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ARTICLE



## Client views of counselor directives ( 指导 ) : A qualitative study in china

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### ABSTRACT

In order to understand client views of counselor' use of directives, we conducted in-depth interviews with nine clients immediately after they completed a session at a university counseling center in China. The results, derived by using Consensus Qualitative Research (CQR), revealed that participants generally expected counselors to give directives, reported having received them, and felt good after receiving them. In addition, clients perceived some non-directive counselor interventions as being directives. Clients felt discontented when they did not receive as many directives as they wanted and when they received directives that did not fit their needs. Clients indicated that they would implement only those directives that they anticipated would have a clear benefit and would not implement those that seemed difficult to do. The results shed light on outcomes related to directives, conditions needed for directives to be implemented, mechanisms by which directives lead to positive change, and client feelings after receiving counselor directives, all within the context of the Chinese culture. One implication of the results is that training programs need to focus on training how to use directives when working with Chinese clients.

### KEYWORDS

Therapist directives; culture; Chinese communication; client perspectives

## Introduction

Counselors often use directives (e.g., advice, homework, suggestion, plans for action) in counseling and psychotherapy (Duan, Knox, & Hill, 2018), consistent with the assumption that "the professional training and experience of the counselor or therapist equip him or her to manage the therapeutic process and to guide the client's behavior" (American Psychological Association, 2018). Using the definition of directives as "statements expressing the speaker's intention that the hearer act" (Stinchfield & Burlingame, 1991, p. 251), researchers have also shown that some clients value them (Schaffer & Dreyer, 1982). Some meaningful follow-up questions would be related to the therapeutic roles of directives or types of directives that clients value. The lack of satisfying answers to these questions may be one major reason for the striking contrast among systems of psychotherapy regarding

directives (Stinchfield & Burlingame, 1991). Additionally, the role of culture in psychotherapy in the use of directives needs to be addressed further (Duan et al., 2018).

Some research conducted in China has revealed informative results, including a positive relationship between counselor directive use and therapeutic outcomes viewed by clients (Duan et al., 2012), and a high level of interest in using directives among some college counseling center counselors (Duan et al., 2014). Notably, the term “directives” was used by participants as a loose concept for all counselor responses that they deemed as directives (e.g., hints, advice, indirect leading comments, etc.). This phenomenon needs to be understood in the cultural context where the lower party in a hierarchical relationship (e.g., client to a counselor) would be expected to follow the modeling of the higher party and learn as much as possible from top-down messages (Hofstede, 2001). Furthermore, the Chinese translation of directive, *zhidao* 指导, semantically carries both the meaning of instruction/teaching and that of guidance, and when coming from a respected source it is positive or precious to the recipient.

The (Duan et al. (2012), Duan et al. (2014)) studies were conducted at a setting where most counselors had heavy exposure to humanistic counseling along with other western theories (due to the leading faculty member being a humanistic theorist). The counselors were aware of the professional expectation for them to be theory-driven and to implement humanistic principles in counseling. Thus, they often faced the challenge of following their cultural intuition to use directives and their professional training to stay away from directives to honor the idea that clients are the experts on themselves (Rogers, 1961; Swift & Parkin, 2017). To help Chinese counselors, and any counselors working with Chinese clients navigate these demands in order to maximize their counseling effectiveness, our goal in the present study was to extend the findings of the Duan et al. studies by investigating how Chinese clients in the current Chinese cultural context view and experience counselor directives in this study.

### ***Theoretical perspectives on the use of directives***

Cognitive and behavioral theorists use directives to help clients achieve their change-oriented goals, encouraging client work between sessions and helping clients generalize learning to regular life (Kazantzis, Deane, & Ronan, 2000; Scheel, Hanson, & Razzhavaikina, 2004). In fact, assigning client homework or tasks (one form of directives) has been seen as an essential component of cognitive-behavioral therapy (Freeman, 2006), and the absence of such directives has been viewed as compromising therapeutic outcome (Burns & Spangler, 2000). Furthermore, directives can also have the indirect benefit of helping clients feel confident that something can be done for their problems (Duan et al., 2014; Simon, 2015).

In contrast, psychodynamic and humanistic theorists, due to their focus on client insight and growth, worry that directives allow counselors to play out their own narcissistic needs or take on “an omniscient and omnipotent position” (Walborn, 1996, p. 222) in relation to clients. Using directives is thought to place the counselor in the role of an authority, thus distracting clients’ attention away from their internal processes (Stricker, 2006). Furthermore, using directives is clearly and philosophically inconsistent with the humanistic belief that clients are the experts on themselves and have resources for self-understanding and self-improvements (Rogers, 1980; Swift & Parkin, 2017).

This current state of the theoretical differences concerning the use of counselor directives reflects the larger concern that the field of psychotherapy/counseling has failed

to obtain consensus or scientific core to move beyond a preparadigmatic stage (Goldfried, 2019). Empirical research is needed to move away from examining specific theoretical orientations to focusing on the “principles of change” (p. 487) for clients from diverse backgrounds. Effective interventions are those leading to positive counseling outcome regardless of their being theoretical or untheoretical, or reflective of one theory vs. another. An optimal theory should address the question about what works for whom in what context, in terms of client outcome (Norcross & Wampold, 2011), rather than what theoretical assumptions should or should not guide counselors’ interventions. In the Chinese cultural context, the use of counselor directives has been shown to be related to client expectations and motivation for treatment (Duan et al., 2014), the first identified the common principle of therapeutic change (Goldfried, 2019; Wampold & Imel, 2015). Thus, understanding client views on counselor directives can potentially contribute to optimal counseling theory building for counseling Chinese.

### ***Relevant chinese values regarding relationship and communication***

Among the diverse characteristics and features that make Chinese culture unique, whole and complex, there are four aspects that are particularly relevant for understanding Chinese client counseling experience. First, Chinese culture is distinct in its emphasis on family/group orientation and *guanxi* (关系). The English translation for *guanxi* is a relationship, but the meaning of *guanxi* is richer and more encompassing. The term includes an obligation from one person to the other, with expected appropriate reciprocation of social exchanges and favors, and a stress of interpersonal and intergroup harmony (Chen, Chen, & Huang, 2013). Research evidence has shown that Chinese social and psychological behaviors can only be understood in this *guanxi* context (Xin & Pearce, 1996). In fact, *guanxi* is so central and profound in all family, group and social relationships that “self” is found to be defined accordingly for Chinese (Sun, 2017). They view the self as being “situated in, explained by, and governed by complex hierarchy and role relationships” (Gao & Ting-Toomey, 1998; p. 17) and bi-cultural in nature, with both individual-oriented and social-oriented components (Lu, 2008).

Another “cardinal cultural value in Chinese society” (Wei & Li, 2013; p. 62) is a harmony (和), viewed as containing the ideological concepts of conscientiousness, concordance, peacefulness and gentleness (Kilarski, 2017). In human interactions and relationship, harmony presupposes the co-existence of all parties and is shown in the prioritization of harmoniousness, peacefulness, and concordance (和睦, 和谐, 和平, 平和). From Confucius’ teaching, harmony can be achieved by people who cultivate themselves seriously to acquire the virtues of benevolence (仁), righteousness (义), courtesy (礼), wisdom (智), honesty (信), loyalty (忠), and filial piety (孝) (Zhang, 2013).

To understand client counseling experience, one has to be aware of the centrality of *guanxi* and harmony in communication. Chen (2011) pointed out that Chinese communication holds a holistic view and effective communicators “submerge into the group or be collectivistically oriented in the endless and transforming process of social interactions” (p. 3). The ethics of communication “aims to achieve cooperation among interactants” (p.3), and harmony serves as a root metaphor (Pepper, 1942) with great elaborating power in understanding Chinese communication behavior. In practice, a harmonious orientation “dictates an indirect, subtle, adaptive, consensual, and agreeable style of interaction” and

pursues the “interconnectedness between the knower and the known” that constitutes “the center of genuine knowledge” in all forms of communication. (Chen, 2011, p. 3).

A third factor of face (*mianzi* or *lian*, 面子 or 臉) culture of the society (Hwang, 2004) must also be considered. *Mianzi* (面子), is linked to one’s dignity or prestige in existing social relationships and *lian* (臉) to “both a social sanction for enforcing moral standards and an internalized sanction” (Hu, 1944; p. 45). When played out in interpersonal relationships, giving, protecting, augmenting or enhancing each other’s face becomes one important consideration of both parties toward a harmonious and collaborative communication (Hwang, 2004). Because of the importance of face, individuals could change how they express themselves by being very direct and even aggressive when harmony is in jeopardy for whatever reasons or one’s *mianzi* or *lian* is at risk (Chen, 2004). Therefore, it is important that our understanding of client behavior in counseling is rooted in the awareness and appreciation of all these (and many other) Chinese cultural characteristics.

All these cultural characteristics are present, overtly or covertly, in counseling relationships. Using directives may convey meanings more than the counselor telling the client what to do. To cultivate harmony, *guanxi* and protecting face for all parties, counselors’ appropriate use of directive (*zhidao* 指导) and client experience of directives are ingredients of effective therapeutic communication. Using *zhidao* is only appropriate in the up-to-down direction in hierarchical relationships.

### **Relevance of Chinese culture to counselor directives**

Given that culture shapes personality (Triandis & Suh, 2002) and permeates human existence (Geertz, 1973), it makes sense that views about directives would be shaped by culture, and that there is diversity concerning the level of tolerance of and respect for giving and receiving directives among cultures. Thus, whereas counselors telling clients what to do violates beliefs about relationships in highly egalitarian and individualist cultures (Walborn, 1996), it is expected in cultures where relationships are dominantly hierarchical (Duan et al., 2012). For those from collectivist and high context cultures, being directed by authority figures is an ordinary phenomenon. This relationship-based expectation is important to note as it may translate into client expectations regarding the counseling process, given that expectations are an important and necessary condition for positive therapeutic change (Wampold & Imel, 2015).

Most of the studies about the relevance of culture in counselor directives have been conducted among Asian Americans or international students in the United States. Researchers have shown that clients tended to expect counselors to be directive or use directives (e.g., Yuen & Tinsley, 1981), prefer directive counselors for themselves (e.g., Atkinson & Mantsushita, 1991), and view counselors who used directives as being credible and effective (Lin, 2001). Thus, culture did seem to play a role in client expectation for and experience of counselor directives, although how Chinese culture plays this role was not clear given that clients all lived in a bi-cultural or multi-cultural environment.

Learning about clients’ views of counselor directives in China could help us understand the cultural link in counseling. Interestingly, western theories and systems have continued to dominate the professional counseling field since its inception about 40 years ago (Duan, 2018), whereas recent studies have revealed that views of mental health (Lei, 2016), mental illness (Li, 2015), and beliefs and expectations about counseling and

psychotherapy (Duan, Duan, Zhang, & Xie, 2011) still reflect traditional Chinese cultural values. College students reported their mental health is closely related to their family's wellness and their relationship with others (Lei, 2016), and the general public tended to see mental illnesses as reflecting normal life challenges (Li, 2015). When they do seek counseling, Chinese clients generally see counselors as experts and expect to receive directives, and counselors often feel compelled to provide directives (Duan et al., 2012, 2014). The finding that counselors felt conflicted about using directives given the divergence between their cultural intuition and western humanistic training (Duan et al., 2014) raises the importance of examining Chinese client perceptions of counselor directives.

### ***Empirical research about counselor directives in China***

Duan et al. (2012) examined the relationships among the use of counselor directives, client implementation, and outcome of counseling as perceived by both clients and counselors (most claimed a humanistic orientation) at a large Chinese university counseling center. The authors designed the study in an attempt to replicate and extend the Scheel, Seaman, Roach, Mullin, and Mahoney (1999) findings that U. S. counselors used directives regardless of their theoretical orientations, and client acceptance of and compliance with the directives depended on the level of fit, difficulty level, and counselor influence in using the directives. Duan et al. found that Chinese counselors frequently used directives, and that clients reported receiving more directives than counselors reported giving. Duan et al. failed to replicate Scheel et al.'s (1999) finding that acceptability of directives directly leads to the client implementation. Rather, they found that the quantity of directives interacted with acceptability in strengthening the working alliance, which fits the cultural explanation that directives are appropriate and expected in Chinese counseling relationships. What was not clear, however, was how counselors navigate between their anti-directive humanistic training and their pro-directive cultural intuition, and how they conceptualize the role of directives in their own counseling work.

Hence, Duan et al. (2014) conducted in-depth interviews with experienced Chinese counselors with a humanistic orientation. The qualitative results showed that Chinese counselors often felt caught between the cultural expectations for using directives to help clients and their general belief, partially due to humanistic training, that using directives reflects a lack of professional expertise. These Chinese counselors negotiated this tension by offering directives that had room for client interpretation and imagination and using culturally appropriate communication skills (e.g., being indirect, implicit and subtle) when delivering them. Thus, they used directives that "were meant to be thought about rather than implemented per se" (p. 16), delivering them through hints, statements, questions, and wise sayings to avoid imposing their ideas onto clients and allowing clients to derive helpful directions for themselves. Knowing that clients may infer directives from diverse counselor communications, they paid particular attention to client readiness, communication styles, and past experience in deciding how to deliver the directives to ensure a good outcome.

### ***Purposes of the current study***

To further investigate the role of counselor directives in China, we sought to examine client perspectives. We conceptualized directives as any communicated messages, overt

or covert, from counselors that are perceived by clients as directing them toward change. Our specific research questions were: (a) What are clients' expectations for counselors in terms of using directives? (b) What are clients' experiences when they do or do not receive directives? (c) What are clients' thoughts about implementing the directives they have received? And (d) What do clients think about the role of directives in counseling?

## **Methods**

### ***Data set***

The data were collected from in-depth interviews with nine clients who were in counseling at a counseling center at a large university in central China, where students were allowed up to eight free sessions of counseling. Interviews were analyzed using Consensual Qualitative Research (CQR; Hill, 2012). We chose this method because it is rigorous and relies on multiple perspectives and consensus, which can accommodate understanding indirect communications that are typical in Chinese culture.

### ***Participants***

#### ***Interviewees***

Nine (6 female, 3 male; all Chinese; 7 undergraduate, 2 graduate students; aged 19 to 23) clients who had been in 4 to 8 sessions at the Counseling Center served as participants. To protect their privacy and confidentiality, no additional demographic information was collected other than the name of their counselor. Each participant saw a different counselor (6 females, 3 males, all Chinese, all had either a MA or Ph.D. in counseling or clinical psychology). All clients were currently in counseling at the time of interview.

#### ***Interviewers***

Two (one male, one female, both in early 30 s, both of Chinese origin) advanced doctoral students in counseling psychology (one in China, one in the United States) served as interviewers. They both had 2 or more years of counseling experience through the practicum. The two interviewers discussed their personal beliefs regarding the study before conducting the interviews (e.g., the male interviewer believed, based on his adherence to nondirective counseling, that directives should be used minimally; the female interviewer, based on her integrative orientation, believed that counselors should be responsive to clients' expressed needs for directives in sessions). They agreed to try to bracket these beliefs and stay open during interviews with participants.

#### ***One-time judges***

After all the interviews were completed, two second year master graduate counseling psychology students (one male and one female) who were unaware of the purposes of the study were recruited to be one-time judges for determining fidelity to the interview protocol.

#### ***Data analysis team***

Three Chinese women (2 associate professors in their early 40 s and one advanced doctoral student in her early 30 s, all in counseling psychology, and had experience with qualitative

research and counseling Chinese) served as primary data coders, and two women (a 63-year-old Chinese American U.S.-based professor and a 70-year-old European American U.S.-based professor) as primary auditors (Both had extensive experience with the CQR method). Team members believed in a variety of theoretical orientations, with three leaning toward a humanistic, one toward an interpersonal, and one toward a psychodynamic orientation. Their views on counselor directives ranged from embracing to distrusting the use of directives depending on the therapeutic context. All believed that culture played a significant role in the acceptability of directives for clients, all expecting that Chinese clients would want directives. They felt confident about being able to bracket their individual beliefs and stay open to participants' experiences and to teammates' perspectives during the data analysis process. Prior to and during data coding, the research team and auditor discussed their expectations and beliefs of using directives in counseling.

## **Measures**

The first three authors composed an initial list of interview questions in English after reviewing the literature on the topic. Feedback about these questions was then sought from graduate students in counseling psychology in China. The first three authors edited the questions based on the feedback until reaching a consensus for the final semi-structured interview protocol (see Appendix A.). A back translation process (Brislin, 1980) was completed to translate the questions into Chinese, involving: (a) initial translation to Chinese by the first author, (b) checking for meaning and clarity by the third author, (c) translating back to English by a bilingual Chinese doctoral student and reviewed by the second author, and (d) the Chinese version was reviewed and approved again by the first and the third authors.

## **Procedures**

### ***Recruiting participants***

During a one-week data collection period shortly before final exams, a recruitment letter was placed on the front desk of the counseling center, asking for volunteer clients to "share your experiences of counseling in an interview." The letter was carefully composed to highlight the voluntary nature of participation and assure readers that the researchers (who are not on the staff at the center) would not have access to counseling center client files or to knowledge about who had chosen or not chosen to volunteer for the study. The receptionist pointed out the letter to all clients who had attended at least two sessions and asked them if they would be willing to participate. If the client expressed willingness, the receptionist notified an interviewer to meet the client after their counseling session to schedule an interview. Nine of approximately 30 eligible clients volunteered and were scheduled for interviews.

### ***Interviews***

The first author trained the male interviewer in three sessions for conducting semi-structured interviews, and then the male interviewer trained the female interviewer in China; the first author observed a recording of one of their practice sessions. In the one-hour audio-recorded interviews, one of the two interviewers asked all of the 12 scripted interview questions along



with appropriate unscripted follow-up probes (e.g., “Tell me more about that”) to each question in conducting the interview. All interviews were conducted in Chinese.

The two one-time judges listened to one randomly selected interview from each interviewer. They answered two questions regarding potential interviewer biases: (a) Based on what you heard, did either of the interviewer seem to favor the use of counselor directives? (b) What differences did you hear between the two interviewers related to counselor directives? No differences or biases were found between the two interviews.

### **Data analysis**

To ensure confidentiality, no identifying information was provided to the data analysis team. Following the steps of CQR (Hill, 2012), each team member first read through all the transcripts to familiarize themselves with the data. They then used two transcripts to consensually develop domains (topic areas), which were modified throughout the process of data analysis. Next, team members independently constructed core ideas for the raw data in each domain, and then the team met multiple times to discuss and consensually arrive at final core ideas for each case. The first auditor and a Chinese doctoral student in counseling psychology reviewed the drafts of the consensual versions of the results and provided feedback for further discussion; all changes were made by the team through consensus.

In the cross-analysis, the primary team looked for themes within domains across cases. The team together constructed a list of categories by reading through the core ideas for each domain. Once the category list for each domain was stabilized, judges placed the core ideas into the relevant categories. The auditors examined the “fit” of core ideas under each domain. The feedback-review-revision process continued until everyone felt that the results adequately represented the data. All data analyses were conducted in Chinese, and results were translated into English for review/auditing by the first author after each stage of analysis (domain, core ideas, selected supporting quotes, cross-analysis). The final results were translated into English using the 3-step translation process (Brislin, 1980) described above. The auditors examined the entire cross-analysis, with the team making adjustments as necessary.

We followed the CQR recommendation (Hill, 2012) in labeling the categories as *general* if it applied to all or all but one interviewee (8 or 9), *typical* if it applied to more than half of the interviewees (5 to 7), and *variant* if it applied to at least 2 interviewees (2 to 4). Data that applied to only single cases were excluded from this report. We note that one participant was a female graduate student in counseling psychology who shared at the beginning, “I have learned not to use directives in counseling, thus I did not have expectations for receiving them.” We decided not to exclude her data because the participant’s responses were largely consistent with those of other participants. We used ellipses (...) when words were deleted to save space in reporting the results. Below we present the results organized in the same way as in Table 1.

### **Results**

A total of five domains and two to three categories under each domain emerged from the data analysis. The results captured the participants’ expectation for, experience of, reaction to, and opinions about counseling directives. Participants generally expected for counselor directives, typically received them, generally felt good about receiving

**Table 1. Domains and Categories of Client Perspectives about Counselor Directives.**

<b>Expectations for Counselor Directives</b>	
Expected counselor to give directives	General (8)
At the beginning or end of counseling	Typical (7)
When client was stuck and did not know what to do	Typical (7)
When counselor was an expert	Variant (4)
Belief not appropriate for counselors to give directives	Variant (2)
<b>Types of directives received in recent counseling session</b>	
Directly-delivered directives	Typical (7)
Homework	Typical (7)
Suggestions for thinking or doing something	Typical (7)
Indirectly-delivered directives	Typical (7)
Indirectly leading toward specific ideas	Typical (7)
Via confirming or positive feedback	Variant (3)
Via Analogy	Variant (3)
Via self-disclosure	Variant (2)
<b>Reactions to being given directives in recent counseling session</b>	
Felt better (more hopeful, thoughtful, relieved)	General (9)
Concerned about specific, directly-delivered directives	Typical (6)
Felt worse when did not receive desired directives	Typical (6)
<b>Intentions about implementing directives</b>	
Intended to implement	Typical (7)
If perceived benefit from implementing	Typical (7)
If perceived directive as “doable”	Variant (4)
If anticipated receiving positive feedback from counselor	Variant (4)
Did not intend to implement	
If feeling “I can’t do it”	
If uncertain about outcome	
If tasks are unwanted	Variant (2)
<b>Opinions about counselor directives</b>	
Directives are helpful	General (9)
Lead to a positive client psychological experience	Typical (6)
Lead to enhanced client self-understanding	Typical (5)
Helps client adopt new perspectives in relation to others	Variant (4)
Ways in which directives lead to positive outcome	Typical (7)
Indirectly, subtly, gradually lead to new understanding	Typical (7)
Enhances client ability to problem solve	Variant (3)

Note. N = 9. General = 8 or 9, Typical = 5 to 7, Variant = 2 to 4.

directives, typically felt their implementation was conditional, and generally expect counselor directives to be helpful.

### ***Expectations for counselor directives***

Except for the participant who was a counselor trainee, all participants expected that their counselors would give directives. One participant said, “That is the point of coming to a counselor. The counselor can see why I am stuck and has the knowledge and insight I need.” In addition, participants expected that these directives should be offered at the beginning or end of counseling (typical), when the client felt stuck and did not know what to do (typical), and when the counselor was an expert in the area in which the client needed help (variant). One participant said, “I was so lost ... I really wanted my counselor to just tell me if I would be better off by telling my father that I was angry at him! I just do not want to make another mistake”.

In addition, participants variably shared their belief/understanding that directives were not appropriate. One person, the counselor trainee, said, “Counselors should not

use directives or focus on solving specific client problems, but should facilitate clients to do so by grooming their emotions and guiding their thinking." Another participant said, "I want to be "guided, not directed, because of my personality and I want to rely on myself for solving my own problems."

### ***Types of directives received in recent counseling sessions***

Participants received many directives, ranging in terms of the level of explicitness and dominance. Some were directly delivered, with homework being very clear and direct and suggestions less forceful or specific. Others were even more subtle and indirectly delivered.

#### ***Directly delivered directives***

Participants typically said that their counselor had assigned specific homework. Examples include, "Asked me to visit a company and talk to people who work there," "Requested that I ask friends to write 10 of my strengths," "Advised me to keep a daily diary" and "Told me that I should start writing a play script to reflect my failure in life and create an ending according to my wishes."

Participants also typically reported receiving suggestions from their counselor for doing or thinking about something, although these suggestions were less forceful, clear, or specific. Examples include, "I need not be too self-demanding ... and it is not all my fault," "Consider telling my father my thoughts," "May want to often tell myself 'it is okay and it does not matter,'" "All the time my counselor tries to help me learn how to best use the right psychological suggestion to help myself ... to rid my negative emotions," "Think as an observer of myself and see what I want the most ... similar to talking to myself, which could have the effect of psychological suggestions," "I may think about myself as a colorful person," and "Think about how I should think about things."

#### ***Indirectly delivered directives***

Typically, participants reported that their counselors provided directives via indirect communication, such as leading them toward certain ideas or goals by various strategies to encourage the client to figure out for themselves what to do. One participant said, "My counselor never told me what to do, but asked many questions that led me toward certain directions." Another said, "My counselor reminded me that strong individuals know how to protect their own interest while taking care of others, which actually led to my change of behavior and thinking." Yet another said, "My counselor just analyzed my thinking, leading me to see directions for my action."

Confirmation/positive feedback was a variant indirect form of directives. For one client, "I know that the counselor can't tell me what to do, but when I made a change in my thinking or did something in a different way, my counselor offered confirmation, which is a directive to me." For another, "It is most valuable to have counselor's praise for me and for my thinking, behavior or action, which tells me what to do the next. Once I said 'maybe I should let her (roommate) know ... that I was unhappy,' my counselor said 'it shows you can trust.' Counselor was telling me to trust my roommate and initiate communication with her."

Furthermore, analogies were variably reported as indirectly conveying directives. One participant shared that, "My counselor once used an analogy to tell me that I can change. She described that my dark colored self-image was reflecting my being a sponge that just

absorbs dark colored liquid or substance, she then said there was this other kind of sponge being capable of taking in all colors ... I eventually visualized a color-balanced self-image that comforted me." It appeared that the counselor did not specifically tell the client to change, but provided an analogy for her to figure out the change she desired.

Finally, participants variantly reported that counselors sometimes offered directives via self-disclosure. One participant stated, "Every time when I have an issue, my counselor would share her thoughts and feelings related to the situation and sometimes she would describe her similar experience and how she handled the situation. For me this was her way of directing me."

### ***Reactions to being given directives***

Generally, participants reported feeling better after receiving directives (e.g., "I like the fact that the counselor gave me directives," "I like the directive my counselor hinted to me by showing me what she would do," "The directives taught me how to express my emotions, which was very helpful," "The directives exceeded my expectations, and I feel good afterwards!"). One participant said, "My counselor said I did a good job with the relationship with [roommate], and I am very glad. I knew he (counselor) was asking me to talk to [roommate] more." In addition, some participants identified positive feelings about receiving directives (e.g., "warmth," "being supported and understood," "secure").

Participants also, however, typically reported having concerns about directly delivered directives, particularly when they felt that they could not follow the directive. One participant said, "Because I couldn't complete what the counselor asked me to do, I felt emotional resistance ... After a few times, I decided to quit." For another, "I resisted the directive to tell my professor about ... that led me to resist the counselor."

Furthermore, participants typically said that they felt a sense of not being cared for and that they felt discontented when their counselors failed to provide requested directives. One participant said, "After I told my counselor how directionless and confused I felt ... no feedback, no directives ... I felt lonely." Another said, "At the beginning, when I did not get the directives I expected, I felt very unhappy and wanted to quit counseling."

### ***Intentions about implementing directives***

Participants typically reported an intention to implement counselor directives, but by no means did they plan to indiscriminately implement all of them. Rather, they had clear ideas about which directives they were more and less likely to implement. When discussing their intentions to implement counselor directives, all participants seemed to focus mainly on the clearly stated, directly delivered directives, perhaps because they recognized these more as counselor directives. Participants typically reported that they intended to implement those directives that they saw as potentially helpful or beneficial. One participant said, "This week my counselor gave me a very good suggestion, talking to my parents when I go home in winter break, which I think will solve my problem. Thus I am determined to do it and do it well." Another participant shared, "My counselor taught me to change how I express my emotional reactions ... I should listen more, which I believe will improve my situation and emotional state. I will do it."

Participants also variantly expressed that they intended to implement directives that were “doable” or easy (e.g., “Telling myself ‘it doesn’t matter’ “To reduce my emotional fatigue, it should not be that hard, so I will do it,” “Increasing communication with my parents is easy, so I will do it,” “Whenever my counselor asked me to think about something . . . if that is what I want to do and my ability allows me to do it, I usually do it actively”).

In addition, they variantly said that they would implement directives that would likely lead to counselor’s praise and positive feedback. For example, one participant said, “I think my counselor will ask me about the homework the next time . . . I will try to do it so she will be glad and give me positive feedback”.

In contrast, participants typically reported that they did not intend to implement directives that were too difficult (e.g., “can’t do it”). One participant said, “My counselor told me how to respond to my father on this topic, but I can’t imagine saying that to him. I do not have the courage to confront my father.” Another participant said, “The counselor wants me to express my emotions, I just can’t do it. It is just not me who tells others how I feel.”

When they were unsure about outcome of the directed behavior, participants variantly reported they would not implement it. One participant said, “I have been like this for a long time, now if I change my behavior pattern, I am not sure how I would feel or how others would see me.” Another said, “I do not want to go through all the steps suggested by the counselor . . . without knowing how it will end.”

Participants also variantly reported that they did not want to implement directives that they did not like or agree with. According to one participant,

I resist suggestions for me to think about the past that I have forgotten, and I do not want to be reminded of the unpleasantness.” Another participant described that, “I felt the problem was within me and I just need to allow myself to experience and understand my own emotions in my own space and not to go around to share as the counselor suggested.

### ***Client opinions about directives***

Participants shared their thoughts about counselor directives, directive delivery and conditions for directive implementation. Based on their experiences in counseling, they seemed to believe in certain attributes of counselor directives.

#### ***Directives are helpful***

Participants generally acknowledged that directives can be helpful. Specifically, they typically saw directives as leading to a positive psychological experience for them. For instance, one participant commented, “I think getting directives from a counselor is important and helpful. This time he told me about how to communicate with my parents, which enhanced my confidence to overcome obstacles.” Another participant described that, I would still be in confusion if it were not due to counselor directives. He analyzed my messy thoughts and directed my thinking, step by step, to see my fear of losing the friendship (with a friend). That was like waking up from a bad dream. A few other participants also reported that after receiving directives, “I realized I could protect myself,” “I became more sensible and reasonable,” and “I feel stronger emotionally.”

Participants also typically said that directives can lead to enhanced self-understanding. One participant said, Directives are helpful because they can make me more introspective and more aware of my own problems. A good directive is like a catalyst for my self-understanding. To become more aware of my problems, I have to do what my counselor suggested: paying attention to little things in my daily life. Another participant said, "Directives can give me an objective and deeper view of my situation, and helped me see what I did not see before about myself. When my counselor asked me to imagine being in this new environment and how others may see me ... I can see where my problem is"

It was also variant that participants claimed that counselor directives could lead to beneficial new ways of thinking or new perspectives about their experiences or problems they face in relation to others. As one participant reported, "After I told my counselor my dream, she asked me to think about different things in my life. Although I did not do everything she asked me to, I feel the directives eventually led me see my wanting to have a closer relationship with my mother which opens a new direction for my life." Another participant reported: Counselors can sometimes lead us to change our views of others ... For me, after following my counselor's advice to write down each time when I felt angry at my father ... eventually I was able to see that my father actually cares about me and he just did not know how to express it.

### *Ways in which directives lead to positive outcomes*

Counselor directives may lead to the positive outcome either through indirect, subtle, and gradual processes or via assisting concrete problem solving, according to our participants. First, participants typically reported that their change, reflected in new understanding, did not occur suddenly or directly. One of the participants said, "My process of change was like climbing on a spiral, after several rounds of moving up with the counselor's directions, I suddenly found that I have progressed and the process became blurred." Another participant said, "I can't really say how my counselor has helped me or which directive was helpful, but over time I found myself out of my confusion and wake up from a dream."

Finally, participants variantly said that directives could serve as a catalyst to enable them to solve their problems. One person said, "Directives without concrete suggested actions may be helpful and like a catalyst, they can speed up my progress, deepen my self-understanding and strengthen my ability to solve my own problems." Another participant said, "Sometimes my counselor is like an elder, telling me what to do in face of difficulty ... Their experience helps!"

## **Discussion**

Following up on a qualitative investigation about counselors' perspectives (Duan et al., 2014), in this study we examined the views of nine Chinese clients about counselor directives. The participants indicated that as clients they indeed expected that counselors would provide directives, found directives to be helpful, and suggested conditions for effective use of directives and consequences of inappropriate directives.

A range of directives were reported by this sample, ranging from clearly stated, directly delivered directives (e.g., "Asked me to visit a company and talk to people who work there") to less clearly demanding, less situation-specific suggestions (e.g., "Think about how I should think about things") to more subtle indirect hints (e.g., "My counselor never

told me what to do, but asked many questions that led me toward certain directions”). Participants seemed receptive to all kinds of directives, and particularly valued those that were less specific and required them to think about what they wanted. This pattern reflects one of the most distinct nuances of Chinese communication that emphasizes subtlety of expression (implicit communication) and expects the listener to take major responsibility (listening centeredness) for communication effectiveness (Gao, 1996).

### ***Expectations about being given directives***

Most participants expected counselors to give directives and felt positive after receiving them. This finding is consistent with cultural values that in Chinese hierarchical relationships the higher power holder has the responsibility to guide, lead, or direct the communication (Hofstede, 2001) and with the previous study by Duan et al. (2014) that Chinese counselors provided directives. Moreover, this finding is consistent with the observation that female college students in Taiwan thought that counselors needed to show a professional image and “establish the cause of a problem, to make an accurate assessment of the problem, and to provide advice about possible solutions” (Lin, 2001, pp. 64–65). When counselors were not directive or failed to provide “an analysis of the problem, a diagnosis, interpretation, suggestions or advice for effective problem-solving” (Lin, 2001, p. 65), participants did not see them as effective.

There may be several potential paths through which culture shapes Chinese client expectations for directives. One is that in Chinese relationships, appropriate communication often involves top-down directives, which is necessary for maintaining harmony between parties (Gao, 1996). Secondly, in a therapeutic relationship, the counselor not only holds relational power but also is an authority figure whose directives reflect professional expertise (Ng & James, 2013). Obtaining expert’s opinions is an important reason for Chinese clients to seek counseling, as the culture highly values wisdom and believes it influences individuals’ psyche (Zhang, 2013). Furthermore, based on our personal knowledge of Chinese culture, we suspect that providing directives can be seen as attending to and caring for the client, and as implying that there are possible solutions to client problems. On the other hand, the absence of counselor directives could lead to clients’ pessimistic interpretations about their problems because it is not expected that an authority/expert does not offer directives in such counselor-client or doctor-patient relationships. Thus, it is understandable that Chinese clients generally expected directives from their counselors.

Participants typically reported feeling positive after receiving directives, which may be an indication that they felt satisfied when their expectations were met. Similarly, Wampold and Imel (2015) indicated that client positive expectation (hope) is a necessary condition for effective therapy. From a cultural perspective, it makes sense that when the dominant party (counselors) perform their role appropriately (using directives appropriately), the subordinate party (clients) may more likely to feel that the relationship is normal and safe than otherwise.

Our participants’ expecting and feeling good about receiving counselor directives seems to challenge the familiar counseling wisdom derived from psychodynamic and humanistic theories and research findings (Duan et al., 2018). This conflict between client expectations and the counseling wisdom highlights the necessity of attending to culture and supporting



cultural variations of counseling theories/methods. Perhaps respecting and honoring clients' autonomy and innate ability to live their lives effectively (Swift & Parkin, 2017) is communicated differently in different cultures. Given that participants on one hand welcomed directives and on the other hand felt free not to implement the directives, it appears plausible that the counselor's appropriate use of directives worked for, rather than against, enhancing Chinese clients' autonomy and motivation for change.

Interestingly, our participants perceived some interventions such as feedback, analogy, and self-disclosure as implicitly containing directives. This subtle underlying directiveness is common in Chinese hierarchical communication where the explicit message is not as important as its implicit underlying meaning (Gao, 1998). The effectiveness of such communication is coded in the authority's highly implicit words and the follower's deep understanding of the implicit message (Gao & Ting-Toomey, 1998). Thus, the counselor being able to provide indirect and subtle directives and the client being able to see the implicit directives may make clients feel positively toward the counselor. Moreover, indirectly conveying directives to clients has the advantage of showing politeness and respect, protection and face-saving for clients, and prevent client rejection or denial (Duan et al., 2014; Gao & Ting-Toomey, 1998). Therefore, indirect communication, using "the means in which one's intent is revealed in a roundabout way" (Zhang & You, 2009; p. 99), makes sense when counseling Chinese clients.

### ***What "culturally fit" entails in use of counselor directives in china***

There is probably no argument that having expectations met is a positive experience for clients, which was supported by our participants' report of feeling better after receiving directives from their counselors. However, for Chinese clients both the nature/content of the directives and how directives were delivered seemed to matter, which is consistent with what experienced counselors reported in a previous study (Duan et al., 2014). Clients expected their counselors to use directives; wanted the directives to be easy, doable, helpful, and encouraging; and appreciated receiving directives delivered either directly or indirectly.

The timing of directives seems to matter as well for Chinese clients, who wanted directives to be provided at salient times, specifically at the beginning and the end of counseling relationships. Having a "good beginning and end" (善始善终) is an important value for Chinese: The beginning is believed to predict the success of the course, and the end is thought to provide a sense of completion. Having client needs and expectations met at these two crucial points may have a greater effect due to both primacy and recency effects. This finding was also consistent with the discovery that early effective interventions such as "gift giving" such as providing a sense of normalcy, feeling of relief, or help with problem solving (Sue & Zane, 1987) may help counselors earn credibility and prevent or reduce premature terminations with Asian American clients in the United States. Knowing Chinese cultural characteristics, we see this gift giving idea relevant for Chinese clients as well. We see the possibility that appropriate use of directives can be a form of gift-giving for Chinese clients at both the beginning and end of a counseling relationship. More research is needed.

In addition, participants felt counselor directives could help them enhance self-understanding and adopt new perspectives or ways of thinking. This finding makes intuitive sense from the Chinese perspective that wisdom, as a traditional virtue, is to be honored and sought after (Zhang, 2013). Besides acquiring wisdom, the Chinese



traditional and Confucianism-based moral education also emphasizes individuals' personal and social roles and responsibilities in taking care of themselves and others (Cline, 2017). Gaining a new way of thinking is a logical priority in help-seeking and marks becoming wise for individuals who are to change themselves or do what is necessary to solve problems they encounter. In fact, the experienced counselors in Duan et al. (2014) study reported extreme high priority in providing clients a new perspective.

### ***Mechanisms by which counselor directives lead to positive counseling outcomes***

In the western empirical literature, advice giving or homework assignment have been examined as leading to positive outcome through client implementation of counselor advice or directives (e.g., Burns & Spangler, 2000). This study, however, revealed that implementation was not as important as might have been expected. Although most participants reported that they would implement the directives if they saw doing so was beneficial, they had specific conditions for implementation (had to be seen as beneficial, doable, or leading to counselor positive feedback). It appears that they were interested in a gradual process of developing insights or new understanding. This finding is consistent with the previous study that showed Chinese counselors would provide directives but did not expect their clients to implement them because the goal was for "instilling ideas in clients" and for "prolonged impact for clients" by "planting a seed" (Duan et al., 2014, p. 12). Given that Chinese clients seem to expect directives and feel good about receiving them but also feel free not to implement them if conditions are not met, we suspect that implementation of directives is not a mechanism of change for Chinese clients. Thus, viewed from a cultural perspective, counselor directive use seems to benefit Chinese clients through less direct channels than that observed in the United States (Stricker, 2006). The effective counselor use of directives may lead to positive outcome indirectly, by strengthening the bond of working alliance (Bordin, 1979; Duan et al., 2012). The counselor playing the role of an expert, consistent with the culture, and offering what is expected by the client probably increases clients' confidence with the implicit message that there are ways to solve their problems. It probably also provides an opportunity for clients to feel a sense of control in being able to selectively implement the directives, consistent with experienced counselors' report in Duan et al. (2014). For instance, when the counselor praises a client for taking good care of her pets, the client may take it as a directive or an encouragement for being less self-focused and more caring of others, and thus feel positive emotions toward the counselor.

### ***Implication for training counselors working with Chinese***

Some suggestions emerged from the findings for counselors working with Chinese clients. First, counselors may consider providing appropriate directives, directly or indirectly, at both the beginning and the end of counseling relationships. Second, counselors could consider using appropriate feedback, analogy, or self-disclosure to show or model implicit directives. Leading, rewarding and modeling desirable therapeutic behavior can sometimes be more helpful than concrete directives. Third, counselors need to help clients feel praised or validated (respecting client *face* and being *ke qi*), being mindful

that directives may be imbedded. Finally, counselors might consider not demanding that clients implement directives and restrain themselves from checking on implementation. However, when clients do implement directives, counselors might provide positive feedback, remembering that praise can be perceived as a directive.

In training, it would be helpful to educate trainees about Chinese clients' expectations for directives and about Chinese communication styles. Instead of refraining from being directive, trainees may learn *how* to be directive and when to use directives. Our findings suggest that a good time to use directives is at the beginning and end of a therapeutic relationship, and that it is important to be intentional about giving positive feedback and showing respect when delivering directives, and to not rely on client implementation for a measure of the success of directives. Trainers could also strive to reduce the conflictual feelings that counselors feel about using directives (Duan et al., 2014) given discrepancies between their understanding of humanistic theories and cultural intuition. Considering that directives in Chinese (指导) are generally a positive term referring to the higher power person's responsibility in hierarchical relationships, learning how to use and communicate directives is a worthwhile goal for counselor training.

Due to the centrality of *guanxi*, face, and harmony in Chinese cultural values (Zhang, 2013), counselors' understanding and appreciation of implicit communication in directive use seem necessary. As we found, good directives may or may not be phrased as directives, and clients have the autonomy to derive directives they see fit. In this context, counselors may learn to focus on client experience (vs. correctness of interventions), be relationship-centered (vs. clinical issue centered), and protect client positive self-image (vs. challenging their way of being) when counseling Chinese. This orientation may help counselors maximize the effectiveness of their communication to strengthen *guanxi* and harmony of the therapeutic relationship and allow clients to feel protected in the face. Moreover, this therapeutic approach will also allow Chinese clients to take liberty in deriving directives they see fit and feel good about doing so for being good listeners (listening-centeredness communication).

### ***Limitations of the study***

Although the study provided rich information on Chinese clients' perspectives about counselor directives, our sample was homogeneous (young college student clients, from one university counseling center where short-term counseling was offered free of charge). Moreover, no data were collected about client presenting concerns, and most of the counselors had a humanistic orientation. There was also selection bias given that clients voluntarily chose to participate in the study. It is possible that clients' emotions at the time influenced their decisions about participating. Thus, caution is necessary when interpreting the meaning of the findings.

Secondly, even by using a rigorous and reputable qualitative data analysis method (CQR), there are limitations based on language. As Chinese communication tends to be implicit and indirect, using a method that relies on words often left the coders feeling that they were not able to capture the deeper meanings between or behind the verbal lines. Furthermore, it was challenging to precisely portray the meaning of some Chinese words in English. For instance, for some commonly used emotion terms (such as 难过, 心疼, or

郁闷), their English equivalents (sad, heart hurt, or depression) do not carry the same meaning.

Lastly, our study was conducted in Chinese. When the results are presented in English for the purpose of reaching a wider readership, there is an unavoidable loss of richness. For instance, the Chinese term (指导) for directives, our main focus of the study, carries a deeper meaning than directive in English, and it is hard to convey to the readers that the concept is more heart-warming in Chinese than in English.

## Disclosure statement

No potential conflict of interest was reported by the authors.

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## Appendix A

### Semi-Structured Interview Protocol

- (1) When you come to counseling, what do you expect from the counselor in terms of providing you with concrete directives in help you solve your problems or address your issues/concerns?
- (2) How do you feel if your counselor does not give you any directives?
- (3) What was the most salient directive that you remember from the last session?
- (4) Why do you think the counselor gave you this directive?
- (5) How did your counselor deliver this directive to you? (probe for when, tentative vs direct, demanding or not)
- (6) How did you respond to the directive?
- (7) What are you going to do with the directive?
- (8) How will you feel if you implement the directive?
- (9) How will you feel if you do not implement the directive?
- (10) How will you follow up with your counselor about the directive?
- (11) Do you think receiving the directive was helpful to you? In what way?
- (12) How did this directive compare with other directives you have received from this counselor?