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Multicultural Considerations in Counseling Chinese Clients: Introducing the Narrative Alternative

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While therapists and counselors counseling Chinese clients emphasize the need to become culturally sensitive and competent through developing culture-specific strategies, the movement to indigenize psychotherapy and counseling could also be understood within this framework of multicultural considerations. Narrative therapy as a postmodern form of practice is introduced as an alternative through considering the narrative metaphor, the narrative therapeutic process, and the narrative challenges to traditional approaches. The viability of the narrative alternative, demonstrated with illustration from three cases, is discussed.

With the increasing awareness of the realities of cultural pluralism, psychotherapy and counseling are recognized to represent European and North American culture. Thus, it is no surprise that therapeutic practice might generally be less effective with Chinese or Asian clients, or any individuals whose social and cultural backgrounds do not mirror that culture (Sue & Sue, 1999). However, the full realization of this difference does not come about until relatively recently when issues related to race and ethnicity start to assume new dimensions in North America, as traditional minority groups are beginning to outnumber traditional majority groups that can trace their origins to European descent (Lee, 1997b). Consequently, psychotherapists and counselors realize that

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they cannot take the traditional perspective for granted, nor can they apply it indiscriminately in training and practice across different language and cultural settings. More specifically, in response to criticisms leveled at psychotherapy and counseling for being culturally encapsulated (Pedersen, Draguns, Lonner, & Trimble, 1981; Wrenn, 1985), practitioners and researchers in North America have begun to see the urgent need to address this particular form of diversity now generally known as multiculturalism (see Egan, 1998; Ivey & Ivey, 2003).

Multicultural Considerations

The multicultural movement can be appropriately considered to be "postmodern," as it endorses the view of multiple belief systems, multiple perspectives, and multiple realities (Sue, Carter, et al., 1998). In psychotherapy and counseling, multicultural considerations highlight the need for therapists and counselors to address the differences between practitioners and clients in areas of language, social class, gender, sexual orientations, ethnicity, and cultural values. Inevitably, these factors might become potential barriers to effective helping and interventions, and practitioners need to work to overcome these barriers in the helping process (see Sue & Sue, 1999).

In general, it could be argued that cultural diversity characterizes all helping relationships, and all psychotherapy and counseling are multicultural in nature (Pedersen, 1991; Sue & Sue, 1999; Sue, Ivey, & Pedersen, 1996). In this regard, psychotherapy and counseling should be inclusive of different ways of thinking, feeling, and behaving as well as responsive to diverse worldviews (Sue, Ivey, et al., 1996). Thus, therapists and counselors should become culturally responsive and multiculturally competent. They must be aware of and knowledgeable about issues of cultural diversity (Sue, Arredondo, & McDavis, 1992), develop culture-specific strategies, and use these strategies and skills to intervene successfully in the lives of clients from culturally diverse

backgrounds (Pedersen, 1997; Sue, Carter, et al., 1998). More specifically, culturally responsive and competent therapists and counselors must be able to free themselves from the culture-bound therapeutic behaviors prescribed by the Euro-American perspective of therapy, to expand the range of their helping behaviors and helping roles, to recognize that the sources of problems may reside in the environment rather than in the individuals, and to incorporate indigenous forms of healing in their interventions (see Lee, 1997a, 1997b; Pedersen, 1997; Sue, Carter, et al., 1998; Wehrly, 1995). On the other hand, multicultural therapists and counselors must exercise cautions in guarding against the assumption of cultural monolith (Bond, 1993) as well as the perpetuation of cultural stereotypes, which tend to emphasize the differences among cultures and subcultures, and de-emphasize the differences within individual cultures and subcultures.

Developing Culture-specific Strategies

In striving to become culturally responsive and multiculturally competent, therapists and counselors have focused their attention on the development of culture-specific strategies in interventions (D. W. Sue, 1990). Alternatively, D. Sue (1997) has considered the impact of Chinese cultural values on counseling with Chinese Americans, and acknowledged that cultural values might determine to some extent the specific therapeutic strategies employed in interventions. Nonetheless, one way to conceptualize cultural values is to use the constructs of individualism and collectivism as the two poles of a distinct dimension along which cultural differences exist (e.g., Hofstede, 1991; Triandis, 1995). In this regard, the salient Chinese cultural values, generally collectivistic, could be considered to be in sharp contrast to Western values that are individualistic (see Duan & Wang, 2000; Kwan, 2000). For example, Chinese clients would endorse filial piety, family bonds and unity, respect for authority, somatization, emotional control, and academic achievement for family enhancement rather than individual goals, self-determination,

egalitarian role relationships, psychologization, emotional expressiveness, and academic achievement for self-enhancement (D. Sue, 1997). Consequently, traditional therapeutic goals such as independence, emotional reactions and expression, and equality in relationships, which are based on individualistic values, must be viewed from a cultural perspective. Based on cross-cultural studies with Chinese Americans, D. W. Sue (1990) also suggested that Chinese clients tend to prefer and respond better to directive rather than nondirective approaches, and may desire a therapist who discloses his or her thoughts and feelings. Further, for Chinese clients, an active, structured, explicit approach, and one that aims to manage interpersonal problems might be more effective than a passive, unstructured, ambiguous approach and one that deals with intrapsychic problems (see Leong, 1986; Sue & Sue, 1999).

Indigenization and the Narrative Alternative

As North American therapists and counselors are generally concerned with the effectiveness of counseling clients from cultural settings outside North America, they work to extend their multicultural sensitivity and competence. On the other hand, most Asian and especially Chinese therapists and counselors are fully aware of the need to adapt, modify or transform Western psychotherapy and counseling for effective practice, and they attempt to accommodate Chinese and non-Western cultural values of their clients in the helping process (see Leung & Lee, 1996). However, accommodating collectivistic values and promoting collectivistic well-being in Chinese clients can be challenging, because that is not what psychotherapy and counseling were originally developed to do, as psychotherapy and counseling have their roots deep in the individualistic tradition of Western history of ideas. With this view, a successful transformation of individualism-based therapeutic practice should be able to help clients understand their own cultural values and conflicts, and adjust themselves to strike a comfortable balance between meeting their

individualistic needs and satisfying their collectivistic needs (Duan & Wang, 2000). Thus, therapists and counselors might intervene to support or challenge clients' decisions and behaviors so that clients may fit in better with their cultural environment and at the same time feel good about themselves.

In psychotherapy and counseling with the Chinese people, Leung and Lee (1996) have reviewed and summarized the applications of Western approaches to Chinese clients. Many approaches, however, have claimed effectiveness and superiority under specific conditions despite the absence of rigorous empirical evidence. For example, it might be suggested that the focus of counseling Chinese clients with strong collectivistic values should not be on self-actualization, which could be meaningless when considered separately from family actualization and group actualization in a collectivistic context (Duan & Wang, 2000). On the other hand, one may become skeptical as to whether allowing Chinese clients to conform to cultural norms and expectations, show filial obedience, sacrifice for parents and elders, place group interests over individual interests, and precede duties over rights would put therapists and counselors at risk for becoming agents of social control (see Duan & Wang, 2000; Kwan, 2000). Nonetheless, the dissatisfaction with adaptations and modifications of Western approaches has called for the indigenization of psychotherapy and counseling for Chinese clients.

The call for indigenization of psychology in general and psychotherapy and counseling in particular has been strongly felt in some Chinese societies such as Taiwan (see Leung & Lee, 1996). Othman and Awang (1993), for example, believed that the dream for every Asian counselor is "the emergence of indigenous counseling theories, techniques, practices and approaches" (p. 244). Shek (1999) however correctly pointed out that in advocating indigenization, one needs to address questions such as in what way Western approaches are not applicable to Chinese clients,

and whether indigenous approaches are more effective. In this connection, Chinese therapists and counselors might be discarding Western approaches without demonstrating that these approaches do not work for Chinese clients, and they might develop indigenous approaches without demonstrating that these approaches really work. Thus, the benefits of indigenization might be overstated and exaggerated, and need to be carefully scrutinized and evaluated (Weinrach & Thomas, 1996, 1998).

Perhaps, with the postmodern tendency for a commitment to cultural pluralism and multiple realities, the nature and cultural position of psychotherapy and counseling are beginning to shift toward postmodern forms of practice. In this framework, it may no longer be necessary to contrast Eastern and Western practices, nor is it beneficial to invoke the conception of indigenous Chinese approaches. Among the postmodern forms of practice, the narrative approach presents a built-in response to the call for culturally relevant practice. It not only takes into consideration the background of clients, but also helps clients see how their culture and the external forces are paramount in the creation of the situation in which they find themselves. The paradoxical relationship between individual change and social cohesion, which many therapists and counselors acknowledge as prevalent in Chinese clients but few successfully resolve, can be readily dealt with in this narrative approach. Thus, in rethinking the relationship between culture and psychotherapy, the narrative approach warrants our consideration as one alternative in our multicultural practices and in our effort to design indigenous approaches. While there are different narrative approaches, the approach of Michael White and David Epston as introduced in their book, published in 1989 and 1990 under slightly different names by different publishers, is certainly most widely known and generally referred to as narrative therapy (White & Epston, 1989, 1990). Good introductory accounts of White and Epston's narrative therapy can also be found in, among others, Besley (2002), Drewery and

Winslade (1997), Freedman and Combs (1996), Payne (2000), Winslade and Monk (1999), and Zimmerman and Dickerson (1996). An overview of narrative therapy summarized from these sources is introduced in the following.

An Overview of Narrative Therapy

Narrative therapy is founded in postmodern thinking within the framework of social constructionism (see Gergen, 1985; Gonçalves, 1994; Russell, 1991). While it represents an alternative to the pragmatic and empirically based therapies that have come to dominate the global psychotherapy scene in recent years (McLeod, 2000), it also at the same time challenges and forces a reevaluation of the dominant and to a large extent unquestioned or unquestionable "truths" of traditional psychotherapy and counseling. To a narrative therapist, traditional psychotherapy and counseling can be conceptualized as the indigenous remedies of people in Judeo-Christian urban industrial societies, and therefore is not and cannot be a universal human enterprise.

Michael White (Adelaide, Australia) and David Epston (Auckland, New Zealand) first developed their narrative therapy as a form of family therapy (White & Epston, 1989, 1990). They drew heavily from themes developed by scholars from different fields, including Edward Bruner (ethnographer), Jerome Bruner (psychologist), Michel Foucault (French historian of systems of thought), and Gregory Bateson (biologist and systems theorist). Integrating these and other sources of ideas, White and Epston have innovated a coherent approach and a practice that has a great impact on family therapy as well as on individual psychotherapy and counseling.

The Narrative Metaphor

Narrative therapy shares with other postmodern therapies the assumption that we cannot know objective reality, that all knowing requires

an act of interpretation, and that knowledge is socially or consensually constructed. This belief was first emphasized in 1933 by Korzybski, when he stated that "the map is not the territory." The map metaphor was later used by Bateson (1972, 1980), who elaborated that all our knowledge of the world is carried in the form of mental maps of "objective" reality, and that different maps lead to different interpretations of "reality." In addition, since no map includes every detail of the territory that it represents, events that do not make it onto a map do not exist in that map's world of meaning. Thus, the map metaphor highlights that the interpretation of events depends on the context in which they are received, and events that cannot be located in a context cannot be selected and would not exist or be noted as facts.

While this map metaphor has many advantages, White and Epston (1990) recognize that the narrative as a guiding metaphor has the additional advantage of having a temporal dimension and could be conceptualized as a map that extends through time. A story or narrative emphasizes order and sequence and is more appropriate for the study of change, the life cycle, or any developmental process. In addition, a story is constructed to embody an active protagonist who represents an image of a person or agent through time, and who can reflexively monitor the story he or she tells.

Interestingly, the association between the narrative metaphor and various approaches of traditional or modernist psychotherapy has a long history. For example, the analogy between the therapeutic process and storytelling is highlighted by the description of psychoanalysis as "talking cure," and the development of a "conversational" model of therapy (Hobson, 1985). Specifically, the narrative metaphor has been used by many modernist theorists to help them make sense of aspects of their therapeutic work (e.g., Berne, 1972; Gustafson, 1992; Polster, 1987).

Based on the analysand's storytelling, Schafer (1980) viewed interpretation by the psychoanalyst as retelling the story of the analysand, and in the retelling, "certain features are accentuated while others are placed in parentheses; certain features are related to others in new ways or for the first time; some features are developed further, perhaps at great length" (p. 35). Alternatively, Spence (1982) viewed psychoanalysis or psychotherapy as the creation of "narrative" truth (i.e., the construction of a coherent and satisfying account of events) rather than the discovery of "historical" truth (i.e., the uncovering of actual events that caused the neurosis). Along the same line, Omer and Strenger (1992) viewed the task of therapists as repairing clients' "broken narratives," and the role of psychotherapy theories as providing "meta-narratives" or templates through which clients could retell their life stories.

Capitalizing on this tradition, White and Epston (1990) focus on the selectivity of the narrative. Similar to a map, a narrative is always selective in that it does not encompass the totality of one's lived experiences, and there are always some isolated experiences that are omitted or do not get storied. The choices one makes about what life events can be storied and how they should be storied are powerfully shaped by dominant discourses that are sustained by taken-for-granted assumptions and shared viewpoints. More important, as White and Epston (1990) maintain, it is only through storying their experiences that people make meaning of them and of their lives. Thus, they argue that stories are not merely reflections of lives but are constitutive of lives in that they shape people's lives and their relationships with others.

Based on the notion that narratives are socially constructed, White and Epston (1990) further argue that problems are produced or manufactured in social, cultural, and political contexts which serve as the basis for life stories that people construct and tell about themselves.

People experience problems when their narratives do not sufficiently represent their lived experiences, or there are significant aspects of their lived experiences that contradict these dominant narratives. Thus, the goal of narrative therapy is to help people generate alternative stories as opposed to dominant stories, clarify what choices they may have and wish to make, and reauthor their stories that they will experience as more helpful (Winslade & Monk, 1999).

The Therapeutic Process

Narrative therapists might begin by the usual joining with the client and inviting the client to talk about things he or she enjoys doing, which might have little direct connection with the presenting problem. Inevitably, the client might engage in telling a problem-saturated description or story of his or her life. Then the narrative therapist utilizes the notion of deconstruction to externalize the problem, listening "for hidden meanings, spaces or gaps, and evidence of conflicting stories" (Drewery & Winslade, 1997, p. 43; see also White, 1993). In externalizing conversations, the problem is separated from the person through a subtle shift in language, allowing the client to experience the problem as outside of the client. Having named the problem, the narrative therapist asks mapping-the-influence questions to explore the relative strength of the problem and the person, that is, the influence of the problem on the person and the influence of the person on the problem. In the process, the client is enabled to identify what Goffman (1961) called "unique outcomes," or experiences that stand apart from the problem story. By establishing some recent unique experiences and developing explanations of the significance of these experiences, the client is enabled to experience a sense of personal agency in developing a counterplot or a plot of the alternative story and to choose between continuing to live by the problem-saturated story or changing to locate himself or herself in the alternative story.

Personal agency and the survival of alternative stories are enhanced by inviting persons significant to the client to become an appreciative audience to witness the client's performance of the alternative story. This might involve using therapeutic documents, which might include visual elements, letters, statements, certificates and creative writing, and enlisting feedback from how the audience has experienced the new performance and stories of the new and preferred identity (see Payne, 2000; White & Epston, 1990).

The Narrative Challenge to Traditional Psychotherapy

The narrative approach challenges the way traditional psychotherapy generally views the individual client from a deficit perspective. It especially challenges the mental health areas where therapists are experts who claim to know more about clients' lives than clients do themselves, and who diagnose problems and prescribe solutions and treatments. The view that therapists have expert knowledge and therapeutic practices should be empirically validated or supported through controlled experimentation is based on the biomedical model of mental illness, which has the effect of locating the problem within the person through diagnosis and treatment interventions. In this connection, Gergen (1990, 1991), for example, suggests that the language, power and use of diagnostic deficits can be totalizing as to affect the past, present and future of a person's life to the extent that the self becomes saturated by the pathology. Accordingly, despite the good intent to help the client, such interventions might end up inadvertently totalizing, pathologizing and disempowering the client.

One might speculate that expert knowledge and deficit theory only operate in those psychotherapies that focus on intrapsychical conflicts, such as psychodynamic therapy, gestalt therapy, or transactional analysis. However, the challenge applies to mainstream cognitive and behavior therapies that share positivistic and empiricist beliefs. For example, a

behavior therapist might diagnose behavioral excesses or deficits in a client and seek to effect behavior change through monitoring antecedent conditions and consequences. A cognitive therapist, on the other hand, might identify dysfunctional or irrational thinking in clients and seek to collaborate with clients in testing these hypotheses and in disputing the validity of these thinking to effect cognitive and behavior change. Thus, the assumptions about a therapist's objectivity and a client's psychopathology or skill deficits may inadvertently privilege the therapist's voice and limit how much the client can influence therapy.

Perhaps, more similar to narrative therapy is the Rogerian person-centered therapy in that both therapies focus on the client rather than the therapist as having expert knowledge about the client. Narrative therapy certainly uses core Rogerian qualities of empathy, congruence, and positive regard as a way of relating in therapy (Payne, 2000). However, narrative therapists would argue that the Rogerian orientation is implicitly associated with the deficit theory. They maintain that person-centered therapists would view problems as located within clients, and clients need to grow, change, develop, and improve to enable their true selves to emerge free from deficits at some future point. Further, within the person-centered orientation, growth conceptualized as the development of a client's inner potential is promoted through a therapeutic relationship that is warm, empathic, genuine, and showing positive regard, allowing the client to explore his or her problems, feelings, and inner self (see Rogers, 1961). When the therapeutic relationship is seen as primary and all-important, and is elevated above other relationships in the client's life, narrative therapists would argue that it serves to exclude and marginalize the contribution of the client's relationships and life outside the therapy room to overcoming his or her problems (Payne, 2000).

Related to the issue of deficits within the client, narrative therapists also differ from person-centered therapists in their view on the notion of

power. Person-centered as well as other humanistic therapists tend to emphasize the ideal that the client should be in control of his or her life and exercise conscious choices about it. In contrast, narrative therapists regard that clients do not solely possess or exercise power, and power is part of what people negotiate in their everyday lives and social relationships, where power is about positioning in relation to discourse. Positioning in turn determines whether a person can speak, what is sayable and by whom, and whose accounts are listened to.

With this view, narrative therapists emphasize accepting the equal validity of each knowledge and voice, while acknowledging that some voices are regarded as more meaningful than others from specific perspectives (Speedy, 2000). This view impacts on power relations for the client as well as on therapy practices. Thus, narrative therapists, in line with the person-centered approach, adopt an optimistic and respectful stance, but one that is at the same time not-knowing, tentative and curious, using listening, language and therapeutic skills to assist clients to find inconsistencies, hidden assumptions and contradictions in their stories. However, unlike the person-centered approach, narrative therapists are directive and influential in their use of questioning in bringing into focus clients' easily discounted or overlooked details of competence and accomplishments. In so doing, clients are empowered to find their own voice (Drewery & Winslade, 1997; Speedy, 2000; Winslade & Monk, 1999).

As to therapy practices, the view on power influences the conceptualization of problems as a consequence of silencing or enforced silence (Lister, 1982). Since clients' problems are produced or manufactured in social, cultural, and political contexts that serve as the basis for life stories that clients construct and tell about themselves, clients may be silenced when they are not authorized to tell their own story. In this regard, the narrative perspective highlights the effects of gender, class,

race, and ethnicity on people's lives, and narrative therapists must assume that they always participate in domains of power and knowledge, and may often need to challenge the techniques of social control (White & Epston, 1990).

Effectiveness of Narrative Therapy

Thus, narrative therapy has its appealing features to help us address issues in cultural pluralism or multiculturalism, which has become a prevailing theme to be addressed in psychotherapy as well as in education, training, research, practice, and organizational change (see American Psychological Association, 2003). To be ethnically or multiculturally sensitive, narrative therapists would suggest that curiosity and respect for clients' ways of doing things might be more useful than aspiring to be an expert in every culture with which a therapist might conceivably work.

Despite these considerations, questions could still be raised as to the efficacy and effectiveness of narrative therapy in general, and its application on Chinese population in particular. Interestingly, while narrative therapy has claimed to deviate radically from the traditional modernist psychotherapy as a postmodern form of practice, it has nonetheless patterned itself after the older clinical tradition in favoring therapist testimonials instead of controlled outcome studies. The leading theorists and practitioners have invested themselves far more in applying their therapeutic procedures than in conducting research to test empirically the efficacy and effectiveness of narrative therapy. Instead, they have offered abundant case materials or success stories (Monk, Winslade, Crocket, & Epston, 1997; White, 1993; White & Epston, 1990; Winslade & Monk, 1999; Zimmerman & Dickerson, 1996), but little in the way of data from experimental controlled studies and outcome research.

For one thing, the relative lack of controlled outcome studies on narrative therapy could be a result of narrative therapists' reactions against

the typically empirical studies conducted using positivist scientific methods. To ensure scientific rigor, such research studies require randomized clinical trials, controlled group designs, standardized measures, manualized treatments, and quantitative analyses, which inevitably go against the principles of social constructionism. The resulting research definition of evidence also relies on objectification of experiences, and consequently privileges one conception of evidence over others.

More specifically, it is difficult to assess the efficacy and effectiveness of narrative therapy using positivist scientific methods of controlled experimentation because each person or family story is different, and because of the collaborative nature and coconstructive process inherent in defining issues related to therapy. Thus, it is no surprise that narrative therapists are more inclined toward using the ethnographic and case study methods. However, more recently, there are efforts to quantify meaning construction in stories and self-narratives, which might be helpful as a first step in bringing the evaluation of narrative therapy in line with the process and outcome evaluation of other psychotherapy approaches (see Hermans, 1999; Hermans & Hermans-Jansen, 1995).

Counseling Chinese Clients: Cases for Illustration

I will in the following present three stories of therapy of Chinese clients from my files and those of my students. Their stories are glossed but real, and there is simplicity reflected in the accounts that cannot be found in the therapy itself. For confidentiality, all background information and names have been altered to protect the actual identities of clients. The therapist or counselor is described in the first person for all cases.

Tony, the Shameful Teacher

Tony, age 24, a young novice teacher, sought help because of his

intrusive thoughts of sex, which had developed to an obsessive proportion. He claimed that he lost control, and these thoughts of sexual scenes came to him suddenly and at inappropriate time. He had been on medication (probably Prozac according to his description) with not much help. He had also been on a behavioral program of in vivo exposure/ritual-prevention with thought stopping, which again did not help. Being a teacher and a religious man, he started to doubt his personal worth and what his real self was, for he had always thought of himself as a good person who aspired to the highest moral and ethical standards.

In externalizing his problem, I invited Tony to describe and personify his problem. He described it as a worm-monster that often crept into his mind and took him unaware. I invited him to help me understand how this worm-monster could take hold of him and influence his life and his relationships with others. I also invited him to reflect on how he could fight and resist the taking over by this worm-monster, and how he would be looked upon by others regarding his resistance and fighting.

Tony terminated counseling "prematurely" because of other reasons. In the last session, he was able to see himself not as a shameful person, but as a fighter defending goodness and morality. He was able to integrate thought stopping in resisting the worm-monster by saying no to the worm-monster rather than issuing the command to himself. If he continued, I would invite him to make further progress in reauthoring his life through giving voices to his biological and sexual selves as well as his moral and spiritual selves.

Anna, the Overconcerned Mother

Anna consulted me about her ten-year-old son Arthur. She was concerned about his playfulness in school and worried that he did not learn as much as he should. She was also concerned that he spent most of

his time at home playing computer games rather than revising what he learned in school. Anna's plan for Arthur was to develop a revision timetable, concentrate on his academic subjects, and reduce his extracurricular activities that included his playing computer games. The plan went well for about a week, and Arthur was back to his usual self. Anna did not want to press her demands as she sensed Arthur's growing antagonism toward her, but she was greatly concerned that Arthur might never reach the academic achievement of his elder brother who was a top student in matriculation class, and that of his father who was an engineer.

In discussing Anna's concerns, I first asked about how Arthur's playfulness in learning was affecting the lives of family members, and about the extent to which Arthur's problem was interfering in family relationships. I then asked about how Arthur's problem had been influencing her thoughts about herself and as a parent. Anna confessed that she thought she was a failure as a mother.

With this disclosure, I encouraged Anna to explore how she had been recruited into this view. The exploration brought forth that she had the experience of being regarded as a failure in her academic performance, though she regarded herself as having talents in music. I then further encouraged Anna to reflect on how she came to discover her talents, and further evidence that her life had not been dominated by failure. In working back on Anna's concern about Arthur, I invited Anna to deconstruct the dominant discourse about achievement that is unnecessarily restricted to linguistic and mathematical domains. Anna was led to understand that by not silencing the voices that represent talents from musical, visual-spatial, bodily-kinesthetic, interpersonal, intrapersonal, and naturalist domains, she could help Arthur open spaces for restorying his life in school and at home. Before termination, Anna reported better communication with Arthur, and both were able to discuss important matters of concern affecting both and the family.

Sue, the Angry Daughter

Sue, age 33, happily married with no children, sought help to improve her relationship with her mother. The problem of poor mother-daughter relationship was long-standing, and had withstood many attempts to resolve it. Sue traced the problem to her own inner turmoil of responsibilities and rights, a conflict driven by forces of cultural beliefs in filial piety and anger fueled by feelings of being abandoned at the age of six.

Throughout the interviews, Sue clearly showed that she understood that in financial hardship, her mother as a widow could not raise all three children (Sue, her younger sister and younger brother), and decided to let Sue's uncle adopt Sue. After the adoption, Sue had a good education, had gone to university, and was hired as an executive in a large firm. However, on thinking back, Sue would very much like to be brought up together with her siblings under the same household, though both her sister and her brother had received less education and were less gainfully employed. The question she always had in her mind was, "Why me?" She often attended family gatherings initiated by her brother or sister. Each time, she envied the closeness between her mother and her siblings, and she interpreted any gestures of caring for her by her mother as an act of compensation rather than genuine love and care. Instead of reciprocating, she often responded sarcastically. Consequently, mother and daughter always parted with hard feelings.

In externalizing conversations, I invited Sue to help me understand how the rift between she and her mother had affected her life and her relationships with others, and I further invited her to reflect on what she might do to affect the rift. I suggested that her mother's act of "making-up" did not get invented overnight but had a history of its own. I also suggested that her recent account of stopping short of helping her mother adjust her mask as a precautionary measure for SARS infection reflected

a unique outcome which could be historicized to uncover more unique outcomes or sparkling experiences that had not been selected for storying. I led her to discover that her story with the plot of abandonment or desertion could be rewritten with a counterplot of reunion, and she was chosen because of her competence and resilience to bear the burden in times of family hardship and difficulties.

In restorying her life with the counterplot, Sue was able to recruit her aunt who was about her age and had been a confidante throughout the years to come in to witness her reauthoring of her story, and to cheer her on. In the last interview by mutual decision, Sue was confident that she could now express her anger without fearing that her relationship with her mother could be jeopardized.

Summary

In the above cases written for illustration, I intend to demonstrate that narrative therapy provides a respectful way to understand our clients from the Chinese cultural background, and gives them the opportunity to tell the stories of their lives. Each case has its emphasis for illustration. Tony was able to benefit from externalizing his problem and gain a sense of agency in controlling his intrusive thoughts. Anna was able to unmask the dominant discourse of education in Chinese societies and open spaces for herself and her son to appreciate nontraditional and nonacademic talents and competencies. Sue was able to unmask the conflicts in cultural beliefs and choose to develop a counterplot to reauthor her life story. She was also able to enlist the social support from a sympathetic audience to help her cocreate her preferred reality. Thus, in summary, by externalizing problems and unmasking the dominant cultural stories, our Chinese clients could choose to develop counterplots in deconstructing the dominant discourses and open space to reauthor their life stories in ways that give them greater power and control but were also consistent with the values and beliefs of the Chinese culture.

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華人輔導及多元文化：「敘事治療」是另一選擇？

愈來愈多心理治療及輔導人員察覺到，在輔導來自不同文化背景的人時，我們需要因應這些不同的文化背景而對輔導過程作出相應的調適，例如為個別文化發展一些針對性的治療技巧及策略。我們亦可從這多元文化的觀點，去理解心理治療及輔導本土化的訴求。「敘事治療」是後現代的一種心理治療方式。它獨有的「敘事比喻」以及「敘事治療過程」，對傳統的心理治療方式帶來了一定程度的衝擊。本文以三個個案，討論「敘事治療」在替華人進行心理治療及輔導的適用性。