

A CROSS-CULTURAL COMPARISON OF UNIVERSITY STUDENTS'
PERCEPTION OF THE COUNSELING PROCESS

A Doctoral Dissertation
Presented to
The Faculty of Graduate Studies
University of Manitoba

In Partial Fulfillment
of the Requirement for the Degree
Doctor of Philosophy
in Clinical Psychology

by
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April, 1984



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A thesis submitted to the Faculty of Graduate Studies of
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Acknowledgements

The Chinese saying "At home, one depends on one's parents; when away from home, one depends on one's friends" (在家靠父母, 出門靠朋友) is an very appropriate representation of my sentiment toward all those nice people who contributed in helping this dissertation research to become a reality.

Foremost, I would like to dedicate this work to my dear parents, Dr. and Mrs. Tin-sun Leung. For without the years of unconditional love and support they have given me, none of this would be possible.

Secondly, I would like to express my gratitude for all the encouragement and assistance my committee members have provided for me since the incipient stage of the project. They are: Dr. Michael Thomas, Dr. John Schallow, Dr. Bruce Tefft and Prof. Ranjan Roy. Most important of all, I would like to thank my chairperson, Dr. Michael Thomas, for his help in monitoring the data collection and the dispensing of the research grant to the rightful people during my absence from Winnipeg.

Thirdly, I would want to extend my appreciation to all those people who took part in assisting me to set up this research project, collect and analyze the data and proof reading the manuscript. They are: Dr. Fanny Cheung of the Chinese University of Hong Kong; Dr. Chung Chi Yung and Ms. Kai Fong Chan of the Hong Kong Shue Yan College; Mr.

Brian Liu of the Hong Kong Polytechnical College; Dr. John Schallow, Dr. Henry Lee, Mr. Chris Hertler, Ms. Magdalen Mak of the University of Manitoba; Dr. Barry Spinner of the University of New Brunswick; Dr. Davis Ja, Mr. Herbert Chew, and Ms. Betty Wong of the Richmond Area Multi Service Inc.. Not to be left out is also Mr. Dennis Choi, whose generosity in providing me with the Xerox 820-II word processor has simplified the writing of this manuscript to a more endurable task.

Fourthly, I would like to acknowledge my appreciation for the Manitoba Mental Health Association in providing me the research grant to make such a cross-cultural research possible. My appreciation also extends to Dr. Herbert Z. Wong, director of the Richmond Area Multi Service of San Francisco for providing me with the access to the University of California, San Francisco computer facility for the data analysis. In addition, I am grateful to Dr. Michael LaCrosse of the North Nebraska Comprehensive Mental Center for consenting my employing of the Counselor Rating Form in this project. I am also indebted to Dr. Donald Atkinson of the University of California, Santa Barbara, whose work (Atkinson, Maruyama & Matsui, 1978) incited me to carry out this study.

Last but not least, I would like to express my thanks to three important people in my life; for without their inspiration, guidance, reassurance and support, this project would never have been initiated.

First, Dr. Max Reed, my very first mentor in Clinical Psychology at the Portland State University. It was his appreciation of my different cultural background that prompted my interest in cross-cultural research.

Second, Teresa Leung, a close colleague, a good friend and a treasured companion for two and a half years; whose presence I dearly miss. It was upon her insistence that I returned to Winnipeg to continue with my doctoral study. Unfortunately, her untimely departure from this world has made her unable to see the successful completion of my ultimate academic endeavor.

Third, my deepest thanks goes to my wife, Lil. It is only with her utmost patience, understanding and support that this project has been accomplished. I take great pride and joy in sharing my success with her.

One final note, I am greatly saddened by the death of my beloved father shortly after my successful completion of the oral defense. His love, support and care for me will be dearly missed.

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ABSTRACT

The present study investigated the effect of the ethnicity factor in influencing the counseling variables cluster (which includes preference of counseling format, preference of counseling approach, counselor rating form, and level of comfort felt by the subjects in a similar counseling situation). Three groups of college students were used, with a total of 412 subjects. 168 of them were Chinese college students from three different colleges in Hong Kong. 105 of them were Chinese college students studying at the University of Manitoba. 135 of them were European-Canadian college students also at the University of Manitoba. The experimental stimulus was an audio-taped role-enacted counseling session that lasted for about 15 minutes. The tape consisted of four different combinations of counselor ethnic background and counseling approach (European-Canadian-directive, European-Canadian-nondirective, Chinese-Canadian-directive, and Chinese-Canadian-nondirective). The independent measures were subjects' ethnic background, counselor ethnic background, counseling approach used in the audio-tape, authoritarian family ideology scores, and length of residence in Canada. The dependent measures encompassed the counseling variable cluster (which in term included preference of counseling format, preference of counseling approach, counselor rating form, and level of comfort), and personality measure of somatization. Data were analyzed by Pearson's correlation,

multivariate analysis of variance, univariate F-test and t-test were used to follow up significant results. Subjects' ethnic background was found to be an important predictor for both personality measure of somatization and preference of counseling approach. The same factor was also found to have a significant effect on the counselor rating form and the preference of counseling approach. Significant interaction effect between authoritarian family ideology score-subject ethnic background, and counselor ethnic background-counseling approach were also reported. Despite the limited generalizability of the result to only college student population, this study is one of the few researches that has taken on the formidable task of investigating the counseling process on a genuinely cross-cultural level.

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INTRODUCTION

Since the seventies, there has been an increased awareness of mental health services for ethnic minority groups* in North America. As Robert Morrow put it, "the counseling process is no longer the exclusive domain of the white, middle class" (Morrow, 1975). This is especially true in the academic setting. Many educators and counselors have experienced increasing demands regarding the academic and personal adjustment of ethnic minority group students (Schauble, Parker, Probert & Altmaier, 1975). However, even with the upsurge in the demand for more effective mental health services for ethnic minority groups, some of them have not been given the kind of attention they deserve. The Chinese are one of these neglected groups.

Possible Reasons for Neglect

The Anonymity of the Chinese

Chinese residing in North America have always remained as a relatively faceless and nameless population. Unlike the Blacks and the Chicanos, the Chinese have tried to function in North America with a minimum of visible conflict with members of the host society. Historically, they have accepted much prejudice and discrimination without voicing strong public protest (Devos & Abbot, 1966). As a result of

* Throughout this study, the term "ethnic minority" would imply nonwhite ethnic groups which include Black, Hispanic and Asian populations. their invisibility, misconceptions about their ways of life are often noted.

their invisibility, misconceptions about their ways of life are often noted.

Lack of Research Done on the Chinese Ethnic Group

Relatively few investigations have been undertaken of the Chinese in North American society (Kitano, 1969). This general lack of research may be in part due to the small number of social scientists who express an interest in them. Boxley and Wagner (1971) pointed out in their survey that the number of Asian-American psychologists is dismally small in proportion to the overall Asian-American population. At the same time, the Chinese share with other minority groups the feeling of being exploited when it comes to being a research sample. Consequently, they are generally quite suspicious of any attempt to include them as subjects in social science research (Sue & Sue, 1972b).

For the sparse research data that is available, there have been doubts cast about the validity as a result of language and culturally biased variables. For instance, the use of culturally biased instruments without any cross-cultural adjustment has been suggested to lead to an unfair exclusion of minorities in jobs and promotions (APA Task Force On Employment Testing of Minority Groups, 1969).

Stereotypes of the Chinese

The first wave of Chinese immigrants arrived in the United States in the late 1840's. A total of 758 were

recorded to have entered the United States from China at the end of the 1840's. A decade later, the number rose to 34,933 (Marden & Meyer, 1973). Most Chinese stayed west of the Rockies in this period. The presence of these new immigrants was appreciated because they provided cheap labor for the railway construction and mining industries. In 1869, the Central Pacific met the Union Pacific in Utah. Nine years later the Nevada mines collapsed. Suddenly the presence of the Chinese had changed from a blessing to a curse in the minds of most Americans (Huang, 1976).

Fiction writers, Christian ministers, and legislators combined forces in depicting the Chinese as "peculiar", "immoral", "criminal" and "bestial celestials". They were also described as "opium sodden", "full of fatuous ignorance", and "having treacherous mendacity" and "heathenish ways" (Wong, 1978). It was during this period that ethnic slurs were given to the unwelcome immigrants. The Chinese were referred to as "Chinaman", "yellow lepers" or "Chinks" (McClellan, 1971).

After World War II, the negative attitudes toward the Chinese declined drastically, mainly due to the friendship established in fighting the war with Americans as allies (Sue & Kitano, 1979). Chinese are now considered a "model minority". They are described as patient, clean, hard-working, courteous, realistic, secure and unanxious (U.S. News and World Report, 1966). The prevalent belief is that the Chinese family system and their segregated positions in

the larger society have successfully insulated them from the stresses and anxieties of modern life. From the above positive stereotypes, some even erroneously assume that the Chinese as a group are less subject to psychological problems than others (Barnett, 1955; Kung, 1962; Leung, 1976). In a study by Sue and Sue (1974), the utilization of a university psychiatric clinic by Chinese and Japanese students was examined. They compared the proportion of these two groups of students who sought psychiatric service with the proportion of Caucasian students who sought similar services. They found both groups of Asian students underutilized the clinic services. The researchers inferred that the under-utilization of mental health services may be an inappropriate indicator of the adjustment of these two ethnic minority groups. They suggested that cultural factors often impede the process of counseling as well as restrict the number of ethnic minority group members seeking professional aid.

Chinese Concept of Mental Disorders

The traditional Chinese concept of mental disorder often suppresses the reporting of its true incidence. For instance, Arkoff, Thaver and Elkind (1966) found that the Asian students (of which one third were of Chinese ethnic background) tended to think mental disorders could be prevented by exercising strong will power or avoiding unpleasant thoughts. Sue, Wagner, Ja, Margulis and Lew

(1976) compared the conceptions of mental illness among Asian- (including Chinese, Japanese and Filipino) and Caucasian-American students and found similar results. They found the the Asian samples believed that mental health could be enhanced by avoidance of morbid thoughts. The Asian subjects also were more likely to associate mental illness with organic or somatic factors. Such a reluctance on the part of the Chinese to discuss their problems and secrets openly may have distorted the recordings of their incidence of mental disorders. They would tend to rely more on self-help and involvement of family members and respected friends rather than seeking professional help. For the few brave souls who dare to seek professional help for their emotional problems, the odds are still against their success. Hee (1978) found that if a Chinese receives professional care and/or hospitalization for his or her emotional problem, he or she would be stigmatized even more. This is because in the eyes of the traditional Chinese, especially for the older generation, mental illness is commonly regarded as punishment for violating Confucian moral ethnics or filial piety. Punitive consequences are also implicit in the cosmic or mystic etiology of mental illness. They regard it as the wrath incurred by the patient or his family who has done wrong (Lin & Lin , 1978). Therefore it is understandable that shame and/or guilt is usually pervasive in Chinese families whenever mental illness occurs. Although some of the younger generations do

not believe in the mystic etiology of mental illness, a strong sense of shame will often be imposed by friends and relatives. It is the shameful and/or guilty feelings which cause them to hide their emotional problems rather than seeking professional help.

Fortunately, there is presently a gradual arousal of interest in the mental health problems of Asian-Americans. Sue (1980) pointed out "there appears to be a geometric increase in research on Asian and Pacific Island Americans within the past five years". As a result of this increased awareness, researchers have been more concerned about the effects of ethnicity and related cultural variables on the counseling process.

The Counseling Process

The counseling process itself has been described by Strong (1968) as an interpersonal influence process. How influential the counselor is in the process depends on how credible the counselee considers the counselor to be. Strong (1968) suggested that perceived counselor credibility consisted of three components:

1. Perceived Expertness-Hoveland, Janis and Kelly (1953)

defined expertness as "the extent of confidence to which a communication is perceived to be a source of valid assertion" (p.21).

2. Perceived Trustworthiness-Hoveland, et al. (1953)

defined trustworthiness as "the degree of confidence in the communicator's interest to communicate assertions he considers most valid" (p.21).

3. Perceived Attractiveness-whether the counselor is being perceived as similar to, compared with and is liked by the counselee (Strong, 1968).

Effects of Cultural Variables on Counseling

In using Strong's (1968) conception of counseling, one would expect the following Chinese cultural variables may effect the process either directly or indirectly.

1. Authoritarian Family Structure

In the Chinese culture, tremendous emphasis has been put on parental authority and filial piety. Chinese families are traditionally patriarchal with communication and authority flowing from top to bottom. The father's behavior in relationship to other family members is generally dignified, authoritative, remote and aloof (Sue, D., 1973b). For the sons and daughters, respect and order are almost like the key words of life. They are constantly made aware of their subordination and the pervasiveness of the parental control over them. Even when the sons and daughters are themselves adults and have their own families, they still pay their utmost respect to their parents on big occasions such as Chinese New Year, or their birthdays. The appropriate Chinese etiquette on such occasions is

"Kowtowing" three times to the parents. Also, as young children, the Chinese are often reminded of what is the right thing to say and the right way to behave. Failure to do so would result in punishments which are quite drastic from the westerners' point of view (Chun-Hoon, 1973). For instance, it is a frequent practice to physically punish the children when they break the rules by hitting them with a bamboo stick. Following the lashing, the culprit would not be fed any supper that day. They are also expected to ask the parents for forgiveness afterwards. Such a heavy emphasis on authority could have a carry-over effect in their counseling expectancy. Researchers have hypothesized that Chinese, together with other Asian ethnic groups, tend to think of counseling as a relatively authoritarian process (Arkoff, et al., 1967; Tan, 1967). Consequently, counselors who use a nondirective, less authoritarian approach may be perceived as less expert and/or less trustworthy.

2. Low Tolerance for Ambiguity

Chinese, as part of their ethnic characteristics, tend to evaluate ideas on the basis of their immediate practical application and to avoid an abstract, reflective, theoretical orientation. Because of their practical and applied approach to life problems, they tend to be more intolerant of ambiguities and to feel more comfortable in well structured situations (Sue,

D., 1973b). It has been suggested that the ambiguity and lack of structure that usually accompany the traditional psychodynamic counseling approach may create extreme discomfort in the Chinese counselees (Leung, 1983). Consequently, one would expect the Chinese counselees to perceive the counselor as less credible if he or she were to use the traditional psychodynamic approach with them.

3. Unwillingness to Express Emotions

Chinese are taught to inhibit their emotional expressions as part of their cultural upbringing. For instance, if a person has feelings that may disrupt the family peace and harmony, he is expected to hide them. Such a restraint of emotional display is strongly emphasized in the development of the Chinese character (Sue, 1973). It is, therefore, only natural for them to be reluctant to express their feelings to talk about their personal problems in the counseling situation. One would then expect the Chinese counselee to find the counselor more credible if the latter deals with the former's problem in a concrete, straight-forward approach. In fact, the Chinese's unwillingness to express their emotion have led researchers like Sue and Sue (1974) and Tseng (1975) to hypothesize that they tend to somatize their emotional problems at a higher rate than their Caucasian counterparts.

4. Language Difficulty

A language barrier often exists between the Caucasian counselor and Chinese counselees. Professional counselors may be unresponsive to the needs of those who do not understand the English language (Leung, 1976, 1983). As for those Chinese who are either brought up in North America or speak English as their second language, difficulty still exists in the communication process between counselor and counselees. Studies have suggested that bilingual counselees in counseling usually demonstrate a general lack of affect in the process (Marcos & Urcuyo, 1979; Smith, 1957). Hence it would be logical to assume that when the Chinese counselees are to be seen by Caucasian counselors who do not speak Chinese, they would perceive the Caucasian counselor as less credible as compared to a Chinese counselor.

5. Racial Dissimilarity Between Counselor and Counselee

Due to the heavy emphasis Chinese culture puts on "shame" and "face", it is already very difficult for the Chinese counselee to reveal personal matters to the counselor so as to prevent both himself and the family from losing "face". However, the loss of face would be far more serious should the counselor be a Caucasian. Losing face is already a shame, losing face to someone outside of the Chinese ethnic group makes it even more shameful. This implies seeking help from a Caucasian

counselor may increase the sense of helplessness felt by the counselee. The counselee may also feel that the Caucasian counselor is an agent of the White establishment whose goal is to help him adjust to the White society (Sue, S., 1973). It follows that the counselee would perceive the counselor as less trustworthy if the latter is racially dissimilar with the former.

6. Preference for Individual Counseling

It has been suggested that Chinese counselees seeking counseling are better treated in a one-to-one relationship rather than a group (Leung, 1976), especially at the beginning of the counseling process. The close-knit quality of the Chinese social system makes the Chinese a highly unlikely candidate for any group modalities of counseling. Since they are eager to keep all of their difficulties within their immediate family, any discussion of emotional or interpersonal problems will be almost impossible in a group situation (Kaneshige, 1973).

Drawbacks of the Studies Cited

Since most of the studies cited (Leung, 1976, 1983; Marcos & Urcyo, 1979; Schauble et al., 1979; Sue, D. & Sue, S., 1972; Sue, D. 1973; Sue, S., 1973; Sue, S., 1980) were speculative in nature rather than empirical, exactly how different variables would influence the counseling process

remain to be determined. Even those few studies that are empirically based usually have a potpourri of Asians (including Chinese, Japanese, Koreans, Laotians and Vietnamese) as their subjects (Atkinson, Maruyama & Matsui, 1978; Sue, D. & Kirk, 1975; Sue, S. et al., 1976; Webster & Fretz, 1978). Combining various Asian ethnic groups together undoubtedly eases the researchers' difficulty in obtaining subjects. However, the diversity of the subjects has created problems in generalizing the findings to any one specific Asian ethnic group.

Another common drawback of the few available empirical studies is that none has actually defined and controlled for the degree of acculturation of the ethnic minority subjects. However, researchers have hypothesized that the effect of acculturation could have been an important one. Caudill (1952) pointed out the compatibility between the values of the Japanese culture and the value systems of the American middle class has caused a higher rate of acculturation of the former into the latter's way of life. Weiss (1973) suggested acculturation has selectively effected the dating process in the Chinese-Americans. Chinese females tended to have internalized the dating values of the Caucasian teenager to a greater extent than Chinese-American males. Both Sue, D. (1973b) and Tan (1967) have brought up the possibility that degree of acculturation of the ethnic minority counselee into the host society could have a significant effect on the counseling process.

Goal of the Present Study

It was the intention of the present study to focus on the following features of the counseling situation. First, perceived counselor credibility with its 36 items (as measured by LaCrosse's Counselor Rating Form) were to be factor analyzed to check for any discrepancy between the present study's outcome with Barak and LaCrosse's subscales(1975). Next, the subjects' ethnic background, the counselor's ethnic background, the counseling approach used, authoritarian family ideology scores, as well as the Chinese-Canadian subjects' length of residence in Canada were to be the independent measures. The subjects' scores on the personality measure of somatization (Hypochondriasis Scale of the Minnesota Multiphasic Personality Inventory) as well as the counseling variables cluster variables (which included preference of counseling format, preference of counseling approach, counselor rating form, and level of comfort) were the dependent measures.

Based on the above discussion, the following hypotheses were investigated.

1. The personality measure of somatization score (MMPI) would be significantly related to the subjects' ethnic background, with Hong Kong Chinese scoring the highest, followed by Chinese-Canadian, and then by European-Canadian.
2. The subjects' preference of counseling format would be significantly related to their ethnic background, with the

Hong Kong Chinese preferring the individual counseling format the most, followed by the Chinese-Canadian, and the European-Canadian preferring it the least. Contrastly, the group counseling format would be preferred by the European-Canadian the most, followed by the Chinese-Canadian, and with the Hong Kong Chinese preferring it the least.

3. Subjects' ethnic background and their authoritarian family ideology scale scores would be significantly related to their preference of counseling approach. Specifically, Hong Kong Chinese with high authoritarian family ideology scores would indicate a preference for the directive counseling approach over the nondirective counseling approach.

4. The longer the Chinese-Canadian subjects had resided in Canada, the more similar their attitude toward the counseling variables cluster (which included preference of counseling format, preference of counseling approach, counselor rating form, and level of comfort felt by the subject in a similar counseling situation) would be to that of the European-Canadian rather than that of the Hong Kong Chinese. Specifically, they would prefer group counseling format, nondirective counseling approach, rate the counselor on the audio tape high on the counselor rating form, and feel comfortably if they were to be subjected to a counseling session similar to that of the audio tape.

5. Subjects' ethnic background, counselor ethnic background, and the counseling approach used in the tape

would have a significant influence on the counseling variables cluster. Specifically, Hong Kong Chinese listening to a Chinese-Canadian counselor employing directive counseling approach on the audio-tape would exhibit a higher preference for individual counseling format, directive counseling approach, higher counselor rating form score and level of comfort for being in a similar counseling situation as being portrayed in the tape.

6. Counselor ethnic background, preference of counseling approach, and counseling approach employed in the audio-tape would have a significant effect on the counselor rating form scores and the level of comfort felt; with the influence of the subjects' ethnic background and their authoritarian family ideology scores being removed.

METHOD

Design

This study tested six hypotheses. In the first two exploratory hypotheses, correlation analyses were used to investigate the relationship between subjects' ethnic background and personality measure of somatization, and preference of counseling format. The predictor variable in these two hypotheses was:

1. Subjects' ethnic background (Hong Kong Chinese, Chinese-Canadian and European-Canadian).

The dependent measures to be predicted were:

1. Personality measure of somatization (Hypochondriasis Scale in MMPI).
2. Preference of counseling format (individual versus group).

In the remaining four hypotheses, the independent measures used were:

1. Subjects' ethnic background (Hong Kong Chinese, Chinese-Canadian, and European-Canadian)
2. Ethnic background of the counselor (European-Canadian versus Chinese-Canadian).
3. Counseling approaches (directive versus nondirective).
4. Authoritarian family ideology measure .
5. Subjects' length of residence in Canada.

The dependent measures were the counseling variable clusters which consisted of the following four variables:

1. Preference of counseling format.

2. Preference of counseling approach.
3. Counselor rating form.
4. The level of comfort felt in discussing one's problem in a similar counseling situation.

Subjects

Subjects for the study were all college students (including both undergraduates and graduate students) between the ages of 18 and 30 years. Subjects were selected from the following three available pools.

First, 168 Chinese college students from the two colleges and one university in Hong Kong (namely the Hong Kong Polytechnical College, Hong Kong Shue Yan College and the Chinese University of Hong Kong) participated in the study voluntarily. They were all first and second year students enrolled in social sciences majors (such as social work, journalism, and counseling and guidance). Since the language of instruction in these three schools was English, no communication problem was encountered.

Second, 109 Chinese students at the University of Manitoba made up the second group of subjects. Most of these subjects were from introductory psychology courses and their participation in the study earned them bonus points in their course. Due to an unexpected lack of interest by Chinese students to participate in the study, approximately 35 subjects were paid a sum of five Canadian dollars each as an incentive for them to participate.

Third, 135 students of European-Canadian background at the University of Manitoba formed the third subject group. Their participation also earned them bonus points in their introductory psychology course.

A ratio of 3:2 between the two sexes (either direction) was being set as the criterion (see table 1).

Also, all subjects participating in the study had had no previous counseling experience.

For the group of Chinese students in Hong Kong, they could not have lived in the United States, Canada or any western country.

Procedure

The subjects were met in groups of 10 to 15 people by a male experimenter after being randomly assigned to one of the four experimental conditions. The four experimental conditions were generated by crossing the counselor's ethnic background (European-Canadian versus Chinese-Canadian) with the two counselor approaches (directive versus nondirective). The subjects were seated in chairs separated from each other so that they could not see what the other subjects were writing while they were filling the questionnaire. They were also advised not to talk to each other during the study.

After the subjects were all seated, the experimenter activated an audio-taped introduction concerning the study. The subjects were told the study was designed to see how

Table 1

Demographic Measures

	AGE	SEX	
		Male	Female
Hong Kong Chinese(N=168)	21.19 (S.D.=2.76)	71	97
Chinese-Canadian(N=109)	20.85 (S.D.=2.68)	41	68
European-Canadian(N=135)	19.96 (S.D.=4.47)	57	78
For entire group(N=412)	20.70 (S.D.=3.43)	169	243

people felt about going to seek counseling. After the introduction, an audio-taped counseling session of approximately 15 minutes was played to the subjects. During which time the subjects were asked to listen to the tape very carefully and refrain from asking any question until its completion.

After the playing of the tape, each subject was asked to respond to a questionnaire which took about 30 minutes to complete. They were reminded not to write down any unnecessary information that might identify themselves on the questionnaire. Again, they were asked to refrain from talking to each other when they were filling in the questionnaire.

After every subject had handed in their questionnaire, a brief debriefing session was conducted by the experimenter. It consisted of a short explanation of what the study was basically about. The subjects were told that it was a cross-cultural comparison of how subjects of different ethnic backgrounds perceived the counseling process and the credibility of counselors of different ethnic backgrounds.

Crossing of the Experimental Conditions

Under one experimental condition, the counselor was introduced as a Chinese-Canadian psychologist and the directive counseling approach was played. Under another condition, subjects heard the same tape but the counselor

was introduced as an European-Canadian psychologist. The remaining two conditions employed the varied racial introduction in combination with the nondirective counseling tape. The counselee's ethnic background in each case remained unmentioned.

Scripts of the Counseling Session

Two scripts were developed by the investigator. In each a Chinese-Canadian or European-Canadian counselor was portrayed working with a student who had career goals that differed from those of his parents.

1. Introduction of the Counselor

The introductory section of the audio tape was approximately three minutes long when audio-taped and contained counselor responses .

The counselor in each script was being introduced as one with a doctorate, the highest advanced degree attainable. The male counselor was introduced either as a Chinese-Canadian or European-Canadian Ph.D. in Clinical Psychology and who had three years of experience working with university student populations.

2. Directive and Nondirective Scripts

In the audio tape of the two scripts (each contained 29 counselor responses and was approximately eight minutes long when audio-taped), the counselor's responses to the counselee varied greatly. One portrayed a logical, rational, directive counseling style whereas

the other portrayed a reflective, affective, nondirective counseling style. The counselor was enacted by a male Chinese-Canadian graduate student in psychology. He was a first generation Chinese-Canadian who was born in Canada and spoke English with no identifiable accent.

As for the counselee's responses, they were identical in both scripts.

3. Validation of Scripts

Despite a previous attempt by Atkinson et al. (1978) which had successfully identified the counseling approach used in the scripts, a further validation check was conducted in this study. A total of 28 students at the University of Manitoba were used as a validity check of both the scripts and the tape. The students were randomly divided into four experimental groups. After listening to the tape, they were asked to fill in the questionnaire used in the actual study. Special emphasis was placed on their correct recognition of the counseling approach and the ethnic background of the counselor. The results obtained were highly satisfactory (96% accuracy in the identification of the counseling approach and 100% accuracy in the identification of the counselor's ethnic background).

Instruments

1. Demographic Information

After listening to the audio-tape of the simulated counseling session, each subject was asked to provide the required demographic information on the first part of the questionnaire. The information included their sex, age, educational level, place of birth, ethnicity, the number of years they had been in Canada, and whether they had any previous counseling and/or psychotherapy experience*.

2. Counselor Rating Form

After listening to one of the four introduction-counseling style combinations, each subject was asked to rate the counselor on the Counselor Rating Form (CRF: Barak & LaCrosse, 1975)**. The CRF consisted of 36 seven point bipolar items designed to measure the three components of perceived counselor credibility as suggested by Strong (1968). They were, perceived expertness, perceived trustworthiness and perceived attractiveness. Each component (or scale on the CRF)

*This included taking courses in counseling and/or psychotherapy, and participating in the counseling and/or psychotherapy process.

**LaCrosse and Barak (1976) reported split-half reliabilities of 0.87, 0.84 and 0.90 for the Expertness, Trustworthiness and Attractiveness scales in the Counselor Rating Form.

LaCrosse (1980) also reported the Counselor Rating Form has an overall predictive power of $R=0.59$ for predicting counseling outcome.

was assessed by 12 items and the items were randomly ordered throughout the list. The score range of each scale was from a minimum of 12 to a maximum of 84.

Factor analysis was performed on the three components(36 seven-point items) and yielded one major score. The top 14 items in the score were used in the subsequent multivariate analysis(in order to be consistent with Barak and LaCrosse's study, only those items having a factor loading higher than .35 were used).

3. Measure of Authoritarian Family Ideology

An abbreviated 12-item form of the Traditional Family Ideology Scale was to be used (Levinson & Huffman, 1954). The scale was designed to assess differences in family ideology along an autocratic-democratic continuum and is based on five personality factors.

- a) Conventionalism-rigid adherence to the conventional values of a given ethnic-class grouping.
- b) Authoritarian Submission-an idealization of, and submissiveness toward the ingroup authorities.
- c) Exaggerated Masculinity and Femininity-rigid dichotomization of male and female sex roles. Masculinity and femininity are conceived of as opposites, with no overlapping of traits.
- d) Extreme Emphasis on Discipline-strict discipline must be maintained if the authority is to evoke the

combined emotions of admiration and fear which are seen as necessary in conforming to a truly authoritarian system.

- e) Moralistic Rejection of Impulse-any hostile and autonomous impulse the child has toward the parents must be inhibited or deflected onto new, morally appropriate objects since they violate the moral requirements of obedience and respect.

The scale* is composed of 12 seven point Likert-type items. The theoretical basis of the authoritarian-democratic personality dimension was described in the Authoritarian Personality (Adorno, Frenkel-Brunswick, Levinson and Sanford, 1950). These five factors are not regarded as being statistically or conceptually independent.

Subjects were asked to rate each of the statements on a Likert scale format. Each subject indicated his or her opinion on that particular statement by marking the appropriate place on the scale. The range of opinions ran from "strongly agree" on one end to "strongly disagree" on the other end.

Subjects who ranked high on this scale were categorized as high in authoritarian family ideology,

*The scale correlated 0.6 with the E-scale. 0.7 with the F-Scale, and 0.5 with a religious conventionalism scale. It has been found to have a six week test-retest reliability of 0.93 and split-half reliability of 0.92 (Robinson and Shaver, 1973).

and those who ranked low were categorized as low in authoritarian family ideology. The method of median split was used to distinguish the high and low categories.

4) Personality Measure of Somatization

Research data have indicated that the Scale One, Hypochondriasis Scale* of the Minnesota Multi-Phasic Inventory (MMPI) is strongly related with the subject's somatic concerns (Carson, 1972; Good & Brantner, 1974). Factor analytic studies have indicated much of the variances in the Hypochondriasis Scale is accounted for by a single factor, one that is characterized by the denial of good health (Poor Physical Health) and the admission of a variety of somatic symptoms (Hypochondriasis) (Graham, 1979).

Subjects were asked to rate each of the 33 items as either true or false as it applied to their life situation. The ratings were then used to assign subjects into either a high or low personality measure of somatization group.

5) Post-Test Manipulation Check

Seven questions designed to check how the subjects perceived the taped counseling session they listened to were asked. They were stated in the following fashion:

*The Hypochondriasis Scale has test-retest reliabilities ranging from 0.65 (with a one-to-two week interval between tests) to 0.92 (with a one-day interval between tests)(Dahstrom & Welsh, 1960).

1. What was the ethnic background of the counselor in the tape that you just listened to?
 - a) Chinese
 - b) European-Canadian
2. How realistic was the tape compared to an actual counseling session?

The subjects chose their answer on a seven-point Likert Scale format, ranging from very unrealistic on one end to very realistic on the other extreme.

In the study, 72.1% of the subjects rated the taped session on the realistic end and 27.9% rated otherwise.

3. A directive counseling approach is one in which the counselor tends to give advice, make suggestions and recommendations, and is structured concrete and explicit in his counseling style.

A nondirective counseling approach is one in which the counselor tends not to give advice, make no suggestions nor recommendation, and is ambiguous, reflective and affective in his counseling style.

How directive or nondirective was the approach used by the counselor in the tape?

The subjects chose their answer on a seven-point Likert Scale format, ranging from directive on one end to nondirective on the other end.

4. How comfortable would they feel if they had to talk about their own problems in a similar counseling session?

The subjects chose their answer on a seven-point Likert Scale format, ranging from very comfortable on one end to very uncomfortable on the other extreme.

5. If they were to seek counseling, to what degree would they prefer the individual (one-to-one) counseling format as portrayed in the tape or the group counseling format (in which the counselee has to talk about his or her problem in front of the counselor and other counselees) if they have a problem to discuss?

The subjects chose their answer on a seven-point Likert Scale format, with "individual" on one end and "group" on the other.

6. If they were to seek counseling, to what degree would they prefer a directive or nondirective counseling approach?

The subjects chose their answer on a seven-point Likert Scale format, with "directive" on one end and "nondirective" on the other.

7. What results do they think the experimenter expects in this study?
 - a) What led them to think this?
 - b) How do they think this affected their answers

to the previous sets of questions?

Sex Pairing of Counselor and Counselee

For the sake of simplicity, the counselor and counselee used in this study were of the male sex only. The tape played to the subjects contained only a male counselor who was using either a directive or nondirective counseling approach with a male counselee.

Data Analysis

The data was analyzed by the application of the Statistical Package for the Social Sciences (SPSS: Nie, Jenkins, Steinbreaner and Brent, 1975) computer program. In the preliminary step, the Principal Component Solution with Iteration (PA2) was employed to factor analyze the 36-items dependent measures of the Counselor Rating Form (CRF). The decision to use the iteration procedure was based on the fact that such a procedure is the most well-accepted factoring method due to its ability to handle most of the initial factoring needs (Nie, et al. 1975). Since this was the first attempt in applying the CRF with Asian college students, and also with a large subject population (N=412), it was important to validate the reliability of the dependent measures under the given circumstance (Weiss, 1970). The purpose of using the factor analytic technique was two fold. First, it was employed to identify any redundancy that existed among the 36 items. Second, it was

used to detect any discrepancy from the existing subscales (Perceived Expertness, Perceived Trustworthiness, and Perceived Attractiveness) as identified by Barak and LaCrosse (1975).

After the preliminary analysis, the six hypotheses were tested by the use of the MANOVA program (MANOVA: Hull & Nie, 1981) individually. Univariate F-tests were used to follow up the significant multivariate test results. Post hoc t-tests were employed to differentiate between group effect when required.

RESULTS

The 36 items in the Counselor Rating Form(CRF) were factor analyzed by the Principle Component Solution with Varimax and Iteration Procedure(PA2). It yielded eight factors which had an eigenvalue larger than one and accounted for 59.7% of the total variance(see table 2). However, due to the large variance accounted for by the first factor and the relatively small contribution by the remaining seven factors, it is evident that the present study yielded only one major factor in the CRF measure. Consequently, only the top 14 items in Factor One were used for the subsequent analyses(in order to be consistent with Barak and LaCrosse's study, a factor loading value greater or equal to 0.35 was used as the cut-off point in selecting the 14 items) (see table 3).

Table 2

Factor Loadings of the CRF Items

FACTOR	EIGENVALUE	PCT OF VAR	CUM PCT
1	12.74	35.40	35.40
2	1.88	5.20	40.60
3	1.42	4.00	44.50
4	1.30	3.60	48.20
5	1.11	3.10	51.20
6	1.04	2.90	54.10
7	1.02	2.80	56.70
8	1.00	2.80	59.70
9	0.91	2.50	62.20
10	0.88	2.40	64.70
11	0.86	2.40	67.00
12	0.78	2.20	69.20
13	0.74	2.00	71.30
14	0.72	2.00	73.30
15	0.68	1.90	75.20
16	0.65	1.80	77.00
17	0.62	1.70	78.70
18	0.59	1.60	80.30
19	0.57	1.60	81.90
20	0.56	1.60	83.50
21	0.54	1.50	85.00
22	0.51	1.40	86.40
23	0.49	1.40	87.80
24	0.47	1.30	89.10
25	0.45	1.20	90.30
26	0.43	1.20	91.50
27	0.40	1.10	92.60
28	0.37	1.00	93.60
29	0.35	1.00	94.60
30	0.34	0.90	95.60
31	0.32	0.90	96.40
32	0.31	0.80	97.30
33	0.27	0.80	98.10
34	0.26	0.70	98.80
35	0.23	0.60	99.40
36	0.21	0.60	100.00

Table 3

Factor Loadings on the Factor One items

Items	Factor One
WARM	0.73
HONEST	0.65
GENUINE	0.58
SINCERE	0.58
EXPERIENCED	0.57
TRUSTWORTHY	0.53
FRIENDLY	0.51
DEPENDABLE	0.48
CONFIDENT	0.48
STRAIGHTFORWARD	0.44
BELIEVABLE	0.43
RESPONSIBLE	0.38
CLEAR	0.36
PREPARED	0.35
SOCIABLE	0.34
RESPECTFUL	0.34
RELIABLE	0.34
OPEN	0.33
INTELLIGENT	0.30
ANALYTIC	0.29
CASUAL	0.26
APPRECIATIVE	0.26
CHEERFUL	0.26
INSIGHTFUL	0.26
LOGICAL	0.25
INFORMED	0.22
CLOSE	0.21
ATTRACTIVE	0.19
ALERT	0.10
LIKEABLE	0.09
SKILLFUL	0.08
EIGENVALUE	12.18
% OF TOTAL VARIANCE	35.40
% OF COMMON VARIANCE	84.60

NOTE:a)Only loadings greater than or equal to 0.35 were reported.

b)The items "agreeable", "compatible", "enthusiastic", "expert", "selfish" did not load in any of the factors.

Hypothesis Testing

Hypothesis One

The personality measure of somatization score (MMPI) would be significantly related to the subjects' ethnic background, with Hong Kong Chinese scoring the highest, followed by Chinese-Canadian, and then by European-Canadian (see table A1 in the appendix).

Pearson correlation analysis showed that subjects' ethnic background was significantly related to the personality measure of somatization (MMPI) ($r = -0.29$, $p < .001$).

One-way ANOVA result confirmed the existence of significant difference between groups difference in term of subjects' ethnic background on the personality measure of somatization ($F(2,409) = 23.12$, $p < .001$) (see table 4a).

Post hoc contrasts revealed the between groups effect on the personality measure of somatization further. It indicated that both the Hong Kong Chinese and Chinese-Canadian subjects scored higher on the personality measure of somatization than the European-Canadian subjects. For comparison between the Hong Kong Chinese and the European-Canadian group, $t(409) = 6.39$, $p < .001$; while for the comparison between the Chinese-Canadian and the European-Canadian group, $t(409) = 6.19$, $p < .001$. However, the difference in the personality measure of somatization between the Hong Kong Chinese and Chinese-Canadian group was

Table 4a

Univariate F-Test to Examine Between-Groups Effect on the
Personality Measure of Somatization Variable(MMPI)

Source	d.f	SS	MS	F-RATIO
Between Groups	2	984.31	492.15	23.12***
Within Group	409	8706.56	21.29	
Total	411	9690.88		

NOTE:a) * $p < .05$. ** $p < .01$. *** $p < .001$.

almost negligible ($t(409) = .58, p = .56$) (see table 4b).

Hypothesis Two

The subjects' preference of counseling format would be significantly related to their ethnic background, with the Hong Kong Chinese preferring the individual counseling format the most, followed by the Chinese-Canadian, and the European-Canadian preferring it the least. In contrast, the group counseling format would be preferred by the European-Canadian the most, followed by the Chinese-Canadian, and with the Hong Kong Chinese preferring it the least (see table A2 in the appendix).

Pearson correlation analysis indicated that the subjects' ethnic background was marginally related with their preference of counseling format ($r = 0.08, p = .047$).

One-way ANOVA failed to reveal any between groups difference on the preference of counseling format measure ($F(2,409) = 2.32, p = .10$) (see table 5).

Hypothesis Three

Subjects' ethnic background and their authoritarian family ideology scale scores would be significantly related to their preference of counseling approach. Specifically, Hong Kong Chinese with high authoritarian family ideology scores would indicate a preference for the directive counseling approach over the nondirective counseling approach (see table A3 in the appendix).

Table 4b

Post hoc Analysis of Subjects' Ethnic Background on Personality

Measure of Somatization

	Value	t Value	d.f.
Contrast One (group one vs. group two)	.33	.58	409
Contrast Two (group one vs. group three)	3.41	6.39***	409
Contrast Three (group two vs. group three)	3.08	6.19***	409

NOTE: a) Group One = Hong Kong Chinese subjects
 Group Two = Chinese-Canadian subjects
 Group Three = European-Canadian subjects

b) Alpha was set at .01

c) **p<.01. ***p<.001.

Table 5

Univariate F-test to Examine Between-Groups on the Preference
of Counseling Format Variable

Source	d.f.	SS	MS	F-RATIO
Between Groups	2	8.83	4.42	2.315 (p = .10)
Within Group	409	780.41	1.91	
Total	411	789.24		

NOTE:a)*p<.05. **p<.01. ***p<.001.

Multivariate regression analysis suggested that both the subjects' ethnic background factor and the interaction term between subjects' ethnic background and their authoritarian family ideology scale score were significantly related to the preference of counseling approach. The former, $B = -.39$, $t = -2.01$, $p = .046$; implied that the subjects' ethnic background was significantly related to the preference of counseling approach. The negative standardized beta weight suggested that both the Hong Kong Chinese and Chinese-Canadian in fact preferred the directive counseling approach over the nondirective approach. As for the latter, $B = .45$, $t = 2.78$, $p < .01$, which implied that when the subjects' ethnic background factor and the authoritarian family ideology scores factor were paired together, there was a significant correlation with the preference of counseling approach. The positive standardized beta weight reflected that both Hong Kong Chinese and Chinese-Canadian scoring high on the authoritarian family ideology score preferred directive counseling approach the most. The authoritarian family ideology score factor by itself failed to show any relationship with the preference of counseling approach ($B = -.23$, $t = -1.42$, $p = .16$) (see table 6).

Table 6

Multivariate Regression Analysis with Authoritarian Family Ideology Scores, Subjects' Ethnic Background, and the Interaction Predicting Preference of Counseling Approach

Dependent Variable: Preference of Counseling Approach

Predictor	B	BETA	t-Value
Authoritarian Family Ideology Scores (A)	-.028	-.23	-1.42
Subjects' Ethnic Background (B)	-.76	-.39	-2.01*
A X B	-.02	.45	2.78**
Constant		6.20	6.45***

NOTE:a)*p<.05. **p<.01. ***p<.001.

b)Regression equation:

$$Y = 6.20 - .23A - .39B + .45AB$$

where Y = Preference of Counseling Approach

A = Authoritarian Family Ideology Scores

B = Subjects' Ethnic Background

Hypothesis Four

The longer the Chinese-Canadian subjects resided in Canada, the more similar their attitude toward the counseling variables cluster (namely preference of counseling format, preference of counseling approach, counselor rating form, and level of comfort felt in a similar situation) would be to that of the European-Canadian, rather than that of the Hong Kong Chinese. Specifically, they would prefer group counseling format, nondirective counseling approach, rate the counselor on the audio tape high on the counselor rating form, and feel comfortable if they were to be subjected to a counseling session similar to that of the audio tape (see table A4 in the appendix).

Overall MANOVA results indicated that the impact of the length of residence of the Chinese-Canadian on the counseling variables cluster was not significant ($F(16, 309) = .71, p = .79$) (see table 7).

Hypothesis Five

Subjects' ethnic background, counselor's ethnic background, and the counseling approach used would have a significant influence on the counseling variables cluster. Specifically, Hong Kong Chinese listening to a Chinese-Canadian counselor employing directive counseling approach on the audio tape would exhibit a higher preference for individual counseling format, directive counseling approach, higher counselor rating form scores and level of comfort for

Table 7

Multivariate Tests of Significance on the Counseling Variables

Cluster

Effect: Chinese-Canadian subjects' length of residence in Canada

Source	d.f.	Multivariate F
Length of residence in Canada	16,398	.71 (p = .79)

NOTE: a) All multivariate tests of significance were based on Wilks' Lambda F value.

being in a similar counseling situation as being portrayed in the audio tape(see table A5 in the appendix).

Overall MAONVA results showed that the subjects' ethnic background variable had a significant effect on the counselor variables cluster ($F(8, 794) = 12.45, p < .001$) (see table 8b). Similarly, the counselor ethnic background-counseling approach interaction term also had a significant effect on the counselor variables cluster ($F(4,397) = 2.92, p < .05$) (see table 8a). The counselor ethnic background and the counseling approach factor by itself failed to yield any significance in the analysis ($F(4,397) = 2.28, p = .06$ for the counselor ethnic background factor, and $F(4,397) = .78, p = .537$ for the counseling approach factor) (see table 8a).

Subject's ethnic background

Univariate F-test was then employed to follow up on the significant multivariate test, testing each component of the counseling variables cluster individually. The following results were indicated.

a) preference of counseling approach.

Subjects' ethnic background was found to be significantly related to the preference of counseling approach variable ($F(2,409) = 9.53, p < .001$)(see table 8a).

To differentiate the between group effect on the preference of counseling variable, a post hoc t-test employing the Bonferroni procedure to control overall type I error was utilized(Alpha was set at .01 for each

Table 8a

Multivariate and Univariate Tests of Significance on the
Counseling Variables Cluster

Source	d.f.	Mul.F	Univariate Tests of Significance				
			d.f.	PCOUFORM	PCOUNAPP	CRF	LEVCOM
SETHICB	8,794	12.45***	2,409	2.31	9.53***	32.01***	0.48
COUNETHN	4,397	0.78	400	0.47	0.03	0.84	2.61
COUNAPPR	4,397	2.28	400	0.04	2.05	5.96*	4.25*
SETHICB X COUNETHN	8,794	1.10	2,400	1.94	0.22	0.22	1.27
X COUNAPPR							
COUNETHN X COUNAPPR	4,397	2.92	1,400	0.12	7.52**	2.99	1.05
SETHICB X COUNAPPR	8,798	1.87	2,400	1.14	2.30	0.86	0.84
SETHICB X COUNETHN	8,794	1.04	2,400	0.76	2.10	0.86	0.22

NOTE:a)all multivariate tests of significance were based on Wilks' Lambda F value.

b)*p<.05. **p<.01. ***p<.001

c)SETHICB = Subjects' ethnic background

d)COUNETHN = Counselor ethnic background

e)COUNAPPR = Counseling approach

f)PCOUFORM = Preference of counseling format

g)PCOUNAPP = Preference of counseling approach

h)CRF = Counselor Rating Form

i)LEVCOM = Level of comfort

of the three contrasts).

The post hoc pairwise contrasts demonstrated that the Chinese-Canadian subjects consistently showed a higher preference for the directive counseling approach as compared to both the Hong Kong Chinese and European-Canadian subjects ($t = 16.87$, $p < .001$ for the Chinese-Canadian and Hong Kong Chinese subjects comparison; and $t = 16.05$, $p < .001$ for the Chinese-Canadian and European-Canadian subjects comparison). In fact, the difference between the Hong Kong Chinese and the European-Canadian subjects in term of their preference of counseling approach was negligible ($t = .0050$, $p = 0.94$) (see table 8b).

b) counselor rating form.

Subjects' ethnic background was also found to have a significant impact on the Counselor Rating Form (CRF) scores. ($F(2,409) = 32.01$, $p < .001$) (see table 8a). Once again, in order to differentiate the between group effect on the CRF scores, a post hoc t-test was utilized (Alpha was set .01 for each of the three contrasts).

Post hoc comparison of group means indicated that European-Canadian subjects scored highest on the CRF, followed by Chinese-Canadian subjects, and then by Hong Kong Chinese subjects ($t = 6.77$, $p < .01$ for the comparison between Hong Kong Chinese and Chinese-Canadian subjects; $t = 67.84$, $p < .001$ for the comparison

Table 8b

Post Hoc Analysis of the Subjects' Ethnic Background FactorPreference of counseling approach

	t value	d.f.
Contrast One (group one vs. group two)	16.87***	275
Contrast Two (group one vs. group three)	0.01 (p = 0.94)	301
Contrast Three (group two vs. group three)	16.05***	242

Counselor Rating Form

Contrast One (group one vs. group two)	6.77***	275
Contrast Two (group one vs. group three)	67.84***	301
Contrast Three (group two vs. group three)	22.06***	242

NOTE: a) group one = Hong Kong Chinese subjects
 b) group two = Chinese-Chinese subjects
 c) group three = European-Canadian subjects
 d) Alpha was set at .01
 e) *p<.05. **p<.01. ***p<.001.

between the Hong Kong Chinese and the European-Canadian subjects comparison; and $t = 22.06$, $p < .001$ for the comparison between the Chinese-Canadian and European-Canadian subjects comparison) (see table 8b).

c) level of comfort.

Univariate F-test failed to show that the subjects' ethnic background factor had any significant influence on the level of comfort measure ($F(2,409) = .048$, $p = .62$) (see table 8a).

d) preference of counseling format.

Univariate F-test failed to show that the subjects' ethnic background factor had any significant effect on the preference of counseling format measure ($F(2,409) = 2.31$, $p = .10$) (see table 8a).

Counselor ethnic background-counseling approach interaction

Univariate F-test showed that the interaction term had significant effect on the preference of counseling approach measure ($F(1,400) = 7.52$, $p < .01$) (see table 8a). When the counseling approach effect was nested under the European-Canadian counselor variable, it further revealed that both the directive and nondirective counseling approach had a significant effect on the CRF measure in the counseling variables cluster ($F(1,408) = 6.89$, $p < .01$). Similarly, when the counselor ethnic background variable was nested under the nondirective counseling approach, both the Chinese-Canadian and European-Canadian counselor had a significant

effect on the CRF measure in the counseling variables cluster($F(1,408) = 5.10, p < .05$) (see table 8c). The univariate F-test failed to show significant effect on the rest of measures in the counseling variables cluster(see table 8c).

Hypothesis Six

Counselor's ethnic background, preference of counseling approach, and counseling approach employed in the audio tape would have a significant effect on the counselor rating form scores and the level of comfort felt, with the influence of the subject's ethnic background and their authoritarian family ideology scores being removed(see table A6 in the appendix).

Overall MANOVA result indicated that there was a significant relationship between the dependent measures(namely CRF and the level of comfort measure) and the two covariates(namely subjects' ethnic background and their authoritarian family ideology scores)($F(4,794) = 18.50, p < .001$)(see table 9). However, none of the independent measures were found to be significant in the analysis($F(2,397) = 2.93, p = .055$ for the counseling approach effect; $F(2,397) = 1.48, p = .228$ for the counselor ethnic background effect; and $F(4,794) = 1.52, p = .195$ for the preference of counseling approach effect) (see table 9).

Table 8c

Univariate F Test on the Counselor Ethnic Background

Counseling Approach Interaction Term

Counseling Approach Factor Nested Under European-Canadian
Counselor Factor

Variable	d.f.	F
Preference of counseling format	408	0.08
Preference of counseling approach	408	2.63
Counselor rating form	408	6.89**
Level of comfort	408	3.85

Counselor Ethnic Background Factor Nested Under Nondirective
Counseling Approach Factor

Preference of counseling format	408	0.68
Preference of counseling approach	408	2.91
Counselor rating form	408	5.01*
Level of comfort	408	3.61

NOTE:a)*p<.05. **p<.01. ***p<.001.

Table 9

Multivariate and Univariate Tests of Significance on the
Counselor Rating Form and the Level of Comfort measures

Source	d.f.	Mul.F.	Univariate Tests of Significance		
			d.f.	CRF	LEVCOM
Counselor Ethnic Background (SETHICB)	2,397	1.48	1,398	1.04	2.72
Preference of Counseling Approach (PCOUNAPP)	4,794	1.52	2,398	2.64	0.98
Counseling Approach (COUNAPPR)	2,397	2.93	1,398	4.18	3.61
PCOUNAPP X COUNETHN X COUNAPPR	4,794	1.63	2,398	0.52	1.79
COUNETHN X COUNAPPR	2,397	2.53	1,398	4.76	1.53
PCOUNAPP X COUNAPPR	4,794	2.14	2,398	3.50	2.03
PCOUNAPP X COUNETHN	4,794	1.54	2,398	1.48	2.55
Within Cells Regression	4,794	18.50***	2,398	32.27***	0.37

NOTE:a)All multivariate tests of significance were based on the Wilks' Lambda F value.
b)*p<.05. **p<.01. ***p<.001.

DISCUSSION AND IMPLICATIONS

Since the seventies, there has been an increased awareness of mental health for ethnic minority groups in North America. Behavioral scientists have studied the effect of race on a wide spectrum of mental health issues which range from perception of counselor credibility to preferences of sources of help givings (Atkinson et al., 1978; Sue, D. & Kirk, 1975; Sue, et al., 1976; Webster & Fretz, 1978). Unfortunately, all of the former studies treated the Asian-Americans as if they possessed an uniform set of attitudes, values, beliefs and behaviors. Assumptions of cultural homogeneity have resulted in unwarranted stereotypes which have produced misleading results(Hessler, Nolan, Ogbiu & New, 1980).

Another drawback of the studies cited is that none had uniformly defined and controlled for the acculturation process with ethnic minority subjects. Yet the process of acculturation having an effect on values and attitudes has been suggested by several researchers(Caudill, 1952; Tan, 1967; & Weiss, 1973).

The urgency of conducting more relevant research to meet the Asian-American's need for mental health has been clearly indicated in the current task force report to the President's Commission on mental health. The report contained 67 recommendations covering the areas of social politics, delivery of mental health services, training, personnel, research, and prevention. The task force

expressed concern over the lack of cultural responsiveness in treatment and therapy, the plight of immigrants and refugees, the lack of Asian-American representation in policy-making roles, the need for community participation in mental health, the training of competent mental health professionals, and the adequacy of current research (President's Commission on Mental Health, 1978, vol. 3).

Therefore it was the intention of this study to focus on some of the neglected areas in the previous research. For instance, the counselor's ethnic background, types of counseling approach, and definition and degree of acculturation of the subjects were investigated. Also variables such as the authoritarian family ideology of the subjects, and their tendency to somatize were hypothesized as influencing the subjects' perception of the counselor's credibility.

Summary of Main Findings:

1. a) Personality measure of somatization was found to be significantly related to subjects' ethnic background.
b) Both the Hong Kong Chinese and Chinese-Canadian subjects were found to score higher on the personality measure than the European-Canadian subjects. However, the difference between the two Chinese groups was minimal.
2. a) Preference of counseling format was marginally related to subjects ethnic background.

- b)No between group difference on the preference of counseling format was noted.
3. a)Subject ethnic background was found to be a significant predictor to what subjects' preference of counseling approach would be. The indicated preference implied Hong Kong Chinese preferred directive counseling approach over the nondirective counseling approach.
- b)When subject ethnic background and authoritarian family ideology score were combined, results revealed that both Hong Kong Chinese and Chinese-Canadian with high authoritarian family ideology score preferred directive counseling over the nondirective approach.
4. The length of residence of the Chinese-Canadian in Canada did not have any significant impact on the counseling variable cluster (which consisted of preference of counseling format, preference of counseling approach, counseling rating form, and level of comfort).
5. a)Both subject ethnic background and the counselor ethnic background-counseling approach interaction term had a significant effect on the counseling variable cluster.
- b)Chinese-Canadian subjects showed a higher preference for directive counseling as compared to both Hong Kong Chinese and European-Canadian subjects. The difference between Hong Kong Chinese and European-Canadian subjects were minimal.
- c)European-Canadian subjects scored higher on the

counselor rating form, followed by Chinese-Canadian, and then Hong Kong Chinese.

- d) European-Canadian counselor employing either directive or nondirective counseling approach had a significant impact on the counselor rating form measure.
- e) Either European-Canadian or Chinese-Canadian counselor employing nondirective counseling approach had a significant effect on the counselor rating form measure.
- 6) Counselor ethnic background, preference of counseling approach, and counseling approach employed in the audio tape did not have any significant impact on the counselor rating form and/or the level of comfort felt when the effects of the subjects' ethnic background and their authoritarian family ideology scores were partialled out.

The Purpose of this study:

The purpose of this study was to investigate the relationship between the variables in the following sequence.

First, how does a subject's ethnic background relate with the personality measure of somatization?

Results indicated that the subject's ethnic background had a significant influence on the personality measure of somatization.

Both Hong Kong Chinese and Chinese-Canadian subjects

obtained significantly higher score on the personality measure of somatization than the European-Canadian. Such findings supported earlier findings by Marsella, Kinzie and Gordon(1971) and Sue and Sue(1971).

One of the most common explanations for such a trend is the "Asian's" strong feelings of shame and disgrace associated with psychological problems. Thus many Asians who experience difficulties express them via physical complaints. Physical complaints represent a more acceptable way of expressing emotional problems which family upbringing cannot be blamed for(Sue, D.,1981). This accounts for why Chinese are more inclined to seek indigenous forms of folk psychotherapy for their emotional problems. They often visit fortune-tellers, shamans and draw chien-sticks from the temples. This externalizes their problem onto some forms of supernatural power, imbalance of yin and yan or simply fate. Subsequently, they can absolve themselves from shame and anxiety(Leung, Kim and Wong, 1983).

Another possible contributing factor why the Chinese subjects had a higher tendency to somatize lies in the structure of the Chinese language lexicons. The common terms used by the Chinese to describe dysphoric states-sum fan(moody, irritable), fan-tsao(troubled, worried), shen-k'nei(kidney weakness)-all refer to a somatic network(Kleinman & Lin, 1981). The Chinese tends to associate emotional states closely with their body

functions. In fact the distinctions between mind and body are not emphasized as it is in western medicine. Therefore it is only natural that emotional discomfort is dealt with on the somatic level.

To incorporate the above findings into actual counseling situations with Chinese counselee would mean that the counselor has to be attentive to various somatic complaints that the counselee tends to make. The counselor should understand that most of these complaints are actually symptomatic representations of emotional stress. For instance, it is quite common to hear a Chinese counselee complaining of having a "feeling of tightness around the head", or "heaviness in the heart". For a counselor who has limited understanding of the Chinese culture, he or she might often misconstrue those statements as symptomatic representations of psychosis. Besides, most Chinese counselees are unfamiliar with the concept of employing psychological counseling as a therapeutic tool to deal with their somatic problems. One suggestion is to utilize the multi-discipline team approach to help the counselee to become familiar with the counseling process. A medical doctor or an acupuncturist can be assigned to work with the counselee on his/her somatic problems, whereas a counselor can explore with him/her the emotional difficulty.

Second, how does a subject's ethnic background relate with the preference of counseling format?

The close-knit quality of the Chinese social system

implies that they tend to keep all of their difficulties within the immediate family and to discourage any discussion of emotional or interpersonal problems in a group situation(Kaneshige, 1973). This has led to the hypothesis that the Chinese counselee generally would prefer a one-to-one individual counseling format over a group counseling format.

Results from this study failed to confirm the above hypothesis. The subject's ethnic background had no differentiating effect on their preference for counseling format. The lack of difference was possibly a consequence of the subject selection. All of the subjects were young college students. A majority of them were living away from their families. Therefore, they generally may not have felt the parental pressure inhibiting them from discussing their personal problems in front of a group of strangers. In fact, some of the subjects may have experienced a feeling of comradeship if they were in a group of people who shared similar problems(Wong, 1982). In conclusion, Chinese college students do not necessary feel inhibited in a group counseling format as opposed to an individual format. Obviously if the counselee was someone who had little education and very little psychological knowledge(for instance, an old Chinese immigrants who has lived most of his life in Chinatown, or a recent immigrant from Indochina) they would most likely prefer individual counseling format over the group format owing to the close-knit social network

they live in.

Third, how well do the subject's ethnic background and the authoritarian family ideology score predict the preference of counseling approach?

The Chinese, as part of their ethnic characteristics, tend to evaluate ideas on the basis of their immediate, practical application and to avoid an abstract, reflective, theoretical orientation(Sue & Frank, 1980). Because of their emphasis on a practical and applied approach to life problems, Chinese tend to be more intolerant of ambiguity and to feel more comfortable in well structured situations(Sue, 1973). Therefore it has been suggested that the ambiguity and lack of structure that usually accompany the traditional dynamic counseling approach may create extreme discomfort in the Chinese counselee(Leung, 1983). Consequently, one would hypothesize that the Chinese counselee would show a preference of the directive counseling approach over the nondirective one.

In testing the above-mentioned hypothesis, the present study generated results that were unexpected. Hong Kong Chinese subjects actually were found to prefer directive counseling approach over nondirective counseling approach to a lesser degree than their Chinese-Canadian counterparts.

In this case, one hypothesis may be that the unexpected outcome was an artifact of the subject selection process. Stringent criterion were imposed on participants in the study so that no subjects with any experience in counseling

were chosen. Yet, the two groups of Chinese subjects selected, were from very different disciplines. The Chinese-Canadian group consisted of mainly foreign students from Hong Kong. Most of these foreign students had been known to show significantly greater interest in physical, biological sciences and business administration(Sue,D. & Kirk, 1972, 1973; Veron, 1982). Based on their academic training it was expected that they would prefer a concrete and structured approach more than an ambiguous, reflective one. In addition, their exposure to psychological counseling were minimal. This would result in a strong inclination for the choice of a directive approach over a nondirective one.

However, in the case of Hong Kong Chinese subjects, the majority were enrolled in social work, psychology and journalism. Their closer relationship to psychological counseling could have sensitized them, to a greater awareness of and tolerance for traditional, insight oriented counseling approaches. Consequently their preference of counseling approach became more similar to their Caucasian counterparts. However, more empirical investigations will be necessary to prove or disapprove this hypothesis.

Nonetheless, the possible implication is that in counseling Chinese college students, their areas of specialization could be an important determinant in matching the counselee with the most appropriate counselor. For

someone who is in science or even business specialties, they would probably benefit more from a counselor employing a directive counseling approach. If the Chinese counselee is majoring in the social sciences such as psychology, sociology and social work, they may be more receptive to the reflective, nondirective counseling approach.

Results also suggest that both Hong Kong Chinese and Chinese-Canadian with high authoritarian family ideology scores tended to prefer directive counseling the most. Such a finding can be explained by the following concept.

Heavy emphasis is put by the Chinese culture on parental authority and filial piety. Communications in the family are traditionally patriarchal with authority flowing from top to bottom. Such a heavy accentuation on authority is thought to have a strong impact on their counseling expectancy. Social scientists have postulated that Chinese, together with other Asian ethnic groups, tend to perceive counseling as a relatively authoritarian process (Arkoff, et al., 1967; Tan, 1967). As a result they are likely to see a counselor using a nondirective counseling approach as being less authoritarian and would rather receive counseling from one that uses the directive approach.

Fourth, how does the length of residence of the Chinese-Canadian in Canada relate with the counseling variable cluster measure?

The process of acculturation was hypothesized to have significant effect on the counseling variable cluster in the

Chinese-Canadian subjects. However, the absence of significant effect made such a hypothesis impossible to prove. One reason for the difficulty lay in the composition of the Chinese-Canadian subjects. Since the subjects were selected mainly from introductory psychology courses, most of them were undergraduate students who had been in Canada for less than five years, except for the few who were Canadian born. If more subjects had resided in Canada longer were included in the study, the effect of acculturation should be more clearcut. However, due to the limited number of Chinese-Canadian students that were available, a more heterogeneous group of subjects (in term of length of residence in Canada) was not possible.

Another reason for the acculturation process' dubious impact on the dependent measures was the possibility of a cut-off point at which the Chinese-Canadian subjects would become westernized. Since most of the Chinese-Canadian subjects had resided in Canada for less than four years, the cut-off point has been hypothesized to be at-least four years. In an earlier study by Dadfar and Friedlander (1982) they concluded that the foreign students' length of stay in the United States was unrelated to their attitudes toward seeking professional help. However, the subjects' (including foreign students from Africa, Asia, Europe and Latin America) average stay in the United States was only 3.8 years. This may indicate the possibility that in order to demonstrate acculturation effects, it may require more than

four years. Such a hypothesis could be tested through a comparison study on foreign graduate students who have resided in Canada longer than four years and foreign undergraduate students who have recently arrived.

Fifth, how do subject ethnic background, counselor ethnic background, and the counseling approach influence the counseling variable cluster measure?

A subject's ethnic background was shown to be an influential factor in the study. It was shown that each group's ethnic background had a differential effect on two of the four dependent measures in the counseling variable cluster, namely preference of counseling approach and perceived counselor credibility. It appeared that not only did differences exist between the two Chinese subject groups and the European-Canadian group, significant differences were also noted between the Hong Kong Chinese and Chinese-Canadian group on some measures. Such differences seemingly confirmed what Parham and Helm(1981) suggested about possible intragroup differences existing in other ethnic minority groups besides the Black. Furthermore, the differences highlighted the importance of noting that various Asian ethnic groups are different and should not be seen as one homogeneous group(Sue and Morishima, 1982).

Since the significant effect of the subjects' ethnic background on the preference of counseling approach has already been discussed, the present focus would be on the significant effect on the counselor rating form measure.

The low ratings given by the two Chinese subject groups (Hong Kong Chinese and Chinese-Canadian) provided evidence that the Chinese subjects were less likely to view the counselor in a positive light than their Caucasian counterparts. The Chinese subjects tended to perceive the counselors as being somewhat cold, unattractive, not as sociable, less credible and less approachable.

General implications of these findings suggest that the Chinese subjects' low regard for the counselor as reflected by their low perceived counselor credibility scores seems to corroborate what Alexander et al. (1981) said in their paper:

"Clients from Eastern culture often expects an authoritarian, directive role of the therapist....."

Given the kind of relatively negative regard the Chinese background subjects had for the counselor, one can perhaps better understand the relative passivity and nonassertiveness often exhibited by the Chinese counselee in the counseling process. For instance, a Chinese counselee's apparent reticence in the session could often be a sign of politeness and fear toward the counselor, which was the counselee's accepted and appropriate way of relating to authority, rather than resistance in talking. To urge the counselee to do otherwise would mean not only impropriety, but also an aggressiveness or a hostility that could conflict with his/her cultural values.

The findings in this study also seem to support

Lee's(1982) advice in using caution when establishing an initial egalitarian therapeutic/counseling relationship. Chinese counselees often view the counselor-counselee interaction from a vertical hierarchal conceptualization rather than adopting a democratic conceptualization as in western culture.

The fact that the Hong Kong Chinese subjects scored lower than the Chinese-Canadian subjects on the counselor rating form suggested that the former group tended to be more "Asian" in their perception and conceptualization of the counseling process than the latter. They were viewing the counselor more as an authoritative figure who tried to pry into their personal lives(Alexander, Klein, Workneh and Miller, 1981). Such a difference is consistent with Tan's(1967) finding, that those Chinese students who had been in the United States longer tended to have counseling expectancies similar to their American counterparts.

The lower CRF ratings indicated by the Hong Kong Chinese subjects as compared to the Chinese-Canadian subjects could also imply a possible acculturation effect. Leung(1983) suggested that the rate of adaptation and acculturation of the Chinese counselee was very important to the counseling/therapeutic process. Similarly, this present study implied that the counselee's place of birth and the length of time he/she had spent in Canada might have effected the counselee's perception of the counselor's credibility and the counseling process itself. With their

exposure to the Canadian society and culture, the Chinese-Canadian subjects may gradually be replacing and/or integrating some of their traditional Chinese concepts with western ones. Such findings strongly suggest the need to use homogeneous subject groups in doing cross-cultural counseling research. Even within the Chinese ethnic group itself, quite a diversity of attitudes are present (Kitano and Matsushima, 1981; Sue, 1983). Therefore, it would be both illogical and statistically incorrect to continue using a mixed population of Asian subjects in cross-cultural research, as if they were one homogeneous group.

The significant counselor ethnic background-counseling approach interaction suggests a combination of European-Canadian counselor employing nondirective counseling approach resulted a higher CRF score. This apparently was related to the popular conception of what a counselor/psychologist should be like. When people thought of counselor and counseling process, they were more likely to conjure up in their mind an image of a Freudian look-alike counselor practising psychodynamic counseling rather than an Asian counselor practising behavioral counseling.

The following are some additional observations from this study but not directly related to the exploratory hypotheses:

Due to the heavy emphasis Chinese culture puts on "shame" and "face", it is already difficult for the Chinese counselee to reveal personal matters to the counselor so as

to prevent both himself and the family from losing "face". However, the loss of "face" would be far greater should the counselor be a caucasian. Losing "face" is already a shameful experience. Losing "face" to someone outside of the Chinese ethnic group makes it even more shameful. This implies seeking psychological counseling from a caucasian counselor may increase the sense of helplessness felt by the Chinese counselee(Leung, 1983).

However such an implication was not supported by this study's finding. Result from the study actually indicated that the ethnic background of the counselor had no influence on the counseling variable cluster measure. This seemed somewhat unexpected at first. But if such a finding is put under the perspective of doing cross-cultural counseling with Chinese college students, a better understanding of the reason is possible. For these subjects, their mastery of the English language was at a comparable level with the overall university population. So even though they were being seen by a Caucasian counselor, the understanding of the language was not a problem. Also, the fact that a great majority of these Chinese subjects were from Hong Kong leads to a second hypothesis. Hong Kong, being a British colony, has been thought to creat a form of subtle inferiority complex among the Chinese residing there. They tend to think of and look up to the Caucasian(particularly the British) as a more superior race than they themselves(Clavell, 1981). Maybe this cultural inferiority

complex is being projected onto the Caucasian counselor, and resulted in their perceiving him as more credible as compared to the Chinese-Canadian counselor. This is very similar to what Sue and Sue(1973) described as the Marginal Man concept for the Asian-American. In this case, the Hong Kong Chinese finds the experience of living under the British colonial rule so discriminatory that they end up overidentify with the aggressor, meaning the Caucasian in this study. Unfortunately no research has been conducted in such an area so the above conjecture cannot be supported or disproven by any empirical data to-date. Nonetheless, this deserves further exploration. Meanwhile, it might be helpful for counselor to bear in mind that matching up a Chinese counselee with a counselor of the same ethnic background may not always be the ideal combination for the above reasons. However, the above assumption may only be valid when the counselee is being exposed to the western mode of higher education. It would be very difficult if not impossible to do cross-cultural counseling with a Chinese counselee who had very little understanding of the English language(Brown, Stein, Huang & Harris, 1973). Under such a circumstance, a counselor who had the language skill and the familiarity of the counselee's cultural background would be the only way to ensure a successful counseling relationship.

Limitations

The methodological design of the present study has restricted its generalizability to the actual counseling interaction for several reasons:

First, an audio-analogue study has disadvantages that limit its external validity. For instance, Strong, Taylor, Bratton and Loper(1971)found that counselors who manifested greater frequencies of movements during their interview were rated by subjects as higher in perceived attractiveness than counselors who manifested low frequencies of movement. LaCrosse(1975) found that an affiliative nonverbal manner produced higher perception of attractiveness and persuasiveness than an unaffiliative manner. Since the stimulus was only an audio tape, the aforementioned nonverbal cues generated by the counselor in an actual counseling session cannot be included.

Second, the stimulus for the subjects' rating on the main dependent measure(CRF) was a made-believed dialogue between one counselor and one counselee. Although the experimenter tried to make the analogue realistic, the moderate size of subjects expressing doubts as to the reality of the tape(27.9%) requires cautions in generalizing the result.

Third, due to the extreme difficulty in recruiting Chinese-Canadian students to participate in the study, the Chinese-Canadian group had the smallest number of subjects. The imbalance in the subject composition could have

influenced the outcome of the study.

Fourth, all the subjects participated in the study were college students and this should be the only target group to address the findings of this study to.

The above factors in combination lead to the recommendation that caution must be used in interpreting the outcome of this study so that it will not be overgeneralized to the population at-large.

Nonetheless, with the paucity in cross-cultural research done in the area of psychological counseling, the present study is actually a pioneering effort in initiating further researches in the right direction. This is the first study employing a statistically powerful subject size(412 in total) and is able to examine many of the relevant variables. Furthermore, in responding to recommendations made by researchers like Biskin(1980), Gelso(1979), Leary and Altmaier(1980) and Specter(1981),this study employs the more statistically meaningful multivariate analysis method rather than the commonly misused univariate analysis method. Finally this is the first study that is responsive to the call for homogeneity in subjects' ethnicity in conducting cross-cultural research. In order to better account for differences that may exist within the Chinese ethnic group, the process of acculturation is being investigated as part of the research design. With the financial support of the Manitoba Mental Health Association, the author had the rare luxury in using Chinese college

students in Hong Kong as the base-line measure for the testing of the acculturation process hypothesis. So all in all, the present study has attempted and succeeded in mapping some of the unknown yet fertile areas in cross-cultural counseling research. Hopefully the result attained will serve as an incentive for others to continue with even more extensive and sophisticated investigations in the same area.

REVIEW OF LITERATURE

Traditional Chinese Characteristics

To begin this discussion, one must cite the continuing effect of a traditional Chinese philosophy, which for the Chinese has been the essence of accumulated ancient wisdom and whose teaching has been transmitted to the vast majority of their people: Confucianism.

Confucius stressed that the fulfillment of social role expectation is also the fulfillment of the potential of human nature. In Buddhism, the ultimate objective was rebirth in paradise, attained through meditation and serenity. Taoism, aiming at the realization of the three original principles of essence, vital force, and spirit, emphasized cultivation of one's nature and development of one's vital force (Rin, 1975). In Chinese philosophy and religion, the above three doctrines co-exist. When taken together, they constitute a unique theoretical and practical principle idealizing harmony as the ultimate social ideal.

Through two thousand years of historical development of Chinese philosophy, especially by Neo-Confucianists in the twelfth century, most of the doctrinal books were evaluated as a spirit "seeking exhaustively to investigate the reasons in all things". Such philosophical traditions have been transmitted and woven into the daily life and the educational system of the Chinese. Looking at life as a harmonious totality has been the main issue in the Chinese

mind. This is being emphasized repeatedly in the Confucius teaching. For instance, with belief in "Tao" (the way), one can get along with the world without conflict. With an open heart, one can reach "ta-t'ung" (one world philosophy) (Rin, 1975). The latter concept forms the Chinese sense of "individual". They tend to look at groups rather than single individuals as the independent personalities. To a Chinese the family unit is much more important than any one of its members. Hungry relatives are helped out of a sense of family loyalty and obligation, rather than out of sympathy with their hunger. The individual is sensitive to the pursuit of harmony in his dealings with and in his management of social intercourse. Human empathy (jen-chin) cannot be slighted even if it entails breaking a law. The individual always faces an inclusive outside world. Attention is on inclusion rather than on exclusion in the classification of persons.

Based on such Confucian philosophy, an extended family system is often observed (Tseng & Hsu, 1969). Age, sex and generational status are primary determinants of role behavior. The Confucian philosophy behind the family system usually calls for prescribed status which gives every man and woman a definite place in society. If everyone knows his place and acts in accordance with his position, social order is assured.

In addition, Chinese children generally grow up in the midst of adults, not only their parents but also members of

the extended family; grandparents, uncles, aunts, cousins and other members of the kinship group (Huang, 1976). Having been frequently exposed to the companionship of adults, these Chinese children are bound to be more sensitive to what socially approved patterns of behavior should be.

Filial piety or loyal devotion to parents is often a primary commandment to all Chinese according to the Confucian philosophy. Ancestors and elders are viewed with great reverence and respect in most families. Consequently, it is strictly tabooed to contradict and disobey one's elders. Under normal circumstances, the young person is asked to exert self-restraint at all cost. The line of authority in the family remains indelible and clear-cut throughout life. The father is the head of the household and his authority is unquestioned (Shon & Ja, 1982). Even after a son is married, his primary duty is often to be a good son and his obligation to be a good husband and father comes second. In other words, a man's primary allegiance is to the family in which he is born (Hsu, 1971).

The roles of family members are also rigidly defined, usually allowing very little leeway for deviation. For instance, the role of females is mostly that of subservience to males and the performance of domestic duties (Chun-Hoon, 1973; Fujitomi & Wong, 1973). Women are expected to marry, to become obedient helpers of their mothers-in-law, and to bear children, especially male ones.

The authoritarian character of the Chinese family undoubtedly has some influences on their child rearing practices. By and large, Chinese parents make demands and expect their children to obey. The old-fashioned parents do not normally feel obligated to consult their offspring about matters that may affect their lives. Although parental love is considered or expected to be universal, Chinese parents usually stand somewhat aloof from their children lest they lose respect from them (Hsu, 1955; Sung, 1971). Hence, parent-child relationships in the Chinese family are often characterized by a formal, respectful expression of traditional role expectations. Emotional displays and the expression of personal grievances are discouraged, if not actively suppressed at home (Sue & Sue, 1973; Watanabe, 1973).

Frequently, conflicts within the Chinese family are minimized by strong values stressing the norms of approaching problems subtly, tactfully, and indirectly, rather than openly. If family members have feelings which might disrupt family harmony, they are expected to restrain those feelings (Wright, 1964). Such strong effort to avoid offending others can be reflected by the common Chinese adage "Harmony in the family is the basis of all propriety". It is this kind of strong emphasis put on the self control of possibly disruptive emotions which has led many westerners to describe the Chinese as "inscrutable".

A principal technique used to control the behavior of

family member is inculcation of guilt and shame. Chinese parents often emphasize their children's obligation to the family. A child who acts independently (that is, contrary to the wishes of his parents) is portrayed as selfish, inconsiderate and that he is not showing gratitude for all his parents have done for him. Consequently, conformity has become one of the key-words for the Chinese society (Chun-Hoon, 1975; Sue, D. & Kirk, 1973; Sue & Sue, 1973; Toupin, 1980).

Such strict authority is also often found in the Chinese family residing in North America. In studying the child-rearing attitudes of various subcultures in North America, Kriger and Kroes (1972) reported Chinese mothers are stricter with their children than are comparable samples of Jewish and Protestant American mothers. Sollenberger (1968) also commented on the way Chinese children and adolescents got along with each other. He noted among the young, a lack of aggressive behavior such as bickering, quarreling, or fighting. The interview data showed that Chinese parents were much stricter about controlling their children's aggression than American parents were. Chinese parents appeared to want their children to conform to the traditional way of gentleness, willingness to acquiesce, and good manners. They did not seem to want them to follow the foreign way of aggressiveness and competitive behavior. The respect and obedience that Chinese children give authority figures were evident in other situations too. In studying

the behavior of Chinese and Caucasian children at a public school, Liu(1950) reported all the school teachers remarked that Chinese children were better behaved, more obedient, and more responsible.

In addition to the authoritarian family structure, the welfare and integrity of the family is also of great importance (Sue & Sue, 1972). The behavior of the individual is generally expected to reflect credit on the entire family. Therefore, for the Chinese the concept of success often ranks right next to family solidarity. Often, success is expressed in terms of academic achievement. The traditional Chinese belief that "If one fails in one's academic endeavor, he will become the society's pest" shows how much weight is put on such an area. Such strong emphasis put on education is well documented by Sollenberger (1968). In his study he found that 100% of the Chinese mothers he interviewed thought that doing well in school was fairly important or very important. Further, only 1% of the Chinese mothers expected their children to finish high school only; whereas 99% of them expected their children to go to college and possibly graduate or professional school. It is apparent that the parents were willing to make great sacrifices to further their children's education. A similar trend was also reflected in the Coleman survey (1966). It found "the Oriental Americans showed by far the highest aspirations toward college of any group in the entire sample, 64% reporting wanting to finish college or go

beyond". They were further reported to plan to have a professional occupation above the overall average of all groups.

Most Chinese parents consider academic achievement as one of the most important symbols of success as well as channels for upward social mobility (Huang, 1976). Until only recently, there had a general belief embraced by the Chinese family in America as well as in Hong Kong that one should not date while still in school in order to concentrate one's effort on education. The pressure for academic achievement is still strong among Chinese youths.

In summary, traditional Chinese values tend to emphasize restraint and inhibition of feelings, obedience to authority, obligation to family, high academic achievement and the use of shame and guilt to control behavior. These cultural values have undoubtedly created a certain impact on the personality of the Chinese.

Chinese Personality

Studies showed that Chinese possess a more practical and applied approach to life and problems than their Caucasian counterparts (Sue, 1975). Ideas were evaluated more on the basis of their immediate practical application. In addition, concrete, well-structured and predictable situations were preferred over ambiguous ones. For example, it has been known that few Chinese counselee seek professional help without asking for concrete assistance.

Similarly, they do not feel that they have been helped if the counselor gives them only emotional support and does not give them concrete services, such as financial assistance or help in finding jobs (Chen, 1970).

The Chinese also appear to be less autonomous, more dependent, conforming and obedient to authority than Caucasians (Sue & Sue, 1972). Other investigators described them as inhibited, less ready to express impulses, law abiding and more reserved (Fenz & Arkoff, 1962). The cultural emphasis on restraint of strong feelings, unquestioning obedience to family authority and submergence of individuality for the welfare of the family is certainly consistent with these traits. As to their socioemotional adjustments, the Chinese tended to withdraw from social contacts and responsibilities. They seemed to be less extroverted and to experience more psychological stress than their Caucasian counterparts. They tended to exhibit attitudes and behaviors that characterized socially alienated individuals (Sue D. & Kirk, 1972, 1973), and expressed feelings of isolation, anxiety, self-blame and guilt (Fenz & Arkoff, 1966). A good example in demonstrating such characteristics would be the locality organizations called "T'ung Hsiang Hui" (Same Village Association) that are invariably found in every Chinatown in North America. T'ung Hsiang Hui, is an age-old Chinese organization away from home. The reader will gain a better idea of the Chinese's feeling of alienation if he will try

to visualize these in terms of an organization of Chicago traders in New York called the Chicago T'ung Hsiang Hui.

Perhaps corroborative evidence to the aforementioned Chinese personality characteristics is in preference of their vocational interests. Many educators frequently commented on the number of Chinese students who tended to enter physical sciences and to avoid vocations calling for forceful self-expression, such as lawyer, salesman and journalist. In extensive studies conducted at the University of California, Berkeley, Sue and Kirk (1972, 1973); and Sue and Frank (1980) investigated the vocational interests of the entire entering freshmen class. All students were asked to participate in a testing program which included the Strong Vocational Interest Blank. As a group, significantly more Chinese students showed interest in physical science (mathematics, engineering, physics and chemistry), skilled technical trades (farming, carpentry, forestry) and business detail professions (accounting, purchasing, banking); and verbal linguistic fields (advertising, law, journalism).

A number of factors could be effecting the career behavior of the Chinese students. Although one cannot directly infer causal relationship, the cultural, historical and psychological attributes of the Chinese seem logically consistent with their movement into certain occupations. Physical sciences, skilled-technical trades and business detail fields represent more concrete, structured,

impersonal and practical occupations than the other general occupation groupings. A possible explanation of these differences can be found in the traditional Chinese concept of family structure, in which each member knows precisely what is expected of him and what his role is in the family. Such a deep-rooted tradition is seemingly reflected by their preference for concrete, well-structured and predictable situations over more ambiguous ones in their career choices.

From a historical perspective, early Chinese immigrants might have strongly emphasized the necessity of being practical in order to survive in a strange and frequently hostile environment. Concrete skills were stressed to insure economical and social mobility (Sue, 1975).

An additional consideration may be a psychological one. Their choices of career could be due to the actual or perceived restriction of vocation choices that these Chinese students felt. Although some of them might be American born and English could be their first language rather than Chinese, their verbal performance was still significantly lower than that of their Caucasian counterpart (Sue D. & Kirk, 1973). The majority of the Chinese students were bilingual, and studies had shown that English usage was noticeably affected by this factor even though some of them were unable to speak their native tongue (Smith, 1957; Smith & Kasdon, 1961). Also, it is often a cultural custom in Chinese families to restrict and hinder verbal communication. Clearly defined roles of dominance and

deference minimize argumentation and debate (Watanabe, 1973). Hence it would be only natural for students to choose professions that would minimize contact with people and require less verbal skills with a maximal emphasis on other forms of communication, such as mathematical notations. Social sciences, sales (business contact), and the verbal-linguistic occupations all tended to stress persuasive verbal skill and a high emphasis on social interaction, which the Chinese usually prefer to avoid.

Definition of Counseling

Counseling, as conceptualized by Strong (1968), is a social influence process. In such a process, the counselee would acquire a certain level of pertinent and/or behavior change. How much of such changes would take place depend mainly on the amount of credibility the counselor could impress on the counselee in the counseling process. Generally, credibility is expressed in terms of the following three variables.

1. Counselor Expertness:

Hoveland, Janis and Kelly (1953) defined expertness as "the extent to which a communicator is perceived to be a source of valid assertion". (p.21)

2. Counselor Trustworthiness:

Hoveland et al. (1953) defined trustworthiness as "the degree of confidence in the communicator's interest to communicate assertions he considers most valid". (p.21)

3. Counselor Attractiveness

Strong (1968) defined counselor's attractiveness as whether he or she is being perceived as similar to, compatible with, and is liked by the counselee.

Numerous studies supporting the above conceptualization of the counseling process have been reported. For example, Atkinson and Carskaddon (1975) reported counselees were more likely to rate the counselor as someone they would see for counseling if they were given the high prestige introduction than if they received the low prestige introduction. Heppner and Pew (1977) reported that diplomas and awards significantly influenced the subjects's initial perception of the counselor's expertness. Barak and LaCrosse (1975) confirmed the existence of counselor expertness, counselor trustworthiness and counselor attractiveness dimensions in two of the three counseling approaches used in their study. Strong and Dixon (1971) found that counselor expertness masked the effect of counselor attractiveness in their study. In a more recent review by Corrigan, Dell, Lewis and Schmidt (1980) the roles played by the counselor's expertness, trustworthiness and attractiveness as perceived by the counselee were recognized as the three most important components in the counseling process.

The Effect of Race on the Counseling Process

Professional literature has lately paid increased attention to the problems facing Caucasian counselor who

have to counsel Black and other minority group members. It has become increasingly clear that there is dissonance in counselee-counselor interaction when the counselor is a member of the minority ethnic groups and the counselee is Caucasian (Bryson & Bardo, 1979; Padilla, Ruiz & Alvarez, 1975; Phillips, 1960; Sladen, 1982). In the proliferation of literature concerning the effect of race on the counseling process, obvious trends appear in the writing, and they may be classified into three distinct groups: analysis of the counselee, analysis of the counselor and discussion of the counseling process.

Counselee Analysis

The early 50's was the period that Smith (1967) described as the time of the acquiescent Negro. Many of the articles were written by white psychiatrists who were trying to explain why they were ineffective with their Negro counselees. Some of the authors were: Adams (1950), Brown (1950), Frank (1947), Heine (1950), Kennedy (1952) and St. Clair (1951). Several symptoms were identified by these authors: Black counselees demonstrate far more submissiveness, suspiciousness and initial fear than do Caucasian counselees when interviewed by Caucasian psychiatrists (Frank, 1947; St. Clair, 1951). Highly educated Blacks and those reared in highly prejudicial areas behave in a manner compatible with the traditional expectations of the majority group by being passive, polite,

and essentially noncommunicative when in the presence of Caucasian counselor (Heine, 1950).

The majority of the written articles during this period were classified as position papers or commentaries; few research studies investigating the race variable were available. The investigation by St. Clair (1951) was one of the few. The purpose of St. Clair's study was to focus on details observed during individual clinical contacts with psychotic Negro servicemen. Interviews were conducted over a three-year period, and most of the observations were with adult males, the majority of them were from the lower socioeconomic levels. Included among the clinical characteristics he had observed were the following: a) difficulty in establishing rapport and developing a therapeutic relationship, b) race consciousness, c) prestige factors, d) the tendency to act out, and e) problems of sexuality and hostility.

In a later study by Phillips (1960), the question of whether Caucasian counselors could attain positive results in counseling Negro students was studied. The Negro and Caucasian counselors in this investigation were candidates for doctoral degree in counseling. Each counselor had three years of counseling experience and two years of teaching experience. The participants in the study were 12 middle-class Negro students who had been referred repeatedly for counseling because of antisocial behavior: tardiness, uncooperative attitudes and failures to use their assets or

abilities.

Each counselor conducted weekly nondirective interviews with each of the six students assigned to him for one semester. The findings of the study suggested that there was very little observable change in the behavior or attitudes of the students who worked with a Caucasian counselor. It was theorized that Caucasian counselors were easily manipulated and controlled by the students' deceptive techniques. Conversely, the results indicated that there were significant attitudinal and behavioral changes in those students assigned to Negro counselors.

Although some of the conclusions of both St. Clair and Phillip appear plausible, there is not enough data to substantiate them. The investigators failed to define adequately what they were looking for, to control for experimenter bias, and to explain how they arrived at conclusions. Therefore, the results did not justify many of the findings that the investigators claimed.

One of the most pervasive and popular themes that emerged during the 60's and, to some degree, continue today was the Black self-hate construct suggested by Vontress (1966). He stated that "the most significant component of the Negro personality is his self-hatred for being a member of a downtrodden group". (p.210) In attempting to substantiate his position, Vontress stated that discrimination based on skin color existed among Negroes themselves. He contended that the Black bourgeoisie, a

group of light-skinned Negroes, were most interested in pleasing and associating with Caucasians. If this is true then it follows that Blacks feel some hate for their color and seek to identify with the "preferred" Caucasian population.

Such an identification with the host white society is not limited to just the Black counselees. In fact, whenever an ethnic minority becomes increasingly exposed to the values and standard of the dominant host culture, there is progressive inculcation of those norms. This has been found for both the Chinese (Abbott, 1970; Fong, 1965; Fong & Peskin, 1969; Meade, 1970) and Japanese (Arkoff, 1959; Kitano, 1962; Matsumoto, Meredith & Masuda, 1970). However, assimilation and acculturation are not always smooth transitions without their pitfalls. The individual may develop a kind of racial self-hatred that leads to lowered self-esteem and intense conflicts as cited by Sue and Sue (1972) in their clinical works with Chinese-American counselees.

Counselor Analysis

Aside from the perceived counselor credibility issue (Strong, 1968), counselor's own attitudes toward the counselee may also affect the counseling process and its outcome significantly. Strupp (1960) suggested six counselor attitudinal components that interact to influence counseling process. He postulated that the counselee's

station in life, socioeconomic status, intellect, sex, age and color may evoke attitudes in the counselor that are conditioned by the culture of which counselee and counselor were a part. He also stated that cultural values may partly determine the meaning and the clinical significance the counselor would attach to attitudes and behaviors of the counsees. Such claims were backed up by a recent study by Li-Repace (1980). In the study, five Caucasian and five Chinese-American counselors were compared in regard to their conceptions of normality, their empathic ability, and their perceptions of the same Chinese and Caucasian counsees seen on a video-taped interview. Results indicated the Chinese counsees were rated higher on a "Depression/Inhibition" cluster and lower on a "Social Poise/Interpersonal Capacity" by Caucasian counselors than Chinese-American counselors. Chinese-American counselors judged the Caucasian counsees to be more severely disturbed than did the Caucasian counselors. Differences were interpreted as reflections of the counselors' biases as well as their own world view.

In a recent study by McKee and Smouse (1983), the researchers found individuals requesting services from a university counseling center rated high status counselors (licensed counseling psychologists) higher than low status counselors (counseling trainees) on both the expertness and trustworthiness dimensions of the CRF. Such a finding is consistent with Strong's (1968) social influence theory on

the counseling process.

In another review by Stieper and Wiener (1965), they noted that social class influenced both the counselee's behavior in counseling and the counselor's diagnostic procedures. Stieper and Wiener further suggested that counselors generally liked people who were most similar to them, judged the counseling process to be successful mainly in terms of the degree to which the counselees became more like them, and frequently projected responsibilities for failure onto the counselor.

Arbuckle (1969) hypothesized that the social class distance between the counselor and counselee frequently separated the former from the latter. Consequently, the counselor was alienated, not the counselee. He suggested the counselor's attempt to impose middle-class values on counselees was one of the biggest blocks in interracial counseling because it completely neglected the value system of the counselee.

Other social scientists (Halleck, 1971; Tedeschi & O'Donovan, 1971) believe that psychology and psychotherapy/counseling may be viewed as encompassing the use of social power and that therapy/counseling is a "handmaiden of the status quo". The counselor may be seen as an agent of society transmitting and functioning under Western values. An outspoken critic, Szasz (1970), believes the psychiatrists are like slave masters using therapy as a powerful ploy against people whose ideas, beliefs and

behaviors differ from the dominant society. Several cultural characteristics of counseling may be responsible for these negative beliefs.

First, counselors who believe that having counselees obtain insight into their personality dynamic and who value verbal, emotional, and behavioral expressiveness as goals in counseling are transmitting their own cultural values. This generic characteristic of counseling is not only antagonistic to lower-class values, but also to different cultural ones. For example, statements by some mental health professionals that Asian Americans are the most repressed of all counselees indicate that they expect their counselees to exhibit openness, psychological mindedness and assertiveness. Such a statement may indicate a failure on the part of the counselors to understand the background and cultural upbringing of many Asian-American counselees. Traditional Chinese and Japanese culture may value restraint of strong feelings and subtleness in approaching problems. Intimate revelations of personal or social problems may not be acceptable, since such difficulties reflect not only the individual, but also the whole family. Thus the family may exert strong pressures on the Asian-American counselee not to reveal personal matters to "strangers" or "outsiders" (Shon & Ja, 1982). Similar conflicts have been reported for Chicanos (Cross & Maldonado, 1971) and American Indian counselees (Trimble, 1976). A counselor who works with a counselee from a minority background may erroneously

conclude that the person is repressed, inhibited, shy, or passive. All these terms are seen as undesirable by Western standards.

Second, many counselors believe it is highly desirable for the counselee to self-disclose in counseling. Vontress (1976) feels that people of African descent are especially reluctant to disclose to Caucasian counselor because of the hardship they have experienced via racism. Few Blacks initially perceive a white counselor as a person of goodwill but rather as an agent of society who may use the information against them. From the Black perspective, uncritical self-disclosure to others is not healthy. Similar reluctance in disclosing the source of their problem and their feeling also hold true for the Chinese counsees. Some Caucasian counselors mistakenly took the reluctance as a sign of the Chinese counselee's failure to be in touch of his/her feeling. In actuality the Chinese counselee may be well in touch with his/her feeling. However, due to the traditional upbringing, any immediate expressing of feelings does not bring gratification and may in fact reflect negatively on the individual and his/her family (Toupin, 1980).

Jerome Sattler (1970) reviewed studies concerned with effects of the experimenter's race on experimentation, testing, interviewing, and psychotherapy. He concluded that there was a scarcity of research regarding the racial variable in counseling. In his review, he identified only

two studies that he considered relevant to the issues of counselor-counselee interaction: Banks, Berenson, Carkhuff (1967). Sattler concluded that Negro counselees preferred Negro counselors and that more positive relationships result when counselees and counselors are of the same race. His results were based on a post-counseling survey of counselee preferences.

The results of the study by Banks, et al. (1967) suggested that counselor race and the type of counselor orientation (process versus trait and factor orientation) were more important than the level of counselor experience. The researchers employed a counter-balanced design in which an inexperienced Negro and three Caucasian counselors of varying degrees of experience saw eight Negro counselees and were assessed on the dimensions of counselor empathy, positive regard, genuineness, concreteness, and counselee's depth of self-exploration by tape-ratings and inventories filled out by the counselees. The Negro counselor and the two inexperienced Caucasian counselors, all trained to attend to the conditions of the counseling relationship, functioned significantly better than the experienced Caucasian Ph.D. trained in a traditional trait-and-factor orientation. All of the Negro counselees indicated that they would return to see the Negro counselor, and none indicated that they would return to see the experienced Caucasian Ph.D.. On all of the rank-orderings by the counselees, the experienced Caucasian Ph.D. was ranked last.

The above findings suggested that counselor experience may be independent of counselor effectiveness with Negro counselees. The authors contended that race and type of orientation and training appear to be the more relevant variables. Perhaps the most important finding was that, when Negro counselee was required to assess the counselor by filling out inventories, differences were less pronounced than those found in objective tape ratings. These results suggested that the counselees, when asked to evaluate the Caucasian counselors directly, tended to provide those ratings that were socially acceptable. One particular weakness of this experiment was that it did not permit the experimenter to determine the effectiveness of Negro counselors with Caucasian counselees. Another weakness is the disproportionate number of Caucasian counselors.

In a similar study, Carkhuff and Pierce (1967) concluded from their findings that both race and class variables have an effect on counselee's depth of self-exploration. The findings of this study suggested that in a first session, counselees would not explore their problems at a very deep level with a counselor from a different race. They concluded that, generally, the counselees most similar to the race and social class of the counselor involved tended to explore their problems most; counselees most dissimilar in terms of race and social class on the counselee in relation to the depth of self-exploration. In the recorded interviews, the counselees were encouraged to

discuss whatever was important to them at that moment of time. Afterward, six four-minute excerpts were randomly selected from each of the sixty-four recorded clinical interviews and rated on the "Depth of Self-Exploration in the Interpersonal Process" scale by two experienced raters. The ratings ranged from level one to level five, the lowest and the highest respectively. At level one, the counselee did not discuss personally relevant material either because there was no opportunity to do so or because he or she was actively evading discussion even when it was introduced by the counselor. At level five the counselee actively and spontaneously engaged in an inward probing to discover feelings or experiences about self and the world.

The researchers concluded that race and social class of both the counselor and counselee appeared to effect significantly the depth of the counselee's self-exploration in initial clinical interviews. Two of the main limitations of this study were that all of the counselees were southerners and all were females.

Counseling Process

Several theorists (Banks, 1972; Calia, 1966; Gunnings, 1971) have postulated that the counseling process itself is the primary reason that counseling basically is ineffective with Black counselees. These theorists believed that the counselor's tendency to presume personal disorganization rather than societal or institutional dysfunction is

particularly detrimental to the welfare of Black counselees.

Within the western framework, counseling is a white middle-class activity that holds many values and characteristics different from those of minority group members. Schofield (1964) has noted that therapists tend to prefer counselees exhibiting the YAVIS syndrome: young, attractive, verbal, intelligent and successful. This preference tends to discriminate against people from different minority groups or those from lower-socioeconomic classes. Likewise, Sue and Sue (1972) have identified three major characteristics of counseling that may act as a source of conflict for minority groups.

First, counselors often expect their counselee to exhibit some degree of openness, psychological mindedness, or sophistication. Most theories of counseling place a high premium on verbal, emotional, and behavioral expressiveness and the obtaining of insight. These are either the end goals of counseling or are the medium by which "cures" are effected. Second, counseling is traditionally a one-to-one activity that encourages counselees to talk about or discuss the most intimate aspects of their lives. Individuals who fail or resist doing this may be seen as resistant, defensive, or superficial. Third, the counseling situation is often ambiguous. The counselee is encouraged to discuss problems, while the counselor listens and responds. Relatively speaking, the counseling situation is unstructured and forces the counselee to be the primary

active participant. Patterns of communication are generally from counselee to counselor.

Calia (1966) questioned the appropriateness of traditional techniques for culturally different counselees. He stated that "counselors who are inexperienced in the ways of the poor are likely to be perplexed and ineffectual in their initial encounters with these strange and formidable counselees". He questioned the currently held views regarding sedentary talk as a medium for counselee-counselor or interaction, unconditional positive regard as an essential therapeutic element, the goal of counseling as the facilitation of self-exploration, and self-referral as a necessary prerequisite for effective counseling. He suggested a much more directive (action-oriented and externally focused) approach to the difficulties of culturally different counselees and he also recommended a new conceptualization of the role and functions of counselors.

Other researchers have indicated similar doubts concerning the applicability of the traditional nondirective (insight-oriented) counseling approaches for the ethnic minority group counselees (Brown et al., 1973; Schauble et al., 1979; Smith, Burlew, Mosley and Whitney, 1978; Toupin, 1980). They pointed out that traditional psychological theories do not adequately take into account the unique characteristics of the ethnic minority experience or the importance of the historical/cultural aspect of their

behavior. Therefore, traditional psychological theories applied to counseling have little or no utility in dealing with mental health problems of the ethnic minorities. For instance, one of the popular adherents of client-centered counseling is the conviction that "intrapersonal exploration is a sufficient antecedent condition for constructive personality change in counseling" (Truax, 1961). Yet, findings have proved such a postulate runs contrary to the style of the ethnic minority group members. Riessman (1964) suggested the ethnic minority group members, especially those classified as "low income level", are generally less introspective, less introversive, and less concerned with self. They responded more to the external, to the outside, and to action. Instead of talking about their unemployment problem, they would look for concrete help such as ways to seek jobs, new vocational training. They would prefer seeing some actions taken to solve their problem rather than talking about it in abstract way. As a result, a number of researchers have even suggested that such traditional insight-oriented approach may actually be counter-productive for ethnic minority counselees (Calia, 1966; Brown et al., 1973; William & Kirkand, 1971).

From the above discussion, one may conclude that although counselor race as a single factor may not be sufficient for predicting counseling effectiveness, it is definitely an important factor that must be considered nonetheless.

Other Relevant Factors

The other important factors that may also affect the counseling process are numerous, therefore only the following ones which are more related to the present study are being reviewed.

Concept of Mental Health

For some of the ethnic minority group members, their concept of mental health could be quite different from the Caucasian. An example will be the Asians strongly believe that mental health can be enhanced by the avoidance of morbid thoughts (Arkoff, Thaver & Elkind, 1966; Sue, et al., 1976). Hence they are brought up to believe one should not dwell on morbid or sensitive thoughts lest they would become disturbed. This belief is consistent with their notion of self-control (Sue, S., 1977b).

Probably as a consequence of their reluctance to dwell on disturbing thoughts, the Chinese tend to associate their emotional problems with organic or somatic factors. The expression of physical symptoms is more culturally acceptable than the expression of emotional difficulties (Alexander, Klein, Workneh and Miller, 1981; Leung, 1976, 1983; Reed, 1980; Sue & Sue, 1972, 1974; Tseng, 1975; Wong, 1978).

Cheung (1980) recently also pointed out that for the Asian-Americans, mental health is not just psychological well-being, but the well-being of the whole person. Asians

do not perceive mental health needs as being separate from many other aspects of life such as employment, language skills, education, and housing. Therefore, Cheung suggested any program developed for the psychological treatment of Asian-Americans must take into account Asians' holistic notion of mental health needs.

Sex of the Counselor

Sex or gender of the counselor has been considered to be an influencing factor with regard to the counseling process and perceived credibility (Hill, 1975; Tanney & Birk, 1976). Literature from social psychology suggested that both men and women tended to devalue the performance of professional women (Goldberg, 1968; Lewin & Duncan, 1971). However, little empirical evidence evaluating the effect of the counselor's gender within the counseling framework has been reported. Among those available, the following results are indicated.

Parloff, Waskow and Wolfe (1978) found that sex characteristics were insignificant in five of seven studies (Gear & Hurst, 1976; Gratham, 1973; Pardes, Papernik & Winston, 1974; Scher, 1975; Sullivan, Miller & Smelser, 1958) they reviewed. However, some studies did report differences in outcome related to the sex of the counselors. One of these (Minz, O'brien & Luborsky, 1976) found higher hospitalization rates for counselees treated in a community mental health center by female as compared to male

counselors. The sex of the counselors, however, was confounded with profession and counselee sex since there were more female social workers and more female counsees seen by the female social workers. In one other study (Hill, 1975), counsees of female counselors reported significantly more satisfaction after the second interview, but this can be considered as an interim "outcome measure". Dell and Schmidt (1976) reported that male counselors were slightly more potent in the counseling process than female counselors, as measured by a semantic differential scale.

Other researchers also failed to find any difference between male and female counselors in their empathic judgment toward counsees of both sexes (Breisinger, 1976; Petro & Hansen, 1977). Heppner and Pew (1977) found that the sex of the counselor had no influence on the perceived counselor expertness.

In a most recent study, Lee, Hallaberg, and Jones (1980) evaluated counsees' preference for counselor gender and perceived credibility of counselor in relation to the type of counselee concern. Four video-taped interview scripts, in which a male and female portrayed counselors interacting with a counselee in two interview scripts each (vocational concern, child-rearing concern), were shown to 262 secondary school students who assessed counselor credibility. No significant difference in the perceived credibility of the counselor was found, regardless of gender or of the two counselee concerns presented.

A few studies on Black, Chicano and Puerto Rican's preference for counselor are available. Boulware & Holmes (1970), Mezzano (1971) found that high school and university males and females preferred a male counselor. More recently, a study by Littrell & Littrell (1982) comparing American Indian and Caucasian students' preference for counselor showed that the students' preference for counselors varied with the counselors' sex and dress, the type of concern, and the race of the students.

From the studies reviewed, it appears that it is quite difficult for one to draw any conclusive statement on the effect of the counselor's gender or the perceived credibility by the counselee on the counseling process. However, Lee et al. (1980) suggested the available data did reveal a clear pattern of differential preference for counselor gender in relation to the problem or the concern of the counselee. Both the male and female subjects seemed to prefer the male counselor for the vocational concern, but preferred the female counselor for the counselee concern of child rearing. For concerns such as physical attractiveness, the counselees preferred female counselors to male counselors. Yet, for some other kinds of concerns (such as course selection and career choice), the majority of the counselees indicated no preference for counselor gender. thus gender seems to make a difference depending on the nature of the problem. It does not, however, seem to affect the perceived credibility of the counselor.

Drawbacks of the Studies Cited

One unfortunate aspect of most of the studies reviewed was that they only compared black and white counselors' effectiveness when working with black counselees, and most of them have been carried out on a small scale (Acosta & Sheehan, 1976).

As pointed out by Hraba (1979), the evolutions of Asian and Black Americans experiences are similar up to only a point, then they diverge. Both are racial minorities in the United States, and have been objects of racial discrimination and color prejudice. However, this is where the similarities end. The Asian group evolved into middleman minorities, circumventing racial barriers and building subeconomies of their own. Blacks did not do this, they remained employed instead in domestic service and agrarian wage labor. Asian-Americans converged shortly after World War II with the trend toward a postindustrial society, while blacks only recently have made significant steps toward improving their inclusion into modern society.

The above divergence leaves the generalizability of the findings to other racial and ethnic counselor-counselee combination, such as Chinese counselee with Caucasian counselor, open for question.

Also, some of the research tended to intermix the term "ethnic minority group" with "low socioeconomic group" (Calia, 1966; Riessman, 1964; Sattler, 1970). Such a generalization has been proven to be invalid for ethnic

minority groups such as Chinese and Japanese (Sue, et al., 1975). Therefore, the need to investigate the relationship between the counseling approach and counseling effectiveness is particularly evident for the Chinese, an ethnic minority group for whom counseling need was earlier underestimated (Sue & Kirk, 1972; Sue & McKinney, 1975; Watanable, 1973).

Despite the strong need for research, there have been only a few studies which have employed Chinese subjects. Unfortunately, most of them usually mixed Chinese with other Asian ethnic groups for the ease of data collection or simply for the lack of understanding of the Asian ethnic groups (Atkinson et al., 1978; Sue, D. & Frank, 1973, 1980; Sue, D. & Kirk, 1973; Sue, Sue & Sue, 1975, Tan, 1967; Webster & Fretz, 1978; Yamamoto, James & Palley, 1968). The most common combination is Chinese and Japanese subjects, for these two groups are the most available Asian ethnic groups in North America (Toupin, 1980). While treating of Chinese and Japanese as one group may simplify the analysis, it causes overgeneralization. Although Japanese do share many similarities with their Chinese counterparts, there are also major differences. In a study comparing the verbal performance, vocational interests, and personality characteristics between Chinese and Japanese students, Sue and Kirk (1973) found more differences between the Chinese sample and the control group. On all three measures administered (School and College Ability Test, Strong Vocational Interest Blank, and the Omnibus Personality

Inventory), the Japanese sample consistently fell between the Chinese and the control group.

From the above findings, one can see that in order for counselors to be more effective with different racial or ethnic groups, much more systematic research has to be carried out in regard to the specific group in question.

Some Possible Implications in Counseling Chinese Counselees

Counselors who adhere to the traditional insight-oriented approach emphasize their counselees gaining insight, and value verbal, emotional and behavioral expressiveness as main goals in counseling. However, such generic characteristics of counseling could be antagonistic to many Chinese cultural values. As mentioned earlier, traditional Chinese culture values restraint of strong feelings and subtleness in approaching problems, especially when the problem is related to someone with authority such as parents. The Chinese counselee more than likely would have difficulty in expressing any negative feeling towards the parental figure during the counseling process (Lee, 1982). Although the problem has nothing to do with an authority figure, similar reluctance will still be in evidence. Intimate revelations of personal or social problems may not be acceptable because such difficulties reflect not only on the individual but also on the family. Thus, the family may exert strong pressures on the Chinese counselee not to reveal personal matters to "strangers" or

"outsiders" so as to prevent the family from losing "face" (Sato, 1979). The loss of face is even more serious if the counselor is Caucasian because seeking help from a Caucasian counselor increases the sense of helplessness felt by the Chinese counselee (Sue, D. 1973b). This substantiates the claim that racial similarity is a highly significant factor in determining how much credibility Chinese-American counselees assign the counselor (Atkinson, et al., 1978).

At the same time, the ambiguity and lack of structure that accompanies the traditional insight-oriented counseling approach may add extreme discomfort to the Chinese counselee. Being raised in a home environment that consisted of structured social relationships and patterns of interaction, they tended to perceive the counseling process as somewhat unknown and mystifying. Therefore, anxiety and confusion may result from an unstructured counseling situation (Sue, D., 1977). Lorion (1974) also suggested that the expectation of the lower class and ethnic minority counselees were different from those of the counselors. These counselees were concerned more with "survival" and making it through on a day-to-day basis. In another words, they expected immediate, concrete suggestions and advice.

Neither would the Chinese counselee feel comfortable if the counselor tried to push for self-disclosure or any overt sign showing affect. Such a move would only create feelings antagonistic to their cultural inhibition to opening up (Kaneshige, 1973).

For those rare Chinese who are willing to talk to the Caucasian counselor, much of the expected "affect" would still be missing in the counseling process. It has been noted that bilingual counselees, when speaking in the nondominant language, tend to displace their affect toward the more elaborate verbalization task. They tend to invest extra attention on how they say things and show constant concern about wording, grammatical constructions, and pronunciation in their speech (Marcos & Urcuyo, 1979). This often results in the frequent use of cliches and "sterile language". The diminution in the affective tone may again be labelled as "vague" and "unreal" by the Caucasian counselor.

It is obvious that the above implications have to be very general ones. One cannot take it to mean every Chinese would be expected to react exactly as described. As several researchers (Fong, 1973; Tan, 1967) pointed out, the degree of acculturation plays a very important role in how the Chinese counselee would react in the counseling process. In fact, in an early study by Abel and Hsu (1949), differences in the personality make-up between the China-born and American-born Chinese were indicated. The researchers administered the Rorschach Inkblot Test to the two groups of Chinese subjects. They discovered there were significant differences in their protocols. The China-born group seemed to fit into the traditional Chinese cultural pattern more. They tended to be more in control of their impulses and

tried to maintain a pliant but sometimes distanced role in their interpersonal relationships. At the same time, the American-born group appeared to be breaking away from their traditional Chinese way of life, and attempting to fit into the prescribed American pattern more. Then Tan (1967) in his study also found that those Chinese students who had been in The United States longer tended to have similar counseling expectancies as the American students. He emphasized the need for a study with comparable subject groups in their native countries in order to investigate the acculturation effect.

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APPENDICES

Table A1

Means and Standard Deviations for the Personality Measure of
Somatization(MMPI) Variable

	Subjects' Ethnic Background		
	Hong Kong Chinese (N=168)	Chinese-Canadian (N=109)	European-Canadian (N=135)
MMPI	8.71 (S.D.=5.27)	8.39 (S.D.=4.67)	5.30 (S.D.=3.58)

Table A2

Means and Standard Deviation of the Preference of Counseling
Format Variable

Subjects' Ethnic Background

	Hong Kong Chinese (N=168)	Chinese-Canadian (N=109)	European-Canadian (N=135)
Preference of Counseling Format	6.08 (S.D.=1.60)	6.41 (s.d=1.14)	6.33 (S.D.=1.25)

Table A3

Means and Standard Deviations for the Preference of Counseling Approach

Subjects' Ethnic Background		
Hong Kong Chinese (N=168)	Chinese-Canadian (N=109)	European-Canadian (N=135)

Preference

of	5.15	5.95	5.16
	(S.D.=1.76)	(S.D.=1.24)	(S.D.=1.65)

Counseling

Format

Table A4

Means and Standard Deviations for the Counseling Variables Cluster

	Chinese Canadian Subjects' Length of Residence in Canada(in years)				
	1 (N=34)	2 (N=23)	3 (N=13)	4 (N=24)	5 (N=15)
PCOUFORM	6.18 (1.42)	6.52 (0.99)	6.15 (1.14)	6.71 (1.04)	6.53 (0.64)
PCOUNAPP	5.97 (1.31)	5.96 (1.33)	5.77 (1.01)	6.17 (1.20)	5.67 (1.23)
CRF	70.09 (11.20)	65.56 (16.12)	67.46 (10.52)	72.54 (10.12)	73.53 (18.29)
LEVCOM	4.18 (2.02)	3.96 (1.74)	4.31 (1.79)	4.50 (1.79)	4.13 (1.72)

- NOTE:a)Group 1 = Subjects who had spent one or less than one year in Canada
 Group2 = Subjects who had spent two or less than two years in Canada
 Group 3 = Subjects who had spent three or less than three years in Canada
 Group 4 = Subjects who had spent four to seven years in Canada
 Group 5= Subjects who had spent eight to twenty-eight years in Canada
 b)PCOUFORM = Preference of counseling format
 c)PCOUNAPP = Preference of counseling approach
 d)CRF = Counselor Rating Form
 e)LEVCOM = Level of comfort
 f)Standard deviation values were in parenthesis

Table A5

Means and Standard Deviations for the Counseling VariablesClusterPreference of counseling format

	HKC	CC	EC
Directive	5.82 (S.D.=1.74) N=45	6.41 (S.D.=1.31) N=27	6.58 (S.D.=0.71) N=41
European- Canadian			
Nondirective	6.06 (S.D.=1.63) N=50	6.46 (S.D.=1.14) N=26	6.03 (S.D.=1.66) N=29
Directive	6.14 (S.D.=1.46) N=35	6.63 (S.D.=0.85) N=30	6.18 (S.D.=1.47) N=33
Chinese- Canadian			
Nondirective	6.34 (S.D.=1.55) N=38	6.11 (S.D.=1.24) N=26	6.44 (S.D.=1.10) N=32

(to be continued next page)

Preference of counseling approach

	HKC	CC	EC
Directive	5.20 (S.D.=1.87) N=45	5.63 (S.D.=1.33) N=27	5.02 (S.D.=2.05) N=41
European- Canadian			
Nondirective	5.38 (S.D.=1.51) N=50	6.15 (S.D.=1.38) N=26	4.90 (S.D.=1.57) N=29
Directive	5.37 (S.D.=1.50) N=35	6.00 (S.D.=1.20) N=30	5.94 (S.D.=1.22) N=33
Chinese- Canadian			
Nondirective	4.58 (S.D.=2.07) N=38	6.00 (S.D.=1.02) N=26	4.78 (S.D.=1.58) N=32

(to be continued next page)

Counselor Rating Form

	HKC	CC	EC
Directive	65.56 (S.D.=14.57) N=45	72.15 (S.D.=11.86) N=27	80.58 (S.D.=8.91) N=41
European- Canadian			
Nondirective	63.30 (S.D.=12.51) N=50	66.42 (S.D.=13.07) N=26	73.03 (S.D.=11.79) N=29
Directive	66.97 (S.D.=12.10) N=35	71.40 (S.D.=16.50) N=30	76.97 (S.D.=9.96) N=33
Chinese- Canadian			
Nondirective	67.60 (S.D.=12.1) N=38	69.04 (S.D.=10.4) N=26	75.91 (S.D.=10.3) N=32

(to be continued next page)

Level of comfort

	HKC	CC	EC
Directive	4.20 (S.D.=1.84) N=45	4.44 (S.D.=1.97) N=27	4.12 (S.D.=1.97) N=41
European- Canadian			
Nondirective	3.74 (S.D.=1.80) N=50	3.69 (S.D.=1.71) N=26	3.65 (S.D.=2.04) N=29
Directive	4.25 (S.D.=1.54) N=35	4.30 (S.D.=1.73) N=30	4.51 (S.D.=1.82) N=33
Chinese- Canadian			
Nondirective	4.52 (S.D.=1.72) N=38	4.38 (S.D.=1.90) N=26	3.59 (S.D.=1.83) N=32

NOTE:a)HKC = Hong Kong Chinese
 CC = Chinese-Canadian
 EC = European-Canadian

Table A6

Means and Standard Deviations of the CRF Measure

	Preference of counseling approach		
	Nondirective	No preference	Directive
European- Canadian			
Directive	67.85 (S.D.=18.51) N=21	72.67 (S.D.=9.58) N=27	74.08 (S.D.=13.21) N=65
Nondirective	72.27 (S.D.=11.07) N=15	65.87 (S.D.=13.51) N=31	65.83 (S.D.=13.03) N=59
Directive	69.33 (S.D.=12.32) N=9	67.65 (S.D.=16.84) N=20	73.17 (S.D.=12.50) N=69
Chinese- Canadian			
Nondirective	74.50 (S.D.=11.60) N=16	68.58 (S.D.=11.29) N=33	71.02 (S.D.=11.83) N=47

(to be continued next page)

Means and Standard Deviations of the Level of Comfort Measure

		Preference of counseling approach		
		Nondirective	No preference	Directive
European- Canadian	Directive	3.67 (S.D.=1.80) N=21	4.07 (S.D.=1.75) N=27	4.47 (S.D.=1.98) N=65
	Nondirective	3.33 (S.D.=1.67) N=15	3.90 (S.D.=1.74) N=31	3.69 (S.D.=1.93) N=59
Chinese- Canadian	Directive	3.67 (S.D.=1.73) N=9	4.20 (S.D.=1.93) N=20	4.49 (S.D.=1.60) N=69
	Nondirective	5.31 (S.D.=1.40) N=16	3.72 (S.D.=1.77) N=33	4.11 (S.D.=1.88) N=47

List below are several scales which contain word pairs at either end of the scale and seven spaces between the pairs. Please rate the counselor you just listened to on each of the scales.

If you feel the counselor very closely resemble the word at one end of the scale, place a check mark as follows:

fair ___ : ___ : ___ : ___ : ___ : ___ : X : unfair

OR

fair X : ___ : ___ : ___ : ___ : ___ : ___ : unfair

If you think one end of the scale quite closely describe the counselor then make your check mark as follows:

rough ___ : X : ___ : ___ : ___ : ___ : ___ : smooth

OR

rough ___ : ___ : ___ : ___ : ___ : X : ___ : smooth

If you feel that one end of the scale only slightly describes the counselor, then check the scale as follows:

active ___ : ___ : X : ___ : ___ : ___ : ___ : passive

OR

active ___ : ___ : ___ : ___ : X : ___ : ___ : passive

If both sides of the scale seem equally associated with your impression of the counselor or if the scale is irrelevant, then place a check mark in the middle space.

hard ___ : ___ : ___ : X : ___ : ___ : ___ : soft

Your first impression is the best answer.

PLEASE NOTE: PLACE CHECK MARK IN THE MIDDLE OF THE SPACES.

agreeable ___ : ___ : ___ : ___ : ___ : ___ : ___ : disagreeable
 unalert ___ : ___ : ___ : ___ : ___ : ___ : ___ : alert
 analytic ___ : ___ : ___ : ___ : ___ : ___ : ___ : diffuse
 unappreciative ___ : ___ : ___ : ___ : ___ : ___ : ___ : appreciative
 attractive ___ : ___ : ___ : ___ : ___ : ___ : ___ : unattractive
 casual ___ : ___ : ___ : ___ : ___ : ___ : ___ : formal
 cheerful ___ : ___ : ___ : ___ : ___ : ___ : ___ : depressed
 vague ___ : ___ : ___ : ___ : ___ : ___ : ___ : clear
 distant ___ : ___ : ___ : ___ : ___ : ___ : ___ : close
 compatible ___ : ___ : ___ : ___ : ___ : ___ : ___ : incompatible
 unsure ___ : ___ : ___ : ___ : ___ : ___ : ___ : confident
 suspicious ___ : ___ : ___ : ___ : ___ : ___ : ___ : believable
 undependable ___ : ___ : ___ : ___ : ___ : ___ : ___ : dependable
 indifferent ___ : ___ : ___ : ___ : ___ : ___ : ___ : enthusiastic
 inexperienced ___ : ___ : ___ : ___ : ___ : ___ : ___ : experienced
 inexpert ___ : ___ : ___ : ___ : ___ : ___ : ___ : expert
 unfriendly ___ : ___ : ___ : ___ : ___ : ___ : ___ : friendly
 honest ___ : ___ : ___ : ___ : ___ : ___ : ___ : dishonest

informed ___ : ___ : ___ : ___ : ___ : ___ : ___ : ignorant
insightful ___ : ___ : ___ : ___ : ___ : ___ : ___ : insightless
stupid ___ : ___ : ___ : ___ : ___ : ___ : ___ : intelligent
unlikeable ___ : ___ : ___ : ___ : ___ : ___ : ___ : likeable
logical ___ : ___ : ___ : ___ : ___ : ___ : ___ : illogical
open ___ : ___ : ___ : ___ : ___ : ___ : ___ : closed
prepared ___ : ___ : ___ : ___ : ___ : ___ : ___ : unprepared
unreliable ___ : ___ : ___ : ___ : ___ : ___ : ___ : reliable
disrespectful ___ : ___ : ___ : ___ : ___ : ___ : ___ : respectful
irresponsible ___ : ___ : ___ : ___ : ___ : ___ : ___ : responsible
selfless ___ : ___ : ___ : ___ : ___ : ___ : ___ : selfish
sincere ___ : ___ : ___ : ___ : ___ : ___ : ___ : insincere
skillful ___ : ___ : ___ : ___ : ___ : ___ : ___ : unskillful
sociable ___ : ___ : ___ : ___ : ___ : ___ : ___ : unsociable
deceitful ___ : ___ : ___ : ___ : ___ : ___ : ___ : straightforward
trustworthy ___ : ___ : ___ : ___ : ___ : ___ : ___ : untrustworthy
genuine ___ : ___ : ___ : ___ : ___ : ___ : ___ : phony
warm ___ : ___ : ___ : ___ : ___ : ___ : ___ : cold

PLEASE RATE THE FOLLOWING STATEMENTS BY INDICATING YOUR OPION
AT THE PLACE ON THE RATING SCALE:

1. Some equality in marriage is a good thing, but by and large, the husband ought to have the main say-so in family matters.

agree ___ : ___ : ___ : ___ : ___ : ___ : ___ : disagree

2. If the children are told much about sex, they are likely to go too far in experimenting with it.

agree ___ : ___ : ___ : ___ : ___ : ___ : ___ : disagree

3. Women who want to remove the word obey from the marriage service do not understand what it means to be a wife.

agree ___ : ___ : ___ : ___ : ___ : ___ : ___ : disagree

4. The most important qualities of a real man are determination and driving ambition.

agree ___ : ___ : ___ : ___ : ___ : ___ : ___ : disagree

5. A child should never be allowed to talk back to his parents, or else he will lose respect for them.

agree ___ : ___ : ___ : ___ : ___ : ___ : ___ : disagree

6. A man should not be expected to have respect for a woman if they have sexual relations before they are married.

agree ___ : ___ : ___ : ___ : ___ : ___ : ___ : disagree

7. It is somehow unnatural to place women in positions of authority over men.

agree ___ : ___ : ___ : ___ : ___ : ___ : ___ : disagree

8. The family is a sacred institution, divinely ordained.

agree ___ : ___ : ___ : ___ : ___ : ___ : ___ : disagree

9. A women whose children are messy or rowdy has failed in her duties as a mother.

agree ___ : ___ : ___ : ___ : ___ : ___ : ___ : disagree

10. If a child is unusual in any way, his parents should get him to be more like other children.

agree ___ : ___ : ___ : ___ : ___ : ___ : ___ : disagree

11. There is hardly anything lower than a person who does not feel a great love, gratitude, and respect for his parents.

agree ___ : ___ : ___ : ___ : ___ : ___ : ___ : disagree

12. The facts on crime and sexual immorality show that we will have to crack down harder on young people if we are going to save our moral standards.

agree ___ : ___ : ___ : ___ : ___ : ___ : ___ : disagree

If a statement is TRUE or MOSTLY TRUE, as applied to you, please circle the letter "T" printed at the end of that statement. If a statement is FALSE or NOT USUALLY TRUE, as applied to you, then please circle the letter "F" printed at the end of that statement.

1. I am bothered by acid stomach several times a week. T F
2. Parts of my body often have feelings like burning, tingling, crawling, or like "going to sleep". T F
3. I am troubled by discomfort in the pit of my stomach every few days or oftener. T F
4. There seems to be a fullness in my head or nose most of the time. T F
5. I have a great deal of stomach trouble. T F
6. The top of my head sometimes feels tender. T F
7. I have had no difficulty in starting or holding my bowel movement. T F
8. I hardly ever feel pain in the back of the neck. T F
9. I am troubled by attacks of nausea and vomiting. T F
10. I have never vomited blood or coughed up blood. T F
11. I am very seldom troubled by constipation. T F
12. I have good appetite. T F
13. I am about as able to work as I ever was. T F
14. I am in just as good health (physical) as most of my friends. T F
15. During the past few years I have been well most of the time. T F
16. My sleep is fitfull and disturbed. T F
17. I feel weak all over much of the time. T F
18. I am neither gaining nor losing weight. T F
19. Often I feel as if there were a tight band around my head. T F
20. My hands and feet are usually warm enough. T F

- | | | |
|---|---|---|
| 21. I am almost never bothered by pains over the heart or in my chest. | T | F |
| 22. I do not tire quickly. | T | F |
| 23. I seldom or never have dizzy spells. | T | F |
| 24. I can read a long while without tiring my eyes. | T | F |
| 25. I have very few headaches. | T | F |
| 26. I hardly ever notice my heart pounding and I am seldom short of breath. | T | F |
| 27. I have few or no pains. | T | F |
| 28. My eyesight is as good as it has been for years. | T | F |
| 29. I wake up fresh and rested most mornings. | T | F |
| 30. I have little or no trouble with my muscles twitching or jumping. | T | F |
| 31. I have had no difficulty in keeping my balance in walking. | T | F |
| 32. I do not often notice my ears ringing or buzzing. | T | F |
| 33. I have numbness in one or more regions of my skin. | T | F |

INSTRUCTIONS

AT THIS POINT IN THE EXPERIMENT, WE WOULD LIKE TO GET YOUR IDEAS AND THOUGHTS ABOUT WHAT YOU HAVE DONE UP UNTIL NOW. PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS FRANKLY AND HONESTLY. PLEASE DO NOT GO TO THE NEXT QUESTION UNTIL YOU HAVE COMPLETED YOUR ANSWER TO THE PREVIOUS ONE, AND, PLEASE DO NOT GO BACK TO A PREVIOUS QUESTION ONCE YOU HAVE STARTED THE NEXT ONE.

1. What was the ethnic background of the counselor in the tape you just listened to?

_____ a) Chinese

_____ b) Canadian

2. How realistic was the tape compared to an actual counseling session?

very _____:_____:_____:_____:_____:_____:_____:very
realistic unrealistic

3. A directive counseling approach is one which the counselor tends to give advice, make suggestions and recommendations and is structured, concrete and explicit in his counseling style.

A non-directive counseling approach is one which the counselor tends NOT to give advice, make no suggestions nor recommendations, and is ambiguous, reflective and affective in his counseling style.

How directive or non-directive was the approach used by the counselor in the tape?

directive _____:_____:_____:_____:_____:_____:_____:non-directive

4. How comfortable would you feel if you had to talk about your own problem in a similar counseling session?

very _____:_____:_____:_____:_____:_____:_____:very
comfortable uncomfortable

5. If you were going for counseling, to what degree would you prefer the individual (one-to-one) counseling format as portrayed in the tape or the group counseling format (in which the counselee has to talk about his/her problem in the presence of the counselor and other counselees) if you have problems to discuss?

individual ____:____:____:____:____:____:____:group

6. If you were going for counseling, to what degree would you prefer a directive or non-directive counseling approach?

directive ____:____:____:____:____:____:____:non-directive

7. What do you think the purpose of this study is?

8a). What results do you think the experimenter expects in this study?

b). What led you to think this?

c). How do you think this affected your answers to the previous sets of questions?

Please DO NOT write your name on any part of this questionnaire.

1. Sex: _____
2. Age: _____
3. Number of years residing in Canada: _____
4. Place of birth: _____
5. Ethnic background: (please circle one of the following)
 - a) European-Canadian (any Caucasian subject who was born in Canada).
 - b) Chinese (any Chinese subject who was born in Hong Kong, Macau, Singapore, Malaysia, China or Taiwan).
 - c) Other (please specify).
6. You are presently living (check one only)
 - _____ a) alone
 - _____ b) with friend(s)
 - _____ c) with your spouse
 - _____ d) with your parents
 - _____ e) others (please specify)
7. Have you ever taken any course specializing in counseling and/or psychotherapy?
 - a) Yes _____
No _____
 - b) If yes, please describe.
8. Have you ever participated in any form of counseling and/or psychotherapy session?
 - Yes _____
 - No _____

SCRIPT

INTRODUCTION

(First three minutes)

- Co: I'am wondering what you are here to see about today.
- Cl: Well, I'm not sure where to go or what to do, I'm sorta confused. I thought that someone who hears lots of problems might be able to give me some advice. I never really talked about my problems to other people, so I thought maybe a counselor would be able to see things objectively, since you really don't know me.
- Co: You seem a little nervous right now. How do you feel about being here?
- Cl: Yeah, I am kinda nervous right now. Like I say, I've never been to a counselor before, so I don't know what goes on or what to expect.
- Co: What do you think will happen here?
- Cl: I dunno...maybe just to have someone listen...give me ideas on how to deal with some issues that are concerning me.
- Co: What are some of these issues?
- Cl: I have a lot of questions related to my schoolwork and my future plans.
- Co: Could you be a little more specific? About your schoolwork, your future plans?
- Cl: I'm questioning whether or not what I'm doing is right for me.
- Co: How far along in school are you?
- Cl: I'm a sophomore.
- Co: Do you have a major now?
- Cl: Well, it's biology, but...
- Co: How are you doing in it?
- Cl: I'm doing OK, but I'm worried about not getting accepted into Med. school.

Co: It's really important for you to get into Med. school.

Cl: Yeah, it's really important; my parents expect me to be a doctor, and they are putting me through school for that reason.

Co: So you're planning on becoming a doctor.

Cl: Well, that's one of the reasons I wanted to talk to you.

Co: Uh huh.

Cl: You see, I'm not sure if Med. school is what I want. But it's so important to my parents, I just can't let them down.

Co: Could you tell me what you think your parents expect from you?

Cl: Well,...maybe if I tell you about my family, you'd get a better idea of the whole situation.

Co: Sure, go ahead.

Cl: Let's see, my dad's a gardener and my mother's a housewife, but she helps my dad out whenever she can. They have to work really hard to keep their business going in order to pay my way through school.

Co: Uh huh.

Cl: My older brother dropped out of college to get married. And my parents were really disappointed. My sister is a surgical nurse...and my uncle is a medical doctor. So you can see that medicine has had a high regard in our family.

Co: Your family sees medicine as a good profession.

Cl: Yeah, my parents see being a doctor as a real success in life.

Co: I see....

Cl: So...they've always wanted that for me...to become a doctor, I mean.

Nondirective

Co: I'm wondering what your feelings are about being a doctor.

Cl: Well, I'm not sure.

Co: Uh huh.

Cl: It's important for me to please my parents, but now I'm finding that I have my own needs and just can't tell them.

Co: Your parents' wishes are important to you, yet you are uncertain about becoming a doctor.

Cl: Yeah, I have a lot of doubts about becoming a doctor. I feel sort of guilty about telling my parents, letting them down. I really have to be a doctor.

Co: You really have to be a doctor.

Cl: Well, I wouldn't mind being a doctor, it's just so hard for me; I just don't think I'm capable of doing it.

Co: So working toward a career in medicine is difficult for you.

Cl: Yeah, but I feel selfish thinking only of myself and my own problems. What am I going to do about my parents and how they feel? I don't know how I can let them down.

Co: Thinking about your own feelings is hard for you. Have you given it much thought at all?

Cl: If I were to decide to become a doctor-that would make my parents happy...I wouldn't feel guilty any more about letting them down...they'd consider me a success.

Co: It would make your parents happy.

Cl: Wow...I 've been talking about my parents, haven't I? I'm not too sure how I'd feel. I guess I could do it...it's a rewarding field...I'd be helping people, I mean.

Co: I'm hearing a lot of confusion in what you are saying. It sounds like you are not sure that you'd like to become a doctor.

Cl: I'd probably be having as much trouble as I am now in doing my work. I guess I can do it, but it's not where my interests are.

Co: You can do the work, but you're not interested in it.

Cl: Well, I'm doing OK, but I'm having some problems.

Co: Problems?

Cl: Well, I'm capable, but I just resent putting all the time into studying biology, and I just break my butt getting the grades that I do. It's just not worth it to me.

Co: Doing so much work in something you're not interested in makes you feel like it's not worth it.

Cl: Yeah...I know I have to make a decision, but I don't know where to start.

Co: It's difficult trying to reach a decision...How do you feel about the other things you've done in school.

Cl: I have taken a couple of courses in sociology and I was really interested in them.

Co: You like sociology.

Cl: I've always done well in social sciences. I enjoy it and I think I've learned the most in this area.

Co: You enjoy social sciences and you do well in them.

Cl: Yeah, I'd really interested in sociology. I've taken some classes in the department and I really like them. I've always done well in the social sciences. That seems to come easier for me than the hard sciences. If I were to change, that's where I'd go.

Co: If you were to change majors, you'd change to sociology.

Cl: Yeah. I'd really like to do that. It seems like I could do it, but it's really scary to me. I'd feel like I'd be letting my parents down and it's really important for them to be happy.

Co: It's really important for your parents to be happy. Where does your happiness fit into this?

Cl: Well, I know I need to be happy too, but it's hard to consider my feelings alone.

Co: Thinking about only what you want is hard...

Cl: Well, right now I don't see that many alternatives in making a decision.

Co: It seems like there aren't that many ways to go.

Cl: I've been thinking a lot about changing my major, but if I did, I'd feel like I was avoiding, I was just quitting, like it's rough for me and I'd just be giving up instead of really trying.

Co: By changing majors, you'd feel like you were quitting.

Cl: One of the things I'm thinking about too is that...it's so impractical to major in sociology. My parents and even I'd wonder, what kind of job I could get with a major in sociology.

Co: You're also considering what kind of job you could get with a Soc. major.

Cl: Well, I just have some friends that majored in Soc. and they couldn't get jobs.

Co: Uh huh. So the people you know in Soc. couldn't get jobs. I'm wondering if that's true for all sociology majors. Perhaps the Career Development Center has more information on this.

Cl: Maybe I could get more accurate information at the Career Development Center. Maybe they would know if sociology majors are getting jobs.

Co: That sounds like a good idea to me.

Cl: You know if I weren't worried about my parents, I'd be a lot happier studying sociology.

Co: You like Soc. a lot more than biology.

Cl: Like I said before. I enjoy sociology. It'd really be nice...I wouldn't have to force myself to study all the time. I wouldn't mind doing the readings and stuff if I like the subject. I'd have less trouble doing the work.

Co: Getting your work done would be a lot less of a problem for you.

Cl: But one thing that comes to mind is that I'm worried about telling my parents that I'm considering not becoming a doctor.

Co: I hear you saying that making a decision on what you want is hard because you are worried about your parents' reaction.

- Cl: Maybe worrying about things in the future keeps me from making my first decision about my major.
- Co: You've got a lot of feelings and they keep you from making up your mind.
- Cl: So then, my first step might be to get more information on the sociology major and the jobs in that field. Then after that decision is made...then worry about telling my parents. Maybe I'll decide to stay with pre-med and I might not have to tell them anything.
- Co: It sounds as though you're coming up with really good ways to deal with the problem.
- Cl: It seems now I have a better idea of how to approach making a decision.
- Co: Please feel free to come back if you ever want to talk about this some more.
- Cl: Well, if I do decide to change, I will need some help in breaking it to my folks.
- Co: Uh huh. If you want to meet again, I'd like that.

Directive

Co: Your parents want you to become a doctor--what do you want?

Cl: Well, I'm not sure.

Co: What have you considered up to this point?

Cl: It's important for me to please my parents, but now I'm finding that I have my own needs and just can't tell them.

Co: So, you're really worried about pleasing them, are you feeling guilty about this?

Cl: Yeah, I have a lot of doubts about becoming a doctor. I feel sort of guilty about letting my parents down. I really have to be a doctor.

Co: You're saying you have to be a doctor for them, but what about yourself?

Cl: Well, I wouldn't mind being a doctor, it's just so hard for me; I just don't think I'm capable of doing it.

Co: I think this is really a situation where you have to consider what your own feelings are because you're the one who's going to put out the work; you are the one who's going to have to take all these hard classes and you're going to have to consider whether or not you enjoy biology and if medicine is appealing to you. I think these are all the things that you have to consider.

Cl: Yeah, but I feel selfish thinking only of myself and my own problems. What am I going to do about my parents and how they feel? I don't know how I can let them down.

Co: What would happen if you were to decide to become a doctor?

Cl: If I were to decide to become a doctor...that would make my parents happy. I wouldn't feel guilty any more about letting them down, and they'd consider me a success.

Co: I've heard you tell me about things which affect your parents...How will they affect you?

Cl: Wow...I've been talking about my parents, haven't I? I'm not too sure how I'd feel. I guess I could do it...it's a rewarding field....I'd be helping people, I

mean.

Co: You keep telling me how your parents would feel. Tell me how you would feel if you did what your parents want...

Cl: I'd probably be having as much trouble as I am now in doing my work. I guess I can do it, but it's not where my interests are.

Co: You say it would be just like it is now in doing your work, could you be more specific?

Cl: Well, I'm doing OK, but I'm having a problem.

Co: Let's talk about this problem you're having...What is it? Try to be as specific as you can.

Cl: Well, I'm capable, but I just resent putting all the time into studying biology, and I just break my butt getting the grades that I do. It's just not worth it to me.

Co: I think you really need to decide, then, whether it is worth it to you or not.

Cl: Yeah--I know I have to make a decision, but I don't know where to start.

Co: First of all, you can begin by looking at what things seem worthwhile or appealing to you. Of all the courses you've taken, which ones were you the most interested in or did you enjoy the most?

Cl: I have taken a couple of courses in sociology and I was really interested in them.

Co: How were your grades?

Cl: I've always done well in social sciences. I enjoy it and I think I've learned the most in this area.

Co: Good---it sounds as though you've found a subject that interests you. Let's keep this in mind.

Cl: Yeah, I'm really interested in sociology. I've taken some classes in the department and I've really liked them. I've always done well in social sciences. That seems to come easier for me than the hard sciences. If I were to change, that's where I'd go.

Co: You sound as if sociology would be a good major for you. Have you thought about switching?

- Cl: Yeah, I'd really like to do that. It seems like I could do it, but it's really scary to me. I'd feel like I'd be letting my parents down and it's really important for them to be happy.
- Co: I think it's really important for you to be happy too. Since you're the one whose life is affecting most directly.
- Cl: Well, I know I need to be happy too, but it's hard to consider my feelings alone.
- Co: I think that this is a decision that you're going to have to live with, you're going to have to size up all the different alternatives for yourself and then make that decision, not relying so much on what your parents think.
- Cl: Well, right now I don't see that many alternatives.
- Co: You've already come up with one--sociology. Let's talk about that further.
- Cl: I've been thinking a lot about changing my major, but if I did, I'd feel like I was avoiding, I was quitting, like it's rough for me and I'd just be giving up instead of really trying.
- Co: That's one problem with a major in sociology. Are there other disadvantages? Let's talk about them.
- Cl: One of things I'm thinking about too, is that--it's so impractical to major in sociology. My parents, and even I'd wonder, what kind of job I could get with a major in sociology.
- Co: What kind of information do you have on the vocational avenues for Soc. majors?
- Cl: Well, I just have some friends that majored in Soc. and they couldn't get jobs.
- Co: There is a Career Development Center here on our campus that you should check into---they could give you information to help you make a decision on a career.
- Cl: Maybe I could get more accurate information at the Career Development Center. Maybe they would know if sociology majors are getting jobs.
- Co: OK, you've considered some of the disadvantages. What are some advantages to changing majors.
- Cl: You know if I weren't worried about my parents, I'd be

a lot happier studying sociology.

Co: In what ways?

Cl: Like I said before, I enjoy sociology. It'd really be nice....I wouldn't have to force myself to study all the time. I wouldn't mind doing the readings and stuff if I liked the subject. I'd have less trouble doing the work.

Co: Those sound like good reasons. I think you ought to explore sociology further.

Cl: But one thing that comes to mind is that I'm worried about telling my parents that I'm considering not becoming a doctor.

Co: The first thing you have to decide is whether you do or don't want to be doctor. Then the second part of it, telling your parents, might not have to come if you decide you do want to be a doctor.

Cl: Maybe worrying about things in the future keeps me from making my first decision about my major.

Co: Right. First thing first. You want to first make your decision as far as keeping your major to pre-med or changing it to Sociology. Worrying about that now and then after you've made that decision, worry about what you're going to tell your parents.

Cl: So then, my first step might be to get more information on the sociology major and jobs in that field. Then after that decision is made--then worry about telling my parents. Maybe I'll decide to stay with pre-med and I might not have to tell my parents anything.

Co: Right. As far as having to tell your parents that you aren't going to be a doctor, I think that maybe you shouldn't worry about dealing with that until the time actually comes if you've decided not to stay with pre-med.

Cl: It seems now I have a better idea of how to approach making a decision.

Co: Good. I think getting more information is the best thing for you to do. If you do decide to change to Soc., I'd be glad to talk to you about ways to tell your parents.

Cl: Well, if I do decide to change, I will need some help in breaking it to my folks.

Co: Well, either way, I hope to see you again. If you'd like to talk again, feel free to make an appointment.