant's initial approach to engage the reluctant mother, Mrs. Chen. The counselor pitched the initial interventions with a focus on her 7-year-old son while working indirectly with the mother.

'Yes, I hope you [the mother] can help me out. My assessment of your son is going to rely on your day-to-day interaction with him. I wish to teach you ways to observe your son because you have the best knowledge of him. When you really need me just let me know. I will offer advice to you as to what to do'. Therefore, I hope to see and work with the whole family'.... Subsequently, I began every session meeting with the boy, and then worked with the boy's sisters and the mother.

By diverting the counseling focus away from Mrs. Chen, Mrs. Chen was able to save her face and to reduce the shame from needing help from a professional. This effort subsequently increased Mrs. Chen's receptiveness and confidence in the counselor's support and ensured Mrs. Chen's cooperation in the subsequent counseling process. The counselor participant also cautioned that the customary silence and avoidance surrounding bereavement in Taiwan, with the intention of maintaining social harmony, could nevertheless aggravate intrafamilial conflicts during the mourning and crisis period.

During the funeral process, no one dares to point fingers at anyone else...because all are apprehensive about each others' reactions..... You are expected to be considerate of others, and think about others. If you don't, you are seen as being immature and insensitive, and would surely be criticized. So people observe this code of conduct closely.... For example, the mother would feel that her children might not be able to bear the pressure, so she withheld information from the children. Vice versa, the children felt that the mother was already overwhelmed by sadness as it was, so they kept things from her. It ended up that no one was talking to each other.

These relational impasses led to the use of 'reframing' and 'normalizing', which are routinely exercised as face-saving strategies when working with Taiwanese and Chinese

clients. They serve to de-stigmatize and de-pathologize clients' traumatic grief reactions and to preserve clients' integrity. Dr. L cited an example illustrating her exercise of reframing in resolving the mother's anger over one of her teenage daughter's violation of the family curfew. The counselor said to the daughter:

'I see a very important element here. You [the daughter] knew well that mom expected you to be home early, but you struggled with many confusing feelings because you really have lost a father. You expected yourself to come home when your emotions are settled, so that you won't burden your mother further. That was what really happened to you.'

This example illustrated an intervention that bestowed 'face' upon both the mother and the daughter by focusing on their mutual underlying, positive intentions for each other, in order to resolve conflicts.

Discussion

The present study set out to explore, identify and explain indigenous cultural themes underpinning crisis counseling in Taiwan through the distinctive lens of an expert counselor working with a family. In response to the two research questions presented earlier, the research has generated some preliminary yet rich and notable insights into the practice of crisis interventions in the Taiwanese context. For illustrative and heuristic purposes, we summarize and present the key findings of the study in a temporal sequential order in this section. We hope to demonstrate the intersection between the five indigenous cultural themes and Dr. L's therapeutic engagement with the family across three stages of the counseling process: the Contact Stage, the Relationship-Building Stage, and the Intervention Stage. However, it should be noted that these stages are neither independent nor discrete, and the various cultural themes are interwoven across the three stages.

Contact Stage

At this early stage, counselors' credibility and trustworthiness as perceived by the Taiwanese clients was found to hold supreme importance during this point of initial therapy engagement. Dr. L drew heavily upon her role as an authority/expert figure and her knowledge of the cultural rituals and grief responses to actively cultivate a positive working relationship with the Chen family. These approaches find support in previous research that suggest respecting and honoring authority figures to be a central value embedded in the hierarchical Asian social structure (e.g., Hwang 2009; Kuo 2004). Chen and Davenport (2005), for example, observed that the differential power between therapist and client is often expected by Chinese clients; this is because Chinese clients typically construe the therapist-client interaction as a doctor-patient relationship.

Dr. L's narrative offers several concrete examples illustrating how a culturally-prescribed power differential in the counselor-client relationship was capitalized for the benefit of rapport building at this early stage of crisis work. She described the effective use of: a) a team approach; b) her professional title and social status/position; c) early positive outcomes to demonstrate counseling usefulness; and d) solution-focused interventions through coaching and psychoeducation (see Table 1). Implicated in the participant's narrative is an astute acknowledgement of the intolerance of structural and relational

ambiguity (Hwang 2006) and a pragmatic worldview orientation (Chong and Liu 2002) among Taiwanese and Chinese individuals.

Additionally, at this initial contact phase of crisis work, Dr. L demonstrated an intimate understanding of mourning practices in Taiwan, with respect to culturally-conditioned timing, taboos and behaviors associated with funeral rituals and grief responses. This was clearly highlighted by the fourth theme of the findings. The participant noted that the optimal entry point of intervention with bereaving Taiwanese and Chinese must take place well in advance of the conclusion of the normative funeral ritual. This observation points to the importance of bringing help (i.e., counseling) to clients in consideration of the cultural taboos, acknowledging clients' tendencies to suppress and avoid grief emotions in public and social situations, and respecting and working with clients' typical 'doing-oriented' responses to cope with bereavement and crisis (see Table 1).

These characteristics are in line with the concepts of 'self-relation coordination' (Chen 2009) and 'self cultivation' (Hwang and Chang 2009) within Chinese social and behavioral norms. These beliefs are likely to predispose Chinese and Taiwanese individuals to negotiate one's personal goals, obligations and experiences (e.g., grief emotions) in view of the needs and perceptions of important others in social situations, such as the counselor. These attributes reflect the need for Taiwanese and Chinese to be perceived by others as self-disciplined, socially considerate and morally honorable.

Relationship-building Stage

During this second phase of the counseling interaction, the participant highlighted an emphasis on strengthening and deepening the newly formed client-counselor alliance with the family. The significance of interpersonal ties among Taiwanese is well captured by the Chinese concept of *'kwuen sei'* (i.e., 'relationship' or 'connection')—a key notion that pervades Chinese social interactions and worldviews (Chen 2009; Kuo 2004). Under a theme related to *'kwuen sei'*, *'Primacy of Client-counselor Rapport and Relationship'*, Dr. L identified the characteristics of 'authority' and 'relationship' as two essential attributes that mark an ideal 'benevolent healer' in the eyes of Taiwanese clients. This finding further reinforces a previous assertion by a Chinese counselor scholar, suggesting that when working with Chinese American families, clinicians need to suspend all treatment attempts (e.g., evaluation or intervention) until a trusting relationship is established (Lee 1997).

The effort to deepen *'kwuen sei'* or a bond with the Chen family at this stage of crisis counseling was manifested through Dr. L's deliberate attempts to 'join' the clients. To this end, the counselor actively engaged in home visits with the family, clarified the client-counselor role, matched the clients in values and behaviors and self disclosed her own grief experience at this point of the therapy process. The counselor's spontaneous self disclosure to the Chens of her own traumatic grief stood in contrast to conventional Western counseling wisdom, which strongly discourages a counselor's self-revelation of personal information. However, such a counseling maneuver finds support from the existing literature in regard to Asians; counselor's self disclosure was found to be facilitative for alliance building with Asian and Chinese clients (Hwang *et al.* 2006; Sue and Sue 2008).

It appeared that by emotionally aligning with the clients and revealing her own vulnerability, the counselor made the clients feel that they were deeply understood by their helper. This finding lends further support for Lin's (2001a) results in an analogous study in which Taiwanese female university students were asked to rate counselors' competence through watching videotaped counseling sessions. The study found that counselors who assumed both the 'friend' and the 'professional' roles in the videotapes were perceived by the Taiwanese

participants to be more competent and effective than those assuming only one of the two roles exclusively. Therefore, on the basis of the participant's experience, it seems that at this second phase of crisis intervention counselors are well-advised to concentrate their efforts on further enhancing their trustworthiness, credibility and relationship with Taiwanese clients

Intervention Stage

Two significant cultural characteristics appeared to surface at this working stage of crisis counseling, involving: a) infusion of the strong values of collectivism and familism and b) conformity to the social norms of Taiwanese/Chinese communication patterns. The pre-eminence of the former, collective values, is highlighted in the third theme of the findings (i.e., *Centrality of Collective Familism*) and has been well-documented in the literature pertaining to Chinese values (e.g., Kwan 2000, 2009). Accordingly, the counselor participant conducted the crisis intervention by engaging the entire Chen family in family therapy (as opposed to individual therapy), while setting her sight on ultimately engaging the mother, Mrs. Chen. The counselor affirmed that in Taiwanese culture the concept of 'individual' does not truly exist apart from one's family. This observation corresponds to Lin's (2001b) recommendation that effective CBT interventions with Chinese clients must focus on clients' coping abilities within their social contexts (e.g., family), above and beyond coping at the individual level.

Further, the counselor participant effectively appealed to the mother and sisters' familism (i.e., obligations) and altruism (i.e., self-sacrifice) for involving them in the crisis counseling. As an example, using the 'pretext' of enlisting the help of the mother and the sisters to support the young son/brother, Dr. L was able to successfully engage the whole family in the counseling interventions. The involvement in the counseling process was carefully reframed as an honorable act that was done for the sake of the boy and the greater good of the family. This strong familism coincides with the indigenous Confucian concept of 'filial piety', which is defined by an individual's "obligations, respect, obedience, and duty to parents" (Kwan 2000, p. 24). Filial piety serves as a powerful mechanism through which Chinese children and parents are motivated to provide for each other (Kwan). The counselor's cultural sensitivity in this incident promptly reduced the clients' shame and stigma associated with receiving help from an outsider.

Moreover, the need for crisis counseling to be congruent with normative social interactions within the Taiwanese culture was clearly revealed in the *'Adherence to Face-Saving Communication and Interpersonal Patterns'* theme (see Table 1). Specifically, the participant's responses reflected a watchful regard for the indirect, implied and deferential nature of interpersonal communication among Taiwanese. Embedded in these communication characteristics is the intent to prompt or preserve the Chinese concept of 'face' (*'mainzi'*) that represents the integrity and honor of self and others within the Chinese social world. Indeed, as Chen and Davenport (2005) observed, 'face-saving' or 'maintaining an appearance' is a very common issue encountered by therapists when counseling Chinese and Taiwanese clients.

Examples of Dr. L's therapy skills that safeguarded the 'face' of the clients included the active use of cognitive techniques of 'reframing' and 'normalizing'. These interventions were adopted to further lessen the clients' sense of shame in relation to their grief and distress reactions, and to minimize intra-familial conflicts among the family members. For example, Dr. L used reframing to repair relationship ruptures between the mother and one of her daughters.

Similarly, Lee (1997) suggested that reframing can serve to fortify Asian family relationships because it encourages clients to reconsider familial conflicts from the perspective of their family members' mutual goodwill and good intentions. Additionally, the counselor participant used 'normalizing' to help de-pathologize the Chen family's crisis experience. Hwang (2006) surmised that normalizing clients' experiences and praising clients' initiatives to deal with their problems were necessary in working with Chinese clients, because these interventions minimize clients' profound social shame and stigma.

Finally, at this working stage the counselor tactfully attended to the covert, implied, indirect and deferential pattern of communication of Taiwanese clients. Such a communication pattern characterizes 'high-context' cultures in which the importance of nonverbal messages and contextual information (e.g., social status) supersedes that of verbal messages (Sue and Sue 2008). This de-emphasis on verbal expression can also be construed as a function of face saving that is manifested through Chinese individuals' emotional restraint, self control, politeness, modesty, indirectness and nonverbal communication (Lin 2001b). Therefore, these characteristics of high-context communication are not to be misconstrued as denial, deceptiveness or resistance on the part of clients (Sue and Sue 2008). Instead, counselors and therapists should work these qualities into the intervention process by discerning clients' unspoken intentions more accurately, and by staying on par with clients' subtle and restrained communication tendencies (Lee 1997).

Implications

This exploratory study of indigenous crisis counseling in Taiwan holds several implications for therapy work with clients of Taiwanese and Chinese backgrounds. However, the following interpretations should be viewed as tentative, owing to the exploratory nature of the current investigation and its being based on a single case.

Firstly, at a practical level, the results of the study offer practitioners and researchers concrete evidence and examples, at a micro process level, of how indigenous cultural knowledge and skills might actually be implemented in therapy with Taiwanese clients. The specific counseling strategies identified in relation to the five cultural themes that emerged from the study can serve as heuristic examples to inform counselors when working with native Taiwanese and Chinese individuals, and more traditional Taiwanese/Chinese immigrants as well. In this respect, the current study represents a step towards bridging the gap between prevailing conceptual counseling literature on Chinese and Asians (e.g., Leung and Chen 2009; Hwang 2006) and limited therapy-based case studies for the same populations (e.g., Liu 2007). As such, the present study offers a basis upon which future crisis counseling research for Taiwanese and Chinese can build.

Secondly, the present study highlights the diverse functional characteristics of a counselor or therapist as perceived and expected by Taiwanese clients, possessing the qualities of expertness, authority, pragmatism and neutrality, as well as openness, benevolence, accessibility and social indirectness and implicitness. The seemingly contradictory nature among some of these qualities (e.g., authority vs. benevolence, neutrality vs. accessibility), further speaks to the Chinese concept of embracing opposites (e.g., *yin* and *yang*). Thus, a counselor working with Taiwanese clients must withstand a certain degree of ambiguity, while assuming a flexible and adaptable counseling stance. Similarly, Atkinson *et al.* (1993) recommended that multiculturally competent clinicians should be prepared to assume the roles of adviser, consultant, change agent, advocate, counselor, psychotherapist and facilitator of indigenous healing methods in working with

diverse clients. As revealed in the current study, such a recommendation holds true for counselors working with Taiwanese clients (Chen 2009).

Thirdly, this present study bears implications for training. The study underscores the notion that effective engagements and interventions with Taiwanese clients in crisis situations necessitate a high degree of cultural as well as clinical acumen on the part of the counselor. As such, this case study supports the schematic framework of therapist training proposed by Lin (2004). Lin advocated the development of a multicultural counseling style in counselors that was “compatible with Taiwanese characteristics of collectivism, respect for authority, the hierarchy structure of society, and emphasis on familial relationships and the harmony of interpersonal relationships” (p. 218). However, before this cultural knowledge can be effectively implemented in counseling relationships, counselors and therapists must first be trained in common factors for good therapy, including empathy, genuineness, congruence, unconditional positive regard, catharsis, reassurance, respect and trust (Lin).

Limitations

As an exploratory single case study, the results of this research should be considered with caution in view of a number of limitations. First, the extent to which the present study’s findings exemplify the general indigenous characteristics of crisis counseling in Taiwan is not certain. Without further replication of the study, the generalizability of the participant’s narrative account to the experiences of other crisis counselors in Taiwan cannot be assured. Second, given the specificity of the trauma presented in the present family (i.e., suicide of the husband/father), the applicability of the study’s findings to family crisis counseling for other forms of crises or traumas (e.g., natural disaster, crime victimization, etc.) can only be speculative. Finally, the reliance on a sole participant’s narrative as the source of data predisposes the study to methodological challenges associated with all interview-based research, including the potential for participant response bias, inaccurate recall and demand characteristics (Yin 2003).

In view of these limitations, further crisis counseling research would benefit from conducting qualitative interviews with multiple informants, including multiple crisis works and/or clients. This line of inquiry could help to verify the stability of the cultural themes identified in the current study with multiple data points. Moreover, future empirical research should consider examining crisis counseling from an indigenous perspective by using diverse therapy modalities (e.g., individual vs. family therapy) in response to varying types of traumas or events. Furthermore, similar indigenous research on crisis counseling for other Asian (e.g., Korean, Filipino, Vietnamese, etc.) as well as non-Asian national/cultural groups should be encouraged. These potential research endeavors would likely afford a more comprehensive and sophisticated understanding of crisis counseling across cultures.

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