Counselling psychologists talk about cross-cultural therapy

A thematic analysis

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Abstract

In order to maintain integrity and a non-judgemental approach both in general and more specifically cross-cultural therapy, counselling psychologists need to cultivate a habit of reflection, soul searching and self-exploration. It can be argued that any client at any time is always different from the therapist, even if they come from the same culture. The way in which people engage with a cultural heritage creates implications and negotiated ways of being. For the purpose of this study, cross-cultural therapy was regarded as an activity, an attitude and a way of conducting therapy.

The aim was to explore how counselling psychologists understand and practise cross-cultural therapy. An in-depth thematic analysis, embedded in a relativist social constructionist paradigm, was used to examine the interviews of eight counselling psychologists from different cultural backgrounds.

Two dominant themes emerged from the analysis: cross-cultural therapy as a return to individuality and cross-cultural therapy as a return to situatedness. In the theme cross-cultural therapy as a return to individuality, participants viewed clients as individuals with unique takes on their contexts while in the second dominant theme the clients were seen as embedded in their context so therefore increased knowledge of their background was valued. There

appeared to be a constant motion between these two main themes which is demonstrated by the word 'return' in their names.

A mapping for the core interpretative features of both of these themes is presented alongside discussions of the power relations that played out in participants' narrative. Issues around power within the interaction between the client and the therapist as well as in the discourse were examined. The findings support issues uncovered in the literature but also highlight the necessarily complex task of being culturally sensitive. A positive way forward would be honest self-exploration to move towards more accepting and respectful practice in cross-cultural therapy.

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Chapter 1   Introduction

1.1 Setting the scene

As a Hungarian trainee on a professional doctorate programme in the UK, I bring my cultural heritage into an academic institution that has a British heritage. Thus, I experience my British counselling psychology training from my cultural position. If we accept the view that all knowledge is situated (Wetherell et al, 2001) then so is training of counselling psychologists in the UK. Its context is British culture, and the fact that my cultural heritage is Hungarian means that there is a cross-cultural aspect in my training. This is valuable experience because counselling therapy involves cross-cultural relationships to varying degrees but how it is dealt with brings challenges for the therapist and the client.

For the purpose of this study, cross-cultural therapy is understood as not only an encounter between a client and therapist from different cultural backgrounds but also an approach to therapy, and an attitude to working with and a positioning towards the client who enters therapy. Therapeutic encounters have a cross-cultural aspect because of ethnic, class and micro-cultural differences so this has always been a relevant issue. However, cross-cultural therapy issues are becoming more relevant as the UK becomes increasingly multicultural because of globalisation. Globalisation in mental health is the result of cultures coming together through the quick motion of people and information around the world (Helman, 2007). This

motion can be seen as a present-day form of colonisation and imperialism that brings inequalities (Fernando, 2002) and indeed makes its mark on cross-cultural therapy. The result is that neither the powerlessness of people from cultural minorities nor the pertinent cultural and racial issues are addressed appropriately and satisfactorily in therapy (Pilgrim, 1997). As globalisation is continuously present in everyday life, the issues for therapy are rapidly becoming important.

According to the Office for National Statistics (ONS) (2001), in 2001 92% of the UK population was white English and 8% was from an ethnic minority group. Since the census before this in 1991, the ethnic minority population had grown by 53%. A population estimate by ethnicity described the ethnic minority population quadrupling between 2002 and 2009 in England and Wales (ONS, 2011). Evidently, the context in which British counselling psychology operates has a shifting ethnic distribution.

This trend is reflected in counselling psychology in terms of the clients' and the therapists' diverse ethnic background. Such increased cultural diversity in the UK has generated greater interest and demand for cross-cultural therapy (Sue et al, 1996). Consequently, the *Professional Practice Guidelines for Counselling Psychologists* (BPS, 2005) advocates an anti-discriminatory and culturally sensitive approach to practice with no superiority of any kind being acceptable in this multicultural society. According to these guidelines, cross-cultural therapy encompasses culturally sensitive therapy, which is part of good practice and describes the nature of the therapeutic encounter. It also requires knowledge about a culture and a certain attitude towards

engagement with it as a prominent feature of therapy. In addition to the BPS guidelines, Ibrahim (1996) and Essandoh (1996) called for a paradigm shift in counselling psychology in the way cross-cultural therapy is viewed. They advocate going from dealing primarily with the mainstream population with the occasional reference to ethnic minorities to viewing all therapy as a multicultural endeavour where all cultures are truly embraced. Echoing and adding to this notion, Gilbert and Orlans (2011) say anti-oppressive practice is a therapist's moral duty and they urge practitioners to be aware of societal issues. BPS guidelines and suggestions from counselling psychologists on cross-cultural matters do not only shape practice but redefine professional identity.

In terms of professional identity and institutional position, Atkinson (Atkinson et al, 2007) and his fellow authors made a claim after Atkinson received an award for outstanding contributions towards multicultural counselling psychology in the US. They explain that multiculturalism rescued the identity of counselling psychologists as it refocused their interests away from illnesses listed in the DSM to 'normal' human development. Atkinson and his fellow authors see counselling psychologists as professionals who work with the uniqueness of the individual but in the client's cultural context. In view of this, Moller (2011) revised the identity of counselling psychology in Britain. She claims that if in the UK the same strong commitment to diversity was demonstrated by counselling psychologists, it would not only provide a defence against criticism about their identity from mainstream psychology but it would also give a socially relevant research focus and would enhance employability.

1.2 Definitions of culture and references to racism

There are a number of definitions and descriptions available for culture. The basic assumption is of a commonality within a group of people of any size. The features of this commonality can be broken down into three categories depending on the level of choice people have (Squire, 2000). First, when there is no choice – such as people's geographical origins or that of their ancestors – people are bestowed certain qualities and characteristics. Colour of skin, nationality, first language and primary religious background all seem attributes that a person has little or no choice over. The second category is when the person has choice over common features in the group – such as common habits or shared interests like supporting the same football club. The third category is when either the level of choice is open to interpretation or the feature is flexible and not predetermined. These common features within a group could relate to class, socio-economic factors and educational background, and they might determine how a person views him or herself culturally. People in a group might share one common feature but be different in other aspects so the question arises as to what extent they truly belong to the same cultural group. Culture is a complex phenomenon and is difficult to encapsulate in a brief definition. As Squire (2000) explains, psychologists prefer an anthropological understanding of culture. This states (Squire, 2000, p. 2) that

> *'...psychologists lean towards a less hierarchical, more*
> *anthropological understanding. They look at culture as traditional*
> *and communicated meanings and practices, and focus on how*

these meanings and practices are lived individually, how they

affect identities...'

Squire (2000) pointed out that traditionally psychology did not study or treat cultures from 'within' in an anthropological way but looked at culture from the 'outside' and made comparisons. This cross-cultural style of investigation leans towards the assumption that there are some basic overarching universal commonalities true for all humans and cultures (Triandis and Berry, 1980). When applied to counselling psychology, it seems that this would neglect important individual aspects. A move towards exploring diversity in all its richness, called 'new cultural psychology', was put forward by Shweder (1990) which means looking at people in their cultural context. Within this new framework, Griffin (2000) understands the role of psychologists as 'cultural ethnographers', working within the culture and connecting psychology to it. Applying this to counselling psychology seems to consider the individual within his or her cultural background.

1.2.1 Race, racism, culture and ethnicity

It is important to define these concepts and to draw clear distinctions between these in order to crystallise the understanding of the various arguments and discussions in this study. Ethnicity takes into account both racial and cultural ideas, and embraces language and historical backgrounds (Fernando, 2002). Understanding ethnicity this way is only possible if its situatedness and contextual nature is accepted. In practical terms, ethnicity

is defined as a collection of culture, religion, skin colour, language and family background (Fernando, 2002). Fernando (2002) offers a simplified definition for each term: race is largely about physical features, culture is of sociological origin and ethnicity is psychological because of its reliance on the identity of the person.

Turning now to racism, this can be introduced via the habit of stereotyping. People make sense of the world by organising newly gained information into categories and applying this knowledge in subsequent situations (Calvin, 1997). In terms of this categorisation, Eleftheriadou (2006) says stereotypes are a result of people's anxiety about working with people who are different from them but also of having a narrow ethnocentric worldview. Here, Eleftheriadou refers to 'ethnocentric' as the use of the therapist's own culture as a norm that other people are measured against, but the significance of the context in which therapy takes place, each therapist's background and indeed counselling psychology theory are all significant. For example, therapy models are rooted in white individualistic Western Eurocentric societies (Orlans and Van Scoyoc, 2009) and some say Asian, African, Hispanic and other non-Western cultures and collectivist ideas are not addressed either in current models or in actual therapy (Sue et al, 1996; Waldegrave et al, 2003). This omission was viewed as unintentional racism and described as being as harmful as intentional racism so it has dangers (Pilgrim, 1997).

Relating to this, Owusu-Bempah and Howitt (2000) explored psychological research traditions and found that they ignore the practices of psychologists

and they do not consider the possibility that psychologists could be racists. In therapy, a proposal is that racism exists and stems from basic human feelings such as envy, aggression and fear (Kareem and Littlewood, 1992) but there are other possibilities. Because of the power dynamics in the therapy room, talking about cultural differences may appear difficult and feel like an attack (Lago and Thompson, 2003) so perhaps some avoid it lest this happens. However, a major therapeutic approach in counselling psychology is psychodynamics, which is based on the work of Freud and Jung amongst others (Burton and Davey, 2006). Richards (1997) describes Freud and Jung as 'alleged racists' as they call some cultures 'primitive' and others 'civilised'. As counselling psychology is at least partially informed by Freud and Jung's thoughts (Woolfe et al, 2006), it is important to examine what the roles of culture and race are in practice.

Race is socially constructed and has implications for counselling psychology in terms of shaping therapy (Pope-Davis and Liu, 1998). It is not enough for practitioners to have understanding and knowledge about cultures – it is essential to talk with the client about the cultural and racial aspects of their experiences and how they view themselves in terms of race although as mentioned the danger is that raising this can feel like an attack (Lago and Thompson, 2003). In a sense, in the therapy room the therapist and the client create a unique reality of their own racial and cultural positions and the interaction between these (Pope-Davis and Liu, 1998). This unique reality in the room is created on an already existing power imbalance between the client and the therapist due to their roles in the situation even before cultural differences complicate this dynamic (Kagan and Tindall, 2006).

This added cultural dimension in the therapy room is important in view of Greene's (2005) social constructionist argument about oppressive ideologies being avoided in the therapy room and in turn aiding social injustice and the development of mental health problems. Greene explains that the power of the privileged few is propped up by the avoidance of openness about diversity of any kind. This need to avoid addressing difference stems from the therapist's shame and guilt at some level (Greene, 2005). Shame and guilt stems from racism's socially constructed nature and due to this, racism inevitably enters the therapy room, alienating the client and making the therapist anxious (Moodley, 2005). Moodley examines the usefulness of exploring transference and counter-transference – a traditional psychodynamic way of dealing with feelings in the therapeutic dyad – and warns that this is not enough. As a practical solution, he says that talking about racism can be threatening; the therapist might consider talking about gender issues which may then create a language that can then facilitate discussions concerning the issue of race.

The themes emerging from the various explorations of therapy models and concepts referred to here highlight the need further to investigate the challenges faced by cross-cultural therapy.

1.3 Literature review

This section of the introduction aims to critically review the literature on cross-cultural therapy issues by exploring relevant theories and research in counselling psychology literature and beyond.

1.3.1 Contexts

It is critical to situate the concept of cross-cultural therapy in order to give its practice a mandate that is driven by various substantial contexts.

1.3.1.1 Social, political and institutional contexts

The importance of context is outlined in the British Psychological Society's (BPS) Code of Ethics and Conduct (BPS, 2006) and the American Psychological Association's (APA) *Guidelines for Providers of Psychological Services to Ethnic, Linguistic and Culturally diverse Populations* (APA, 1993). These urge practitioners to consider all aspects of clients' presentations including their cultural, ethnic, language and socio-economic background. These pointers also stress the importance of working within the cultural setting of therapy and taking into account cultural values of the client and the therapist. These guidelines have been criticised for being too general and vague, and consequently achieving little. Therefore, the question may be raised as to what extent clinicians' practices actually follow these guidelines. The DSM-IV-TR (APA, 2000) – the *Diagnostic and Statistical Manual of Mental Disorders*, which the APA published – also requests that practitioners

consider cultural explanations for illnesses and take into account the experience of the client and how it may influence the presentation. As an added complication the DSM is affected by the socially constructed nature of psychiatric knowledge and practice (Helman, 2007).

In the UK, in terms of codes of conduct for counselling psychologists, Shillito-Clarke (2006) explains that rules and regulations from professional bodies such as the BPS, are based on values that stem from historical and cultural contexts and have implications for practice. Counselling psychology is to be practised in an anti-oppressive way which means considering all contexts (Shillito-Clarke, 2006). She adds that counselling psychologists' practice is also influenced to some degree by the cultural context in which they practice so social changes (e.g. changing ethnic distributions in the UK) will have an impact on practice. It seems that wider contexts affect practice and practitioners so both of these must actively incorporate such considerations but there are diverse individuals to consider against a somewhat contrasting or perhaps even inappropriate framework.

Eurocentric models of psychology are not suitable for all ethnic minority clients (Palmer, 2000) so the implication is that such clients gain more from different, more appropriate approaches. However, despite the earlier point about psychology's move from traditional to new ways (anthropological) of understanding culture (individual experience), Ibrahim (1996) and Palmer (2000) still promote the idea of universality in human experience thereby indicating the shift has not been made by all. Amidst so much change, influence and consideration, Clarkson (1995) envisaged counselling psychology in Britain from 1995 to 2005 as the time for significant changes to

make the profession more relevant to the new multicultural context in which it operates, to take more responsibility for the nature of its white middle-class racist roots and to be effective for diverse clients. Whether these changes have been made or not is an important area to explore to aid therapy. To assess these points, enquiries took place to investigate practice.

In the UK, an important milestone was *Delivering Race Equality in Mental Health Care: An action plan for reform inside and outside services and the Government's response to the Independent inquiry into the death of David Bennett* (DoH, 2005), which calls for equality in mental health care. This five-year action plan notes that the Department of Health has the duty to assess the impact of race equality schemes across the health system. It also points out key mental health issues of particular ethnic groups and highlights religious and cultural needs. After this action plan was reviewed in 2009, it was found that some of the challenges it encountered were because of the complex nature of BME (black and minority ethnic) groups and the difficulties in measuring outcomes with statistics. Positive outcomes were noted as better engaged communities receiving better information, though it is not clear what 'better' means here.

This action plan was created a few years after a similar report, the Macpherson Report, was published in 1998 following the unprovoked racist murder of the black teenager Stephen Lawrence in 1993 (*Macpherson, 1999*). This report pointed to institutional racism within the police force as part of the issues surrounding the troubled police inquiry. The follow-up review report (Home Office, 2009) highlighted significant areas of concern such as the overrepresentation of ethnic minorities in the criminal system

and families of ethnic minority victims feeling that they would be treated differently to ethnic majority by the police. While these issues are specifically about the police and the justice system, parallels can be drawn between this report and the Bennet Inquiry – especially in light of Fernando's (2002) view that there was little doubt about the existence of institutionalised racism in mental health, even if racism is explicitly rejected by the government (Home Office, 2009). As part of its wider contexts and considering the significance of these contexts on practice and for practitioners, especially with changes in society and debatable ones in the profession (e.g. traditional versus new views), such issues are relevant for UK counselling psychology and therapy in general.

Stereotypical and Eurocentric assumptions are prevalent in therapy (Owusu-Bempah and Howitt, 2000). These constructs influence such things as the interpretation of an identity crisis when black children self-harm by peeling off their skin because they want to be white. Illustrating Owusu-Bempah and Howitt's point further, Roland (2005) explored the different 'selves' of the same client who enter the therapy room. Roland claims that empathy is not enough: there is a need for cultural–psychological knowledge to understand all aspects of the person more completely. After exploring psychodynamic therapy with Asian North Americans, Roland discusses a 'bicultural self' that seems to have evolved from the conflict between the family-centered Asian and individualistic European selves. This theory raises the question about how useful theories and unhelpful generalisations are that feed stereotypes.

Human migration can have acculturation benefits such as assimilation and integration into the host environment (Baker, 1999) but this is not without

problems. Baker notes that these problems are disharmony and disintegration for the individual that can arise because of moving from one culture to another. More specifically, Squire (2000) describes acculturation as a problem in Western models of therapy because they do not take into account differences; instead, they attempt to understand presentations within the confines of the Western framework. This idea of forcing people into a narrow Eurocentric Western formulation is further developed through the lens of looking at language as a part of culture. Traditional therapy has not paid attention to multilingualism (Burck, 2004). This can cause difficulties because clients have a different experience of their self in different languages. This ignorance of some parts of the client does not appear to follow the guidelines set out by the BPS and the APA. In terms of the role of psychologists, Nikelly (1997) offers a directive approach for psychologists when dealing with immigrant clients. This directive view seems to oppose client-centred approaches to therapy. Nikelly's advice is to enable immigrant clients to become 'bicultural citizens' by adopting host country values without losing their own. How this process can take place and how possible it may be did not seem to be addressed. Interestingly, Nikelly 'labels' immigrants a 'challenge to the helping professions' which perhaps in itself indicates his position but he also hints at the problematic nature of cross-cultural therapy. This covert acknowledgment is helpful in drawing attention to the issue.

1.3.1.2 The Critical Race Theory

In attempting to situate cross-cultural therapy one cannot omit the Critical Race Theory (CRT) which represented a significant leap forward in cross-cultural encounters. To understand what prompted the development of CRT, it needs to be considered that to some extent any conceivable difference – physical or mental – has been used by the majority as a means of social control to oppress a minority (Holt Barrett and George, 2005). As a response to racial oppression in society, the Critical Race Theory (CRT) (Delgado and Stefancic, 2001) was developed in the 1960s by Bell. It emphasised that racial and cultural differences are a result of the social constructions that constantly influence everyday life. These ideas were first introduced in Law studies and centred on racism and discrimination.

CRT opposed 'colour-blind racial ideology' that denied the existence of colour and claimed there was no difference between people (Holt Barrett and George, 2005, Delgado and Stefancic, 2001). Proponents of CRT claimed this ideology actually reinforced the social dominance of white people. However, 'colour-blind racial ideology' was only rejected by the American Psychological Association (APA) in 2002 for being racist, some 40 years after CRT started criticising it. Holt Barrett and George (2005) describe racial colour blindness as a tool that white people utilised to claim innocence for racial discrimination. At some level people of colour are wished away completely by those who are trying to be colour-blind and ignore obvious differences when actually race is an inevitable aspect of modern and historic society. In their description of CRT, Delgado and Stefancic (2001) declare that ignorance of racial and cultural differences fuels discrimination and white

domination. In addition, Erskine (2002), a UK-based clinical psychologist highlighting the relevance of the issue in the UK, claims that the context in which therapy is conducted is never race-neutral and the influence of societies is clearly reflected in the therapy room. As a result, she advises that the way forward is to expose racism and talk about race rather than to ignore it. As an outcome of colour blindness, the social realities of race and culture are ignored and denied because in all societies race matters (Fernando, 2002).

CRT has been criticised by some for turning its back on logical, empirical Western evidence in favour of examining the narrative of stories in qualitative ways (Crenshaw et al, 1995). This criticism seems to ignore the richness that is offered by qualitative research and instead CRT was further criticised for its lack of scientific rigour and for over-utilising qualitative ways of investigation (Crenshaw et al, 1995). This criticism of CRT, however, was attacked for hiding behind acculturation and acknowledging positivist principles but not one's own culture (Espinoza, 1995). This point is directly linked to the acknowledgement of the researcher's own culture in this study.

The ideas of CRT are rooted in legal academia but their implications are broader and to a certain extent describe the experiences of minority scholars practising in a world of cultural majority. The tension this situation creates is present and infiltrates the current study because this research is conducted in the climate of white middle-class male-dominated Western therapy models that are prominent in Western Europe and America (Pilgrim, 1997; Gilbert and Orlans, 2009).

1.3.1.3 Historical context

In the UK, before the eighteenth century mental disorders were treated as consequences of spiritual or demonic interferences (Mytton, 2003) or considered to be because of some kind of medical or physical issue (Jones, 1972). In the eighteenth century, a more humane line, the so-called 'moral treatment' approach, emerged when asylums were built for the mentally ill. In these institutions, treatment did not entail talking therapies (Jones, 1972).

Traditional Western psychotherapy started with psychoanalysis (Ellenberger, 1994) which is linked to dreams and free association (Gay, 1995). It is a relatively young approach to aiding psychological improvement and was first described in the late nineteenth century. Initially, the client's relationship with the therapist was the cornerstone of treatment but later the connection between the client's thoughts, feelings and behaviour was viewed as more important. In terms of cross-cultural therapy issues, it is important to note that the early psychotherapists Jung and Freud were known for their disregard for black people's ability to partake in psychological therapy (Fernando, 2002). According to Jung and Freud, this was because of black people's more simplistic psychological makeup compared to that of white people. Jung, who enjoyed a prominent position in Nazi Germany (Billig, 1979), claimed to be an expert on the psychological inferiority of Asian and African people (Fernando, 2002). By 1988 these Jungian theories were described as 'the Jungian version of original sin' (Fernando, 2002) but similar views persevere in contemporary times. Many psychotherapists privately say that psychological therapy is not suitable for people from ethic minority groups because their verbal ability is supposedly lesser and they are

incapable of working though their issues in a way that was suggested in psychological models (Kareem and Littlewood, 1992). The reason for this view held by psychotherapists lies in Western social structure and the power of psychological institutions. As noted earlier, the context of counselling psychology is significant so the point made by Kareem and Littlewood (1992) about the structures of racism in society being reflected in the cross-cultural therapeutic encounter between the therapist and the client seems valid. Furthermore, the structures of racism are not only present in the therapy room but they also play an active role in the development of mental illnesses (Littlewood and Lipsedge, 1989) meaning that in a cross-cultural encounter in therapy the same dynamics are repeated stemming from social constructions. For example, some cultural differences have been pathologised (Bhugra et al, 1997); hence, such things as the context, society and certain institutions can make something that is common and perfectly 'normal' in one culture seem an ailment in another. This has implications for diverse therapeutic orientations, especially as it is significant in their development.

By the end of the twentieth century, psychological therapies had developed and diversified considerably. Prochaska and Norcross (2003) describe thirteen different core psychological therapeutic orientations ranging from psychoanalytic, person-centred, interpersonal, cognitive, behavioural and systemic to integrative therapies. Almost all of these approaches were developed, practised and evaluated against Western society and were based on largely individualistic values. These different approaches do not take into account cultural variations from other parts of the world or collectivist ideas

(Pilgrim, 1997); and can therefore be described as discriminatory. This point is also argued by Laungani (2002) but from a theoretical angle. Laungani explains that cross-cultural therapy relies on Western psychology and its positivist traditions but relativist and social constructionist values are more appropriate not only when different cultures meet but generally to handle uncertainty in psychology.

It is vital to consider the historical and economic context and their impact on the therapist, client and their interactions in the therapy process (Lago and Thompson, 2003; Sue et al, 1996). The effects of these historical and economic legacies shape the client and the therapist and how they interact in cross-cultural encounters. These legacies could be viewed as social structures that developed over time. Kareem and Littlewood (1992) reinforce this argument by noting that the constant reminder of being the descendant of a cultural group that was conquered or enslaved or was the aggressor towards others has a profound negative effect on the self (also Thompson-Miller and Feagin, 2007). Therefore these dynamics can easily be replayed in the therapeutic encounter. Kareem and Littlewood (1992) explain that societal relationships manifest in the therapy room and in practical terms they play out as transference and counter-transference. As an illustration of this process, Popper (2007) talks about his psychoanalytic practice and explains the difficulties faced in terms of counter-transference. As a Jewish man, when faced with openly anti-Semitic people as clients, Popper struggled but was able to continue the therapy. The only time he had to terminate therapy in these circumstances was when his client admitted to killing Jews in concentration camps. Related to this, Littlewood and Lipsedge

(1989) referred to psychoanalysts in Israel who were asked if they could do therapy with Nazi Germans. These psychoanalysts confidently claimed that such Germans would never approach them, due to their societal relationship. By responding in this way they avoided the question about doing therapy with Nazi Germans thereby perhaps indicating that they had certain feelings or thoughts that they did not want to share. It also suggests that it is important to gain insights to these, which lends support to the focus of this thesis.

Providing a recent illustration for when psychological approaches do not take into account the full presentation of clients, Williams et al (2006) offer a comprehensive overview of how psychological therapeutic practices in the UK deal with cultural diversity. Minority clients were found not to be represented in psychology services in the same way as they are in the general population. The proposed reason for this was the shortcomings of the services on offer in that minority clients are not made to feel welcome – diversity is not accepted by the therapists and they do not appear capable of dealing with it. This alarming outcome has major significance for cross-cultural therapy. In addition, the psychological therapy services seem to over-utilise both ethnocentric and Eurocentric ideas that impact on referrals and treatment options. Williams et al (2006) suggested that re-evaluating services and making them more considerate and appropriate to all black and minority ethnic groups was a way forward.

In an earlier overview of therapeutic practice in multicultural Britain, Nadirshaw (1992) lists the unhelpful assumptions therapists have towards

minority ethnic clients such as that people of Asian origin are being psychologically robust and therefore not in need of talking therapy. This point further justifies and validates the exploration of therapists' views and thoughts in this study. Related to this, Bank (1995) talks about the racism and discrimination black clients experience. In his opinion, therapists often believe that by following person-centred ideas and establishing a good rapport, differences of any kind like gender or race between the client and the therapist are no longer significant enough to address. This in turn means that a critical part of the client is denied by the therapist which could cause significant damage. Bank also argues that this process of discrimination in the therapy room is not only fuelled by institutional factors on the therapist's side but also props up racism and discrimination in wider society. The literature is consistent about the damage of not addressing racial/cultural issues and its wider societal roots in therapy but there is uncertainty about how and when discussing racial/cultural issues may be most beneficial.

In summary, the historical context plots a clear development in approaches to talking therapies in a cross-cultural setting. As it stands today, while there is significant alignment around the benefits of cross-cultural therapy, there are many critics of this view.

1.3.1.4 International context

From a Southeast Asian perspective, Duan et al (2011) conducted a study on how counselling psychology can be 'internationalised'. In the interviews of eight Southeast Asian counselling psychologists who studied in the US,

some major themes were found. One of the themes was that some of the major assumptions, for example, the meaning and importance of personhood in counselling psychology in the US were difficult to transfer to a new cultural environment. These difficulties in transferring ideas reflect the difficulties arising in the encounters of US/Western trained counselling psychologists and clients from different cultural settings.

1.3.2 Conceptual context of cross-cultural therapy – the models

In terms of conceptualising cross-cultural therapy, there are two main types of models in the literature: fusion and ethnic matching. The first type is described as fusion models because they combine traditional Western models with cultural aspects of the clients' presentation. The second type is called matching models because of the ethnic matching that is sought between the client and therapist to enhance the development of the therapeutic alliance and the outcome of therapy.

1.3.2.1 Fusion models

The US-based cultural accommodation model (CAM) takes into account universal, group and individual dimensions when engaging clients in cross-cultural therapy (Leong and Lee, 2006). The introduction and use of culture-specific constructs is important after identifying cultural differences. After paying particular attention to Asian–American clients, Leong and Lee provided a helpful case study to demonstrate CAM in practice. Their model is

beneficial on a theoretical level and for clinical practice but the drawback is the limited extent to which they address issues of age, gender or sexuality. These are the very areas *Just Therapy*, a counselling organisation in New Zealand, considers about their clients in addition to cultural, social and economic background and whether the clients have ever been marginalised in any way (Waldegrave et al, 2003). Waldegrave et al argue that considering the clients' full presentation, not only cultural but their gender and economic backgrounds, is important. Cultural scripts are complicated by gender and class issues and their impacts on relationships. Taking a step further, Waldegrave et al (2003) call therapy racist if it does not address cultural meanings explicitly and it imposes Western measures on the clients. Waldegrave et al (2003) propose culturally appropriate therapy where culture is not just fitted somewhere into the formulation but where healing ideas stem from within the culture.

This idea of building the healing around the client in terms of their context fits well with counselling psychology which grew out of humanistic traditions (Orlans and Van Scoyoc, 2009). Still counselling psychology is part of mainstream Western psychology and is hindered by reductionism and tendencies towards fragmentation (Orlans and Van Scoyoc, 2009). The reductionist medical approach where symptoms are treated individually seems to have developed prominently in the West (Bentall, 2004) including the UK which is the focus in this study but examples from other countries will also be used to illustrate points. In contrast to the reductionist approach, spiritual healers using traditional ritualistic healing methods are prevalent in other parts of the world such as West Africa (Knipscheer and Kleber, 2008).

In spiritual healing, there does not seem to be much distinction made between ways of treating illnesses of the body and the mind, which may point to a holistic way of understanding the person (Taylor et al, 1991). This holistic approach also occurs in India and Sri Lanka where there is little distinction between religious and medical healing (Fernando, 2002). This means that mental illnesses are viewed differently in different cultures; some may account for these illnesses with biochemical imbalances, some would refer to the 'doings of evil spirits' or parenting issues (Sharma, 1996).

As explanations differ according to the illness, the cure is also approached differently across cultures. The cultural aspect influences the therapeutic process and the expectations of the outcome. Sharma (1996) explains that if the therapist is neither aware nor accepting of the client's cultural background, it may result in high dropout rates from therapy. Some of the basic ideas of psychotherapy may not be useful when dealing with ethnically different clients. For example, time keeping and not offering beverages to a client may be viewed as cold and uncaring. Therapy may be viewed by non-Western clients as a 'soul-baring' exercise and some of the ideas of psychotherapy may be seen as harsh or inhuman and create a business-like atmosphere rather than that of an emotional human exchange. Sharma suggests using cultural themes and patterns in therapy to ensure a more beneficial outcome. One of the most crucial issues in cross-cultural therapy is how the therapist feels about the client. Sharma (1996) reported the therapists' increased counter-transference with ethnic clients and suggested flexibility about building cultural aspects into the formulation and accepting the limitations of the models therapists use in cultural terms.

There are a number of propositions for morphing evidence-based practice models into being more culture friendly. Bernal et al (2009) explored the extent to which evidence-based practice developed in one cultural context is able to treat clients from other cultures. Their evidence shows that culture and context impact on the diagnosis and the treatment but there are still critics who reject changing 'evidence-based practice'. Bernal et al recommend cultural adaptations of 'evidence-based practice' and highlight positive therapeutic outcomes. These practices are based on Western models of talking therapy adapted to the given culture rather than it looking for ways of healing from within this culture. Similarly, Hays (2009) suggests integrating evidence-based practices, CBT and multicultural therapy. CBT research has provided empirically solid treatments, while multicultural therapy presents rich qualitative data as a balance (Hays, 2009). As a synthesis, Hays outlines ten ways of integrating cultural considerations into therapy using CBT. This model can be criticised about the extent to which Hays considers all variations of human nature and how acceptable certain aspects of CBT are to some non-Western cultures. The US-based 'culturally responsive treatment model' (Chen et al, 2008) stresses the importance of addressing the cultural beliefs of the client and changing evidence-based practice accordingly. The strength here appears to be the immediate assimilation of the social context from which the client emerges; however, it seems that little attention is paid to historical perspectives or finding healing ways from within the clients' culture, and the therapeutic preference remains to use Western evidence-based models as a starting point.

A recent model that appears to include all aspects of the self, the other and the working alliance was put forward by Collins and Arthur (2010) in Calgary. This model not only promotes the importance of self and other (client) awareness but also proposes a culture-centred working alliance – although what this means exactly is not specified – as well as including dimensions of gender, sexuality, age and socio-economic status. Collins and Arthur give a comprehensive list about the practicalities of each area but warn of potential pitfalls such as difficulties in the therapeutic relationship stemming from differences. Indicative of social constructionist ideas, these authors state that their model is a work in progress and they invite comments and criticism.

The integration of traditional healing (which is holistic and spiritual) and herbal medicine into counselling therapy in South Africa was urged by Bojuwoye and Sodi (2010) after realising the limitations of using a single (Western) model in therapy because of its white middle-class roots and inability to take into account non-Western people's differing worldviews. The Western model also appears to compartmentalise human experiences as opposed to the holistic view of non-Western approaches (Bojuwoye and Sodi, 2010). Integrating the two approaches will present challenges because of their different epistemological stances. The opposite view is taken by Trimble (2010) who sees traditional healing and any kind of ritualistic remedy as a major obstacle to making any headway in psychological therapy with non-Western clients because it does not allow clients to explore freely. As a solution, cultural empathy should be promoted while the therapist 'suspends judgement' about the client (Trimble, 2010). However, what cultural empathy may mean and how it plays out in practice was not detailed. Trimble (2010)

then, in agreement with Bojuwoye and Sodi (2010), suggests a modification of Western models so that they are more suited to non-Western clients, but she fails to elaborate how these modifications manifest in practice.

With an unexpected start, Kagawa-Singer and Chung (2006) challenge the notion that therapists are encouraged to know the culture of the client because it may not be helpful. Instead, they propose three universal basic assumptions (also Triandis and Berry, 1980, Ibrahim, 1996, Palmer, 2000, Leong and Lee, 2006) about human needs – personal safety, integrity of the self and a sense of belonging – which influence the way mental health issues are constructed and treated. These ideas are seen differently in different cultures but therapists often ignore these differences and Western frameworks are generally imposed. As a solution, a new model is proposed that is based on culturally specific ideas of the individual within his or her society (Kagawa-Singer and Chung, 2006). This model appears to be valuable but it could be questioned as to why there is a need to force other healing approaches into Western model-based thinking when there are already constructs outside this paradigm.

In general, therapy does not tend to take culture, ethnicity and race into consideration, apart from in cross-cultural therapy (Pilgrim, 1997). Pilgrim points out that therapy has been created, established and practised in the so-called cultural mainstream with little attention to any cultural minority. But cross-cultural therapy – though benevolently – still only glosses over the cultural differences and views tolerant multiculturalism too optimistically (Pilgrim, 1997). Pilgrim also praises the notion of cross-cultural therapy as a significant positive advance on culture-blind attitudes. In view of these, a

central criticism of fusion models is the attempt to assimilate culture into Western-based evidence models. It is Western therapists in the fusion models who decided to add varying degrees of cultural dimensions maintaining a position of power as a result. As a critical response to the move to follow evidence-based practice on cross-cultural matters, Freddi (2008) questioned the validity of such practice by examining the evidence and offered an alternative approach focused on practice and outcome but most importantly on the client. This notion incorporates not only the client's culture but also his or her individual variation within a given culture so homogeneity and therefore stereotyping are rejected. Linking to Freddi's (2008) ideas, another response to evidence-based practice explained that in the UK, policies advise applied psychologists to use evidence-based practice and firmly link research and clinical practice by calling psychologists 'scientist–practitioners' (Harper et al, 2003). The idea of 'evidence-based practice' was challenged by claiming that if only the prescribed method of therapy is used, new methods cannot develop and therefore clinical practice cannot move on. Research evidence shows (Harper et al, 2003) that many practitioners do not actually use many evidence-based practice methods. To make therapy more real, Harper et al also called for therapists to focus on practice, as Freddi (2008) did, and for research evidence to arise from a variety of methods and not purely from narrow modernist approaches.

1.3.2.2 Ethnic-matching models

Ethnic matching in psychological therapies has been defined as initially asking the client to identify themselves ethnically and express a preference on whether they would prefer to be seen by an ethnically similar therapist (Farsimadan et al, 2007). The available therapists would then be asked to identify themselves ethnically and would be subsequently matched with the clients in terms of ethnicity. The idea of ethnic matching in therapy can be interpreted as a benevolent notion of taking the client's views into account and following their lead. The client may immediately feel more comfortable because he or she was listened to. A number of studies have been conducted on the effects of ethnic matching of the client and the therapist, for example Gamst et al's (2000) US-based study that compared four different ethnicities. These ethnic groups were described as Latino, Asian, African and White American. Only half of these groups showed a positive response to ethnic matching and the other half showed no difference on the two measures – the number of sessions the clients attended and a questionnaire on the clients' functioning (completed by the therapists). There are a number of questions arising from this study. First, how well matched were the dyads and how necessary did the clients feel ethnic matching was as it was not specified in the study whether matching was the client's preference? Second, how indicative of client engagement or a positive outcome is the number of sessions attended? These are a couple of immediate concerns but how distress is constructed could also be considered as therapists from different ethnic groups view functioning and distress differently (Jones, 2006). Furthermore, it may be open to discussion how the idea of ethnic matching is

linked to both the client's and the therapist's ethnic identity development stage as described in Appendix A. White therapists noted higher levels of psychological difficulties for clients compared to black therapists. This appears to indicate a different understanding of psychological difficulties by therapists from different ethnic backgrounds.

Another US based study by Jones (2006) found no difference in the outcome of therapy between ethnically matched and non-matched dyads. Their investigation was based on longer-term therapy and specifically on psychotherapy, which may be responsible for the difference in outcome. In short-term (12 session) therapy, however, Farsimadan et al (2007), in a UK-based study, found that if the ethnic matching is the choice of the client then therapeutic pairs develop a better alliance and the client experiences a more positive outcome. Here, matching had a significant benefit for the therapy process because of immediate positive transference and counter-transference generating an atmosphere of trust in the room.

Notably, there appears to be a difference in the results of ethnic matching between different ethnic groups. Farsimadan et al (2007) and Gamst et al (2000) found benefits for Asian ethnic groups but the latter did not show any difference for Black or White ethnic groups. In contrast to these, a meta-analytic study on ethnic matching in seven studies (Maramba and Hall, 2002) found that ethnic matching did not have any effect on clients' experience. From these varied findings it is difficult to draw conclusions about the benefits of ethnic matching in therapy.

A different idea of matching between clients and therapists – cognitive matches, rather than those based on ethnicity was proposed by Zane et al (2005). The therapeutic dyads were matched on issues such as how the client and the therapist saw mental health problems, how they coped and what their goals were. The basic assumption was that people from the same ethnic background might not share the same view regarding requirements for a positive outcome of therapy. A definite beneficial effect of such matching was found which indicates a more valid approach to matching on grounds of similarities in attitudes and assumptions rather than ethnicity. But rather than opposing benefits of ethnic matching, Zane et al concluded that because of the similarities in thinking styles within cultures, the results explained why ethnically matched therapeutic dyads possibly work better.

It can be argued that ethnic matching may free ethnic majority therapists from their duties of soul searching and self-preparation for conducting cross-cultural therapy (Nolte, 2007). Kareem and Littlewood (1992) make a different yet related point: the matched therapeutic environment perhaps offers a safe place but it also saves white therapists from having to confront their prejudices and racial thoughts. As a result, Kareem and Littlewood (1992) would like ethnic matching in therapy as a possible option rather than a solution to solving the difficulty of cross-cultural therapy, which is an active instrument of social control embedded in social and political ideologies (Greene, 2005).

One such instrument is the possibility of segregation, which is a criticism of ethnic matching (Farsimadan et al, 2007). For this reason, Stainback (2008) warns against ethnic matching because this kind of grouping may produce

segregation over time and the benefits of non-matched dyads are increased mutual understanding and acceptance. This notion appears to oppose the colour-blind attitude where colour, race and culture are ignored. In ethnic matching, colour, race and culture are pushed to the fore and the request to deal with the familiarity is acted on. To an extent, matching hides behind the commendable gesture of respecting clients' choice and humble admittance of self-limitations to deal with other cultures appropriately. Eleftheriadou (2006) stresses that finding out what the sameness or being different means to the client is important but if the difference is too large between the therapist and the client, the therapeutic relationship is not likely to survive. Shafi's (1998) study fits in with Eleftheriadou's ideas on ethnic matching. Shafi conducted a survey study on four of her former clients – all female and of Asian origins – to see how important it was for them to have an ethnically matched therapist. Her conclusion was that her clients had no need for an ethnically matched therapist but cultural awareness was rated highly. Shafi stresses the importance of treating clients as individuals and not relying too heavily on cultural explanations. This is in line with Nadirshaw's (1992) views about overarching skills a client would be looking for in a therapist such as having worked through his or her racist attitudes, being able to see the oppressed position the client may be in and being capable of creating equal power and control.

As a final note on cross-cultural models, Laungani (2005) offers an articulate account on recent developments. Laungani questions the validity of existing theories on the grounds of lack of clear paradigms and poor conceptual frameworks that are often not tested or testable. He calls for new theory

developments that utilise objective epistemologies rather than subjective epistemologies as models have used thus far. Above all, he advocates the need for a constant search for more effective cross-cultural therapy theories and models as a goal for therapists.

Ethnic matching as a solution for the difficulties of cross-cultural therapy is a theme that is revisited in the current study and it is therefore helpful to review the related literature.

1.3.3 Investigations into cross-cultural therapy in counselling psychology

1.3.3.1 Questionnaire studies

The prior sections on the various contexts provide ample justification for this current study on cross-cultural therapy. Now we look at how cross-cultural therapy has been researched in the past. These investigations took place primarily in the US and by the use of questionnaires to establish the opinion of practitioners. Cross-cultural therapy knowledge, skills and attitudes have been explored by questionnaire design studies such as Sue et al (1996) and Foaud (2006), although these examples lacked depth. These studies' superficiality stemmed from their positivist design as it prevented them from uncovering more information than what they set out, for example new ideas driven by the participants. Sue et al (1996) claim that most of the research on cross-cultural therapy focuses on the variability of clients while therapists'

biases, knowledge, attitudes and the process is not investigated in detail. This omission of reviewing therapist views was not present in Foaud's (2006) culture-centred programme based on multicultural guidelines in a doctorate counselling psychology programme in the US. In this programme, regular evaluations showed commitment to a multicultural-centred education of therapists but the development of culturally relevant clinical skills is not explicitly taught or measured. In a similar setting but in the UK, Clarkson and Nippoda (1997) used questionnaires to ask counselling staff and trainees about their views on the influences of race and culture in the therapy room. The answers were content analysed from a phenomenological standpoint; the conclusion was that racial and cultural differences were seen by most as positive but by some as moderately negative. More in depth research on the views, attitudes and experiences of the therapist was suggested (Clarkson and Nippoda, 1997) as these were not explored initially. This is the approach for the current study.

A questionnaire design was used by Neville et al (2006) who discovered that greater levels of colour-blind racial ideology might be indicative of lower levels of competency in multicultural counselling. Neville et al attributed not finding a statistically significant correlation between social desirability and multicultural competencies to the small sample size but a different result would not have been inevitable with a bigger sample. In addition, the questionnaires used could not uncover how therapists construct multicultural therapy and this was highlighted as a major limitation. In another US-based questionnaire study, it was explored whether culture, ethnic and racial differences were addressed in cross-cultural therapy (Maxie et al, 2006).

Some 689 psychologists participated in their research, most of whom would have had discussions about cultural matters with the client. However, it was noted that therapists only had these conversations with less than half of their culturally different clients. Older females from the culturally dominant ethnic group with less clinical experience with culturally different clients were more likely to have such discussions in the therapy room. Maxie et al concluded that there is a need for better understanding about how cultural issues appear and should be dealt with in therapy. Interestingly, Maxie et al's (2006) research was conducted some 40 years after the CRT movement started and four years after the APA rejected colour-blind racial ideology, although therapists still did not appear proactively to address cultural differences despite being given regularly published guidelines from the APA (2002, 2010).

1.3.3.2 Interview studies

From interviews with counsellors, it transpired that the understanding and acceptance of the clients' world views, collectivist or individualistic, was important (Tol et al, 2005). From a methodological point of view, Tol et al said that their data was not formally analysed but they grouped the themes from the data and then drew conclusions. Such a technique resembles qualitative analytic methods but the authors did not claim this. Burkard et al (2006) conducted a qualitative study on eleven European–American psychologists who described their experience of self-disclosure in cross-cultural therapy. Self-disclosure was reported to improve the therapeutic

relationship by exploring racism and oppression for the clients and recognising their own racist and oppressive attitudes. It was found that these discussions had a favourable effect on the therapy process and helped clients to move on to address other issues. Good supervision was invaluable to access the reasons for self-disclosure and how it fits with the counter-transference of the therapist without taking the focus away from the client (Burkard et al, 2006). All 12 of Constantine et al's (2004) participants were multicultural counselling scholars. They explained in the interviews that the idea of cross-cultural competence was seeping into psychological practice in the US. Experiential learning was reported as essential to increase competencies but further research was suggested to develop optimal training techniques.

To consider cross-cultural therapy from the clients' point of view, Kozuki and Kennedy (2004) interviewed eight clients with Japanese roots in the US. Some Western therapists were reported as being ignorant of the fact that they were profoundly unable to conduct therapy in a helpful or effective manner with clients from these cultures. The clients explained that therapists systematically misunderstood them and practised in a culturally ignorant way. This ignorance highlights the lack of cultural self-awareness that may be gained by self-exploration. However, self-exploration was described above (Burkard et al 2006) as a helpful professional developmental tool and self-disclosure was investigated to see how useful it was as a therapeutic tool. In their phenomenological US-based study, Chang and Berk (2009) explored the lived experiences of clients who had cross-cultural therapy. The findings were compared to the experiences of a matched control group. The

researchers concluded that a positive outcome in cross-cultural therapy depended on how facilitative the conditions were in the therapeutic relationship. Chang and Berk's (2009) findings appear considerably different from those of Kozuki and Kennedy (2004). This may be because of the design or culture-specific issues addressed in the studies but their results provided much insight for therapists – optimal facilitative conditions can improve cross-cultural therapy results, but what these conditions are were neglected.

1.3.3.3 Issues of cross-cultural therapy investigation

Some early explorations were offered by Sue and Sue (1977) who looked into racial and ethnic factors that present obstacles to cross-cultural therapy research. These obstacles resulted from differences between the client and the therapist, and they are language, class and culture-specific issues (varying from culture to culture). Remaining on the subject of language, Triandis and Brislin (1984) highlighted methodological issues about cross-cultural therapy research and noted that because of the differences in the meaning of ideas that is translated from language to language, understandings and value systems may not necessarily travel across cultures. Amongst others, these difficulties were described by Malik (2000) in her research on how emotions are comprehended across cultures, which she did by looking at depression in Pakistanis. Western models were used to diagnose, treat and study the emotion in non-Western cultures but in the Pakistani culture, for example the phenomenon of mental health is

understood differently. Malik assessed the effectiveness of Western models and found that some of the basic assumptions on mental health needed to be challenged. Even describing a culture within another culture's terms of reference is unacceptable and cannot sufficiently access the meanings created by the original culture (Squire, 2000). Therefore, it is not surprising that professionals encountered the problem that current models of psychological therapy may be unable to address these issues in the therapy room.

Reinforcing Malik's findings, Reavey et al (2006) conducted a study on practitioners working with South Asian women and found that the available models are largely based on 'individualised models of personhood' while their clients had a relational view which caused tension. The appropriateness of these models for non-Western clients is questionable. Laungani (1997) argues the same point as Reavey et al but not only by examining individual and collectivist ideas but by calling for a paradigm shift in cross-cultural therapy where client-centred therapy is replaced by culture-centred therapy. Client-centred therapy is often troublesome for indigenous Western clients because of its central features of being secular and humanist while stressing the importance of cognition and a non-hierarchical relationship as these may not be the values these clients hold.

1.3.4 How cross-cultural therapy is practised

Questions about cross-cultural practice and whether guidelines are necessary were first explored by Pedersen and Marsella (1982). This US-

based debate opened a discussion based on guidelines from the APA (American Psychological Association) without offering solutions. Pedersen and Marsella (1982) suggested careful professional reflections as a way forward. Likewise, Kareem and Littlewood (1992) suggest that because of its embedded nature, cross-cultural therapy should not be viewed just as 'therapy' but as a self-exploring reflexive practice where prejudices and power relationships are deconstructed. Following similar ideas, Fernando (2002) outlines the future of mental health services in terms of cross-cultural therapy: anti-racist strategies for personal and professional growth should be built into the system. According to Fernando, these strategies should be paired with action at institutional and political level to achieve long lasting change.

Still from an ethical angle, cross-cultural competency is essential (Ponterotto et al, 1993) for Counselling Psychology. Ethical cross-cultural therapy includes addressing race and culture. Without considering these issues, therapy is racist, oppressive and discriminatory (Waldegrave et al, 2003). Kareem and Littlewood (1992) also note that if therapy does not consider the person's whole life experience then it will result in 'fragmenting' the person and causing harm. This sort of damage is utterly unethical in cross-cultural therapy and therapists should prevent it by not becoming the oppressive instrument of society in front of the client (Lago and Thompson, 2003). In addition, it was therapists' responsibility to initiate explorations of the effects of racism on mental health and therapy (Patel et al, 2000). From a practice point of view, Patel et al argue that an ethnic minority (EMI) client may view with suspicion an ethnic majority (EMA) therapist who is in a privileged

position compared to the client. An EMA client may see an EMI therapist as above colour and therefore minimise the difference but here the client may believe that the therapist is unable to understand them so they may even be openly hostile towards the practitioner. When both the client and the therapist are from the same ethnic majority background, race was rarely spoken about except when the client openly expressed racist views. An EMA therapist may enable an EMI client to talk about racism and difference but the danger here is the risk of possibly dehumanising the client by assuming that all their problems stem from their blackness or a result of oppression. These constructs echo such things as the interpretation of an identity crisis when black children self harm by peeling off their skin because they want to be white. Here, the EMI client may resist talking to a white therapist openly to avoid offending the EMA therapist and therefore jeopardising their treatment. Patel et al (2000) also warned against the risk of false assumptions of ethnic homogeneity within broadly defined ethnic groups and encouraged self-explorations.

Self-exploration can result in reflections on the contrasting experiences of being a privileged white male who is marginalised because of sexuality (Riggs, 2009), highlighting the importance of the context. The need for self-exploration and understanding the society we live in was stressed by Morgan (2002), a Jungian analyst in London. By examining the interaction between a white therapist and a black client, verbal slips were found that, Morgan explained, were because of the colour difference in the room and were reflective of the unequal power relationship between black and white people. Morgan introduced the ideas of cultural and social unconscious as means for

self-exploration regarding racism. Following on from this, the next step in therapy was described as 'the awareness of racism as an internal reality' (Holt Garner, 2006) that benefits the outcome of therapy. Following the same notions, Pakes and Roy-Chowdhury (2007) stress the importance of therapists' reflexivity on their cultural assumptions because of the way these impact on the process of therapy, specifically in family therapy where perhaps even more opportunities for cross-cultural encounters arise due to having more people involved. Approaching self-exploration from a different angle, Lago and Thompson (2003) explain that cross-cultural therapy should be grounded in theory and therapists should explore the racial and ethnic identity development stages (Ponterotto et al, 1993). Cross-cultural therapeutic processes are influenced by the stage of ethnic identity development that the therapist and client occupy. These stages and the awareness about where the therapist is can only be uncovered by rigorous and honest self-explorations and reflections. These stages are detailed in Appendix A.

The limitations of these stage models are that they do not address age, gender, class and race (Patel et al, 2000). To pre-empt this kind of criticism, Cross (1995) stated in his original work that if people could resolve their racial identity issues then they could move on to solving gender issues, sexual preferences and religion and social class issues. Cross's (1995) model views the development of identity as a dynamic process and accounts for the impacts from within and from outside the person's ethnic group.

In Appendix A, it is important to note that Helm (1990) assumes that white superiority and racism is the basis for his model. This developmental model

describes the development of reactions to an ethnic minority rather than the development of the white ethnic identity. In Kareem's and Littlewood's (1992) opinion there is no such thing as an assumption when it comes to white superiority in society because all white people grow up with the confidence of their whiteness-related superiority. When these people become therapists the danger is these prearranged roles from society will be reflected in the therapeutic encounter. Fernando (2002) agrees with this point and claims that white domination in Western societies is just as present now as half a century ago.

1.3.4.1 Training

Tatar and Bekerman (2002) suggest taking a social constructionist perspective for cross-cultural therapy training. This paradigm is a critical stance against 'taken for granted' knowledge and offers a useful framework in which to understand cross-cultural therapy and training. In accordance with relativism, Tatar and Bekerman (2002) suggest that there is no culture as such; rather it is produced by the people who are involved in the process – the therapists and clients. Through these constructs, therapists and clients reiterate, redefine and simply recycle the ideas around culture and cross-cultural therapy (Tatar and Bekerman, 2002). After Rice and O'Donohue (2002) described the same process of social construction in cross-cultural therapy, they warned against the use of stereotypes as these feed into racist ideologies as seen before. With regard to therapy guidelines based on social constructionism, Constantine and Erickson (1998) suggest that counselling psychologists should remain curious and open to the clients' varied

experiences. Through this, the constant renegotiation of meaning results in an appropriate approach to counselling. Talking from a social constructivist position, Biever et al (1998) encourages a postmodern approach towards cross-cultural therapy. This means remaining curious, collaborative and always trying to discover alternative understandings of experiences.

Lago and Thompson (2003) highlight the need for culturally appropriate supervision and training for therapists through the exploration of power imbalances, historical implications and parallel processes between the client and the therapist as well as between the therapist and the supervisor. Thompson-Miller and Feagin (2007) take this a step further by saying that all who wants to study and practise counselling psychology should actively embark on the reframing of white-generated racist values that are embedded in social structures and inevitably seep into the therapy room and training.

Cultural competency is complex and not all of its components can be trained (Sue, 2006). There are some practical strategies that can be taught but there are also more general processes such as scientific-mindedness and culture-specific skills that are linked to the general makeup of the therapists or can be obtained by life experiences. Nolte (2007) agreed with Sue (2006) that exploring and utilising personal life experiences of therapists is not only harmless but a valuable professional developmental tool. Nolte (2007), a London-based family therapist, found that the literature had largely focussed on the clients' culture and she claimed that the culture of the therapist as equally relevant. White therapists should be challenged to take on their fair share of responsibility in dealing with culturally different clients (Nolte, 2007) which is perhaps not the case in ethnic matching.

Despite the importance of cross-cultural training competencies, Lago and Thompson (2003) claim that many therapist training courses in the UK do not address adequately how to work with clients from other cultures. However, more recently Papadopoulos and Cross (2006) provide excellent guidance for trainee counselling psychologists to follow when faced with a culturally different client. Papadopoulos and Cross advise against relying on assumptions and stereotypes and suggest treating each client as an individual even if they appear culturally similar to the therapist in order to maintain curiosity and avoid complacency. What they fail to point out for the trainee is the complex socio-historical contexts of both the therapist and the client that are embedded in the interaction between them. In addition, West (2011) paints a bleak picture of counselling psychology trainees in terms of dealing with clients from diverse backgrounds. West doubts that trainers update themselves appropriately through continuing professional development and he does not believe that trainees are sufficiently prepared for dealing with culturally different clients. West (2011) dislikes the use of the word 'diversity' in training and in practice because it represents an avoidance and fear of addressing the issue of race and racial difference. Not only is fear present but pleasure seems to be missing from the current approaches to cross-cultural therapy as an outcome of an encounter with somebody who is different (West, 2011). These perceived gaps in training further strengthen the need for the current study but also pose a question on how learning from the current study might be incorporated into future training.

One area which could be more explicitly addressed in training is openness about how therapists feel in the therapy room with a client from another

culture and what difficulties they may encounter should be uncovered (Fernando, 2002). Moreover, therapists need to feel empowered to reflect on their views and grow professionally (Fernando, 2002). Lago and Thompson (2003) add that trainees need to be enabled so that they do not shy away from questioning the validity of the model with which they are working. Trainees and therapists also need to be given the opportunity to create a newer and individual way of healing that is more appropriate for the individual client. Therapists need to be aware of and understand their own reactions to other racial and cultural groups and be involved with minority individuals outside the therapy setting to widen their perspectives. This would increase respect towards the client's cultural and language needs. Offering a solution, a map for multicultural counselling competencies was introduced (Lago, 2010) in Britain based on American theories but altered for the cultural context in the UK.

Orlans and Van Scoyoc (2009) explain that all current therapies are based on theories from white Western males and they therefore carry the same cultural bias. This is the reason why practitioners need to work with, explore and be open about the cultural differences in the therapy room and in the training of counselling psychologists (Orlans and Van Scoyoc, 2009). This need to pay increased attention to diversity and cultural identity arose in the USA and in Canada for similar reasons (Orlans and Van Scoyoc, 2009).

As a final point, Sue (2005) calls on counselling psychologists – and all people for that matter – not to be bystanders when witnessing acts of racism, whatever these may be. In particular, Sue (2005) calls for action in the therapy room, in supervision, in peer discussions and beyond. He eloquently

explains the socially constructed nature of racism and how it is perpetuated by the passivity of ordinary people in society. In practical terms, the way forward in counselling psychology practice involves difficult dialogues between the client and therapist, and among therapists themselves in various combinations of ethnic background (Sanchez-Hucles and Jones, 2005). Finally, this should result in cross-cultural therapy becoming a way of thinking rather than a set of tools that can be achieved, bettered and maintained only through careful reflection and discussions (Eleftheriadou, 2006).

1.4 Rationale

In summary, the following points warranted conducting this research project:

1.4.1 Professional and political position statement on knowledge about cross-cultural therapy

Because of globalisation, the UK is becoming more multicultural as the Office for National Statistics suggests. The counselling industry, including theory and practice along with practitioners, operates within this wider context and has experienced similar changes (e.g. therapists and clients from diverse cultural backgrounds). Therefore, there is an increased need for knowledge on this subject for counselling psychologists to remain professionally competent and up to date. This continual progress within the profession,

including training is especially important in view of the fact that all currently used therapy models are based on theories from white Western males (Orlans and Van Scoyoc, 2009).

The Critical Race Theory (CRT) is central to this study. It has been used by other studies such as the one by McDowell and Jeris (2007) where it is a basis for reviewing race-related articles and Nelson (2007) who used CRT to study the privileged position of occupational therapists in Australia.

Furthermore, the research subject is directly related to the basic philosophy of counselling psychology on inclusivity. The Division of Counselling Psychology published a statement in 2001 (Mytton, 2003) and professional guidelines (Division of Counselling Psychology, 2005) that stress the importance of therapists' self-awareness and the ability to assess and utilise personal and interpersonal processes in therapy. The notions of anti-discrimination, empowerment, ethical practice, and taking social and cultural backgrounds into account were also described in the statement and these link to counselling psychology's phenomenological and humanistic roots (Mytton, 2003). In addition, promoting social justice and eliminating social injustice are central roles for counselling psychologists (Speight and Vera, 2001).

A further warrant for this study is based on *Delivering Race Equality in Mental Health Care: An action plan for reform inside and outside services and the Government's response to the Independent inquiry into the death of David Bennett* (DoH, 2005), calling for further insight.

1.4.2 Recommendations for practice – self-exploration

Because counselling psychology's location is in mainstream psychology, which is associated with reductionism and fragmentation (Orlans and Van Scoyoc, 2009), the aim in cross-cultural therapy is to deconstruct and reconstruct cultural difference in the therapy room. This can be achieved by asking the client to be co-author with the therapist, which in practice means careful listening and working together in an honest therapeutic environment through equalised power relationships.

The rationale for initiating such reflections in the counselling psychology profession stemmed from the promotion of self-exploration in the literature (Patel et al, 2000, Riggs, 2009, Morgan, 2002, Holt Garner, 2006, Pakes and Roy-Chowdhury, 2007, Laszloffy and Hardy, 2000, Lago and Thompson, 2003, Ponterotto et al, 1993) with the recommendation being to work on transference and counter-transference in practice and training.

1.4.3 Raising awareness about cross-cultural therapy

The cross-cultural therapy literature appears incomplete regarding its knowledge base in the field of Counselling Psychology in the UK. There is a qualitative methodological gap in the literature so the logical research step is to explore more subjectivity about cross-cultural therapy. Also, a significant part of the literature originates from the US and the applicability of the findings in the UK is questionable because of the difference in ethnic mix, culture and traditions between the two countries. For example, there are

different therapeutic traditions which guide counselling psychology as a profession in the US and UK (APA, 2010; BPS, 2006). Notwithstanding this it is still necessary to explore the US-based literature for relevant contributions (as with other international literature) but UK studies are most directly relevant for the present study and the UK is the primary focus of the research on cross-cultural therapy, thereby filling a gap.

1.5 Aims of the study

This study aims to explore how counselling psychologists understand and practise cross-cultural therapy. The results should provide insights into practitioners' experiences, thoughts and workings regarding cross-cultural therapy to create space for further individual and professional reflection along with contributing to the development of counselling psychology. This study does not intend to influence policies or guidelines on how therapists should conduct therapy with clients from other cultures or to provide evidence for clinical practice. Harper et al (2003) illustrates that a large portion of clinical practitioners do not follow guidelines initiated by research evidence, which justifies the present study's focus. In addition, Widdicombe (1995) warned against the dangers of reification and argued that it was more useful in terms of the development of clinical practice if professionals are given space to reflect on their position rather than firm guidelines deriving from research findings. The focus on cross-cultural therapy in counselling psychology explores how participants talk about their practice and it opens a reflective space for further thoughts on the profession. This notion of

reflection is in line with ethical counselling psychology practice (Gilbert and

Orlans, 2011).

Chapter 2   Methodology

2.1 Theoretical approach

This study is set within counselling psychology research which grew out of positivist and reductionist research traditions (Morrow, et al, 2001; Orlans and Van Scoyoc, 2009) that can be described as deductive and top-down. Counselling psychology has promoted ideas such as subjectivity while embracing context and diversity in research and practice (Orlans and Van Scoyoc, 2009). As doubt about the existence of universal truth increasingly gained ground, research conducted through the relativist lens became common. The relativist lens sees knowledge and knowledge-production as relative to context (material, intersubjective, societal and cultural) provisory and does not embrace the search for one truth. Instead it accepts the existence of multiple realities and multiple truths. It involves a bottom up, inductive approach to data (Lincoln and Guba, 2003). Views implying that it was impossible to know 'anything about anything' supported this process (Greenwood and Levin, 2003). This trend appeared to move research designs in social science from the positivist/realist angle of realism towards relativism through interpretativism. Realists view data from sensory experience as knowledge is independent of language and is objective and factual. Interpretativism is based on thematic categories but because of the process of interpretation, it moves away from the objective to the subjective. Relativism rejects the existence of a universal truth and is more concerned with the function of data (linguistic resources and their use in the meaning

making-processes of the participants) rather than the 'facts' it is conveying (Guba and Lincoln, 2003).

Paradigms of knowledge place the positivist position on one end of a continuum where epistemologically the findings are true and objective (Guba and Lincoln, 2003). Next along the continuum is the post-positivist stance, which espouses the findings as probably true. Further along this trajectory is critical theory where there is a large shift as findings are viewed as transactional and subjective. It is here that relativism is introduced – where meaning is subjective and experiences are central. Constructivism, is at the other end of the continuum and invites the researcher to treat research findings as not only transactional and subjective but also created. However, one more paradigm is introduced as the previous ones did not account for the participatory/cooperative aspect of knowledge, where findings are co-created, experiential and based on practical knowledge.

In terms of methodology, the final three paradigms of critical theory, constructivism and participatory utilise methods of data collection and analysis that are respectively dialogical, hermeneutic and language/political participatory. When these three paradigms are compared and contrasted, the question arises as to what extent the participatory paradigm warrants the status of a separate paradigm (Guba and Lincoln, 2003). All three are transactional and consider the impact the researcher has on data. The findings appear to change status from value mediated, through created, to being co-created in the participatory stand, which is highly relevant in interviews and in this study. Furthermore, the participatory paradigm suggests an aura of practicality and collaboration at methodological level and

seeks living knowledge in contrast to critical theory's search for structural/historical insight.

During the 1970s, psychologists started considering intellectual movements towards the refusal to split the individual (mind, subjectivity and knowledge) from the social context (Guba and Lincoln, 2003; Potter and Wetherell, 1987). Psychology experienced a paradigm crisis in the 1960s and 1970s because of its studying of human subjects by suppressing their 'messiness' (Parker, 1989). This 'messiness' was viewed as confounding in this deductive model where a research design was required to deliver direct, unbiased observations (Parker, 1989). In psychological research interpretation is always present because participants are human and the process is a social interaction. Interpretation has been described in psychological research as confounding that reduces ecological validity. Validity is influenced by issues such as subject bias and can be counteracted by single- or double-blind procedures, keeping the study in the positivist paradigm. If these issues are labelled as biases in the first place, an attempt to fix them will be self-defeating because they still try to work against the interference of interpretation (Parker, 1989) while qualitative analysis works with it (Banister et al, 1998). This means that the way participants engage with the topic of the study and with the research setting, and the interpretations constructed by the researcher all need to maintain a central part of the research enquiry. Because of this aim, qualitative research produces knowledge that is temporary, provisory and context-dependent. Moreover, researchers are invited to consider and be accounted for the reason for which knowledge is always already created from positions of

power and privilege (Ahmed, 2007). A relativist epistemological position allows for rich explorations as the process and the outcome are judged subjective.

2.1.1 Ontological and epistemological stance

Overall the thesis positions itself as ontologically realist and epistemologically relativist (this critical realist approach was described in studies such as Colahan, Tunariu and Dell (2012)). A realist ontological position means that the subject matter – here cross-cultural therapy within counselling psychology - is assumed to be real and independent of the researcher. Participants' views, experiences and understandings of cross-cultural therapy are seen as concrete subjective realities indeed co-created to some extent through language but nonetheless are subjectively real. In this study the epistemological stand is relativist and sympathetic to the social constructionist approach. Conceptually speaking for the purpose of this thesis, talk about cross-cultural therapy is viewed as a discursive action, an event, a phenomenon, an attitude towards therapy and a way of being a therapist. A relativist epistemological research paradigm is appropriate because it encompasses discursively dependent multiplicity of views, experiences and accounts based on social constructionism, which permeates this research. Social constructionism has been described as:

> What is emerging in post-modern culture outside social
> psychology is awareness that language can construct different

realities, that discourses can construct objects. (Parker, 1989, p

132)

Social constructionism is an umbrella term that covers a range of post-modern and post-structural theoretical orientations regarding the nature and creation of knowledge. The focus is on interpretation based on cultural norms and values to create a social reality and the human action and experience within it – which is the type of knowledge sought here.

Post-modernism and post-structuralism suggest uncertainty and ambiguity as opposed to the modernist ideas of truth, progress and certainty that arise from science and rational self-control (Wetherell et al, 2001) so this research focuses on the former. In this, social constructionism offers a new idea of fluctuating and negotiable truth (Guba and Lincoln, 2003) against the positivist claims of objective measurements of human experiences. Such change, uncertainty and negotiation form the background of this work and are evident in the specific practical situations of concern herein. For example, representations of cultural differences in therapy can be seen as relational which means that they emerge from the joint interpretation of the people involved in the interaction: the therapists and the client, the psychological governing body and the therapist, and the interviewee and the interviewer. Social constructionism is described by anti-essentialism, anti-realism, historical and cultural specificity of knowledge, language as a pre-condition for thought, language as a form of social action, a focus on interaction and social practices, and a focus on processes (Burr, 1995). Through the process of interaction, meaning is created by language and interpretation resulting in power relationships and hierarchies (Morrow et al,

2001), fitting in with the current study. In this study, power dynamics were explored in wider and immediate contexts. For an example of the former, the institutional and societal aspects of counselling psychology have power embedded in dominant discourses; the latter concerns the specific power dynamics between the therapist and client. Another aspect of social constructionism that is valued in this thesis is knowledge or disciplinary power (Willig, 2008). As Foucault explained, disciplinary power occurs when people know or suspect that they are being watched and it is enough to stop them from misbehaving (Wood and Kroger, 2000). These approaches to ontology and epistemology indicate the use of thematic analysis as method.

2.1.2 Thematic analysis

The advantages of thematic analysis and the limitations of other methods provide a reason for the choice of this method. All qualitative research involves thematic analysis and if it is done in depth, it captures participants' meaning-making (Brown and Clarke, 2006), which is appropriate for the present work. As a methodological tool thematic analysis involves searching for patterns of recurrence. As a theoretical framework, thematic analysis can accommodate a critical realist epistemological project. It has the flexibility to generate patterns of meaning from the data which then can be interpreted through the lens of the researcher's theoretical orientation (Braun and Clarke, 2006). In this study subjective narratives and accounts are sought and the research design acknowledges the role of the researcher in the co-creation of knowledge/findings so it allows for researcher accountability in

transactions between the participant and the researcher which leads to the generation of data and the final interpretative claims.

Thematic analysis is often used and referred to as a foundational tool rather than a method in qualitative research (Boyatzis, 1998). Thematic analysis is increasingly seen as a method in its own right not merely a process within 'major' analytic traditions such as discourse analysis or grounded theory (Braun and Clarke, 2006). One of the major benefits thematic analysis offers is that it is not tied to a specific theoretical or epistemological position but, because of its epistemological independence, it can be applied to a range of theoretical approaches. Thematic analysis is not mainly a realist method (Roulston, 2001) and can be compatible with social constructionist paradigms in psychology (Braun and Clarke, 2006; Colahan, Tunariu and Dell, 2012). Thematic analysis is often not the named research method though essentially the method adopted is a thematic analysis. Researchers may claim a passive role by saying that the themes emerged from the data. By saying this, the researcher not only minimises his/her responsibility for influencing the findings but also suggests that the themes 'live' in the data and will appear if the researcher looks hard enough. Themes are in fact a result of intellectual processing in the researcher's head so that is where they truly live (Ely et al, 1997). Thematic analysis differs from other analytic methods that describe patterns in the data because of their theoretical anchoring; for example, interpretative phenomenological analysis (IPA), because of its phenomenological epistemology, looks for subjective experience in the data (Smith, 2008).

To avoid sliding into the 'anything goes' research risk that is often levelled at qualitative research (Antaki et al, 2002), providing clear guidelines around the procedure and the exact epistemological stand is essential in the research – as is the case in this study. For the purpose of this study, thematic analysis is defined as a method for identifying, analysing, interpreting and reporting patterns – themes – within the data (Braun and Clarke, 2006; Boyatzis, 1998). It follows an inductive in-depth thematic analysis where the themes are close to the data itself (Patton, 1990). This is somewhat similar to grounded theory. Here, no creation of a new theory is sought so the grounded theory research method is inappropriate. The outcome is data driven but is still embedded in an epistemological framework – a relativist paradigm that is sympathetic to social constructionism. Here, the analysis takes place at a latent or interpretative level (Braun and Clarke, 2006; Boyatzis, 1998) which is beyond the simple semantic or explicit level where only the basic descriptions of the data are provided. At a latent level, overarching ideologies and assumptions are uncovered and presented in the research. Since this form of thematic analysis is grounded in a social constructionist background it overlaps with some forms of discourse analysis (Braun and Clarke, 2006). These forms of discourse analysis are sometimes referred to as thematic discourse analysis (Taylor and Ussher, 2001) where the fine-grained functionality of the language is explored. Whilst acknowledging the overlap between discourse analysis and thematic analysis, the method of discourse analysis per se was not seen as optimal for this study. Discourse analysis is preoccupied with mapping the discourses that the participants mobilise in order to raise awareness of the

taken-for-granted assumptions and destabilise some of the embedded power relationships. The present study was more interested in mapping the participants' subjective views especially in relation to how they deal with tension and reformulations of cross-cultural therapy in their practice. The interest here was not on necessarily what discourses were mobilised. Furthermore, the technicality of thematic analysis invites a range of things to emerge while discourse analysis would require identifying a set of statements which then could be considered as discourses. On this occasion thematic analysis frees the researcher to seek a set of discourses but allows for any themes to emerge as seems appropriate for the research question. In summary, the present study will locate itself in a realist ontological and relativist epistemological position. It uses the theoretical framework of thematic analysis to accommodate an interest in counselling psychologists' talk, understanding, struggle and experiences with cross-cultural therapy and the recognition of the cultural and institutional discourses in shaping this account. The overall research question here is to explore how counselling psychologists understand and practise cross-cultural therapy.

2.2 Participants

This study sought to encounter the views of practising counselling psychologists. The criteria for selecting the participants included the following. The participants would have been counselling psychologists who trained and practised in the UK with two years' post-qualification experience. Regarding gender, age and cultural background, diversity and richness were

sought so a purposive sampling approach (Teddlie and Yu, 2007) was adopted. This meant that to create a sampling pool, a list of 60 counselling psychologists from the British Psychological Society's register who live in London and the South East of England was compiled. These possible volunteers were then contacted with an email invitation (see Appendix B) to become research participants. Nineteen psychologists responded, six said they were unable to participate, five said they would prefer not to take part in the research due to other commitments but if no one else came forward then they would make time for the interview and eight psychologists said that they were happy to be interviewed. Eight research interviews were conducted with these eight participants (Table 1) at their preferred location.

Pseudo-nym	Self identified as	Brought up in the UK	Self identify -ed as	Approximate Age	Training Route
Paolo	White Western European	No	Male	45	Training course 10 years ago
Yaron	White Irish and Jewish	Yes	Male	50	Grandparenting route* 15 years ago
John	White English	Yes	Male	55	Grandparenting route 10 years ago
Jasmine	White English and Black Caribbean	No	Female	40	Training course 10 years ago

Brian	White English	Yes	Male	30	Training course 2 years ago
George	White English	Yes	Male	45	Training course 15 years ago
Lenka	White Eastern European	No	Female	30	Training course 2 years ago
Joe	White English	Yes	Male	35	Training course 2 years ago

Table 1: Participants' information

Grandparenting route: historic British Psychological Society qualification converted to Chartered Counselling Psychologist qualification. This is no longer available.

The information in Table 1 is useful to situate the participants and allow the reader to consider where and for whom the results are applicable (Elliott et al, 1999). This information gains further importance at the evaluation stage of this research study in the discussion.

The use of eight participants is in line with current qualitative research practice (Wood and Kroger, 2000). In qualitative research studies, which are informed by social constructionism, small numbers of participants are used and studies often refer to eight or fewer participants (Wood and Kroger, 2000). In this thematic analytic study, because of its relativist social constructionist approach, using eight participants is appropriate to draw adequate insights.

2.3 Reflexivity: power dynamics and accountability

Reflexivity is a process researchers go through by finding themselves in the academic research context within historical, institutional and personal dimensions (Parker, 2011). There are four different ways of approaching reflexivity. First, the researcher makes confessions about his or herself in terms of identity, the institutional context and historical assumptions relevant to the research. Second, these confessions start creating a position the researcher is taking such as gender, ethnic origin, educational and class background. Third, these positions establish a standpoint from where the researcher is able to theorise what emerges from the study. The final way of approaching reflexivity is 'crafting' – when the researcher decides and comments on his or her behaviour during the study, for example how to react in the interviews – whether to challenge the participants on their views and create a debate or go along with them and explore the true extent of their argument. In this study this latter position was taken.

2.4 Procedure

2.4.1 Data collection

The data was generated and gathered in eight semi-structured interviews. As the participants are counselling psychologists and provide therapy, a criticism of therapy research was considered warning that it may be either too global or too specific, being therefore difficult to apply and of little use in

clinical practice (Morrow-Bradley and Elliott, 1986). This is an issue that was monitored throughout the analysis and the discussion by paying attention to implications and findings central to the study.

For the purpose of this study, cross-cultural therapy is viewed as an individual way of conducting therapy; therefore, individual interviews were deemed the appropriate way of collecting data. Interviewing as a data collection method is fully compatible with thematic analysis (Braun and Clarke, 2006). The interviewing in this study followed a style of not challenging the participants into a debate but instead allowing them to develop their argument so that the interviews uncover the true extent of participants' views (Parker, 2011).

As part of interview and questionnaire research, sometimes surveys are given to the participant on social desirability to measure the likelihood of honesty (e.g. Neville et al, 2006). In this study, social desirability was not monitored not only due to the epistemological stance but because professionalism was assumed and there was no foreseeable effect of the outcome on the participants because they were guaranteed confidentiality and given anonymity.

Before conducting the research interviews, two pilot interviews were conducted on peers for the researcher to develop interview skills and confidence but also create the interview schedule (Appendix C). The study's epistemological stand, which was relevant to the interviewing techniques, is highlighted by taking into account the researcher's own influence on the interviews (Kvale, 1996). The reason for developing semi-structured

interviewing skills was because this type of interview was used to facilitate the generation of open and participant-lead data as much as possible. In order to add rigour, two pilot interviews were conducted. After participating in other studies with a similar methodology, the researcher concluded that too many questions can overwhelm the participant and reduce the amount and clarity of his or her responses, thereby disrupting the flow of the interview. The researcher started the interview with open questions such as 'tell me about your views on working therapeutically with people from other cultures than your own?' because it enabled the participants to explore views. The researcher then had some key concepts to draw on, such as therapeutic relationship difficulties and process issues in case there was a need for these in the interviews.

2.4.2 Ethical considerations

The ethical issues in the interviews were considered and addressed in the informed consent and debriefing forms (Appendix D and E). These documents highlighted the participants' right to withdraw from taking part in the research at any time and they explained what was being investigated in the research to provide an insight for the participants about the context and nature of their involvement. Ethical issues included confidentiality, consent and consequences. No further ethical issues were found to arise from the research and no more issues arose during the process of data collection and analysis.

The researcher's concerns about the participants' feelings after potentially finding out how their views were interpreted and evaluated was discussed in the research support group. It was concluded that although it was a potential hazard, the interpretation of the findings would belong to the participant. In addition, participants were given pseudonyms throughout and no identifiable information such as research they conducted or where they were from (except the general area) was discussed in any part of the study to maximise participants' anonymity.

This study was proposed and completed as a requirement for a four-year part-time Professional Doctorate course in Counselling Psychology at the University of East London in the UK. Potential participants were approached in London and the South East of the country. Seven of the interviews took place in London at a number of locations and one in a small town in Kent. The setting was either the participant's workplace or private practice; some of the latter were located at the participants' homes. The literature review, the preparation and writing of the study, and the data transcription and analysis, took place in a small Kentish town and in the University of East London.

2.5 Data analysis

2.5.1 Data preparation

After the interviews were recorded on a digital recorder, the interview sessions were uploaded onto a laptop and transcribed by the researcher

manually. The transcripts and the recordings were stored securely in a locked filing cabinet and will be destroyed after ten years in line with the University of East London Code of Good Practice in Research (2010) and the Data Protection Act (1998). Only the researcher and her supervisors had access to the data. The participants were all given pseudonyms in the transcripts to preserve their anonymity and any details in this study that could identify them were altered. The researcher used a simple system of transcription – 'I' stood for interviewer and 'P' for participant. The researcher marked pauses to the nearest second (these were put in brackets in the transcripts), noted laughs and if anything was said louder; she did not use a more complicated transcription because complicated systems are difficult to read and make sense of, and they do not aid analysis (Wood and Kroger, 2000). Furthermore, transcription in thematic analyses does not require the same amount of detail as for narrative analysis or conversation analysis because functionality of the speech acts was not central (Braun and Clarke, 2006). Therefore, a verbatim account of all utterances is acceptable as described above.

To prepare the interview data for the analysis the lines were numbered and the interview transcripts were printed out so that interpretative features relating to specific themes could be highlighted. For the purpose of this study, a theme or an interpretative feature was identified as a short passage that describes something relevant about the data in relation to the research question (Braun and Clarke, 2006).

2.5.2 Phases of data analysis

In this thesis the in-depth thematic analysis follows six phases in a recursive manner (Braun and Clarke, 2006):

1. Familiarising oneself with the data including transcription, reading and re-reading the material. Listening to the interviews again to allow the researcher to relive the social encounter.

2. Generating initial codes, systematic coding of features relevant to the research question across the whole data set. Paraphrasing the ideas emerging from the data, looking for connections.

3. Searching for themes, collating codes into themes and gathering all codes relevant to each theme. A theme developed when ideas recurred in the text, for example 'unhelpful stereotypes' or 'useful background knowledge'. Sometimes ideas were collapsed into one category if they made more sense that way. (See Appendix F for examples of data analysis from the transcript.)

4. Reviewing themes by checking if themes are appropriate for the coded extracts and creating a thematic map. Aiming for internal homogeneity and external heterogeneity (Patton, 1990). Listening to the interviews again to ensure reasoning behind themes is appropriate.

5. Defining and naming themes by refining and generating clear definitions for each theme. Looking for names from within the theme to ensure closeness to the data.

6. Producing the report by selecting appropriate extracts to illustrate themes and relating them back to the research question and the literature.

The relativist epistemological stand is concerned with the functionality of the data rather than the truthfulness of it, which is why references to function in the analysis can be made (Guba and Lincoln, 2003). These references to some of the overarching functionalities in the participants' speech were made as they were relevant to the research question. For example, power dynamics were indicated in some of the narratives.

Chapter 3   Analysis

3.1 Exploring counselling psychologists' talk of cross-cultural therapy

This chapter sets out to examine and unpack the narratives of counselling psychologists discussing their understandings of and practices in cross-cultural therapy. The analytic focus guiding the application of thematic analytic principles is grounded within a relativist epistemology and is sympathetic to social constructionist ideas about the role of language in constituting realities and experiences.

This chapter will present, illustrate and discuss the two main themes and associated subthemes that emerged from the analysis. The themes are presented in a data-driven fashion reflecting the bottom-up, inductive approach which allowed the participants' voices, preoccupations and dilemmas to shape the emergence and organisation of themes and subthemes. To demonstrate this process, the participants' ideas are closely reflected in the titles of the themes.

Throughout, the analysis of these professionals' accounts paid particular attention to power between the therapist and the client and how institutions and ideologies influenced the participants. In line with feminist critical psychological perspectives, power relations (e.g. between the speaker and the institution) are central to the ways in which knowing (individual sense making) and knowledge is produced, interpreted and played out in social interactions (e.g. in the research interview) (see, for example, Wetherell et al,

2001). In the following pages, instances of power dynamics are highlighted, as are ways a particular theme works to produce power imbalances. The two main themes that emerged from the analysis are:

1, Cross-cultural therapy as a Return to Individuality

2, Cross-cultural therapy as a Return to Situatedness

As mentioned above, the naming of the themes was deeply embedded in the data. The word 'return' was chosen as it illustrates well this paramount feature of the participants' talk, namely the perpetual ongoing movement and shift between occupying the 'Return to Individuality' and the 'Return to Situatedness' positions.

3.1.1 Cross-cultural therapy as a Return to Individuality

Under this theme, the notion of cross-cultural therapy is understood as an internal reflective process that positions the practitioner in a certain way towards issues related to cultural background. In this theme, the speakers stressed the importance of paying increased, if not sole, attention to the client as an individual. From the analysis, it transpired that viewing the client as a standalone individual with his or her unique take on the world is idealised and was viewed as the most important thing to do in the therapy room.

3.1.1.1 Increased awareness about cross-cultural therapy and the universality of human experience

Cross-cultural therapy is where the client and the therapist are from different cultural backgrounds. Here, as a beneficial backdrop, cross-cultural therapy is recurrently constructed as important because of the environmental factors and there is an increased need for it. As a result, cultural differences were minimised and the idea of universal human experience was referred to by the participants a number of times.

Extract 1

P: We have a lot of people out there who like you and me hmm… people who believe in multiculturalism and hmmm 'the global village' and living together in peace and harmony.

(Paolo, line 107–109)

Extract 2

P: Hmm, you know there is just a great realisation of justification that you know that the world is becoming a smaller place, you know it is a village, you know you can be there or here and you could be in a similar situations there ... (2) so that is why I think there is a greater ask for it.

(John, line 415–418)

Both Paolo and John approach cross-cultural therapy from a theoretical perspective. Paolo points out that we live in a global village. If counselling

psychologists accept this view then we need also to acknowledge the need for increased awareness of cross-cultural therapy in the workplace.

Similar to Paolo, John looks beyond culture here; he strips the client of the context and talks about the universality of psychological experiences, which means that the geographical and cultural origins of the clients may be seen as unimportant in terms of the type of experiences they have. John's point about the commonality of human experience echoes Yalom's (2008) ideas regarding the universality of therapist–client experiences, where circumstances are secondary and viewing the client as an individual is paramount. This means that regardless of their place of origin, people will usually experience sadness after bereavement or joy at the birth of a child. While this theme of increased awareness of cross-cultural therapy and the universality of human experiences emerged as a common pattern across the data examined, other researchers did not agree. Kareem and Littlewood (1992) reject the idea of universal human experience and instead argue that there is always an intercultural aspect to any human encounter – for example, in the therapeutic encounter. Therefore, Kareem and Littlewood argue that no human experience can be generalised and that there is no universal psychology. Others, on the other hand, support John's argument about the idea of the universality of human experience. Human experience has been discussed at different levels and more or less cultural variations noted considering evolutionary ideas and family relationships. In favour of universal human experience, Ibrahim (1996) proposes that there is a universal system of assumptions within counselling psychology that takes into account overarching features in the client and their context. In addition,

Nelson-Jones (2002) argues in favour of the existence of universal human psycho-social qualities for evolutionary and survival reasons. Nelson-Jones acknowledges diversity but stresses that across the world groups of people have experienced similar processes over centuries and he believes this, at least partly, is to do with the similarities they have. These ideas fit with this subtheme.

3.1.1.2 Attention to individuality is good practice as it fits well with the ethos of counselling psychology

In the interviews the speakers commonly referred to paying increased attention to the client as an individual rather than as a member of a cultural group being good practice in counselling psychology. This notion fitted well with the ethos of counselling psychology as described in the statement by the Division of Counselling Psychology in 2001 (Mytton, 2003).

Extract 3

P:...............I guess it is my philosophical orientation of my practice, my training. My training was very existential, very phenomenological, which I think lends itself very well for me to, to working with people from hmm.. Whatever background really, because it is kind of on the basis of – I am sure you know that, that actually you can never assume, really, because each person comes with their own meaning. And really it is although terribly simplistic it is kind of underlies the importance of a kind of childlike naivety necessary for, for this kind of work, really, so being able to enquire about… I

don't know, we are talking about very general psychological... (1) I don't

know if somebody says that they are worried or that they are anxious, you

know what exactly that means,

(Jasmine, line 74–84)

Extract 4

P:................ one can relate to another human being regardless where they

are from is the whole point of the counselling psychology

(Lenka, line 327–328)

Here, cross-cultural therapy is framed as an ability to relate to another in

counselling psychology. Both Lenka and Jasmine point out the importance of

relating to clients as individuals. Lenka provides a more general statement

about counselling psychology compared to Jasmine who refers to her own

professional practice. Jasmine's reference to 'childlike naivety' places her,

the therapist, in a less powerful position. She also promotes the need for

enthusiasm and implies that therapists lack pre-existing knowledge about the

client. There is a power relationship between the client and the therapist here

in their interaction; as Jasmine explains that she has no or little knowledge

about the client's cultural background, she positions the client as the expert

who is therefore more powerful than herself. Lenka calls both the client and

the therapist human beings and in doing so she equalises the power

between them. Lenka also calls it the 'whole point' which implies that this is

of utmost importance for her. Jasmine conveys the same message by

referring to her training – the foundations of her professional self. She then describes in everyday language the basic tenets of counselling psychology in her view that stresses the point from an additional professional stand. Lenka relates to this notion with her reference to the universal applicability of counselling psychology. Her statement feels more like an unquestionable truth because of the words 'whole point' and 'human being'. Brian's idea flows on from here below.

Extract 5

P: Yeah... (2) Well I think us, counselling psychologists, we are curious about people, I think it's pretty basic stuff, isn't it?

(Brian, line 154–155)

Here, this subtheme about attention to the individual and good practice is well illustrated by Brian's statement. He demonstrates how fundamental curiosity in individuals is in counselling psychology regardless of context – cultural or otherwise. He calls it 'pretty basic stuff' as if it went without saying, which is slightly dismissive but also suggests its importance for him. However, Brian at the end says 'isn't it?', and this tag question suggests a need for confirmation and may indicate self-doubt. Brian's curiosity ties in with social constructionist approaches to therapy (Biever et al, 1998; Constantine and Erickson, 1998). Both Brian and Lenka address the universal quality of counselling psychology but the difference between their points is that while Brian refers only to the psychologist, Lenka describes a

two-way process between the client and the therapist. This reciprocity

creates more of an equal footing, which Nadirshaw (1992) encourages.

Following Nadirshaw's ideas, Lenka calls paying attention to individuals good

practice in counselling psychology. Brian talks only from the counselling

psychologist's standpoint. His unequal reference to the exchange between

the client and the therapist leaves an air of power imbalance between them,

especially because his statement is also dismissive of any further discussion.

This unease may stem from an anxiety of working with a difference

(Eleftheriadou, 2006) or talking about his practice and views. Still, these

extracts demonstrate that the speakers believe that paying attention to the

client as an individual is the basic tenet of counselling psychology and is

integral to therapy.

3.1.1.3 Working with taken-for-granted assumptions hinders while sensitive listening aids psychological work

When the therapist knows that the client is from a certain culture different

from his or her own and knows about this culture – whether formally or by

hearsay – it is easy and to some extent natural to have ideas and

assumptions about the client who they are about to meet. This subtheme

provides findings about how the participants said cross-cultural therapy was

practised. In most of the participants' narratives, a recurring theme was that

making assumptions about the client based on the client's cultural

background is ultimately wrong. Better communication between the client

and the therapist was said to be beneficial for the therapy process, especially

since assuming is not welcome and everything about the client needs to be clarified. Because of these ideas, this subtheme fits well within the main theme of cross-cultural therapy as a return to individuality because by listening carefully and not making assumptions; the therapist is able to treat the client as an individual. Linking to these ideas and relevant to both this subtheme and the current study is Littlewood and Lipsedge (1989) who promote the idea of not making assumptions, using stereotypes or making inconsistent value judgements about the client.

Extract 6

P:...... use them [the clients] to explain what they meant to them in terms of what would be the norm and what they felt about that norm, because again, I can't make assumptions – here is this Japanese woman in conflict with her family and about to... (2) Well you may say that's pretty normal for fathers to be controlling the women and his family and things like that but hmm... that's not the issue, how did she feel about it and of course that is a different?

I: When you say 'how did she feel?', did you mean this particular individual?

P: Yes, I am not concerned with the generalisation how...(2) I am only concerned with what would be a sort of context.

(Yaron, line 156–164)

Here, Yaron illustrates the importance of not making assumptions about the client or anything that they say based on any pre-existing knowledge. Instead, one should pay attention to them as individuals and ask them to explain what certain things mean to them. His comment of 'using' the client

to explain their position can be viewed as putting the therapist in a more-powerful position because it is the therapist's choice to *use*. This power relationship between the therapist and the client echoes the one described in the previous subtheme between Jasmine and the client because the power is in the interaction. Here, however the balance of power is with the therapist. Interestingly, Yaron starts by explaining the importance of getting the individual client's account of the case and then confirms this by stating his lack of interest in the generalisation. However, he then goes on to talk about the context of the client which suggests the client's situatedness but he attempts to acquire information about the context from the client. Therefore, he is remaining within the 'Return to Individuality' theme but presents an interface between the themes. This reference to the context in cross-cultural therapy demonstrates that all human relationships, in this case the therapeutic relationship, are contextualised and informed by the cultural, historical and political backgrounds of the speakers in the interaction (Kareem and Littlewood, 1992). In practical terms, these influences can also get played out in transference and counter-transference. From the therapist's point of view, it is highly beneficial to know the background of the client. The therapist also needs to be fully aware of his or her own feelings regarding the client so potential counter-transferential issues can be addressed (Kareem and Littlewood, 1992). These transferential issues are presented here to illustrate what pitfalls the therapist may be faced with if, as shown in this subtheme, the cultural context is either not taken into account or understood only by the client.

Extract 7

P:......... I think how I approach this is being very, very honest by saying that I don't give advice you know part of, part of, you know, of the work is really listening well to the issues, and not be tempted to respond to that question you know 'what shall I do?'

Extract 8

P: Oh it does, you see they will see me, see me, see me as having power; they will believe I have knowledge they don't have; they will see me as the expert who they need to listen to, so that... (2) that is there, that is there, I mean that only, only changes one they get to know me as a person and they come to the realisation that I am not about, you know... (2) Power,

I: Hmm.

P: I'm really genuinely wanting to listen to what they have to say, their story but it is changes, but initially that is there.

(John, line 52–55 and 298–305)

Extract 9

P:................you have to listen and hear what they have to say but hmm it is very difficult not to make assumptions on your behalf and then they make assumptions about you and at some point you have got to dig a little bit deeper and I think people find it a little surprising that I listen to them.... I think people find it a little bit surprising because sometimes I might have to

explore issues around their attitude to things which are about their culture in order to deal with whatever they are coming with ...

(George, line: 100–106)

In terms of the practical aspect of cross-cultural therapy, both John and George examine and place emphasis on listening in the therapy room. John's struggle not to give advice is context related and propels him into a powerful position where he, the therapist, decides how therapy is conducted and works against the wishes of the client. He feels he is seen in a position of power compared to the clients and it makes it difficult for him to conduct therapy in a way he would like to. The power dynamic partly stems from the immediate interaction between the client and the therapist but mainly from the ideological structure that surrounds the idea of therapy for the client and naturally the therapist, too. What John says illustrates this subtheme by suggesting that working with assumptions – whether they come from the client or the therapist – makes the psychological work more difficult and only careful listening can help this situation. John's struggle with not wanting to give advice is echoed in Laungani's (2004) article where he discusses an extract from a therapy session on the challenges of cross-cultural therapy. Laungani similarly shows the differences between the expectations and the cultural norms of the client and the therapist. At the end he sets out his vision for the future and what might be a long-term solution towards the betterment of cross-cultural therapy: better communication and negotiation of expectations. These ideas fit well with this subtheme.

George describes a similar struggle of not wanting to make assumptions while at the same time being aware that clients themselves operate with assumptions about the therapist in front of them – the reciprocal nature of interpersonal relating involves assumptions. George places himself in the position of the expert by making decisions about what to do in the room, like John, and achieves the same outcome of demonstrating his powerfulness in relation to his clients by talking about his making the decision to 'dig a little bit deeper'. Interestingly, the use of 'little' here and in the next sentence achieves the effect of magnifying the outcome of his intervention. The power dynamic here stems from the interaction between the client and the therapist. In terms of content, the emphasis is on the importance of listening to the client so as to not make assumptions; therefore, George's account illustrates the importance of sensitive listening and the difficulty with assumptions in this subtheme.

3.1.1.4 Acknowledge the difference as it is not necessarily a bad thing

A number of participants explained that the process of cross-cultural therapy is aided by the situation when the client and the therapist are from different cultural backgrounds. This creates a transactional setting where the client and the therapist can learn about and from each other. This theme illustrates how the difference between the client and the therapist is necessary and inevitable even if they are ethnically matched to some extent.

Extract 10

I: Being foreigners?

P: Yes, you get away with a lot, because British people can't place us... (2) so you don't fall into that... (2) yeah, but we don't have problems there too much... (3) because yes, so hmm... (2) but of course it must be the case that hmm... a degree of similarity may sit easier for you to understand the other and for the other one to be feeling understood hmm... (2) as well as the fact that there is a transferential aspect to it and so forth, a degree of differences is also necessary because I think as Bacon said that if a therapist and the client were identical the client may not get very far (laughing much), you know; there may not be much point for the client to, to, to…

(Paolo, line 487–495)

From a practical perspective, Paolo welcomes difference between the therapist and the client. He states that the therapist 'can get away with a lot' and the advantage of 'not being able to be placed' is beneficial. This suggests a degree of anonymity on the therapist's side and that the client may not be able to make assumptions about the therapist so readily – which could be helpful by reducing the amount of assumption in the therapy room. Paolo then manoeuvres between similarity and difference between the client and the therapist by exploring the advantages. In the end, by trivialising similarity he achieved justification for more difference between the client and the therapist so he demonstrated this subtheme about the benefits of difference. This is interesting because Paolo's global message in his interview was to call for ethnic matching between clients and therapists to

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reduce the potential difference between the clients and the therapists in the therapy room.

Extract 11

P:..............'so, so, so you never gonna get an identity match so that conflict in therapy, this kind antagonism, is quite good in therapy, this kind of shared learning is good for each other. I don't think difficulties are bad in therapy but it is important how they are dealt with.

(Joe, line 366–369)

This extract from Joe's narrative highlights the impossibility of a therapist–client ethnic identity match. Joe sees the difference between the therapist and the client as a useful conflict with benefits for each side, being a positive by-product. It may raise the question whether this conflict could take attention away from the original issue for which the client entered therapy by turning therapy into a learning exercise for the client and the therapist. Nevertheless, the benefits of the difference in this subtheme are well illustrated.

Extract 12

P: I think the therapeutic relationship is essentially about building this relational depth with someone – and I think you can do it most times actually without any regards to the culture because what needs to be done is acknowledging that we are different and can relate to someone... (3) it is

more the acknowledgement rather have the some kind of hey, here it goes: we are pretty much the same... bullshit – we are not the same.

(Lenka, line 314–319)

Here, Lenka isolates contextual features from the process of therapeutic relation formation to note that acknowledging the difference is the most important job for the therapist. Her point is clear – that the client and the therapist can never be the same and the best thing to do is to embrace and work with the difference rather than try to eliminate it. Lenka's extract highlights this subtheme's message of acknowledging the difference.

These three extracts illustrate that difference between the individuals – the therapist and the client – in the therapy room is a given, is beneficial and needs to be acknowledged. This subtheme belongs here to the main theme of cross-cultural therapy as a 'Return to Individuality' because the focus is on the individual differences between the two human beings in the therapy room.

3.1.2 Cross-cultural therapy as a Return to Situatedness

The second dominant theme that emerged from the analysis of the participants' narratives was viewing cross-cultural therapy as a return to situatedness. In this theme, the notion of cross-cultural therapy was commonly understood as more of a practical and realistic idea where the circumstances of the client, the therapist and the therapy are fully taken into account.

Extract 13

P: I have given up on that long time ago (3)... hmmm, I think you can only be aware of the fact that there's a lot that you don't know and that you should really be quite careful when generally when you are with different people for instance... (2) I mean they are all different but when working with people from different cultures there might be things that you take for granted, lots of research on different ways in your culture, behaviours, morals, values, what means what. How is love expressed, how is a man and a woman is supposed to behave, a child, a parent, what are the right things and the wrong things? And hmm and hmm it is very easy to take as natural ways of beings, ways of beings that are rather culturally determined and so that then you are dealing with people from different cultures, and it is an easy mistake to make, very easy mistake and you WILL make it..

(Paolo, line 17–27)

Paolo sets the scene for situatedness from a theoretical perspective for this theme in the extract above by explaining that cross-cultural therapy is a way of doing therapy where the therapist needs to know about the culture of the client to help them optimally. There is also a sense of futility about never being able to know enough and there is a need to accept that mistakes will be made. Paolo's message ties in with Eleftheriadou's (2006) warning against the use of stereotypes where she points out the complexities offered by the cultural and individual backgrounds and by the interactions of these complicated contexts that are brought into the room by the client and the therapist.

3.1.2.1 Knowledge about the clients' background is valued as part of doing cross-cultural therapy

From a practice perspective of cross-cultural therapy, the participants frequently elaborated on the usefulness of knowing about the clients' cultural background. This refers to the practical level of providing therapy and the participants explained that researching the cultural background of the client before seeing them is essential. This view is supported by Littlewood and Lipsedge (1989) who advocate cultural research on the client before therapy.

Extract 14

P: There are a lot of studies about it, there are a lot of books written about it, I think, I know that also helps me to read behind... (2) to read behind the cultures, especially if the books are written by indigenous writers themselves.

I: Hmm

P: Because you know it could be so... (2) so easy to come away from working with another culture like the ones I work with and coming back from it and coming back with a very male-dominated understanding.

I: Hmm.

P: I mean, I mean, I mean, because over there, there, they are very paternal.

I: Hmm.

P: Dominating, you know, it is easy then to come away and say that these are the cultural nodes but in actual fact that is not the whole picture, but often there are other deeper, female issues which if you are trying to understand

from a psychology, counselling therapy point of view that really does need to be understood, or explored... (3)

(John, line 192–206)

To illustrate this subtheme where knowing about the client's background is valued, John explains that reading up about the cultures of his clients is useful for him to conduct therapy. He especially values information from people who belong to that cultural group, 'indigenous writers', perhaps to avoid reinterpretation. What John says is in line with Kareem and Littlewood's (1992) suggestion that it is the therapists' ethical responsibility to find out about the client's culture and work with it in the formulation and in the treatment. From what John says it seems that by learning about the culture he gains better understanding and can therefore be more accepting, respectful and accommodating towards his clients. He highlights that some of the hidden issues about women may not be uncovered if the culture is understood poorly. There is a gender agenda here, where a white English man talks about domination. Here, the power dynamics stem from societal structures, propped up by dominant discourses. In his last lines he maintains how issues in the culture 'really do need to be understood', thus supporting this subtheme's message.

Extract 15

P:........... I haven't had many clients from ethnic minorities hmm but... (2) I can say that a... (2) I can say that I have found the work a bit more difficult

hmm... (2) meaning that hmm... (2) I found myself a little bit at lost as to what to expect exactly, as to what the meaning of what they were telling me was in their culture and so... (2) whereas something is from a culture that I know well I can take it as indicative of rather unusual, for instance compared to something from a different culture, so I am a bit more at loss... (3) and hmm... (2) it takes a little bit longer to fully understand or fully understand, well you never fully understand do you but it takes a little bit longer to understand what, what is going on for the other, I don't know, I'm not sure I have answered your question.

(Paolo, line 331–340)

In his passage, Paolo explored the difficulties in the situation when the therapist enters the therapeutic setting with no pre-existing knowledge about the client – thus suggesting that conducting therapy is easier if the therapist goes into the room with some existing knowledge about the client. He describes being lost in the therapeutic process when dealing with a client from a very different culture. Interestingly, he also appears unsure in the interview about whether he answered the question or not – demonstrating his truthfulness. He claims it takes longer to work with someone who is culturally different from him. He starts off by saying that he has not had many clients from 'ethnic minorities' which suggests that he defines cross-cultural therapy as therapy with people from ethnic minorities. This understanding of cross-cultural therapy is not consistent with the general view of cross-cultural therapy that was adopted by the other participants.

P: Yeah, understanding where they come from a bit more helps you to not pathologise it in a way... for example, sending somebody for anger management, which might not necessarily be the case.

(Lenka, line 73–76)

Here is another example for the interpretative feature of valuing knowledge about clients' backgrounds. Lenka adds to this as she says that by knowing about the culture she may be able to avoid pathologising certain features in clients' presentations that could be the case if she was unaware. Her point ties in with the facts from the literature such as young black men being more likely to be diagnosed with schizophrenia (Kareem and Littlewood, 1992; Fernando, 2002; Littlewood and Lipsedge, 1989; and Pilgrim, 1997). Lenka's message strengthens the idea of rebalancing equality and power as the client is fully taken into account without ignoring parts of him or her that a therapist judges not to be relevant to therapy per se – and she illustrates this subtheme regarding valuing knowledge about the client in counselling psychology.

3.1.2.2 The reciprocal nature of situatedness

Addressing both parts of the research question in this subtheme, the speakers widened their considerations to the perspective of the client, though it featured partially in the subtheme that states 'working with taken for granted assumptions hinders psychological work'. It became apparent from

the analysis of the narratives that nearly all the participants mentioned that assumptions were present in both directions in the therapeutic dyad. The clients will equally have their own set of preconceived ideas and assumptions about the therapist and the therapy process. Some of these may be helpful and some may not be, as George describes:

Extract 17

P:.... I remember I had one supervisor who said that you must always remember that the reason Indian people or people from India come to you because you are a white doctor and it is a cultural thing of looking up to...(2)

I: And you have...

P: An English name and that I am a psychologist and there is a status issue and therefore I must be the right... and it is true I have had people in here calling me sir and doctor and sometimes I correct them and sometimes I don't... I think you have to judge whether it is useful to challenge or to go along with it.

(George, line 499–506)

Demonstrating this subtheme, George evaluates the clients' assumptions and leaves it open whether this dynamic is helpful or not. He suggests judging each case individually but ultimately he embraces the assumption-ridden nature of the dyad. There is a strong air of power and superiority in this extract that he acknowledges and promotes in the therapeutic environment where his whiteness and Englishness act as a healing power, in

his opinion. There is an evident race and colour related social power structure here that he is propping up by advocating the fact that it is sometimes acceptable to bask in his 'perceived' glory of whiteness. With what he says, George maintains the social structures of power differences that stem from cultural, racial and ethnic differences. Nevertheless, he demonstrated well that cross-cultural therapy is constructed as a return to situatedness and here this situatedness takes the form of being situated in the mind of the client through their assumptions.

The effect of clients' assumptions may be negative as demonstrated from the extract from Brian below:

Extract 18

P: You know, in the Western world we can kind of understand that idea better of you know leaving your thoughts behind... (2) and you know when I was trying to explain it that it does not mean that you are leaving you mind here... (2) or leaving your brain here all I am saying is that by talking about it you would leave some of that baggage here, and she just could not. (3) And she was just saying that 'I believe what I say here is a part of me and what I say here is still going to be a part of me when I walk away from here'... (2) you know... (2) so 'how is that going to help me, leaving any of that behind'… so that was one thing that came up... (3)

(Brian, line 198–206)

By demonstrating this subtheme that the client also comes with assumptions, Brian explores how the tension resulted from a clash between his and his

client's assumptions. Brian suggests it did not 'translate' in the therapeutic environment and caused difficulties. Because he made a reference to 'leaving your brain here', making it sound nonsensical, he may have demeaned the client and increased his own power. On the other hand, the discussion between the client and the therapist did open a channel of communication. As a result, they were able to talk about what they meant and the client felt able to express her ideas without shying away from disagreeing with the therapist (Patel et al, 2000). This process suggests not only an equal power relationship in the therapy room but also the presence of the client's assumptions.

3.1.2.3 The racial dimension is a natural feature of cross-cultural therapy's situatedness

The racial dimension in therapy appeared to be a prevalent and natural feature of cross-cultural therapy's situatedness.

Extract 19

P:....... and maybe an issue in therapy – dependent upon the environment in which they are living in, the racism that they experience and that's one thing working with and I will explore and be ready to at any one point to bring it up. Like the people I see, who work, feel bullied and harassed, I will very quickly ask them the question: Do you feel any part of this bullying and harassment

involves racism? And for many of them that is a relief; they will not mention it but I will.

(Yaron, line 90–96)

The presence of racism is illustrated in Yaron's passage as he talks about the details of his practice. Yaron explains how he proactively explores racism in the therapy room pointing out that he will 'very quickly ask the question'. At the end of his extract, he appears to praise himself in terms of the 'relief' and clients not mentioning racism – only *he* mentions it. The effect of this passage is two-fold: on the one hand, there is unease because of his disempowerment of the client as it was not necessarily their choice to talk about racism – a potential power imbalance in their interaction. On the other hand, a relief in case the client was unable to bring up the issue of racism because of worrying about the implications for the therapeutic dyad in case the therapist, who is a white male, takes it as an attack (Lago and Thompson, 2003) as Yaron explains later in the interview. This opens an ethical and moral question about how and when racism should be brought up by the therapist. Though this demonstrates the existence of the racial/political situatedness of therapy – cross-cultural or otherwise – the way Yaron approaches the idea also highlights power issues in the therapy room and beyond regarding his powerful whiteness. This notion was further developed by Paolo in the following passage where he appears to respect the client's views to the point of tolerating racism:

P: Well, why? If I am white and I don't want to see a black therapist because I don't think that a black therapist's gonna understand me, maybe I am a bit racist or whatever... (2) it I think you do more... (2) harm... (2) No... (2) It is not the therapist's job to get into the political views or whatever of the client, I mean if they expressing personal difficulties then that could be done by a white therapist just as well... (2) Well, you know... (2) and you know there would be a lot of people who would be happy to see people from a lot of different ethnic background and there may be people from ethnic minority who would like to see people from ethnic majority... (2) Because maybe they believe that therapy... (2) because therapy is a Western thing, it is better conducted by Western therapists.

(Paolo, line 518–527)

In this subtheme on racial situatedness, the question is not whether Paolo's views are morally or ethically acceptable but to illustrate the presence of a racial dimension in cross-cultural therapy practice. Both Yaron's and Paolo's extracts highlight that the racial and political situatedness of the therapeutic encounter in a cross-cultural environment is unavoidable (Pilgrim, 1997). Paolo dismisses the client's political views and racism as he refers to them as 'a bit racist or whatever', hence creating a sense of unimportance. In the discourse in his passage, he directly maintains the political and social structures of racism and the differentiation between and discrimination against people based on skin colour because he depicts racism as acceptable. He deems racism unimportant and tolerable. On the other hand,

not naming or taking into account the differences in skin colour and their effects on the therapeutic relationship would be discriminatory as it was detailed in colour-blind racial ideologies (Holt Barrett and George, 2005). The description Paolo provides of his practice here gives an insight into his personal and professional beliefs. These beliefs appear not to have been worked through in terms of addressing his own racism and prejudices as suggested by Kareem and Littlewood (1992) who say that having therapy to work out issues was the therapist's responsibility. As a result, Paolo would have responded differently to the above hypothetical situation, according to Kareem and Littlewood, by being able to challenge the client about these racist views. In addition, avoiding working with the difference could be because of the therapists' increased anxieties resulting in therapists not reflecting on their own behaviour (Eleftheriadou, 2006), which may have been the case for Paolo.

3.1.2.4 Cultural solutions or Western models

This subtheme illustrates that participants repeatedly talked about cross-cultural therapy's theoretical and institutional situatedness in counselling psychology. The dilemma is whether the therapist's role is to 'convert' clients to the Western way of therapy or to encourage them to develop a way of helping themselves or of getting help in a culturally appropriate way.

Extract 21

P:............maybe I have an idealistic way of seeing American people but what the family says and people I met, they have a shrink you know in every family, it is like a GP so it is like really accepted kind of concept, I think they are like way ahead… (3) and we use as therapists, as Western therapists or whatever, we say things like psychologically minded you know... (3) having a kind of awareness in to difficulties and how difficulties kind of come about and... (3) and I think some of these concepts might not exist in other cultures, beyond Americas and Europe, you know… (4)

(Brian, line 299–307)

Theoretical and institutional situatedness is demonstrated by Brian idealising Western models and strengthening his theoretical position of conducting therapy the 'correct' way, which for him is following Western models. There is an element of momentary self-doubt – 'maybe I have an idealistic way of seeing' – but then he lists evidence to support his view about the commonness and acceptedness of therapy in the Western world. He says 'way ahead' which not only refers to superiority but also implies that it is only a matter of time before other parts of the world reach this level. The ideas in his passage prop up the social construction of the institute of Western Psychology and promote its superiority. A slightly different perspective is offered by Paolo; his openness to the client's solution is shown in the following extract:

P: Well, I would like to explore with them how do you deal with this sort of problems in their culture, what are the cultural solutions, available cultural solutions and if there are therapists in their culture.

(Paolo, line 265–267)

The extract's comforting effect of taking the client's background into account is somewhat lessened by his questioning the existence of therapists in that culture and his intentions can be further questioned by the global message of his interview – that he is trying to push the client away to be dealt with by somebody else who is better matched culturally. Nevertheless, he appears open to the idea of exploring cultural solutions that may be available to the client and it sounds respectful of the client. Paolo's extract illustrates well the subtheme that cross-cultural therapy is theoretically and institutionally situated – whether these are Western models or cultural solutions.

3.1.2.5 Situatedness in the mind of the psychologist

According to Pilgrim (1997), the formulation of a client is located in and influenced by the pre-existing knowledge and beliefs of the counselling psychologist. Knowledge and in this case the understanding of clients – in cross-cultural therapy – is situated in the mind of the psychologist, in all their pre-existing knowledge, models, wisdom and values. This kind of situatedness of cross-cultural therapy in minds manifests in practice. The dilemmas are not only whether to use this pre-existing knowledge and how

and when their use may be appropriate, but whether it is possible not to use them at all. This situatedness is illustrated in the following extracts from the same participant highlighting answers to both parts of the research question on cross-cultural therapy. This internal situatedness as a theme is commonly present in the narratives.

Extract 23

P: it is helpful to know stereotypes I would not use in my clinical work obviously I wouldn't because it would kind of cloud my judgement but I really think... it is helpful because it is the way people make sense of the world... I am aware of stereotypes people have of Polish people – and I might actually have an impact, I might not actually agree with them but they do have an impact on how I see myself, how I see other Polish people and how I see me being in London for example. I think that the same applies to people... (3) Yeah, I think it's... good to have some sort of knowledge and awareness, like I am working a lot of the time with Indian, West Indian clients, obviously I have no insider knowledge... (2) of how it would be to be Jamaican growing up in Brixton but at the same time there is a... hidden... (2) very... hmm... (2) yeah... these is some professional knowledge, it is helpful to know basic facts of the culture, things like what it would have been like to be growing up here 20 years ago or 50 years ago… Hmm... (3) and it helps to understand the dynamic that they are facing for example here in the hospital between patients and staff as well... yeah understanding it a bit more helps you to not pathologise it in a way... for example sending somebody for anger management which might not be necessary the case.

I: It is like really useful to know about what certain things mean, what happens.

P: Yes, yes, particularly if it is still kind of important.. (2) If it is related to someone's suffering.

(Lenka, line 58–74)

The situated nature of knowledge in the psychologists' mind is demonstrated here by the idea of stereotypes being useful and some credit is given to the use of them in the process of therapy. The idea that stereotypes influence or 'cloud' the therapist's judgement is also put forward but there is an element of 'not being able to exist' without them. This point fits well with ideas from cross-cultural therapy research that it would be unrealistic to pretend that one is judgement-free and has no assumptions because all knowledge is situated and can only be understood in the context within which it exists (Fernando, 2002). In the following extract, the nature of assumptions is further explored and additional qualities are uncovered.

Extract 24

P: I would find the whole thing patronising, yeah, because assumptions are like patronising, it is like…

I: Like my English is not good enough?

P: Yeah could be... (4) but even if the language is the... but someone is trying to, hmm... (3) yeah... (2) yeah I think matching is typically racist, it is like putting a plaster on the difference.

(Lenka, line 383–388)

Here, the other side of the argument is illustrated about stereotypes to demonstrate the situated nature of knowledge. Assumptions about a person are described as offensive and racist and as processes that dismiss individuals. In this extract the idea of client and therapist matching is discussed where the matching is based on assumptions fuelled by stereotypes. Here, in extract 23 and 24, the dilemma on assumptions is demonstrated to show the tension it creates and the creative thinking that results from it by examining both sides of the argument. In terms of the use of stereotypes in therapy, Fernando (2002) warns against the dangers of stereotyping because labelling a person in a certain way means we no longer see the individual but member of the group who may exhibit characteristics of that group. While this position offered by Fernando is reasonable, from a cross-cultural therapy perspective, viewing the client only as an individual is not satisfactory because the whole context needs to be taken into account. In these two extracts, 23 and 24, there is also an important power dynamic stemming from the discourse that is utilised by the speaker. Lenka's narrative demonstrates how the enormous power of dominant discourses – here in this case stereotypical ideas about different nationalities – form people's understanding. The power and enormity is further demonstrated by her saying that there was no getting away from these dominant views, which illustrates the situatedness in the mind of the professional.

3.2 Summary of the analysis

Both main themes discussed above were recurrent in all the narratives across the counselling psychologists interviewed to varying degrees by utilising some or most of the subthemes. The phenomenon of cross-cultural therapy was commonly depicted as an important activity for the counselling therapy process. Cross-cultural therapy was also described as a positioning towards knowing that the client is embedded in a sensitive appreciation of Britain as part of the global village. Cross-cultural therapy was not only viewed as a relationship to another person fuelled by the curiosity of the therapist, but also as a reflection of the kind of therapist who is fully aware of the context. Context here refers to all circumstances and background the clients and the therapist come to therapy with.

In terms of cross-cultural therapeutic practice, the participants claimed they attempted to practise with minimised assumptions by paying increased amounts of attention to the client as an individual. This idea appeared to be stated from a position of power that stemmed from and was embedded in the relationship between the client and the therapist. Minimising the impact of the context was justified by their claim of the existence of universal human experiences. Some of the participants understood cross-cultural therapy where the difference between the client and the therapist is seen as beneficial. This beneficial difference was framed as a learning exercise or as a situation where there is no pre-existing knowledge which fuels curiosity. In terms of conducting cross-cultural therapy, acknowledgement of the cultural

difference between the client and the therapist was promoted as a solution to ease the difficulties cross-cultural therapy presented. Understanding and working with the effects of the clients' assumptions was also seen as an essential part of practising cross-cultural therapy effectively.

The two different perspectives regarding the racial dimension in the therapy room showed different ways of dealing with racism and demonstrated the presence of the racial dimension and the situated aspect of cross-cultural therapy. Again, the duality of understanding and practice in cross-cultural therapy was shown in the theoretical and institutional situatedness subtheme on Western models and cultural solutions. Finally, somewhat echoing the Return to Individuality's subtheme on the hindrance of pre-existing assumptions, the use of stereotypes was explored in two extracts from the same participant to demonstrate the situatedness of cross-cultural therapy in the mind of the counselling psychologist. These ways of thinking are situated in the dominant discourses and constructs that are prevalent in counselling psychology and society. This part of the analysis demonstrates the concept of disciplinary power (Wood and Kroger, 2000) borrowed from discourse analysis in the way institutional and societal situatedness was played out in the narratives. This manifestation of disciplinary power took the form of complying with societal and the institute of counselling psychology's norms.

The ideas of individuality and situatedness sparked an internal debate about how to understand and practise cross-cultural therapy. Participants held contradicting ideas and managed them to create a flexible position for themselves along what appeared to be a theoretical continuum. On this continuum, one end may represent dealing with clients as complete

individuals who are not context bound while the other end is where the client and the therapist are treated as products of their circumstances and therefore situated therein. Interviewees did not remain static on one point on the continuum but moved about freely during the interview as they uncovered their beliefs, professional position and personal preferences. Both ends of the continuum represent a reasonable argument and a negotiation between these positions promoted reflection and apparent thought development in the interviews. The process of moving along the continuum can be understood in a way that participants held contradicting views when they talked about the topic of cross-cultural therapy. This can also be understood because talking about cross-cultural therapy causes contradictory views in the speakers. It also shows that the participants of this study appreciate and are able to engage with cross-cultural therapy in multiple different ways – in line with relativist, social constructionist views. It is clear from the extracts and the analysis that most of these descriptions of practice have power dynamics embedded in them that stems from institutional and or societal constructs and the interaction between the client and the therapist. These constructs are borrowed, used, renegotiated and recycled by the therapist and the client; thus, they infiltrate the therapy room. This invisible infiltration appears to have been brought to the conscious awareness of the therapists during this study.

The take-home message from the analysis section is that talking about cross-cultural therapy increases the potential for the counselling psychologist to keep awake the internal supervisor. The analysis demonstrated that according to the participants this unrest was achieved via the continuing

tension caused by a careful balancing act which can cause a clash between the two major themes described above. The upshot of the potential that keeps awake the internal supervisor for counselling psychologists is to enrich practice and to unearth blind spots, tensions and difficulties.

Chapter 4   Discussions and conclusions

4.1 Retelling the story of cross-cultural therapy

This thesis set out to explore how counselling psychologists understand and practise cross-cultural therapy. The exploration of this proceeded while being mindful of power dynamics. These power dynamics could appear within the discourse in the narrative of the therapists or in the interaction of the client and the therapist. The power dynamics stemming from the discourse demonstrated how society and the private are intertwined. Empowered and disempowered positions opened up when certain themes or interpretative frameworks were used to make sense of cross-cultural therapy. This section addresses how dominant constructs influenced and governed the understanding of cross-cultural therapy practice.

Two master themes have emerged following the thematic analysis of the interviews with eight counselling psychologists. These themes are 'cross-cultural therapy as a return to individuality' and 'cross-cultural therapy as a return to situatedness'. Three areas were explored in the course of the analysis: the understanding of cross-cultural therapy, its practice and the power dynamics. It was paramount in the analysis to bear in mind that how we make sense of an event varies and has consequences for our experience of the event. This means that multiple possible realities could emerge for the event, some of which are played out while others may remain out of sight. According to discourse theory, the cultural formulations by a speaker always bring the 'societal' into the 'private' and this modifies the ontology of the

object of study (Wetherell et al, 2001). As the object of study shifts, the language used to narrate it – the participants' accounts – or to interpret it (researcher's analysis) cannot pin down some once-and-for-all 'truth' waiting to be discovered. Therefore, a central feature of the discursive perspective is the centrality of interpretation, which is the way people make sense of themselves, other people and everyday social interactions. This sense-making process is deeply indebted to the norms, values and practises of a local culture at any given historical time (Wetherell et al, 2001). Interpretation and sense-making is arrived at via cultural discursive resources and is produced through and for social interactions, and is therefore dynamic, co-authored and context dependent. Here, the private–social intersection entails a focus on 'collective being as given' and personal being something that is achieved (Harre, 1983).

This study did not specifically set out to explore the context cross-cultural therapy is set in; however, from the interviews it transpired that the participants understand, practise and therefore talk about cross-cultural therapy in a context. This reinforces the notion that all knowledge is situated (Wetherell et al, 2001) and, therefore, disembodied knowledge does not exist. In the first subtheme of cross-cultural therapy as a return to individuality, the participants highlighted that there is an increased awareness about cross-cultural therapy because of globalisation and multiculturalism because we all live in the 'global village'.

The findings from the analysis will now be presented organised in order to answer the research question.

4.1.1 Understandings of cross-cultural therapy

The first part of the research question explored how counselling psychologists understand cross-cultural therapy, how the participants conceptualise it and what constructs they offer, use and recycle. From the narratives, during the analysis it emerged that there is an array of understandings concerning cross-cultural therapy. In the first subtheme of cross-cultural therapy as a return to individuality, the construct of a sense of universality about the human experience appeared. This means that there is some sort of underlying similarity for all humans regardless of their cultural background. Following on from this in the second subtheme of individuality, cross-cultural therapy is understood as an ability counselling psychologists have when they relate to another person – another individual – without needing or having to know about their cultural background or context. Developing on from this idea, the third subtheme frames cross-cultural therapy as a therapy practice where taken for granted assumptions are rejected and through careful listening to the client, the clients' individual meanings and understandings emerge.

Through evaluating the possibility of ethnic matching, participants realised the constant presence of cultural difference in cross-cultural therapy. Here, difference is constructed as a beneficial notion in the last subtheme of the return to individuality for both the client and the therapist. Taking this idea further, cross-cultural therapy is framed as easier if there is a difference because if there is, neither the client nor the therapist can make assumptions about another or over-identify with the other one. Therefore, this construct

builds on the previous notion about everything needing to be clarified rigorously through better communication as a natural function of therapy.

In cross-cultural therapy as a return to situatedness, cross-cultural therapy is framed by the participants as a practical, realistic and essential way of doing therapy. One of the participants saw cross-cultural therapy as therapy with ethnic minority clients (this participant is White European, non-British); this idea was not the expressed view of the other interviewees.

In the first subtheme of the return to situatedness, cross-cultural therapy was seen as a way of avoiding pathologising the client by knowing about their cultural background. In the second subtheme of cross-cultural therapy as a return to situatedness, participants framed cross-cultural therapy as a reciprocally situated notion. This means that assumptions are also present in the minds of the clients and influence the process – hindering and benefiting it. In the third subtheme, cross-cultural therapy was constructed as a therapy where a racial dimension is inevitably present.

In terms of institutional conceptualising, in the fourth subtheme of cross-cultural therapy as a return to situatedness, the notion of cross-cultural therapy is viewed through the lens of seeing the Western model as superior. Here, the psychologist has a dilemma: whether to help the client work out if there is a cultural solution for them or encourage the client to make the most of Western therapy models. Cross-cultural therapy is then framed as situated in the mind of the psychologists because of their pre-existing views and assumptions about the world, the client and themselves.

4.1.2 The practice of cross-cultural therapy

The second part of the research question concerned how counselling psychologists practise cross-cultural therapy. The rich picture offered by the participants comprised numerous elements of their narratives. In the second subtheme of cross-cultural therapy as a return to individuality, the attention to individuality was highlighted as good practice. Here, resonating strongly with social constructionist ideas, the notion of curiosity is emphasised as part of cross-cultural counselling psychology practice. The third subtheme in cross-cultural therapy – a return to individuality – highlights more details about this practice by saying that working with taken for granted assumptions is counterproductive in therapy. Here, communication where meanings and messages are clarified and worked through was presented as a solution to counteract assumptions. As a result of listening to the client carefully, the therapists experience the client as an individual.

What emerged from the final subtheme of cross-cultural therapy as a return to individuality, is that cultural difference is always present. This difference between the client and the therapist can be dealt with positively where the therapy becomes a learning environment and the difference is acknowledged as a sign of respect. In cross-cultural therapy as a return to situatedness, to be effective in therapy, practitioners must find out about each client's background. This notion is then developed further in the first subtheme that knowing about the cultural background of the client is valued and essential. This knowledge may be gained by reading books from writers who are part of that particular culture to maintain authenticity. The result of this knowledge is

a more respectful and accepting process while without this knowledge, the therapist is lost.

In the next subtheme there was an exploration of how cross-cultural therapy is situated in the clients' minds. How these assumptions are dealt with can vary depending on the situation. At times, the participants suggested going along with the clients' assumptions while at other times these were probed and used constructively in the therapy process. This theme indicates that in cross-cultural therapy practice, making assumptions – that is, relying and basing some formulations on pre-existing knowledge about a culture – is not only inevitable but also a necessary, useful and practical tool. These assumptions are based on information that the therapist learnt about cultural norms and customs. It is helpful to know about the cultural background of the client before therapy because the therapist may understand better what to expect and be more respectful and accepting towards the client. This interpretative feature also refers to the positive outcome of not pathologising certain aspects of the client's presentation.

In the next subtheme, where the racial dimension is highlighted as an inevitable feature of cross-cultural therapy, the participants described that in practice they explicitly discuss race and racism to help the client explore this area. Another participant treated racism as the clients' choice and therefore suggested respect and acceptance about what therapist the client wishes.

Remaining on the clients' choice, in the fourth subtheme the therapist has a role to work out how the client may be able to get help in a culturally appropriate way. In this, where cross-cultural therapy is situated in the mind

of the psychologist, it is explained that this pre-existing knowledge results in a balancing act where the therapist needs to evaluate the usefulness of the knowledge and try to judge when and how appropriate it is to use.

4.1.3 Power dynamics

During the course of the analysis, special attention was paid to the power dynamics presented in the participants' narratives. In the second subtheme of cross-cultural therapy as a return to individuality, power dynamics in the interaction were detected where the client was put in a more powerful position than the therapist because of the former's greater knowledge about their own background. Here, the client was expert because the therapist had no or little knowledge about the client's cultural heritage, assumptions, values and social practices. On the other hand, the therapist may occupy this position because of his or her professional knowledge. In the same subtheme, in the more general statements about counselling psychology an equally balanced power relationship was put forward where the client and the therapist relate to each other as equals. This balance shifts in the next subtheme about avoiding taken for granted assumptions where the therapist is in the more powerful position because of deciding to 'use' the client to explain meanings. In this subtheme, a further power relationship stems from the discourse, that is, the ideological structure of therapy, where the expectation of the client is pushed back and the therapist decides how to manage the therapy process correctly. The therapist understands that he or she is placed in a powerful position and tries to work against this.

In the first subtheme of cross-cultural therapy as a return to situatedness where knowledge about the client is valued, the power dynamics rely on societal structures that are supported by dominant discourses. There is also a power relationship in the interaction between the client and the therapist because by the therapist knowing about the client's background, all parts of the client's presentation is taken into account and the power is balanced as the therapist is neither taking the lead nor ignoring certain parts of the client and thus fragmenting the client.

Taking into account the clients' assumptions is the topic of the next subtheme as is the way the therapist deals with these power dynamics. One of the participants suggested accepting the clients' assumptions about the healing power of their Englishness, whiteness. This power dynamic stems from dominant discourses about cultural, racial and ethnic differences in society and on this a participant suggested that by accepting these he not only propped up these structures but also made them visible in counselling psychology. In the second extract for the reciprocal situatedness subtheme, the participant also presented a power relationship in the interaction by initially ridiculing the client's views – thus putting the therapist in a more powerful position by explaining how therapy has progressed. This power appears more balanced through the opening of communication.

Racism in the therapy room was framed as inevitably present in different power dynamics in the narratives. Firstly, there was a power relationship in the interaction when the participant talked about openly discussing racism – whose choice this was, how the client felt about it and how it created a power imbalance in the room. Secondly, when racism was framed as the clients'

choice, power dynamics within the discourse seeped from the societal into the private realm in terms of dominant discourses of whiteness and Western superiority. Again, power stemming from the discourse is shown in the institutionally situated subtheme. The participant elaborates on the superiority of Western psychology over any other way of dealing with mental distress. By doing so, the institute of Western psychology is propped up further. In the last subtheme of cross-cultural therapy as a return to situatedness, it is demonstrated that dominant discourse inevitably exists in people's minds and they powerfully influence practice through impacting on practitioners' ways of thinking. Power dynamics in the subthemes relating to individuality appear to materialise in the interaction between the client and the therapist while in the situatedness subthemes the power often comes from dominant societal discourses. These discourses may come from institutional (Western model), counselling psychology and/or racial (being white) roots. This makes sense in terms of social construction and discourse theory.

4.1.4 Linking subthemes across the findings

The themes and subthemes are presented in the next table showing the connectedness and interrelations. Implications resulting from overlaps between the subthemes will be considered in the process of conceptual clarification. These overlaps also indicate the presence of constant motion between the two main themes and the dyadic relationship, for example as in

Table 2 subtheme 1 of the 'Return to Individuality' and subtheme 4 of the 'Return to Situatedness' have a strong dyadic link.

Cross-cultural therapy as a Return to Individuality	Cross-cultural therapy as a Return to Situatedness
1. Increased awareness about cross-cultural therapy and the universality of the human experience.	1. Knowledge about the clients' background is valued as part of doing cross-cultural therapy.
2. Attention to individuality is good practice as it fits well with the ethos of counselling psychology.	2. The reciprocal nature of situatedness.
3. Working with taken-for-granted assumptions hinders while sensitive listening aids psychological work.	3. The racial dimension is a natural feature of cross-cultural therapy's situatedness.
4. Acknowledge the difference as it is not necessarily a bad thing.	4. Cultural solutions and Western models.
	5. Situatedness in the minds of the psychologists.

Table 2: Themes and subthemes that emerged through the analysis

The universality of human experience links to the Western models because these models are based on this principle. If universality is accepted then the applicability of the models is accepted.

It is good practice to treat clients as individuals but also to take the context into account so knowing about the clients' background is essential. But this could be taken for granted knowledge which is a hindrance and therefore unhelpful. There is also the notion of situatedness in psychologists' minds so

the knowledge learnt about each client resides there. Therefore, should the therapist work against this pre-existing (or to be acquired – as it is good practice to know about the background) knowledge? Or if therapists acknowledge and celebrate the benefits of the difference and carefully listen is this enough to conduct appropriate therapy? For example, racial issues can be viewed as taken for granted assumptions and accepting them and working with them can be seen as helpful but also as an obstacle. The given assumptions were shown to have a reciprocal nature through George's account and how to deal with these appear to be context dependent.

It appears that there are no prescribed ways from the findings but they seem to open up numerous dilemmas and debates. One such dilemma was that in cross-cultural therapy making assumptions can be a shortcut but it is also necessary and practical; it can be useful when time is restricted and is also respectful towards the culture and means the therapist is not going in to therapy 'blind' – that is, without any knowledge about the client. The shortcuts here refer to the counselling psychologist having to somewhat rely on pre-existing knowledge and assumptions about people coming from different cultures to their own and this knowledge may help them to not pathologise various aspects of the client's presentation (Kareem and Littlewood, 1992). Knowing about the client's background can prime the therapist to look for features associated with that culture or wrongly identify certain behaviour as part of the culture rather than the individual. The dilemma is therefore whether it is helpful to know about the cultural background of the client before conducting therapy or not. On the one hand, the therapist may understand better what to expect and be more respectful

towards the client but on the other hand it may be better to ignore the culture and treat the client as an individual because it is the clients' individual understanding of their cultural context that matters rather than what the literature says about a particular culture. Therefore, it may be better to explore the client's cultural background with them and another possibility is that cultural variations may not be of central importance in their presentation because of the universality of human experience.

The contradiction is that cross-cultural therapy is enhanced but can also be hindered by the client's knowledge and assumptions about the therapy process and the therapist. This was demonstrated by George in his account about his client's assumptions regarding his title and race having beneficial effects. The drawbacks were shown by Brian when he talks about his client's inability to leave thoughts behind.

A dilemma around theoretical situatedness asks whether the purpose of cross-cultural therapy is to look for a culturally appropriate therapeutic solution or persevere to provide therapy in an existing Western framework. The implications of this dilemma were that a reality was created through emphasising the practicalities and realities of therapy and through human perceptions of different cultures the speaker can claim to be speaking from a more normal, realistic and informed position. This interface between the themes seems to accept and embrace the reality of therapy where the therapist and the client do not exist in their separate bubbles disconnected from any aspect of their context but instead accept and work with this situatedness. The implications for the speaker were that in the situatedness themes a picture was presented where through the emphasis on the

practicalities and realities of therapy and human perception of different cultures the speaker can claim to be speaking from a realistic and informed position.

4.2 Cross-cultural therapy as a Return to Individuality and Situatedness are returned to the contexts

After comparing the findings with the literature, a number of links appeared. Contextually, because of globalisation the participants said that we live in a global village. This notion clearly reflects the facts presented in the introduction from the Office for National Statistics (2001; 2011). This idea of globalisation as not only a context but also a driving force behind the need for cross-cultural therapy was echoed in the guidelines from the BPS and the APA.

4.2.1 Understandings of cross-cultural therapy in contexts

The construct of universal human experience from the findings taps into the debate in the literature about the constant existence of the intercultural context (Kareem and Littlewood, 1992; Erskine, 2002; Fernando, 2002; Sharma, 1996) and the existence of overarching qualities all humans have (Yalom, 2008; Ibrahim, 1996; Nelson-Jones, 2002; Kagawa-Singer and Chung, 2006). The idea of the existence of universal human experience reinforces the assumption that there are some basic overarching commonalities for all humans and cultures (Triandis and Berry, 1980),

pointing towards the importance of the person as taken out of the context – universality. Links can also be made between this universality and the findings presented by Kozuki and Kennedy (2004) about the clients' experience of being treated as cultureless and therefore misunderstood. In this sense, Kozuki and Kennedy's participants' therapist practices was based on the universality of human experience and was not found to be helpful by the clients. It appears that the reciprocal nature of assumptions was not taken into account either. To some extent the reciprocity of assumption, where the clients' assumptions in a therapeutic environment are acknowledged, appear marginalised and not captured well in the literature reviewed here.

To some extent, the universality of human qualities point to cultural and colour-blindness aspects that have been rejected (Holt Barrett and George, 2005; Delgado and Stefancic, 2001). This universality of the person is further developed through the ability to relate to another person but in the narratives there was a sense of uniformity of clients with a difference. It was not discussed how large amounts of difference between the client and the therapist play out differently to small amounts. This point relates to Eleftheriadou's (2006) warning that if the difference is too big therapy is unlikely to work. What exactly constitutes 'too big a difference' is unclear. There appears to be a notion of rising above the cultural level and just treating one another as people, or counselling psychologists treating clients as people without the complication of the cultural context.

Following from this universality argument, on a philosophical level, as everybody is different, the existence of cross-cultural therapy may be

questioned. At what point or level does difference between individuals become a cultural difference instead of merely a sign of individuality? Arguing from a cultureless point of view where individual differences are most important, there may be no such thing as cross-cultural therapy only 'therapy'. This notion fits well with the return to individuality theme, especially with the ideas put forward by Jasmine, who explains that with her phenomenological background to conducting therapy she understands everyone as an individual and condemns the idea of making assumptions about another person.

Regarding whether the role of the psychologist is to promote the Western model or facilitate finding a culturally more fitting way of healing ties in with Stainback's (2008) thoughts on ethnic matching in therapy. This creates the question whether matching or the promotion of a cultural solution, dressed in the respect of the clients' choice and admission of self-limitation, is actually to some extent shirking responsibility from dealing with culturally different clients (Nolte, 2007).

Situatedness in the mind of the psychologist where the values of pre-existing ideas are evaluated expands on the much discussed idea of self-exploration (Patel et al, 2000; Riggs, 2009; Morgan, 2002; Holt Garner, 2006; Pakes and Roy-Chowdhury, 2007; Laszloffy and Hardy, 2000; Lago and Thompson, 2003; Ponterotto et al, 1993). Self-exploration in terms of racial identity development, attitude towards people from other cultures and cross-cultural therapy were all suggested areas to discuss. The findings of the present study are in line with some of the literature in the way they demonstrate that the participants are aware of the situated nature of knowledge in their mind

with regards to their own identity and taken for granted assumptions. As the extracts in the analysis demonstrated through an internal and external discussion and evaluation process, the participants made decisions about how to deal with their clients in the context of this knowledge – that is, they underwent self-exploration.

4.2.2 Practice of cross-cultural therapy in contexts

The process of clarification further strengthens the focus on the client as an individual rather than merely a member of any particular culture and thus rejects homogeneity (Fernando, 2002). Fernando (2002) stresses that individual differences may be larger and more important than group differences, from a therapy angle. This increased attention to the individual – listening better, acknowledging the difference, being aware of assumptions but avoiding pathologising – is framed as good practice and it provides hope in the bleak picture painted by Owusu-Bempah and Howitt (2000) about the overwhelming presence of stereotypes and Eurocentric assumptions in therapy. Whether these described practices in this study do actually manifest in practice in a way that would have bettered the outcome of Williams et al's (2006) study could only be seen by asking the clients about their experience. From what the counselling psychologists say here, there is already a positive shift towards a more accepting and respectful practice.

Researching the clients' background and examining it with them strongly resonates with the move towards exploring diversity in all its richness, which is called 'new cultural psychology' (Shweder, 1990). Within this framework,

Griffin (2000) understands the role of psychologists as 'cultural ethnographers', working within the culture and connecting psychology to it. This idea is echoed in the situated aspect of the results where the therapist listens better, acknowledges the difference in the room but still balances how to use background knowledge appropriately. Connecting psychology – and therapy - to the culture highlights fusion models and inspects the role of the therapist regarding if he or she allows people to deal with psychological healing within their culture. These practical aspects of cross-cultural therapy appear fully justified and fit well with certain parts of the literature since the social and historical context is always present in the room and beyond, and needs to be taken into account in therapy (Pilgrim, 1997; Gilbert and Orlans, 2011). In terms of how the dilemmas play out in the practice of cross-cultural therapy in counselling psychology, the findings of this study reinforce Atkinson et al's (2007) description of the identity of counselling psychologists in which he said that they work with the uniqueness of the individual but take into consideration the context. Acknowledging the difference and the reciprocal qualities of assumption moves the therapy process forward and expands on Duan's et al (2011) findings about major assumptions being difficult to transfer from one culture to another.

Exploring racism in the room as a practical feature ties in and reinforces the *Just Therapy* initiatives (Waldegrave et al, 2003) about checking with the clients if they have ever been marginalised in any way – for example because of race or sexuality. Some participants did say in this study that they would check whether racism was part of the presentation, whether racism would be raised again at a later time was not explicitly said. Whether this

finding is in line with Bank's (1995) ideas on talking about racism would require further investigation. Talking with the client about racial ideas that the client and the therapist may themselves hold takes the clients' perspective into account and points to reciprocity, which does not seem to have been fully explored in the literature.

Cross-cultural therapy is situated in the mind of the psychologist and practised as a balancing act as to how much of the knowledge to use and how to use it. This approaches Trimble's (2010) request to suspend judgement about the client from a practical perspective where the therapist acknowledges rather than works against their own mind. This balancing act contradicts Kagawa-Singer and Chung's (2006) rejection of knowing anything about the client's background beforehand. How this might be possible remains unresolved. In the findings of this study, the situatedness in the mind of the psychologist was demonstrated through the use of stereotypes which Rice and O'Donohue (2002) admonish because these feed into racist ideologies.

4.2.3 Power dynamics in the narratives in contexts

The power in the discourse manifested in the narratives when Western psychological ways and models were idealised in the interviews. This contradicts the idea that evidence-based practice developed in one cultural context is not necessarily able to help clients from other cultures (Bernal et al, 2009) because culture and context impact on both the diagnosis and the treatment. Those in favour of evidence-based practice recommended cultural

adaptations of 'evidence-based practice' and highlight their positive therapeutic outcome. It should be noted that a Western model of talking therapy is still used and adapted to the culture rather than seeking ways of healing from within the culture. Idealising Western models also contradicts Palmer's (2000) views that Eurocentric models are not suitable for all clients because they do not take culture and race into consideration (Pilgrim, 1997). Unfortunately, idealising the Western model shows that Clarkson's (1995) calling for counselling psychologists to recognise the multicultural context and take responsibility for psychology's white middle-class racist roots was lost on this particular participant.

The manifestation of racism in the therapy room connects well to Greene's (2005) social constructionist argument that if oppressive ideologies are avoided in the therapy room, they not only aid social injustice but also encourage the development of psychological distress. As the therapist's shame and guilt fuels avoidance of the issue of racism (Greene, 2005), it further promotes the power of the privileged few. Accepting and respecting the client's racist ideas demonstrates perfectly how societal relationships are played out in the therapy room (Kareem and Littlewood, 1992). This view may also present one of those white therapists' views that Nolte (2007) urges to challenge to take their fair share of responsibility to deal with culturally different clients. A white Western male respecting racism worryingly echoes that all currently used models are based on theories from white Western males (Orlans and Van Scoyoc, 2009). This does not only create doubt about progress but it directly opposes Sue's (2005) calling for therapists and people in general not to remain bystanders when witnessing racism.

4.3 Contribution to knowledge and recommendations and the mappings of the themes

First, cross-cultural therapy in the UK provides a training environment according to the participants at actual therapy level and this study's contribution is to situate and raise awareness of the issue. Second, as part of the contribution to knowledge, a qualitative mapping of collective repertoires of the understandings and the practice of cross-cultural therapy that emerged from the interviews is offered.

Understanding cross-cultural therapy – a mapping of core features
1. Universal human experience
2. Ability to relate to another person
3. Therapy practice without assumptions but with better listening
4. Difference is always present and can be beneficial
5. Easier if there is a difference so no over-identification
6. Practical and realist
7. Done with ethnic minority clients
8. Helps avoid pathologising
9. Reciprocal
10. Always has a racial dimension
11. Western models superior
12. Role: to choose a Western or a culturally appropriate model
13. Situated in the mind of the psychologist

Table 3: Collective understandings of cross-cultural therapy – merging the two themes

Practice of cross-cultural therapy – a mapping of core features
1. Attention to individuality – good practice
2. Avoid working with taken-for-granted assumptions
3. Listen better
4. Learn from each other
5. Acknowledge the difference – a sign of respect
6. Find out from the client about their background
7. Research the cultural background
8. Explore clients' assumptions/go along with them
9. Assumptions are present in the formulation
10. Avoid pathologising
11. Explore racism, respect client
12. Use background knowledge as appropriate

Table 4: How cross-cultural therapy is practised – across the body of data

Tables 3 and 4 create an instant overview of not only how the notion of cross-cultural therapy is understood and practised but also insights into the dominant ideas that emerge when discussing cross-cultural therapy currently. These maps provide an insight into how counselling psychology is progressing on dealing with diversity in terms of what is addressed, and what else needs attention and how to go about this. Through this, these maps provide a basis for discussion and development. According to the analysis, trainees would benefit from a readiness to occupy the two positions of individuality and situatedness. Therefore, the recommendation for training is to create a discussion and encourage self-exploration in terms of one's own racial identity and ways of relating to other cultures. A further

recommendation for the field itself and for the practice of practitioners is similar to the one for training. Ongoing personal and professional self-exploration should be a part of continuing professional development at an individual and group level in counselling psychology. A further question to be explored is whether there is such a thing as cross-cultural therapy. If therapists accept the view that they live in the global village they then need to improve their psychological care provision so that we provide better cross-cultural therapy.

To some extent, the role of cross-cultural therapy can be viewed as affirming diversity. Culturally sensitive therapy has been discussed and investigated for a long time. Now there is a further development of the concept called cross-cultural therapy with this backdrop. It is important to see that now, given the context of the global village, how counselling psychologists see, experience and embed cross-cultural therapy but also apply it in practice.

4.4 Evaluating the study

The notions of reliability, validity and replicability that are widely and traditionally used in academic research to assess the value of a research study relate to positivist and post-positivist customs (Wetherell et al, 2001). Therefore, because of the research paradigm employed in this study (relativist that is sympathetic to social constructionism), these `concepts are of no value. A more relevant claim is that this study is situated, as described by Wetherell et al (2001), which means that it is relevant for the specific research context in which it took place. Furthermore, the results do not offer

a general truth about the subject of cross-cultural research and the researcher acknowledges her role in the creation of not only the data but the outcome of the analysis through the process of reflexivity (Wetherell et al, 2001).

A good piece of qualitative research needs to have a convincing argument and the power to capture and motivate the reader (Henwood and Pidgeon, 1992; Willig, 2008), ideals the researcher aspired to in this study. Issues regarding reliability, validity, parsimony, empirical content, internal consistency and generality are important to consider and report on in psychological research to create a high-quality study (Henwood and Pidgeon, 1992). The problem with these criteria is that they stem from objectivity, which defines the researcher and the researched independent. Therefore, the bias in the research would need to be reduced to follow these rules. This manner of objectivity has been challenged by a number of scholars such as Henwood and Pidgeon (1992) who created a set of criteria that can measure the quality of a qualitative research study. Though they evaluate mainly grounded theory, their ideas are still useful for the current study and hence Henwood and Pidgeon's (1992) criteria for quality evaluation will now be considered in relation to the current study.

Keeping close to the data means that the findings that were the result of the investigation are closely related to the data. By providing succinct definitions and summaries in the analysis, the research shows the reader why the themes were highlighted and picked out in relation to the research question. To fulfil this criterion, the researcher provided carefully selected extracts that demonstrated the links between the data and the themes to illustrate the

findings. The description or the definition of the themes is also evidence that illustrates the closeness to the data in this study. One of the benefits of keeping close to the data was to demonstrate that the result is not predetermined according to the research question.

After a comprehensive literature review where different theories and views on cross-cultural therapy were explored and evaluated, the analysis and discussion phases of the project, considered the current theories in terms of appropriateness. Creating sets of paperwork such as a reflexive journal, analysis of data, and definitions of categories and themes facilitated a reflexive space and provides transparency for an external audit. In this research, such a paper trail was kept continually throughout to anchor thoughts and enhance creativity by materialising ideas.

The researcher was aware of conducting interviews in a language that was not her native language with a cultural heritage that was different from that of the participant. Therefore, some meanings could have been lost in translation. Had time permitted, the researcher would have liked to have asked each participant to look at their interview transcript so that we could discuss its accuracy and expand on some of the meanings, as Lincoln and Guba (1985) advised. This discussion would have been the jointly negotiated reality (Henwood and Pidgeon, 1992) between the researcher and the participants that explains the possible differences between data interpretations. Such discussions with the participants would have resulted in increased accuracy but would have generated a new set of data to be analysed. Arguably, further discussions could then have taken place until

theoretical saturatedness was reached but for the purpose of this study, one interview was found to be sufficient to answer the research question.

In terms of scientific research, the results' general importance is sought but in qualitative research this is framed as the transferability or the applicability of it to a similar context from where it came (Henwood and Pidgeon, 1992). In view of this, in this study the context and the participants were described and documented as fully as confidentiality allows for the reader to appreciate for whom the results may be applicable (Elliott et al, 1999).

4.4.1 Reflexivity

Henwood and Pidgeon (1992) explain that in realist, positivist, reductionist research the researcher's influence is a bias and should be minimised and counteracted. In contrast, they say in naturalistic research and in qualitative investigations, the interdependence between the researcher and the researched is probed, acknowledged and documented.

Throughout this research, the researcher maintained a diary. This was maintained in the style of a reflexive journal, as advised by Lincoln and Guba (1985), and it contained daily tasks, a personal diary and reflections on personal values, interests and methodological ideas along with reasons for them. What became apparent from the diary was that it was a thinking space where personal pre-conceived ideas could be exposed and dealt with rather than repeated in the analysis. The researcher had to negotiate contradicting ideologies comfortably and oscillate between the individual and the context.

An important point that emerged in the pilot interviews (reflected on in the research journal) was that this involved 'doing therapy' rather than conducting an interview. In addition, when listening to the recording of the pilot interviews, the researcher noticed that she was analysing the process between herself and the participant. After revisiting this point, the researcher believes that it is useful to investigate the process in the interview to establish not only the extent of one's influence but also what made one respond in certain ways and what was played out in the interview room. The researcher's contribution to changing the findings unfolded at a micro level between her and the participants and at the institutional/societal level. (The societal/institutional level means counselling psychology in Britain.)

Much was learned from the participants' views on cross-cultural therapy. One way to capture the experience is to call oneself a 'traveller' (Kvale, 1996) who is taken on a journey by the interviewee. Reflexivity brings within itself a constructivist, that is, a leading-inward way of thinking about the research, which was demonstrated with the Kvale's journey metaphor. Reflexivity also has a constructionist dimension which means taking the research into the relational, social and contextual level (Guba and Lincoln, 2003). Therefore, reflexivity suggests that knowledge without any context is not possible and because all knowledge is interlinked and situated, fragmentation in the way of knowing needs to be challenged. This relational way of thinking about knowledge and reflexivity puts the researcher into context. This researcher's personal position on conducting the present study stems from the fact that she is of a so-called 'invisible' ethnic background – white and non-British – so all therapy she ever provides will have a significant cross-cultural aspect.

Therefore, as a novice counselling psychologist – which is the researcher's institutional context – it was particularly important to gain insight into how this aspect of therapy was understood within the profession and how it manifested in practice. What emerged was the importance of reflexivity while doing research, especially as all qualitative research assumes reflexive practice (Potter, 1988).

Following the pilot interviews, the realisation was that this involved, for the researcher, negotiating multiple identities such as therapist, researcher, peer, friend and colleague. Furthermore, because of the interview being a joint construction there is a need to analyse both the interviewer and the data provided by the interviewer. Reflection on dilemmas such as how possible or even desirable it was to be or remain objective (Finlay & Gough, 2003) therefore took place. Parts of the reflexive journal are included in the analysis where there are comments not only on the researcher's interpretations and ideas during the interview but also on process issues. Therefore, the analysis of the data was the researcher's interpretation and the themes did not passively emerge from the data (Braun and Clarke, 2006).

Interviews are 'interactional encounters' (Wetherell et al, 2003) so the researcher viewed her role as being an active tool in the creation of knowledge. The reflexive journal acknowledged the researcher's attempts to minimise her influence on the data by asking open questions, enquiring and clarifying, while acknowledging early on that the set-up of the interview environment and the researcher's presence were already sufficient to influence the data. This position about one's attitude towards conducting the interviews is called 'crafting' by Parker (2011) and is where the researcher

declares his or her reaction style in the interview. This style can be to challenge the participants on their views and create a debate or to go along with them and explore the true extent of their argument; the latter position was chosen in this study.

The mindset of the interviewer during the interview can impact on the outcome (Wood and Kroger, 2000). Because of the literature review and personal views and experiences, the researcher may have set out to find certain themes and to monitor this process she reflected on it in the journal. The content of interviewees' responses was influenced by the questions and the comments of the interviewer. Another angle, the social desirability effect (Constantine and Ladany, 2000), where people downplay their shortcomings and overstate their strengths, may have led to the participants not revealing the full reality of their cross-cultural therapy practice. Considered from a social constructionist standpoint, the participants' experience may have been interpreted differently by the researcher to how they perceived it. This social desirability effect may have been different in front of a trainee – the researcher – because of added power imbalances based on the difference in experience. In this research project, there were no practical and ethical means of measuring how the participants actually conducted therapy. Taking into account the researcher's own influence in the interviews and relating the research-specific epistemological stands to interviewing techniques were essential (Kvale, 1996). In line with Parker's (2011) views, personal confessions about the researcher's identity (white, female), institutional context (trainee counselling psychologist) and historical assumptions (non-British, Eastern European) allowed the researcher to develop a standpoint

that acted as a base from which to conduct this study. To this, one can add the context of the location and time of the study to highlight temporality (Parker, 2011) – it was conducted in the UK mainly in London about British counselling psychology between 2007 and 2012.

4.5 Further research addressing the limitations of this study

More work on exploring and acknowledging the differences between Ethnocentric and Eurocentric models of thinking about psychological distress and how they aid or hinder psychological work is essential. Further research would also be greatly beneficial on the reciprocal nature of assumptions to clarify the positions counselling psychologists take. As it transpired from the findings, there are different ways reciprocity is dealt with and not all comply with the ethos of counselling psychology. More work is needed on how to deal with the different manifestations of racism in the therapy room. What may be viewed as acceptable and accepting practice in terms of respecting clients' choice or standing against their views needs to be further researched and the findings need to be applied in the training and practice of cross-cultural therapy.

Ethnic Minority and Majority Identity Development Stages

Stage	Name of stage	Description of stage
1	Pre-encounter	Ranges from salience – race-neutral to anti-Black positions. Anti-Black racial stereotypes: positive attributes to whites, favours a Eurocentric cultural perspective and does not value multicultural education
2	Encounter	Racial prejudice – precipitates search for black identity. Internalised encounter of racism – realises that own frame of reference is inappropriate. Begin search for new identity: Afro-centric person begins to emerge
3	Immersion– emersion	Transition stage: demolish old, construct new, white becomes inferior, oppressive, black superior intellect. Extra-critical view of Black.
4	Internalisation	Of the new identity – to defend/protect person from psychological insults stemming from living in a racist society – sense of belonging, social anchorage – foundation to deal with issues beyond blackness
5	Internalisation– commitment	Openness about being black, positive self-esteem through commitment to express new identity

Black identity development model by Cross (1995)

Stage	Name of stage	Description of stage
1	Contact	Lack of racist awareness or participation in it; Black people evaluated according to white criteria; Minimal cross-racial interaction
2	Disintegration	Acknowledgement of the whiteness in a racist society; May believe that all individuals are treated equally
3	Reintegration	Racist and believes that white privileges should be protected; Something significant needs to happen for person to reconsider this viewpoint; Hostility and anger towards black – but this could diminish if the impact of whiteness was understood
4	Pseudo-independence	Growing responsibilities for racism at intellectual level but cultural differences are still interpreted from a white perspective
5	Immersion	Who am I racially? Requires emotional catharsis to explore/experience
6	Autonomy	Abandon personal, cultural and institutional racist practices and adopt flexible world view, greater acceptance of self and others

White racial identity development model (Helms, 1990)

Appendix B

Recruiting e-mail for Potential Participants

Dear........,

Please find information below on my research. Thank you for considering it.

Kind Regards

Anita Rajan

Trainee Counselling Psychologist

Information sheet for potential participants

Title of study: Counselling psychologists' talk about cross cultural therapy issues.

Researcher:

Anita Rajan, Trainee Counselling Psychologist, University of East London, supervised by Melanie Spragg, Research Tutor, Counselling Psychology Department, University of East London

Purpose:

This research study aims to explore counselling psychologists' ideas about providing therapy to clients from cultures other than their own in order to contribute to the development of counselling psychology. This study has received the approval of the University East London Ethics Committee.

Who can take part?

I would like to hear from Chartered Counselling Psychologists who have had clients from cultures other than their own.

What does taking part involve?

If you decide to volunteer, after signing the consent form, you will be asked to take part in a face-to-face interview with me. This interview can be arranged at the University of East London or at your place of work if you prefer. The interview will last about one hour. The interview will be taped and transcribed by me and all the interview data will be kept anonymous. The tape recording will be kept in a locked place.

If you want to take part, what happens next?

If you want to take part, please email me your contact details, so I can send you further information on the study. I will also send you two copies of the consent form – one copy for you to keep for your records and the other copy to sign and return to me.

What will happen to the research findings?

The results of this research study will be written up as a doctoral thesis. I also hope to publish the research in a peer-reviewed journal. You will not be identified in any of the reports or the publications.

About the researcher:

I'm in the third year of the Doctorate Counselling Psychology training programme at the University of East London. My interest in this area comes from my own experience of being a therapist to clients from other cultures. This is a somewhat neglected area of research and I am interested in hearing more about the views of others.

Contact for further information: rahimanita@hotmail.com or 07981184631

Thank you for taking the time to consider your participation in my study.

Appendix C

Interview Schedule

Aim of interview is to answer the question:

How is cross cultural therapy constructed by counselling psychologists?

Establishing rapport is more important than the order of the questions. The areas that might be explored are:

i)   impact on the therapeutic process and relationship

         and

ii)   difficulties encountered and their solutions. The topic in the interviews will be dictated by the participant and their views will be explored. The interview should last approximately 60 minutes.

Before the interview is commenced information such as age, sex, ethnic background, if immigrant whether first or second generation, how long they have been chartered, if working in NHS or private setting will be gathered verbally.

► Can you tell me a little bit about your views about working with people from different cultures from your own?

These last three questions will be used if necessary but the aim is to allow participant to lead on the topic.

► How has working with this client group (people from different cultures from your own) impacted on **the therapeutic process**?

► How has working with this client group (people from different cultures from your own) impacted on **the therapeutic relationship**?

► What **difficulties** have you come across? How have you **resolved** them?

Appendix D

Informed Consent Form

Introduction

You are being invited to participate in a research study that aims to explore counselling psychologists' views of cross-cultural therapy issues.

This study is being conducted by Anita Rajan under the supervision of Melanie Spragg from the School of Psychology at the University of East London.

Volunteer status and confidentiality

Your participation in this study is completely voluntary and confidentiality is assured during the entire research process and in all published and written data resulting from the study. You have the right to refuse to answer any questions at any time. You may elect to withdraw from this study at any time and the information collected from you will be destroyed. If you decide to participate the information you provide will be used only for the completion of this study.

Purpose

To explore counselling psychologists' views of cross-cultural therapy issues.

Procedure

You will be interviewed using an open-ended interview schedule. This one-off interview should last approximately 60 minutes.

Time Commitment

Your participation in this study will be approximately 60 minutes.

Risks

There are no known risks to participating in this research.

Benefits

In this study your participation will help us and others to explore the cross-cultural therapy views of counselling psychologists in the UK.

Ethical clearance

This study has received ethical clearance from UEL Research Ethics Committee.

For Further Information

If you have questions about this study please contact Anita Rajan on

rahimanita@hotmail.com or 07981184631.

Before You Sign This Document

By signing below, you are agreeing to participate in a research study but you also have the right to withdraw at any stage without having to give any explanations. If you have further questions that come up later, please feel free to ask the researcher. If you agree to participate in this study, a copy of this document will be given to you.

Participant's Signature: Researcher's Signature:

Date: Date:

    Print name: Print name:

Debriefing Form

This form is in addition to a personal debriefing which would normally be given to participants after they have acted as research participants.

Purpose of research

There have been a number of studies conducted on cross-cultural therapy. The literature appears inadequate and incomplete as to how counselling psychologists construct cross-cultural therapy in the UK through understanding / evaluating their views. This study will explore this topic with the help of a qualitative design.

Procedure

Open-ended interviews (60 minutes long) are conducted with eight participants. The areas explored are:

i) impact of cross cultural therapy on therapeutic progress and relationship

and

ii) difficulties encountered and their solutions.

The interviews are recorded, transcribed and then discourse analysis is used to evaluate it.

If you were distressed by participation in this study or found out information about yourself that is concerning in anyway, you are encouraged to make contact with the British Psychological Society to seek support.

If you would like to read more about these and related topics, here are some articles that you might find interesting.

Dyche, L. & Zayas, L.H. (1995) The value of curiosity and naiveté for the cross-cultural psychotherapist. *Family Process.* 34(4) 389-399.

Fouad, N.A. (2006) Multicultural guidelines: implementations in an urban counselling psychology program. *Professional Psychology: Research and Practice.* 37(1) 6-13.

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Also, if you have any questions or concerns about this study, you are encouraged to contact Anita Rajan on 07981184631 or rahimanita@hotmail.com.

Thank you very much for your participation.

Appendix F

Highlights indicate heightened importance in the text. The nature of this study is such themes overlap, the speakers swiftly navigate from one theme to the next and the coding and themes are based on the researcher's subjective judgement. These features are demonstrated below.

Original transcription (transcript 1, line 9-83)	Notes and coding	Themes
P: Hmm...(3) I find it fascinating, very interesting... (3) Hmm, I am particularly aware since some of the.... (2) Research that we've done and I guess,... (2) And since the years go by and I know a little bit more about different cultures. Hmm, I think I am particularly aware of the enormous differences - and of course we are all human, but the way human's needs, motivations and emotions are dealt with in different cultures can be rather profoundly different and I guess what I am trying to say is that you will never be able to know enough... (3), and hmm I am I: Hmm P: I have given up on that	• Interesting topic. The use of unfinished sentences may indicate careful positioning. • Highlighting own knowledge, minimising it but drawing attention to importance. Huge differences. The words 'enormous' and 'little' contrasting, the desired effect may be to increase credibility. • The other culture is unknowable and cannot be related to. He is setting the scene for matching – one can only know one's own culture. • Resigning to and accepting the impossibility of knowing or understanding other cultures. • A warning against the use of taken for granted	First main theme - Cross cultural therapy as a return to individuality (Rtl), subtheme 1 - Increased awareness of cross cultural therapy and universality of human experience (Rtl/1). Rtl/1 Setting the scene for the second main theme – Cross cultural therapy as a return to situatedness

long time ago (3)... hmmm I think you can only be aware of the fact that there's a lot that you don't know and that you should really be quite careful when generally when you are with different people for instance ...(2) I mean they are all different but when working with people from different cultures there might be things that you take for granted, lots of research on different ways in your culture, behaviours, morals, values, what means what? How is love expressed, how is a man and a woman is supposed to behave, a child, a parent, what are the right things and the wrong things, and hmm and hmm it is very easy to take as natural ways of beings, ways of beings that are rather culturally determined and so that then you are dealing with people from different cultures, and it is an easy mistake to make, very easy mistake and you WILL make it..	knowledge.

• Taken for granted knowledge on other cultures commonly and inevitably used.

• Stereotypes – taken for granted knowledge - are present and out there.

• Again, making a case for the advantages of ethnic matching between therapist and client.

• Unavoidable/inevitable to make mistakes. Making mistakes here means using preconceived ideas about a given culture that is different to your own or applying norms from your own culture to another.

• Instead of saying 'working with a person from a different culture'. It feels dehumanising.

• Warning, calling for caution in dealing with difference.

• Appears as self-doubt, contradicting previous passage about 'you will never know' – so information can be learnt | (RtS)

RtI/2 – Attention to individuality is good practice as it fits well with the ethos of counselling psychology. |

I: Hmm P: So I think a very kind of a ... (2) my first stop is when I am working with a different culture is ... (3) hmm... (2) 'Ok lets be careful here' 'ok let's be as curious and open-minded about their ways of being as possible', that's if hmm. (2)... hmm. (2). if there are things maybe that I need to learn in order to...... (2) I: Hmm P: Do some good enough work with them, (3) I guess... (4) I do think it is important for people to work with people if they want to work with people from the same or similar background if they want ...(2) this is something that came out in our research I wasn't so aware of it until some of my students started to ..Hmm, (2).... bring that to my attention and do research and the data that they collected is quiet clear... (2), especially if you want to work with somebody from a similar background and	and it is valuable. • Minimising responsibility or humanising therapeutic encounter? • Giving the choice, positive. • Trying to convince against working with clients from cultures with an increased amount of difference. Does he want to work with people from different cultures? • The solution is ethnic matching. • Doubting scope of evidence, then highlighting importance of research evidence. • Discussing evidence with the help of some minimising effects.	Second main theme - Return to situatedness subtheme 1 - Knowledge about the client's background is valued as party of doing cross cultural therapy – (RtS/1) RtS/1

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especially if hmmm ...(2) ok, especially if you want to work with somebody from a similar background, hmm that can make a big difference in the process of outcome of therapy and especially if it's short term therapy I: Hmm P: We don't have so much data on long-term therapy, hmm, (3) but the data are striking and of course I: Hmm P: But these change from culture to culture and cultural combinations, yeah, hmmm, we have a set of data from the London area from ethnic minorities in the London area, where there is a high percentages of Afro-Caribbean and Black people and Afro-Caribbean and some finds on middle Eastern and from the Indian subcontinent, but hmm, and it is also a Capital city.., and there hmm, the level of significance is very high, twice as likely to have a positive outcome if you are	• More arguments for ethnic matching. • Some use of scientific jargon. Is the function to convince, take attention away from not talking about own opinion, taking control of the conversation or is he still settling into the interview? • Making an assumption about the wishes of the client. This is his conclusion. • Researcher is not convinced, would like to challenge. • Using the word 'yep', its informality is in contrast with the formal scientific language style in previous paragraph.	RtS subtheme 2 - The reciprocal nature of situatedness

ethnically matched as opposed if you are not and same with process, hmm, we have data from a group of people from the Indian community as well still in London and the data is still very significant levels, almost as high, but the effect, the size of effect is not so strong so it's about 20-25% more likely as opposed to 50% more likely as opposed to 100% more likely to have a positive outcome...(4) So but still strong difference I: So hmm.... P: So people probably want to see a therapist from the same ethnic background... (3)... I: If things are set out that way P: Yep, compared to people who either want to or didn't want (3)... I: Hmm. Do you know what I was just thinking? As you started back towards the beginning you were saying that when you start working with somebody from a	• Researcher here tries to redirect conversation toward a personal arena from discussions of professional research. • Corrected his own word: 'careful'. • After being corrected researcher is confused and asks for clarification. • The impossibility of matching. • Making assumptions regarding the meanings of difference and similarities in the interview room. Brings extreme cultural contrasting example to convince or shock.	RtS/1

different culture, you would, you would want to; you step quite carefully and be really aware... P: Mindful I: Yes, mindful, hmm, I was just thinking that how would you define the different culture then because then you were saying about matching as well P: Well... I: How matched can we be? P: You can never be I: Or how... P: It is impossible, but of course, but then there is the.., you are Hungarian, I am Spanish, we are both live here, we said ... we are more different then someone from Madrid like I am but we are much more similar than say you or me and somebody .....(5) From a Zulu community from South Africa		

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