DCPsych thesis

The experience of counselling for Hindu Indian ethnic minorities with a counsellor of a perceived different ethnicity to their own

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NSPC
NEW SCHOOL OF PSYCHOTHERAPY AND COUNSELLING

In partnership with Middlesex University London

The experience of counselling for Hindu Indian ethnic minorities with a counsellor of a perceived different ethnicity to their own.

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Amendments

Page 83-84 – methodology – included thematic analysis and descriptive phenomenological analysis as options for this research project.

Page 89 – IPA correction and further explanation.

Page 90 – removing participant name from methodology section as not necessary to mention participants here.

Page 93– epistemological position – critical realism. Confirmed and clearly noted my own epistemological position.

Page 191 – Existentialism and Hindu Indian clients and the benefit of existentialism when working with Indian Hindu clients.

Spelling
Page 53: *van Deursen* needs a capital letter.
Page 65: *'60's* should say '1960's.
Page 95: *'A.M.Miller'* Remove the initials.
Page 148: '*Asian professionals'* should say 'south Asian professionals'(?).

Page numbers have also been corrected.

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Declaration

I declare that this thesis is an original report of the research conducted. It has been written by me and has not been submitted for any other degree or other purposes. The findings of this research are entirely my own work, with contributions from participants that have been acknowledged and clearly indicated.

Ethical approval for this research was obtained by the New School of Psychotherapy and Counselling and Middlesex University in 2019.

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Abstract

The U.K. is a country housing many different cultures. It opened its doors to immigrants from war ridden countries and gave them a life here. Yet, there are still many areas of healthcare that do not cater for those from different cultures, creating a barrier into the healthcare service for many. The purpose of this research is to gain an understanding of Indian Hindu's experience of counselling when working with a counsellor of a perceived different ethnicity to their own, and why it is they may not access support when needed. Data was gathered through semi-structured interviews with seven participants who had immigrated to the U.K. from India, and who considered themselves to be Hindu. The interview transcripts were then read thoroughly, so Personal Experiential Themes and Group Experiential Themes could be identified. All participants spoke of their experiences, and not feeling understood by their counsellor due to cultural differences, as well as some embracing the differences and finding it positive.

The findings of this study support the idea that there are numerous cultural barriers for ethnic minorities to access mental health care. This is partly due to the lack of cultural knowledge within healthcare systems, emphasising the need for cultural training withing psychology degrees and courses before qualifying and working with clients of ethnic minorities. The findings also highlighted difficulties within the counselling process, creating distance and disruption in the therapeutic relationship and journey for the participants. It is evident that there is a need for change in the mental healthcare system, to create a space that is culturally diverse for the U.K.'s dynamic population.

Definitions

Race, culture, and ethnicity are words often used interchangeably, even though they all mean different things. For this research project, the term ethnicity has been used as it captures an individual's sense of identity and belonging, which reflects culture and race too (Fernando, 2005; Palmer, 2002), and so, will affect how individuals present themselves and relate to others. In doing research for this project, many difficulties were encountered. One was the clear inconsistency in terminology (such as race, culture, ethnicity), as confirmed by Gernstein et al. (2009). Another problem stated by Gernstein (2009), is that psychology and counselling are interlinked, and the same methods can be found in both disciplines. This is problematic as some authors make clear distinctions between the disciplines and others do not.

Fernando (2010) offers a useful description of each of the terms below in table 1.

	Characterised by	**Perceived as**	**Assumed to be**	**In reality**
Race	Physical appearance	Physical, permanent	Genetically determined	Socially constructed
Culture	Behaviour, attitudes, etc	Social, changeable	Passed down by parents/parental substitutes	Variable and changeable blue-print for living
Ethnicity	Sense of belonging	Psychosocial, partially changeable	How individuals see themselves in regard to background and parentage	Culture-race mixture

Table 1 – Fernando (2010) terminology for race, culture, and ethnicity.

Race – Leech (2005) described race as individuals who share a similar physical characteristic such as colour of skin. Jones (1991) claimed that race signifies characteristics like colour of skin, whereas facial features are linked to a geographical group. Zuckerman (1990) claimed that we cannot disregard that difference do occur within groups and so, race cannot be considered simply as a similar group of people. Wilson (2006) discussed the difficulties to agree on a definition due to constant changes in the world, he claimed that the importance and comprehension of "race" alters constantly, and is no longer a biological fact, but instead, now has a more social and interaction-based meaning. He states that due to the changes, the understanding of the meaning of race will constantly evolve.

Ethnicity – This is related to the meaning of culture, due to it being a process of thinking and traditions that is held for many generations (Betancourt & Lopez, 1993). Ethnicity can be understood as deriving from nationality, including one's birthplace. An alternative definition is a shared history or culture throughout generations, which could originate from a country (Craig et al, 2012).

Culture – Agreeing on a definition of culture is almost impossible (Segall, 1984). Although, we don't need a common understanding to create a broader definition (Betancourt & Lopez, 1993). Initially, it was thought that culture is socially constructed, a social construct, passed down through generations (Rohner, 1984; Herkovits, 1948). A fresher idea shares a similar view concerning the basic process based on practices, ways of being and thinking, traditions which have been handed down, extending to beliefs and attitudes (Craig et al, 2012). In Valentine's (1968) definition of culture, she embodies a necessity of an outsider (the counsellor in this case) to comprehend that the culture of others is something that must be learned to behave appropriately towards those individuals, and to understand

them. Valentine's statement poses a challenge, as it doesn't explore how the counsellor learns about the different cultures and how to be with those individuals.

Western –for this research project, Western will be defined as counsellors who are registered with the BACP or UKCP, who define themselves as British. The study will be looking at how Indians, brought up in India within the Hindu culture, experience counselling with these Western counsellors.

South Asian – This ethnic category refers to individuals whose cultural and familial backgrounds originate from countries on the Indian subcontinent. These include India, Pakistan, Bangladesh, Nepal, Bhutan, and Sri Lanka. For this research we will be using the South Asian category for the literature review, as many research articles use this category. For the main project, the researcher has focused on Indians in particular.

This project will be clear and concise when speaking about the above definitions, to create a robust, in date, much needed project. For this research an extensive search has been done to ensure relevant past research and data looking at similar phenomena has been found.

Introduction

Being Indian, I have seen firsthand how mental health is ignored, and even downplayed by Indians, especially those who have come to the U.K. from India. This has been heartbreaking to see, as their knowledge on the area, as well as familial support are limited. This made me curious around the experiences of counselling for Indian ethnic minorities who have come to the U.K. from India.

Having my own difficult experiences of counselling, I decided to research on the area to explore what needs to be put into place for Indians to not only access care but also feel comfortable with the counselling process and the counsellor working with them. I also wanted to see how we as clinicians could be better equipped at working with diversity, and what needs to alter within our degrees and training.

I have chosen to explore the experience of counselling for Hindu Indian ethnic minorities within the U.K. as India is a country with a rich culture and a multitude of different subcultures (Ranye & Cinarbas, 2005). It is a country with more than 400 spoken languages, it is a federation, with Kerala in the South and Dharamsala in the North, in each area there is a variety of facial expressions and gestures. With such a rich and diverse culture, it's important to consider how 'Western' counselling methods and models fit into the wider Indian culture.

Studies around multiculturalism and multicultural counselling is extensive, yet the experience of Indian clients and counselling is still very much unexplored (Mathisen & Ledingham, 2018). Much of the research I have found has been within the last 20 years, which is why the need for this research project is ever present, more so as the society is constantly changing.

1. Narrative Review

Counselling has gone global, and the importance of wellness and mental health is being acknowledged in many countries. Venkatesan (2016) felt that moving away from theories and focusing on the individual would be more beneficial, seeing the individual as separate to the theory. He felt that this would improve care and create more of an understanding of the client's world, culture included. Venkatesan (2016) stated that counselling needs to embrace holistic and wellness perspectives, supporting and strengthening multicultural clients. Western methods of counselling may only be suitable to the elite few educated in India.

We live in a world where intercultural exchanges happen daily. Migration has led to an increase in these exchanges between those of different cultures (Andermann, 2010; Gallardo, 2013; Lester et al, 2018). The reason behind migration is multifaceted, many had to leave homes as a result of war, natural disasters, or a poor job opportunities. Thus, there is a huge need for mental health experts to be educated and trained in working with these different cultures (Reichardt et al, 2018; Saleem & Martin, 2018; Johnston, 2019). Engrained biases and prejudices might need to be overcome by psychotherapists and counsellors to deliver care to those of a different culture and ethnicity. Spending many years in education to obtain accreditation, and to deliver mental health care in an objective way is essential, however if biases and prejudices are not overcome then the care delivered to those of different cultures and ethnicities can be damaging.

1.1 History

From 1895-1947 India was a British Colony, colonisation had a huge impact on multiple regions of India (Mushtaq, 2009). During these colonial years the British built

psychiatric hospitals to aid any Europeans living in India. Once India gained independence in 1947, mental health facilities failed to grow (Mushtaq, 2009).

With the lack of mental health professionals in India there is a huge need for mental health institutions. The scarcity of accreditation for mental health experts creates many issues, one being the absence of statistical information and choices of types of services available for patients and their families.

Native methods of healing such as Ayurveda, Astrology, Yoga, Priests and Shamans, and Gurus are predominant in India, rather than obtaining professional help for mental health. There is a need to develop a method of integrating these methods into Western counselling, such as more breathing exercises or holistic mind-body approached from Yoga (Raney & Cinarbas, 2005). These are methods that are deemed more acceptable and appropriate for this group of individuals.

Over the last 60 years, Britain has seen changing demographics within the population, with individuals coming from countries which were at some point encompassed by the British Empire. In the 1950s, there was a lack of labourers, this is when the first influx happened. In the 1960s and 1970s, immigrants from India and former British colonies in Africa fled from war and political chaos (Burton, 2002). Economic factors led much of immigration, with healthcare experts moving to the UK for work and a better quality of life (Rudmin, 2003).

Andreasen (1990) stated that this type of immigration is known to lead to cultural interpenetration. Hair and Anderson (1972, p. 424) claimed that *"the habits, values and behavioural patterns of immigrants are not constant, but are changing continually."* He stated that *"cultural change may evolve from within a culture or between cultures. When it occurs between cultures, it is usually referred to as acculturation."*

When recruiting participants, it was important that they had not acculturated to the Western world, so an accurate understanding of their experiences with a Western counsellor could be gained. To do this, participants were not sojourners, they were immigrants, thus had to move to the U.K for reasons such as war.

1.2 East and West

The theories of East and West unavoidably lead to categorisations, based on generalisations. In previous research there have been many descriptions such as the individualistic West and the collectivist or communal East (Laungani, 2009). Generalising entire continents in this way poses an issue, as it ignores the heterogeneous world we live in. These categories refer to approaches that are created in a Western culture, and how they are adapted to ethnic minorities in the West. Later in this section, Laungani's theoretical model for these constructs will be presented.

Laungani's theoretical model of East and West

"…*[N]ot all events one experiences in another culture is unique and therefore difficult to interpret correctly*" (Laungani, 2009, p. 55). Although some human characteristics are universal, the communication of behaviour can be culturally specific. Certain behaviours may seem strange to one culture but be completely customary to those who live in that cultural context. Thus, beliefs around what is culturally specific need to be investigated with caution to stay away from prejudice, discrimination, and shallow ethnic attribution.

Laungani offers a model "*which attempts to explain similarities and differences between Eastern and Western cultures in terms of their major value systems, which guide and influence their behaviours*" (ibid, p. 56). He emphasizes that this is a model, and the constructs should be taken as defining a long-term scale, rather than it being fact. They are

not to be understood as either/or categories; but instead, multidimensional, each with many cultural norms and values attributed to them. "*[T]hey are correlated*" (ibid, p. 57–58). Laungani uses examples of Britain and India, they are multicultural countries and can be considered as illustrative of the East and West.

West	**East**
Individualism	Communalism
Cognitivism	Emotionalism
Free Will	Determinism
Materialism	Spiritualism

Table 2 – East and West models

Individualism – Communalism

Laungani favours the word "communalism" over "collectivism", as he feels collectivism does not imply a common lifestyle. He stated that individualism is an essential value within the Western society, it "…*is concerned with giving priority to one's personal goals over the goals of one's in-group, or of one's family members*" (ibid, p. 59). It emphasizes self-achievement and personal responsibility. Families are limited to the nuclear family, who are not always included in stages of an individual's life, with many individuals living in one-parent households. Communalism is more common in the East, where the focus is on group goals. Family life is ranked, with each family member having a responsibility that is subordinate to the family as an entity. Families in the East tend to live and connect within extended family networks. One individual typically holds responsibility for the rest of the family – for example, finances are shared and distributed to those in need within the extended family (ibid, p. 61–63).

In the West, identity is cultivated by individuals though developmental phases, whereas it is ascribed in the East. Thus, anxiety can be seen as being linked to gaining an expected identity within the West, and in the East, anxiety can be linked to family achievement – if one is fulfilling their role within the family or creating an imposition.

Cognitivism – Emotionalism

Rationality, control, and logic are all vital in the West, as it is a society that is work-and-activity-centred. This includes displaying emotion publicly, which is contained and minimised (ibid, p.70). On the contrary, India is a relationship-centred society; thus, openly expressing emotions is the norm, families are multi-generational, all living under one roof, with little room for privacy. Sharing day to day life with family members can be a struggle, meaning emotional moments are a relief for some individuals. Laungani highlights, however, that there can be limitations in relation to the hierarchy in the family, as younger individuals tend not to display negative emotions towards elders, as it is seen as disrespectful.

Views and attitudes around time are also different, in the Western world, time is mostly spent working, and agendas can be extremely rigid, whereas in the Eastern world, time is dedicated to relationships rather than work, and feelings around time are more adaptable (ibid, p. 70–72).

Free Will – Determinism

Both free will and determinism exist in the East and West to different degrees, regardless of whether one chooses events that happen in life, or whether they are determined. Laungani stated they are logical paradoxes: and can occur simultaneously, or people may tilt towards one belief over the other. The West was dominated by Christian theology, which suggested humans had free will, but God saw the future of all persons; so, their lives were

determined. An individual who believes in a deterministic framework within psychology, medicine or biology may believe in free choice around one's actions (ibid, p 73–74). Freud advocated *psychic determinism:* meaning that our unconscious associations are determined by past experiences (Laungani, 2009). These paradoxes are ubiquitous within the Eastern world: Hindus and Buddhists trust the idea of karma, and Muslims trust in the determining will of Allah (God).

The differences between determinism and karma are plentiful, one simply being that karma is around moral consequences, good or bad, which may be a result of actions and behaviours in past lives. Consequence of actions cannot be avoided; hence it is seen as something that affects everyone (ibid, p. 75). Karma and free will are not mutually exclusive, as one may believe they have autonomy of choice and responsibility, the belief in karma is held in relation with the belief of life after death. The cycle of life after death allows Hindus to accept their caste positions, disasters, and other difficult events, as there is a relief in the prospect of reincarnation and the opportunity of the next life being a better one.

Materialism – Spiritualism

Western philosophy postulates an outside reality that can be assumed and "touched" and has forever been existent (Laungani, 2009, p. 78), creating an idea of a world that can be understood and measured objectively. This leads to non-material explanations of phenomena being regarded with scepticism.

Yogis in India have claimed they can change their state of consciousness "…*thereby bringing their autonomic nervous system under voluntary control*" for more than 2000 years (ibid, p. 79). Following this idea, yoga was soon presented to American universities, but there has been a lack of consideration of its philosophical, spiritual or teleological aspects.

Hindus believe the world is continually changing; thus, it is not useful to educate ourselves on it, as it is illusory. Rather, what lies within a person is what should be explored, so looking beyond the material aspect and studying the self is emphasized. Gaining a spiritual understanding and breaking the cycle of birth and re-birth is the main purpose of this, so one can reach Moksha (the final liberation from the birth/rebirth cycle).

> "*The main object of Indian philosophy is to bring about a radical change in human nature, a change that eventually leads to human perfection, a divine God-like state. This… tends to make Indians more inward looking and Westerners more outward looking*" (ibid, p. 80).

Many rituals presented in Hindu life connect the secular and sacred, like offering food to others, washing one's hand, a ritual focusing on purity and linked to Hinduism and caste, rather than hygiene. In Western culture, in contrast, the distinction between secular and religious rituals is unambiguous.

It is common to see studies comparing for example, Africans and Americans, or Germans and Iraqis, or Muslims and Jews (Chao et al, 2012; Neftci & Barnow, 2016; Reichardt et al, 2018; Zora et al, 2019). The main differences between these sets of individuals are put down Eastern and Western identities. We need to understand how these views reflect the client-counsellor relationship and therapy outcomes to make improvements in this field.

1.3 Indian Statistics

The leading cause of disability in the world is depression (World Economic Forum, 2017), yet in India, "*mental health is seen as a first world problem*" (Chauhan, 2019). Within Indian culture, mental health issues are usually seen as demonic and spiritual possessions, or karma from past lives. For Indians, disease is a physical issue, such as dengue, TB, heart

problems, diabetes, and now, COVID-19, not a disease of the mind, such as anxiety, depression, and personality disorders (Bhagat, 2020). The influence of the Western world creates an implementation of new schemes within the Eastern world, using the same slogans and methods of communication, which simply does not work for India, causing a disconnect, on top of the already existing stigma and lack of understanding around mental health (Bhagat, 2020).

India has a population of 1.3 billion people, yet there are only 9000 psychiatrists in the country. This is 0.75 psychiatrists per 100,000 people, the desirable number is anything above 3 psychiatrists per 100,000 (Birla, 2019). There are 800 psychologists against the 20,250 required, and less than 900 psychiatric social workers against the 37,000 needed. As Birla (2019) rightly stated, this helps us understand why there is low awareness of the existence of mental health services in Asian communities.

Mental health issues in India are measured by suicide rates rather than the number of individuals accessing mental health care. In 2015, the suicide rate in India was at 15.7/100,000 (World Health Organisation), which is greater than the regional average of 12.9, and the global average of 10.6 (Srivastava, Chatterjee & Bhat, 2016). They found the leading cause of death in India for 15–29-year-olds, to be suicide. It was also found that 36% of Indians are depressed, and 371 Indians commit suicide everyday (World Economic Forum, 2017).

Sagar (2020) stated that one in seven persons have a mental health issue in India, fluctuating from mild to severe, the highest being depression and anxiety, then schizophrenia, followed by bipolar disorder. The National Mental Health Programme in 1982 was created, and relaunched in 1996, as the District Mental Health programme. In 2014, the National Mental Health policy was introduced, and in 2017 the Mental Healthcare act, replacing the

Mental Healthcare Act of 1987. Despite all the efforts made by the Indian government to raise awareness of mental health and put services in place for those struggling, implementation of services has been poor. Sagar (2020) stated there is gap in treatment for mental health disorders, as well as poor evidence-based treatment, and gender differentials.

Due to the lack of accredited counsellors in India, as well as the few governing bodies Psychology and mental health, the idea and word "counselling" can differ from region to region. A broader description of counselling is a "*focus on using a broad array of psychological strategies and activities aimed at the process of helping others to reach individual, group, organisational and system goals*." (Gerstein et al., 2009, p. 5) thus, practice and accessibility of counselling across India varies hugely due to the vast differences in definitions. Education in India for counselling varies from a communication skills course running for 2 weeks, to a master's degree in clinical psychology for 2 years. Both educational routes will allow an individual to practice and use the Counsellor title (Arulmani, 2009). This poses many issues, around ideas of what mental health is, treatment methods, and most importantly, if counsellors understand ethics, and what it means to them to be ethical counsellors. This means that a definition of counselling Indian practice does not exist, consequently, a description of counselling in an international context is also nonexistent (Gerstein et al, 2009).

1.4 U.K. Statistics

According to the 2021 Census (Gov UK, 2022), outside of the UK, the most common country of birth was India (920,000 people). The Indian ethnic group made up 2.5% (1,412,958 people) of the total population in England and Wales. Leicester was found to be

home to the largest population of Indians (6.6%), followed by Birmingham (4.6%), and Harrow (London) (4.5%) (Gov UK, 2019).

41.9% of people from the Indian ethnic group were born in Southern Asia, and 11.1% in South and Eastern Africa, 33.4% (one third) of the Indian population is made up of 18-34 year olds. This younger age profile reflects the increase in immigration from India since the 1950s (Office for National Statistics, ONS, 2013). In 1951, the third most common country of birth for people born outside of the UK was India. From 1961-2001, it was the second, and in 2011 it was the most common country of birth for those born outside the UK. The 2011 Census also showed that the UK and Wales was home to 816,663 Hindus, compared to the 552,421 in 2001, showing a trend, with the diversity in population increasing as years go on.

Gov UK (2019) stated that Indians had the second lowest rate of hospitalisation under the Mental Health Act compared with all other ethnic groups, this worked out to 55.7 hospitalisations per 100,000 individuals. This was a lower statistic than the rate for White British people, which was 69.0 per 100,000 individuals (England, 2017/18). Those from an Indian ethnic background were the ethnic group that were least likely to use mental health and learning disability services in the UK (2520 per 100,000 adults), compared with White British adults, 3634 per 100,000 (England, 2014/15). This could this be due to fear, lack of education around mental health, societal pressures (within their culture), not believing in mental illness, and stigma associated with mental health for the Indian Asian community. The 1928 Institute (Manku & Ved, 2022) stated that 34% of their respondents claimed stigma to be the biggest barrier to accessing mental health support in the U.K, and a further 16% were worried about the quality of care they would receive.

Young & Montazer (2018) stated that high levels of psychological distress are created by the incapability of migrants to manage the stresses of the host culture. Findings assessing acculturation and experience of mental health services remains inconclusive, and inconsistent (Cardenas & de la Sablonniere, 2017).

Diversity and multiculturalism have been hallmarks within the Indian society for many years (Bhargava, Kumar & Gupta, 2016). Due to the many advancements in technology, globalization, and urbanization, the traditional nature of families and gender roles have been impacted, leading to a rise in mental health needs (Bhargava, Kumar & Gupta, 2016).

1.5 Counselling and Culture

Hofstede defines culture as *"the collective mental programming of people in an environment"* (1980). It affects all aspects of human behaviour, including interpersonal relationships and ways of thinking, feeling, and speaking. This description does not link to the artefacts of culture or to its usage as a term inferring deficiency, but is focused on how individuals comprehend how they should live and act within their own group.

Hall (1976) posits that people are only conscious of a fraction of culture, this incorporates behaviours and beliefs. The subconscious part of culture also includes some beliefs, values and thought patterns which underly behaviour.

Hall stated that to understand the internal culture of others you would have to participate in their culture. When one joins a new culture, overt behaviours tend to be the most obvious. The more time one spends in the new culture, the more the underlying beliefs, values and thought patterns dictating that behaviour are revealed. Hall's model suggests that one should not judge a culture based on what one sees when first observing it. He states that

one must get to know individuals from that culture and interact with them. By doing so, the values and beliefs underlying the behaviour of that society are uncovered.

The link between counselling methods and culture has been studied extensively in the past (Sue et al., 2009). Scholars have focused on science that holds a Western bias and highlighted the need for cultural adaptation and cultural approaches in counselling and psychology (Sue et al., 2009). Professor Uwe P. Gielen in Languini, (2009) stated that in 1897, psychology was a two-sided enterprise. Wilhelm Wundt (the founder of Psychology) made a separation between "physiological-experimental psychology and *völkerpsychlogie* (the psychology of people)" (p. x). stating that the latter, which focuses on culture, had been overlooked. Gielen identified that psychology came about as a stand-alone science and has been mistaken as universal. Gielen continues by saying:

> [O]ur developmental, personality, social, clinical, and counselling psychologies, for instance, are suffused with individualistic assumptions and values that feel natural and right to most liberal Americans and Western Europeans but that would be experienced as odd, off-centre, and even immoral to the more collectivistic inhabitants of traditional sub- Saharan African villages (ibid., p. xi).

The American Psychological Association (APA) felt the link between culture and psychotherapy needed to be highlighted. Thus, they created multicultural guidelines in 2002 for mental health professionals, these were the first guidelines to be published and were revised and updated in 2017 to ensure they were relevant for new research in the field. The updated APA Multicultural Guidelines are summarised in Table 3.

Guideline	**Description**
Guideline 1	Psychologists should be aware that one's identity and self-definition are fluid and dynamic categories. Thus, intersectionality is created through one's social reality.

Guideline 2	Psychologists should be aware that they are also subjected to biased views and therefore, they should put conscious efforts to move beyond their own biases, prejudices, and categorical assumptions.
Guideline 3	Psychologists should endeavour to understand the role of language and communication from their own and also from a client's point of view. This should be done in a way that respects the client's life experience.
Guideline 4	Psychologists should be aware of the social and physical contexts of the client's life.
Guideline 5	Psychologists should be aware of historical and present circumstances which are related to power, oppression, and privileges. Psychologists should operate in respectful ways which promote human rights and equality.
Guideline 6	Interventions done by psychologist should be culturally adaptive and should promote prevention and recovery.
Guideline 7	Psychologists should question and evaluate their own professional identity, role and purpose in an intercultural context.
Guideline 8	Psychologists should be aware of the developmental phases in which one's identity and worldviews change.
Guideline 9	Research, teaching, diagnosis and similar activities should be done in a culturally appropriate way and according to these guidelines.
Guideline 10	Psychologists should operate in a way which decreases feelings of distress and trauma in the given sociocultural context.

Table 3 – APA Multicultural Guidelines

These guidelines are a solid foundation for counsellors and therapists working with ethnically diverse clients, however, some are vague. It is not clear when the situation becomes multicultural. This can refer to when both clients and counsellors are from different countries, speak different languages, or have different religions. However, everyone has a unique cultural identity, so it could be said that all client-counsellor relationships are intercultural, as Holliday (2018) claimed, all cultural encounters can be deemed as

intercultural. Also, the phrases “culturally adaptive” and “culturally appropriate” are not clarified, thus each counsellor will interpret this in their own way, or misinterpreted, which could have harmful implications on counselling.

Cultural training for counsellors is common, however it needs to be approached in a critical way, as culture is oversimplified. Learning about cultural characteristics and applying that information to understand client behaviour can be damaging, as it assumes that all individuals of that culture are the same; not all Indians are the same, e.g. Goans and Gujaratis or Punjabis and Indo-Aryans. If we assume and oversimplify, this could be damaging in a therapeutic setting. Thus, a pertinent question is, how do we address cultural issues in counselling, and when would it be necessary to do so? It is essential that counsellors know how to engage in conversations around cultural differences in a natural way, rather than by following scripts and guides. This ensures counsellors are learning about different cultures in a contained way, by also engaging the client and learning of their experiences. This can be helpful in understanding cultural skills within mental health facilities and can be used to enhance cultural sensitivity training for mental health practitioners.

Young & Montazer (2018) stated that psychological distress is shaped by immigrants’ helplessness to manage the stresses of the host nation’s culture, meaning they are not successfully acculturating to the host society. Acculturation is the process in which one cultural group adopts the beliefs and behaviours of another, however, it must be noted that it is difficult to measure acculturation, ethnic identity, and mental health, causing some discrepancies.

Many counselling courses in the U.K. devote little time and attention to preparing counselling trainees to work with culturally and racially different clients (Sue et al., 1992), neglecting to outline standards for working with these populations (Sue, Arredondo, &

McDavis, 1992 in Wilson, Pitt, & Raheem, 2017). This is understandable, due to the vast amount of material to be learned and skills to be developed, but it is less defensible when considering the reality of the U.K. as a multiracial society.

Recent research has seen an increase in this, Chu, Wippold & Becker (2022) claimed that 64.9% of studies looked at race/ethnicity, but only 16.2% looked at religion, and models of application of taught material was less common (e.g., clinical experience: 16.2%; modelling: 13.5%).

The client counsellor relationship is at the core of all therapeutic work (APA, 2017). The relationship is reflected in expectations, responsibilities, and roles; thus, it is prone to the abuse of power. If we then introduce different cultures, it makes counselling even more complex. Early research focusing on multiculturalism started in the 1960s, and the second wave came about in the 1990s (Lee & Ramirez, 2000; Quinn, 2013), multiculturalism is constantly shifting due to attitudes around mental health changing.

In 1992, Sue et al. published "multicultural counselling competencies" in the USA. This formed the basis for drawing attention to the need and rationale for a more multicultural view within counselling. Table 4 is based on Sue et al.'s (1992) key recommendations for multiculturally skilled counsellors and the characteristics they need to work with clients of a different culture and ethnicity, which should be considered in all professional training courses.

Dimensions	**Counsellor awareness of own assumptions and biases**	**Understanding the world view of culturally different clients**	**Developing interventions and techniques**
Beliefs and attitudes	Culturally skilled counsellors: • Aware and sensitive to own cultural background, valuing and respecting differences • Aware of own cultural background influences and how it can affect the psychological process. • Recognise their own limits • Comfortable with differences between themselves and clients.	Culturally skilled counsellors: • Aware of their emotional reactions towards racial and ethnic groups • Aware of stereotypes and preconceived notions.	Culturally skilled counsellors: • Respect clients' spiritual beliefs and values • Respect indigenous helping practices • Value bilingualism

Knowledge	Culturally skilled counsellors: • Knowledge of their own racial/cultural heritage and how it affects definitions of normality and counselling process. • Knowledge of understanding the workings or oppression/racism/discrimination Knowledge of their social impact upon others.	Culturally skilled counsellors: • Knowledge about the group they are working with • Understand how race/culture/ethnicity/can affect personality/formation/vocation/psychological disorder/help-seeking Knowledge of socio-political influences that impinge upon racial/ethnic minorities.	Culturally skilled counsellors: • Have knowledge of counselling limits and how they may clash with client values • Be aware of institutional barriers preventing minorities' access to mental health services • Understand limits of assessment procedures • Knowledge on family structures and community hierarchy.
Skills	Culturally skilled counsellors: • Educational training to enrich their understanding • Seek to understand themselves as racial and cultural beings and seek a non-racist identity.	Culturally skilled counsellors: • Familiarise selves with research and seek out educational opportunities that enrich their knowledge, understanding and skills. Become involved with minority individuals outside the counselling setting so their perspective is wider-informed.	Culturally skilled counsellors: • Have a wide range of helping styles • Exercise institutional intervention skills • Consult a range of other helpers Take responsibility for interest in language required by the client.

Table 4 - Sue et al.'s (1992) key recommendations for multiculturally skilled counsellors.

1.6 Multicultural counselling competence

Ridley (2011) defines counselling competence as *"the determination, facilitation, evaluation, and sustaining of positive therapeutic outcomes"* (p. 835). Using this definition as a frame of reference, multicultural counselling competence can be defined as the facilitation of therapeutic change through the deep-structure incorporation of culture into counselling and psychotherapy (Ridley et al., 2021).

The process model of multicultural counselling competence is an outgrowth of this redefinition of the construct. It was asserted by Ridley et al. (2021) that multicultural counselling competence comprises complex and dynamic interactions, or a *"complex interplay between clinical and cultural issues"* (p. 238). The model is different from other process-oriented models due to the considerable ambiguity around the component in other models.

There are seven foundational principles underlying the process model of multicultural counselling competence. These principles form the basis of providing a demonstration of multicultural counselling competence.

1. Purposeful facilitation of therapeutic change

This is the cornerstone of the process model's foundation upon which other principles depend. If the model is thought of as a tool, all actions undertaken in accordance with the model should support its purpose. It was suggested further by Ridley et al. (2021) that the facilitation of therapeutic change dictates actions to take, and actions not to take, otherwise, whether intentional or unintentional, actions would be misdirected.

2. Culturally general in the application

This model can be applied to all clients, from any culture, ethnicity, and race (Ridley et al., 2021), the design enables an equitable application to each counselling relationship. These attributes allow clinicians to apply the model to the uniqueness of each individual client and place the model on the culturally general side of the culturally general/culturally specific debate (Ridley et al., 2021). The model does not exclude relationships where counsellors and clients fit into pre-determined ethnic, cultural, racial, religious and lifestyle groups.

3. Process-oriented rather than content-oriented

The process is an unfolding of operations or actions that lead gradually to a desired outcome (Mish, 1984). The two keywords here are "unfolding" and "gradually". Moving towards a desired outcome takes time, and the nature of multicultural counselling competence is *"a progressive process of movement toward therapeutic outcomes"* (Ridley et al., 2011, p. 838). The process model stands in contrast to the content approach to multicultural counselling, which highlights the clinician's knowledge of characteristics, cultural values and beliefs of various cultural groups (Lopez et al., 2002). The aim is to provide guidance on cultural knowledge and tailoring treatment to clients as individuals.

4. Affirming and not disarming the three major models

Models, whether skills-based, adaption-based, or process-based, offer considerable value. Even with their limitations, these models have advanced the field, provided innovation, and moved the field closer to an acceptable standard of practice. One goal of Ridley et al. (2021) when creating a new model was to keep the features of the models that were considered essential to multicultural counselling competence. The models were rethought and adapted.

5. Integrative and not piecemeal

The design of the process model includes features from the three major models as well as some new features. Its integration and coherence contrast the lack of integration and gaps in the designs of the skills-based, adaptation, and process-oriented models (Ridley et al., 2021). The adaptation and process-oriented models contrast with the one-size-fits-all concept which provides a firm basis for the skills-based model (Bernal et al., 2009; Sue et al., 2009). Ridley et al. (2021) aimed to integrate the three models rather than distance from them. The model therefore encompasses a variety of competencies, operations, and skills involved in an overarching process of incorporating culture into interventions (La Roche & Christopher, 2009).

6. Comprehensive but simplified

Multicultural counselling competence is a very complex construct (Ridley et al., 2021). Thus, it should represent the complexity needed for the demonstration of competence. The design includes many parts and interactions amongst those parts, errors of both over-simplification and complication need to be overcome. Simplification manifests as an attempt to create an accurate representation of the components and their interactions to provide clinicians with a useful tool.

7. Complementary with psychotherapeutic systems

Multicultural counselling competence is not a stand-alone therapeutic orientation or system of psychotherapy, although it aims to facilitate therapeutic change. It complements rather than replaces counselling systems (Whaley & Davis, 2007). The complementary nature comes from an understanding of the difference between psychotherapy and multicultural

counselling competence. Prochaska and Norcross (2018) define psychotherapy as the application of clinical methods and interpersonal stances with the purpose of modifying clients' "*behaviours, cognitions, emotions, and/or other interpersonal characteristics*" (p. 2). The incorporation of culture is the feature that adds value to existing therapeutic systems. However, to demonstrate the model's utility, clinicians must be adept in making use of these systems.

In any process there is a dimension of time; the phases of Ridley et al.'s (2021) model include this aspect. The phases are not meant to be novel, but primarily provide a division of time encapsulating therapeutic change.

The preparation phase begins before the clinician meets the client. The clinician must develop their awareness, knowledge, and skills (Sue, 2001). The learning and preparations do not fully capture multicultural counselling competence, but instead infuse the clinical operations in phases of the process. Although it occurs before the clinical work, preparation can also occur through the clinician's experience in counselling, as what they learn from clients may inform their multicultural counselling competence. Their commitment should be client-centred, and they should use their learning to benefit their clients through adherence to ethical principles. Clinicians should also continue to prepare throughout their careers, this preparation occurs in three main ways: outside of counselling, during counselling and continuing lifelong learning.

Bhatt (2015) found that many therapists mentioned having a grasp on the core counselling skills but being unsure how to apply them when working with clients of different ethnicities and cultures. For example, working with an Indian Asian client with depression,

who has no understanding or knowledge of depression, or, working with an Indian Asian client who does not understand the concept of confidentiality. Bhatt did not investigate how clients felt about this lack of understanding from their therapists, but her study still sheds light on the importance of multicultural learning in training programmes. This highlights the importance of creating new multicultural research to highlight new areas where practitioners can have broader knowledge and understanding, rather than relying on outdated research such as Lago (2006), Sue (1992), and Ridley (1995), as today's students have little recent research to learn from regarding cultural diversity.

Awareness is the clinician's understanding of their own cultural identity and that of their client, including awareness of personal biases, values, and worldviews. Clinicians are encouraged to engage in self-reflection within their therapeutic relationships and daily work with trainees, colleagues, researchers, scholars, and professionals within the mental health team (APA, 2017). Clinicians must be mindful of maintaining an open, empathic, and non-judgemental stance throughout the counselling process, as well as recognizing personal strengths and areas for growth. Understanding that all cultures grieve differently, for example, is important in ensuring they do not get misdiagnosed.

Knowledge refers to information about cultural group values, dynamics, and historical-social issues (Sue, 2001). This can be learned through literature, supervision, continuing professional development, and conversations with peers and members of different cultural and minority groups. It is pertinent for clinicians to consider how socio-political environments and structural and systemic issues affect clients and their experiences (APA, 2017). An essential part of knowledge is critical thinking.

Skills are the foundational verbal and nonverbal counselling behaviours that are culturally appropriate and sensitive. Awareness and knowledge are assumed to translate into

skills. This involves more direct interactions with clients, while selection and application require purposefulness, for example, an Indian Asians nod out of politeness, but this does not always mean they agree with what is being said (Scroope, 2018).

In the intake and in-session phase, the counsellors implement clinical activities that are needed for therapeutic change, treatment goals are set for clients, and relevant interventions are considered. There is no rule saying which interventions are to be used, nor is there a rule for the duration of therapy; each case varies. This is where clinicians should allow the model to guide their activities. This phase gives the clinician time (after the screening process/assessment) to learn about the client's culture and ethnicity to ensure that they can work effectively with them. Being able to educate themselves on cultural differences and norms seems just as important as the intake session.

The termination phase is aimed to help clients function without therapeutic support. Termination should be timely; it should not occur prematurely, nor be delayed. Culture is as important a consideration in this phase as in the intake phase, with the difference being that termination involves specific counselling tasks. Ridley and Shaw-Ridley (2010) conceptualize termination within the context of culture, describing three aspects: pretermination, active termination, and post-termination. Each of these has its own specific treatment tasks.

The multicultural counselling competence model includes multilevel dynamic interactions. As Hwang (2011) states, the operations of the model do not work in isolation of one another: instead, there is an interplay of complex clinical and cultural dynamics. There are five implications noted by Ridley et al. (2021) that result from interactions within the model.

The interactions form a cyclic pattern in which every subordinate operation rotates around a deep-structure incorporation of culture. This is ongoing and concludes only upon termination. There are also many multidirectional interactions, prominent among them the clinical operations of adapting interventions and developing a therapeutic alliance. Clinicians constantly weave in and out of these operations in a flexible way, and should benefit from the model, even if they do not achieve their ideal standard of competence. The interactions allow flexibility without clinicians being bound to a rigid protocol. The foundational principle of the model is to guide clinicians; thus, prescriptiveness is not synonymous with the use of manuals but rather serves to provide guidance in multicultural counselling competence. Interactions support change. The model allows for movement of clients, lapses, and relapses. The dynamic interactions of the model are used by clinicians to motivate, engage, and re-engage clients in counselling.

This model compliments counselling and psychotherapy, aiding clinicians to continue learning and developing their skills. The model is a tool that clinicians can use to enhance intervention and create change, to ensure their clients are gaining the most they can from their counselling sessions.

Below are seven principles for gathering cultural data (Ridley et al., 2021), if these can be incorporated into the counselling process, a more culturally appropriate treatment would be produced:

1. Deeper than surface level. Although demographics are important, they do not constitute deep-level culture. Clinicians need to identify values, beliefs and assumptions that are salient to the client's identity. These are essential to understanding how clients present and counselling relationships. If clinicians are unable to identify this, it could pose issues in the counselling relationship as well as the usefulness of counselling for the client.

2. Case-by-case basis. Clients from similar cultural and racial backgrounds vary in their adherence to cultural values, beliefs, and assumptions, as well as in their psychological presentation. Some may be traditional, whereas others may not be. Simply knowing and understanding demographics may result in a superficial understanding of a client. This awareness would allow the counsellor to gage what the client needs in terms of cultural adaptation to the counselling technique.

3. Salience. A significant piece of identity to one client may not be important to another. Some may weigh their race more highly, others their religion, others their sexual identity. Clinicians should not assume they know what is salient. Root (1996) states that identities are complex, and so clinicians cannot assume they know the significant aspects of a client's identity.

4. Data for therapeutic alliance. This is an area that is easily overlooked. Clinicians can gain insight and knowledge through microaggressions, therapeutic ruptures, transference, and pseudo-transference (Owen et al., 2011; Ridley, 2005). Being mindful of this would allow the clinician to create a strong therapeutic alliance with their client. Asking questions to clarify and educate themselves could help reduce any ruptures, micro-aggressions and transference.

5. Direct approach. Clients may willingly offer aspects of their identity with little probing, while others may not feel it appropriate. Clinicians need to direct attention towards this, asking about clients' experience and interpretation of their cultural values and probing for why beliefs, values and assumptions hold personal meanings. This ensures the counsellor understands the client more and is thus able to offer counselling that is more suitable.

6. Balance of inquiry. Clinicians need to allow space for the client to self-disclose. Clinicians should ask about cultural beliefs related to conditions they may be struggling with (e.g., anxiety or depression). Clinicians should also be aware of cultural differences and understand

that certain mental health issues do not exist in some countries. For example, there is no word for depression in Gujarati.

7. Non-judgemental. Failing to recognize cultural differences can lead to becoming judgemental about the client's values and beliefs. Judgemental clinicians can undermine the treatment. Thus, anticipating that clients may share information that is foreign or makes the clinician feel uncomfortable is crucial.

These seven principles are crucial to therapeutic work as they ensure that the clinician has their client at the forefront of counselling, adapting what needs to be adapted so clients gain as much as they can from sessions. This also means the counsellor is constantly learning how to be in the room and deliver effective treatment to someone of a different ethnicity to their own. Many of the research questions for this project link well with these seven principles. If counsellors are not aware of these seven principles, or have no knowledge of them, then we can assume clients of ethnic minorities will leave sessions feeling misunderstood, unheard, and even dismissed.

1.7 Language

Communicating across cultures has many invisibles, which is something counsellors must be aware of when working with Indian clients. Whether a counsellor considers themselves a low- or high-context communicator, it is likely that they will find themself working with someone positioned further on the scale. Being an agile communicator, able to move in either direction, is a necessary skill for counselling (Meyer, 2015).

Communicating is not simply about speaking, but also about listening, non-verbal communication, and written communication. When working with high-context clients, counsellors must practice listening more carefully, listening to what is meant rather than what

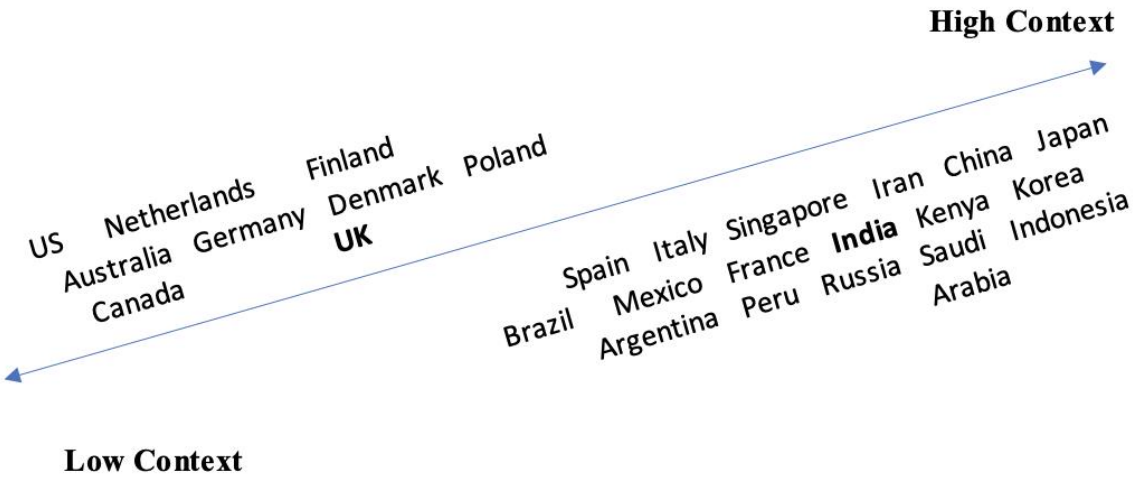
is said (Meyer, 2015). This involves being curious, reflecting, asking questions, and being more attuned to body language. By looking for these cues, one can listen more accurately.

High-context communication works when those communicating come from the same culture, allowing them to read cultural cues the same. When two Indians connect, there is an understanding, making it natural to read each other. Time is therefore saved, as there is no need for repetition, and relationships are maintained and preserved (Meyer, 2015). However, for two individuals who are from differing cultures, communication deteriorates: the speaker may be passing messages between the lines, and the listener may be focusing on trying to find meaning. The message that is received is different from the message that was sent, which results in misunderstandings, because they come from different cultural contexts.

High-context cultures, especially those in Asia, have oral traditions in which written documentation is seen as less important. Writing things down, which is a mark of professionalism and transparency in a low-context culture, may imply a lack of trust to those from a high-context culture (Meyer, 2015).

Hall (1996) posits that low-context cultures carry significance in their words. Words and meaning do not always have a direct connection for some cultures. In low-context cultures, he felt that a tendency towards fragmentation of experience. High-context cultures lean towards conservative, rigid class structures, where the individual's needs are forfeited for the group's goals.

Languages show the style of communication for the cultures using those languages. Hindi is a high-context language where a high percentage of words can be understood in many ways based on how and when they are used (Meyer, 2015).



Low context – good communication is clear-cut and simple, as in the U.K. Messages are articulated and comprehended at face value. Repetition is only valued if it clarifies the message being communicated.

High context – good communication is sophisticated, nuanced and layered, as in India. Information is spoken and read between the lines, and often not plainly communicated but instead implied.

Meyer (2015) states that language only serves as an indicator as to where a culture falls on the scale of communication. Meyer (2015) claims they are usually relationship-oriented societies where networks of connections are handed down to younger generations, producing shared contexts amongst the community. As in Indian culture, there is a sense of cohesiveness, not just within families, but in villages and city communities as well (Bhargava, Kumar & Gupta, 2016).

Those from a low-context culture, may see those from high-context cultures as being reserved, lacking transparency, or communicating ineffectively (Meyer, 2015). However, a high-context communicator may see a low-context communicator as stating the obvious,

condescending, or even patronizing (Meyer, 2015). This is closely connected to the concept of confidentiality, which does not exist in Indian culture. There, privacy is seen as unhealthy, as it isolates an individual from the family and wider community, transparency is crucial (Bhargava, Kumar & Gupta, 2016).

Meyer (2015) posits that the more educated and sophisticated the individual in high-context cultures, the more able they are to speak and listen, comprehending any implied, layered messages. On the other hand, more educated people in low-context cultures converse in a clear and explicit way. These contradictory ways of communicating are important in the therapy room, where a great deal of speaking is being done by both client and counsellor.

Edward Hall (1966, in Lago 2006) was concerned with advocating the idea that in addition to learning others' languages, one must also learn cultural literacy. He suggested five categories of cultural differences: space, time, verbal behaviour, non-verbal behaviour, and context. Hall felt this would allow for practitioners to be sensitive to, and understanding of, the way in which people are influenced by their cultures.

Verbal Behaviour

Differences in verbal behaviour are obvious between cultures, especially when the languages differ. Even if both parties are speaking the same language, they may have different conventions for expressing opinions, and similar words may have different meanings. Differences in empathy between cultures are also important to consider.

Paralinguistics is another form of verbal behaviour that differs among cultures. It is concerned with, not *what* is said, but *how* things are said. Sighs, ahs, ums, grunts, tones, pitch, stress, and accents all vary among cultures. How data is organized, who takes lead in

the conversation, and who says what and when, fall largely within culturally determined conventions.

Indians' communication style tends to be polite and indirect (Scroop, 2018), aiming to appease others and avoid confrontation and conflict. Opinions and viewpoints are exchanged through negotiation rather than arguing that a view is correct (Scroop, 2018). This method of communication can appear ambiguous to those unfamiliar with it. Direct communication is kept for close relationships (family and friends), where there is a high level of trust (Scroop, 2018).

Openly disagreeing within Indian culture is deemed harsh and can be interpreted by others as hostile and aggressive (Scroop, 2018). Thus, Indians tend to indirectly express disagreement, using phrases like "maybe" or "I'll do my best" rather than "no". It is also important to note that "yes" in the Indian language has connotations which differentiate it from the use of it in English-speaking Western cultures (Scroop, 2018). An Indian may say "yes" to indicate they are listening to the speaker while showing disagreement or refusal through their body language or may say "yes" to direct questions, as the cultural formality is to be polite and modest (Scroop, 2018).

Non-Verbal Behaviour

India is a high-context culture; thus, there is heavy reliance on non-verbal gestures such as head movements, hand gestures and body language. This is called *kinesics*. Gestures used in one country may be inappropriate in another.

Indians tend to respect others' personal space, like that which Westerners are familiar with (Scroop, 2018), thus sitting across the room from a therapist would be comfortable for Indian clients. Indians also tend to keep eye contact to a minimum or avert their gaze from those of the opposite gender (Scroop, 2018). Scroop found that some women choose to avoid

eye contact altogether when having a conversation, as it is deemed inappropriate, unless the gaze is diverted occasionally. However, much of the time, this lack of eye contact is often judged as the individual hiding information, feeling anxious, or even being disrespectful, instead of considering culture and the meaning behind avoiding eye contact with an elderly or authority figure (i.e., therapist/doctor).

Agreement and understanding are often indicated by tilting of the head from side to side, which is like the Western gesture for "I don't know" (Scroop, 2018). Indians also nod to show acknowledgement of what has been said, but it is imperative to note that this does not mean they understand or agree with what is being said (Scroop, 2018).

It is important for counsellors to be mindful of these subtle differences to ensure counselling is effective for the client. With no knowledge of non-verbal gestures, the counsellor is almost blind to what client is bringing, which can affect the relationship between counsellor and client.

1.8 Counsellor-client relationship

There is research within psychology and psychotherapy highlighting the significance of client and counsellor relationships (Larsson & Tryggved, 2010, p. 253). Authors have written that psychotherapy research is significant to counselling as there are many similarities between them, within the research field of evidence-based practice. An investigated issue is the impact the relationship between client and counsellor, and its success on counselling.

> An important result has emerged in psychotherapy research, and that is that the therapist's ability to create a working alliance with the client so that the meeting is merged in empathy, warmth and support is of decisive importance to the treatment outcome... This means that it is particularly relevant to draw attention to counselling that emphasizes the importance of empathetic communication and active listening to the client in connection with social workers in treatment settings with clients. (ibid., p. 254, my translation)

Research has also shown some methods to be more fruitful than others, e.g., psychotherapy is more effective than non-psychotherapeutic methods, such as religious healers, when treating depression (ibid, p. 254). Mullen, Shuluk and Soydan (2011) found evidence that different approaches have different benefits and felt more than the therapeutic relationship should be considered. To avoid causing damage, bringing attention to the implications of methods is extremely important (ibid, p. 12). If only the alliance is deemed important, it would not be useful to create and apply new techniques and interventions (ibid, p. 24), rather, a combination of the two is most successful.

In 2015 Bhui et al. state that a good therapeutic relationship is a process whereby communication leads to an improved outcome for clients. Communication is key in counselling and other treatments. Bhui et al. (2015) claim that dissatisfaction amongst ethnic minorities can arise if there are cultural differences in health beliefs and expectations between the client and the health care professional. They found that in such cases, counsellors struggle to empathise with and assess the client's emotions. They are also unable to understand symbolic and metaphorical idioms, which can lead to disagreement with decisions and diagnoses.

1.9 Cultural preparedness

The main belief within this theoretical construct is the success of counselling methods, which depend on *"…creators and consumers of the counselling service [having] been culturally prepared in a similar way*" (Arulmani, 2009, p. 254). This means that phenomena within a culture prepare its population to think, feel and act in culturally specific ways, share vocabulary, life orientation and cultural values. Cultural preparedness has to be

considered when counselling techniques are created outside the context in which they are to be used.

Thus, mental health and counselling services must be efficient in a global context and cannot be branded as Western. "*If these critiques are to be addressed, it would be necessary to examine subjective versus objective epistemologies with a view to building bridges that would allow counsellors from different persuasions to function in tandem*" (Arulmani, 2009, p. 254). This would allow Western techniques to be integrated into Indian counselling if epistemology, meaning and techniques held universal elements. These methods should then be altered to be culturally sound.

Arulmani states that Indians are culturally prepared for three characteristics: 1. toleration of contradictions; 2. individualism and collectivism; 3. centrality of religion and spirituality (ibid, p. 254–256). These characteristics are essential to consider in counselling to ensure the counsellor is prepared for the client's Indian culture and what they may bring to the sessions.

1. India has a history of being home to a variety of populations. For 2,000 years individuals have voyaged there for trade, invasion, and migration, resulting in a diverse population. These groups have learned to "*coexist rather than merge*", resulting in a cultural context inviting relationships to be formed regardless of disagreements and contradictions (ibid, p. 254–255).

2. Indian society is collectivist, an idea that has been noted in older research. "*The primacy of the family and caste create kinship bonds, [which] could be examples of collectivist orientations. Beyond this, individualism seems to dominate*." (Arulmani, 2009, p. 255).

3. Eighty percent of Indians follow Hinduism, and India is a religiously diverse country. Each religion has its own fixed beliefs, celebrations, and norms affecting "*common*

cultural practice". Arulmani emphasizes that this is not about understanding the boundary between religion and counselling, but rather to "*derive principles that could be integrated into a counselling approach*" (ibid, p. 255).

What Arulmani adds, is the need to identify what clients are culturally prepared for, in contrast with Laungani's theoretical model of East and West, which is more of a categorization tool to operationalize meta-constructs.

Multicultural psychology and existential psychology share common history (Hoffman, Cleare-Hoffman, & Jackson, 2014; Jackson, 2012), both began as critiques of mainstream psychology. Existential psychology explored issues around culture before it was a popular field in psychology. However, regardless of the convergences, existential psychology has had difficulties integrating multicultural perspectives and has therefore struggled to attract clients from varied cultural groups (Hoffman, 2016; Hoffman, Cleare-Hoffman, et al, 2014).

Hoffman, Cleare-Hoffman et al. (2014) found issues within existential psychology, which created hurdles to it becoming multicultural, which they called "*humanistic micro-aggressions*". This includes individualistic bias, seeing multiculturalism as uncalled-for due to the focus being on subjective experiences and lack of genuineness and mutuality in efforts to become diverse.

Existential scholars have attempted to make changes towards increasing engagement with multicultural issues and perspectives. Hoffman, Cleare-Hoffman et al. (2014) emphasise the need for multiculturalism within existential training, which has aided in making advancements in this area. Nonetheless, existential psychology requires further development with regards to engaging clients from multicultural backgrounds.

1.10 Philosophical and existential assumptions

The importance of understanding the philosophical assumptions underlying counselling cannot be understated. These are the deeper structures of culture (Jackson & Meadows, 1991 in Lago, 2006). In their article, Jackson and Meadows offer three hypotheses for understanding European, Asian, and African conceptual systems of culture.

They found that European culture stresses a more material ontology (axiology), with the highest value being the possession of material objects. All understanding is based on external knowledge (epistemology), which is founded on counting and measuring. The logic behind this system is dichotomous (either-or), and its process is technology (repeatable and reproducible). The downside to this conceptual system is an identity and self-worth that is grounded in the external criteria – for example, how one looks, what one owns, or status (Myers, 1988).

The Asian system places a greater emphasis on an ontology of cosmic unity, with the highest value (axiology) being the cohesiveness of the group. The basis of all knowledge is both internal and external (epistemology) and is a combination of the mind, body, and spirit, which are three parts of a whole (Cox, 1988). The reasoning behind this conceptual system is *nyaya*, a unity of thought and mind, and the process is cosmology, which means that all three are independently and harmoniously related. The downside to this system is the idea that one's identity and self-worth is built on being, and on a reality that is both internal and external.

The Asian system focuses on a spiritual and material ontology, the highest value (axiology) is given to interpersonal relationships between men and women. The basis of all knowledge is self-knowledge (epistemology); one knows through symbolic imagery and rhythm (Lago, 2006). This means that counselling's main emphasis needs to be on creating a therapeutic relationship, and being able to recognize the knowledge the client has of

themselves (Lago, 2006). He claimed that the reason behind this system is diunital, the union of opposites, and the process is ntuology, meaning the relatedness through human and spiritual networks. This produces an intrinsic identity and self-worth (Lago, 2006).

The above systems are embedded within the indigenous healing systems of each culture, and thus different approaches are needed when conducing counselling.

Culture has been analyzed using many tools of conceptual systems such as Marxism, structuralism, post-structuralism, deconstruction, the "*politics of difference*", of race, class and gender, pragmatism, and many others (Bowler, 2013). In Heidegger's early work, he is critical of these attempts at understanding culture, stating that:

> "As a closed organism with its own life, a culture (multiplicity of such cultures) stands on its own. In this multiplicity of cultures which surge forth from tradition and within a definite interpretation, each one is in accord with the character of its ownmost being put on a par with all the others (like plants). In terms of its being, no past Dasein (being there, presence) has priority over any other. Like the one culture, the others must also be presented." (pg. 30)

Heidegger's analysis is not that the differences between cultures have been compressed to a point where no determination can be made around which cultures are better or worse (Bowler, 2013). Rather, it is that culture has been considered as an object, and that all cultures must present themselves in an identical fashion on an ontological level. It is important to understand that culture is about discovering core principles and ordering whereby other cultures can differentiate between them (Bowler, 2013).

Culture is seen as an "objective" expression of a spiritual reality. Therefore, the aim of the study of culture is to comprehend the spiritual reality by interpreting its expression (Bowler, 2013). Culture signifies the merging idea of interconnected and interrelated strands of the spiritual life, including communication, art, literature, philosophy, plus social

institutions. Culture represents the unified belief of a fundamental context and form, or life with its corresponding social practices.

Openness. When it comes to cultural diversity, openness is seen as desirable within itself, e.g., when multiple and fluid identities are seen as an antidote to any ethnic conflicts that may emerge (Hollinger, 1995). It is widely assumed that having a broad range of knowledge and skills around cultures provide access to information to increase an individual's skills when working professionally with different cultures (Erickson, 1996). The issue with this assumption is that it is unknown whether these counsellors embody the qualities associated with openness to cultural diversity.

Freedom. The meaning of freedom and its experience varies widely between cultures; it is also valued differently in different cultures. For cultures that have not had social and political freedom challenges, freedom will be felt differently than those who have suffered slavery, imprisonment, or other losses of freedom. Freedom is also felt differently by individuals who are privileged, compared to those from low socioeconomic status and those experiencing other forms of privilege (race, gender, religion, etc.).

May (1981) stated that, "*freedom is thus more than a value itself: it underlies the possibility of valuing; it is basic to our capacity to value*" (Hoffman et al., 2016, pp. 118). This means, it is crucial to the idea of meaning. Being free is courageous. May is speaking at an existential level, but existential freedom is affected considerably by social and political freedom. Although a lack of social and political freedom cannot destroy an individual's existential freedom wholly, their experience of existential freedom can be affected by them.

In the USA, ethnic minorities do not have the same political and social freedoms as White US citizens. For example, just recently lesbian, gay, bisexual, transgender and queer (LGBTQ+) persons have the choice to marry (Hoffman et al., 2016). However, many people of colour are unable to choose where they live without being exposed to prejudice, racism and discrimination. Black and Latino males, and many Muslims, do not have the same level of freedom from specific experiences, such as being pulled over by police for looking suspicious due to skin colour, if we can link this to people of colour, it would be assumed that it can also be said for Indian Asians. Asians in the U.K. were stopped and searched 17.8% between April 2020 and March 2021, compared to White people who were stopped and searched 7.5% (Gov U.K., 2022). These differences between ethnic minorities, and the challenges they face could affect the level of support they get, and the trust in services. For many around the world, political and legal systems have not been a source of safety as they may be for those from more privileged backgrounds (Hoffman, Granger, Vallejos, & Moats, 2016). The U.K. government has *"recognized that building a confident, successful multi-ethnic society is a huge and difficult endeavor"* (Gov U.K., 2021, pg 29) but are willing to create changes to protect ethnic minorities from racism, discrimination, and inclusion.

At the time of this writing, the story of George Floyd was very much present, and the protests around Black Lives Matter (BLM) are ongoing. This story emphasises the unjust behaviour and scrutiny those of colour endure daily. These protests are felt differently by those from privilege and those from marginalized groups (Hoffman, et al, 2016). The British public took this very seriously and created protests in the capital to encourage a change due to the discrimination experienced by ethnic minorities by authoritative figures (Gov U.K., 2021). Although counselling psychology has distinguished itself from other professional psychology specialties by embracing the works of multiculturalism and diversity, incorporating this into the room with clients of different cultures and ethnicities has been

difficult. A recent survey of counselling psychology trainees stated they wanted more social justice training than what they received in their training programs (Beer, Spanierman, Greene, & Todd, 2012).

Existential psychology is concerned with character and integrity (Mendelowitz, 2008; Peterson & Seligman, 2004), which have many imperative implications and meanings. Frankl (1984) felt that a good life is one that is meaningful, he stated that meaning is an essential base for attaining happiness. Many individuals of colour are perceived as lazy and reliant on the government, as well as being labelled as distrustful and being involved in criminal activity (Hoffman et al., 2016). In 2015, there were around 4300 people convicted for various drug offenses in the U.K. (Gov U.K., 2021) 73% were White, yet only 45% were imprisoned, compared to 66% of ethnically diverse offenders in the same year. The ratio for imprisonment in this year (2020) was 2.4, which is more than double the ratio for White offenders. The evidence of 'ethnicity effect' is so strong, not only related to the arrest of individuals, but also to the imprisonment, with ethnic minority offenders more likely to be sentenced than White offenders (Gov U.K., 2021). This is an ongoing struggle in which judgements are made based on skin colour rather than on an individual's character. A common difficulty for those of colour and those in marginalized groups, is the pressure to conform, resulting in a loss of identity due to the many efforts to adjust to these pressures (Hoffman et al., 2016).

Hoffman et al. (2016) claim that meaning is a neglected topic despite its importance in exploring multicultural issues within existential psychology. Cultural competency within a clinical setting is not simply about respecting differences: clinical workers need to have the awareness and skills to apply a culturally sensitive attitude (Hoffman et al., 2016). Clinical

workers must be able to recognize cultural differences concerning meaning, and they also should be mindful to not devalue shared sources of meaning. Hedonic and eudaimonic ideas of well-being can link well with cultural differences if implemented effectively, making it essential for clinical workers to recognize the differences between the approaches to manage complex meanings. Psychological constructs (such as freedom and responsibility) have considerable variation among cultures (Hoffman et al., 2016). Without having a cultural foundation, it can be challenging to identify differences when they are present in the room. Clinical workers must also develop a base of cultural knowledge and be open to learning to practice in a culturally sensitive way (Hoffman et al., 2016).

Geert Hofstede produced many writings suggesting how to interact with those from certain cultures, which also meant specific countries. The naïve ideas of culture are evident in Psychology on both a theoretical and practical level. When "cultural knowledge" is used with vulnerable clients, it will at some point lead to harmful outcomes.

This research project focuses on the individual's experience of the counselling process. Participants will be Indians who immigrated to the U.K. It has been noted by Bhatt (2015) that ethnic minorities living within the U.K encounter many barriers before being able to access mental health services i.e., stigma.

In conclusion, this project is interested in exploring how Indian ethnic minorities within the U.K experience counselling with a counsellor of a perceived different ethnicity to their own. The term *counselling* will be used from now on as a description of talk-based counselling aimed at helping individuals with psychosocial mental health problems.

2. Systematic Review

2.1 Search

This systematic review will explore research around the topic areas of culture, mental health, and counselling. The main purpose of this is to gain a more in depth understanding of how Indian ethnic minorities experience counselling with a Western counsellor, who has a perceived different ethnic background to their own. Understanding the cultural context in which counselling methods are used is imperative for clinical work (Langugani, 2005; Arulmani, 2009; Gerstein et al., 2009).

To find research, an extensive search was carried out using online portals such as: Researchgate, PsychInfo, PubMed, JSTOR, ScienceDirect, NSPC Library, Google Scholar, APA, SAGE Journals, and Middlesex University online library. These were all carried out between 2016-2024, the researcher repeatedly checked for new research to include in this project.

Key terms (listed below) and dates for the search were then entered to obtain relevant papers around the topic area. Research was kept as up to date as possible, however, there is dated research added to this project (e.g. Sue at al and Lago), as it was felt necessary to include the foundations from which multicultural counselling was built to understand how future research can be adapted.

Keywords – Indian, counselling, UK, mental health, multicultural counselling, Western counsellors, ethnicity, culture, immigrants.
Indians+counselling+uk, Indians+counselling, Indians+western counsellors, Indian ethnicity+counselling, Indians+mental health, immigrants+mental health, Indians+mental health, Hindus+mental health, Indian culture+mental health, multiculturalism+western counselling.

Using these keywords still highlighted a large range of studies, making it difficult to formulate a consistent summary of findings. Many of the articles considered how Indian counsellors use Western methods, or counsellor's experiences of working with clients of various ethnicities. Research fields were identified to capture the essence of existing perspectives on counselling and culture rather than specific findings. To use studies relating to this research project, the inclusion and exclusion criteria (table 7) was looked and thoroughly to ensure studies found aligned well with this project.

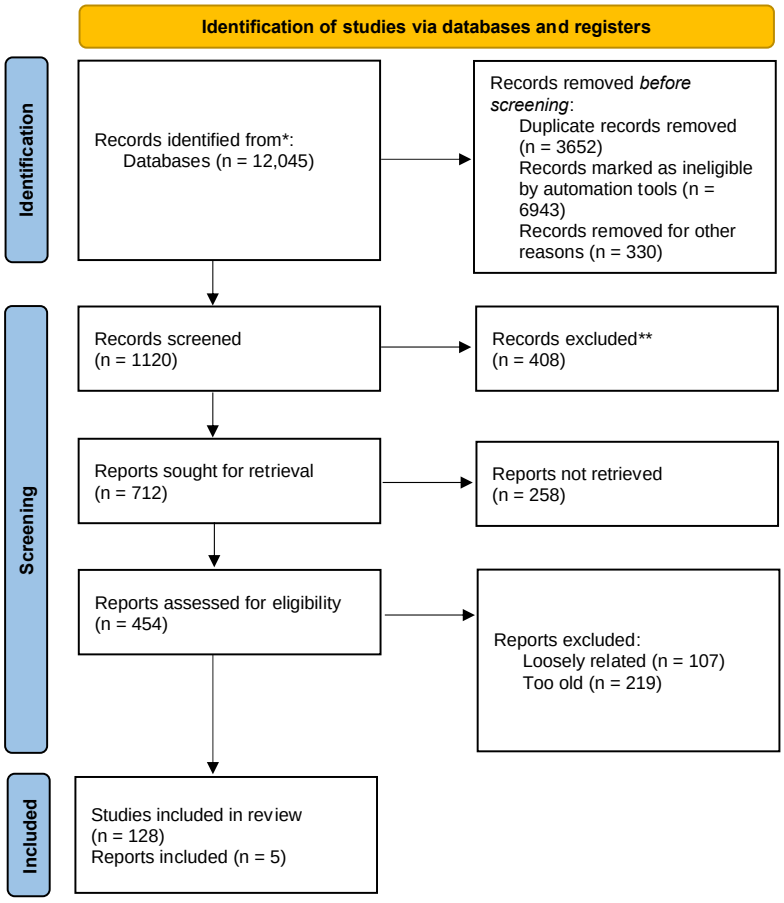
For the search the researcher did not exclude any studies based on year, this was due to the inclusion criteria being extremely specific in terms of population (Indian Asians). The researcher felt it was important to include all studies that looked at this population when it came to mental health and counselling, as there was limited research on this.

Below is the PRISMA flowchart for eligible studies for the systematic review if this research project. It highlights the studies included and excluded from the systematic review, ensuring the data put forward for this review is accurate and in keeping with the researcher's aim.

Searching electronic databases was conducted, continuously reviewing abstracts to ensure the papers would aid this research. The researcher obtained all full text articles for the papers that would meet the criteria, and a record of the studies excluded was noted. The researcher then looked at the papers identified, and other articles were found through alternative databases in the same way. The search methods were all recorded in line with PRISMA guidelines. Details were looked at, including the studies aims, population, methods, outcomes. No studies were disregarded based on the outcomes, and the researcher needed to be mindful that the studies all used different methodologies.

Some research did not include much detail on research designs and did not elaborate a clear statement of the findings. Others did not have direct quotations from interviews. The researcher did include all studies regardless of this, as it showed the differences within the phenomenon being studied, they still offered and contributed to the synthesis (Barbour & Barbour, 2003).

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only



*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).

**If automation tools were used, indicate how many records wer e excluded by a human and how many were excluded by automation tools.

The PRISMA diagram above highlights 12,045 records identified when exploring databases. This was a lot of records to sift through, thus, before the screening process, 10,925 were removed due to being duplicates, ineligible, or due to not being related to the research being explored. This left the researcher with 1120 records to screen. 408 records were then excluded by the researcher (not a tool), due to no link being made between the records and

the research being conducted. This left the researcher with 454 records to be assessed, of which, 219 were removed for being too old, and 107 due to not contributing to the research. This left the researcher with 128 records to include in the research, and 5 reports.

It is important to mention again that the researcher did include some outdated research and theories, that were put forward at the start of multicultural psychology. The researcher felt that these foundations were crucial to the development of counselling and multicultural work today. It is important to notice how multicultural work has changed since it's development, to keep in line with the ever-growing multicultural society.

2.2 Acculturation

Acculturation is the assimilation to a different culture; it is a relevant aspect to consider for this research project. Understanding the reasoning behind immigrating aids the researcher in the recruitment process of this research, as the research project needed participants who were forced to come into the country for work or due to war in their home countries. Children can learn the host country's language quicker than adults, aiding in them settling faster and becoming accustomed to the host culture, whereas first generation adult migrants do not completely acculturate to their host country's values (Tabor, 2014). There is a gap in studies with Asian immigrant families, whereby immigrants had moved to the U.K. out of a want rather than a need (Buki, Ma, Strom, & Strom, 2003; Farver, Bhadha, & Narang, 2002; Ho & Birman, 2010; Lee, Choe, Kim, & Ngo, 2000), thus the researcher felt it important to use participants who had moved to this country reluctantly, to understand their experience of counselling.

Acculturation has been described as a process whereby cultural traits and learning occur (Emslie et al., 2007). The cultural traits to be learned tend to be different to the ones an individual was brought up with, which are important influencers of behaviours (Engel et al.; Hair and Anderson, 1972).

It was assumed that acculturation was unidirectional, with identity located on a scale ranging from the individual's home country's culture to the host country's culture (Gordon, 1964). Acculturation has also been referred to as *integration*, *assimilation,* and *adaptation;* however, none of these terms capture the complexity of individual- and group-level cultural change.

Benedict (1968) found that people have been able to adopt others' cultures, stating that there is nothing stopping us from this process, and that there is no biological structure within humans that makes it difficult. Humans are not obligated by their biological constitution to any specific array of behaviours. The diversity of social solutions that individuals have developed in different cultures are all possible based on their original endowment. Benedict asserts that culture is not a biologically transmitted complex, but a socially transmitted one.

The literature has revealed that immigrants and ethnic minorities who have acculturated have a higher risk of substance use (Koneru et al., 2007) and poor mental health (Jardin et al., 2018), but also display positive help-seeking behaviours (Orjiako and So, 2014; Beri, 2012). This could be due to being more involved and understanding of the Western world and Western medicine. Individuals who have experienced forced displacement share similar experiences with those who have acculturated to their host environment (Allen et al., 2006), as they feel uncertain and face difficulties integrating into a new host society and adapting to a new culture (Roizblatt and Pilowsky, 1996).

Shin & Yoon (2018) found that immigrants and minority groups experienced more stress, identity crises, and psychological difficulties whilst trying to assimilate to the host culture, as they were also trying to maintain their cultural roots and find a way to manage both. This stress has the potential to cause mental health issues as well as physical problems according to Stein et al. (2017). Another important factor in immigrants' mental health is the confusion that comes with acculturating to the host culture.

An increasing worry for mental health professionals over the past 50 years has been around understanding acculturation for immigrants and ethnic identity. Earlier studies claimed that the level of acculturation contributed massively to mental health (Nagata, 1994) and psychological adjustment (Mehta, 1998; Nguyen, Messe, & Stollak, 1999).

Below are Berry's (1997) acculturation categories below (table 5), they are a function of an individual's identification with their ethnic culture and their relationship or interaction with the host culture.

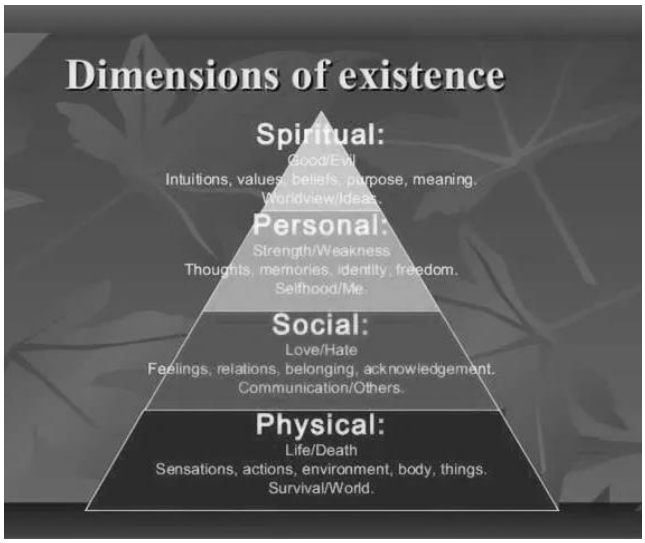
Assimilation	When individuals do not wish to maintain their cultural heritage and seek daily interactions with the host culture.
Integration	When there is an interest in both maintaining one's original culture and engaging in daily interactions with the host culture.
Separation	When individuals place a value on holding onto their ethnic culture and at the same time wish to avoid interacting with the host culture.
Marginalization	When there is little interest in cultural maintenance and little interest in having a relationship with others.

Table 5 - Berry's (1997) acculturation categories

Choy, Arunachalam, Gupta, Taylor & Lee (2021) conducted a systematic review looking at Berry's model and found that marginalization was the category that would likely lead to poor mental health outcomes. They suggested that this was due to migrates rejecting

the host culture as well as their own, feeling discrimination and rejection from both sides. Without a sense of identity could be a buffer against any mental health symptoms. Ethnicity tends to provide a platform for individuals, offering support and opportunities, which could be especially beneficial to migrants. Having better social networks and relationships outside of family would be incredibly important for migrants.

Emmy Van Deurzen (2020) uses a model of 4 worlds, stating that we exist following these 4 worlds at any point. These worlds include physical, social, personal, and spiritual worlds. She stated that when things are out of balance it is due to one of these worlds is being neglected.



The physical world is the relationship we have with our body, including exercise, nutrition, sleep, it is the constant environment, living and working conditions.

The social world is the relationship we have with other people, humans are social beings and only exist in relation to others.

The personal world is the relationship we have with ourselves, how we treat ourselves.

The spiritual world is our sense of purpose and meaning, and our values. Are we living true to ourselves daily.

These four worlds are important to factor in when looking at acculturation as if any one of them are being neglected it could lead to poor mental health due to lack of identity, community, self-care, and values not aligning.

There are generational differences that come with being raised in the U.K. which have an influence on attitudes around seeking help for mental health issues (Netto, 2006; Bhugra & Bhui, 2003; Panganamala & Plummer, 1998). Age is an important factor when recruiting for this research project, as it shapes how acculturation unfolds (APA, 2012), parents and children acculturate at different rates, leading to them living in different cultural worlds (APA, 2012). Due to this, immigrant parents understand very little about their children's lives outside of the home, and for children, there is a difficulty to live with the many demands and expectations of their culture at home, and their culture at school (APA, 2012). This leaves children feeling they cannot speak to parents due to their lack of understanding around the host culture (Birman, 2006; Suarez-Orozco & Suarez-Orozco, 2001). This emphasizes the need for professionals to focus on older individuals and first-generation immigrants to enable them to pass down to other generations the importance of accessing mental health care.

This idea was further supported by Pilkington et al.'s study (2012), where they found that British-born Muslims were more likely to seek help for mental health due to education compared with those who had immigrated, who still held on tightly to cultural ideas of embarrassment and stereotypes of seeking help outside of the family. Although this project is focused on Indian Hindus and not Muslims, this point is still relevant due to the similarities in the way Hindus and Muslims view mental health. This shows that generational differences exist. Gerrish (2001) states that first-generation South Asian immigrants find it challenging to

comply with medication, doctors' advice, and self-care, resulting in poor attitudes towards seeking help through the NHS. Gerrish claimed that these immigrants believed that traditional methods and cultural remedies were more beneficial than seeking help from outside of the family (Gerrish, 2001). However, it is pertinent to note that this study was not without limitations. There were some inconsistencies in the study, such as the number of participants interviewed, as some of them were interviewed twice. Data around participants' ethnic backgrounds was also not collected, neglecting the idea that inter-group differences exist within South Asian culture, leaving the generalizability of the findings questionable.

There are positive attitudes towards counselling and making use of psychological services, however, it was found that in many cases a lack of education around services and how to locate them prevented people from using them (Netto, 2006; Bhugra & Hicks, 2004). There were also generational differences manifested within the South Asian community regarding mindsets. Those who emigrated at a younger age had more optimistic views around using health care services, particularly counselling services, compared to those who immigrated at an older age (Goodwin & Duncan, 1998; Panganamala & Plummer, 1998). Thus, a lack of education and understanding of what counselling is, being unable to locate the services, generational differences, and individuals' education around mental health in general all represent major obstacles for those in the South Asian community to use mental health services, regardless of having positive attitudes towards them.

Culture shapes the expression of mental illness, as well as how it is viewed and the pathways to health care and support (Padayachee, 2011). Many non-Western communities do not conform to the universality of Western psychological theories; thus, counselling someone of a different ethnicity without taking the time to integrate the client's culture, beliefs, and

values into one's approach may not result in an understanding (Chong, Verma, Vaingankar, Chan, Wong & Heng, 2007, in Padayachee, 2011). Cultural mismatch could prevent the delivery of counselling from being effective for someone of a different culture, which could deter ethnic minorities from seeking mental health support.

2.3 Culture and mental health

The various definitions draw attention to the many layers of culture. Traditionally, culture is an entity one holds and trusts the simple views where culture equals social constructs, such as ethnicity, nationality, religion, and gender. Many scholars have taken on this understanding where culture is seen as a belief system and shared values (Asnaani & Hoffman, 2012; Chao et al, 2012; Neftci & Barnow, 2016). Matsumoto and Juang (2016, p.15) offered an essentialist definition of culture:

> "*We define human culture as a unique meaning and information system, shared by a group and transmitted across generations, that allows the group to meet basic needs of survival, pursue happiness and well-being, and derive meaning from life*."

Triandis (2007) then investigated the different functions of culture, (1) adjustment, (2) ego, (3) value expression and (4) knowledge. These functions reflect the healing practice across many cultures. Kashima (2019) stated the functions of culture were a "*method of adaptation*" (p. 137), which is important in the growth of psychotherapeutic techniques across cultures. These functional approaches look at the changing communication between an individual and their environment (Tanaka-Matsumi, 2008; Tanaka-Matsumi et al., 1996, 2002). This highlights the need of hybrid cultures (Kirmayer, 2006), Whaley and Davis (2007) stated culture is a "*dynamic process that links the past to the present and is shaped in part by the social, historical, and political context*" (p. 564).

Culture is seen as an entity that is transferred between generations, implying that culture is something that can be inherited. This description gives an idea that the meaning of life is conveyed through culture. Culture is used as an entity which is held by a group of individuals, inevitably creating some issues. It highlights that culture is a closed system, linked to a group and transferred over time, ignoring any interpersonal and intergroup relations in which culture appears. It also disregards the idea that people may hold multiple cultural identities. Finally, it assumes that it determines people's needs and expectations.

Piller (2017) claimed that culture cannot be seen as an entity, but instead as a dynamic process, stating that it is an ideological construct where social categories and boundaries can be produced and altered. She suggested that understanding the reasons, forms, and consequences of cultural differences should be the main aim of intercultural communication. Piller states that it is central to comprehend who chooses when culture is important and the reasoning behind it. Culture can easily be manipulated to justify negative behaviours such as exclusion, demonstration of power, and othering.

Bhatt (2015) stated that there are now many studies taking place to aid practitioners in understanding the help-seeking behaviours within Indian society, and to see whether these individuals use mental health services when they're in mental distress by looking at their attitudes towards mental health services such as counselling.

There are other elements to consider, one being cultural differences between Indians and the Western system. By exploring the beliefs around counselling, we must think about how Indians would traditionally cope with emotional and psychological anguish, and what seeking help looks like for the Indian community. By looking into the studies, a level of understanding will be gained into whether Western services and Counsellors are useful for

this community, as well as help-seeking behaviours that fall in line with the values of this community.

In an analysis of over 2300 British Indians, it was found that 76% of them experienced some challenges when trying to access mental health services. Many of the respondents stated that there was an inappropriateness to the treatment methods regarding their culture (Ved & Manku, 2022).

The pandemic and the cost-of-living crisis is causing individuals in the U.K. to face many hardships, taking a mental toll on communities, resulting in individuals seeking support from mental health professionals. Baker (2020) claimed that Indians have accessed mental health support less than any other ethnic group in the U.K. Ved & Manku (2022) found that 34% of Indians reported stigma as the biggest barrier to accessing any mental health support, feeling it would be seen negatively by their communities. 16% claimed that the quality of care was a big concern, and 9% felt that they would not be seen by a culturally relevant professional.

Prajapati & Liebling (2022) stated that compared to other ethnic groups South Asians were less likely to be referred to mental health services by GPs, less likely to be prescribed psychiatric medication, and less likely to be referred to talking therapies. They found that this was the case even after GPs recognised mental health difficulties.

This could be due to the Eurocentric models used in the UK, where norms, practices and Western culture is put before any non-dominant culture (Prajapati & Liebling, 2022). This is obvious from the “one size fits all” models that have been adopted by healthcare professionals. Mental health diagnoses tend of oversimplify important sociocultural processes e.g., racism, discrimination, and trauma, leading to a reductionist and medical approach to

understanding distress (Prajapati & Liebling, 2022). This means that there is no accurate representation of the lived experiences of all groups of individuals.

Theories and models used in counselling and psychology today represent the experiences of WEIRD (Western, Educated, Industrialised, Rich, Democratic) people (Prajapati & Liebling, 2022). This means the methods are rooted in individualism, marginalizing the values and beliefs of South Asian groups, so their efforts to seek help are stereotyped by healthcare professionals, both consciously and unconsciously (Prajapati & Liebling, 2022).

There is a clear message here, that the negative labels attached to accessing mental health services need to be removed. 93% of respondents from Ved & Manku's (2022) study found the urgent need for a safe space to discuss their mental health in a culturally sensitive and appropriate way. 16% stated that they would feel comfortable accessing care and exploring mental health services if care was tailored towards culture and beliefs.

Although culture has been well studied, studies from as far back as the 1960s are still dominating literature today. These studies do not account for the constant shift in attitudes, new experiences, and awareness. For example, studies have used social constructs (nationality, ethnicity) to describe cultural groups and to clarify behaviours within the therapy room (Channa et al, 2019; Lester et al, 2018, Srour, 2015). If we define an individual based on one cultural category, we are disregarding the complexities of their cultural identity, which is problematic, as it simplifies experiences.

2.4 Treatment methods

Treatment methods in India are very different to what would be considered in the Western world. In the post-Vedic period, the Bhagwad Gita, Yogic and Ayurvedic literature describe differences in human behaviour (Bhatt, 2015). Psychotherapy and counselling in India are based on cultural concepts and the belief system which has prevailed through generations, which makes it more suitable to patients. If we can accept psychotherapy and counselling to treat distress, the course of change for an individual will occur through the therapeutic relationship. In India, this has been described as the "*guru-chela relationship*," where those who are deemed to be wise offer advice and support to others, helping them relieve their distress. This has also been seen in Buddhist and Jain traditions (Bhatt, 2015).

It was found that the idea of the guru-chela (teacher-disciple) relationship was more culturally appropriate for therapy than other psychotherapeutic models (Bhargava, Kumar & Gupta, 2016). Dein and Sembhi (2001) state that Indian immigrants prefer spiritual healing as a treatment method for resolving issues concerning mental health by conducting their own research, which is similar to findings of Chowdhury, Chakraborty and Weiss (2001). Koenig (2017) states that most Hindu patients and their families would rather obtain help from traditional or faith healers than seek modern mental health care. Counsellors and researchers have often questioned the effectiveness of Western counselling approaches and services for Indian Hindus because of this (Dupont-Joshua, 2003; Kareem, 1992; Laungani, 1999; Moodley, Rai & Alladin, 2010). Dein and Sembhi (2001) also found that Indians prefer to seek emotional help from family and friends (Mathisen & Ledingham, 2018). Western counselling methods do not offer anything remotely like traditional healing approaches, nor do any methods incorporate anything that could benefit the client, making counselling less appealing and useful.

Conrad and Pacquiao (2005) conducted a study using qualitative methods to generate descriptions of manifestations, attributions, and behaviours of Asian Indians towards depression. Their methodology included structured interviews of mental health professionals who had experience in caring for Indian clients. Their research showed an absence of trust in the counselling process, as well as a lack of understanding around the type of care that would be offered for ethnic minority patients. There was also a lack of knowledge about what counselling was and how helpful it could be. Language was another barrier to providing care for patients. Patients were fearful of revealing their feelings, thinking what they said would be shared with family members. Although this research provides knowledge, there are some limitations, one being that health care practitioners could have made their own assumptions about the patient, based on their own cultural beliefs, decreasing the validity and strength of the results.

2.5 Confidentiality

Confidentiality focuses on privacy and respecting an individual's wishes. Within the Indian Asian culture, there is a lack of confidentiality within the community, as parents and elders speak of youngers and any difficulties they're having. While Indians who were brought up in a Western society will often function independently, there can be deep-seated hierarchical thoughts instilled within their families (Kakar, 2003).

Hussain and Cochrane (2003) explored coping strategies used in the South Asian community when managing depression. They reported that religion, seeking help via a guru, crying, self-harm and medications were used as coping strategies. Participants of the study felt it was their issue and no one else's and thus were frightened to seek external support, feeling their problems would not be confidential and feared being blamed for their struggles.

Hussain and Cochrane's study contributed to this area of counselling using robust data collection methods: the research assistant conducted interviews in the same language as participants rather than using interpreters. This is key in allowing rich data to be collected. Betancourt and Lopez (1993) claimed that when conducting research exploring culture and race and their impact on human behaviour, time must be dedicated to understanding the terms, which was not considered in Hussain and Cochrane's study (Bhatt, 2015). It would have also been useful to further explore the dual process of seeking help, such as cultural coping strategies and professional help, as it is unclear to what extent coping strategies within professional services are adopted (Bhatt, 2015).

Campion and Bhugra (1998) found that almost half the Indian patients interviewed in a Western psychiatric facility had been to see a religious healer before seeking help from a professional. This shows the way mental illnesses are perceived in different cultures, and the methods that are taken before accessing mental health services. This is something that needs to be understood by services and professionals in general, as it could play a major part in creating a positive therapeutic relationship once care is sought and accessed.

Conrad and Pacquiao (2005) explored how cultural identity, for Asian Indians, influenced their understanding of depression, by conducting interviews. They found that many patients rejected any methods of intervention regardless of low moods for many years. Stigma associated with mental health and speaking to a professional, someone outside of the community, as well as fear of confidentiality being broken were prominent reasons leading to complete rejection of suffering, thus, a failure to seek help through any talking therapy. This was also found by Sue (1998), who showed that South Asians delayed seeking support when struggling due to fear of being shamed.

2.6 Stigma

Abdullah and Brown (2011) defined mental illness stigma as the "*devaluing, disgracing, and disfavouring by the public of individuals with mental illnesses*" (pg 934. Stuart (2005) states that it leads to discrimination, or the denial of individual "*rights and responsibilities that accompany full citizenship*" (pg. 37-53). Stigma can lead to discrimination, which has a knock-on effect of the individual being denied a resource. It can also cause structural discrimination, in which individuals experience discrimination at the social, economic, legal and institutional levels (Unite For Sight, n.d.).

Culture plays a major role in attitudes towards mental health, and no country can afford to ignore the economic and personal ramifications of poor mental health. Mental health difficulties are a becoming a public health concern worldwide, Vos et al. state that "*mental health problems are one of the main causes of the overall disease burden worldwide."* (Vos, T. et al, 2013). If the stigma towards mental health can be lessened, there is a potential for individuals all over the world to have and implement coping strategies.

Family and friends play a vital role in aiding those with mental health difficulties within Indian culture (Work Health Life, 2021). However, the stigma surrounding mental illness today prevents many from different cultures, including Western cultures, from seeking help and support, not only from professionals but from those closest to them. Some barriers may include shame, lack of understanding, fear of discrimination, embarrassment, and rejection, which prevents individuals from receiving diagnoses and the appropriate treatment and support.

Culture strongly influences beliefs concerning mental illness, shaping attitudes towards those who are mentally unwell. Some factors include:

- Social status. Social status and reputation are things that many cultures place high value on. The idea of public shame is important in numerous Asian countries; and extreme measures will be taken to save “face”. Those struggling with mental health may be deemed an embarrassment to other family members and those within the social circle, lowering the family’s status and damaging the family name. This leads to individuals not seeking help when needed.
- Gender. In many cultures, men are discouraged from showing any type of weakness, mental illness included. In Western countries, campaigns have encouraged men to seek help, and yet many have remained resistant, especially men who come from a male-dominated culture.
- Attitude. Not all cultures accept Western medical practice, instead preferring to be treated using traditional methods. Many cultures also do not consider mental illness to be a medical issue, but rather attribute it to a lack of emotional harmony, or to evil spirits.
- Age. The younger generations of various cultures, religions and ethnicities are more likely to seek help when living in a Western environment. The older generation of immigrants are less likely to change their attitudes towards mental health. Younger generations in India are also beginning to recognize the importance of mental health and the struggle with being open with their families (Brut, 2020).
- Lack of care. Many do not have workplace health programs, or general access to medical care, and those living in villages are unable to access medical care, let alone mental health care.
- Lack of mental health specialists. Due to the stigma associated with mental illness, many have chosen not to work or be educated in the field, and have been discouraged from study in this field by family, friends and teachers (Jyothirmayi, 2018).

- Religious beliefs. Members of many religions believe mental illnesses can be the result of bad deeds in previous lives, and others are hesitant to seek help as they feel there is a lack of understanding of or respect for their religion among specialists.

Padayachee (2011) conducted a study examining perceptions of mental illness. This study did not address the need for mental health professionals to reassess treatment approaches for their clients of different ethnicities. The study concluded that issues around stigma need to be addressed, and tactics need to be adopted to make their services more accessible to Indian ethnic minorities, promote mental health and offer culturally diverse treatment methods.

2.7 Attitudes towards mental health in India

Attitudes towards mental health in India differs immensely to the Western world. Thomas (2018) conducted a survey of 3,556 respondents from eight cities across India to determine prevalent attitudes towards mental health in India. Thomas found that 47% were judgmental of those having mental disorders. She found that they were more likely to prefer keeping themselves at a safe distance from those suffering from depression. They also stated that speaking to someone with a mental illness could affect the mental health of others.

Statement	Those who agreed
Those with mental illnesses should not be given any responsibility.	68%
A main cause of mental illness is lack of self-discipline and willpower.	60%
Mentally unhealthy people should have their own groups – healthy people shouldn't be contaminated by them.	60%

Most women who were once patients in mental hospital cannot be trusted as baby sitters.	49%
One should keep a safe distance from someone who is depressed.	46%
People suffering with a mental illness are always violent.	44%
Sitting with or talking to a mentally unhealthy person could lead to deterioration of the mental health of a healthy person.	41%
It is frightening to think that people with mental health problems live in our neighbourhood.	40%

Table 6 - Thomas (2018) attitudes towards mental health in India.

Table 6 clarifies that stereotypes are ever-present in the respondents' attitudes around those suffering from mental illnesses.

Feeling	Always %	Sometimes %	Never %	Can't say %
Hatred	8	20	70	2
Disgust	9	24	65	2
Annoyance	8	30	61	1
Anger	8	35	54	3
Fear	14	43	42	1
Apathy/Indifference	28	37	34	1
Empathy	61	33	5	1
Sympathy	76	22	2	0

Table 7 - Thomas (2018) feelings towards mental health in India

From looking at table 7, most respondents expressed sympathy for those suffering from mental illness. There was also a significant proportion that reported feeling fear, anger, apathy and at times, disgust (Thomas, 2018).

Indian society is collectivist, meaning it promotes interdependence and co-operation, with family being central to social structure (Chadda & Deb, 2013). It holds family support, unity, cohesion, and conformity highly. The self is defined in relation to others in Indian society. It is concerned with belongingness, dependency, empathy, and reciprocity, and is focused on small in-groups rather than out-groups (Bhargava, Kumar & Gupta, 2016). Using Western counselling, with its focus on psychological theories and models, ego structure, and individuals, is therefore challenging for this Asian Indian collectivist perspective.

Within Indian culture, religion and spirituality provide a buffer to many life stressors, adding another aspect of coping with feelings such as guilt, distress, and death (Bhargava, Kumar & Gupta, 2016). Indians believe firmly in *karma* (the universal causal law whereby good or bad actions control future modes of an individual's existence) and *dharma* (religious and moral law governing Indian demeanor, it is one of the four ends of life) along with various superstitions and rituals, all of which place the source of their problems outside of the self (Bhargava, Kumar & Gupta, 2016). It is believed that verbally expressing and overtly displaying emotion are undesirable as they are a sign of weakness, which destroys families. Thus, it can be very difficult for Indians to explore their feelings within the therapeutic process (Bhargava, Kumar & Gupta, 2016). Varma (1988) calls this "*cultural defence*". In such cases, using mythological fables allows clients to express and explore difficult emotions in front of a compassionate listener (Bhargava, Kumar & Gupta, 2016).

2.8 Religion and mental health

Hinduism is one of the oldest religions. Ancient Indian Ayurvedic texts mention mental illness, linking madness to disregard of God or inadequate diet (Bhugra, 1996). Modern Ayurvedic therapy involves offerings to *Agni* (fire), one of the five elements believed to comprise the universe and the human body, as well as the use of charms and talismans (Bhugra, 1992). These practices may be used alongside medication and appointments with doctors. Patients could also be encouraged to go to the temple as a treatment method (Somasundaram, 1973).

Hinduism places a large emphasis on learning how to control one's mind and thoughts using yoga and other ayurvedic methods to manage mental health. The mind is seen as a sheath going over our divinity, a tool to aid individuals reach *moksha* (the liberation from the cycle of death and rebirth), but it can also act as an obstacle (Choate, 2018). Specific Hindu beliefs address the relief of emotional suffering – for example, an emphasis on the idea of non-attachment to material possessions and dependence on the grace of God (Lord Krishna) to take away bad karma (Koenig, 2017 pg. 32). This belief, and the practice that reinforces it, are likely to foster good mental health, peace and well-being, and aid in managing trauma, change and loss through encouraging focusing on one's thoughts and emotions rather than neglecting them.

Hindus believe that physical and mental illnesses all have a biological, psychological, and spiritual element. Any treatments which do not address all three aspects may be disregarded as ineffective by Hindu patients. Alongside this, stigma is linked to mental illness and cognitive dysfunction. Hindus hold a strong belief in the idea of the *evil eye* (malevolent glare usually given when an individual is unaware) and believe this to be a potential cause of mental illness. In addition, illnesses, including mental ones, could be seen because of *karma* from a previous life (Choate, 2018).

Cinnerella and Loewenthal (1999) conducted a study aiming to show differentiations in beliefs of the different cultural groups, and how these beliefs influence individuals seeking support and thoughts around external support, specifically counselling. They used non-random sampling, structured interviews with open ended questions, on an all-female sample. This study found that there was little comprehension around mental health care is and what services were offered. Religion was favored over going to see a mental health professional, as it was considered more private than counselling. There was also concern around stigma and labelling within the wider community, as well as a fear of being misunderstood, with health care professionals not understanding the significance of family and culture.

This study is fruitful in conveying the importance of understanding religion and culture and shows the need for cultural training within counselling so that barriers to seeking help can be demolished. As most participants were recruited from places of worship for this study, prayer as a way of coping was almost inevitable, given the sample base. It may be argued here that the validity of this study may have been compromised due to non-random sampling and only using female participants.

Hussain and Cochrane (2003) discovered that South Asians favored religion as a mental health coping strategy, compared with other ethnic groups (Lavender et al., 2006). The negative connotation around counselling or seeking help for mental health came from stigma associated with it (Conrad & Pacquiao, 2005). Other literature has emphasized that shame, honor, and acceptance by society are an essential form of support for those struggling (Gilbert et al., 2004). For Indian Asians, there is little knowledge of the distinctions between psychiatrists, psychologists, and counsellors (Cinnirella & Loewenthal, 1999). Thus, fear of being stigmatized, misunderstood, and fear of information being disclosed to the community, South Asians would privately cope to manage their mental health, rejecting the idea of

counselling. Private coping strategies could be crying, turning to loved ones, prayer, or talking to a priest for advice and support; alternatively, they refuse to accept their distress wholly (Meltzer et al., 2000; Newham Inner City Multifund and Newham Asian Women's Project, 1998). Cultural backgrounds hold a strong stigma and stereotypes towards mental health services. Within the Indian community, stigma can lead one to being "black marked", outcast and disowned (Netto, 2006).

2.9 Counselling and culture

The development of cultural sensitivity to counselling can be dated back to the 1970s, when Gilbert Wrenn (1962) "*…raised concerns about counsellors' cross-cultural insensitivities*" (Gerstein et al., 2009, p. 57). Harry C. Triandis (1926-2019) is known as the father of cross-cultural psychology. Paul B. Pedersen (1936-2017) should also be acknowledged, claiming that all counselling is cross-cultural, he had a huge influence on the multicultural counselling movement, challenging it where many clashed due to differences in values.

Literature concerned with cross-cultural and multicultural counselling, and psychology, has undergone a universal growth, aided by both national and international organizations. Counselling is changing and developing in non-Western countries at different velocities. All proposing a diverse range of methods, this makes defining counselling accurately as an international phenomenon incredibly challenging. "*The definitions for counselling, counsellor, and counselling psychologist are not consistent throughout the world. Nor is there consistency in current uses of these terms nor the required credentials to use one of these professional titles*" (Gerstein et al., 2009, p. 59).

Few studies examining the effectiveness of counselling have included an adequate number of ethnic groups. It was stated that multicultural training for counsellors is crucial for ethnic minorities to feel comfortable with the process (Alvidrez et al., 1996, in Bhui & Morgan, 2007). Most studies were conducted prior to 1990, but between then and now, there has been a major shift in culture and acceptance of mental health, which shows the importance of shedding light on this area of research.

One cross-cultural study (Smoczynski, 2012) focused on the field of cross-cultural counselling and the need for cultural sensitization. It was found that certain aspects of counselling can be applied universally, and other aspects must change depending on cultural factors. For counselling to be more efficient, it was found that counsellors need to understand the cultural aspects of their clients, such as religious beliefs, language, values etc. It was also found that religion, culture, family, and spirituality need to be incorporated into the therapeutic space, which links well to Ridley et al.'s (2021) concept of understanding the client's values and beliefs. However, there is still a need for many different methods in counselling treatments, as this could aid the spread of information about different methods and thus their availability to more clients. This study interviewed Indian clients, but it was not to investigate their experience of counselling, or the need for talking therapies and other treatment alternatives in a way that integrates with the communal way of life in India.

Another study, conducted by Wilson, Pitt, and Raheem (2017), stated that many counselling services in the U.K. do not apply multicultural counselling methods with clients of an ethnic minority. It was found that many in the service and teaching programs (where diversity and cross-cultural counselling were the curriculum) focused on the cognitive domain (e.g., ways of thinking) rather than the application of it.

Multicultural counselling research has expanded from examining how ethnic minorities underuse mental health services, to now include how other categories, such as age, class, gender, and sexuality, are associated to the use of these services. Traditional counselling has been criticized due to 1) being too individualistic, 2) being constructed on a language that excludes those who have not mastered the language or internalized the principles that the language is built on, 3) the socio-political analysis of the counsellor's context not being sufficiently addressed. Counsellors are not resistant against bias (Choudhuri, Santaigo-Rivera & Garett, 2012).

Any cultural differences between Asian Indians and the Western mental health system must also be considered. Counsellors need to think about the Indian community's traditional ways of managing emotional and psychological distress and what getting help from the NHS or mental health services means to them (Bhatt, 2015). Drielsma (2013) states that using traditional methods, such as seeking advice from elderly relatives or meditation, is deemed more appropriate for that culture, and the absence of professionals to meet their needs is also a factor.

Traditional practices around the world are essential in aiding those in emotional distress, including the involvement of priests, spiritual leaders, indigenous practitioners, and mystics (Hohenshil et al., 2013). When an Indian immigrant travels to a foreign land, the environment changes, and their usual sources of support become unavailable. Thus, they may turn to professionals for support (Hohenshil et al., 2013). If this is the case, it is vital that counsellors address any difficulties to cross-cultural counselling with this ethnic group to ensure they are getting the support they need (Mathisen & Ledingham, 2018).

2.10 Implications for counselling

British counsellors are influenced mainly by the theories they have learned during their training. These ideas have been passed down by lecturers of the culture, to trainees and students. Many of the philosophies concerning counselling is rooted historically in Europe, and more recently, North American culture (Lago, 2006). These theories are culturally and historically bound and are thus limited in their applicability to circumstances and persons in a multicultural/multiracial society.

3. Aim and Research Question

The aim of this study is to examine, and gain, a more in depth understanding of how Hindu Indian ethnic minorities experience counselling when working with a registered Western counsellor in London, with a perceived different ethnic background to their own. To explain further, participants will be of Indian descent, Hindu, who immigrated to the UK. Their counsellors will be registered with the BACP or UKCP, and they must define themselves as British (this is what is meant here when the term "Western" is used, this would also include British Indians, as their upbringing and surroundings would have been Western in comparison to an Indian who was born and raised in India). No specific hypotheses were identified as the objective was to capture the issues important to the clients without them being directed towards specific areas.

The main research objectives were:

"How do those from a Hindu Indian ethnic background experience counselling with a counsellor of a perceived different ethnicity to their own?"

"How does this cultural difference impact the therapeutic experience?"

As a part of this, the following areas were explored:

- How does cultural difference impact the counselling process?
- In what ways did clients feel that differences in ethnicity impacted the counsellor-client relationship?
- To what extent did clients feel comfortable working with a Western counsellor of a perceived different ethnicity to their own

4. Methodology

4.1 Research aim and development of research question

This research question was created out of an interest in, and experience of, training and counselling. Being a client of a White British counsellor gave rise to difficult personal challenges for me and working with clients of different cultures led to different ways of thinking and a curiosity around how clients experience this process. Thus, I was eager to learn more.

My aims were, namely: (1) to explore the experience of clients working with counsellors of a perceived different ethnicity; and (2) examine the effects these differences had on the counselling process. I aim to explore these within the context of the Indian Asian community. As the introduction states, there are many challenges and barriers for this community (Hussain & Cochrane, 2002; 2003; 2004), and little research conducted.

To do this, I made use of interpretative phenomenological analysis (IPA), which allowed me to gather rich data concerning clients' experiences of counselling with a counsellor whose ethnicity was perceived different from their own.

4.2 Qualitative framework

There is already a body of research exploring many areas within multicultural counselling, including ethnic matching between counsellor and client, the experience of counsellors when working with ethnic minorities, and clients' experience of having a counsellor of a different perceived ethnicity. However, specific cultures and ethnicities have not yet been considered in much detail. One aim of this research is to capture how Indian ethnic minorities experience such differences in ethnicity. Qualitative methods are most suited for this area of research, as little research has yet been conducted, these methods

provide a deeper understanding, exploring experiences and contributing to ongoing debate, rather than seeking "facts" and "truths" (Barker, Pistrang, & Elliott, 2002). Qualitative methods for this research project therefore were deemed the most appropriate, as it explored the experience of each participant, collecting rich data into the phenomenon being explored.

I have chosen to use qualitative methods for this study. As Pope and Mays (1996) claim, *"the goal of qualitative research is the development of concepts which help us to understand social phenomena in a natural (rather than experimental) setting, giving emphasis to meanings, experiences, and views of all participants"* (pg. 4).

McLeod (2003) defines qualitative research as *"a process of systematic inquiry into the meanings which people employ to make sense of their experience and guide their actions."* This study aims to explore clients' views and understand their experiences of working with a counsellor of a different ethnicity, thus qualitative methods were chosen to do study these phenomena.

4.3 Phenomenology

Phenomenology is a philosophical research method interested in studying and comprehending human experience (Langdridge, 2007). Its aim is to expose the meaning of an individual's experience of a specific phenomenon by concentrating on an experiential account of their life (Langdridge, 2007). IPA is linked to the fundamental principles of phenomenology as it involves focusing on an individual's direct experience and supporting them to share it using their own terminology (Smith, Flowers and Larkin, 2009). The purpose is therefore to learn about the phenomenon being explored and recognize any cavities in what is known about that phenomenon. This research project is based on a more Husserlian philosophy and attempts to bracket any pre-defined theories and assumption at the design

stage so data collection can be explored, and participant led. The researcher's goal is to be guided by the participant as their story unfolds (Smith and Osborn, 2008).

IPA is grounded securely in phenomenological understanding of lived experience as context-dependent and dependent on social, historical, and cultural views (Eatough and Smith, 2008; Smith, Flowers, and Larkin, 2009). Phenomenological concepts are articulated through the understanding that experiences are individually situated as well as based on personal biographies; they are bound up in relationships with others, and molded by society, culture, and history (Eatough and Smith, 2008).

Smith, Flowers, and Larkin (2009) state that "*without the phenomenology, there would be nothing to interpret, without the hermeneutics, the phenomenon would not be seen*." The aim is to gain access to a version of the experience as the participant makes sense of it, through their description, rather than producing an objective or definitive account of the phenomenon (Smith and Osborn, 2008). Resistance is met with when analyzing the narrative: hidden meanings, metaphors, and linguistic signals. The "biographical presence" (Smith, 2004) of the researcher, their own resources and experiences, are important, as they make sense of what is said by the participant. This can cause pressure through the research process. Thus, researchers must use their backgrounds as insight, whilst trying to be explicit about the effect of their perspective on both the analysis and interpretation of the participant's narrative (Finlay, 2008).

4.4 Interpretative phenomenological analysis (IPA)

Interpretative phenomenological analysis (IPA) was created by Jonathan Smith in the 1990s. He created this methodology out of a concern with how individuals understand their

personal and social worlds through considering their lived experiences (Smith, Flowers & Larkin, 2022). The aim of IPA is to engage with individuals' reflections about *"their world"*. Thus, after researching the many different designs available for psychological research, IPA was selected for this project, as it successfully explores clients' experience during counselling. It also aims to elucidate the lived experience of each individual and how they make sense of it (Smith et al., 2003). It is a method of analysis that explores the phenomena under investigation in an indirect way, which allows the participants' experience to remain the focal point of discussion.

Another possible method for this research project would have been grounded theory, a method that enables one to develop a theory which explains the concerns of the population under consideration, as well as how those concerns can be resolved (Scott, 2019). It enables one to seek out and conceptualize social patterns and structures of the area of interest. With this approach, data is gathered, and the theory is developed later, which suggests more focused questions and what data should be collected (Scott, 2019). IPA was chosen over grounded theory as it focused more on the client's individual experience, which was more important than developing a theory. Grounded theory would have conducted many interviews, on different ethnicities to compare and analyse, which could have shown a correlation in all ethnicities rather than one specific ethnicity, which is what this research project wanted to explore.

The researcher also considered using descriptive phenomenological analysis (DPA) as a method, however, this method involved taking participant accounts at face value, which the research did not want. Although DPA stays close to the participants and their accounts of their experiences, it only aims to represent their experiences. The researcher wanted to delve into participants' experiences and make meaning from them rather than purely describe them.

Doing this allows the researcher to take participant experiences through their own lens, with their interpretations, taking analysis to a deeper level (Willig, 2012).

Another methodology considered was thematic analysis (TA) which focuses on patterns and themes of data. Although TA would have been a quicker and easier method to use, the researcher felt it would not provide detailed insight like IPA and would still be challenging to interpret any meaning from themes identified.

IPA promotes an open inductive approach when it comes to collecting data. It aims at studying individuals in an idiographic manner. It focuses on understanding the lived experience of each participant and how they manage them (Smith et al, 2009); thus, it was seen most relevant to the aim. In addition, race and ethnicity can be emotional topics, and the researcher thus had to adopt a methodology that would ensure honest and open accounts. For instance, narrative analysis, where the focus is on language, could have resulted in participants becoming anxious around the terminology used (Smith et al, 2009).

Theoretical Framework of IPA

Smith et al. (2009) explain three theoretical and philosophical underpinnings of IPA: phenomenology, hermeneutics and idiography.

Phenomenology, offered in 1931 by Husserl, is concerned with the analysis of human experience. It is usually defined as *"the study of phenomena as they appear to us"* (Van Deurzen, 2014). However, it is also wrongly described as the study of subjectivity, which fails to encompass its aim of studying subjectivity objectively, and objectivity subjectively, whilst also focusing on human experience, as complex as it may be (Van Deurzen, 2014). Human consciousness is linked and directed around something beyond itself; this is the method of meaning making. Husserl claims that *"…in perception something is perceived, in*

imagination something is imagined, in a statement something is stated, in love something is loved, in hate something is hated, in desire something is desired, etc." (Husserl, 1900/1970). Phenomenology allows one to find the essence of the action or connection as well as the object in question. Husserl stated that to study daily experiences, it is important to step away from "natural attitude"—that is, being unreflective and immersed in the world, which is taken for granted (Shinebourne, 2011)—and take on a more phenomenological approach. This requires a reflective method whereby one examines their perception of experiences and gives meaning to them in a conscious way (Willig, 2001).

IPA takes an idiographic stance in which transcripts are individually examined to find personal experiential themes within each participant's account, making sure "*that the participant becomes the focus of interest"* (Smith, Flowers & Larkin, 2009). At this stage, the primary aim is to understand as well as identify the meaning each participant gives to their experience rather than measure the frequency of themes (Smith, 2008). Smith et al. (2009) suggested three characteristics of this "*exploratory noting"*: description and linguistic and conceptual comments.

Hermeneutics is known as the theory of interpretation. It addresses the idea that the researcher needs to analyse an experience as well as engage and interpretate it in IPA (Smith, 2011). IPA draws on the meaning of texts (Rennie, 1999) using the theoretical perspectives of three hermeneutic theorists, Heidegger, Schleiermacher and Gadamer (Larkin, Watts and Clifton, 2006; Smith, 2007; Smith, Flowers and Larkin, 2009). Heidegger linked his understanding of phenomenology with hermeneutics, stating that human existence is linked in the world, a world of people, things, language, relationships, and culture. Thus, it is difficult to opt to transcend or detach from these facets of their lives to disclose a

fundamental truth about lived experience (Larkin, Watts, and Clifton, 2006). Therefore, enquiry must start from the perspective of the enquirer, from the basis of their own personal experience. IPA researchers come from a Heideggerian positioning, aiming to understand a phenomenon but acknowledging an awareness of these "fore conceptions" which may not be revealed until the analysis itself (Smith, Flowers and Larkin, 2009). IPA researchers therefore urge the adoption of a sensitive and responsive stance when it comes to collecting and analyzing data, allowing the researcher's biases to be altered, and adjusted by the data (Larking, Watts and Clifton, 2006), creating a form of bracketing, occurring as part of the research process (Smith, Flowers and Larkin, 2009, 2022). All questioning and interpretation done by the researcher carries assumptions based on their prior experiences. The phenomenon is never able to reveal itself totally; therefore, interpretative work is crucial in understanding the meaning of disclosure (Moran, 2000). Heidegger and IPA both feel that phenomenology involves hermeneutics. Meaning gathered data is indicative and provisional rather than absolute, due to the researcher being unable to escape the contextual basis of their own experiences (Larkin, Watts and Clifton, 2006). On the other hand, a rich and nuanced understanding of the phenomena may be exposed based on interpretative effort and insight (Moran, 2000), even though a thorough understanding of the essence of the experience is impossible.

Heidegger is an original philosopher of the 20th century, contributing to phenomenology, hermeneutics, political theory, psychology, and theology. His main interest being the study of being, ontology. He tried to use phenomenological analysis of human existence to access being. He placed a huge emphasis on language as "the vehicle through which the question of being can be unfolded". Heidegger felt that his work was more

phenomenological than Husserls, and therefore decided to move away from him, as he felt it was too abstract.

Heidegger created a new meaning for phenomenology, claiming it is "*letting what shows itself to be seen from itself, just as it shows from itself*" (Internet Encyclopaedia of Philosophy). The method of ontology is phenomenology, it is "*the way of access to what is to become the theme of ontology*" (Internet Encyclopaedia of Philosophy). He stated that being is something to be captured by means of the phenomenological method.

Smith and Osbourn (2003) used the term "*double hermeneutics*" to highlight two interpretations involved in the process, one being the participant's and the other being the researchers. The participant interprets their own experiences (meaning-making), and the researcher tries to unravel the participant's experiences (sense-making; Smith, Flowers, and Larkin, 2009). The cyclic process (questioning, finding meaning, more questioning) is needed to understand a phenomenon, this is called the hermeneutic circle (Moran, 2000; Smith, 2007; Smith, Flowers, and Larkin, 2009). This circle is driven by questions. By the end, a layered analysis should be produced which includes an explanatory phenomenological level, conveying empathic comprehension of the participant's experience, and a critical analysis built on interpretative work by the researcher (Eatough and Smith, 2008; Larkin, Watts, and Clifton, 2006; Smith, Flowers, and Larkin, 2009).

In phenomenological research, the aim is to capture the multifaceted reality of what both the researcher and the participant are experiencing. It is about comprehending the way a person is placed in the world, considering the context, text, and subtext of their life, history, and intentionality (Van Deurzen, 2014). Phenomenology is not simply about social constructs or schemata.

Dialogue allows the researcher to obtain rich data, using words to access the underlying meanings of the question at large. Gadamer (1960/1994), Buber (1923, 1929), Scheler (1921, 1926), and Bohm (1996) claimed that dialogue was the single best way of gathering the truth. Thus, using dialogue, the researcher must aim to gather information and succeed in making it coherent and simple once interpreted for future readers.

IPA allows the researcher to explore the lived experience of each participant, paying attention to how their experience is *understood* by them, as well as how they make sense of it. For the researcher to contextualize this procedure, the foundations of IPA have been stated above. IPA is set in a position that is contextual constructionist (Madill, Jordan & Shirley, 2000), suggesting that knowledge is constructed socially, and that this knowledge occurs within contexts which are historical and language dependent. Willig (2009) stated that different perceptions create different analyses of the same phenomenon, which is important when studying the influence of the researcher's values and assumptions on the study. It was suggested by Willig that this contextual constructionist position is placed between naïve realism and radical constructionism. In taking this perspective, contextual constructionists recognize the connection between the researcher and the participant, encouraging the transparency and reflexivity of the researcher (Pope & Mays, 2000).

4.5 Limitations of IPA

IPA has been criticized for its uncertainties and lack of standardization (Giorgi, 2010). It is also a descriptive method and/or interpretative (Pietkiewicz & Smith, 2014). They claimed that IPA holds ideas from traditions which results in a "*method which is descriptive because it is concerned with how things appear and letting things speak for themselves, and interpretative because it recognises there is no such thing as an uninterpreted phenomenon"* (p, 8).

There are four major limitations of IPA. First, IPA has little recognition to the position of language (Willig, 2008), it does not look at how words can be used and interpreted differently by everyone. However, the idea of meaning making occurring in the context of narratives and metaphors, with the primary purpose of IPA being to gain rich insights into the experience of the client has been accepted. This is heavily intertwined with language, which needs to be recognised (Smith, Flower & Larkin, 2009).

Secondly, it has been questioned whether IPA is able to able to accurately capture the experiences and their meanings, or simply have ideas about it. Phenomenology is linked with introspection, allowing the individual to explore their experiences through "*phenomenological meditation*", as an approach, however, it trusts both participants and the experience of the researcher. The question here is if the researcher and participants have the necessary skills to communicate successfully the many nuances of the experiences. If cultural nuances leave clients feeling unheard and misunderstood, it can emphasise the criticism of using IPA to accurately capture the client's meaning. It must be noted that this criticism has been seen as elitist, as it suggests that only individuals able to access a certain level of fluency are able to depict their experiences. As Willig (2008) stated that this type of research may be more suitable for particularly eloquent individuals.

Thirdly, IPA focuses on perceptions, which can be problematic and can also limit one's understanding, as phenomenological research looks to comprehend lived experiences, however it does not clarify why they happen. An accurate and trustworthy research inquiry aiming to appreciate participant experiences must also explore circumstances that prompted the experiences, that are within past events, histories, or the socio-cultural area (Willig, 2008). However, Smith et al. (Smith, Flower & Larkin, 2009) argue that IPA uses

hermeneutic, idiographic, and contextual analysis to comprehend cultural positions of the experiences of individuals.

Lastly, the idea that IPA is apprehensive with cognition opens it to criticism as many areas of phenomenology are not companionable with cognition. IPA's importance falls on the participant sense-making, and the researcher making meaning, it can be defined as having cognition and a central analytic concern, proposing an association that is theoretical, linking with the cognitive model that is highly regarded in psychology (Smith & Osborn, 2007). Cognition in phenomenology has a role that is not yet fully implied (Willig, 2008), nevertheless, Smith et al. (2009) state that IPA's criterion of making sense and meaning incorporates formal reflection, resonating clearly with cognitive psychology.

IPA is a subjective research approach; two researchers working together will always come up with different interpretations, which is an advantage of the method rather than a disadvantage (Smith, Flower & Larkin, 2009; Brocki & Wearden, 2006).

IPA and therapeutic practice

Findings from IPA research highlight issues in clinical work that could be explored in the therapeutic practice to create more fruitful connections with clients (Green and Britten, 1998). IPA is a method that can contest any standard discussion or way of thinking. IPA does not deny the importance of group and population studies, nor is it opposed to making general claims through using a step-by-step approach (Smith, Flowers and Larkin, 2009; Smith and Osborn, 2008).

4.6 Epistemology

The study of knowledge is known as Epistemology. It is simply "*understanding and explaining how I know what I know*" (Crotty, 1998, p. 3). It considers the connection between the knower and the knowledge, questioning, "*How do I know the world*?" (Denzin and Lincoln, 2005, p. 183). It is interested in how human beings create sense of the world in a meaningful way.

"*Objectivism is defined as the belief that truth and meaning reside within an object and are independent of human subjectivity"* (Crotty, 1998, in Levers 2013, pp.3). Being objective requires removing contextual factors to observe and know a phenomenon independently of the mind. Removing human prejudice can lead to the unearthing of information. According to this, what is being observed is not altered by the observer, nor is the observer being swayed in any way by what is being observed. Objects represent principles that are beyond the influence of humans, which can then be discovered through unprejudiced observation. Knowledge can be applied universally, as the principle of the object will not alter according to who is studying the object. The aim is to fine the principle that reveals natural, universal laws of the truth (Nicholls, 2009).

The idea that knowledge is "*always filtered through the lenses of language, gender, social class, race and ethnicity*" (Denzin and Lincoln, 2005, p. 21), this idea is called subjectivism. This view does not deny external reality existing, but subjective epistemology treats knowledge as value laden. The observer can influence observations, and the observer is also influenced by what is being observed. The main aim of subjective research is to create an understanding of something and to increase sensitization to the ethical and moral issues, as well as any personal and political emancipation (Denzin and Lincoln, 2005).

The researcher's ontological and epistemological stance can influence the research massively (Willig, 2012). The researcher took a relativist ontological position and a constructivist epistemology, contextualising this in an interpretivist framework. The researcher's values aligned philosophical underpinnings of the research. Throughout this research, it is felt that knowledge is co-constructed between the researcher and the participants (Creswell & Poth, 2018). The phenomenological approach is also incredibly useful when looking at experiences, and the researcher does ascribe to the Heideggerian tradition, as well as double hermeneutic, further highlighting that IPA is the best method to use for this research.

4.7 Idiographic approach

Idiography is an approach that focuses on the experiences of the individual, this approach emphasises the uniqueness of human nature (Eatough and Smith, 2008; Smith, Flowers and Larkin, 2009; Smith, Harre and Van Langenhove, 1995). The researcher aims to comprehend a case as much as possible before going onto the next. Anything found from the first participant is bracketed as much as possible to maintain sensitivity to each participant's story (Smith, Flowers and Larkin, 2009). Over the years, IPA has altered, and themes from the first participant's dialogue can be used to inform analysis of other participants (Smith and Osbourn, 2003), creating group experiential themes. Although, an obligation to idiography is more apparent in recent writings (Smith, Flowers, and Larkin, 2009). The final stage is a cross-case analysis. The researcher must remain truthful to the experiences of the participants whilst highlighting group experiential themes (Smith and Eatough, 2006).

4.8 Participants

For this research project, participants were chosen on the grounds they could provide access to a particular perspective on the phenomena being studied. These participants

‘represented’ a specific perspective, rather than representing a population. Being an idiographic approach that is interested in understanding certain phenomena in particular contexts, IPA uses small sample sizes. This allows for a detailed analysis of each transcript, which takes time. The aim of this is to have detailed writing on the perceptions and understandings of each participant. This comes from a critique of nomothetic psychology which was concerned with group level claims, rather than having specific and substantial about the participant, who is providing the data.

A homogenous sample was needed to ensure the research question was meaningful. As suggested by Smith (2008), selection occurred through the process of purposive homogenous sampling. Thus, many factors were considered, including age, gender, number of years the participant has lived in the U.K., number of sessions completed, reasons for coming to the U.K. and religion. It is important that this method is not seen as treating each participant as identical, but rather, making the group as similar as possible using other factors e.g., social factors relevant to the study. To obtain this, patterns are analysed within the data, thinking carefully about the participant’s experiences and contexts who are contributing in different ways to those emerging patterns.

For this project, acculturation was included in the recruitment check list and in the inclusion criteria. The researcher felt it was important that participants were not sojourners, but immigrants and refugees, as this would have affected their access and views around mental health care, as they would have not integrated into the host society as sojourners would have. Tabor and Milfont (2012) found that those who were enthusiastic about their move had positive psychological outcomes compared with those who were less enthusiastic. Immigrants of South Asian origin make up over half of the total U.K. ethnic minority

population. Those of Indian origin are the biggest subgroup. British Indians' upward social mobility has been shown in their emergence as one of Britain's wealthiest ethnic groups (Lindridge, 2001); however, their knowledge of and confidence in mental health care are still limited.

Another factor of importance when recruiting participants is family experiences. Within Indian culture, the primary focus is family rather than the individual, who is expected to sacrifice their goals and desires for that of the family (Segal, 1991). Indian children growing up in the West may feel an internal conflict between the collectivist demands of their family and the independence, individualism, and self-sufficiency that Western society values. Segal (1991) claimed that these disparities can massively affect relationships between parent-child and claims they are shown by poor communication within the family. Indian families are typically closed and private; seeking advice from an older family member or priest is considered normal rather than seeking help from a professional.

The age of participants is also a major factor to consider in recruiting them. Moving to a new country is challenging, especially learning cultural rules and meanings. Heine (2011) found that those who had immigrated before the age of 15 identified more with their new culture with each successive year they lived there compared to those who immigrated when they were over 25 years old. The age of immigrants' forms how acculturation unfolds. Children can quickly learn the host language and culture compared with adults, as they have been completely socialized into their culture before migration. It was also found that acculturation for those of a retirement age was particularly slow (Jang, Kim, Chiriboga, & King-Kallimanis, 2007; Miller, Wang, Szalacha & Sorokin, 2009). The age of participants for this study ranged from 27 to 55 years old.

The researcher's ontology and epistemology are influenced heavily on the interdisciplinary background that allowed exploration through various disciplines and approaches. Being Indian and understanding mental health from both a Western and Eastern perspective was at the forefront of this research project, as the two opposite worlds have differing views on mental health. Having awareness and knowledge of mental health within Indian culture, curiosity arose around Indians within the U.K. seeking counselling and their experience of it.

All humans are subjects drawing from many ontologies and epistemologies. I acknowledge that there are many ways of experiencing the world. 'Being' in the world allows knowledge to develop in qualitative terms, bringing in constructivism (many realities, depending on individuals, locals and contexts) and constructionist (many realities, depending on interactions with people and the world, all articulated through discourse). Thus, the researcher is more inclined to use methods such as semi-structured interviews, as it is more naturalistic.

For this study, each participant had to have undergone counselling with a BACP or UKCP registered British counsellor, and the counsellor had to have belonged to a different perceived ethnicity to their own. This was a challenge, as the researcher was required to rely on the participant's perceptions of the counsellor.

Participants also had to be of Indian descent, brought up within a Indian culture and describe their religion as Hindu. They also must have been living in the U.K. for three or more years. This ensured that the participant would have had time to familiarize themselves with British culture, as well as find their own communities within Britain. It is neither realistic nor necessary to require assimilation in the sense that ethnic minorities lose all their characteristics (Gijsberts, 2004), nor is it important that they form a part of the host society.

It was felt by the researcher that having a counsellor of a different perceived background to the client may have more of an impact on someone who had no norms of therapy or counselling, and the aim of this research was understanding the cross-cultural experience of the participant.

Participants also should have undergone six or more sessions with their therapist. This number allows enough time for the therapeutic relationship to develop, which in turn would provide more of an opportunity to explore the process, which may not have been clear with fewer sessions (Chang & Berk, 2009). Six sessions is usually the minimum provided in a NHS IAPT setting. All participants had multiple experiences of counselling from the time they moved to the U.K. to present day. At the time of interviewing, all participants were actively having counselling.

This study required eight participants, which would enable the researcher to collect rich data, giving insight for future cross-cultural research. If finding eight participants turned out to be too difficult, I aimed to follow the recommendations of Smith, Flowers and Larkin (2009), who suggested four to 10 interviews being a reasonable sample size for a professional doctorate.

Participants for this research project were Indian Asians who had emigrated from India to the U.K. Religion for these individuals remains an important aspect of life and usually has a positive association with mental health (Behere, Das, Yadav & Behere, 2013). Religious methods have usually been used to treat those who are mentally ill by cultures all over the world, faith and belief systems are very important for psychological well-being, and can be fruitfully utilised in counselling (Behere, Das, Yadav & Behere, 2013).

Participants for this research project were between the age of 25 and 50. This age range was chosen on the assumption that young adults would be more willing to adapt and

take on Western traditions and values, accepting the norms of society (as mentioned above by Heine, 2011), which I did not want. It was anticipated that participants aged between 25 and 40 would hold strongly to their cultural beliefs and customs. Table 8 highlights the inclusion and exclusion criteria for this research project.

Inclusion Criteria	Exclusion Criteria
- Asian: Indians	- All other ethnicities, including British Indians
- Participants born and raised in India	- Participants born and raised in the U.K. or any other country, including Europe, USA, New Zealand, Asia, Middle East
- Participants brought up in a Hindu culture	- Participants who were not brought up in a Hindu culture
- Participants who describe their religion as Hindu	- Participants who do not describe their religion as Hindu
- Participants in counselling for more than six sessions	- Participants in counselling for less than six sessions
- Participants between 25 and 50 years old	- Participants under 25 and over 40 years old
- Participants who have been living in the U.K. for three years or more	- Participants who have been living in the U.K. for less than three years
- Participants who are immigrants or refugees	- Participants who are sojourners
- Participants who are fluent in English	- Participants who are not fluent in English
- Counsellors who are registered with UKCP or BACP	- Counsellors who are not registered with UKCP or BACP
- Participants who believe their counsellors to be of a different ethnicity to their own	- Participants who believe their counsellors to be the same ethnicity to themselves

Table 8 – Inclusion and exclusion criteria

4.9 Recruitment

To recruit participants for this study, a search was conducted using cultural counselling services in the U.K., and emails were sent to organisations along with information about the research, requesting that they include it in their weekly newsletter. As

this project was not focused on a specific area of counselling, this method was effective to reach many potential participants.

The researcher approached Nafsiyat, the Black, African and Asian Therapy Network (BAATN) and Culture Minds Therapy to recruit participants. These organizations were chosen as they are services, providing counselling to clients from diverse cultural backgrounds. These organisations are intercultural therapy services offering psychotherapy and counselling to those from diverse religious, cultural and ethnic communities in the U.K. which the researcher found when conducting the search for cultural services. However, there were not enough responses from these organizations, and so a wider search was conducted. The researcher also approached colleagues to forward the study information sheet to anyone they may know.

It was initially suggested that eight participants should be recruited for this research. However, only seven were identified. Recruitment was stopped at this stage to allow ample time to conduct a comprehensive analysis. Nonetheless, seven participants are still in line with Smith, Flowers and Larkin (2009), as mentioned, their guidelines propose that for a PhD study, four to 10 interviews is a practical sample size.

4.10 Ethical considerations

1. Consent/information regarding the research project – each participant was sent both forms (information sheet and consent forms) via email due to the COVID-19 pandemic once the interview had been scheduled. This allowed participants to read through the details of the research project thoroughly; its purpose and why their participation was requested. Each participant was asked to read the information letter, and once they understood the research, sign a consent form. There was an opportunity after the brief for the participants to ask questions prior to the interview. Each participant was also informed that they had the right to

withdraw from the interview at any point, which was openly outlined in the information letter and discussed at the start of the interview.

2. Support and monitoring – following the interview, each participant was debriefed and was given the opportunity to reflect, ask questions and mention any concerns they had about the interview. I aimed to be as open as possible about any risks involved before the interview process and restated the significance of seeking support from their personal therapist or other multicultural practices (mentioned on the debrief sheet) to discuss any emotional difficulties they may have experienced during the process. I explored only as far as the participants were comfortable, and they had the right to refuse to answer questions.

3. Confidentiality and note keeping – participants were assured that the information obtained from the interview would be kept confidential and anonymous. Audio recordings and transcripts were stored on a personal password restricted computer under a locked file. Consent forms were also stored in this file, as they were all in a digital format due to COVID-19 precautions. Any information used for this study has respected participants' anonymity, and their anonymity was also respected when sharing data with my supervisor. To ensure confidentiality was kept, I also had to ensure there was no one around where I conducted the interviews (my home office).

4. Safety – the interview took place over Zoom, a safe online portal. This was done to ensure safety due to COVID-19 outbreak. Once an interview was scheduled, the interviewee was informed of the dates and times available. This ensured that both the researcher and the interviewee had enough time available for the interview process.

Ethical approval was obtained from the New School of Psychotherapy and Counselling ethics committee.

Before starting the interview process, the researcher ensured participants understood the research aim, and another opportunity was offered to express any concerns or queries. A consent form was sent to each participant via email. Before signing, they were provided with an opportunity to ask questions. They were also reminded that they had the option to withdraw from the study at any time during and up to three months after the interview had taken place, and it was reiterated that they were not obliged to give a reason. Smith et al (2009) claimed that limiting the right to withdraw is a more fitting strategy than providing an overarching right to withdraw. Three months felt like a fair time frame as it gave participants time to think about the interview and withdraw consent. Three months also guaranteed that more participants could be recruited, as there would be adequate time for the researcher to recruit and not be left with insufficient data.

4.11 Confidentiality

This was clearly explained and defined to all participants by the researcher. Participants were given opportunities to communicate this before the interview process if they had any queries. Participants were reassured that their personal information, including names, would not be noted in transcripts or the final thesis; rather, pseudonyms would be allocated. Identifiable material, including workplaces, would be removed from the transcripts. Participants were informed that they would be quoted verbatim in the write-up, but all quotations would be assigned to their pseudonyms. Participants were reassured that all recordings, transcripts, and demographic information would be kept in a secured file in the researcher's home office, on a locked computer.

4.12 Well-being of participants

It was hoped that the interview process would not cause harm or distress to participants, however, the researcher was wary, as any reflective process has the capability to evoke an emotional response. A conversation with participants was had to limit this, discussing the aim of the research and their involvement. Participants were also given space to converse around their experience of the interview, and if they had any concerns about their involvement in the project.

4.13 Participant details

Participants completed a brief checklist prior to the interview. The sample consisted of seven participants, all female, who were in or had been in counselling with a British counsellor, who had a perceived different ethnicity from their own. They were between the ages of 27 and 50 and had been in counselling with their counsellors for six sessions or more. In terms of ethnicity, all participants identified as Hindu Indian Asians, those who identified as British Indians were not included in this research project. Table 9 (below) highlights the key demographics of the participants of this research.

Participant 1 – Amina (she/her)	Age – 28 Indian Hindu
Participant 2 – Malisha (she/her)	Age – 30 Indian Hindu
Participant 3 – Shrina (she/her)	Age – 49 Indian Hindu
Participant 4 – Rania (she/her)	Age – 50 Indian Hindu
Participant 5 – Sneha (she/her)	Age – 45 Indian

	Hindu
Participant 6 – Anjali (she/her)	Age – 40 Indian Hindu
Participant 7 – Anika (she/her)	Age – 38 Indian Hindu

Table 9 – Participant Demographics

4.14 Data collection

The most appropriate form of investigation for this research is semi-structured interviews (Willig, 2008; Smith, 2008). The semi-structured format allows the researcher to focus on an area of significance (Bernard, 1988; Patton, 1990; Sudman & Bradburn, 1982) whilst enabling participants to freely speak about themselves and their experience. The semi-structured format has also been found to be the most germane for obtaining sensitive information and disclosure whilst also focusing on specific areas of interest (Ilan Katz, 1996).

Using open-ended and non-directive questions, a template was created. It was a short and concise interview, to guarantee its focus was on the research area, while also allowing for flexibility, which was important for the participants to disclose any issues that the researcher may have overlooked (Smith, 2008).

The interviews lasted between 30 minutes to one hour. After the interview, participants had the chance to voice their views, which the researcher noted to gain any ideas. At the end of each interview, participants were also encouraged to express any anxieties they had. They were also offered the opportunity to put their thoughts and concerns into writing to ensure they had every chance to comment. The aim of this was to give every participant another method of voicing their concerns if they did not feel comfortable discussing it with the researcher. Once the interview was completed, each participant was debriefed and

emailed a debrief letter. The debrief described the details for the interview and the aim of the study. All interviews were recorded using a Dictaphone and then transcribed in their entirety.

Taking what we know from the literature review, about Indians being polite and agreeing to what is said, I repeated the debrief multiple times and reiterated the importance of speaking about any concerns they had. Some spoke of concerns around counselling in general, and others around their concerns with their counselling experiences. I reiterated the question of concerns around the study and reminded them they could also email any concerns which would aid in this research project.

4.15 Interviews

Before each interview, the researcher read through the information sent out in the initial email to ensure the participants fully understood why the interview was being conducted. If the participants had any questions regarding the interview process, they were given the opportunity to discuss them. Once they were happy to continue, we reviewed the consent form which they had already signed and returned prior to the interview. A copy of the consent form was sent to the participants via email, and I kept another. The Dictaphone was then turned on, and the interview was conducted on the following schedule.

The interviews lasted approximately 45 minutes. It was a schedule that was followed; however, flexibility was adopted to allow the participant to freely explore what they were thinking and feeling in relation to the research question. If the participant at any time did not want to answer a question or continue with the interview, this was respected. In addition to audio recordings, I kept notes on the participants' body language, gestures, and tone of voice.

Once interviews were complete, participants were debriefed and received a debrief letter. The debrief explained the reasons for the interview and the aim of the study.

Participants were also encouraged to reflect on the interview, and any insightful information was recorded in writing by me, as suggested by Willig (2008).

Interview questions:

General areas to be explored were:

- Why did you start counselling?
- How did you hear about the service?
- How long have you been in counselling for?
- Was it your choice to start counselling?
- Do you benefit from your sessions?
- How do you experience counselling?

These questions provided a foundation for the researcher to build on through subsequent questions. Each participant was also asked the questions below (the questions in italics are prompts for when a participant felt stuck).

1. What culture would you define yourself as?
2. At what age did you arrive in the U.K.?
3. What was the reason for you coming to the U.K.?
   University, work, family, threat of harm in homeland?
4. What were your expectations going into counselling?
5. Why did you start counselling?
6. Did you choose to see a counsellor of a different ethnicity?
   I wonder what made you choose one of a different ethnicity?
   How do you feel, I wonder, having one of a different ethnicity?
   How did the differences impact your counselling experience?
7. Can you give an example of when you noticed some differences in ethnicity between you and your counsellor?
   What are those differences, I wonder?
   Do you feel your counsellor understands you?

8. Could you speak comfortably about your religion with your counsellor?
   Can you give an example of when you felt understood?
   Did you feel you were taken seriously?

9. How did you experience the differences?
   Do you feel this impacted your counselling sessions?

10. How did the gender of the counsellor impact your counselling sessions?
    Were they a different gender to you?
    Did you feel comfortable with this?
    How would you feel, I wonder, having a counsellor of a different gender? (If they didn't have one of a different gender)

11. Can you give an example of any helpful aspects of having a counsellor of a different ethnicity?

12. And an example of any unhelpful aspects?

13. If you were to restart the counselling process, would you choose a counsellor of a different ethnicity or the same?
    Why?

14. Did your expectations of the therapeutic process change over time?
    In what way did they change?

At the beginning of each interview, the researcher stated that the purpose of this project was to reach an understanding of cultural differences, and so the researcher did not need to know the identity of the participant's counsellor. They were also asked to create a pseudonym for their counsellor to maintain anonymity if they felt the need to refer to them by name.

If the participant reported having a negative impression of their counsellor, the researcher spoke sensitively with them regarding their experience. They were also debriefed and given a list of organizations should they have required further support following the interview process.

4.16 Data analysis

As discussed, IPA was used to analyze transcripts of participant interviews. Researchers are encouraged to use this method in a flexible way; however, guidelines are available (Smith, Flowers & Larkin, 2009).

As IPA involves taking an idiographic approach, each transcript was individually examined to find Personal Experiential Themes (PETs) and Group Experiential Themes (GETs), guaranteeing "*that the participant becomes the focus of interest*", as stated by Smith, Flowers, and Larkin (2009, pg. 82). The purpose was to identify and comprehend the meaning given to experiences rather than measuring the regularity of the various themes that arose (Smith, 2008). Each transcript was read while listening to the interview recording and then re-read numerous times over. Primary ideas and areas of interest were written in one column of the transcript in relation to how the participant verbalised and comprehended their experience. This part of the process was important, as it allowed the researcher to fall into the world of the participant, and the data, allowing for a more thorough analysis. The researcher also aimed to find interpretations from participants' interviews. Smith et al. (2009) called this "*exploratory commenting*" (pg. 84), claiming there are three characteristics of this—descriptive, linguistic, and conceptual comments, which were kept in mind in this phase of analysis.

PETs were then recognized by considering connections in the experiential statements, mainly the initial set. These PETs were then organized for each participant and were then studied to see how they related to one another and created a cluster. With each interview this method was repeated, emphasizing on treating each on its own terms. The researcher had to ensure PETs that had been identified in previous analyses did not influence subsequent ones, which would allow for more formulating experiential statements to emerge if present.

Transcripts were then looked at to find patterns, this included examining ones that may have been most obvious and those that arose in multiple cases. The frequency of themes, similarities, and differences, between each transcript were noted and analysed to create group experiential themes (GETs) from the initial stage of analysis. In some cases, the researcher needed to rename themes to accurately capture the concepts and experiences participants shared. Quotations were used from transcripts to highlight the of the personal experiential themes (PETs) and GETs and offer support to the analytical process. Attention was paid to the counselling relationship, counselling process and counsellor's competence to work with clients of a different ethnicity. Table 10 highlights the stages, activities and actions taken to analyse the transcripts.

Stage	Activity	Actions
1	Reading and re-reading the interview transcript	Identification of important responses from the reader, statements, sentences, or quotations in the transcripts (open coding) Exploratory noting
2	Turning exploratory notes into statements.	Capture what's important in the text. Construct experiential statements
3	Find connections	Mapping how statements fit together. Look at statements, move around and place in order of relation to one and other. Cluster process
4	Naming PETs	Once experiential statements are clustered, form PETs and sub themes. Name PETs
5	Develop GETs	Look for similarities and differences in PETs, creating GETs Develop GETs

Table 10 – Stages of activity and actions

4.17 Summary

The methodology used in this study is what this chapter is concerned with. The use of IPA, a qualitative method, gives an opportunity for an individual's lived experience to be explored, directing focus to how each participant understands and makes sense of their experience. To contextualize the data, it's collection and analysis, IPA's theoretical and philosophical foundations are outlined. This chapter also outlines how this study was conducted, from recruiting participants to analysing data. The issue of reflexivity, an integral aspect of IPA, is also considered, as well as how the researcher ensured high standards of quality and validity.

5. Results

5.1 Qualitative Results

The results of the interpretative phenomenological analysis (IPA) are described in this chapter. All seven interviews with Hindu Indian participants whose counsellors were of a different perceived ethnicity (see table below) were analysed, and PETs and GETs were identified. Both PETs and GETs presented in this chapter are based on subjective interpretation by the researcher's knowledge and experiences. These will be explored later, looking at overall PETs that emerged, and will explore how they relate to existing literature. Many of the PETs and GETs found from the interviews tie in with existing literature, but it is essential to keep in mind they are experiences shared by the participants; thus, they should not be explained away by theory.

Table 11 shows the experiential statements extracted from all interviews. It highlights the common themes found between the participants, allowing the researcher to make group and personal themes.

Experiential Statements

Anika	Amina	Anjali	Malisha	Rania	Sneha	Shrina
Moved around a lot, felt displaced, lots of differences between countries (lines 11-13)	A lot of movement, displacement (lines 17-19)	Education important to her family (line 19)	Moved here due to getting married, not something she chose to do (line 16)	Therapy wasn't a choice, was a necessity for training programme (line 20)	No expectations of counselling. Not recognised in India (line 35-36)	Wanted to understand relationships better (line 22-23)
Awareness of trauma family went through (lines 20-23 and 28-29)	Started counselling with no expectations. (line 24)	Wanted a deeper understanding of herself (31-32)	Had couples counselling and had no expectations or ideas of what the process entailed (line 38)	Interested in seeing how she and others would experience counselling (line 27-28)	Didn't want to see an Indian therapist (line 68-69)	Chose a therapist on convenience (line 60-61)
Cultural differences apparent (lines 39-40)	Recognition of difficulties in acculturating (lines 33-35)	Recognition that counselling didn't get to the core of who she was (line 32)	No understanding of what counselling was (line 50)	Doesn't feel the counselling process was tailed for her (line 32)	Educating the counsellor (line 80-81)	Difficult time with counsellor but managed to see her for 1.5 years (line 71-72)
Not belonging in the world (line 43-45)	No importance placed on culture (line 42)	No expectations of counselling (line 41)	Felt blank when in counselling (line 63)	Didn't think about the ethnicity of her counsellor when	Took a long time for her to feel she could be open (line 99-100)	Didn't feel seen as a person (line 111-112)

				choosing a therapist (line 43)		
Rejecting culture (line 48)	Awareness of loneliness (line 45)	Didn't feel the counselling was tailored to her, cultural differences (line 51-52)	Felt her counsellor had no idea of the Indian cultural norms (line 65)	Lack of understanding from counsellor (line 44-45)	Feeling connected to counsellor (line 108-109)	Unfamiliar with family dynamics (line 113-115)
Counselling not culturally accepted (lines 60-61)	Fear of being judged (line 59)	How to explain cultural differences to counselling (80-83)	Felt she got more from counselling with her British Greek counsellor (line 71)	No choices (line 46-48)	Comfortable differences between her and her counsellor (line 120-122)	Didn't feel heard (line 115)
Mental health not being culturally accepted. Rejected and shamed (line 76-79, 84-86)	Aware of the differences being positive, offering more insight, thus being complimentary (lines 64-66)	Counsellor didn't understand the language or cultural nuances (line 100-102)	Feels like her counsellor was unprepared for the differences in the room (line 82-83)	Found counselling to be very egocentric which was challenging (line 50 and 61-64)	Different backgrounds, sometimes a lack of understanding (line 123-126)	Used theory a lot in the sessions, didn't try to understand (125-128
Realisation of being alone, no support (lines 80-82)	Having to explain culture and religion more (line 67)	Counsellor couldn't relate the theory with her culture (line 103)	Differences created a barrier between her and her counsellor (line 84-85)	Took a while for her to feel understood by her counsellor (line 66)	Differences didn't make her feel uncomfortable (line 128-131)	Lack of connection with therapist (line 134-136)

Not understanding therapy or the process (line 103)	Awareness of the length of time it took to feel comfortable (lines 79-80)	No understanding at all (line 110)	Difficult for counsellor to understand the cultural differences (line 104-106)	Felt listened to around religion and taken seriously (line 81-82)	Felt comfortable having a male counsellor (line 142)	Theory over experiences (146-147)
No expectations of counselling (line 109)	Multicultural differences, disliked eye-contact (line 94)	Feelings of anger towards counsellor due to lack of cultural knowledge (line 115)	Questioned her own role in counselling and how much she had to participate (line 107-108)	Needing to educate the counsellor (line 91)	Counsellor was able to show her he was also human and not perfect (line 154)	Felt heard at times (line 163)
Lack of cultural awareness in counselling (lines 114-115)	Male counsellor not understanding her (lines 113-115)	Helpful aspects were around learning for her course from her own personal counselling rather than from gaining insight into herself (line 128-130)	As time passed felt more comfortable with her counsellor and the process (line 109-110)	Level of transparency increased (line 98)		Counsellor had her own agenda (line 178)
Differences in culture helpful in challenging it (lines 115-116)	Aware of existing stereotypes creating boundaries in the counselling process (lines 122-126)	Recognising her anger came into the therapy room (line 139-142)	Felt the counsellor was competent and had skills to work with her culturally	Trusting the counsellor isn't from the same community or knows anyone from the same		Lack of connection (line 199)

			(line 127)	community is important (line 119-120)		
Allowed for a different cultural lens (lines 118-119)	Unusual bond due to differences (lines 135-137)	Feels a counsellor with the same ethnicity would be more beneficial for her in the future (line 148)	Having a British counsellor allows her to explore another side to her world (line 183)	Experiences of racism and discrimination not being understood by counsellor (line 130-132)		Having an Indian counsellor could make sessions easier (line 210-211)
Felt disconnected (lines 127-128)	Aware of stigma associated with counselling (line 139)			Need for counsellor to be on her side (line 135)		Counsellor ethnicity shouldn't impact the sessions (Line 211-212)
Candidness of therapist created a bond (line 138)	Counselling process became more fruitful for self-development after some time (lines 145-149)			Feels a non-white counsellor would be more understanding (143-144)		Fear of being judged by an Indian counsellor (line 230-232)
Cultural differences previously impacted the relationship (lines 139-141)				Feels there will always be a barrier with a White counsellor due to different experiences (line 147)		

Therapist being maternal (line 166)				Rigidness (line 172-173)		
Importance of understanding stance on religion (lines 178-180)						
Difficulty of silence (lines 186-187)						
Learned rawness (lines 192-194)						
Discomfort of a female therapist (lines 208-210)						
Language barrier causing difficulties in the counselling process (lines 245-248)						
No culture mentioned in professional training (lines 266-269).						

Table 11 – Experiential Statements

5.2 Personal & Group Experiential Themes

The table below shows the personal experiential themes (PETs) identified the transcripts. The clusters of experiential statements were each given a title to create PETs, allowing for a high level of organization. Patterns in PETs were looked at to create a set of group experiential themes (GETs). Verbatim quotations from the interviews are presented to illustrate the PET, contributing to the evidence trail. The remainder of this chapter explores the PETs and GETs below.

Personal Experiential Theme (PETs)	Group Experiential Themes (GETs)
1. Comfort level	• Comfort with the counselling process • Having a counsellor of a different perceived ethnicity • Discomfort of having a counsellor of a different perceived ethnicity
2. Different worlds	• Educating the counsellor • Not understanding the counselling process • Counselling not part of Hindu Indian culture
3. Culture	• Counsellor's knowledge of culture • Joint family structure • Counsellor's understanding of racism
4. Ability	• Therapeutic relationship • Theory over cultural understanding • Openness • Individualism

Table 12 – Personal Experiential and Personal Experiential sub-themes

1. Comfort Level

This PET encompasses the counselling process as a whole and how participants experienced it. Three sub-themes were found: comfort of the counselling process, comfort of having a counsellor of a perceived different ethnicity and discomfort of having a counsellor of a perceived different ethnicity. This PET concerns participants' level of comfort, which is important not only for the relational process of counselling to be successful, but also for the client to feel safe. All participants had varying levels of comfort when it came to the counselling process.

Comfort of the counselling process

This GET focuses on how comfortable the participants felt during the counselling process. It highlights ways in which having a counsellor of a Western culture and different perceived ethnicity contributed to the therapeutic process. Five out of the seven interviews included comments in relation to their comfort with the counselling process.

Amina did feel comfortable with her counsellor; however, certain parts of the process felt alien to her, which could at times impact the process.

> *"I did feel comfortable sometimes, but there were other times where, erm, I felt like, erm, it wasn't what I was used to – You know… very formal. Erm, sitting in a seat across, and I didn't like the eye contact, I don't think, erm, even now, ah, don't think I give much eye contact. Awkward. I was [pause] usually always early too, and she, erm, would never hear the doorbell ring."* (Lines 94–98)

Malisha felt that it took a while to become comfortable with the therapeutic process, and she was aware that it could take longer for it to become more comfortable. Malisha chose

to stay with her counsellor despite not feeling comfortable, which ended up being a long-lasting counselling relationship.

> *"Um, I am comfortable now, I'm still with her, it's been five years. Um, it got comfortable as time went on, but the beginning was very uncomfortable."*

It was unclear what the discomfort was in this case, yet it is important to note that regardless of the ambiguity, Malisha did not feel comfortable with the process initially.

Rania, on the other hand, felt very comfortable with her counselling process after the first two and a half years had passed.

> *"No, the first two and a half years weren't comfortable, they did impact me… I feel like there was a bit of a battle."* (Lines 81–82).
>
> *"The dynamics were there, in terms of not feeling understood, not feeling heard, not feeling comfortable about not being understood, and that kind of was there and around for a while."* (Lines 44-45).

This participant felt that there was a shift after the first couple years, when her counsellor was able to be more understanding of her culture and race. She stated that her counsellor going away and learning more created this shift, which had a positive impact on how the sessions went for her. For Rania, her repetitive use of the word "*understood*" indicates that understanding is heavily linked to her level of comfort.

> *"I did end up being with her for six and a half years, I stayed with her, because things did shift…. She did begin to understand my needs, where I was coming from, and culturally, racially, and part of, you know, the reason for being understood is she went away and did some work on her own."* (Lines 65-68).

Rania's counsellor's self-development created an important shift in their relationship, having a major impact on how she experienced her counselling process.

Rania found it comforting to know that her counsellor had no connection to her cultural world since no one in her community would hear back about her sessions or what was being said. For Rania, this confidentiality was important.

> "*Knowing that, you know, this person has no contacts, no links with my community, anyone in my community, it's not going to go back, er. Although I know at a conscious level it wouldn't have, it was still, I think, a little bit of that, a worry of, erm, perhaps, you know, being judged, if you're in the same, same – erm, same community."* (Line 118-122).

Rania could continue with her counsellor and felt more in tune and connected with her once her counsellor did her own self-learning and discovery. This allowed Rania to feel heard and understood when she spoke about culture and race.

Anjali stated that she did not feel understood on a cultural level in her counselling sessions. She had a feeling of not being listened to.

> *"The emptiness I was feeling, of not being listened to, understood, so I went through the whole course… [feeling like that]."* (Line 66-68).

Anjali is stating here that she continued with her sessions regardless of how she felt, which was not listened to or understood.

Shrina also did not feel comfortable with her counsellor, and she, like others, continued for a long time before deciding to change, or before seeing a change in the therapist's way of working and knowledge.

> *"I stayed with her for a year and a half, a really hard year and a half, it was really hard, I didn't really like her much, I wanted to leave after six months."* (Line 71-72).

Her repetition of the word "really" highlights how difficult this process was for her, and how she experienced her counselling sessions as well as her counsellor.

Shrina felt that the ethnicity of the therapist should not matter if they are understanding of the client.

> *"The ethnicity of your therapist should not matter if the therapist is doing their job properly. Right? Um, because you really don't need to know my cultural nuances, um, I can tell you about them, but you don't need to be of my culture to understand them because what matters is how I feel them, right?"* (Line 79-82).

Shrina felt that any counsellor should be able to work with any ethnicity, and be present, empathetic, understanding, and emotionally available. However, she does go on to explain how her counsellor made her feel during her sessions. She stated that she did not feel seen or understood as an Indian Asian woman.

> *"If she couldn't see me as a person, it also means she couldn't see me as an Asian woman, right? Which is a big thing because a lot of the themes I was bringing into the room were cultural themes, I was talking about marriage, and, and, um, cultural dynamics behind marriage and, you know, mother-in-laws and all that stuff, and I don't, I don't think she heard a lot of that stuff."* (Line 111-115).

Shrina is highlighting many important points here. The theme of family reiterated with this participant, as she spoke about the dynamics with her in-laws, and the difficulties and differences in family relationships between the Eastern and Western worlds. Shrina also

spoke about her colour and being an Asian woman. She feels her colour was not seen; *she* was not seen, leaving a gap between her and the counsellor.

> "*I think with her, her cultural – her ability to go in depth with any cultural nuance or try to understand a culture – I don't think that existed. Maybe that's why I didn't feel connected."* (Line 134-136).

It is clear from the above abstracts that participants all had different ideas of what comfort meant to them, all important and notable.

Comfort of having a counsellor of a different ethnicity

This GET is concerned with how having a counsellor of a different ethnicity was a positive for some participants. Of the seven interviews, three mentioned how their experiences had been encouraging for them.

Sneha felt that having a counsellor of a different ethnicity was beneficial. She felt more understood by her British therapist than she had by anyone else she had known.

> *"After the first session I didn't agree with what he said, but then I was still in the early stage. It took a year for me to open up and really tell my story, be heard and believed."* (Line 99-100).
>
> *"It was just like we were two breathing human beings. Not having had any shape or form. Being defined as two different entities in our rights. And huge age gap, was a generational gap, older than my dad. And yet he got me so much better than anyone else ever had, you know, in the British mindset. I healed much of the past."* (Line 142-145).

It seems here that initially Sneha found the Western mindset difficult to comprehend and come to terms with. As time passed, it seems she could see the benefit of the differences in culture, and that a different way of thinking could often be helpful. The trauma from her past needed healing, and it seems that this different way of thinking is what aided her in doing so.

Anika, like Sneha, felt comfortable with her therapist; she felt she could challenge her own internal cultural critic, which is what she needed at that time. Having a therapist of a different ethnicity, with no cultural expectations or understanding, aided her in doing this.

> *"The cultural lens is still forming in therapy. But saying that, the counsellor I've had has been amazing, he helped me challenge the inner cultural critic… that cultural parenting that is very much me, that has been embedded."* (Line 114-117).

Anika felt very able to explore her culture with her counsellor. She felt he was very understanding, and his Western way of thinking allowed her to move away from her cultural thinking pattern and see things from a fresh perspective. She felt that his broad-mindedness allowed her to think differently and have more autonomy.

> *"I think he is more broad-minded, and I feel like he does care about the cultural lens, I think he's there, opening up those questions."* (Line 169-170).

This method worked very well for this participant. It allowed her to explore the difficulties she had within her culture without feeling the need to explain her culture to her counsellor.

Discomfort of having a counsellor of a different ethnicity

This GET is concerned with the difficulties participants had when working with their counsellors due to the differences in ethnicity. All interviews included information around differences, with two highlighting a negative response.

There were aspects of Anjali's counselling process which she did not find helpful. She felt that she had to repeatedly explain herself and her struggles, leading her to feel angry. She felt that many of her emotions went unnoticed by her counsellor.

> "*When I was expressing something, I know when I was trying to explain many times, I felt anger now for everything countertransference transference."* (Line 137-139).

Anjali's quote here shows that her emotions were not being seen by her counsellor – or, if they were, they were not being addressed in a way that was helpful for her, which left her feeling ignored and as if her emotions had been dismissed.

Shrina felt she was heard by her counsellor initially in the counselling process, although as time passed, for Shrina, this changed, leaving her feeling distrustful of her counsellor.

> "*Trying to think, not a good sign is it [laughs]? I think initially, I think initially I felt, I mean, I think I felt heard, what I notice was that very quickly over time, I didn't feel that I could trust her with my feelings."* (Line 161-163).

Shrina's discomfort with her counsellor left her feeling as if she was unable to speak freely, unable to bring to the counselling room difficulties she was grappling with.

2. Different Worlds

This PET reflects how the participants saw the differences between themselves and their counsellors. This includes differences having to do with ethnicity, which naturally led to differences in the ways they thought about and saw the world.

Educating the counsellor

This GET is concerned with how participants felt they needed to teach their counsellors about their culture, providing them with insights to highlight important aspects of their world. Of the seven participants, three spoke about feeling the need to explain and teach their counsellor about their culture.

These participants believed that differences in ethnicity create different perspectives, which can lead to misunderstandings and misinterpretations of their experiences. Amina spoke about this:

> *"I guess sometimes I had to talk more about my own culture and religion to help her understand and stuff, she didn't necessarily know a lot about it."* (Line 67-68).

Amina's use of the word "more" emphasises the differences and difficulties related to culture between herself and her counsellor.

Rania felt that she needed to help her counsellor learn about her culture. She felt it was necessary for her to do so, as her therapist would then be able to understand her better.

> *"It was like I was needing to educate, educate my therapist, who things shifted really for her when I say two and a half years."* (Line 91-92).

Attending a counselling session and having to educate the counsellor can be a heavy task for a client. It seems that Rania had to allow the counsellor time and space to understand what it was like for her to be an Indian woman in a Western society.

Sneha stated that although her therapist was of a different ethnicity, anything Sneha said that she did not understand was explored rather than ignored, which she found useful.

> *"She would ask if she didn't understand anything, and I wouldn't offer an explanation unless she asked me at that time. Sometimes I would ask, 'does that make sense?', and she would maybe say, 'can you elaborate more on that?', and I would. And it would help to understand.* (Line 79-82).

This shows a more positive side to educating the counsellor, which is equally as important as the negatives. Sneha found it useful when her counsellor would ask for clarification of cultural differences and norms. The clarification aided Sneha in understanding her own experiences by processing and exploring it in more detail through her explanation to her counsellor.

Not understanding the process

This GET highlights how participants may not have understood the counselling process, what to expect, and what was expected of them. Counselling is not widespread in India and being a client may have posed many questions for participants. This GET was mentioned in two of the seven interviews.

Malisha felt there was a huge importance put on her during the sessions.

> *"Here, however, it's narcissistic, you putting yourself out there, you're risking this, you're risking that. What is it about your own needs that you're projecting onto the other, and you want to rescue them and all that?"* (Line 145-147).

Malisha also mentioned the narcissistic tendencies of Westerners and their tendency to focus on "I" rather than the other, which she found difficult to grapple with.

Malisha attended counselling with no expectations about the counselling process itself. She was left trying to put the pieces of the process together on her own rather than with her counsellor.

> *"What's going on? No information, what is this, what am I meant to do? The client should know and research, I think that's the expectation. From a cultural perspective, you'd have absolutely no idea these things exist."* (Line 63-65).

At this point in time, Malisha had attended counselling due to her father's death. She was there to explore grief and understand the emotions she was experiencing, which she did not understand. She needed someone to be with her through that difficult time and perhaps not feel so alone. In the above quotation, the questions she posed indicate the many that she had at the time.

Rania also found it a challenge to keep the focus of the session on herself. She stated that in Indian culture, it is considered important to put others first, and this was something her counsellor did not understand.

> "*Being Indian myself, the focus being on me as I – er, that was hard, I couldn't talk about myself or keep focused on myself. It was always about the other, others, thinking of the other, putting the other first. Which was difficult for her, I say quite difficult as she kept bringing me back to it, so difficult for her to understand that."* (Line 49-53).

This is an important point: that, being an Indian, it is natural that other's needs come before one's own and being in counselling and being told in a very Western way that we are important and should come first can be alienating. It can also feel uncomfortable for those from any culture whose norm is to not have the focus on "I".

Counselling not a part of culture

This GET represents 4 of the interviews, in terms of the participant's culture and how counselling is seen. The interview process suggested that the participants' understandings of it were very different. Amina stated that:

> *"We don't agree with counselling back home. We speak to elders. Parents, aunts, grandparents. Not professionals. It's not ok to do that there, it's not normal."* (Line 139-140).

Amina here is stating how mental health and counselling are seen back in her home country. She mentioned what she would have done should she have needed help, and who she would have turned to, but none of those choices would have been a healthcare professional. She boldly stated that it is not something she would have done if she were back home, as she felt it was not accepted there.

Malisha similarly mentioned her unfamiliarity with counselling when she first started, as it was not something she was familiar with or had grown up aware of.

> *"I had no idea what counselling was... I had absolutely no idea what was happening and what we were meant to do."* (Line 37-38).

The participant is stating here how little she knew about counselling before she entered the process. She had a few different therapists, and when she began working with her fourth counsellor, she felt she had more of an understanding. This was a counsellor she had chosen herself rather than someone else choosing for her (general practitioners, family members, her husband).

> *"It took a while to understand what was going on… It got a bit tough. It felt sometimes I didn't have a voice. Do I have to listen, do I have to obey? What do I do with it?"* (Line 101, 107-108).

Within Indian culture, being with a professional or an elder means not questioning any advice given by them, but rather simply listening and agreeing. This made the process slightly confusing for Malisha as she was unsure where to position herself in the relationship.

Along the same lines, Sneha stated that counselling is not something recognized back in India. It is not something that one would consider when emotionally struggling.

> *"I had no clue what I was going for, to be fair, because growing up in India, it's still not a recognized concept, except in some cities, maybe, but not in the bulk of the country, for better word."* (Line 35-36).

Sneha here is talking about how little counselling was experienced and heard of in India, and, like Malisha, how little she knew about it before going into the process.

Anika, like the other participants, did not know what to expect going into the counselling process. It was something she had never experienced before.

> *"My first session I didn't know what to expect. Never done it. It was seven years ago that I started my therapy, that day yeah."* (Line 109-110).

This participant went on to speak about the counselling process in India and conceptions of mental health difficulties within the Indian community.

> *"Growing up in general, people don't talk about therapy, you don't talk about going to your doctor, that your son has depression. My aunt, my mum's younger sister, had post-natal depression, um, she lost her baby girl, and she was – um, in India, they still do shock therapy, they shocked her. She was*

> *divorced, she was given a divorce while she was in mental health institution because her baby died, cot death. I saw a situation where I saw my mum and dad come together, to try and pretend that there was nothing wrong with my brother, that he had "najar", somebody had done voodoo on him, somebody had put something in his food, it was his friends, um, and I had to be the adult in that room. Fully still feeling like a baby myself, trying to tell my brother to take his medication because it helps for him to do this."* (Line 60-80).

Here, Anika puts into perspective the stark difference in thinking between the Eastern and Western world when it comes to mental health and managing difficult life circumstances.

3. Culture

This PET concerns culture, and the counsellor's overall response to and understanding of culture. All the participants mentioned culture in their interviews and felt there was a lack of knowledge around what Indian culture deems important.

Knowledge of culture

This GET emphasizes how much cultural knowledge participants felt their counsellors had. It explores the many dimensions of culture and stresses how different cultures are, as well as the importance of understanding for these participants. Four of the seven interviews mentioned a lack of knowledge on their counsellor's part.

Amina spoke of the unknowns of her counsellor. As a trainee herself, she questioned the amount of work her counsellor put into learning about cultural differences and nuances that are the norm for those from different cultures. Amina felt her counsellor lacked cultural knowledge, which created a barrier.

> *"There, erm, were some things maybe she didn't know. I don't know. I don't remember learning about culture. Erm, but I don't think she did much."* (Line 83-84).

She also stated that her counsellor was willing to ask questions and learn about these differences:

> *"But I think she would still try to understand my perspectives and where I come from, my background, my culture, erm, and try to help me look at different perspectives as well in that respect."* (Line 68-70).

The participant felt she got on well with her counsellor, but also stated that differences in cultural beliefs led to differences in mentality, which may have impacted issues that were discussed during counselling.

Malisha similarly noticed differences between her and her therapist, leading to her feeling slightly misunderstood.

> *"There are so many invisibles in the room. These ghosts and skeletons in the room, all these invisible objects, and if you don't take that into account, there will always be an obstacle between the two people in the room. Well, that's what I was getting."* (Line 82-85).

It seems that Malisha felt her cultural nuances and norms were not seen, and thus, they were overlooked, and no importance was attributed to them as her counsellor was unaware.

Anjali stated that the norms and beliefs of her culture were not understood by her counsellor.

> *"Sometimes it's about beliefs, sometimes it's about rules… I think it was more about cultural beliefs and how could I confirm that when I am in this country, and I'm surrounded by this."* (Line 78-80).

Anjali needed someone to help her merge the two cultures and understand how she could do so. It seems as if she needed her counsellor to help her understand the differences and how they could work together, but if her counsellor was unaware of her cultural norms and nuances, she could not help her.

Shrina felt her counsellor did not understand Indian culture very well, and there were many moments where her counsellor struggled with the cultural nuances.

> *"I think with her, her cultural, her cultural ability to go in depth with any cultural nuance or try to understand a culture – I don't think that existed."* (Line 134-136).

The repetition of the word "culture" above shows how prominent of a role it played in the counselling process, and the importance to Shrina of it being seen and understood by her counsellor.

Joint family structure

This GET considers the importance of family in Indian culture. Participants spoke about family being a major part of their world. Three of the seven interviews mentioned family not being spoken about in sessions.

Amina stated in her interview that she felt at times that her counsellor did not get to know her family much, which to her was an important part of the work.

> *"She didn't ask much, erm, didn't really get to know the family side of things."* (Line 45-46).

For Amina's counsellor not to have asked her about her family, whom she no longer lived with, or what it may have been like for her to have so much freedom, represented a major gap in the therapeutic work. Exploring the client's background is an important part of

the process, and yet there seemed to still be a hesitancy about how to do this on the part of her counsellor, which came across as avoidance. Amina states that the counsellor not asking about her parents was:

> *"A little odd, erm, they do, erm, come with me in everything I do. So even, like, erm, this was something I thought about a lot because of what they might say."* (Line 49-50).

Here, Amina is emphasizing how important family are in her world and how present they are in everything she does.

Malisha also felt that it took a while for her counsellor to understand the cultural aspects of her life, as it was not just herself she was struggling with, but also close family and extended family.

> *"It took a while to understand what was going on because she could deal with my British surname, my British husband – there was a connection there, so we could deal with all that what's on the surface. It took a while to go underneath and understand the cultural aspects that were in the room. It's very hard, what I felt, it's very hard for my therapist to understand – to understand what I was grappling with. My relationship and family. My sister, my mother, my aunts, my uncles, my this, my that. That's what I come with."* (Line 101-106).

This list of family members emphasizes how embedded family are within the Indian Asian culture. She goes on to say:

> *"My relationship and family. My sister, my mother, my aunts, my uncles, my this, my that. The attitude towards relationships. The attitude towards the siblings and the families and the extended family. Within the British culture, it's me [and] my family unit, it's us. And the mother-in-law and siblings are all separate, sort of thing".* (Line 105, 118-122).

Here, the participant is talking about how extended family is ever-present in her world: there is no separation or distinction, and no nuclear family, which she felt was not fully understood by her counsellor.

Anjali, like the others, spoke about her family in terms of these cultural norms. She also mentioned the differences between Eastern and Western ways of living.

> *"Maybe in one room you will sleep for four of my cousins… sometimes I remember as a child if I'm not well, 19 years old, I would have my mum [and] my grandparents with me so it was a communal."* (Line 85-88).

Here, Anjali stated that when she was younger and living with her family, many of them would sleep in a single room. They did not have separate rooms; it was a community, and everything was shared. She later posed the question:

> "*If you have seven caregivers, then what?"* (Line 93).

This was something Anjali found difficult to explain and put forward to her counsellor, as there is major cultural difference in the role played by extended family.

Understanding racism

This GET highlights how the participants felt speaking with their counsellors about racism and discrimination. It emphasizes the difficulties they had in doing so and the impact this can have not only on the counselling and relational process, but also on the wellbeing of the participant. Below are the Malisha and Rania's accounts of their experience.

Malisha stated that her discomfort was based on talking about race, culture and differences that she experienced.

> *"Uncomfortable with how I am, definitely things about race and culture, and sensitivities and differences."* (Line 157-158).

This quotation shows that for some, speaking about the significant and possibly traumatic experiences of being an ethnic minority are uncomfortable and difficult.

Rania also struggled with bringing up her own experiences of difference and discrimination with her counsellor in the early years, as she felt her counsellor would not understand. Being a White British woman, it was unlikely that she would have experienced discrimination and racism to the same degree.

> *"I think when we talk about race, when we talk about race, racism, erm, discrimination, I think, you know, at any level, if it's discrimination, whether it's to do with colour, disability, generally I think one has to experience that themselves or have someone close by, you know, that – that are going through that to understand what you're going through… But I think racism, talking about subtle kind of, subtle experiences of racism, which I would talk about in length in the here and now and as – and when, um, which was what was coming up in my analysis, and, um, I felt that I wasn't understood… There were times where I felt, you're not on my side, or you don't understand what I'm talking about, or you don't believe that's what I'm going through. So those things did arise, um, in those earlier years."* (Line 136-137).

This quotation emphasizes the difficulty Rania had when trying to communicate her trauma with a British counsellor: a lack of understanding, feeling misunderstood, unheard, and even ignored and not believed.

Rania felt that she was unable to speak about race, culture, discrimination, racism, colour and related matters with her counsellor; she felt this was something one has to experience for oneself to truly understand.

Rania's experience emphasizes how those of different cultures and ethnicities may feel speaking to a British counsellor who may have the privilege of not experiencing the difficult things that she had to, such as discrimination, racism and rejection.

4. Ability

This PET is concerned with the overall ability of the counsellors to work with their clients of a different ethnicity. It considers their relationships, their way of working with the participants, and their overall demeanor when in the room with the participants. This PET considers whether the participants' needs were met, which does not necessarily concern culture.

Theory over cultural understanding

This GET considers the approaches counsellors took when working with their clients. Three of the seven interviews emphasized the importance of theory in sessions rather than the relational aspect.

Amina mentioned the lack of importance placed on the culture of her world but focused on the theoretical side.

> *"I think sometimes she – erm, she would try to use models, which I didn't find helpful." … "Maybe, erm, she could have been better with the cultural side of things." … "Yeah, erm, like, sometimes it would seem she didn't want to erm,*

go down that road. But that's what I needed. Being alone in Wales away from family. I needed that." (Lines 39-40, 42, 44-45).

It seems that what the participant was saying is that the counsellor was offering support in the best way she knew how, using therapeutic models. Amina wanted her counsellor to be more culturally aligned with her needs and difficulties, which would have been more understanding and comfortable for Amina. The participant also claimed that she felt her counsellor did not want to explore certain aspects of experience which she felt she needed to.

Anjali felt her counsellor would often take sessions in a theoretical direction rather than being present and understanding. She felt her differences were dismissed, as importance was not attributed to her issues but to relating theories to them, which she did not find useful.

"*Importance was not given to what I am thinking as a different person, or why I'm thinking like that. It was very much, 'okay according to Freud according to Jung' you know it was based on that kind of thing."* (Line 51-53).

She mentioned later in the interview that she did feel understood when she spoke about her religion; however, this was also considered through theoretical models.

"*There were moments that she understood, but it was based on the models."* (Line 100).

Anjali spoke about feeling angry when she had to repeatedly explain how she was feeling. She felt there was a lot of transference and countertransference happening, leaving her feeling difficult emotions.

"*Many times, I felt anger."* (Line 138).

This participant felt that there was no specific importance put on her culture and her as a person of colour. She felt her counsellor reverted to psychological theories, putting her in a group with others, and she was not seen as an individual.

Shrina felt like Anjali in that her counsellor emphasized theory rather than trying to understand her experiences.

> *"I do believe in the whole attachment theory and all that stuff, but apart from that, it was all about what happened in your childhood and, um, yeah, I think she just stayed with the theory more than trying to understand what was going on for me."* (Line 144-146).

Shrina struggled with her counsellor, feeling what she said was not about Shrina, but was made to be generic. She felt her counsellor related everything back to books rather than focusing on her and her difficulties.

> "*She just didn't – it felt like she was with her own agenda, anything I brought to the room, she again took it to certain upper theoretical, um, um, whatever, theories. And she just couldn't – she couldn't connect to what I was saying and what I was feeling, she wanted to put a theory to what I was talking about, there were so many times that I said not – that's not what I'm saying, or no that's not how I feel. But I didn't feel like she was hearing me. And another thing, I think, this is the moment I felt, what the f***, she's not even – she's not even human."* (Line 178-183).

This lack of understanding on the counsellor's part left Shrina feeling unheard, as she was focusing more on theories and misunderstanding at times what Shrina was trying to communicate.

Openness

This GET highlights the importance of openness within the counselling setting and how a counsellor being open creates a more humane space for the clients to explore their own worlds. Below are Malisha and Sneha's accounts of openness in their counselling experience.

Malisha felt that having a counsellor of a different culture and ethnicity allowed for diversity: it allowed her to think differently, outside of the perspective of an Indian woman.

> *"There is a difference, another side to it. There is an openness to the other side now."* (Line 183).

This openness allowed Malisha to explore her culture from a different perspective and discover another dimension of being by allowing her to think for herself and put herself first when necessary.

She felt that having a counsellor of a different ethnicity allowed her to also be more open and honest about her world. She felt she could speak about her differences despite the cultural divide between herself and her counsellor.

> *"She had the skills, yeah. I think that she had was patience, um, even at times where I felt that she might be getting frustrated, um, but she was patient and was dealing with whatever was coming up. She didn't judge me for it. That helped."* (Line 127-129).

Not feeling judged is crucial in the counselling process as it allows clients to talk about what they choose and explore it. Due to this, Malisha continued seeing her counsellor and found it extremely fruitful for her personal growth and understanding.

Sneha disclosed how human her counsellor was, how she was able to relate on a human level with her counsellor due to the openness of the relationship. She felt a shift in the power balance.

> *"I had him as somebody who's got everything, as most clients do. They must have no issues with their family relationships. One day he asked me, 'Do you really think my life is absolutely perfect?' and in that moment, I thought, 'Oh, yeah, he must have some shit going on too,' and I didn't want to believe it. Up until that point things were very unhelpful, but it felt like there was not a power balance, but, what's the word, socio-economic status vibe that was different. And that used to really piss me off. But that was a difference."* (Line 152-157).

This quotation underlines the importance of the human relationship between the counsellor and client and how something quite simple can change the whole relational dynamic.

Individualism

This GET considers how the counsellor saw the client, and whether the participant felt they were seen an individual, wholly and for who they were as a person. Four interviews mentioned feelings of discomfort, it is an important GET to be aware of.

Amina felt listened to and felt like she was being understood, but that the counsellor was not attentive when it came to the differences of culture. The counsellor used clinical therapeutic models which Amina did not find useful, and she said that the counsellor was almost reluctant to give her what she needed. Amina says she needed to talk about being in a different country, away from her family, in a different culture where norms and behaviours

are very different from what she has been used to. Amina also stated here that she felt her counsellor did not want to discuss certain topics, like culture.

> *"I think so, she seemed to try and meet, erm, me where I was in that moment. I think sometimes, she – erm, she would try to use models which I didn't find helpful. Mmm, not sure. She was attentive, and, erm, would listen and was on my side, when I would, ah, moan about things. Maybe, erm, she could have been better with the cultural side of things."* (Line 39-42).

> *"Yeah, erm, like, sometimes it would seem she didn't want to, erm, go down that road. But that's what I needed. Being alone in Wales away from family. I needed that."* (Line 44-45).

Rania felt that she was seen, and her counsellor would repeatedly bring the sessions back to her rather than the other, and this was something she had not been used to and found difficult. She was seen as an individual by her counsellor rather than a part of a group, family, or society.

> *"That – er, that focus on 'I', the focus not being on 'I', and the counsellor continually kind of wanting to understand that, needing to understand that, and it took a good while, culturally, for her to grasp that it is being a Hindu, being an Indian, our whole focus is not on ourselves."* (Line 61-64).

Although this was something culturally different and potentially difficult for Rania to come to terms with, the importance of "I" in the therapy room, and the importance of "I" in our own personal growth and change, must be acknowledged.

Sneha had a positive experience with her counsellor, who focused on her as an individual and emphasized that she was the focus of the sessions.

> *"Without me almost knowing, until it came. [He was] very skilled at pointing out that he was bringing about a change in me, or he waited for me to see it rather than just pointing it out."* (Line 100-101).
>
> *"I remember his words saying… it's not about me here."* (Line 104-105).

It seems this way of working was fruitful for her growth. Having someone keep the focus on her and be fully present was perhaps what she needed, and her counsellor followed through on this need.

There were moments in Anika's counselling process where she felt seen as a person, with no labels. She felt empowered by her counsellor and in control of her life and her body.

> *"Um, I think it, definitely when I was pregnant, and I remember talking to my therapist and going through all the emotions, all the feelings, all the frustrations. Um, my pregnancy wasn't easy, lot of external influences going around. I didn't want to celebrate; I didn't want a baby shower. I didn't want to do the traditional stuff; I was anti all that. And the best thing that I had, that I needed, he said, 'It's your body, it's your baby, it's your right'. And that for me is something I needed to hear, that I don't think I would have been able to hear from anyone else."* (Line 226-233).

Anika felt her counsellor was very successful in highlighting her individuality and autonomy, allowing her to make her own choices and emphasizing the importance of this for her own wellbeing and health. It seems as if Anika was really heard; she was supported and seen as an individual. Her counsellor could see what was important for her and what her needs were without recourse to external factors or theories.

5.3 Summary

This section highlights the main PETs and GETs found from the participant interviews. Participants spoke freely of their own experiences, which highlights an interesting and important area for counsellors and practitioners to be aware of for future clinical work. The results obtained from the participant's interviews have shed light onto areas for future research when looking at culture, race, and ethnicity in the counselling room.

6. Discussion

This section offers a discussion of the results of this research, drawing conclusions based on the interpretive phenomenological analysis (IPA) model. Firstly, in-depth conclusions about each part of the interviews and how they are related to the IPA process table in the methodology section while making connections to existing literature on the topic. The PETs and GETs that emerged from the experiential statements during the analysis process paralleled existing literature on ethnic difference in counselling.

To provide an understanding of the comprehensive meaning of the lived experience of culture, the importance hangs on each client's narrative. This has practical advantages, as it allows for greater flexibility and is easier to carry out when trying to define different characteristics of many clients. It also captures the subjectivity of each client, aiding the counsellor in forming a humane and individualized clinical image of the client (Lewis-Fernandez, 1996).

By sending out newsletters and passing on information about the research project to colleagues, seven Indian participants living in the U.K. (London in particular) were recruited and interviewed. The aim of this research was to encapsulate Hindu Indian clients' accounts of working with a counsellor of a different perceived ethnicity from their own.

IPA was the methodology chosen to analyse the participants' accounts. Through this method, four PETs were identified, each comprised of several GETs. Both the PETs and GETs give an idea of how Indian clients experience having counselling with counsellors of a different perceived ethnicity to their own.

This research aimed to explore experiences of counselling for Indian ethnic minorities with a Western counsellor of a perceived different ethnicity to their own. Participants all identified difficulties within the counselling process, such as stigma, lack of understanding around culture being a barrier, and discomfort with counselling generally.

The results obtained showed that there was a lack of understanding of what counselling was, leading to participants having no expectations when starting their counselling process. Although, Beitel et al. (2012) stated that clients often have unrealistic expectations about the counselling process and the outcome of it.

6.1 Comfort level

The first PET provided insight into how perceived differences in ethnicity could impact the counselling process. Participants spoke about their counsellors not understanding them due to the differences in ethnicity, which produced stark differences in their worldviews. Eiroa-Orosa and Fernandez-Gomez (2012) highlight the idea of epistemic mismatch, in which the counsellor and client belong to different cultural backgrounds, suggesting that this could happen in an ethnically different therapeutic dyad as well.

Comfort with the counselling process

Research has shown that minority group members, including Indian Asians, are more likely to prematurely terminate and underuse counselling as it has a biased nature (Abe-Kim et al., 2007; Ancis, 2004; Atkinson & Matsushita, 1991; Brown, 2009; Chandras, 1997; Chow, Jaffee, & Snowden, 2003). It was found that many of the services offered to clients are inappropriate, insensitive, and oppressive to cultural differences (Gonzalez, 2011; Inman, 2006; Mays & Albee, 1992; Panganamala & Plummer, 1998; Sue & Sue, 1990), this was

highlighted in Shrina's interview account where she felt her counsellor was unable to meet her on her cultural level.

Amina stated there was too much eye contact, leaving her feeling uncomfortable. This experience links well with Sue et al's (1992) recommendations for counsellors to be better equipped when working with ethnic minorities. They claimed it was essential for counsellors to research and familiarize themselves with different cultures to ensure clients were provided with a culturally skilled counsellor. As Amina stated, she felt there was too much eye contact, a little knowledge on this could have made her feel more contented.

As mentioned previously, Hofstede produced writings suggesting how to interact with those from certain cultures and countries. He said that when "*cultural knowledge*" is used with vulnerable clients, it will at some point lead to harmful outcomes. It seems here with Amina, that her counsellor was unfamiliar with her culture and what made her feel uncomfortable for part of her counselling process.

Comfort with having a counsellor of a different perceived ethnicity

This GET concerned the participants who felt comfortable with their counsellor of a different perceived ethnicity. It was important to include this GET as it emphasises how differences can also be beneficial in the counselling process if managed well by the counsellor. This was demonstrated by Anika, who felt that having a male counsellor not of her culture allowed her to openly explore her own personal difficulties (e.g., childbirth). She felt it was helpful to have someone put her first rather than tell her what she had to do. Her counsellor would say, "*It's your body, it's your baby*," and be attentive to her wants and needs, which she felt is something she did not get from family members. This links well with

Heidegger's idea of freedom (Wheeler, 2020). Anika felt she did not receive the freedom from family members to do what she wanted, and what was best for herself and her baby.

Anjali found it useful when her counsellor implemented theory in their sessions: as Anjali was studying, she found the connection between theory and practice useful for her own knowledge. Anjali also found it helpful that her counsellor was creative, as this made it easy for her to relate with her. This contradicts Venkatesan's (2016) statement of Western models of counselling not being appropriate for Indian clients, who stated that counsellors needed to move away from theory and embrace more holistic and wellness perspectives. Venkatesan felt that Western methods were only suitable for a few individuals in India, however, Anjali found Western methods particularly useful.

Discomfort with having a counsellor of a different ethnicity

As Heidegger (2010) claimed, the cultural other can reveal an uncanniness and lead a client into existential angst; this in turn can disclose a world of possibilities and eluded freedom in our daily entanglement with the "they", what is familiar. Values, beliefs, and practices are adopted from the culture an individual grows up in, be that society or family. This makes an individual part of the norm: the meaning an individual makes throughout their daily practices is embedded within their culture. Therefore, there is no ownership of "me"; engagement with Das Man (the they) alienates this.

It is important to examine the disadvantages of having a counsellor of a different ethnicity to help future research and professionals adapt their methods when working with ethnic minority clients. This GET illustrates some of the difficulties participants such as Anika and Amina experienced when working with their counsellors, including language barriers, and building a connection with the counsellor. This was highlighted by Hussain and Cochrane (2003) who found language to be a barrier in their study, stating participants felt

their own linguistic skills were not good enough for professionals to understand them. Furthermore, Meeuwesen (2012) looked at the effect language barriers had on immigrants when it came to healthcare. The research found that differences in language and culture made it difficult for immigrants to access healthcare compared to other indigenous groups in Western countries. Language allows people to express themselves, not being able to communicate makes connection with the outside world difficult (Duranti, 1997; Keesing, 1974; Kogan, 2010). McCaffee (2008) pointed out that the ability to relate is strengthened when a professional is familiar with the client's language and culture, resulting in better treatment outcomes.

A qualitative study conducted by Mathisen and Ledingham (2018) examined Indian immigrants' experience of counselling and their counsellors. They found that difficulties emerged due to differences (linguistic and paralinguistic), cultural factors, lack of knowledge and unreasonable expectations, making it difficult for Indian clients to engage in counselling services. This study was conducted in Australia and can thus provide insights for the U.K., where the population is also multicultural.

This links well to Anika's experience of counselling, where she would only know the word she wanted to use in Hindi, and would be unable to translate it, creating misunderstandings between herself and her counsellor. This subsequently led Anika to not being heard as she was unable to explore fully what she wanted to due to the language barrier. This emphasises Heidegger's point, as he claimed that interpretations of an individual's experience is always limited by language (Smith, Flowers & Larkin, 2022).

Amina felt it took a while to build a connection with her counsellor, as she was worried about preconceived stereotypes her counsellor already had regarding Amina's background and culture. She felt her counsellor would not be able to comprehend or empathize with her due to the differences. This is further highlighted by Sue et al. (1992, table 6), who stated that counsellors need to be understanding of the world view of culturally different clients. They claimed that a skilled counsellor would be aware of these stereotypes and the differences between themselves and their client, recognizing their own limits and influences their cultural background may have in the counselling process.

This ties in with Moller, Burgess & Jogiyat (2016) who conducted a study looking at barriers South Asians faced in counselling, they found that service users had a fear of being misjudged. They had the view that White professionals were "*culturally ignorant*" and were unable to relate to them, and they found that White professionals would make naïve statements which were racist and fixated on stereotypes, offering a more simplistic understanding to the presenting issue. For example, "leaving the family" without any comprehension of the complexities that come with that, leaving service users feeling disengaged and uncomfortable (Prajapati & Liebling, 2022). It was also found that South Asian professionals shared the cultural understanding, meaning they had more knowledge on the difficulties of situations. This meant service users felt more understood and were being seen as individuals (Prajapati & Liebling, 2022).

6.2 Different worlds

This PET considers the difference in culture between the participant and counsellor and how this impacted the counselling process. It reflects how the participants experienced differences in the way they thought about the world around them from how their counsellors did. Feeling that there was a difference could have led to the participant adopting a different

mentality, impacting their counselling process and the issues that were discussed within counselling. The participants spoke about the importance of cultural understanding and how this was lacking for them in their counselling sessions. They described how their counselling processes were made difficult due to their counsellors having a lack of understanding about their culture in general.

Educating the counsellor

This GET highlights participants' reflections about how they felt they educated their counsellors regarding their culture and ethnicity in the therapy room. Exploring a client's background is an important part of a counsellor's understanding them; however, there may still be a hesitancy on the counsellor's part about how to do this, which can at times lead to avoidance of the topic (Patel, 2014).

It is easy for individuals belonging to a dominant culture to perceive reality from their own perspective and assume others perceive it the same way, with those from an ethnic minority seen as having to adopt the host culture. Marsella and Yamada (2007) refer to this as "ethnocentricity" (p. 801). It has been suggested that ethnocentricity can prevent counsellors from building an alliance with their clients from culturally different backgrounds, as the counsellors are culturally blind and authoritative (Putra-Kurniawan, 2018). Ethnocentricity can lead to counsellors making negative judgements about the attitudes and beliefs of a client (Ibrahim, 1985).

Some participants in this study tried to educate their counsellors on the differences related to ethnicity. For some participants, this worked and created a positive therapeutic relationship, as participants felt understood and heard by their counsellors after educating them, having no expectation of their counsellors to know about their culture and ethnicity.

For others, like Rania, it took a while for her counsellor to fully appreciate and become aware of the differences and struggles she had faced and was currently facing, this relates well with Sue et al (1992 – table 6), who stated that counsellors needed to conduct their own research into their client's cultures and familiarize themselves to enrich their knowledge and understanding. This links well the the Office for National Statistics (ONS, 2005), who claimed that those from the multiple heritage population within the U.K. are more likely to have high rates of mental illness. Mental health professionals therefore need to be educated of the needs these clients, their contexts, and any intersecting cultural affiliations.

Shrina simply found another counsellor when she felt misunderstood, leaving her counsellor was something she grappled with, as she felt running was a part of her character trait, but she felt with she was not being understood or listened to by her counsellor in the way she needed to be.

Amina spoke of needing to communicate more about her own culture and religion to help her counsellor understand and bring it into sessions more. Amina felt her counsellor did not know much about it or the differences and hardships culture and religion created for her. In 2003, Tarakeshwar et al. reviewed the contents of four cross-cultural journals over the past 34 years. It was found that only 2–6% of the studies considered religious variables. Of this small percentage, most were quantitative in methodology and focused on Christianity and Judaism, relying heavily on Christian terminology within the survey questions (Cornah, 2006). Looking at this study, it emphasises the need for cross-cultural journals to have a broader range of religions included in research to give practitioners more variety in their personal reading.

Not understanding the process

In India, therapy is still not seen as a necessity for those suffering from mental health issues (Times of India, 2020). Due to this, there are a lack of professionals in the country, representing an enormous barrier to receiving care (Paliwal, 2020). A reason for this could be due to the concept of mental health not being accepted, making access to care, as well as education around the topic difficult.

Anika stated in her interview that therapy was not something openly spoken about when she was growing up, and regardless of how much suffering one is experiencing, mental health support was not an option. Conrad and Paquiao (2005) highlight the delay in seeking help due to the stigma attached to mental health within the Indian community, emphasizing Anika's experiences of mental health support being minimal.

Sneha also stated that she did not know what to expect going into therapy as it was not something she had grown up knowing about: it was not a recognized concept. Not having an understanding, and then subsequently being criticized by family members when deciding to start therapy, was confusing for Sneha, as she did not know what to expect and then felt judged. Netto (2006) noted that attending therapy can lead to individuals being "*black marked*" or even disowned in some Indian communities.

This aside, it is not unusual for a client's family to "adopt" the counsellor into their family, inviting them to family events such as weddings and birthdays. Clients may also buy gifts for counsellors (Sue & Sue, 1990). These are difficulties the counsellor has to be prepared to manage in a culturally appropriate way in order to ensure the client does not feel rejected.

Counselling not a part of culture

Being aware of patient beliefs around illnesses, their causes and treatment methods is imperative. Hindu culture attributes mental illness to magical beings such as jinn, evil spirits, or demons; others, a curse or spell cast by another person. There is also a common belief in the idea of casting an evil eye, called *najar*. Some patients present with more somatic complaints when mentally unwell, which the counsellor should focus on to engage the client before exploring mental distress. Anika speaks about depression within her family and the fear of treatment as in India they still use shock therapy, she also speaks of individuals believing her brother was possessed due to his mental illness.

Many participants identified stigma as an obstacle when going into counselling due to the lack of knowledge around the topic of mental health. Sneha noted that "*growing up in India, it's still not a recognized concept*" (Line 35-36), this shows that understanding mental health plays an important part in understanding and recognizing what counselling services are for. Malisha was also unsure of what counselling involved due to the lack of knowledge, corresponding with Antoniades, Mazza and Brijnath (2014), who found that stigma and alternative help-seeking behaviours contributed to a lack of treatment for immigrants struggling with mental health. Perception, stigma, and culture are all factors preventing an individual from requesting help (Cheng, Cheung, Chio & Chan, 2013; Drielsma, 2013; Gulliver, Griffiths, & Christensen, 2010; Hohenshil et al., 2013).

An important aspect when it comes to culture is the conceptualization of emotional distress. Prajapati & Liebling (2022) found that South Asian service users related distress to social disadvantages, believing their distress was normal in relation to their situation, thus suggesting they were not "ill".

Faith was also considered as important in their distress, it was a protective factor, looking at strength, comfort and motivation which are all core to managing difficulties. Faith was something that influenced thoughts around distress and seeking help. Gaining support from spiritual leaders was something more credible than professionals (Prajapati & Liebling, 2022). Taking religion and spirituality into consideration when working with professionals was essential for many service users (Prajapati & Liebling, 2022).

6.3 Culture

This PET highlights the cultural differences between participants and their counsellors. It shows that these differences are not only manifested in views on mental health, but also in the way one lives. This PET highlights the importance of culture, family structures, and the impact racism and discrimination have on participants who are ethnic minorities within the U.K.

Knowledge of culture

Theorists have emphasized that it is important in cross-cultural counselling for counsellors to be aware of and address any differences between themselves and their clients (Harley, Jolivette, McCormick, & Tice, 2002; Zhang & Burkard, 2008). In the current study, participants described being aware of the differences between themselves and their counsellors but feeling as though their counsellors were unaware of the differences.

There were stark differences among counselling experiences reported by all the participants, with some counsellors having been able to adapt to their clients and others unable to. A possible explanation for these differences could have been that some participants or counsellors felt reluctant to raise ethnic difference as an issue. As a result of this,

adaptation would have been prevented by the counsellor due to avoidance around ethnic difference. Patel (2014) states that counsellors feel they may be seen as hostile or damage the counselling process if they were to raise the topic of ethnic difference. Qureshi and Tribe (2012) stated that counsellors avoiding confronting their own race-related issues may affect how they relate to their clients. An area for further research would be why counsellors may struggle to engage with clients in discussions around ethnic difference, as well as whether clients struggle to talk about ethnic difference with a counsellor of a different ethnicity from their own. Amina speaks of her counsellor not speaking of the cultural differences and feeling as if her counsellor felt unable to explore and understand them.

Cultural knowledge has many different aspects: the client's culture, worldview, language, expectations about counselling and the relationship, the health care model in the client's country of origin, and any other information related to the client's beliefs and practices that could affect treatment (Flores, 2000; Qureshi et al., 2008; Sue et al., 2009). It is essential to note that cultural knowledge varies from one subculture to the next, reflecting the context of the counsellor and client (Kleinman, 1980; Bar-Yoseph, 2005; Bryson & Hosken, 2005).

The term "*cultural skills*" refers to the ability to intervene at a culturally appropriate level while being sensitive and adequate (Sue, 2006). There is a lack of awareness amongst counsellors of their tendency towards bias and of the interplay of culture in intercultural work; this is indicated by clinical practice that is overtly negligent, or difficulties in the counselling relationship and process (Smedley et al., 2002; Kirmayer, 2003; Clark, 2009; Sue et al., 2009; Blume & Lovato, 2010; Trimble, 2010). Typically, the counsellor fails to listen to the client's demands and needs (Kaplan-Myrth, 2007; Browning & Waite, 2010). Both counsellor and client then avoid the differences in their cultural interpretative filters

(Roysircar et al., 2003; Bernal & Saez-Santiago, 2006; Williams, 2006; Bennegadi, 2008; Papadopoulos et al., 2008). Amina spoke of this in her interview: she was struggling at the time with being in a different country, integrating with the norms of her town, and being away from her family, and she needed counselling to *"talk through some of the difficulties that I had because I felt like I didn't necessarily want to talk to my family about what I was feeling".* Amina's counsellor would avoid it instead: *"It would seem she didn't want to, erm, go down that road. But that's what I needed".* This experience links with the above, that the counsellor can fail to listen to the client's needs, avoiding cultural differences.

Joint family structure

Families do not exist in isolation within Indian culture, and family dynamics are typically interpreted in the context of their societal and cultural background. Culture shapes both family size and form (McGill, 1983; McGoldrick, 1996), as well as the functioning of a family in terms of boundaries, rules, communication, discipline, and hierarchy within the family (McGoldrick, 1996; Falicov, 1983; McGill, 1992). The involvement of family during an individual's therapy may be important for clients from non-Western cultures; however, Amina spoke of her counsellor avoiding the topic, "*not wanting to go down that road*" and "*not getting to know the family side of things*". For Amina this was an important part of her therapeutic work, as she was away from her family, living alone in a different country. Including family can have benefits for therapy, such as adherence to homework and attending sessions. Prajapati & Liebling (2022) conducted a systematic review and found that some service users felt their families were not appreciated within the counselling room, they were ignored and left out of any decisions. This links well to Amina's experience of her counselling where her family were not even spoken about.

As there is an importance placed on family, shame and stigma extend to them too, impacting the family's reputation (Prajapati & Liebling, 2022). There are dire consequences to this, such as, lack of marriage prospects, family's success, disownment, rejection, and being outcaste by the Asian community. Thus, families will try to protect their reputation by containing mental health issues within the immediate family (Prajapati & Liebling, 2022).

It is imperative for counsellors to appreciate the influence culture has on family structure and functioning (Thomas, 1998). An important aspect of Indian culture affecting family life is collectivism (Avasthi, 2010, 2011; Desai, 2007). Collectivism emphasises interdependence amongst humans, it is a philosophic, economic, or social outlook. It stresses the importance of group goals over individual goals, compared with individualism, which focuses on what makes an individual unique. In "horizontal collectivism", decisions are made by equal individuals, whereas "vertical collectivism" refers to hierarchical structures of power.

This means ideas about the self and others vary by culture. Applying Western counselling methods that focus on the individual can become difficult in the Indian collectivist context. Neki (1992) explains how ideas about confidentiality can lead to isolation for those from an interdependent setting. Family plays an important role in forming change in collectivist societies, and so understanding Indian families is an essential requirement for Indian clients' therapy.

A joint family for Indians includes three to four generations, comprising of grandparents, aunts, uncles, parents, nieces, and nephews, living together in one house. Malisha spoke of her counsellor not fully understand what she came with when she spoke about family and her world, she was bringing her "*sister, mother, aunts, uncles*", leaving her feeling confused about what to bring to sessions. Anjali mentioned in her interview that she

felt she had "*seven caregivers*" as she lived with many different members of her family who took care of her. Anjali questioned how this would relate to Bowlby, as he clearly stated that human beings have only one primary caregiver, and Western theories in general. What Anjali was trying to highlight was that she had many caregivers: her mother, her grandmother, her aunts.

An Indian joint family utilizes common spaces like kitchen and living areas and has one financial pot from which they spend, contributed to by all. The loss of family members is counterbalanced by new members joining through marriage or offspring. Daughters tend to leave the home after marriage and live with their husband's family, as Malisha speaks of in her interview. Joint families typically observe a patriarchal ideology, following the rule of descent. The lines of authority are clearly drawn, and rules are aimed to create harmony within the family so that decisions become easier to make, such as career choice, partner choice and marriage. Men are expected to financially support members of the family who do not or cannot earn, as well as provide protection for women and children (Sethi, 1989; Chekki, 1996). It was also stated that family members feel an emotional interdependence, empathy, closeness, and loyalty to one another.

Understanding racism

Researchers have commented on issues occuring when race and ethnicity are ignored in the counselling room (Young-Bruehl, 1998; Qureshi, 2007). When the participants mentioned their experience of differences in ethnicity, they would describe how they felt misunderstood or ignored. The GET "*knowledge of culture*" focuses on the counselling process and how the participants felt about their counsellor's way of working with them. It has been noted that counsellors may be fearful of "getting it wrong", which can create anxiety for them when broaching the topic of ethnic difference. This is in keeping with Utsey,

Hammer and Gernat (2005), who found that White trainees evidenced anxiety, denial and defence mechanisms when discussing race and ethnicity.

Racism is defined by Carter (2007) as the combination of prejudice and power. In the clinical context it tends to operate at a level of aversive or unconscious racism (Kovel, 1984; Whaley, 1998; Dovidio, 2001; Altman, 2002; Quillian, 2008). It is possible that the counsellor is overtly or explicitly non-racist or anti-racist, while their implicit behaviour supports an own group preference (Banaji et al., 1997; Greenwald et al., 2009). This is something the counsellor may be unaware of, and they may wholly believe that they are behaving appropriately. However, the client may be aware of the counsellor's implicit or racialist behaviour, which could have an impact on the counselling relationship, leading to mistrust and concern around disclosing thoughts, feelings, and difficulties (Watkins et al., 1989; Whaley, 2001).

Race is a contested construct; in literature, one can find everything from race-based approaches to mental health (Carter, 1995; Metzl, 2009; Fernando, 2010), to calls for rejection of the term in favour of "ethnicity" to try and avoid the biological determinism that is usually linked with the construct of race (American Anthropology Association, 1998). Rania speaks openly about her experience of race in the counselling room and how she felt her counsellor was unable to relate and understand the importance of it. At the same time, "ethnicity" evokes some "cultural" characteristics that are relevant to the client, whereas "race" pertains strictly to the arbitrary classification which is based on the counsellor's perception of the client's appearance, usually influenced by contemporary and historical stereotypes.

Service users and counsellors have expectations of each other, and race becomes a characteristic that both use in their initial meeting. This is discussed in the assessment, contract and treatment and is later something that remains silent. This has been observed over and over by clinicians for decades: it is known as the "silence of race", carrying with it the heaviness of repression (Young-Bruehl, 1998; Qureshi, 2007). Quereshi and Tribe (2012) state that counsellors may avoid confronting their own race-related issues if they find it uncomfortable, which could then damage the therapeutic relationship. If race were to arise in a more explicit manner, it may be difficult for the client and counsellor to take it up, as this could potentially lead to different responses from each other. It can be lightly looked at, overlooked, or laughed off, which could be ways of disguising disgust, shame, or guilt, which may automatically arise in the relationship via thoughts and feelings.

Rania spoke of her experiences of racism and discrimination, and how she felt whilst discussing them with her counsellor. Nadirshaw (1992) states that counsellors need to consider that a client's struggles could be the result of oppression, disadvantage, and prejudice. This involves a thorough assessment of how racism and disadvantages have moulded the client's personality. Rania felt in her counselling sessions that not only was she not understood, but she was not believed. It must have been difficult for Rania, not feeling believed by her counsellor, to manage and push through. Again, this is something for counsellors to be acutely aware of when working with any ethnic minorities, or anyone from a challenging background.

Hamer (2006) states that racism is a regressed state of transference, which is portrayed by a polarized representation of the self and the other, categorical thinking, splitting and projection, which are used as defences. Racial transference can express hostility, fear, powerlessness, hatred for ethnic minority clients (Dalal, 2006). Any client should have

the space to express their views without fear of catastrophe. These feelings could be subtle, which is why counsellors must try to notice them and subject them to scrutiny to better understand them. If not, important therapeutic aspects could disappear into the background, such as the relationship between client and counsellor, trust, comfort, and safety. Discussing race can become an avenue to discussing any negative transference that may be taking place, offering a way for individuals to share their pain of abusive experiences, discrimination, isolation, identities, and loss.

Many researchers from around the world have found that racial or cultural transference occurs. This is when counsellors avoid confronting their own race-related issues, warping the way they engage with clients (Griffith, 1977; Comas-Diaz & Jacobson, 1991; Blue & Gonzalez, 1992; Yi, 1995; Gorkin, 1996; Holmes, 2001; Altman, 2002). A counsellor can deracialize a client, removing any racial characteristics from them. Clients can also be seen as individuals who need to be looked after by the dominant group, they can be seen as exotic, or can be denied racism. Rania felt her counsellor did not understand her experiences of racism and discrimination, leaving her feeling very unheard and misunderstood as it was a trauma she had had to manage whilst being in the U.K.

Race may influence counselling in many ways when a counsellor is working with a client of a different race (Bhui et al., 2005). This can be understood as a function of racism (Littlewood, 1992; Abreu, 1999; Ali, 2004) – specifically, an unconscious, modern or aversive type of racism rather than one that is overt and explicit (Dovidio, 2001; Dovidio et al., 2002). The literature coincides with Rania, and her experiences of discussing racism with her counsellor and how she felt misunderstood, feeling as if the counsellor had not been through it. This is implicit racist behaviour that is beyond conscious control. Counsellors may consider themselves to be anti-racist, but research has shown that counsellor's responses to

Black people are more negative than to White people (Dovidio et al., 2008). These patterns are a product of interactions at an individual level, influenced by structures in services and professional practice.

Bhui (2012) states that discussing race, a topic where difficult emotions are allowed to emerge, could concern counsellors, who are frightened that it would ruin the relationship with their clients. He suggests it is instead a way of strengthening and deepening the relationship. Bhui claims that race is a taboo topic for many professionals, so little attention is given to it in training or continuing professional development.

6.4 Ability

This PET considers the ability of the counsellor from the participant's perspective – specifically, how capable the counsellor was to work with a client of a different ethnicity from their own. This is an important PET as it highlights areas for future educational institutions, continuing professional development (CPD) and research to expand on to ensure that counselling can be implemented for all clients.

Therapeutic relationship

It was proposed by Laungani (2005) that Western cultures advocate for a more individualistic worldview in which there is a heavier emphasis on responsibility, self-reliance, and achievement. He claims that the worldview of Eastern cultures is, in contrast, based on communalism, promoting collective responsibility, and where the individual's needs and wants are secondary to the needs of the family. Eiroa-Orosa and Fernandez-Gomez (2012) stated that epistemic mismatch between counsellors of a Western culture and clients belonging to an Eastern one can damage the working alliance and can lead to incompatible

counselling objectives for the client's way of being in the world. They posited that, to avoid conflict, it is important for counsellors to disclose their own worldviews to clients.

Older research has shown the importance that values play in the client-counsellor relationship (Pepinsky & Karst, 1964; Beutler, 1981). Other studies have found that counsellor disclosure has a greater impact on improvement (Kelly & Strupp, 1992) if the counsellor's values are like the client. Thus, it has been urged by Ibrahim and Arredondo (1986) that counsellors adopt a more culturally pluralistic attitude, this means the goals and methods of counselling are altered to fit the client's cultural context (Kirmayer, 2007). Griner and Smith (2006) found that adjustments made to be sensitive to cultural groups made interventions more successful than implementing them without any cultural adjustments, and peak benefit could be achieved by tailoring treatment plans to specific cultural contexts.

For minority ethnic groups, discrimination and stigma compound inequalities related to the experience of mental illness. These inequalities arise through interactions between culture, ethnicity, and many other factors, including gender, age, sexuality, migration experiences, hostility in their host country, poverty, and social differences. These influences also exist within health care systems.

All individuals have a culture, and where the culture of the client and counsellor differ, there is room for miscommunication, misunderstandings, assumptions, and oversights, especially in the case of culturally diverse populations. Rania experienced this difference in a positive way, stating *"knowing that this person has no contacts, no links with my community, anyone in my community, it's not going to go back"* (lines 118–120). However, there were participants who felt there was a lack of understanding concerning their culture and experiences: Amina stated that she *"sometimes had to talk more about my own culture and religion to help her understand",* which caused the counselling relationship to remain

stagnant rather than blossom. Shrina stated, *"If she [the therapist] couldn't see me as a person, it also means she couldn't see me as an Asian woman"*. In the absence of literature to further explore Shrina's experience of not being seen, this emerged as a gap in current knowledge. There is little literature looking at how counsellors should work with ethnic minorities, to ensure they felt seen and understood. This project has emphasised here the importance of counsellors being aware of their role in the counselling process, and the implications their lack of cultural understanding could have on their clients. Participants who had been in counselling training also stated that they did not study any cross-cultural content in their own programs, or if they had, it was theoretical knowledge rather than practical skills, and only for a very short period.

The question of how counsellors can confidently work with individuals from different cultural backgrounds, engage with their emotional and professional needs, and be more creative in improving the quality of care remains unanswered. Understanding differences in culture can aid counsellors in creating a more positive and authentic therapeutic relationship with clients.

The counsellor's lack of knowledge around culture naturally impacts the counselling relationship. When participants were asked specifically about their therapeutic relationships, most participants stated that they had not felt comfortable in the counselling room due to the differences between themselves and their counsellor. Although, there were some participants who felt completely at ease with the differences, which created a more positive experience. This relates well with Sue et al.'s (1991) conclusion, where it was said that ethnic matching did not significantly impact treatment outcomes for clients who spoke English. Anika felt she had an "*open and honest*" relationship with her Scottish counsellor: although she felt the

"*cultural lens still forming*", she felt comfortable in taking the time to understand her counsellor and his culture, and he also took the time to understand hers.

It was suggested by Walling, Suvak, Howard, Taft and Murphy (2012) that clients of an ethnic minority may struggle to creating a trusting working alliance due to perceived or actual cultural barriers. Shrina in her interview spoke of "*not trusting her [the counsellor] with my feelings*," which illustrates how a client can be left feeling distressed without the counsellor being aware of it. It is crucial for professionals to be mindful of the impact they have on their clients to prevent them from feeling this way. It has also been suggested that White counsellors working with clients of different ethnicities may symbolically enact past experiences of racism, discrimination, and mistreatment (Gelso, Mohr, 2001; Lago, 2006; Helms & Cook, 1999).

Goldsmith (2002) suggests that speaking openly about ethnic difference can create anxiety for the therapist, leading them to avoid this through denial of difference and embracing the idea that "*we are all people and therefore all the same*". This was reflected in some participants' accounts in some way (e.g., Shrina – *"She couldn't see me as an Asian woman … a lot of the themes I was bringing into the room were cultural themes … I don't think she heard a lot of that stuff…"* [lines 112–115]).

Quereshi and Tribe (2012) highlight other factors that may negatively impact the therapeutic relationship, including differences in communication (e.g., emotions) and differences in cultural values. There were times when Anjali felt angry when she had to repeatedly explain things to her counsellor. She felt her counsellor did not address the anger that Anjali was feeling and ignored the transference and countertransference.

Theory over cultural understanding

Qureshi (2012) claims that different psychotherapeutic approaches suit different cultural groups, arguing that counsellors need to consider culture and racial factors when using interventions based on traditional psychological theories, and how they may need to be adapted for the client. Multiculturalists, for example, stated that non-Western groups favor a direct style of counselling (Lin & Cheung, 1999; Sue & Sue, 2002), and relational psychoanalysts claim that their approach is successful for those belonging to a collectivist culture, who focus on interpersonal relationships (Walls, 2004; Moran, 2006).

Netto (2006) conducted a study examining the "*accessibility and appropriateness of counselling service provision*" for Indians living in the U.K. The purpose was to further explore the nature of counselling offered to clients, the context of the counselling services, measures taken by services to make them more accessible to Indian clients, the services' flexibility in meeting the requirement of Indian clients, how the service uptake was ethnically monitored, how counsellors were trained, and how much services supported counsellors working with a culturally diverse population. It was found that the lack of knowledge of counselling among Indian clients meant that there were less self-referrals from this group, which provides further support for the idea that a lack of knowledge and information within a community, leads to less individuals within that community contacting mental health services for support. Counselling services were unable to meet the needs of clients from the South Asian community (Netto 2006) as they were unable to offer a multi-ethnic team. This creates a need for more multicultural training for all trainees, which participants of this study also spoke about.

Counselling needs to be adapted to accommodate the extent to which the client is aligned to their minority culture. Counsellors need to assess clients' acculturation to Western culture, as this will inevitably have implications for any adaptations that are necessary to achieve a positive counselling outcome.

Modifying treatments and interventions to consider language, culture, and context, in a way that is compatible with the client's cultural patterns, values and meanings (Bernal & Domenech Rodriguez, 2012; Bernal et al., 2009; Hinton & Jalal, 2019; Hwang, 2016; Kalibatseva & Leong, 2014; Leong & Lee, 2006). Culturally adapting to a client involves the inclusion of culture sensitive and relevant information into counselling and psychotherapy with diverse clients (Bernal et al, 2009). Studies have shown how effective culturally adapted treatments can be for clients (Griner & Smith, 2006; Hall et al, 2016).

Being culturally adaptive includes (a) referencing cultural values and anecdotes; (b) racial and ethnic matching of client and counsellor; (c) being able to do counselling in the client's native language; (d) multicultural paradigm of agency; (e) having a consult with someone who is culturally familiar; (f) outreach; (g) extra services to retain clients; (h) culturally sensitive training for professionals; (i) referral to additional external services; (j) verbal information for illiterate clients (Griner & Smith, 2006).

A non-judgemental approach is also needed, and an appraisal of culturally attuned cognitive biases that addresses prejudices and shame, awareness of gender and the role of family, awareness of religion and modification of language. Pilkington et al. (2012) explored the idea of "izzat", meaning self-respect, alongside the fear of shame. It was said that this is a reason that South Asians do not access psychological help. Looking at the participants in this research project, all attending counselling due to course requirements, it is questionable if they would have turned to counselling without this requirement, due to izzat and shame.

These are all strategies that need to be kept in mind when working with clients of a different culture.

Shrina stated that if she had a counsellor of the same ethnicity, she *"would feel the fear that I would be judged by her and that she wouldn't understand me in this culture".* Rania felt similarly. She felt *"a worry of, erm, perhaps, you know, being judged, if you're in the same – same, erm, same community".*

Openness

Few of the participants felt judged, but all participants did fear judgement when working with a counsellor of the same or different ethnicity. Openness is crucial in counselling, counsellors being open to difference is a way of raising awareness of their assumptions of others. The openness of the counsellor and the willingness to wait and learn about the client is a skill that takes a great deal of practice (Galbusera & Kyselo, 2017). To be open, the counsellor must embrace uncertainty, acknowledging that they can neither fully know the client nor script the course of therapy. The counsellor needs to be attentive and respond to possibilities that arise within the dialogue (Galbusera & Kyselo, 2017).

It must be noted that openness alone is not sufficient; only being open poses a risk of reversing the therapeutic dynamic, putting the counsellor in the position of a witness rather than that of an active participant (Galbusera & Kyselo, 2017). This would strip the exchange of its intersubjectivity, lessening the counsellor's participation. Thus, authenticity must be added with openness. They stated that authenticity allows the individual to express their contribution, which allows them to also "interfere" with the other.

Authenticity is essential within professionalism: *"professionals are expected to be resonating as fellow human beings*" (Galbusera & Kyselo, 2017, pp. 51). This means that the counsellor is acting on their personal thoughts and feelings, as well as on their "*professional*

concern and knowledge" (Galbusera & Kyselo, 2017, pp.51). Openness and authenticity create an environment of clarity and active inquiry which is linked with personal resonance and professional accountability, it allows intersubjective processes to occur. Openness implies readiness, and authenticity implies willingness (Galbusera & Kyselo, 2017). This permits the counsellor to take the client and what they're bringing more seriously, taking more responsibility in responding. By caring for oneself as well as the client, therapeutic change co-evolves (Galbusera & Kyselo, 2017).

Some participants felt that the difference between them and their counsellor created an openness for exploration of the other culture. It allowed Malisha to gain a different perspective and see "*another side*" which she felt she had not been exposed to before. Malisha felt that the difference allowed her to be more open, honest, and exploratory of her world, and that she could speak about the obvious differences between her counsellor and herself.

Sneha also related in a similar way, feeling the openness of her relationship with her counsellor allowed her to relate on a more human level, shifting the power balance. She learned that her counsellor was not perfect and had struggles just as she did. Before realizing this, she had found her sessions "*very unhelpful*".

Individualism

Research has shown that cognitive behavioural therapy (CBT), with or without cultural adaptation, is effective with ethnic minority and immigrant clients. Looking at the results from this research project, it took participants a while to fully understand and feel comfortable with the process, which they feel was not adapted culturally to them. Thompson (1989) criticizes that those from ethnic minorities were unable to relate to psychoanalysis, as

they are limited in their capacity for insight on self-awareness, and it has been argued that self-disclosure, self-awareness, and a psychological orientation are Western middle-class values and thus, not fitting for other groups. Kakar (2006) challenges this notion, stating that self-awareness is a fundamental Hindu value and suggesting that the issue may not be the psychological orientation or insight of the client, but more the psychotherapeutic process or approached used by the counsellor. Rania struggled with the focus of sessions being "on I". She felt that it took time for her counsellor to comprehend that for her, the whole "*focus is not on ourselves*", contradicting Kakar's (2006) statement.

Those from individualistic cultures are best served by conventional approaches which are individualistic, whereas those from collectivist cultures benefit from an orientation that works at a family level, such as family therapy (McGoldrick et al., 2005). Amina, Malisha, and Anjali all highlighted the significance of family within their culture and the lack of separation between an individual and their extended family. In certain cultures, an individual's problems are best solved in a more communal context (Sturm et al., 2008, 2010). Newham Inner City Multifund and Newham Asian Women's Project (1998) stated that many Asian women were worried about details being disclosed by their general practitioner (GP), which was the primary reason for not attending appointments and check-ups. Meltzer et al. (2000) stated that many South Asians avoided GP appointments and hospital check-ups as they were frightened of being seen by someone they know or "found out", believing that the difficulty they are experiencing would disappear on its own and should not be made a fuss of. Rania also spoke about her concerns about information disclosed in her counselling sessions going back to her family and community and the fear of what people would say or think about her.

This PET shows the importance of openness and individualism and how they contributed to the counselling process. Participants felt comfortable with their counsellors if they felt they were open and reflective themselves when it came to differences in culture. As some counselling styles may not be effective for clients of a different culture and ethnicity, having precise guidelines on counselling techniques that do and do not work would eliminate ambiguity when it comes to multicultural counselling.

It is evident from this research and existing research that the need for more culturally sensitive counselling is vital to understand those coming from an Indian ethnic background. There were many PETs that came from the interviews, which have shown a huge need for counsellors to be educated on the difficulties those from an ethnic minority endure on a day-to-day basis.

7. Conclusion

Like many research projects, the contributions of this study can aid future research projects on its topic and related ones. Effort was made to ensure this project was in line with professional and ethical guidelines; however, when looking at the implications of the findings, the reader should keep in mind that there are some limitations. This project has emphasised the importance of multicultural training in counselling courses in order for counsellors to provide a more comfortable process for clients of ethnic minorities. It has also highlighted the need for regular training for specific cultural groups, due to the ever-changing society.

I will use this chapter to highlight both strengths and weaknesses whilst keeping in mind any recommendations for future studies on this topic and highlight clinical implications.

7.1 Limitations of the current study

Recruitment and interviews

Seven participants volunteered to take part in the research, and although this was enough for the chosen methodology, all participants were female and were working in or working towards a career in counselling, which may have skewed the results. Participants were all aware of the training styles and the lack of multiculturalism integrated within the programmes, this could have pre-empted their responses to the interview questions in some way. Male participants may also have had a different idea of counselling with a counsellor of a perceived different ethnicity; thus, it is not known whether having a male participant would have changed the results in any way.

This research also recruited participants who had been in counselling for 6 sessions or more. Many participants had been in counselling for many years, and it was the long length

of time in counselling that created a shift in the counsellors understanding of the client's culture. Thus, it would be interesting to see if 6 sessions of counselling alone would create positive change for clients of a different ethnicity, or if longer term work is where change happens due to more cultural awareness and understanding from the counsellor.

Each participant had one interview, which allowed for a rich collection of data; but, going back to the participants after PETs had been identified may have been useful in allowing participants to explore further or discuss their opinions and feelings about the data. The validity of the research could have increased if feedback of the PETs were discussed, as participants would have had an opportunity to confirm the results. This is a valuable consideration for future research on this topic.

Another limitation with this study is participants experience of counselling and even the interview over skype (due to COVID-19) was never explored. It would have been interesting to explore how client-counsellor relationships shifted (if at all) during this time, and the differences it had on the counselling process.

Additional methods and resources

Due to time limitations, the method of data collection chosen for this research was semi-structured interviews. In retrospect, using a qualitative method proved to be efficient, as it allowed for the collection of deep and meaningful narratives. However, using quantitative methods in conjunction with qualitative ones could have given the research another dimension, which may be a consideration for future research in this area. I am also mindful that many of the participants came from different backgrounds, even though they were all Indian Hindus, and they had experienced different types of therapy. Employing quantitative methods such as questionnaires to further explore their personal experiences would have been

both interesting and useful. I feel that implementing a mixed methods approach should be considered in the future, as the qualitative element could be thoroughly beneficial.

Clinical implications

The results of this study also emphasized the need for other services, educational settings, and professionals to gain more insight into multicultural counselling. Participants in this study discussed how they felt their counsellors had no training in cultural work, making the process uncomfortable. Using these statements, my own knowledge of working with ethnic minorities and falling into the ethnic minority category myself, have accompanied and pushed the boundaries of this project, providing an opportunity to explore further and confirm themes found in this research as well as existing literature. I was able to reflect on my own experiences of counselling and explore in a similar way to the participants in this research, how fruitful and beneficial it was for me. This allowed me to fully immerse myself in the project in a way that was aligned with the participants.

Future studies

I enjoyed exploring the experiences of Indians in their counselling processes and believe that this study's aim was achieved regarding this under-researched population. Upon reflection, it seems fitting to recognise that experiences within other professional relationships, such as GP-patient and within the social care system, would also be worth exploring. It would be interesting to extend this study further by exploring those relationships to see how much experiences of them differ from participants' experiences in this project, and in what ways they differ. It would provide an understanding of what is needed from different job roles and professionals and allow other varieties of health care professional to

review how they meet the needs of their service users/patients as well as their own employees.

Another consideration would be to further explore the experiences of clients of other ethnic minority backgrounds. This study's results conveyed themes such as stigma, misunderstanding, specialist needs and training, and it is crucial to see whether they are applicable to other groups. Research like this can increase knowledge and provide some useful insights into the training and supervision of those working with ethnic minorities.

7.2 Strengths

This project delivers a comprehensive theory to portray the experiences of Indian participants who are clients of counsellors of a different perceived ethnicity from their own.

This research provides insight into the experience's Indian ethnic minorities, allowing future research and professionals to have first-hand knowledge of the difficulties these clients have in counselling. This is a huge strength. From this project, theory emerged which allows for one to modify, broaden and build upon current literature concerning how to work culturally with clients of an ethnic minority background. The results pose more questions around the topic in general, so the study can be seen as a foundation from which further research can be developed, including its application in clinical work.

Application of Interpretative Phenomenological Analysis

Another strength of this project was the application of IPA. This methodology allowed me to explore individual narratives and understand the meaning people assigned to their experiences (Creswell, 2013; Hennink, Hutter & Bailey, 2011). This method is concerned with understanding meaning, which is less perceptible, as well as the intricacies of

the social world. IPA was created to study individuals' life experiences and avoids any quantitative preoccupation with counting, predicting, or measuring. Rather, it involves describing, exploring, understanding, and interpreting a phenomenon (Finlay, 2011).

This method allowed me to study narratives and allowed these narratives to trigger more investigation and discoveries whilst remaining close to the lived experience of participants (Glaser and Strauss, 1967).

IPA is a time-consuming methodology and is inspiring. Researchers are recommended to immerse themselves in the data as much as possible. This means that the researcher is constantly moving between the emic (research that studies one culture with no cross-cultural focus) and etic (refers to research that studies cross cultural differences) perspectives throughout the process. The latter is achieved by examining data through a psychological lens and making interpretations using psychological theories. The emic perspective protects the researcher from psychological reductionism. Considering the data from an outsider's perspective allows a higher level of theory and insight to be developed. The researcher therefore must be mindful when applying theories to explain phenomena.

IPA has flexible guidelines which can be adapted by each researcher. These guidelines are simply an illustration of one way of analysing the collected material. The researcher must be flexible and creative in their thinking. Reflexivity has been essential throughout this research process in documenting my thoughts and feelings to ensure I remain neutral to the responses of participants whilst allowing myself to explore my own difficulties and biases in a healthy way. The necessity of doing so highlights Charmaz's (2006, 2009) notion regarding the nature of IPA: stating that it grants the researcher to fully immerse themself from an academic's stance, putting personal thoughts and feelings aside.

Using IPA is a demanding enterprise, even though the small sample size may make it seem like an easy choice. The researcher had to combine a wide variety of skills to gather valuable data and conduct interviews. Systematic and rigorous analysis had to be performed, requiring patience and openness to view the world through a different perspective as well as the ability to avoid the temptation of imposing a priori conceptual categories.

Transferring results and filling gaps in the current literature

The applicability of theory to counsellors working with ethnic minorities adds to this project. As Madill et al. (2000) and Charmaz (2006, 2009) stated, although results cannot be wholly generalized outside the group of participants in a study, the theory can still serve a valuable purpose in clarifying what others of different cultures and ethnicities may experience. Thus, this theory may be appreciated for training institutes and counsellors who want to comprehend the different processes of working with clients of a different culture and ethnicity and managing the potential differences that arise in the process.

The findings of this research project are helpful in filling in the holes in the existing literature emphasised earlier in this thesis. The results obtained offer some knowledge into a topic that is still under-researched.

7.3 Quality and validity

Within qualitative research, the determinations of quality and validity is crucial (Smith et al., 2009). Smith et al (2009) stated that Yardley's (2000) guidelines were helpful to measure the quality of any research using IPA. Thus, these guidelines were used to evaluate this research. There are four principles in Yardley's guidelines which are applicable to qualitative research. They were all applied through this research to ensure a high level of quality.

Sensitivity to context

Yardley (2000) claimed that sensitivity needs to be shown by the academic throughout the process, including sensitivity to topics like the socio-cultural setting, the viewpoints of the participants, the interviewing process, data analysis and awareness of prior literature. Sensitivity to the socio-cultural setting and the perspective of participants was demonstrated throughout the interview process and recruitment stage – for example, using open-ended questions, recognizing the influence of the researcher's ethnicity and giving participants multiple opportunities to communicate any concerns and questions about the study.

Commitment and rigour

IPA studies involve demonstrating consideration to participants throughout the data collection stage and being mindful in the analysis of each individual case (Smith et al., 2009). This includes leading a thorough in-depth interview. Showing commitment to and rigor to each participant were constant, and both were considered throughout the data collection process. Designing an interview with a focus on the subject without being too direct was essential for this project, to ensure participants felt at ease when the interview was being conducted. During the first interview, the researcher was unsure how much to probe, and self-conscious about getting enough information from the participant, while also being mindful of making the participant feel comfortable. During later interviews, the researcher was better able to notice cues whilst maintaining sensitive to each participant's emotional state.

7.4 Clinical implications

Techniques in counselling

It has been found that traditional psychological theories and interventions are based on a Eurocentric model of mental health in which issues are found within the individual; thus, they have a limited applicability to those belonging to ethnic minorities (e.g., Fernando, 2010; Laungani, 2002; Nadirshaw, 1992; Chang & Berk, 2009). This was illustrated in Shrina's account where she states that her counsellor was "*not even human".*

Bhui (2013) states that there is a risk in using a psychotherapeutic approach with those from an ethnic minority, as it imposes and promotes the self in the client that is functional in the socioeconomic system, which is not something Indian ethnic minorities focus on. Rania, in her interview, spoke of how difficult it was for her to keep the focus of session on herself, stating that *"the focus of being on me as I - er, that was hard".* Many psychodynamic approaches have not been appropriately adapted, running the risk of being characterized by an implicit ideology. This idea of adapting approaches is based on the idea that therapeutic methods are implicitly Eurocentric, which is unhelpful for minority clients; they have values of the dominant group embedded in them which do not permit structural factors within society to be seen as pathogenic (Sue et al., 1996; Rose, 1998; Walcott, 2006). Thus, unadapted psychotherapy may only serve to replicate already existing power relations by situating the suffering within the client rather than within a socio-political context – a context that is normative for some but not all (Rose, 1998; Walls, 2004) – which may not be helpful.

Adaptation requires an authentic conceptualization of culture in the design of the adapted counselling, as well as acknowledgement of the culture and ability to generalize between subgroups. CBT can be used across cultures if appropriately adapted as the approach

needs to be collaborative, allowing the client to take an active role as an expert on their own culture and the counsellor to personalize the counselling to the needs of the client. It is essential to note that core beliefs, underlying assumptions and automatic thoughts will inevitably differ between cultures. If we do not adapt counselling, it can negatively affect the therapeutic alliance, risking clients disengaging from counselling.

Many multiculturalists have considered modification to make the Eurocentric approaches more effective for members of other cultures. This would require a considerable shift in counsellors' skills, knowledge, and attitudes to achieve cultural sensitivity and competence in the counselling process (Sue et al., 1996; Arrendondo & Arciniega, 2001; Coleman, 2004; Goh, 2005; Moodley & Palmer, 2006; Bezanson & James, 2007).

It is important to establish which therapeutic approaches are best suited to different ethnic groups, as well as using a framework that takes clients' cultural aptitude and treatment approaches into consideration (Beutler et al., 2000). This would be a more idiographic response, considering the specificity of the client within their cultural context.

Participants in this research spoke about what was significant to them. It is important to note that participants suggested more general ways for counsellors to increase their competence rather than specific skills that have been emphasised in existing literature on multicultural counselling.

It must be noted that most participants eventually found the counselling process beneficial, empowering, and transformative. Gutierrex (1988, p. 2) describes this feeling of being empowered as "*a psychological transformation which requires the development of a new self-concept*". Thus, the importance of counselling for personal growth cannot be over-emphasized for any individual working with a counsellor of a different ethnicity. Rania felt

that over time, she *"learned a lot"* and was *"challenged [by] not being understood,"* which helped her learn and grow as a practitioner.

A spiritual history is important in a Hindu client's initial evaluation, or very soon after. It allows the counsellor to identify specific Hindu beliefs of the client, the significance of those beliefs to the client, and the client's adherence to their beliefs (Koenig, 2017). The counsellor should also feel comfortable in asking the client about positive and negative experiences involving their Hindu faith. This information will aid the counsellor in creating an appropriate treatment plan while allowing them to provide counselling in a way that shows respect for the client's values and beliefs. It seems from participant accounts, that counsellors should feel comfortable with their client educating them about how Hindu faith and culture impacts their lives, how faith helps them manage life stressors, and how Hindu practices can also be negative for some life stressors and illnesses.

If the counsellor finds themself uncomfortable asking clients about religious issues, this can be overcome with training and practice. Learning about the role of religion in illness, especially when it influences a person's psychological, behavioural, social, and work life, is necessary to achieve a high standard of care. Religious beliefs do not have to be integrated into treatment, but awareness of them is crucial in providing sensitive and respectful counselling (Koenig, 2017 pg. 78).

Being aware of religious beliefs aids the counsellor in making informed inquiries. Counsellors should be aware that each Hindu client will be different: Hindu beliefs cannot be attributed to every Hindu individual due to the wide range of religious beliefs and practices within Hinduism. It is crucial to understand what the client feels is the underlying cause of illness ("God's will" or "karma", etc.).

As mentioned by participants in this study, family and the broader community need to be involved in the counselling process, by the counsellor speaking about them in the counselling room and recognising the importance of the family unit. Hindu clients come from a particular family or community, and they are often dependent on relationships within this family and community, unlike Westerners, who treasure their independence. Religious beliefs of the client's support system also need to be understood by the counsellor. This enables the counsellor to be aware of the reactions of family members when the client implements changes.

The counsellor should provide a space that is open and safe where the client can speak freely without judgement. The counsellor should also remain respectful and interested regarding the client's Hindu beliefs and practices, regardless of whether the client is actively religious or not and should remain natural and supportive.

The counsellor should also know themselves, which should form the base of the counselling relationship. This is something that should be embedded in the dimension of cultural competence (Arredondo, 1998; Mitchell, 2000; Arthur & Achenbach, 2002; Kim & Lyons, 2003). Experiential approaches in counselling are popular mainly because they provide a forum for counsellors to explore their own issues around cultural competence, including race, ethnicity, heritage, sexual orientation, gender, age, and many other features of identity, to ensure that their attitudes do not affect their perspectives. This exploration also includes any prejudices, automatic reactions, and implicit associations. However, some have stated that this involves an undue focus on race and ethnicity, and instead, applying counselling skills effectively is what is needed (Patterson, 2004).

Basic training in intercultural communication, both verbal and non-verbal, can be very helpful in intercultural counselling. Experiential training incorporates activities whereby the counsellor can explore the impact cultural difference has on communication, and they are then given an opportunity to practice and experiment with different methods of overcoming it.

Meaning, prejudice, and discrimination

If counsellors have limited training and understanding on multicultural issues, they will have difficulty working with clients who experience prejudice and discrimination. An essential aspect in aiding clients who experience prejudice and discrimination is meaning; but misinterpretations is a major problem. Prilleltensky and Fox (1997) and Hillman and Venture (1992) caution that when counsellors are working with clients who are facing injustices, they can unintentially reinforce and promote it.

This aligns well to Rania's experience of the limited training her counsellor had when she spoke of discrimination and racism, feeling like she was not understood or believed. Rania felt that one would have to go through the experience to comprehend it, which is another aspect of her counselling experience that she struggled with when working with her counsellor.

The counsellor should be able to aid the client in improving their ability to manage the prejudice and discrimination they experience and control their fears of it. The counsellor should feel able to help their client develop healthy coping mechanisms as well as make sense of suffering that is caused by difficult actions. From a hedonic well-being viewpoint, this approach is successful if the client becomes less negatively impacted by others' actions. From the perspective of critical psychology, this could be seen as empowering the client and

as an oppressive system; from an eudaimonic point of view, it could be seen as sacrificing character, integrity, and have profound layers of meaning to achieve artificial happiness.

A counselling technique that emphasizes eudaimonic meaning and well-being would prioritize various strategies. While the eudaimonic perspective values character, integrity, and values, this suggests the same goal with a different starting point. The counsellor using this method should work collaboratively with the client to have more insight into their values and the effects of various responses in their current position, which is an analysis of meaning. The client could also find different ways to respond, such as confronting the prejudice and discrimination in a way that is consistent with their integrity and character.

Much of Western psychology has prioritized individualist perspectives on meaning, more so when working with clients of ethnic minorities. However, counsellors must be mindful not to devalue foundations of meaning.

Supervision and personal therapy

Supervision that meets the need of the client is important. Thus, thought needs to be given to how certain services provide specific supervision for working with ethnic minorities, what this supervision involves, and how counsellors want to use the space provided. Having a reflective space for peer supervision could allow for further exploration of therapeutic work when working with ethnic minorities, this is something that should be considered within services. Counsellors may have more insight and personal experience working with ethnic minorities, therefore may have more knowledge to offer other counsellors than a single supervisor.

Many proposals have been made in the mental health field to develop models in a more clinically cultural way (Bell et al., 2009; Kumagai & Lypson, 2009; Ben-Ari & Strier, 2010). These proposals incorporate three dimensions: cultural knowledge, cultural skills, and attitudes and beliefs (Sue et al., 1996; Sodowsky et al., 1997; Rodolfa et al., 2005).

Cultural and racial self-awareness, regular supervision and keeping up with new developments are crucial in helping counsellors address problems in their clinical work (Arredondo & Arciniega, 2001; Smedley et al., 2002; Arredondo & Toporek, 2004; Sanchez-Hucles & Jones, 2005; Sue et al., 2007; Erickson Cornish et al., 2010). Supervision groups and individual sessions aid in identifying one's cultural and racial transference, which is helpful for intercultural work (Tervalon & Murray-Garcia, 1998; Estrada et al., 2004; Haans et al., 2007; Haans, 2008; Leavitt, 2010). This self-development requires ongoing observation (Stoltenberg, 2005; Sue, 2006), enabling counsellors to manage their own cultural beliefs and values as they emerge in the therapeutic relationship (Beach et al., 2005; White et al., 2006; Karamat Ali, 2007). Rania spoke of her counsellor as *"fitting for my training needs more than my personal needs".* This quote emphasizes how Rania's counsellor was not able to meet her on a personal level. Amina spoke about her counsellor not understanding her culture, meaning that Amina would have "*to talk more about my own culture and religion, to help her understand and stuff, she didn't necessarily know a lot about it".*

Understanding the culture of clients is useful for adjusting to their needs. Generalizing from information that one has about culture, and a client, can result in biases, which complicate clinical work. With each new client case, counsellors must ensure that they have the relevant cultural knowledge and ensure that it is applicable (Cuomo & Hogan, 2010).

Awareness of cultural filters and styles contributes to the counsellor's ability to facilitate the counselling process without losing their personal and professional style or their cultural integrity.

Any differences in cultural values that act as interpretative filters, or based on how we make sense of and interact with the world, can negatively affect the counselling process (Hall & Hall, 1990; Carter, 1991; Hofstede, 1991; Sue & Sue, 1999; Li & Kim, 2004; Bhui & Dinos, 2008). This suggests that the counselling process suffers when the client and counsellor operate within different paradigms, and they express and explain reality using those paradigms (Mezzich et al., 1999; Barrio et al., 2003; Patel, 1995; Bhui & Bhugra, 2002; McCabe & Priebe, 2004).

People tend to automatically interpret others through their own cultural lens. If one is unable to take these differences into consideration, one may view others as deficient, rude, pathological, or non-normative when actually they are behaving in a way that is aligned with their culture. One cannot truly see the other, and they too may not truly see oneself. They react accordingly, and at times, this results in negative interactions.

Sneha and Anika were both aware of the cultural lens of counselling, being in training themselves, and having an awareness that culture is not incorporated in the training perhaps made them more accepting of the difficulties within their counselling process. This could have been the reason that they both had more positive experiences from the onset of their counselling journey.

Moving forward

Whether a counsellor takes cultural factors into consideration greatly influences the efficacy of counselling. In today's world, ideas and practices are constantly changing, and

universalism must be both questioned and respected. It is essential that we examine how counsellors use Western methods with Eastern clients. Culture is a norm-producing phenomenon, and counsellors should be ready to work with a range of differences that may manifest within the counselling room. Culture influences understanding, presentation, diagnosis, management, and the course and outcome of mental illness. There is a need for culturally orientated modules of non-pharmacological management. Sue et al., (1992) highlights practitioner's own failure to recognize the importance and difficulty that comes with multicultural counselling, and working with individuals of a different culture, ethnicity and race to ourselves.

> *"On the one hand we believe strongly that all forms of counselling are cross-cultural, that cultural issues need to be seen as central to cross-cultural counselling (not ancillary) and that by focusing just on ethnic minority issues, we may be 'ghettoizing' the problem. Yet, we believe that multicultural counselling is a speciality area as well. Although all of us are racial, ethnic and cultural beings, belonging to a particular group does not endow a person with the competencies and skills necessary to be a culturally skilled counsellor."* (Sue et al., 1992 in Lago, 2006)

When counsellors meet clients, who have resided in Britain for a significant length of time and yet have diverse cultural origins, the delicacies of cultural identity and behaviour may be obscured (Lago, 2006). These clients may be biculturally competent and feel comfortable using both sets of cultural assumptions. On the other hand, phenomena may occur that are baffling and ambiguous for both client and counsellor. The counsellor may then benefit from trying to comprehend these as cultural phenomena rather than negatively judging the behaviours (Lago, 2006).

Understanding differences can improve the process of discourse in cross-cultural dyads. Professionals must be mindful that their understanding of differences do not become a defense against their own prejudice or racist tendencies (Lago, 2006).

Exploring the paradigm of awareness of mental health is important as a way of reducing stigma, enhancing prevention, ensuring early recognition, and stimulating simple and practical interventions. We have opportunities today to increase the acknowledgement of mental health as a key target of global health action.

Counselling for immigrants needs to be thoughtful, culturally sensitive, and tailored to meet the needs of everyone. Understanding complex issues and trauma can have a positive impact on one's ability to provide appropriate therapeutic support for this population. The counsellor's knowledge of different cultures contributes towards the development of therapeutic alliances with those from dissimilar cultures (McCaffee, 2008). The discomfort and fear around counselling could be mitigated if counsellors took the time at the start of sessions to educate clients on what counselling is, the aim of it, and what is expected of the client (honesty, openness, collaboratively working together) and reiterating that they are in control in the room, not the professional.

Although there has been investment in mental health services, it has not achieved lasting change in service provision (Prajapati & Liebling, 2022). Findings have shown there is little change in the measures of race equality, with outcomes worsening for some service users. The culture of the statutory sector is stuck, and there has been a failure to meet the BAME group needs which is constituting institutional racism (Prajapati & Liebling, 2022), placing service users at a disadvantage.

7.5 Summary

Future research is needed to highlight the experiences of clients to ensure multiculturalism is at the forefront of counselling. Patel (2014) conducted a study setting out to explore counsellor-client ethnic difference. She looked at ethnic matching and the impact this had on the therapeutic process, but while this is important, she did not investigate the experience of counselling for ethnic minorities. She found that therapists spoke of therapeutic hats, which gave insight into the struggles of their work as they were unable to fully understand the culture of their ethnic minority clients due to a lack of understanding. Although Patel managed to gain some valuable insights, some important aspects were not considered. She did not fully explore the reasons why clients felt hesitant to speak about ethnic difference and the experience of counselling.

Venkatesan (2016) states that many Western models of counselling are not suitable for Indian consumers. For example, Freudian theory, which is largely based on the concept of libido, is not readily accepted by most Indians due to the focus being on sex (Venkatesan, 2016). Situational variables and customs may be considered more appropriate than intra-psychic explanations. Dependency, cooperation, and collectivism are more fruitful in counselling, compared to independence, competition, conflict and individualism (Venkatesan, 2016), as Indian clients find the non-directive and confrontational approach unpalatable (Mullatti, 1995).

The findings of this research shed light on a unique area of counselling and on the service's ability to meet the needs of clients. The findings show that such processes can be fruitful and rewarding; thus, there is space to further explore this area. Considering how counsellors further develop their skills to work with ethnic minorities creates a foundation

that encourages further research and supplements other professional areas. This would help make services which are still inaccessible to certain populations more available.

Although the participants in this research project would not have necessarily chosen an Indian counsellor, it is important that we take the struggles they had working with a counsellor who was untrained in their culture into consideration.

Participant accounts revealed a sense of uncertainty around counselling and the process, immediately highlighting cultural differences. What is needed is a more detailed exploration of how counsellors can alter counselling for ethnic minorities to ensure they are comfortable and well-engaged in the process. Multicultural counselling needs to be embraced by all rather than only the minority. This in turn would inform training courses on how to better equip counsellors with skills and competencies that are relevant to multicultural counselling. As stated by Smith, Flowers & Larkin (2022), IPA research is an inquiry into the cultural position of the individual; to understand the claims made we need to have a certain level of cultural competence. As mental health professionals, we need to do our own learning to properly understand those coming into the counselling room.

This study has contributed to elucidating how those from an Indian ethnic background experience counselling with a counsellor of a different perceived ethnicity from their own. Whilst there is research that concerns how counsellors can learn to be more ethnically aware and incorporate this awareness into the counselling room, there are few published studies focusing on the perspectives of Indian clients. There is also an absence of qualitative work in this area. Qualitative research enables a fuller exploration of the effect of ethnic differences, providing a richer understanding into the difficulties that could occur.

The most significant implication that came out of this research is that, for Indian clients, discussing ethnicity, culture and race within the counselling room is important. Clients bring matters into the room to be heard, and yet counsellors tend to use an academic approach rather than the trying to develop a deeper understanding of the differences. This was evident from the transcripts, where participants spoke of their counsellors not understanding or asking about their experiences and culture. Many participants spoke about their frustration with their counsellors' inability to adapt their counselling styles to work with them and their culture, religion, or language. Although training approved by the BPS (2009), BACP and UKCP suggest that all courses include diversity learning, which is an essential skill for qualification, additional schooling with emphasis on working with and conducting out assessments on Black, Asian and minority ethnic (BME) individuals is necessary. Training and workshops can also be created through group discussions and drawing from existing literature. Time should be spent considering how talks and training on culture and diversity could be prolonged to comprise of practice and counselling methods and models. Reflective learning should also be considered to allow the exploration of the self that counsellors use in training, that may impact the counselling process, such as any prejudices or pre-existing ideas regarding a certain ethnic group.

The researcher suggests than an emphasis on multicultural issues is required for counselling psychology doctorate training programmes. All trainees should be granted the space to explore their own ethnic and cultural backgrounds to acknowledge the importance of ethnicity and race, as well as their thoughts and views around other ethnicities, cultures and races. This could aid counsellors in feeling more comfortable with their own ideas around culture and in turn, could create an environment where clients feel comfortable openly discussing ethnic difference. Trainees would be given a space to explore parts of different cultures they felt comfortable and uncomfortable with, reducing any prejudice and bias when

it came to client work. This could also be done through additional workshops and training programmes; however, continuing multicultural counselling as an "add-on" rather than integrating it into training programmes would potentially continue the ongoing trend. Additionally, only those interested in the area would attend the workshops and training.

Existential training institutes have a unique style and are more able to implement philosophical approaches into the counselling room, which could aid Indian Hindu clients more than the usual Western approaches. Indian thought has been concerned with numerous philosophical issues, significant with cosmology (nature of the world), metaphysics (nature of reality), epistemology (nature of knowledge), logic, and religion. It is evident that philosophy within Hindu Indian culture is engrained. The earliest illustration of the effects of cognition on emotions in India comes from the Bhagavad Gita, which was written 200 BC. This scripture shows how counselling could aid Hindu Indians in managing life, if we implemented the correct styles of therapy. If counsellors were able to use more philosophical approaches when working with Hindu Indian clients, there may be more room for connection, comfort, and understanding between client and counsellor.

The research also shows that counselling psychologists could be aided by using a set of multicultural guidelines and being shown how to implement them within clinical practice. There have been guidelines in the past, which may need revising before being used; however, there is little evidence of how these guidelines were incorporated into training and practice. If a set of guidelines were used, professional bodies could find a way to integrate them into continued professional development for practitioners.

8. Reflexivity

I found myself bracketing my own clinical role, thoughts and experiencing when interviewing the participants. I also experienced the notion of wearing 'two hats', one was a British Indian therapist who has knowledge of working in many different organisations, in a very Eurocentric way, and the other being a researcher, from an angle of not knowing and wanting to comprehend. It was thought-provoking that my own personal familiarities were somewhat on par with some of the participants' experiences interviews in this study. Recording this feels significant as it is highlighted my part and place in this research project and the underlying processes that have taken place in the journey of this research.

I knew that my position in this project could affect the work itself, as there was a shared identity with participants. To work with this, I encouraged participants to explore their experiences and used my own inquisitiveness to explore rather than assume common understandings. I also used existing information to guide the process, as any expectations on my part were used to attend to certain possibilities and question marked with curiosity within the data collection process, this idea was obtained through Charmaz (2006). Personal perspectives will naturally influence the process; but, rather than ignoring this, I aimed to accept them and use them as an empathetic tool in discovery, exploration and as an analytic resource.

8.1 Participant recruitment

I aimed to include a range of participants in the research to ensure the theoretical sampling could take place and that the model and theory would be a sound representation of Indian Hindu clients. Thus, all participants had been in the UK for a varying number of years, came from different parts of India, and different parts of London.

During the study's initial recruitment stage, I felt it was crucial that I was clear about the research aims, so participants were aware that I was not aiming to expose prejudice, but to instead create a project which would be beneficial to counsellors and therapists when working with ethnic minorities. I was also aware that for many of the participants, I could have been of a different ethnicity and was concerned about whether this could affect how open participants would be during the interviews.

Due to having only seven participants, I was concerned with being able to produce rich and detailed data in the interview. This was emphasized by my first participant, who did not offer much information, with the interview only lasting 25 minutes. I reflected on the process after this and realized that my own anxieties may have impacted the interview process, in that I felt anxious about being too directive, and the participant felt pressured to say more and to answer more questions. I am fully aware that this was due to my own worries about being an interviewer of a British ethnicity and worrying that the participant may have perceived me as unable to understand them or their struggles with a counsellor of a different perceived ethnicity to their own.

This led me to feel more at ease in the later interviews, where I was more capable of exploring what the participant was contributing to their experiences. Instead of feeling anxious, I found myself genuinely intrigued by their experiences. This had a positive effect on how participants found the process, with most of them mentioning after the interview that they had found it pleasant and stimulating.

8.2 The role of semi-structured interviews

Upon reflection, the use of semi-structured interviews was a rich, natural, and inviting process to use. This is apparent in the results obtained and the feedback on how participants experienced the interview. The semi-structured interviews were enjoyable and explorative, inviting participants to be enthusiastic and trust the process. I also thoroughly enjoyed using my own counselling abilities, creating a safe space for participants to feel comfortable to explore their experiences.

The semi-structured interview also offered a space for the participants to construct and reconstruct their view and outlook around their experiences. It created rich narratives, allowing for flexibility and a degree of focus.

Initially, I read each transcript numerous times and listened to the audio recordings alongside reading. This allowed me to fully immerse myself within the date, recalling the interview, the atmosphere, and the setting in which the interview took place. Every time I listened to the interview and read the transcript; new data emerged. I then did exploratory notes to ensure I was familiar with the transcript, which would allow me to then identify how the participant thinks and understands their experiences. I also made some notes around my thoughts, observations, and reflections with the interview experience, and noted how my own personal characteristics (age, gender, social status etc.) affected the rapport and relationship between the participant and myself.

I then used exploratory notes to develop experiential statements within the transcripts. These statements highlighted what was important in the text, reflecting the original words and thoughts of the participant.

Connections across all the experiential statements were then found for each interview, this allowed for a clustering process to occur. The experiential statements were mapped by finding patterns, allowing them to interconnect and form PETs. Whilst at this stage, I was very aware that there was already a heavy influence as I had exploratory notes for the transcripts, this is a good example of the hermeneutic circle.

I looked for associations between the PETs to then create the GETs. Similarities and differences in the PETs created the GETs.

This led to creating a narrative account of the research, involving taking PETs and writing them up one by one. Each PET was described and exemplified with extracts from the interviews, followed by an analytic comment. This explains to the reader the important experiential findings of the analytic process. I used the interviewee's own words to illustrate themes as it enabled the reader to assess the importance of interpretations, and it retained the voice of the participants' personal experiences and allows for the emic perspective to be presented.

8.3 Analysis

During the analysis stage I was concerned with maintaining fidelity to the content of the participants' interviews. I was acutely mindful of my personal and professional experiences, which had led me to believe that conversing race and ethnicity was painful and anxiety-provoking; I was mindful to prevent this from swaying my analysis. I reviewed my analysis multiple times, questioning why I made certain analyses and ensuring that the evidence was clearly contained in the interview transcripts. I am aware that my prejudices may have affected the process, but I endeavoured to limit this as much as possible.

In terms of identifying themes, I tried to find not only the issues described by participants regarding ethnic difference, but also the feelings arising from this. This was done in the hope of capturing their experience more fully.

It is only natural that I have an influence on the study, just as the participants did; thus, my impact on the process should be considered. This topic of study was chosen as I have a background, interest, and passion for contributing to the progress of multicultural issues. My own ethnicity may have potentially influenced interviews, as the visual impression of an ethnic minority interviewer could have created assumptions or even anxieties for the participants (e.g., worrying about using the wrong language).

I was also aware that personal interests and views could have focused on points made by participants while rejecting others which were just as important. This was difficult to address; however, it was managed by keeping a reflective diary throughout the process where any biases were noted to remain as neutral as possible.

8.4 Personal reflections implicating the process

I am aware of my position in this process as a 33-year-old British Indian trainee counselling psychologist who has knowledge in what is being explored. My previous knowledge is what helped direct the process through my "assumptions and disciplinary perspectives", allowing me to follow certain possibilities when considering the pilot interview. It also enabled me to strengthen my ability to chase various topics and look for themes that I may have felt such as discrimination and comfort of having a counsellor of a different ethnicity. I stayed open-minded and grounded within the participant narratives.

Madil, Jordan and Shirley (2000, pp.10) state that the influence of one's personal and cultural stance on research is inevitable; they claim that the process creates empathy

grounded on shared human and cultural understanding, facilitating an "important bridge between me and the participant" (Madil, Jordan and Shirley 2000, pp.10) which can be a useful analytic resource.

To conduct this research, I had to ensure that I could outline what my assumptions were about the research topic and the participants being interviewed. According to Hurst (1999), it enables my understanding around the research to be congruent with my epistemological stance and the influence my beliefs have on the data collection, analysis, and overall research process.

Assumptions and preconceived ideas:

1. Participants who are interviewed would all willing to share their experiences with me. They would all be conscious of the aims and open to discussing the counselling process.

2. The theory that emerges will be useful to the world of counselling psychology and will be of importance to other counsellors.

3. My identity would impact how interviewees feel expressing their experiences of counselling, which could impact the ideas and theory that arise.

4. My own experience and assumptions of having a counsellor from a different ethnic and cultural background may influence the process. Personal assumptions of having a counsellor of a perceived different ethnicity to my own:

- *Counsellor won't understand my culture and family dynamics*
- *Counsellor will not understand the difficulties I face as an Indian woman today*
- *Counsellor will make assumptions about me, and my life based on my ethnicity, culture, and religion.*

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10. Appendix

10.1 Participant Information Sheet

*The experience of being in counselling with a counsellor of a **perceived** different ethnicity, for Indian ethnic minorities who have immigrated to UK.*

Invitation paragraph

You are invited to take part in a Doctoral research study relating to your experiences of counselling with a British counsellor. If you are interested in participating in this research, or if you would like to discuss anything prior to committing, please contact me through the information provided at the end of the document.

Due to the current restrictions caused by the COVID-19 situation, all interviews will be carried out using a secure online video conferencing platform such as Zoom or VSee.

What is the purpose of the research?

The purpose of this research is to create a project whereby culture is put at the forefront of counselling. The researcher aims to highlight the importance for counsellors to be aware of the cultural differences that could negatively impact the counselling process if not known/understood.

This study is to understand cultural differences; thus, the identity of the counsellor does not need to be known, you will be asked to choose a pseudonym for the counsellor instead.

Why have I been chosen?

You have been chosen as you have expressed your interest in this research, and you consider yourself to match the criteria for this study. These are that you are of Indian descent, born and raised in a different country (India or Africa), English speaking, hold a strong religion and culture, and have immigrated here more than 3 years ago. Your culture is different, and thus in the minority, therefore, you are a suitable candidate for this research project. You also identify as being Indian, have had 6 sessions of counselling, and be between 30 and 60 years old.

Do I have to take part?

Your participation in this study is voluntary, thus you are under no obligation and can refuse to take part or withdraw your involvement in this research at any point. If you decide to take part in this study you will be asked to sign a consent form. If you later decide to withdraw there will be no repercussions and any data you have provided will be carefully discarded, protecting your confidentiality.

What will happen to me if I take part?

If you decide to take part in this research, you will be briefed about the interview process and the rationale for the study, any questions you have at this point will be answered. If you agree with the project and wish to continue, you will sign a consent form and be interviewed about your experience of working with a counsellor of a perceived different ethnicity to your own. The interview process will take approximately 45 minutes.

Following the interview process, you will be given the opportunity to disclose any issues you may have had during the interview process or with the interviewer. You will be able to write

down or verbalise to the interviewer (depending on your preference). Participants must not disclose the counsellor's identity, but instead create a pseudonym.

There is some risk as interview questions may be worrying or upsetting. To minimise this, the researcher has tried to keep interview questions as generic as possible, but there is a potential for some emotional upset when discussing personal experiences. This is something the researcher is aware of and again, you are able, at the end of the interview, to write down or verbalise any issues or discomforts you have had with the interview process or the interviewer.

Aside from this, you can refuse to answer any of the interview questions if you are not comfortable to do so, and you will not be questioned about your refusal to answer them. You will also be given an email address to contact the researcher if needed following the interview process.

If you experience negative impact of the counsellor, the researcher will sensitively talk to you regarding your experience. You will also be debriefed and referred to the organisation for any further support required.

What are the possible advantages of taking part?

By taking part in this research project you help to create a study where culture, religion and ethnicity are at the forefront of counselling. The aim for the project is to contribute to our understanding of this topic.

You will also be able to voice your thoughts and opinions in a safe space, where you will not be judged.

Consent

Participants will be given a consent form to read and sign before the interview process commences, it will cover all the information regarding the study as well as information about data collected. I will ensure that you have thoroughly understood the research study before you sign the consent form and proceed with participation of the interview. You will also be reminded that you have the right to withdraw from this study at any point during the interview process, regardless of signing a consent form. I also reserve the right to stop an interview if I feel you are showing signs of becoming distressed by the process.

Who is organising and funding the research?

This research project is being conducted as a part of my doctoral training at NSPC, a programme jointly run with Middlesex University; their processes and standards govern the research.

What will happen to the data?

Interview recordings will be transferred from the digital recording device onto a private computer file, and then deleted from the digital recording device once this transfer is successful. After transcribing the interview, all **personal information will be safely discarded**, which will ensure complete anonymity.

Data collected from the interview will be transcribed and kept anonymous, to ensure participant confidentiality and safety throughout. All information will be on a locked file on a private computer, ensuring no one can access it, other than me as researcher. Aside from the researcher having access to the interview transcripts, Middlesex University and NSPC will also store the anonymised data (**except personal information**) for a period of 10 years.

Once the study has completed and I have received a mark for the research project, all **data collected from the interview process will be discarded** from my personal computer, however, as mentioned above, all data collected (except personal information) will be kept by Middlesex University and NSPC for a period of 10 years.

All personal information will be kept anonymous, however, if information is disclosed whereby the researcher feels you are a risk to yourself or anyone else, the researcher will have to break confidentiality.

Who has reviewed the study?

An Ethics Committee reviews all proposals for research using human participants before they can proceed. The NSPC Ethics Committee has reviewed this proposal.

Concluding section

I hope to engage with Indian participants who have experienced counselling with a counsellor of a perceived different ethnicity to their own for a minimum of six sessions. I hope to create a project whereby counsellors and therapists can see the importance of cross-cultural therapy and the need to be more aware and educated on different cultures, ethnicities and religions, as well as their viewpoints on mental health and talking therapies.

Researcher: Nikita Maru – NM1153@live.mdx.ac.uk

Supervisor: NSPC - office@nspc.org.uk

10.2 Consent Form

The experience of being in counselling with a counsellor of perceived different ethnicity to Indian ethnic minorities who have immigrated to UK

Researcher: Nikita Maru
Supervisor: Simon Cassar

- ☐ I have understood the details of the research as explained to me by the researcher and confirm that I have consented to act as a participant.
- ☐ I have been given contact details for the researcher in the information sheet.
- ☐ I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so.
- ☐ I further understand that the data I provide may be used for analysis and subsequent publication, and I provide my consent that this may occur.

_____ _____
Print name Sign Name

Date: _____

To the participant: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Health and Education Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: _____
☐

10.3 Debrief

The experience of being in counselling with a counsellor of perceived different ethnicity to Indian ethnic minorities who have immigrated to UK.

Researcher: Nikita Maru – NM1153@live.mdx.ac.uk
Supervisor: Dr Simon Cassar

Dear Co-Researcher,

Thank you for choosing to take part in this research and making a valuable contribution towards the aims of the study.
The research you have chosen to take part in aims to gain a more in depth understanding of how those from an Indian ethnic minority experience counselling when working with a counsellor of a *perceived* different ethnic background to themselves.

> ***"How do those from an Indian ethnic background, who immigrated to the U.K. experience counselling with a counsellor of a perceived different ethnicity to their own?"***

Your time and trust to share with the researcher your experiences of working with a counsellor of a perceived different ethnicity to your own is greatly appreciated. It can be upsetting and thought provoking when discussing experiences and personal explorations of ourselves with another, thus should you feel distressed after your participation in this study, please contact the support services listed below. Please do not disclose your counsellor's identity.

Regarding your information, I will transfer the recordings from this interview onto an encrypted hard-drive and delete the recordings from the recording device. Your signed consent form will be stored separately from your anonymised interview transcript. I will then transcribe and analyse the information you have shared with me today, and your anonymity will be preserved when writing my thesis.

The New School of Psychotherapy and Counselling and Middlesex University Ethics Committee have ethically approved this study. You are free to withdraw from this study at any point in the process, without having to give any explanation and without any negative

consequences, if you choose to do so, all data you have provided will be discarded of in a confidential waste bin.

This debrief is your opportunity to talk about your experience of being interviewed as well as the rationale behind the study. If you feel you would like to talk more about any issues that have arisen in the interview process, or any difficult feelings you have experienced in relation to this, there is a list of multicultural and other organisations at the bottom of the page. * Once again, I would like to thank you for participating in this research project. If you would like to have a copy of the results obtained from this study please email me at **NM1153@live.mdx.ac.uk**.

If you have concerns or would like to make a complaint, please contact my supervisor at **office@nspc.org.uk**

***Further Support:**

- http://www.nafsiyat.org.uk/
- http://www.supportline.org.uk/problems/counselling.php
- https://www.baatn.org.uk
- https://www.mind.org.uk/information-support/helplines/

10.4 Interviews - Amina

What culture would you define yourself as?
Indian, British?

Erm, well, my ethnicity is Indian, so erm, so I would say that my culture is erm, South East Indian or Asian culture.

At what age did you arrive in the U.K?

So, I came to the UK when I was 17 years old.

What was the reason for you coming to the U.K?
University, work, family, threat of harm in homeland?

So, I came, I moved to the UK for work, and then went to university to pursue a degree. I came and lived with my aunt in Ipswich for a while, then moved to Swansea to do a degree and once I completed that came erm, back here, to London to erm, find some work.

Did you have expectations going into counselling?
Could you give me an example of these expectations?

I didn't have any particular expectations, I think it was, I was just using it as a space to talk through some of the difficulties that I had because I felt like I didn't necessarily want to talk to my family about what I was feeling. Erm, erm, I didn't have much of a choice I would say when I chose my counsellor, so I didn't have many expectations, it was just somebody, erm, who, had a lot of experience..

Why did you start counselling?

So erm, I moved in with some family when I moved here, and I think part of it was, erm, that I wanted to talk through some of the difficulties I was having, having moved, er to a different country, living with a different family, having been away from home, erm having to adjust to a different culture and life in the UK as well, erm, yeah.

Do you feel the counselling process was tailored to you?

I think so, she seemed to try and meet erm, me where I was in that moment. I think sometimes, she erm, she would try to use models, which I didn't find helpful. Mmm, not sure. She was attentive, and erm, would listen and was on my side, when I would, ah, moan about things.
Maybe, erm, she could have been better with the cultural side of things.
Could you explain that a little more I wonder?
Yeah, erm, like sometimes it would seem she didn't want to erm, go down that road. But that's what I needed. Being alone in Wales away from family. I needed that. She didn't ask much, erm, didn't really get to know the family side of things.
What was it like to not be asked about your family?
A little odd, erm, they do erm, come with me in everything I do. So even like erm, this was something I thought about a lot because of what they might say.

Did you choose to see a counsellor of a different ethnicity?
I wonder what made you choose one of a different ethnicity?
How do you feel, I wonder, having one of a different ethnicity?
How did the differences impact your counselling experience?
Did you feel comfortable during the counselling process I wonder?

I looked my counsellor up from a directory and found my counsellor. No, I erm chose a counsellor of a different ethnicity to me, I just felt like, I think a part of me didn't want to go with a counsellor to the same ethnicity for fear of maybe they might, erm, put me in the same box of characteristics, so I thought maybe someone who's a bit different to me might have different perspectives on my life and my experiences and might have something else to offer. I didn't think, I mean this is my only experience of a counsellor of a different ethnicity, so I don't know if I can compare it, but I suppose it was nice having someone of a different ethnicity and culture themselves to be able to offer insight into some of my problems and difficulties having moved to obviously a western culture and country, I thought that that would be more helpful, to assimilate to this kind of society here, so.
I guess sometimes I had to talk more about my own culture and religion, to help her understand and stuff, she didn't necessarily know a lot about it. But, I think she would still try to understand my perspectives and where I come from, my background, my culture, erm, and try to help me look at different perspectives as well in that respect. So yeah there were some things that she didn't know about my own religion per say or culture but she was still helpful.

Can you give an example of when you noticed some differences in ethnicity between you and your counsellor?
What are those differences I wonder?
Do you feel your counsellor understands you?
Did you feel like your counsellor had the skills to work with someone of a different culture?

Yeah, yeah I think I definitely did feel understood by my counsellor erm, it took a bit of time but yeah. I think it took me around 6 months to open up and say what I was feeling and for her to understand me and my point of view.
I think, erm, as long as you're a people person, you can work with anyone. You know? She is a people person. There erm, were some things maybe she didn't know. I don't know. I don't remember learning about culture. Erm, but I don't think she did much.

Do you hold a religion? If so, could you speak about this comfortably with your counsellor?
Can you give an example of when you felt understood?
I'm wondering if you feel you were taken seriously?

I do, yeah, I'm Hindu.
Yeah I felt comfortable talking to a counsellor of a different ethnicity in terms of my religion. I did feel comfortable sometimes, but there were other time where erm, I felt like, erm it wasn't what I was used to. You know … very formal. Erm, sitting in a seat across, and I didn't like the eye contact, I don't think erm, even now, ah, don't think I give much eye contact. Awkward. I was erm, usually always early too, and she erm, would never hear the doorbell ring.

How did you experience the differences?
Do you feel this impacted your counselling sessions?

I had negative and positive experiences.

How did the gender of the counsellor impact your counselling sessions?
Were they a different gender to you?
Did you feel comfortable with this?
How would you feel, I wonder, having a counsellor of a different gender? (If they didn't have one of a different gender).

Mmm, I don't know. Maybe? Erm, she was female, so perhaps she was more empathetic or emotive, towards me? I don't know.
Mmm, I think personally for me, I think I wouldn't say struggle but find it a bit, erm, difficult maybe at the beginning, until I built up a good enough relationship with him perhaps.
Erm, because I think some of the issues I had been experiencing, which is the reason why I went to counselling, might be perceived very differently as a male. My difficulties were very much of me as a daughter, in a family place that holds in society and life. And I don't know fi they would have been able to relate to that. But maybe I'm being judgmental.

Can you give an example of some of the helpful aspects of having a counsellor of a different ethnicity?

And an example of any unhelpful aspects?

Of her being a different ethnicity, perhaps if she had already had some stereotypes of the background I was from and had particular ones that would make her unable to fully empathise with the difficulties I was having maybe. So, she might have stereotypes about people from my background and also erm, I might have some stereotypes of her White background as well, so maybe perhaps sometimes that can be unhelpful.

Was that difficult? A littler, erm, I do sometimes erm, think "oh I wonder what she thinks about that"

If you were to restart the counselling process, would you choose a counsellor of a different ethnicity or the same?
Why?

I think personally for me, I would pick a female counsellor, I just feel more comfortable with them, erm, in terms of the ethnicity, I think depending on what I was going to counselling for, maybe I might have a difference of opinion but I think in this instance I would still go with someone from a more Western erm background in this respect, I think.
I think having erm, a counsellor, who erm, is the same ethnicity could also sometimes be erm, really hard. We don't agree with counselling much back home. We speak to elders. Parents, aunts, grandparents. Not professionals. It's not ok to do that there, it's not normal.

Did your expectations of the therapeutic process change over time?
In what way did they change?

I think it changed in the sense that in the beginning it was more, at the very start because things were so difficult in my life, like it was more an offload, a space to offload, unburden myself. Whereas towards the end, by the time I had done all that, it was more reflecting and

gaining different perspectives on my life where I couldn't do before. At the start it was I'm here to unburden all my difficulties and I can't see how to get out of it. Whereas towards the end it was a bit better.

Interview – Malisha

What culture would you define yourself as?
Indian, British?
Indian [laughs]

At what age did you arrive in the U.K?
26. 25.

What was the reason for you coming to the U.K?
University, work, family, threat of harm in homeland?
Erm [pause] because I got married, so…

And, is your husband British?

Yeah so, I got married, erm, and moved and, it was like an arranged marriage, erm he was erm, he is, second generation British Sikh. From here yeah.

What was it like for you to have to move here?

Well, it was exciting, it was an exciting thought to get away from home, get away from the cultural lockdowns of India. Thought I was going to be quite free and it was exciting. But erm, my marriage was only short lived, it was only for one year, erm and we divorced after that. And then erm I stayed on.

And did you choose to stay on?
Yes.

Why did you start counselling?

Erm, actually we both when we were married, I think 6 months into it, he suggested we try counselling, and I had no idea what counselling was. Erm OK yeah let's do that. So, we went for 5/6 sessions with relate. I absolutely no idea of what was happening and what we were meant to do. Erm, I look back and just laugh at that. Erm, and erm he decided to end after 5 sessions because he felt he wasn't getting anything out of it. And I just went along. Little did I know that that was going to be used in the divorce as an excuse. Erm, and the reasons to. So that was my first thing with counselling.

Did you have expectations going into counselling?
Could you give me an example of these expectations?
No.

And what about after that, did you have personal therapy or..?

I couldn't even understand what is this, I just remember going in and meeting someone and it was just blank. And then we were given some homework "this week make a list of 5 things you like about each other. Make a list of 5 things you don't like about each other." It was just that, what are you meant to do with that? Erm, no I didn't. then fast forward, this was 2007, erm, and 2012, I was married again, life had settled again, this time not to an Indian guy, he's British, he's English, yeah, different cultures. But things were good and then something just

dropped in me. And I remember going to the GP and telling him I don't feel happy about anything. And he's like here's some prescription pills, and I said no I need to make sense of what's happening I don't need medication. Erm, and then he referred me on to counselling and I attended 7 sessions. Erm, it was meant to be 8 but I attended only 7 because then my dad passed away in India, so I had to leave. And then that was left again. And then I picked it up when my dad passed away, 2013. The relationship between me and my husband just had massively suffered. We just started having lots of issues with me going back and forth back and forth. Erm and then we tried marriage counselling in 2014 yeah. That's when I began to understand what therapy was. With my second therapist, as well it was just blank. What's going on, no information what is this what am I meant to do. The client should know and research I think that's the expectation. From a cultural perspective, you'd have absolutely no idea these things exist.

And these were all British counsellors?

Erm yes, the first one yes, the second one not British, I think she might have been middle eastern, erm, or second generation middle eastern. I don't know. But the third one, with the marriage counsellor, she's Greek, maybe British Greek, but Greek, but it worked well. There was an energy and a connection that worked.

Did you have expectations going into counselling?

Erm, there weren't any expectations as such but I think the goal was rather than going in with expectations we went in with a goal. We got to fix our marriage.

Do you feel the counselling process was tailored to you? What could they have done to tailor it to you?

No. have a better sense of understanding with what one comes in with. You know. There are so many, invisibles in the room, yeah, you know. There are all these ghosts and skeletons in the room, all these
invisible objects, and if you don't take that into account there will always be an obstacle between the 2 people in the room. Well, that's what I've been getting.

Did you choose to see a counsellor of a different ethnicity?
I wonder what made you choose one of a different ethnicity?
How do you feel, I wonder, having one of a different ethnicity?
How did the differences impact your counselling experience?
Did you feel comfortable during the counselling process I wonder?

I took what was given. With the first one my ex arranged, the second one the GP arranged, the third one relate chose. Erm, but when, 2015 I started, I did the foundation at Regents. You know, certificate at the Tavistock for couples counselling. Erm, after that I decided to go onto the MA at Regents you had to be in personal therapy. So that's when I chose.
Erm, she is white British. I chose her, because I didn't think of Ethnicity then. I thought about location, convenience, I thought about, the distance, I had to go weekly, and I would have to get my ass over there.
I had to do it, I had no expectations.
It took a while to understand what was going on, because we could deal with my British surname, my British husband, there was a connection there so we could deal with all that

what's on the surface. It took a while to go underneath, and understand the cultural aspects that were in the room. Because it's very hard, what I felt, it's very hard for my therapist to understand. For her to understand what I was grappling with. Erm, my relationship and family. My sister my mother, my aunts my uncles my this my that. That's what I come with. A bit, it got a bit tough. It felt sometimes I didn't have a voice. Do I have to listen, do I have to obey. What do I do with it? Erm.
Erm, I'm comfortable now. I'm still with her, been with her for 5 years. Erm, it got comfortable as time went on. But the beginning was uncomfortable.

Can you give an example of when you noticed some differences in ethnicity between you and your counsellor?
What are those differences I wonder?
Do you feel your counsellor understands you?
Did you feel like your counsellor had the skills to work with someone of a different culture?

Erm, I think it was the attitude towards erm, just towards relationships. The attitude towards the siblings and the families and the extended family. Erm, that sort of thing that made me become more aware of it. Erm, how somethings are sort of taken for granted, and how certain things erm, within the British culture it's me my family unit it's us. And the mother and mother in law and siblings are all separate, sort of thing. And it's very hard even to this day, it's hard for me. It's enmeshed she will say. Look we can all very well talk about it; I'm sitting here talking about it and I can understand and implement it in my British family but there is no concept. It is enmeshed, and I'd be a fool if I'm fighting against that. It doesn't work.
I think now she does. It took a couple of years I'd say, maybe 2.
She had the skills, yeah. I think what she had was patience, erm, even at times where I felt that she might be getting frustrated, erm, but she was patient and was dealing with whatever was coming up. Erm she didn't judge me for it. That helped.

Do you hold a religion? If so, could you speak about this comfortably with your counsellor?
Can you give an example of when you felt understood?
I'm wondering if you feel you were taken seriously?

Sikh Hindu.
I'm not very religious, I follow it, but Ive never really spoken about it. Religion hasn't really infiltrated my life here. It's very little. But yes, it hugely is impactful. So, it's almost like a very split world I live in, like switch on switch off. It's very powerful that it's when I go there, I'm a very different person and when I come here it's very different.
I go home 3 times a year.
I guess, I haven't really thought, I haven't had any strong, erm, strong opinions on that. But like I said it doesn't really impact much of my life over here I guess. Erm, so here's an example. In my Sikh religion, there's this thing about the whole COVID situation. So it's the community, the serving, the service for the people, extend yourself. Whether it's like you know, offering help to the elderly in the building, you gotta do the Seva, that's my cultural thing, that's my religious thing. Here however, it's narcissistic, you putting yourself out there you're risking this, you're risking that. What is it about your own needs that your projecting onto the other and you want to rescue them and all that. So there's a split there, so we talk about that. That's something I grapple with and I will continue to grapple with but at least I'm aware of the fact that I can talk about it with her. I know it can be perceived that way,

projecting my stuff onto the other. But that's in my DNA, that's what I say, it's in my DNA, it's instinctual.

How did you experience the differences?
Do you feel this impacted your counselling sessions?

Erm, maybe I haven't talked about it that much, or maybe I haven't explored it that much. It hasn't really occupied much of the room in there. Or maybe because uncomfortable with what I do and how I am, erm, definitely things about race and culture and sensitivities and differences, I've thought about in college and work, and the course themes would come up. Erm, you know. Here's an example, something ive worked with in counselling with her. I don't know how helpful that was or not. I have Asian thick hair, and I wanted to get them dyed one day, erm, and we were in Cornwall, my in-laws live in Cornwall, and I said I need to find a hairdresser to do my hair. And there was a big faff about 'oh you'll not find someone here to do your hair' let me ring around to see if anyone can do Asian hair. Now to me it sounded like you know she's trying to be helpful. But when I shared it with others, 'oh she's trying to put you down, she's highlighting the differences, it's erm, what does she mean, that Asian hair can't be done or not?' I didn't make much of it, and spoke about it in therapy, and just expressed how I felt about it. But It didn't move forward. So I don't know if that was meant to help me or not but I don't know.

How did the gender of the counsellor impact your counselling sessions?
Were they a different gender to you?
Did you feel comfortable with this?
How would you feel, I wonder, having a counsellor of a different gender? (If they didn't have one of a different gender).

It was location and who was available. She was number 3 on my list. Rang the first one and he didn't answer, erm, the second one got back but he just gave me someone else who had availability and she was number 3.

Can you give an example of some of the helpful aspects of having a counsellor of a different ethnicity?

There is a difference and another side to it, but there is an openness to that other side now.

And an example of any unhelpful aspects?

If you were to restart the counselling process, would you choose a counsellor of a different ethnicity or the same?
Why?
No I think I would still choose her.

Did your expectations of the therapeutic process change over time?
In what way did they change?
Erm, I don't have any expectations. But when my requirement was done my hours were done, I had the choice. And at that point it felt like you know what it actually feels like now I am beginning therapy. After 4 years of my requirement when that was done, I didn't have to do it for college, now its starting. Erm, I think that was a big recognition. It's my choice, my decision, I wanna do this for myself without fulfilling some criteria.

200 It took a long time to understand what therapy was doing, it took a while to see that.

Interview – Anika

What culture would you define yourself as?
Indian, British?
Asian Indian

At what age did you arrive in the U.K?
Um, oh God, so I must have been about 4. And then we went back I can't remember how old was I, I think I was 7 when I went back, and then I came back. So, we only went back for, I have a vague memory, but I do remember we came, we went back. I think it must have been for a year, so I know I was away for a year from school. 7 or 8 because that's when things were very different when I came back, I had to go to another school, I recall that much.

What was the reason for you coming to the U.K?
University, work, family, threat of harm in homeland?

So, there was a mixture, my grandad was a journalist and he worked for a, he worked for the paper in India, and he moved a lot, so they moved quite a bit and they moved to Gujarat. But then in 1970 when the Kashmiri shit happened between Hindus and Muslims, Hindus had to leave as they were known as Kashmiri Bandits, and they had to leave, and my dad had to leave. Then my dad got married to my mum in 1977 and came over here. We've got Asamine, Gujarati, Swahili in my household, we don't even have a dialect. So out of fearmongering and and hiding, my dad actually never told anyone that he was Kashmiri, it was pure fear. Erm, I didn't find out until 7 years ago. It made a lot of sense, um, I have very good lovely memories of my grandad, my grandad is my support system, I do believe he, when I say this people look at me like I'm a weirdo, uh, I do think he is my support, ah, ah, hidden force that makes me who I am. Um because my grandad would tell me stories and I would never understand them, and it didn't make sense because, you know, I always thought they were mythological stories growing up. What he was talking to me was really what he saw in Kashmir. Um, but he hid it, because my dad didn't want us to know. Um, finding out for me explained a lot, because growing up for me here in this community in the UK, I never fit in with Gujarati people, and I was told well you're not Gujarati, you don't look Gujarati, are you Bengali? And I'd get all of this. I've had people talk to me in Bengali. Thinking I'm Bengali. And I was like, ok, no, I'm Gujarati. And that's what I thought was my identity, um for many many years, um, 7 years, last 7 years I've said, no I'm Asian other because I'm not Gujarati. Don't know where I belong, yet, I call myself a citizen of the world, um, but it's made me realise, that there's a lot I need to know, before I can identify that. It's really hard, being in this country, you don't know, you, well, in the 80's – 90's, being Asian, being called a Paki, being, having long hair, having pickle and roti as your lunchbox meals or, crisps sandwiches, I would get called names, get called Paki, smelly, all of that, and then trying to find me, I stopped being culturally present with my culture. I wouldn't identify myself as Ameepurva, I would identify myself as Amy. Hi, I'm Amy, and they'd be like, Oh. And that's how I'd be, and I wouldn't want to know anything about my family, I wouldn't express myself in that way, stopped listening to Indian music, stopped wearing Indian clothes, did everything to make myself as common as possible. And when I found out this, it explained a lot about why my own community, Gujarati community, didn't accept me, because I wasn't Gujarati. And I didn't look like that, my skin didn't look like that, I don't speak Gujarati in that same way, I somewhere along the line understand other languages, it's bizarre. I now say

Ameepurva, I give people the option, but I do identify myself as Ameepurva. Am I Indian, or am I Kashmiri.

Why did you start counselling?

So, growing up here, or growing up in general, people don't talk about therapy, you don't talk about going to your doctor, that your son has depression. My aunt, my mum's younger sister had postnatal depression, um, she lost her baby girl, and she was um, in India, they still do shock therapy, they shocked her. She was divorced, she was given a divorce while she was in mental health institution because her baby died, cot death. Um, so that got me to understand a bit more about my culture and upbringing. She was also married to an Asian family, a Gujarati family, so that says a lot about the way people thinking. Um, my mum went through depression when my dad left her, um my mum and dad divorced when I was 10. Abusive domestic violence relationship, they would tell people outside, everyone would think they're perfect. My dad has a lot of trauma. My dad watched my mum, my my grandmother, commit suicide when he was 13. Because of what happened in Kashmir, which I didn't know. Um, and then my brother has psychosis. So, this is how this path came to me. Um my brother had drug induced psychosis. Um he was 23-24 when he was sectioned, he's about 8 years older than me and I was 17 and I became his carer all of a sudden. Here is your brother, you're a sister, your responsibility. I didn't have a clue about what mental health was at that time, I was 17 I was about to go into university, um, 17-18 I was, about to start university. I didn't go university, I um, went a lot later, because I had to manage a household, and try and get him, make sure he gets his treatment and medication, um and then when I went to… I saw a situation where I saw my mum and dad come together, to try and pretend that there was nothing wrong with my brother, that he had "najar", somebody had done voodoo on him, somebody had put something in his food, it was his friends, um, and I had to be the adult in that room. Fully still feeling like a baby myself, trying to tell my brother to take his medication because it helps for him to do this. And then I realized, I understood more that day that there is nothing for Asian people, for my brother's age, so he's about 42 now, 42-43, that they could go and get support. Um, and that made my journey go into mental health and advocacy. Um, I went to university, I did a theology and religious studies degree, because I was really interested and the fact that I tried to watch them to do exercise something out of my brother. They had, threads, prayers, they had everything to try and get him better. They even tried to say I will give you £5000 if you sort your life out, but he was beyond that, um, so I saw a lot of that going on. And I wanted to understand more about my faith and, I was always interested in that, I wanted to become a teacher, that was the whole plan. Went to university when I was 21, after trying to help him out, sort his life out, his recovery journey. Um, and then I realized there was a lot more of this, um, faith practitioner, talking about mental wellbeing was never there, I was like this is not for me. I went into working in social justice, to go into faith based communities and say OK if somebody has mental health you don't need to exercise them, let's do something, let's help them. Let's talk about counselling let's talk about taking the right medication. Talking about Alzheimer's, dementia. And then I started working for a mental health community, a mental health charity. And in that charity there was um, I worked for the Prince's Trust. So, from 16 – 25, people came out after being sectioned, planned to get them back into normal, being sectioned after 28 days, 6 months, however long, um, get them back on their feet get them support they need, so I worked for that for about 3 years. And then I realized that I wanted to do a bit more with my qualifications, so I got into counselling, did my foundation in counselling and worked up.

Um, so I always had peer support so like my, on of, a really good family friend, I call her my Godmother, um, she is a Psychotherapist herself, so I always had sessions with her, we always talk about things, and I didn't know that was therapy, um, and then my proper journey started when I went into this qualification.

Did you have expectations going into counselling?
Could you give me an example of these expectations?

My first session I didn't know what to expect. Never done it. It was 7 years ago that I started my therapy, that day, yeah I found out about my identity, being Kashmiri.

Do you feel the counselling process was tailored to you?

I would say there were bits that could have been different. I think, I think the cultural lens is still forming in therapy. Um, saying that, the therapist I've had have been amazing, they were, they helped me challenge the inner cultural critic that I have inside me. That cultural parenting that is very much me, that has been embedded. Why can I not have a kid without being married, all those questions that provoked questions for me, so that's what what it was. It helped me tailor things in a different way like to get rid of the stigma, the cultural stigma that we carry on. Or I carry quite strongly, and it got me to question things, and it also got me to, I don't think I would have been able to, at that point in my life, talk to an Asian therapist. I think it's because, of the treatment I had been received from Indian Asian people in my past, it gave me a barrier, to be able to trust Asian people. Without being judged, I would, I'm 35, there is an age gap, that era of the 80s and 90s kids that I come from, you were judged for not having straight hair, you were judged for not being of a certain size or being a certain person, going for a certain role. I've been tomboy-ish, I've been very, I've said what I want to say in my past, and I've made it very clear how I feel about things, and quite open, and I'm black and white I don't do grey. And I think at that point, for me, I couldn't even find an Asian therapist, I was advised, why don't you look for an Asian therapist, but I couldn't even find one I could connect to. Um,

Did you choose to see a counsellor of a different ethnicity?
I wonder what made you choose one of a different ethnicity?
How do you feel, I wonder, having one of a different ethnicity?
How did the differences impact your counselling experience?
Did you feel comfortable during the counselling process I wonder?

Yeah, I have, actually my therapist currently, yea I have, he's male, he's Scottish, he's amazing, we have a good laugh. And and, I can be open and honest and it's raw, and that's what I need.
Um, and they have, we've had a few ruptures and repairs, and the best way we can try to understand each other's culture, where we're coming from or, also, for me to really sit back and think, that's a wound, that I haven't dealt with, that I need to deal with. So, it's been really useful and at the same time it's been impressed. What I've found is that one of my previous therapists, I've been through 2 therapists, um, so far, and I kind of like that. One of them was from south Africa, so we were able to like, talk about what it was like to live in that moment of, oh my culture my identity, who am I. So, it's been really really useful. At the same time with my current therapist we talk about you know him being male, me being female, how do I feel about talking about certain things. Um, especially childbirth, rawness of pregnancy, rawness of you know, the experience, postnatal depression that I went through, all those

things. So, it's been really really useful, so I think, it has, it's exposed me to go beyond, um, and talk about it more, and be more open and say you know what, it's OK to have a male therapist and talk about shit. If I told someone I went to therapy they'd say, but you're not crazy, you're happy you have a home, you have a job, you have a baby, you have a husband. So, it's great, I think it's really useful, I've learned a lot.

Can you give an example of when you noticed some differences in ethnicity between you and your counsellor?
What are those differences I wonder?
Do you feel your counsellor understands you?
Did you feel like your counsellor had the skills to work with someone of a different culture?

Yeah, I would say so. And I think it's because they really, came from languages and barriers where they came from so that's made it easier. Um, my current therapist is Scottish, he has a very strong Scottish accent, he looks like a Scotsman. He's big, he's broad, he's one of those, and I think he's gone through his own issues as well. And you can feel what he's trying to say to me, that yeah, I've been where you've been. So yeah, I think that's helped because there is that diversity of dialect.
Now, looking back at it, my first therapist didn't. No, she didn't. And that was OK. I think somewhere along the line she tried to become my mum, and I appreciate that's maybe the way she was but, I don't need a mother, I have one, I need a therapist.
Um, it's better (with the Scottish one), yeah, it's been so much more better, more so because um, I think he's more broad minded, that's there. And I feel like he does care about the cultural lens, as being a tutor and supervisee as well, I think he's there opening up those questions. And I think it's also the modality he uses, that played a huge differences.

Do you hold a religion? If so, could you speak about this comfortably with your counsellor?
Can you give an example of when you felt understood?
I'm wondering if you feel you were taken seriously?

Yeah, I do, I'm, well, my family are practicing Hindus, I am a practicing… That's a very good question actually. I'm a practicing Hari Krishna Divotee. At the same chance I have a very strong belief in a female, uh, I'm trying to say this in the right way, female divine side of it. So, I, yeah, that's where I am.
God yeah, oh yeah definitely. Because um, it's an open dialogue, very open dialogue.

How did you experience the differences?
Do you feel this impacted your counselling sessions?

I think, me being me, and im still working through, sitting with the silence, for myself as a client, and being able to sit with the sadness. Im the type of person where I would want you to, I like to be questioned, im not not, yeah. That's something im working on. Really, it's, yeah. It's ok to be quiet, it's ok to show rawness. And it's been quite challenging, um, and also I feel like when im at that level im not in control. And I'm a control freak, complete and utter control freak I am, um, and it's just letting go of that control. That's really hard that's where I think, it's also quite challenging for my therapist, because, he wants me to be able to just be open about it, and sit with the rawness. And it's gotten better, post having my son, because, I cry about everything, I cry on junior bake off when someone leaves. It's opened up that part, but it's taken me so long.

How did the gender of the counsellor impact your counselling sessions?
Were they a different gender to you?
Did you feel comfortable with this?
How would you feel, I wonder, having a counsellor of a different gender? (If they didn't have one of a different gender).

I don't know if it was me, so um, growing up, I was a tomboy, still am, given birth but still very much the girl who plays with Lego, and anime and stuff. So growing up, all my friends, my best friends were guys, always been like that, that's just the way I am. Um, it's partners and boyfriend's, always been male, still friends with them, we can all be in the room, and we are all decently having jokes and that's just the way I am. Um, I haven't got a lot of female friends, I struggle with that, and I don't know if that's just me um, my conditioning, I don't know what it is. But having her as a female therapist I attempted to really try and see how this goes, but then to mother me with teas and biscuits and flowers, it was a bit too much for me, and I think that for me made me think I could never see a female therapist. And that's how it came about, I came out of there thinking, South London therapists, let me have a search, and that's what ended up happening, and I feel it's a shame, because I feel it's really like, it clammed me up even more, um, yeah. It really clammed me up, I didn't want to be mothered, at that point. At 25, 27, I didn't need to be mothered, I didn't want to be mothered, I wanted to be free. I wanted to have that, I wanted to have that autonomy. However, going forward in my journey I had the experience of meeting someone who really has empowered me, but she doesn't identify herself as gender, she's nonbinary. She works a lot in prisons, she's a therapist, tutor, supervisor, she's amazing. I had a weekend with her for my study, and I though thank god there is someone here on the same page as me, same level as me. And that was me transitioning from one therapist to another, and, it was really what I needed at that point, it's what I needed. Where i want to go, where I want to work in and she was giving me all those, she was there for me. She helped me, she gave me confidence again.

Can you give an example of some of the helpful aspects of having a counsellor of a different ethnicity?

I think it's in definitely was when I was pregnant and talking with my therapist and going through the all the motions, all the feeling and frustrations, my pregnancy wasn't easy, Lot of external influence going around. as well as I had the baby that doesn't sleep I still have the baby that doesn't sleep .and it was inside me so it was quite emotionally draining .and I remember feeling really rubbish because I hadn't um I didn't want to celebrate. I didn't want a baby shower I didn't want to do the traditional stuff I was anti all of that. and the best thing that I had ,that I needed ,he said it's your body ,it's your baby ,it's your right .and that for me was something I needed to hear that I don't think I would have been able to hear from anyone else ,when he said ,say no .stop trying to entertain everyone ,and I remember stop being ,please others .because stop .because if it's going to impact your well-being don't do it .um the day that they wanted me to do the ceremonies and the faith ,religious ceremony ,I wanted to go feed homeless people .something I do ,em ,where my faith ,my practise of the mantra ,they feed homeless people .that day they had a run for food for life .nobody would have given me that autonomy to say no it's your choice ,how you want to celebrate you do it .it was the best hot Saturday ever ever ever ever ,in the whole world I've had .it was the best .I made halfway for my mum and my partner ,my husband .em ,we agreed on one thing ,a small ceremony ,five people ,or I won't turn up .I was really really stubborn .

And an example of any unhelpful aspects?

You know when you ,I don't know for me ,I think ,um ,you know when you want to say something but you can't translate it because it's something your parent has said and you're doing it from how they've said it to you ,in the language ,then trying to translate it to English ,and make it explaining ,that . there are just some words that you just can't explain, because the dialect is back to front. um, especially my mum speaks a dialect or Gujarati that's very different, but I think she mixes it with Swahili at times. trying to translate that, the expression, the emotions that is none of the same cultural background is very hard sometimes, the emotions that come with it. but, yeah.

If you were to restart the counselling process, would you choose a counsellor of a different ethnicity or the same?

Why?

in hindsight, I'd probably would have explored more, asked more questions when looking for a therapist, initial process .em ,but no .no .I think it's taught me a lot about how to be open ,how to question and how to say no, at the same time, self-care a lot of self-care ,so no .

Did your expectations of the therapeutic process change over time?

In what way did they change?

Not really, purely because um, my current therapist, it's quite open and fluid, the fluidity is really there. em, we always ,what do I want to bring to into this session . it taught me not to have an agenda. before I would have an agenda going into therapy, now whatever comes up is verbal diarrhoea.

in the five years I've been there we have never talked about culture I've never heard the word culture come into the room. And to be honest, I think there were only 3 of us in the year. No 4 of us, and we didn't talk about ethnicity. I was like OK, fine, it's middle class, institute, fine, that's not the problem. We had one session in year 3 for 2 days. That's when it hit me, that what is this.

Interview – Anjali

What culture would you define yourself as?
Indian, British?

um Indian Hindu yes that's what I would say yes
British Asian you know sometimes you feel in the forms that's what they're saying but I wasn't born here so…

At what age did you arrive in the U.K?

19
I'm many many years in the early 70s

What was the reason for you coming to the U.K?
University, work, family, threat of harm in homeland?

I do this to study to do my in those days it was O levels some my my my maternal family by specially my dad and my uncle and my grandad they were all very educated and it was a different side sort of different way I would say different but forward thinking way of living and all the males in the family were very sort of loved the the females love the gender roles they were very strict about what to do and what not to do on and the males were very Le Lena but very forward thinking so studying and all that was equally shared between myself my brother my cousins because there was like 17 of us altogether.

Why did you start counselling?

if I'm understanding right Nikita there right so why because why is the very question that I was hoping you will ask and why why did I start because following the reason that I start started and during the study and at everything it would effectively ohh what can I say it was profound that training was profound and very awakening and I respect that it gave me a deeper understanding of myself however Nikita it did not sort of address the core of who I was.
I was different of course I totally differently how I saw because that's how I was programmed boys separate girls do these boys do this horrible I also came from a very open family I my girls laugh when I say I don't know about dating and cooking and all that is sometimes I joke then say I missed out on that now right So what I'm saying is it was totally different.

Did you have expectations going into counselling?
Could you give me an example of these expectations?

No because I know that's that's the area that I wanted to even say because it will help you in your in your thinking or wherever so no now because I I am not on the integrated course for a few reasons yes it was also very near to my place.

Do you feel the counselling process was tailored to you?

Not at all no because I say if I if I took it because it's personal therapy is not supervision so whatever comes up for me I will take it in there but the way she saw it was very like I

mentioned individualistic white British or in that sense or understanding was again based similar to my tutors or my supervisors the explanation and the more I would go into it I would get frustrated I would get angry I would say that because this is how I think right but important was not given to what I am thinking as a different person or why I'm thinking like that it was very much okay according to Freud according to Jung you know it was on based on that kind of thing.

Did you choose to see a counsellor of a different ethnicity?
I wonder what made you choose one of a different ethnicity?
How do you feel, I wonder, having one of a different ethnicity?
How did the differences impact your counselling experience?
Did you feel comfortable during the counselling process I wonder?

From the list that was given to us OK yes because o you know it was more creative ways and she was from art you know IET so that's why we have the study of ito all the theories but that was on my mind forefront because she had more creativity and I I'm going to be qualified so that's why I began and it was not even was over one year or so I'm increasingly rising before I changed it you know even when you change it's a similar thread running in there and I think it is so important because that's why you you take that's where the change or transformation happens within yourself right and that's the emptiness that I was feeling of not being listened to understood so I went on that I went through the whole um what can I say the whole course from from the Masters 23 and then the Masters was only 25 and it got lesser and lesser up in four years because it's expensive yeah placements are not paid that's another thing I wrote to UKCP.

Can you give an example of when you noticed some differences in ethnicity between you and your counsellor?
What are those differences I wonder?
Do you feel your counsellor understands you?
Did you feel like your counsellor had the skills to work with someone of a different culture?

Oh yeah when when like sometimes it's about belief sometimes it's about rules mostly I think if I remember it was that you know many years ago but yeah I think it was more about cultural beliefs and how could I confirm that when I'm in this country and I'm surrounded by this ending in no those are my roots this is how we adapted in India this is how we live and say for example for sharing the backroom that was a very good example that just stayed here right so here is like having taken bedroom children had determined okay you have money or whatever it is I don't think about money because there we had we had everything all six and their children my answers to mostly be around all the way mobile but when I did you know the children played with every step a maybe in one room you will sleep for four of my cousins the others all that sometimes I remember as a child if I'm not well 19 years old I would have my mum I don't know you know my grandparents with me so it was a communal if you're talking about Bowlby right now this is the way I live then Bowlby theory okay will be right because I had a lot to go and not questions when I ask who I was Bowlby like you know for his difficult what he had you know which is theory and the last so all his books and all his ideas about loss right attachment and loss So what my question to them was told a supervisor including the Tavistock right and they said Anna nobody has asked us this I said look they're talking about character was okay not just remarkable and he was but if you have seven care givers then what.

Do you hold a religion? If so, could you speak about this comfortably with your counsellor?
Can you give an example of when you felt understood?
I'm wondering if you feel you were taken seriously?

Yes, Hindu.
There were moments that she understood but it was based on on the models not only this in short in one word you know social graces Yep had social graces this brings everything in the systemic discuss social graces is called gender everything if you Google it will all this be coming so in the social graces area she had no awareness in the psychological models and other models yes if you say Rodgers yes you know things like that but this didn't come into the therapy so you tried 3 four times then then he is not working why am I spending my time in that when I can bring something else. You switch off, just like a child. You go off. It was hard, very hard. It's a place where you feel safe, I didn't feel safe, I didn't feel listened to, I didn't feel heard.
ah he yes in many many sense but also there comes in because you know this will come into our conversation so this is why I'm saying to you that why i was in this training and then what was going. If they couldn't understand the beliefs the cultures etc etc they don't have these understanding.

How did you experience the differences?
Do you feel this impacted your counselling sessions?

I felt angry that she wasn't understanding my cultural norms.

How did the gender of the counsellor impact your counselling sessions?
Were they a different gender to you?
Did you feel comfortable with this?
How would you feel, I wonder, having a counsellor of a different gender? (If they didn't have one of a different gender).

Not at all. I don't think I would mind man or woman. I would I think um be comfortable with anyone.

Can you give an example of some of the helpful aspects of having a counsellor of a different ethnicity?

Ah, positive in the sense that it was helpful in in in the course that I was doing okay she played like I said there was not a bridge between the course itself and the diversity similarly with my personal therapy there was not a bridge because I didn't think she was aware or knowledgeable for this yeah. With the creative excellent perfect child she was very creative and she was even in a body form you know acting and role playing and all that so that was really cancel but this is who I am this is what I'm going to prove this I'm going to work it won't change my things.

And an example of any unhelpful aspects?

Therapy to two weeks even the personal therapy was white Jewish lady who do I take when I was expressing something I know when I when Nikita was trying to explain many times I felt anger now remember in my training and training for everything countertransference transference what I'm feeling in the room that's what I'm doing with my placements and

things I'm feeling it I'm knowing it is bringing into the room yet even if I would say I think you know I see you angry it would be kind of you know something else something else so I changed.

If you were to restart the counselling process, would you choose a counsellor of a different ethnicity or the same?

Why?

I would go for myself same like mine because because the difference is already talked to me in the training because there's so much in that other side as I said ordering the other side so they are on the other side even now they're not now they might be opening up their pages but when I was there they were already on the other side which they were giving me right but this is come this needs to incorporate both everything together to make me what I can be an give yeah you know so so don't know I would have somebody it reminds me Nikita also to say 1 one of the whether you see it as a downfall or where can you see the the pros and cons if you talking and I thought I just mentioned to you about how believes having joined families what can happen right here so you understood that and but you know to remember that and the other thing is because of that tradition this is a very wide about middle class or regional but wait for the profession and you won't find many this is my other struggle initially as setting up The Tempest like if they're looking through you know because we've always been self-employed right so that's why I was getting towards that and you know with now few years I was thinking that's best but what I notice the struggle was of by age nowadays maybe youngsters there but when I qualified and if you're looking so for a child of course the pants are going to contest at the parents are similar age to mine or 10 years younger it can't be doesn't come too other groups write it is it is more about faith believing in God and things like that yet this is where they are not grateful help it they had not having that awareness I tried so much right I wrote to schools I wanted to go you know our school like at the school's writer you know nation and all these no they didn't believe it in there, reading that and I can see I can see that I can be so supportive specially the adolescent people having so many problems when I was working east London you know everywhere south London I saw the struggle between specially younger children as well 8 year old if they don't need for three days the parents would say oh maybe.

Did your expectations of the therapeutic process change over time?

In what way did they change?

No, I didn’t expect anything different after that experience.

Interview – Sneha

What culture would you define yourself as?
Indian, British?

Indian British because I was born in India and took nationalization here.

At what age did you arrive in the U.K?

21

What was the reason for you coming to the U.K?
University, work, family, threat of harm in homeland?

I was married here, I got married and I came here. My ex, erm long time, he came to India and it was an arranged, introduction, but we agreed to marry.

Why did you start counselling?

Then, then it starts the entire story. The story is that I was, after coming to England I found out that my ex's family didn't like the fact that I was educated, and I could speak English. And erm, a lot of emotional abuse happened in that marriage. I almost had a nervous breakdown from all of it. They threatened to kill, kill my family and myself, and I was taken back to India, and I came back and many such things happened that at one point I thought I really need to find a way, for the years, 2005 to 2007 onwards, I have had therapy off and on, mostly by white British people.

So did you have therapy because of these traumatic experiences you had?

Yeah, yeah.

Did you have expectations going into counselling?
Could you give me an example of these expectations?

No I had no clue what I was going for to be fair because growing up in India it's still not a recognized concept, except in some big cities maybe but not in the bulk of the country, for a better word. And then, erm, I think I realized there was a part of growing up in India, being, erm, amongst other things I was born in a Hindu family brought up, went to school at a convent, day school. I came here and when my marriage broke I, kind of, moved away from the community and all of that. I ended up taking up Islam as my faith and religion, and a couple years ago I dropped that. So I know use a changed name when I converted to Islam but I no longer follow a religion if that makes sense.

Yeah so…the first, erm, did I start to have... Erm no, I…around 2004ish I was referred to an occupational therapist in a GP surgery, she said to me, "how can you live with yourself with such choices." And it was around those that I had converted and done this that and the other. Until all of that there was the … which left me questioning at that point, which led me to Islam. When converting to Islam some of the contributing factors was that, it was masked and covered and not acknowledged. And it goes with their culture and geographical world. So I

mean, when I made those choices and talked about this, she was a Guajarati woman herself this therapist who said these words and I thought to myself I would never go to another therapist of any kind. Not knowing actually what it was to mean. And then I, then the first thing I had was CBT, of which I came out of it aggressive, and then I had person centered, 2 years, and that brough about amount of calmness, erm. And then it was around that time I went about exploring studying counselling and psychotherapy. But then I had a friend, and said, if you work with depressed people you become depressed, so I gave it up. 2012 – 2013 I started to study, and I graduated this day last year.

Do you feel the counselling process was tailored to you?

It was applicable to anyone. When I sought therapy the last one, that was the therapy what I was looking for almost, it sought me.

Did you choose to see a counsellor of a different ethnicity?
I wonder what made you choose one of a different ethnicity?
How do you feel, I wonder, having one of a different ethnicity?
How did the differences impact your counselling experience?
Did you feel comfortable during the counselling process I wonder?

Erm, I didn't go about choosing, before that any type of therapy I sought, I didn't want to see an Indian, Asian one. With having therapy with him, was commendation of a white friend, in his 70s. so I said do you recommend, and he gave me him, speak with him. And I did and I think I was by that point at that time, my first words to that therapist was, I'm starting placement next week, and I've been seeing him for 3 years so yeah.
Erm, and in the first time I walked in, he asked if I would shake hands, and I said I wasn't strict. So, about a year or two before I used to …. there was a beginning process to religion, layers, going on, a learning process. And there were many times of a want of, concept of where I came from, he would ask. The Indian lady in training therapist, the best thing she did for me really, as I reflect on that time, she would ask if she didn't understand anything or and I wouldn't offer an explanation unless she asked me at that time. Sometimes I would ask "does this make sense" and she would say maybe you could elaborate more on that, and I would. And it would help to understand but then again, I think I grew up with a really western modern attitude myself, even though I was brought up in India. I have been minded very accepting very erm, fairness, attitude then, solidarity, because we are blood relations for example. You know. So, erm, my mum used to say things like, you turn like the winds, you're never constant. And what she meant was, if we overheard a conversation, and dad said something bad, and then mum said something bad, I would agree with my mum then they would say stick with one person, and I would say well, I stick to what I agree with, one or the other. I'm not going to choose one over the other. Which is not how most people treat each other growing up.

Can you give an example of when you noticed some differences in ethnicity between you and your counsellor?
What are those differences I wonder?
Do you feel your counsellor understands you?
Did you feel like your counsellor had the skills to work with someone of a different culture?

He's been in the field 30 odd years so, not being just a seasoned counsellor, but very, that thing of, and very erm, empowering, and autonomy promoting individual.

After the first session I didn't agree with what he said, but then I was still in that early stage. It took a year for me to open up and really tell my story, be heard and believed. And, without me almost knowing, until it came and bit me in the face kind of thing. Very skilled at pointing out that he was bringing about a change in me, or he waited for me to see it rather than just pointing it out. Wasn't questioning why and what you doing there.
Oh yeah, and at one point, I asked, or did I not. I remember his words saying I would not ascribe to any religion, it's not about me here. And that was good to hear almost, as a trainee and also as a client. That, he put the focus back to me, though I almost in the last question, I … subscribe to religion. And when I would start to question my religion, he would talk about something like does that sound like this, and I was like oh yeah that's how it does feel like. And so, it's almost like a match in our thinking, yeah it does sound like that, bloody hell, I mean that.

Do you hold a religion? If so, could you speak about this comfortably with your counsellor?
Can you give an example of when you felt understood?
I'm wondering if you feel you were taken seriously?

How did you experience the differences?
Do you feel this impacted your counselling sessions?

Differences, I think at one point I came away telling him I don't feel like I was here, between him and me. I'm brown, [he's] Irish White, so pale, pale white he is. I am like a 5'2, he is like a 6 something and being an ex sports person, he's huge, and I'm a little. If that makes sense. But, with all those differences, there were those very huge, of bringing differences, he's brought up in a very erm. I mean There are times where he would self disclose as it were, there were a few things he would say erm I might not understand. I cannot deny the fact I had a very loving... And in those words part of me thinking yeah why would understand then, how could you? And my childhood. But then he still got it, and it was just getting to terms with, and I couldn't understand and didn't bother trying. Defiance of the best of bringing certain experiences. It doesn't have anything much to do with anything.
Those were such sessions that led me to some point, that why does it matter what colour I am, or whether I have an accent or not, whether I have long or short hair, brown or blue eyes. What does it matter? Why does it matter that you and I are breathing beings and could be so kind of, so much better off for loving one and other. And, I think it was in that moment that I should have known that a lot of shit had happened for me, and I remember him talking about one of the guys that had written a. book, I think that one of them, he said there have been practitioners in the past who have had clothes on. It isn't about the clothes and presentability. It's about beings. And the connection.

How did the gender of the counsellor impact your counselling sessions?
Were they a different gender to you?
Did you feel comfortable with this?
How would you feel, I wonder, having a counsellor of a different gender? (If they didn't have one of a different gender).

No it didn't, like it said it was just like we were 2 breathing human beings. Not having had any shape or form. Being defined as 2 different entities and individuals in our rights. And huge age gap was a generational gap, older than my dad. And yet he got me so much better than anybody else ever had you know, in the British mindset. I healed much of the past.

Can you give an example of some of the helpful aspects of having a counsellor of a different ethnicity?

And an example of any unhelpful aspects?

Having practiced for 20-30 plus years, erm, I had him as somebody who's got everything, as most clients do. They must have no issues, with their family relationships. One day he asked me "do you really think my life is absolutely perfect" and in that moment I thought "oh yeah he must have some shit going on too" and I didn't want to believe it. Up until that point things were very unhelpful but it felt like there was not a power balance, but what's the word, socio economic status vibe that was different. And that used to really piss me off. But that was a difference.
I didn't grow up thinking these things. I didn't grow up thinking oh this is a Hindu name, or a Muslim name like that. It all just got highlighted with my life and erm, of coming here. So it after 22, it was about 30 that I learned about the Holocaust. I didn't know that Judaism is a caste and all the drama that happens. So it was a very small world I lived in and grew up in. I think our generation here, second and third generation, British Indians, that the way they juggle, I work in schools and lots of Muslim girls as my clients, the way they think they can't speak their language at school and not speak English at home, it's a struggle. Parents want something, teachers want something and they manage it.

If you were to restart the counselling process, would you choose a counsellor of a different ethnicity or the same?
Why?

Nah, I think maybe I wouldn't dismiss an Indian counsellor so easily. I can't deny my brown skin and all those so. I cannot hold a grudge and penalize the practitioner group for one occupational therapist. As a practitioner myself now I know that a young girl at 22-24 telling me "I don't think I can see an Asian" you wont be given the counsellor you are assessed by usually. I was seen as a human being. Not the name, colour of my skin or dress.

Did your expectations of the therapeutic process change over time?
In what way did they change?

Yeah, as a practitioner I have expectations, I would want someone who will engage and really erm, challenge me, but be gentle with the challenges. I think I have been very straight and upfront with that, I know I have the potential to work out, but I'd rather you interact with me and not just be passive.

Until 2018, so about 13 years delivering a workshop for faith and culture for Indian women across the coun

Interview – Rania

What culture would you define yourself as?
Indian, British

At what age did you arrive in the U.K?
When I was 15

What was the reason for you coming to the U.K?
University, work, family, threat of harm in homeland?
I had family that had already arrived here, and it was to be with family, a better life.

Why did you start counselling?
I started my therapy as a result of the training course that I had started. Part of the course was to be in therapy, in analysis, for the period of time the course was, was a 3 years. So at least for a minimum of 3 years.

Did you have expectations going into counselling?
Could you give me an example of these expectations?
Um, yes, I needed to work on myself, to gain an experience of the process of therapy itself, as I was embarking on that course, erm, and yes to see how other people experienced it, could experience it.

Do you feel the counselling process was tailored to you?
Erm, no, erm, it wasn't tailored to me.

Did you choose to see a counsellor of a different ethnicity?
I wonder what made you choose one of a different ethnicity?
How do you feel, I wonder, having one of a different ethnicity?
How did the differences impact your counselling experience?
Did you feel comfortable during the counselling process I wonder?

Yes I did. I chose a White, British woman, therapist, who was also an analyst. Um, to um, to see her for 2 weekly therapy.
Initially I didn't really think about it much, um, although my course was an intercultural therapy course um, initially I hadn't thought about it, um, seeing someone different. But as time went on, the dynamics that were there in terms of not feeling understood, not feeling comfortable about not being understood, that kind of was there, and around for a while.
I was actually limited in my choices in that I had to choose a therapist, an analyst of a particular background, in terms of geography, and where I was residing and my needs, I had to um, go for the most local one, and she seemed to be fitting for my training needs more than my personal needs.
Initially no, initially it was about understanding the process itself. Being Indian myself the focus being on me as I er, that was hard, I couldn't talk about myself, or keep focused on myself. It was always about the other, others, thinking of the other, putting the other first. Which was quite difficult for my analyst to, I say quite difficult as she kept bringing me back to it, so difficult for her to understand that.

Can you give an example of when you noticed some differences in ethnicity between you and your counsellor?
What are those differences I wonder?
Do you feel your counsellor understands you?
Did you feel like your counsellor had the skills to work with someone of a different culture?
Um, that was one, one of the examples would be that that er, focus on, on I, the focus not being on I, and the therapist continually kind of wanting to understand that, needing to understand that, and it took a good while, culturally for her to to grasp that it is being a Hindu, being an Indian, a a whole focus is not on ourselves.
I believe it took time, it took a good 2.5 years. I did end up being with that analyst for a good 6.5 years, um, I stayed with her, because things did shift after 2.5 years, she did begin to understand my needs, where I was coming from and culturally, racially, and part of, you know, part of the reason for being understood is she went away and did some work on her own, and kind of looked at her own experiences, her own thought processes, prejudices, all those things which interestingly she did discuss and talk about with me as as we were coming to the latter part of my analysis.
I believe that she did in the end, um, as she as she began to work and understand she was able to talk more about that which actually was good. But to begin with it was difficult.

Do you hold a religion? If so, could you speak about this comfortably with your counsellor?
Can you give an example of when you felt understood?
I'm wondering if you feel you were taken seriously?
Erm, yes. Yes I did feel comfortable talking about it as much as I did, um I think when there is a subject that it totally unknown to the other person, it's not difficult to talk about if the other person is learning from, in her case something totally unknown.
Yes as seriously as I could expect, you know, given the understanding she had of you know, of what I was talking about. So in that respect it felt OK.

How did you experience the differences?
Do you feel this impacted your counselling sessions?
No the first 2.5 years weren't comfortable, they did impact, um, on the, I did feel like there was a bit of a battle um, I continued, obviously I was in a, I wasn't in a contract but I had committed myself to the process, erm, and er it was necessary, initially for my training needs, but then actually for my own need as I, as I, discovered going on, what it all meant. Erm, sorry what was the question again? Yes, so It did initially, it was like I was needing to educate, educate my analyst, who who things shifted really for her when I say 2.5 years. It was a trip, I think I can talk about this. She made a trip erm, to south Africa. And it was, during that trip she went to one of the townships, and it was only in that moment, at that time, that suddenly she understood what I was talking about in terms of my differences erm, how how I felt, what it meant to be understood, and realized in that moment, that I actually wasn't being understood and she hadn't understood me. And she did come back and she spoke about that and things, my whole whole erm, experience of therapy kind of shifted from that point onwards, because things were more open, more transparent in in I suppose, whether it's ignorance, or a lack of experience, erm, things shifted so I continued, and I remained in analysis for another 3 years.

How did the gender of the counsellor impact your counselling sessions?
Were they a different gender to you?
Did you feel comfortable with this?

How would you feel, I wonder, having a counsellor of a different gender? (If they didn't have one of a different gender).
Yes, yeah.
Um, at this moment in time I'd say id be perfectly fine having a male therapist. Erm, at that time, I hadn't really given it much thought I would have probably gone with a male therapist had that been the option you know, had that been a, yeah. If that option had been there, I wouldn't have not chosen a male therapist.

Can you give an example of some of the helpful aspects of having a counsellor of a different ethnicity?
Um, yes I think, if I'm totally honest, being able to be open, to begin with, totally. Knowing that you know this person has no contacts no links with my community, anyone in my community, it's not going to go back er. Although I know at a conscious level it wouldn't have, it was still I think a little bit of that, a worry of erm, perhaps you know being judged, if you're in the same, same erm, same community. So, to a lesser degree there was those erm, those things that do do come up.

And an example of any unhelpful aspects?
I think when we talk about race, when we talk about race, racism, erm, discrimination, I think you know, at any level if it's discrimination, whether it's to do with colour, disability, generally I think one has to experience that themselves or have someone close by you know, that that are going through that to understand what you're going through. There was some of that there, which is quite common I think um, that is quite common generally with a lot of people. But I think racism, talking about subtle kind of, subtle experiences of racism which I would talk about in length in the here and now and as and when, um, which was what was coming up in my analysis and um, I felt that I wasn't understood. And at times you know, it has to come back to myself and my part in it, and we're talking about transference's and countertransference's and all those other levels of dynamics that are there, other processes, and in that moment, there were times where I felt, you're not on my side, or you don't understand what I'm talking about, or you don't believe that's what I'm going through. So those things did arise um in those earlier years.

If you were to restart the counselling process, would you choose a counsellor of a different ethnicity or the same?
Why?
If I had to start the process all over again, I think I would choose someone who is Black. When I say Black, of a different ethnicity, doesn't have to be the same as myself, someone who is non-White. Reason being, the length of time it takes to be understood if the person hasn't got any experience of working with differences, not because of the person not being good enough or their training, it is about being understood and this is through my experience, that I believe, that um, if I were to talk about aspects that had impacted on me, negative things, talking about racism, talking about discrimination, particularly more to do with yes racism and those differences, erm, I think people of a different ethnicity, the same ethnicity, not same as me, but a different ethnicity, non-White, are more likely to grasp that, because that's something they would have more knowledge and experience of, and would be living with that on a daily basis in a positive or negative way. And that's something Ive learned through my own training too, and that's not to say that it's not, that people of non-difference are not good enough, but in terms of being understood, I think that that, that would be a more positive experience for myself.

If I had to do it over again, I have no regret, I feel I learned a lot, I valued my erm, period in analysis. I think, I think being challenged in the way I was challenged, not being understood, all of that is part of a learning process, a growing process, so I, I have gained from that. So I wouldn't want to change that now, but in terms of you know, well maybe you know, coming back to that question, would I do it differently, erm, probably not, but I think if I had to think about for someone else, yes that's how I would, as I've said that's what I would go for.

Did your expectations of the therapeutic process change over time?

In what way did they change?

Yes, and er, what I've just spoken about in terms of being understood, erm, and you know the reasons why I would choose someone who is you know the same, or non-White. Erm, so that that is something I learned. Erm, and and I suppose I can go into a bit about colleagues, peers on my course who were White, British, yeah? And erm, learning through them in terms of their experiences on an intercultural course, erm, and their reasons for coming into a course you know, to learn about all of this. And the kind of, what they held in their mind, the notions the ideas, you know, expectations, and learning through them in terms of their views and how rigid they were and how long they'd been rigid for, even through the the training, period. So, and they were talking very openly, they were encouraged to talk about it because of the nature of the course, so if I were to go to a therapist who hadn't undertaken a training as such, it would be difficult to even begin to talk about something like that. They wouldn't be in that mindset, I believe. That's my perception.

Interview – Shrina

What culture would you define yourself as?
Indian, British?
Um, Indian I guess.

At what age did you arrive in the U.K?
Um, I mean, I came to the UK when I was 30 something. Yeah yeah, 30 something.

What was the reason for you coming to the U.K?
University, work, family, threat of harm in homeland?
Um, my husband moved there for his job so moved with the family.

Why did you start counselling?
Um, it was just, I've always wanted to get into psychology or psychotherapy, um, I came from a, a background in HR, so I was working with people, and was sick of it so I said OK, and then obviously there were quite a few things that happened in my personal life, that made me want to understand relationships better. Then I just saw this advertisement for an intensive introduction course at Regents, um, like an introduction to psychotherapy, so I did that for 3 months, and that sort of confirmed my interest that this is what I really want to do, I want to stay working with people but I also, it was a way not only to work with others but also work with myself and try to figure things out.

Did you have expectations going into counselling?
Could you give me an example of these expectations?
No, so when I first did that introductory course, it just, it was just to understand what psychotherapy was about, um, before that I had seen a therapist, I think that must have been, whatever, my early 30s. And um, because I had just had a um, miscarriage, um, so was really depressed after that, so I saw her. I remember seeing her for 6 sessions but I um, she was still quite helpful, but I couldn't afford it after that [laughs] that was one of my biggest things, I wished it was a bit cheaper. So, when I started I had that exposure of counselling and therapy, so going in I just knew that, I hadn't really read so much about talking therapies or anything like that. So when I started the the course I didn't really thing that it would have an impact on me personally, or I realized things about myself, but half way through the course I could see changes in myself and transformation already, and me starting to ask questions of me in my marriage with my husband and bla bla bla, and it was, that was when it clicked, I think. Its not just again, not for others, you start with you first.

Do you feel the counselling process was tailored to you?

Did you choose to see a counsellor of a different ethnicity?
I wonder what made you choose one of a different ethnicity?
How do you feel, I wonder, having one of a different ethnicity?
How did the differences impact your counselling experience?
Did you feel comfortable during the counselling process I wonder?
She was, she was a British lady, white British.
She was recommended by my GP, my GP was funnily enough, American [laughs], but she recommended, but I think she was one of the the um, better one in Hong Kong, because I was in Hong Kong at that time. So whoever she recommended, then I read up about her, I think it

must have, this was so long ago, must have been about 15 years ago, um, but I think I asked around or I read the reviews of whatever, and she was definitely known as one of the better ones in Hong Kong.

I mean that was a long time ago right, but I can talk more about the experience, I had in the UK, after I, is that OK, after I switched. Ok, so after I did the foundation course, I started my masters at Regents, and it's the same thing with the NSPC course, you have to have a therapist all along, so I found somebody, erm, again, I needed somebody because I had a small kid, I needed somebody around my area. So even if I had a babysitter, or whatever, I could drive to the therapist, and come back within an hour and a half, um, so I found somebody near my house, and she was psychodynamic, and she was also White British female, and at that time again, I think my driving factor was proximity to my house. Um, and she was psychodynamic, and Regents at that time really um, unconsciously wanted you to get a psychodynamic therapist, I don't think it was intentional, but it was often repeated. So I found her and thought OK great, and I was doing my psychoanalytic course at that time the module, and I hated it, and I hated all the driving theories and um, behind Freud's theories and Klein and Bowlby and all of that. Um, but I think, so, I was driven by the fact that I wanted to work with a modality that I was not comfortable with, secondly was proximity, um, and then I think it was culture. Right? So it hadn't, it didn't actually cross my mind that I'm looking for an Indian therapist or anything like that. Um, but after, and I stayed with her for a year and a half, a really hard year and a half, it was really hard, I didn't really like her much, I wanted to leave after 6 months, but because I had I think I also know that a part of me, when relationships get hard like this I walk away, I choose to walk away. So I was like no, I'm going to stay with it and figure it out. Um, but anyway, so after, I finally left her after a year and a half, and that's when I though OK, maybe I should look for someone who is Indian. So I responded, I emailed, then I window shopped like, I can't do a psychodynamic, and I need to meet people from different modalities. Um, and I met, I think I met an Indian lady as well. By that time, I was way, I was in my third semester, right… and, I already started to understand that the ethnicity of your therapist should not matter if the therapist is doing their job properly. Right? Um, because you really don't need to know my cultural nuances, um, I can tell you about them but you don't need to be of my culture to understand them because what matters is how I feel them, right? Um, so, so I met with the Indian lady, and I think it was a fairy OK experience, didn't have any issues, she was fairly close to home, but I think at that time she said she didn't have space and I needed to wait, in the interim I found an existential, and she was not um, she was, I think she was Humanistic. At that time those were the only thing that mattered, that's all I knew, psychodynamic, or humanistic, or Gestalt, or existentialist, right. But at that time whilst I was window shopping I found my current therapist who ive been with for about 4.5 – 5 years something like that. And she is an existentialist, and she's Canadian, living in London. But I have, so culture has not gotten in the way, um, you know I remember getting a little, sometimes, what I would, say names of friends of whoever I was talking about, Indian names, and then they keep coming up, but she was really good at remembering the names. Or she didn't understand the names, or whatever she would, she would say OK am I saying this right she she connect and ask and confirm. So, and I feel I have experienced the opposite side, me being an Indian therapist to an Indian client, and I have quite a few Indian clients here, and, it's really important for them to know that just because we come from the same culture, that my upbringing, and my understanding and how I see certain things, may not be the same. So, I do, when they say you must know that oh you know that right, I do know that, but can you tell me can you clarify to me what that means to you. Right? And I don't even know if I'm answering your question by the way, but… [laughs]. Um, but um, so I have, yeah, so for me I don't think it was about culture or ethnicity of my therapist, it was the person that they were, and my psychodynamic therapist

was very Freudian, and very cold is the word when I think of her, um, and I just, I don't know why it took so long to leave her but I did. And maybe that's my way of ending relationships.

Can you give an example of when you noticed some differences in ethnicity between you and your counsellor?
What are those differences I wonder?
Do you feel your counsellor understands you?
Did you feel like your counsellor had the skills to work with someone of a different culture?
No, and again, I don't know if it was a cultural thing or modality and way of working right. Um, yeah, so that was my discomfort with her at all times.
I don't, I don't think she did. Um, im trying to think of examples, because If she couldn't see me as a person, it also means she couldn't see me as an Asian woman, right? Which is a big thing because a lot of the themes I was bringing into the room were cultural themes, I was talking about marriage, and and, um, cultural dynamics behind marriage and you know mother in laws and all that stuff, and I don't, I don't think she heard a lot of that stuff. Um, I mean I think if I talked about relationships with a friend or my husband, she understood that part, but yeah there were a lot of nuances, cultural nuances that she didn't understand. Like I remember one session very specifically that I was talking to her that I used to, I moved to Hong Kong I was nine and it was just talking about my relationship with my parents specifically with my dad, and how, because he was a pipe smoker, so how I used to love to sit near him, or on his lap, we were watching TV and just hold his hand and just keep smelling it, because the smell of tobacco, obviously I think that's why I started smoking [laughs], but, um, but I used to love that. Then there was certain, I think when I was 10 or 11 or something like that, my mum said ok you need to stop sitting on dad's lap, right? And I don't remember feeling rejected or anything like that, right, of course my mum didn't explain to me why, but it was like OK now you need to stop. So she did immediately take it to this whole rejection theory and separation from bla bla bla bla bla, and I'm like, and she could have been right, she could have been right, I don't know, I don't remember it, but I just, again, I felt that instead of trying to understand, OK how's that for you, do you remember anything, she just. In Indian culture it's very clear, right, after you start puberty you do not sit with males, you don't sit on their lap, whether, you don't hug them too tight, brother, father, whoever. You just stay separate, right? So, she didn't, she didn't go down that path, she didn't even try to understand. Um, which is something I realised when I had my existential therapist, because she asks, what was that like, what was that about. And so, I also, try to understand my own culture, in a lot of different ways, by trying to understand meaning putting meaning to it. Trying to understand my mum's perspective, my own perspective bla bla bla. So absolutely, I think with her, her cultural, her ability to go in depth with any cultural nuance, or try to understand a culture, I don't think that existed. Maybe that's why I didn't feel connected.

Do you hold a religion? If so, could you speak about this comfortably with your counsellor?
Can you give an example of when you felt understood?
I'm wondering if you feel you were taken seriously?
Yes, definitely. I mean I remember her, and these were the things I didn't, I not like, I didn't agree with them, you know this whole thing that happens to you happens in your childhood, and it's all about your relationship with your mother and and I, I do believe in the whole attachment theory and all that stuff, but apart from that it was all about, what happened in your childhood and, um, yeah I think she just stayed with the theory more than trying to understand what was going on for me.
I go and pray, you know, once every other month. Yeah, we speak about religion.

How did you experience the differences?
Do you feel this impacted your counselling sessions?

How did the gender of the counsellor impact your counselling sessions?
Were they a different gender to you?
Did you feel comfortable with this?
How would you feel, I wonder, having a counsellor of a different gender? (If they didn't have one of a different gender).

Can you give an example of some of the helpful aspects of having a counsellor of a different ethnicity?
Trying to think, not a good sign is it [laughs]. I think initially, I think initially I felt, I mean I think I felt heard, what I notice was that very quickly over time I didn't feel that I could trust her with my feelings. So, the good thing, let me stick to the question. I think I felt heard, but, yeah she definitely was not the right person.
Again, see it wasn't her own country, or her own ethnicity, like I told you, I, I did window shopping I met like 5-6 different therapists I thought maybe I'm too narrow and need to experience. And I met, I met a few existentialists and I chose specific modalities, humanistic or even CBT, just because I really wanted to get my, understand what my needs were, um, but with Jamie, my current one. Like I said I've been with her 4.5 – 5 years, she just, she just present. She's fully present, she relates in a very deep way, she's curious, um, sensitive, ah, just asks me what everything is for me, what it's like for me, just how we ourselves are being trained, and I just feel more connection. I mean after I lost my mum, and I was talking to her through my mum's hospitalization as well, from India, I was talking to her all along. Just, it's a one-hour session for me, 50-minute session for me, that gets me new insight, or makes me feel heard by her or you know, to use cliché words, seen by her, so…

And an example of any unhelpful aspects?
Um, she just didn't, it felt like she was with her own agenda, anything I brought to the room, she again, took it to certain upper theoretical, um, um, whatever, theories. And she just couldn't she couldn't connect to what I was saying and what I was feeling, she wanted to put a theory to what I was talking about, there were so many times that I said not that's not what I'm saying, or no that's not how I feel. But I didn't feel like she was hearing me. And another thing I think, this is the moment I felt what the fuck she's not even, she's not even human. I remember one of the sessions, I was having huge problems with my nanny and my baby was sick, and I called her last minute, and for me this is really important, and I think for anyone who is a human being working with another human being would understand that, she charged me for that session. I got really pissed off with her and said don't you feel that that was an emergency you know. But she just, everything was at this level, everything was the same. So if there was an emergency, if there was a need, if I was sick whatever, and I I, I felt very, again, not connected to that and felt like she didn't understand my emergencies, or she didn't understand something was wrong and that's why im not there. So overall, I just, everything was, yeah. I just didn't connect with her.

Maybe I wish, yeah, how do I put this, like I want to see, more of her in the sessions.

Of her personality?

Yeah, yeah, does that make sense? And I realise that with some of my clients, you know how we say when we talk about how you bring, self-disclosure, not exactly self-disclosure but,

more of you, that that connection which is more authentic in that way. Although I feel happy with her and I feel seen and heard, but I feel like she's still my therapist. Do you know what I mean?

If you were to restart the counselling process, would you choose a counsellor of a different ethnicity or the same?

Why?

Yeah, definitely would not have stayed with the first one, I should have left her in the first 3 months. Um, I mean, again, it could be a plus but it could also be a minus, to be with the same therapist for so long, you know. Um, would I intentionally sought out someone who's Indian, I don't know, for me, like I said when I have Indian clients who come to me because I'm Indian I don't say too much, I let it go on, but do believe that you, I don't believe that you need to have an Indian therapist. I think it may make certain sessions easier, but, I don't, it shouldn't impact the connection and the relatability that you have with your your therapist.

Did your expectations of the therapeutic process change over time?

In what way did they change?

I mean my belief completely strengthened right. Yeah, yeah, I think if you don't have a good therapist you will be impacted by that, especially being a trainee and trying to think, um, you know, am I getting enough or, are my clients getting the same from me right. So if you don't, I think if you don't have a good role model in your therapist, I think it's harder. So my belief definitely strengthened. Um, and I think my belief in healing, um, and reparation, really strengthened. Um, yeah so I think the journey so far has been just right, what I needed.

I think growing up in India, um, it's a different, it's a different upbringing. So when you say the experience of being in the UK, it's very different, because Asians relate a lot more to Asians, there's more community closeness. I think being in Hong Kong, in Asia, it's the opposite, for me my experience was OK yes there are Asians in the community, but for me, all my parent's friends were Indians, you know. Um, but it's a very judgemental way, if I had an Indian therapist, if I said things like sex before marriage bla bla bla, I would feel the fear that I would be judged by her and that she wouldn't understand me in this culture. So I think growing up I just, I just didn't think that, like having an Indian boss was not a good thing for me, because it was like having thoughts, oh my god oh my god, im going to get it wrong, you know too much, you know what I mean? It was a bit, so I think that's why it was I don't want someone from my culture, I want someone different altogether.