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Exploring experiences of South Asian therapists working with South Asian clients in an ethnically matched counselling service in the UK
An Interpretative Phenomenological Analysis

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Exploring experiences of South Asian therapists working with South Asian clients in an ethnically matched counselling service in the UK: An Interpretative Phenomenological Analysis

by

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Abstract

Research into ethnic matching within the field of counselling and psychotherapy has predominantly provided empirical evidence for its effectiveness in client outcomes. Qualitative studies have explored ethnic matching in an attempt to portray the experiences of clients and the clinicians who are ethnically matched to them. These studies have shown South Asian culture to have a particular need for ethnic matching due to South Asian clients' difficulties in relating to non-South Asian therapists. Furthermore, research has posited that South Asian cultural values are in direct contrast to the values and ethos of Western therapeutic training. Therefore, South Asian therapists who have been trained in the UK and provide therapy to South Asian client may have to manage two different value bases. Currently, there is a dearth of literature on South Asian therapists' experiences of ethnic matching and how they understand any potential benefits and difficulties.

This study aimed to provide insights into these questions, through interviewing South Asian therapists who have trained in the UK and are currently working in a UK based ethnic matching service. This aimed to provide unique insights into the experiences of this under researched population.

Interpretative Phenomenological Analysis (IPA) was applied as the methodology. Semi-structured interviews were conducted, and the analysis used three layers of interpretation: descriptive, linguistic and conceptual. The sample consisted of six participants who were South Asian therapists and currently working in the same ethnic matching service.

Three master themes were identified: ‘A sense of disillusionment’; ‘Tug of war’; and ‘Forging a path’. Within each of the master themes there were two to three subthemes that illustrated a particular facet of the master theme. All themes illuminated to the experience of what it was like to be therapist who is South Asian from training to current practice.

The research findings highlighted that there were benefits to ethnic matching, participants felt a stronger connection to their clients, more empathy, and discovered a way of integrating both Western and South Asian values. However, participants also struggled with tensions of over-identification with clients, disillusion and dual roles of being Western trained therapists, who identify with South Asian values and culture. Ideas for future research are discussed, as well as the implications for Counselling Psychology.

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1. Introduction

1.1 Chapter overview

Upon undertaking research into the field of psychology, my main aim was to contribute to the continually growing body of research within the discipline of Counselling Psychology. As a doctoral student I have spent six years working in a diverse range of mental health settings with various client presentations. The majority of services and indeed research that I have encountered mainly focus on the experiences of our clients, rightfully so. However, the actual experiences of clinicians appeared to be lacking. I feel that understanding what the actual clinicians are facing to be just as important as their clients. This study is qualitative in nature; therefore, researcher reflexivity is paramount throughout.

1.2 Introducing ethnic matching

The term ethnic is defined as "designating or of a population subgroup having a common cultural heritage or nationality, as distinguished by customs, characteristics, language, common history" (Collins English Dictionary, 2015). Betancourt and Lopez (1993) define ethnicity through a psychological perspective, as a common history which is shared through heritage and passed on through generations.

Culture – "the total of the inherited ideas, beliefs, values, and knowledge, which constitute the shared bases of social action" (Collins English Dictionary, 2015). Craig et al. (2012) defines culture through a psychological perspective as community practices which include traditions, beliefs, and attitudes which are viewed and adopted. Furthermore, culture seems to be viewed as a way of living, thus focusing on the importance of shared meaning.

Within Counselling Psychology, client-therapist ethnic matching is when a client seeking therapy is paired with a therapist from the same ethnicity as themselves, for example a therapist who is South Asian giving therapy to a client who is also South Asian. According to Atkinson and Schein (1986) this is important as therapists who are ethnically same or similar to their clients could be able to understand and engage with clients at a deeper level. In addition, a number of research studies have suggested an increase in client satisfaction when ethnic matching occurs (Meyer & Zane, 2013). Furthermore, research has suggested that within ethnic matching, it is the shared cultural understanding of norms and perceived kinship between therapist-client dyads that has been thought of as key in forging a therapeutic alliance (Atkinson & Schein, 1986).

Clients from ethnic backgrounds can have various ideas and beliefs about the world and, more specifically, about mental health treatments (Chandra et al., 2016). The majority of research that has explored ethnicity and mental health, such as client perceptions of culture in the therapeutic relationship and similar/dissimilar ethnic dyads, has focused primarily on the client's experience in White British/American, Hispanics, African Americans and Chinese Asians (Cabral & Smith, 2011). However, in Britain, therapists are frequently working with ethnic minorities who do not share their ethnic identity (Johnson & Nadirshaw, 1993). Research by Gray-Little and Kaplan (2000) has indicated that ethnic similarity in therapist and client can enhance the maintenance and development of the therapeutic alliance and it therefore may be unsurprising that ethnic matching in therapy and specifically the number of organisations that provide ethnic matching are increasing in the UK (Farsimadin, 2007). The British Psychological Society (BPS) provides demographics of those working in the psychological professions, and these demographics convey the predominantly White British

make-up of the profession with ethnic minorities accounting for 904 out of 54,855 members (Bullen & Hughes, 2016). Nonetheless, there also seems to be an increase in individuals working in healthcare who are from ethnic minorities (Rees et al., 2011). Therefore, it seems apparent that it is important to explore not only experiences of ethnic matching for clients, but also therapists.

Panganamala and Plummer (1998) have discussed an increase of ethnic clients seeking psychological support, specifically clients from the South Asian community. Netto (2006) suggests that South Asian clients find it harder to relate to non-ethnically matched therapists. Part of the importance of ethnic matching appears to be the notion of shared culture, whereby both therapist and clients are from the same culture. Culture is concerned with social phenomena such as values, beliefs, traditions, expectations and customs. These are specifically important in the South Asian community as they are presumed to be the agents of increased therapeutic efficacy in ethnically matched dyads according to outcome measures (Soorkia et al., 2011; Kim & Kang, 2019). However, one of the assumptions in this culture entails that clinicians give advice and take on an expert role; South Asian culture seems to give particular credence to the professional expertise of the therapist. Whilst this is common in many cultures, there are specific beliefs within South Asian culture e.g., that therapists are seen as healers and teachers, which underlie the endorsement of therapists taking up an expert role. This may clash with Western therapeutic training, which tends to follow the Western values of individualism and teaches therapists to value a collaborative stance. How South Asian therapist understand and manage this tension is crucial.

1.3 The current study

This study aims to conduct a qualitative exploration into the experiences of ethnic matching for South Asian therapists in the hope to address the current gap in literature.

Qualitative inquiry does not aim to provide answers to hypotheses but uncover potential phenomena and how people make sense of them. Qualitative research focuses on experiential accounts, which is particularly important in increasing understanding and facilitating change (Carey, Carey, et al., 2007). It is hoped that through investigating the experiences of South Asian therapists who have and are currently giving therapy to South Asian clients, that the findings will contribute and add to our understanding of ethnic matching and give voice to an underrepresented group of people.

1.4 Reflexivity

Cross-cultural studies are often limited because they employ an etic approach (Nazroo, 1997), meaning that the culture studied is described in a general and non-structural way which is objective in its perspective; almost as if the researcher is standing on the 'outside'. Whilst helping the validity of the work this can however be viewed as reducing the sensitivity to the topic. However, I am in a unique position in researching from an emic position, where I can understand the environment observed through the cultural perspective (Tao & Hong, 2014).

Whilst working in a service that was in a concentrated South Asian area, I worked with clients that were of the same South Asian ethnicity as myself. This was a key experience as I was placed in a position where South Asian clients would ask me personal questions or expect me to tell them what to do – and I experienced this as a plea to 'fix' them. Due to the shared cultural dynamic, I felt it was disrespectful not to conform. This tension was difficult to manage and elicited feelings of frustration and worry in how to navigate these dilemmas. Moreover, I felt conflicted as I could understand my clients' desires through a cultural perspective, but also my professional desires through Western training. I tried to manage

these tensions through exploring the meaning behind these needs that my clients presented. However, I do not infer that my experience is every clinicians' experience.

Being South Asian myself and completely immersed in a world of culture, language and objects has undoubtedly influenced my subjective experience and how I understand ethnic matching. By this I mean that we are contextual beings, embedded in our reality. Therefore, our experiences in this reality of elements such as culture and language, what we visually see, our interactions all create a subjective and unique understanding of how we are in the world. This subjective understanding links to the meaning we ascribe to experiences. Therefore, my understanding and interpretation of what my participants disclose will be influenced through my own 'fore-understandings'; what my participants choose to share; my participants' experiences of culture and social backgrounds; and the relationship between myself and my participants.

Upon embarking on this research, I was mindful that I had my own expectations based on my own ethnicity, culture, and experiences. Firstly, as I am South Asian, my own desire to adhere to cultural norms such as respecting and not questioning my elders posited potential problems. If my participants were older than me, I worried that this might inhibit my curiosity out of not wanting to show disrespect. Secondly, I had an expectation of shared experiences with my participants. Whilst this may not be the case, in my clinical work, I have found that it is easy to over-relate to clients due to shared experiences. If this were to happen with my participants, this collusion may not provide an open and facilitating space to explore any phenomena that arise and 'narrow' our conversation.

Whilst it is important to acknowledge these expectations and my own ethnicity. This also provides benefits to my research. A shared ethnicity and culture could provide participants with a sense of comfortability to free express and explore their experience without self-censoring.Thirdly, considering my own experiences and expectations there is an impact on the design of my study. The focus on experience and collusion with my own subjectivity suggest a more qualitative stance which acknowledges participant and researcher reflexivity. This will be discussed further in the methodology chapter. I will be mindful how this might influence my interpretation of the data and through reflexive practices such as triangulation and using a phenomenological approach I hope to at least partially 'bracket off' and adjust my own preconceptions.

2. Literature Review

2.1 Chapter overview

This literature review aims to highlight and critically evaluate research in the area of ethnic matching in therapy, and more specifically ethnic matching within the South Asian community. The literature to date in the field of ethnic matching is predominately quantitative and mainly situated in a positivist paradigm. Whilst this is useful in gauging a breadth of data due to the larger sample sizes used, quantitative research may not facilitate a deeper understanding of potential concepts and phenomena present in ethnic matching. Therefore, this literature review will aim to critically synthesise research within ethnic matching, whilst highlighting relevant research in both quantitative and qualitative paradigms. Furthermore, I will endeavour to portray the literature from a critical realist epistemology, which is aligned with not only the positioning of the methodology of the present research, but with my own stance as a researcher (whilst noting the importance of a phenomenological stance). The review will draw on a selection of research in the field to clarify my rationale for undertaking a study on the experiences of South Asian therapists working in ethnically matched mental health services.

2.2 Search strategy

To ensure a sufficient breadth and depth of research was obtained, a comprehensive literature review was conducted. In line with the methodology of this study, it has been suggested that due to the vastness of research into ethnic matching, it is paramount that the literature review encapsulates specific research that is relevant to this topic. In order to achieve this, search terms relating to ethnic matching were used. These terms were: ‘ethnic matching’; ‘South Asian’; ‘culture’; ‘multicultural therapy’; ‘therapists’ experiences’; ‘therapist-client matching’; ‘therapeutic dyads’; ‘race’; and ‘ethnicity’. Advanced searches

were also used in databases such as, PsyInfo, Ebasco, Sage Journals, Google Scholar and MedLine. Search terms relating to non-matched pairings were not included. The Boolean operator 'AND' was also used to combine the above search terms. The resulting searches produced thousands of research papers and the majority of the research into ethnic matching was located outside of the UK. Therefore, this review will explore domestic and international studies and meta-analyses of studies, which are relevant to the research questions. Due to the complexity and volume of reviewed research, the literature review has further been clustered into specific themes within qualitative and quantitative studies to provide a coherence in structure for the reader.

2.3 Ethnic matching in therapy: Quantitative Studies

2.3.1 Client satisfaction with therapeutic treatment

Research by Gray-Little and Kaplan (2000) has demonstrated a stronger therapeutic alliance in ethnically matched dyads. Furthering this, a study by Meyer and Zane (2013) investigated whether ethnic clients found discussing culturally specific issues was correlated to client satisfaction and outcomes. This quantitative study involved 102 clients from an outpatient mental health facility, who completed questionnaires around the satisfaction of their treatment. The results suggested that ethnic clients rated the discussion of areas of race and ethnicity higher in relevance than their White colleagues. Furthermore, if these areas were perceived as important and not discussed by professionals, ethnic clients were less satisfied with their care. The outcomes indicated that ethnic clients place a greater importance on their service provider to be racially matched to them than White clients, and ethnic clients furthermore prefer their therapists to have an understanding about their culture's prejudices and values such as shame regarding mental health. This suggests that the cultural awareness of mental health services is important for ethnic clients and could potentially impact on their

relationship with these services. However, this study did not look at clinicians' perceptions of ethnic matching, and the participant demographic was limited to outpatients in a specific area, thus reducing the generalisability of the findings. Moreover, due to the small sample size of the ethnic groups, there was no scope for individual ethnic group analysis; the ethnic populations were assimilated and were predominantly African. More broadly, due to cultural variation between ethnic minorities, this is potentially problematic as ethnic minority groups can have varying degree of difference in values and expectations, therefore grouping all ethnic minorities into one large cohort does not give credence to the individuality of each individual ethnic group. In addition, clients may have felt pressured to place importance on race/ethnicity due to the directional questions, and the fact that the methodology involved self-report measures opens the results to potential desirability biases.

2.3.2 Client outcomes and effectiveness of therapy

Further research by Huang and Zane (2016) found that clients from ethnic backgrounds preferred their therapist to be of the same ethnicity. The findings posited that clients were more satisfied with their therapy if this was the case, thus resulting in lower dropout rates than clients who had Caucasian therapists. However, despite this, there was no significant impact of ethnic matching on outcomes of therapy. In support of Huang and Zane (2016), Farsimadan et al, (2017) extended the research on ethnic matching in a comprehensive UK-based study with 100 participants from ethnic minority backgrounds. The study examined the potential effects of ethnic matching over three domains of therapist credibility, working alliance and therapy outcome over time. Interestingly, the outcome variables were significantly better in ethnically matched versus non-matched dyads across all three domains. Furthermore, these three variables were found to fully mediate the positive correlation between ethnic matching and outcome, thus providing robust empirical support

for the idea that ethnic matching does have a positive effect on therapy outcome. Moreover, I particularly found this study relevant as it took into account other variables such as age, gender and length of therapy. Within research into ethnicity, there is a debate as to the effects of other variables on the ethnically matched relationship. Farsimadan et al. (2017) further highlighted that areas of gender, age or length of therapy in ethnically matched dyads did not have a significant impact on the predicted outcome. Whilst this study has supported previous research findings into the effectiveness of ethnic matching in therapy, a limitation could be the lack of sufficient depth into the experiences of both clients and therapists: the how and why this ethnic matching seems to be positive. Furthermore, the participants were from a mixture of ethnic backgrounds including African, South Asian, Caribbean and Middle Eastern cultures. Whilst this is a valid breadth of ethnicities, the individual differences and nuances in each ethnicity are not accounted for and therefore generalised. This thus reduces the possibility to examine in-depth specific cultural variations such as beliefs and expectations that may contribute to the experiences of ethnic matching.

Reading through these studies, I noticed that what seems to be apparent thus far is that quantitative research has uncovered a preference amongst clients for ethnic matching, irrespective of the impact on therapeutic outcomes. The quantitative stance of the studies raises questions as to what is 'in' ethnic matching that produces better outcomes? What other factors make this relationship work?

2.3.3 Cultural competency

Sue (1998) highlighted this gap in the ethnic matching literature and conducted a quantitative study to systematically study and review the characteristics of cultural competence in ethnic matching which appear to produce 'better' outcomes. Interestingly, Sue

(1998) has suggested that culture and 'culturally relevant talk' (discussion that focus on cultural issues) contains the main agents of therapeutic efficacy in ethnically matched dyads. The study postulated that these agents of therapeutic efficacy, the other factors that contribute to a robust relationship, rely on therapists' abilities to engage in scientific mindedness. Scientific mindedness means to not impose assumptions or premature conclusions from one culture to that of another, as well as their own culture specific elements mindedness, i.e. specific knowledge of the cultural groups with which they work. This thus highlights the need to focus not only on clients' experiences of ethnic matching, but also therapists' relevant experiences.

2.4 Ethnic matching in therapy: Qualitative Studies

The previously reviewed research demonstrates; higher client satisfaction when ethnic matching occurs; positive correlations between ethnic matching and therapeutic outcomes; and discussions regarding culture to be key in therapeutic efficacy. Whilst quantitative studies have been able to explore the above, there is only limited research exploring the perspective and experience of clients. In this section, I will review qualitative research in ethnic matching due to its focus on the subjective experience, which can provide a fuller picture of potential phenomena.

2.4.1 Experiences of ethnically matched clients

Farsimadan (2002) conducted an interpretative phenomenological analysis on the experiences of twelve ethnic minority clients who engaged in ethnically matched client-therapist dyads in London. The participants were from a variety of ethnic backgrounds, including South Asia and the Middle East. The interview analysis highlighted that as well as therapist experience, maturity and empathy, the same ethnic background was a key

contributing factor in positive therapeutic engagement. Farsimadan (2002), indicated that the participants felt that only therapists of the same ethnicity could understand them and their particular issues. This thus gives support to the previous body of quantitative literature outlined above, which suggests ethnic matching can be more beneficial to clients than non-matched therapy. However, despite these findings Farsimadan et al., (2007), furthered their findings to highlighted that these perceived benefits only occurred if ethnic matching was specifically requested by clients. Clients who were not ethnically matched to their therapists but felt that their therapists respected and accepted their cultural differences also had positive therapeutic engagements.

2.4.2 Experiences of non-ethnically matched clients

In contrast to Farsimadan's (2002) study, Khan's (2005) research examines the experiences of eight South Asian clients with White therapists through interpretative phenomenological analysis. Khan's research uncovered that participants experienced a fear of judgment from their White therapists and withheld information to avoid becoming stereotyped. Moreover, the analysis revealed that participants found their therapists' non-South Asian ethnicity to become prominently problematic in discussions about issues related to culture. Despite the advantages of qualitative research in helping researchers to understand the experiences of ethnic matching from the unique client perspective, the predominant stance of these studies, similarly to quantitative research, has not focused on the experiences of the therapists. This therefore only provides one depiction of the complex nature of an ethnically (non-)matched therapeutic relationship.

2.4.3 Therapists' experiences of working with different ethnicities

Recent qualitative research, though limited, seems to have started to address this discrepancy and has shifted towards exploring therapists' experiences of ethnic matching. Lee and Horvath's (2014) research into therapists' experiences when working with clients who are of different ethnicities furthered Sue's (1998) findings and demonstrated that non-matched therapists can become disengaged from clients during culturally relevant dialogues. In their qualitative research study, they interviewed one White female therapist about her experiences of giving therapy to three ethnic minority clients and then used structural and conversation analysis to analyse culturally relevant and non-relevant talk. Their findings not only highlighted the therapist's disengagement during talk around culture, but even the development of negative engagement, thus suggesting that clients' fears of therapist disengagement from non-matched therapeutic dyads might be well-founded (Khan, 2005). Considering Sue (1998) highlighted that the 'other factors' which contributed to a successful therapeutic encounter included culturally relevant talk and open-mindedness, it is unsurprising that the avoidance of this could lead to disengagement. Counterbalancing this viewpoint, upon analysis Lee and Horvath (2014) further posited that focusing on moment-to-moment interaction that occurred between the participants and her clients were equally as useful as culturally relevant talk.

Importantly, Lee and Horvath (2014) allude to the importance of a potential lack of training in cultural interactions for therapists. Despite the participant having ten years of experience as a therapist, this singular case exploration struggles to reliably generalise the experience to other therapists and indicate a common consensus. Have (2007) indicated that the methodology used in Horvath's (2014) study can also result in stereotyping and overgeneralisation of the results due to the sensitive analytic process. Moreover, the research

focused on a White therapist with ethnic clients and thus lacked the insight of the specific cultural knowledge that therapists from ethnic minorities might be imbued with and consider central to meaningful ethnic matching relationships, as posited by Sue (1998); Atkinson and Schein (1986) and Gray-Little and Kaplan (2000).

Research by Patel (2014) sought to further previous findings and investigated the experiences of six White therapists who work with clients of different ethnicities. Patel (2014) used interpretative phenomenological analysis to uncover that participants preferred to avoid topics of ethnicity due to anxiety and uncertainty in this area. Furthermore, participants discussed a recognition of the need for a different set of skills and knowledge when working with ethnic clients and furthermore noticed a divergence in the view of what participants thought therapy entailed in comparison to their ethnic clients. Patel (2014) suggested that more research is needed in this area, but importantly that more training is needed on working with ethnicity on training courses. Whilst this research has provided invaluable insight into ethnic matching from a White British perspective, the experiences of therapists who identify as ethnic is still somewhat limited. Moreover, Patel (2014) indicated that due to the ethnic background of the researcher, the participants could have unconsciously self-censored due to an anxiety of not wanting to offend the researcher.

Taken together, therefore, what seems to be apparent across the above-mentioned studies is the importance of the clinician in being able to engage in culturally relevant talk when working with clients from ethnic minority backgrounds. Thus, this raises the question as to whether the engagement in this ‘culture talk’ could be a key contributing factor in ethnically matched client-therapist relationships. The idea of engaging in discussions around a culture that is dissimilar to our own can be a daunting task: Cardemil and Battle (2003)

noted that conversations around ethnicity can provoke anxiety for therapists over fears of offending the client or stating something that could be perceived as 'wrong'. Additionally, discussions around culture and ethnicity can be emotionally charged due to current political and societal relations with connotations to historical contexts (Helms & Cook, 1999), thus potentially increasing already established anxiety. The current global Black Lives Matter movement could be considered as one of these current societal contexts. The necessity of understanding the actual lived experiences of therapists who work with clients who are ethnically and non-ethnically matched therefore currently seems even more paramount.

2.5 South Asian culture and ethnic matching: an overview

What we can therefore infer from the literature so far, is that ethnic matching and specifically cultural talk can be understood as key in developing trust and openness in the therapeutic relationships. However, as previously mentioned, there seems to be disproportionately few ethnic clinicians when compared with White British psychologists in the UK (Bullen & Hughes, 2016), despite a growing number of ethnic clients utilising mental health services (Farsimadin, 2007). Furthermore, there appears to be a dearth of research into therapists' experiences of ethnic matching, especially in cultures such as the South Asian culture, which encompasses countries of India, Pakistan, Bangladesh, Nepal and Sri Lanka.

Why should this be? Research by Soorkia et al. (2011) suggests that a sense of shame and stigma associated with mental health problems is more evident in South Asian communities than in other cultures. This could provide a partial explanation for the lack of research. Furthermore, Soorkia, Snelgar and Swami (2011) highlighted this cultural and locational gap and conducted a study on South Asian clients' attitudes to seeking psychological support in the UK. The research found that therapy or counselling which

acknowledged and integrated the cultural values of South Asian clients increased their positive attitudes and relationship with psychological help. Furthermore, they suggested that the sense of shame and stigma associated with mental health amongst South Asian culture seem to be more pronounced than in other cultures. Perhaps it is for this reason that Netto (2006) argues that South Asian clients generally prefer to receive therapy from therapists of the same or similar background as they find it harder to relate to non-South Asian therapists. Furthermore, Netto (2006) highlighted how the National Health Service and mental health systems in the UK struggle to meet this particular population's needs.

2.5.1 South Asian perspective on therapy

The South Asian community appears to have a particular perception of therapy and carry expectations that have been informed by their culture. Amongst Asian cultures, the term 'psychologist' means 'expert of the inner heart/soul'. This is potentially problematic as it appears to position the therapist as 'expert', creating a set of prior assumptions and expectations about the client's role in therapy. These include a number of culturally distinct assumptions and expectations that South Asian clients in therapy appear to hold: e.g. a reluctance to express anger or vulnerability (Wang & Kim, 2010); a focus on physical symptoms (Johnson & Nadirshaw, 1993); and deferring decision making and problem solving to the therapists (Sue & Sue, 1993). Comas-Diaz et al. (1982) highlighted that clinicians are expected by South Asian clients to be active in advice giving, guiding and teaching in therapy. South Asian clients seem to demonstrate more internalised aggression within therapy (Leenaars et al., 2010); more somatisation (Cheng, 1989); shame (Samuel & Sher, 2013); and guilt (Gupta, 2010) in comparison to other cultures.

In support of previous research claims into the specificity of South Asian culture and their unique stance on therapy, Chandra et al., (2016) conducted a systematic review of

quantitative literature into the influence of culture on mental health. Whist this review was generalised towards the Asian culture as a whole, Chandra et al (2016) made particular reference to the South Asian ethnicity. The researchers suggest that the South Asian community had more aggression and internalised aggression than other cultures. Furthermore, the South Asian community were more likely to somatise or display physical symptoms in response to their psychological distress in comparison to other cultures and the Western population.

Whilst many other cultures, including Asian and Chinese cultures in the Far East, similarly locate expertise in the therapist, the South Asian culture in particular seems to have a higher sense of stigma around mental health and avoidance of shame (Vogel et al., 2007; Ng, 1997). Attending therapy is regarded as bringing shame on the family (Sue & Sue, 2003), in part because South Asian culture places a particular emphasis on psychological problems being kept within the family (Das & Kemp, 1997). It seems hardly surprising that within South Asian culture, where therapists are uniquely viewed as 'healers' who teach (Comas-Diaz, 2016), therapists appear to be active in giving advice and 'fixing' clients.

The concept of therapists as 'experts' is also commonplace in Western, medicalised discourses of therapy. However, Western culture has more of a focus on individuation, separation from the family and personal growth which is not present in South Asian culture (Das & Kemp, 1997; Sato, 1998). This is supported by Das and Kemp (1997) who suggested the values and goals of Western therapy such as individual growth and self-expression are in direct opposition to South Asian culture and their view of therapy, more so than other collectivist cultures. Moreover, Anand and Cochrane (2005) highlighted that the British South Asian population seemed to have higher levels of mental distress than their White counterparts. Dugsin (2001) supported previous findings and suggested that the increased

vulnerability to mental health difficulties in the South Asian community was due to the cultural conflict in South Asian values with the dominant Western culture.

2.5.2 South Asian culture and ethnic matching: Quantitative Studies

Within the narrow body of research on the South Asian community, the above quantitative research studies have emphasised culturally distinct assumptions and expectations. In addition, research by Khan et al. (2005), seems to be salient in that it endeavoured to test Netto's (2006) claims regarding South Asian clients preferring and working better with ethnically matched therapists. Khan et al. (2005) tested the dynamics of the working alliance between 236 matched and non-matched dyads. The dyads were spilt in to White therapists with South Asian clients and South Asian therapists with South Asian clients. Clients rated their satisfaction using a questionnaire and pre- and post-treatment scores were analysed by the researchers. The research suggested that the working alliance in the matched dyads was rated as significantly better than the non-matched dyads. Furthermore, the effect sizes for outcome and working alliance were significantly higher for ethnically matched dyads versus non-matched therapeutic relationships. Perhaps importantly, Khan et al., (2005) furthermore highlighted the need for qualitative studies in the South Asian population to help to make better sense of the subjective experiences of ethnic matching on the therapeutic relationship.

2.5.3 South Asian culture and ethnic matching: Qualitative Studies

Considering the quantitative research on the South Asian community that has been conducted thus far, it is apparent that the experiences of this population seem to diverge from those of other ethnicities. In comparison to quantitative studies, qualitative studies on South Asian clients' preferences suggest that despite a preference for ethnically matched therapists,

they had fears that the therapists would not respect confidentiality and 'gossip' due to the close collectivist nature of South Asian culture (Chew-Graham et al., 2002; Bowl, 2007).

2.5.3.1 South Asian client experience of therapy

Moller et al. (2016) sought to provide an insight into this and conducted a thematic exploration of British South Asian women's perceptions on counselling. The researchers uncovered that their South Asian participants experienced or believed that White therapists were culturally ignorant and did not understand their culture. There was a predominant theme of a lack of understanding into cultural problems, hence giving support to Netto's (2006) claims that South Asian clients prefer ethnically matched therapists. However, a limitation of this study could be the lack of in-depth information that could have been elicited from interviews. Moller et al. (2016) acknowledged that due endeavouring to remain non-intrusive, the qualitative survey used did not provide sufficient richness in lived experience. Furthermore, some participants had experienced therapy whereas others were answering questions based on their perceptions and potential biases without having engaged in counselling, thus reducing the validity of data. Interestingly, this research has highlighted a specific set of assumptions that South Asian clients could possess in therapy and thus raises the question as to if this is in parallel with the views of South Asian therapists.

Additionally, Mollerson et al. (2005) highlighted that despite client preference for ethnic matching, this particular dyad may not be beneficial for South Asian ethnic therapists and indeed have a negative influence on their working ability. Furthermore, research by Maki (1999) further emphasised this and posited ethnic matching could affect areas of over-identification with clients and issues maintaining therapeutic boundaries in the therapeutic relationship. Taken together, Mollerson et al., (2005) and Maki (1999) seem to both agree

that the experiences of South Asian therapists who are in ethnically matched dyads need to be understood and researched further.

2.5.3.2 South Asian therapists' experiences of ethnic matching

Bhatt (2015) has attempted to fill this gap through exploring South Asian therapists' experiences of working within ethnic-matching services. Bhatt (2015) used an abbreviated grounded theory methodology to generate an understanding of the participants' narratives. The analysis elicited the theme of empowerment from the therapists when working within ethnic-matching services, but also alluded to issues around negotiating cultural and professional expectations. Moreover, the analysis suggested that external support was needed for the ethnically matched therapists, i.e. through supervision with a South Asian supervisor. Interestingly, the research highlighted a need for training specific on this culture, thus paralleling Lee and Horvath (2014) and Patel's (2014) suggestions.

Whilst this was a comprehensive study, its main aim was to explore ethnicity in general as well as over many others factors such as religion and gender, pertaining to a larger piece of work around client's and service user's therapeutic needs. Due to this, the actual depth of information elicited specifically on ethnicity was limited, and how therapists experience areas such as a shared cultural space was minimally explored. Furthermore, the use of grounded theory aimed to construct a theory from participant accounts and attempts to generate explanations of experience to formulate a theoretical framework (Smith et al., 2009). Whilst this is useful, the 'how' South Asian therapists create meaning from ethnic matching and 'how' they manage the tension between Western and South Asian values was not explored. In line with previous research by Mollerson et al. (2005), Maki (1999) and Bhatt

(2015), further qualitative studies on South Asian therapists and their experiences are therefore arguably needed.

Whilst the studies discussed in this review demonstrate that ethnic matching in therapy can be helpful for clients, they highlight a number of difficulties that I hope to be able to address in the current research. Not only are there very few studies into therapeutic ethnic matching in the UK South Asian community, but it appears that research into therapists' experiences within matched dyads has been particularly neglected, despite an increasing number of ethnic practitioners entering the field. In addition, the majority of studies reviewed here appear to assimilate different ethnicities into one cohort, thus losing the particularity of individual cultures. Furthermore, recent research has suggested that there is an oversimplification in terms of what competency is in regard to multicultural therapy (Ridley et al., 2021).

Given the specific values and beliefs embedded within the South Asian culture, this study aims to focus in more depth on the experiences of South Asian therapists working in ethnic matching services. However, the particular values and beliefs that stem from this collectivist culture, may clash with those of Western training.

2.6 Rationale for current study

As just mentioned, the Western ethos of psychological training appears to contrast the ethos of South Asian culture. South Asian therapists who are trained in the West will have to internalise a different set of assumptions and norms. Western therapists are taught to have a collaborative stance rather than that of an 'expert' and are not trained to give advice, but help clients engage in an expression of feeling and self-actualisation (Joseph & Linley, 2005).

There is a higher value placed on the individual and the development of their own identity. Therapists encourage clients to express vulnerability and any emotions, including anger, whereas in South Asian cultures this can seem disrespectful to the therapist. Moreover, there appears to be a heightened sense of stigma in this culture in comparison to Western and collectivist cultures (Bhatt, 2015). Therefore, despite ethnic matching, the therapist may have a set of very different expectations regardless of a shared cultural space. Considering this disparity in expectations, therapists in the UK who are South Asian and in therapy with South Asian clients seem to have to balance what their training has taught them and what their culture expects. How South Asian therapists who have been trained in the UK experience and manage any tensions in adhering to their professional identity whilst managing the expectations of their South Asian clients is barely understood. The aim of this research is to explore how any benefits and tensions are understood, experienced and managed.

This research focuses on two key underrepresented areas: firstly, therapists' experiences of ethnic matching; and secondly, specific cultural assumptions and expectations of and by South Asian therapists. By exploring ethnically matched dyads in-depth, potentially important information about ethnic culture may emerge. Socio-politically, the concept of ethnic matching can be construed as problematic as it essentially keeps a population within a culture and promotes segregation, as opposed to integration with the wider population. Whilst this research may not give definitive answers to this issue, through understanding the experiences of South Asian therapists who work with South Asian clients there is the potential to uncover any phenomena, advantages, difficulties and challenges within the therapeutic relationship. This could contribute towards a better understanding of ethnic matching services which work with this population and promote cultural awareness. I may also equip practitioners from different cultures to better understand the complexities and

differences of South Asian culture. This could potentially impact professional training and provide a better standard of care to ethnic clients. Through a greater sensitivity to this client base, practitioners will be better able to better support clients in the therapeutic process, with the hope of fostering deeper understanding and change for clients.

2.7 Research Questions

1. How do South Asian therapists trained in the UK understand any perceived difference between the view of therapy in their own culture and the view of therapy they received in their western training?
2. What if any, are the perceived benefits or challenges for UK trained South Asian therapists when working with South Asian clients?
3. How do UK trained South Asian therapists work with and make sense of any tensions in ethnically matched dyads, if at all?

3. Methodology

3.1 Chapter overview

In the following chapter I will discuss the methodology of my research. First, I will highlight the aims and rationale for the research which will be followed by a discussion on quantitative and qualitative methodologies. Secondly, I will provide a reflexive outline and justification of my epistemological positioning and its implications for a phenomenological study. Furthermore, I will discuss the suitability of Interpretative Phenomenological Analysis (IPA) for this research study, consider alternative methodologies and outline the procedures used for analysis. Lastly, as it is acknowledged that the researcher is central in qualitative research, I will offer a reflexive account of my position as a researcher in this work throughout.

3.2 Research Aims & Rationale:

The main aim and objective of this study is to explore the experiences of UK-trained South Asian therapists who work with South Asian clients in an ethnically matched client service based in the UK. More specifically, this study aims to examine the experiences of UK-trained South Asian therapists whose culture endorses a view of the 'therapist-as-expert' yet who have received Western training, which endorses collaborative working. How these possible tensions are experienced, managed and worked with (if at all) by these therapists when working with South Asian clients is an under-researched area that could potentially inform clinical practice. It is therefore hoped that this study will contribute to the limited research on South Asian culture in psychology and inform the teaching of ethnic difference/similarity on therapy training courses. This study refers to ‘South Asia/n’ as the countries of India, Pakistan, Bangladesh, Nepal and Sri Lanka.

3.3 Quantitative and Qualitative Design

The design of research studies can either follow quantitative or qualitative paradigms. Quantitative paradigms are based on theory-testing that is typically measured with numbers and analysed using statistical procedures. This approach seeks to precisely measure the existence of potential phenomena in our society, with the quantitative researcher often assuming a positivist epistemology (Breen & Darlaston-Jones, 2010). Furthermore, Ponterotto (2005) suggests that Counselling Psychology particularly has a tendency to be dominated by post-positivist and positivist research and hence a more quantitative approach. Whilst this is helpful in terms of providing a breadth of data, it does not help in understanding the complexities and richness of personal experience such as therapists' experiences of this ethnic matching. Smith (1996) suggests that areas of research that lack understanding of potentially important experiences can result in only a partial map of psychological understanding and knowledge.

In contrast, the qualitative paradigm focuses on the process, meaning and sense-making elicited from the research. Furthermore, qualitative research seems to challenge how we acquire and understand knowledge. Qualitative methods focus on the 'experience' and inner world of the participants where phenomena can be portrayed as waiting to be uncovered (Larkin et al., 2006). The research questions in this study parallel the attention on a phenomenological inquiry of human experience. Moriarty (2011) suggests that qualitative methodologies are particularly useful in gaining insight into the human experience, especially in under-researched areas.

The aim of this piece of research would to be to give voice to the participants' experiences through attempting to construct a picture, in collaboration with participants, of phenomena that emerge through discussion between the researcher and participants. Considering the aims of the research study, a high degree of interpretation and reflexivity is needed to ensure that the data is not overly influenced by myself as the researcher. It is important to recognise the aims, themselves, are based around not only the literature, but my experiences of being a South Asian therapist and providing therapy for South Asian clients. Interview questions regarding tensions that my participants may have experienced in these matched dyads are grounded in tensions I also experienced in negotiating whether to follow my cultural values or my Western teachings. Therefore, a qualitative approach that engages in phenomenological enquiry, interpretation (hermeneutics) and reflexivity is paramount for this study.

3.4 Epistemology

Epistemology is the theory of knowledge: "how, and what, can we know?" (Willig, 2013, p. 39). Baghai, Coley and White (2000) emphasise the importance of determining the epistemological position of any research study: as a researcher, I must engage in a personal debate of how I define knowledge, how I gain knowledge, and what conceptual frameworks I use to understand knowledge. The specific branches of ontology and epistemology are two key areas in helping to navigate these questions. Ontology can be considered as an exploration of existence or reality, and it is concerned with the nature of the world. Stewart and Blocker (1996) suggest that ontology in essence is studying the nature of reality or being and any assumptions we may have concerning the world. Within ontology, realism and relativism are considered two key approaches.

Realism postulates that data is directly representative of reality and needs to be acknowledged and understood. Realist ontologies are based on the assumptions the phenomena are real concepts and that there is an objective 'true' reality. This notion has been challenged by relativist perspectives. Relativism rejects the idea of 'truth' and postulates there are multiple realities – reality is completely subjective. Furthermore, Ponterotto (2005) highlights how in a relativist paradigm any phenomena that occur and are examined can have a range of meanings and interpretations for not only those who experience them, but those who may also share the experience.

My personal epistemological position as a trainee counselling psychologist and researcher falls between realism and relativism. Whilst I support the idea of a 'true reality' I believe that my own experience of this reality is completely subjective and shaped through my life experience. This stance parallels that of a critical realist epistemology which can be explained as: "That which maintains a central focus on the ways in which people make meaning of their experience, whilst being aware of the influences that broader social structures have on those meanings" (Lawthom & Tindall, 2011, p. 9).

This definition highlights how I believe there is some form of 'reality' that exists in the real world; however, it acknowledges that my own subjective experiences and meanings associated with this reality can be shaped through the sociological context that I am embedded in. Critical realism seems to give credence to a realist ontology; however, it follows a relativist epistemology. This also reflects the humanistic stance of my clinical work; my clients experience of 'reality' is subject to their enmeshment in the world, and I am concerned with their lived experience. In order to understand their world, I will have to make sense of their unique experience, whilst being reflective of my own process. Furthermore,

critical realism seems to acknowledge the complexities of culture which is a pillar of this research. Archer (1996) and Bhaksar (1998) suggested that culture be viewed as a domain of shared meaning and people are born into these pre-existing meanings, structure and relations. These meanings of areas such as culture are continually replicated and reproduced. A critical realism stance can be considered beneficial due to this 'reliance on understanding the present-day society-person connection' (Archer, 1995: p. 92).

Thus, the experiences shared by South Asian therapists will be thought of as reflections of their own realities that have been shaped by the context in which they have been embedded in. These will need interpretation to understand how they affect their perceptions of ethnic matching. The meanings attributed to concepts such as 'ethnic-matching' may differ from participant to participant and a critical realist epistemology seeks to understand each individual account and meaning whilst critically exploring the sociocultural underpinning of them. Larkin, Watts and Clifton (2006) highlight the relevance of a critical realist positioning in methodologies such as interpretative phenomenological analysis by explaining that this methodology acknowledges that peoples' experiences have an element of reality or 'truth' for them and as researchers we cannot access this reality, only a co-constituted version of it. My epistemological stance has implications for the kind of philosophical position I wish to take up in my study. Whilst I believe ethnic matching to exist, my interpretation of my participants' experiences will undoubtably be shaped by my own experiences and social contexts.

3.4.1 Critical Realism and Phenomenology

Critical realism has important connotations for phenomenological studies. Phenomenology is concerned with the experience of being human and all the aspects that

contribute to our 'life world' (Smith et al., 2009). Phenomenology was founded by Husserl (1970), who was particularly interested in how someone could know their own experience of a phenomenon and thus the deconstruction of the essential qualities of such experiences. For Husserl (1970), phenomenological enquiry was intentional, and researchers should adopt a 'phenomenological attitude' which involved stepping outside of everyday experience and directing our gaze inwards towards our perceptions. He advocated in 'bracketing' our 'taken-for-granted' world, including our understandings and preconceptions, in order to uncover core structures of human experience (Larkin, et al. 2006). It could be considered problematic to take Husserl's stance which posits that studying the essence of phenomena can be achieved through phenomenological reduction and by bracketing (Larkin, et al. 2006) as myself and my participants have been fundamentally influenced by our 'life worlds' and will perceive reality in completely unique ways (my use of bracketing will be discussed in later chapters).

It seems therefore appropriate to reflect on other phenomenologists such as Heidegger and Merleau-Ponty who posited people as embedded in the world, thus noting the importance of our social and cultural context (Larkin, et al. 2006). This is key for a qualitative researcher who arguably seeks to gain an in-depth understanding of peoples' lived experiences.

Adopting an underlying Heideggerian philosophy of phenomenology acknowledges participants as being embedded in their world which contains elements such as objects, language and culture, and my interpretation of the data will be influenced by this, what participants choose to share and the relationship between myself and the participants. It is important for me to be aware of this double hermeneutic element and attempt to bracket off my *a priori* assumptions. This phenomenological stance suggests a more harmonious connection with critical realism which takes note of both the social context and meaning

making (Lawthom and Tindall, 2011), whilst endeavouring to give voice to an underrepresented population.

3.4.2 Critical Realism and Reflexivity

The researcher is therefore considered to embody their experiences and achieving complete 'bracketing' is impossible. However, the use of reflexivity has been suggested as a way of recognising one's own influence of the research from beginning to analysis (Shaw, 2010). Despite this idealistic position, Finlay and Gough (2008) posited that that bracketing is not simply an awareness of subjectivity and compartmentalisation of bias, thus resulting in robust research that demonstrates validity and rigour. But it involves a continuous self-awareness and evaluation of intersubjective dynamics that will be occurring between the researcher and participant.

This use of bracketing is engaged with through scientific phenomenological reduction which acknowledges my past experiences, how I could be perceived by my participants and my own knowledge (Giorgi & Giorgi, 2003). Reflection on the space between myself and my participant was crucial and more so a necessity to create further space, in order to allow my implicit understandings into my consciousness. Giorgi and Giorgi (2003) advocated this through the researcher being able to listen in awareness and maintaining an empathetic researcher/interviewer stance, thus actively facilitating reflexivity by movement to understand the participants' perspectives.

In line with understanding my own influences and biases it is crucial to reflect on my experiences that have shaped my epistemology, predominately my South Asian upbringing and work with South Asian clients. Having been raised in the UK but still emersed in the

South Asian culture, the importance of family and emphasis on the collective and opposed to the individual was paramount. More importantly, respect for elders through self-censoring and inhibiting any curiosity in case it was deemed disrespectful was actively encouraged. Furthermore, my work in a predominately South Asian service also resulted in clients actively asking me for advice, attempting to make therapeutic boundaries less formal and also challenged my skills as a clinician due to their difficulties with holding difficult emotions. Upon reflection, I have been forced into a dual role where I feel my South Asian cultural values need to be respected, however, my western training is also of equal importance. In order to manage my tension between these dual roles, I was in regular supervision with a Counselling Psychologist who happened to be South Asian. They help me navigate these tensions and encouraged personal reflection as to what was the importance of my culture, why I felt I had to choose between two value bases and what my beliefs were around my identity as a dual clinician. Supervision enabled me to process my own emotions of frustration and anger at being placed into this dual role and at my annoyance with the collectivist stance of South Asian culture.

In terms of this research, whilst personal reflexivity enabled me to attempt bracketing my understandings, I also accepted that I cannot simply omit my pre-existing knowledge. All of my participants were older than me, and therefore the need to not question what they told me contradicted my South Asian upbringing. Moreover, my knowledge and experience of being placed into an expert position also highlighted this possibility when interviewing. Reflecting on my position in this research, I was engaging in another dual role of both South Asian clinician and researcher. However, my previous supervision and training helped me to be sensitive to potential enactments that could have occurred between myself and my participants. Research supervision also taught me to embody a phenomenological stance as a

researcher and not that of a therapist. Moreover, after attending the London IPA group, I was encouraged to write in a reflective journal after each interview and whenever issues arose through my analysis. Thus, this actively allowed unconscious material to surface, it enabled me to process emotions which were evoked throughout the research and encouraged continual insight.

3.5 Interpretative Phenomenological Analysis

'*If the researcher is interested in exploring participants' personal and lived experiences, in looking at how they make sense and meaning of those experiences, and in pursuing a detailed idiographic case study examination, then IPA is a likely candidate for consideration as a research approach*' (Smith, 2004, p. 48)

Smith (1996) argued the need for a research methodology that was grounded in psychology, but which captured the experiential rather than the experimental side of psychology. His paper detailing his new qualitative approach was initially used in health psychology research, but its use has since expanded to include other disciplines, including Counselling Psychology (Smith et al., 2009).

In IPA it is thought that knowledge is provisional, local, context dependent, and the data collected will depend on context, nature, place, time and the participants. IPA focuses on the personal, lived experience of a phenomenon and how it is described and understood by a participant through the use of language. This focus on lived experience speaks to IPA's emphasis on phenomenology, suggesting that the aim of this research is to get close to the complex nature of the participants' experiences through the data that are elicited. The subjective nature of the participant's accounts is acknowledged as providing a rich and in-

depth description of their inner lifeworld which is co-constructed by both myself and the participant (Smith & Osbourne, 2008). Thus interpretation (hermeneutics) is explicitly engaged with. As the researcher, I attempted to understand and make meaning from the data and sense 'what is it like to be them?' and helped my participants make sense of their world. According to Shinebourne (2011) IPA's 'double hermeneutic' is critical in regard to this process, whereby the researcher endeavours to understand an experience from the participants perspective and to make sense of their sense-making. Thus, facilitating the creation of critical questions around the process, this seems particularly salient for this research which is heavily focused on first person accounts (Pietkiewicz & Smith, 2014). Furthermore, IPA has a unique ideographic focus, involving a line-by-line exploration of each individual data set, as opposed to generating theories from multiple participant accounts. This is relevant for this research as it highlights a shared commonality amongst my participants, but similarly respects and gives voice to each individual through individual semi-structured interview (Smith et al., 2009)

After interviews, in-depth analysis of potential phenomena was required through three levels of interpretation: descriptive, linguistic and conceptual (Smith & Osborn, 2008). As a researcher I was encouraged to oscillate between unique/individual and universal perspectives, emic and etic. This was achieved through shifting my perspective of the data through my participants' accounts and a psychological lens. Pietkiewicz and Smith (2014) highlighted how this facilitates a non-reductionist development of higher insight and theory. IPA has also been postulated as suited to studies that focus on psycho-social elements within society. With this study being based on South Asian culture and current narratives around ethnic matching in our healthcare system, IPA was regarded as an appropriate methodology.

3.6 Interpretative Phenomenological Analysis: theoretical underpinnings

3.6.1 Phenomenology

Phenomenology endeavours to understand the components of an experience that contribute to its uniqueness (Langdridge, 2007). Philosophers such as Husserl (1970) posited that there is but one 'true world' and the activities of consciousness act as a vehicle between an individual and their world (Husserl, 1970). Furthermore, this true world can only be accessed through a manner of phenomenological reduction. Giorgi (2012) referred to this as descriptive phenomenology, which is mainly concerned with exploring the person as a whole. The descriptive phenomenological method entails researchers engaging with phenomenological reduction through 'bracketing' or setting aside preconceptions and past knowledge (Husserl, 1970).

However, my perception falls with other existential phenomenologists such Merleau-Ponty and Heidegger who perceive 'bracketing' as impossible due to people being irrevocably embedded and influenced by their context (Larkin et al., 2006). This is particularly salient for myself as a researcher, as my own South Asian culture influenced the co-construction of data from participant interviews. It was only through accepting my limitations as an IPA researcher, I acknowledged how I understood ethnic-matching and my preconceptions of South Asian culture. This facilitated researcher reflexivity and an adjustment of my ideas in reaction to the research (Larkin et al., 2006). Therefore, according to Willig (2008), the participants and researcher are acknowledged to be in their sociocultural context and the researcher's analysis will undoubtedly be one of many subjective interpretations.

Therefore, from an existential perspective, phenomenology could be viewed as an interpretative process which seeks to understand the researcher as well as the participant. Heidegger and Gadamer thus outlined that exploring how a person engages in the world could help to create an understanding of how they are also 'being-in-the-world' or 'Dasein' (Eatough & Smith, 2008).

3.6.2 Hermeneutics

Hermeneutics is the examination of the essence of a phenomenon through the interpretation of texts (Tomkins & Eatough, 2010). A strength of IPA is that it can facilitate multiple interpretations from the data, these can vary from interpretations proposed by participants to offering insights into participants' lifeworlds. Therefore, hermeneutics is central in how IPA is understood and made sense of. Due to the multiple layers of interpretation possible, there was a need to engage in continual reflexivity throughout the process of analysis on the data set and to be aware of how my own understanding influenced my interpretations.

Smith and Osbourne (2003) suggested the use of 'empathetic hermeneutics', whereby original experience is reconstructed. 'Empathic hermeneutics' not only examine phenomena but allows the researcher to acknowledge their biases and preconceptions and make attempts at partially bracketing these whilst empathetically entering a participant's reconstructed world. Reflecting on my own biases, I have felt that the training does not fully take into consideration the impact of ethnic cultures on therapists. I think it can be difficult to manage what your culture expects of you and stay true to Counselling Psychology values. Utilising this form of hermeneutics allowed me to be aware of these biases, whilst attempting to reconstruct my participants' experience which was crucial.

Another interpretative stance proposed by Ricoeur (1996) is 'questioning hermeneutic'. This entails researchers questioning and challenging how 'true' the interpretation of the participant's world is. The use of both these hermeneutical styles aim to provide an account of the participant's world as closely as possible. Smith et al. (2009) further suggests phenomenology and hermeneutics are closely intertwined and those phenomena would not be uncovered without the use of hermeneutics. It is for this reason description and interpretation are present at each level of analysis.

These levels of analysis are, descriptive, linguistic, and conceptual. The descriptive level entails describing phenomenon and experiences how they are, as they arise in discussion. The linguistic layer, revolves around how meaning is ascribed to experiences, including the use of particular words, acknowledging pauses, laughter and hesitation. Lastly, the conceptual component, involves the researcher using prompts to stimulate further reflection from the participant and can include the research incorporating their own knowledge and reflection to facilitate further depth (Smith et al., 2009).

3.6.3 Ideography

Ideography is concerned with individual studies, specifically details of individual experience which are then compared across other narratives (Shinebourne, 2011). IPA involves an idiographic enquiry as opposed to a nomothetic one. Meaning that it focuses on specific phenomena such as ethnic matching as they exist, in their context, place and particular time. Through an idiographic enquiry, Auerbach and Silverstein (1999) suggest the focus of a small group of participants can elicit a depth of understanding and allows the research to be 'experience-close'. This depth of inquiry across participants can help to

uncover themes related to a phenomenon, divergences and connections to other experiences across the field of ethnic matching.

3.7 Other Methods

Due to the intersectionality of qualitative approaches, other methodologies were also considered - Grounded Theory and Thematic Analysis. Grounded theory (Glaser & Strauss, 1967; Charmaz, 2006) was a potential method of analysis for my research questions. There are similarities between IPA and Grounded theory such as the use purposive sampling and lack of reliance on pre-established theories. However, Grounded theory was considered not suitable as the aim of this research was to explore specific experiences and nuanced details of a homogenous sample of participants and to uncover 'how' they created meaning from their experience. Grounded theory contrasts this by seeking to generate a singular data-derived theory through collating incidents and events into categories, therefore aiming to construct a theory from participant accounts and an attempt to generate explanations of experience to formulate a theoretical framework (Smith et al. 2009).

Another potential method was Thematic Analysis (Braun & Clarke, 2006). Whilst similar to IPA, Thematic Analysis is a type of method used for identifying themes and patterns from within the data that can then be analysed. Thematic Analysis does not have epistemological and theoretical commitments and aims to develop each stage of analysis across the whole data set as opposed to case by case. Thematic Analysis was not deemed suitable as it is considered more appropriate when the research questions are not about people's experiences and perspectives and when the research does not need to capture first person accounts (Braun & Clarke, 2006).

3.8 Counselling Psychology and Interpretative Phenomenological Analysis

Training on a doctorate in Counselling Psychology whilst writing this research is also a factor to discuss. Counselling Psychology, much like South Asian culture is based on certain values and ideas specific to its field.

IPA in relation to Counselling Psychology seemed suitable because of its subjective and reflexive approach. IPA and Counselling Psychology both seek to enter participants worlds and have a key focus on the relationship between the participant and the researcher. Qualitative methods such as IPA value in-depth exploring of subjective experience and the use of small sample sizes (Hoyt & Bhati, 2007). Due to its humanistic stance, Counselling Psychology also focuses on the subjective experiences of clients. This also allows research situated in the Counselling Psychology field to be more allied with a humanistic approach (Strawbridge & Woolfe, 2010). Importantly, Counselling Psychology is concerned with the 'self', whether that is through Freud's (1912) idea of countertransference or Rogers' (1995) core condition of congruence. In this respect IPA simultaneously focuses on the researcher and participant experiences that have been influences through their 'self' and environment.

3.9 Participants

The idiographic approach of IPA and concern for understanding phenomena in particular contexts required the use of a purposive homogenous small sample of participants (Smith et al., 2009). IPA required homogeneity as opposed to heterogeneity in the sample to "examine in detail psychological variability" (Smith et al., 2009, p. 50). Therefore, in this study it was recommended to recruit between six to eight participants working in a South Asian ethnic-matching service. The participants were accredited psychologists, counsellors or psychotherapists from the BACP or HCPC due to this being the standard of accreditation

already approved by South Asian counselling services around London. The participants must also have been qualified for a minimum of three years and have previously worked with clients from a Western culture and South Asian culture. The rationale for this inclusion criterion was in accordance with Bhatt (2015) who highlighted that South Asian therapists qualified for a number of years seem to be able to incorporate training skills more easily with their clients and are better able to work with the similarities and differences experienced in sessions in comparison to newly qualified therapists.

3.10 Recruitment and Procedure

At the start of recruitment, I aimed to contact services in London, within a charity sector that advertise South Asian ethnic-matching services. Through my literature review, I was already aware of the existence and increase of South Asian ethnic-matching services available to the public. To find such services I used the search engine 'Google' along with terms such as 'South Asian', 'therapy' and 'London'. Due to the homogeneity needed in my participant cohort, it was imperative that I chose a service that was able to provide participants that met my inclusion criteria. The inclusion criteria were highlighted in the participant information sheet (PIS):

Inclusion criteria:

- Aged 18 years or over.
- Be of a South Asian ethnicity (from either India, Pakistan, Bangladesh, Nepal or Sri Lanka).
- Currently working in a South Asian ethnic-matching service.
- Have and currently hold accreditation from the BACP or HCPC.
- Have at least 3 years' experience of working with Western and South Asian clients - post-accreditation.

- Be comfortable with verbal communication due to the nature of the methodology and be fluent in English in order to understand and sign the consenting procedures.

Exclusion Criteria

- Participants who are not currently working in a South Asian ethnic-matching service.
- Are not of a South Asian ethnicity.
- Do not have BACP or HCPC accreditation.
- Do not have at least 3 years of experience post-accreditation.
- Cannot communicate fluently in English.

This search highlighted 5 small services within my parameters that appeared to match with my criteria. Of these ethnic-matching services, two appeared to be the best suited to my study. To ensure confidentiality the name of the services have been changed and will be referred to as 'SA1' and 'SA2'. SA1 and SA2 both ethnically matched their clients to their clinicians, all clinicians and staff at each service were from a South Asian background and both adhered their clinicians to the same inclusion criteria as my study parameters above. Despite both services being well suited, SA1 had more clinicians employed than SA2. Due to this it was deemed more logical to choose SA1 as I would have a greater chance of meeting recruiting 6-8 participants in case of clinicians decided not to engage with my study. SA2 was reserved in case of no engagement from SA1.

An enquiry email was initially be sent out to the head of the service of SA1 along with a research advert and participant information sheet (PIS) to gauge their openness to participation. If applicable, the head of service will forward the enquiry email to staff or give consent for me to email the staff. Individuals who responded were taken through consenting

procedures and a suitable time and place was agreed upon for the interview. It was possible to recruit from one service, but alternative services were highlighted should there not be enough participants in SA1.

Interested participants were informed of the research aims via the emailed PIS. Participants were informed that participation was voluntary, and they had the right to withdraw any data or decline participation. This was again reiterated in the consent sheet. Furthermore, consent was obtained prior to the interview via the participant consent form. This included details of their accreditation body and clinical experience to date. Participants arranged a suitable time for the interview with the researcher. All interviews were either conducted at the location of the participants' work or Roehampton University library pending written consent and health and safety procedure evaluation. All interviews were conducted during organisation operating hours to avoided further risks of lone working. The interview time was also included in the signing of the consent form, interview and debrief. Before the interview participants completed a demographic information sheet and the consent sheet. Interviews were semi-structured to aid development of rapport but also ensure that the research objectives were being met. Interviews were expected to last up to 60 minutes. An interview schedule was used during this process. Participants were given a debrief form which was also discussed after the interview. Participants were given the opportunity to share any emotions elicited from the interview and discuss any questions raised. If there were any concerns that are not answered in the debrief session or that occur after the end of the debrief, participants were given details of the researcher (university email) to contact. Interviews were audio recorded and then transcribed verbatim. Interpretative Phenomenological Analysis was used to analyse the date sets (Smith et al., 2009).

3.11 Materials

1) Email to Service Manager (Appendix A). This email introduced who I am, as well as my research project.
2) Research advert for the organisation (Appendix B). This provided information about the research study and participants I was hoping to recruit.
3) Participant information sheet (Appendix C). This provided information to the potential participants in order to help their decision about being interviewed.
4) Participant consent form (Appendix D). This form informed participants about confidentiality, anonymity, their right to withdraw from the study, ethical considerations and limits of confidentiality.
5) Debrief Form (Appendix E). This reiterated the purpose of the research and how participants could contact me should they have any questions. Moreover, it outlined various organisations for further support should participants have felt distressed.
6) Demographic information sheet (Appendix F).
7) Interview schedule (Appendix G).

3.12 Interview Schedule

The interview questions and specifically the wording was a critical factor in the interview schedule. Research by Bhatt (2015) suggested that South Asian therapists do not actually like the term 'South Asian therapist'. This is due to the wording creating a perception that the South Asian culture is a dominant factor in the therapist's identity. Due to this, my interview questions and indeed the rest of this study used the terminology of 'therapists who are South Asian', which was perceived more positively and appropriate.

The data collected for this study was done via individual, face to face interviews. I conducted a semi-structured interview as indicated by Smith et al. (2009) and my interview questions were "open (rather than closed), and which do not make too many assumptions about the participant's experience or concerns" (p. 60). By using a limited number of questions and prompts during the interview, this encouraged and fostered a deeper reflection from the participant and hence elicited rich data to interpret (see appendix G).

The interview questions whilst trying to uncover and understand experiences, also sought to explore any phenomena specific to South Asian ethnically matched therapeutic dyads. It was important to have a range of questions that encompassed a descriptive, narrative, comparative and evaluative nature with a reflexive insight, as opposed to those of a manipulative, leading or closed nature (Hale et al., 2007). Due to the case-by-case procedure of IPA, it was a possibility that as the interviews progressed some questions became obsolete and new ones emerged; however, this did not occur.

3.13 Ethics

Ethical considerations can vary for each study, it is therefore important to discuss what ethics means for qualitative research. In qualitative research the relationship between myself and my participants is one of collaboration not 'data-grabbing', therefore special attention must be taken in the in-depth interview process, sending transcripts back to participants for testimonial validity and data withdrawal. In the interview process issues such as power are vital to explore. Due to my shared ethnicity with my participants, it was important to consider my potential dual role as a South Asian therapist and as a researcher. The participants may have felt obligated to take part in the interview due to our shared ethnicity and what is deemed 'respectful' in our culture (Allmark et al., 2009). There was also

the potential for participants to disclose individual or systemic issues from within their practice, therefore the consent forms all included sections on BPS Ethical Guidelines for broken confidentiality (BPS Code of Ethics and Conduct, 2018). Informed consent and the right to withdraw were therefore paramount and were reiterated throughout the interview process.

Smith et al. (2008) indicated that providing participants with the option of receiving a copy of their transcribed interview for testimonial checking was vital as this promoted transparency in my study and also gave my participants the opportunity to reflect on what they had said and withdraw/redact their data if necessary. Ethical considerations around data withdrawal were therefore central in an IPA study. I made it clear to my participants that data withdrawal was possible up until the transcripts had been fully anonymised and integrated into my write up.

3.13.1 Risks to participants

It was important to ensure I was constantly vigilant throughout the interview process and aware of any signs of emotional distress (Pietkiewicz & Smith, 2014). In the event that the content being discussed was particularly emotional or in any form traumatic, I would have cancelled the interview and offer further support. Audio-recordings could make participants feel uncomfortable and occasionally vulnerable. It would have been problematic to assume that because the participants are clinicians that they would have been accustomed to this practice. In order to promote transparency, the use of audio-recorders was made clear on the information/consent sheets.

3.14 Analysis

The interviews were transcribed verbatim. IPA was then applied in six steps to the data sets as outlined by Smith et al (2009) and it utilised three levels of analysis: descriptive, linguistic and conceptual. Initially, I read and re-read the transcripts, followed by coding and the use of exploratory comments which allowed the development of emergent themes. These were then examined to find any connections and assess the ways they compromised super-ordinate themes. The construction of a table to encompass all types of themes was made from the transcript. The same process was repeated for each case. Lastly, a cross-case analysis was performed to uncover master themes, which formed the foundation of the narrative from participants' transcripts. Smith and Osborne (2007) highlighted that one of the key elements in this process was to give voice to the individual participants but similarly provide a collective undertone or commonality amongst the individual experiences and note the influence of myself as the researcher.

3.15 Reliability and validity

Within qualitative research, the question of validity is central and determines whether it can be evidenced as scientific research (Morse, 2015). Due to this, there are specific criteria which qualitative research should adhere to in order to be of sufficient enough quality for publication. Within the term 'quality', Morrow (2005) has stated it as encompassing: trustworthiness, credibility, validity and rigor. However, it is important to note that these practices are considered more of a guide than strict protocol (Morse, 2015).

Within this piece of research, in an attempt to establish 'quality', strategies such as peer reviewing, and triangulation were used. Peer reviewing was conducted through attending the London IPA group with other Counselling Psychology trainees. Triangulation took place

through multiple meetings with my supervisory team which involved sharing data sets and analysis. Furthermore, reflexive note taking in the form of field notes was used throughout. In regard to the small sample of participants, this was deemed sufficient as Rodham et al. (2015) postulated that the rich nature and depth of the data allowed for a smaller pool of participants.

4. Analysis

4.1 Chapter overview

This chapter will discuss the main three master themes that were elicited from the interview data. They are: 'A sense of disillusionment'; 'Tug of war'; and 'Forging a path'. Each master theme is further comprised of two to three subthemes which help to build an understanding of what my participants were experiencing.

Master Themes	A sense of disillusionment	Tug of war	Forging a path
Subthemes	*Fending for myself*	*Struggling with feeling exclusion*	*Working against the grain*
	Giving up the fantasy	*Struggling with the expert position*	*Negotiating new norms*
			Resentful obligation

Table 1: Master themes and subthemes

Smith (2003) emphasises the use of an 'independent audit' by a second researcher to improve the quality and validity of the analysis. Due to this I asked a colleague to read the transcripts and themes to ensure there was a clear connection. Furthermore, I had discussions with a supervisor regarding the transcripts, emergent and master themes. Both my colleague and supervisor agreed with the formation of the themes from the transcripts. Moreover, according to Stiles (1993), 'member checking' or 'testimonial validity' can be useful in terms of promoting trustworthiness, but it can also impede the validity of the interpretation of the researcher. In this research, none of my participants chose to read their transcripts.

4.2 Master Theme 1: 'A sense of disillusionment: "one size doesn't fit all".

All participants spoke about their expectations and assumptions about what it would be like to work as a therapist. There seemed to be a fantasy and feeling of hope that their training would provide them with universal rules of practice that would be applicable to working within their own South Asian culture. However, the subtheme 'fending for yourself' reflects the shock participants felt when they realised that the western model of therapy that they were learning did not seem appropriate to work they were doing with their South Asian clients. Participants felt they had to fend for themselves in regard to learning about working with ethnicity and they also appeared to feel inhibited and impaired, adding to the feeling of disillusion. The second subtheme 'giving up the fantasy' aims to build on the previous subtheme and refers to my participants' need to continually self-monitor their own experiences when working with South Asian clients and giving up the notion that they will know exactly how to work with South Asian clients. This subtheme speaks to my participants giving up this idea of perfection within themselves and giving up the fantasy that training has all the answers. Thus, highlighting the internal struggle they are experiencing. Therefore, an experience of disillusion seemed to occur throughout my participants' journey.

4.2.1 Subtheme one: 'Fending for myself'

This first subtheme emerged from my participants' reflections on their current practice as clinicians and includes what they saw as the impact of their western training. This subtheme is complex, and the main facet relates to the journey my participants went through in attempting to realise and grapple with the lack of training into ethnicity and by virtue, my participants' attempts to self-develop. Not only is ethnicity barely mentioned in training, but the Western approach seems to be explicitly in opposition to their South Asian culture as discussed in the literature review. Gita describes this below:

"it was almost like the blind leading the blind. Because you know you're being told certain things you know, around sort of contracting and boundaries and whatever and then you go into the therapy room and its…that kind of all goes out the window because their understanding, the clients understanding of you know boundaries or contracting are so different." (Transcript 5, line 28).

I feel Gita's experience of 'the blind leading the blind' as powerful as raises many questions in regard to – blind to what? Gita could be suggesting that the 'blindness' of her tutors is imparting a similar 'blindness' to students that renders them helpless when they come to work with their clients from different ethnic backgrounds. Gita further states this blindness could be due to the clients' differences in understanding certain concepts such as boundaries, which is why western training appears to clash and not translate to South Asian clients. Furthermore, her second metaphor of 'it all goes out the window' implies a throwing out, a discarding of a way of working. This emotive language paired with her pause prior to the metaphor and then increase in pace post metaphor I feel highlighted her own sense of surprise at the difference when in the therapy room.

The sense of disillusionment that arises from my participants' experiences therefore also seems to indicate a perception that training would provide them with answers or a way of working with clients that could be universally applicable. Gita and Jyoti seem to feel they have been left to teach themselves about diversity. This seems to culminate in Jyoti actually feeling 'impaired', in her capacity to work with clients from different ethnic backgrounds. Jyoti describes:

"I think it actually impaired me, I think my training made it difficult for me to work with South Asian clients because culture, multi-culturalism didn't really come up as a taught module." (Transcript 1, line 239).

Reflecting beyond the words Jyoti uses, what did she feel impaired in and how? For Jyoti, how to speak to clients from certain cultures, what to say to them, how to manage the potential of a shared culture was not taught. Her teaching was revolved around Western beliefs and values which differed to her current South Asian clients. I believe this not knowing is what Jyoti is trying to convey in her impairment. During this point in the interview, I felt a sense of loss.

Gita's further develops this subtheme through highlighting the feeling of loneliness in having to fend for herself, especially considering she was the only South Asian on her training course. Furthermore, she illustrates the feeling of being stuck at having to do all of this additional work:

"So it was almost like I don't have time for this or I won't really know much so go out and do your own research so it was almost like I don't know, you don't know so we are both kind of stuck and it's up to you to go and find the answers. Um… so yeah it wasn't really yeah, I just felt, I felt I had to do a lot of the work myself". (Transcript 5, line 410)

My participant Ravi introduces a further level of frustration here at having to 'learn most of this stuff by myself', thus developing this theme:

"But then looking back at it now…I kind of feel annoyed actually. My training wasn't at all diverse enough in teaching me how to work with people from ethnic backgrounds and that's really frustrating. I pretty much had to learn most of this stuff by myself". (Transcript 2, line 34).

Whilst Ravi's experience seems to parallel Jyoti's, he introduces feelings of annoyance and frustration. Interestingly, Ravi also stated that he had to learn about working with ethnic minorities by himself. What Ravi has described here also links to a sense of autonomy in self learning. Rather than accepting the limited training on working with people from ethnic backgrounds, Ravi has actively decided to self-develop and learn through his own volition. Ravi was able to convey that a positive of his situation was an increase in his confidence and self-belief. Jyoti, whilst acknowledging Ravi's view, described a different experience:

"I realised actually hang on, this particular model was not going to work here and I really need to put it to the side and see where the client was coming from, I think that was really impacted by my own experience of having a therapist that wasn't South Asian". (Transcript 1, line 250)

Jyoti illustrates a different facet of this theme through mentioning her own experience of having a non-South Asian therapist. This could have highlighted for her the necessity of being flexible when using Western models of therapy with ethnic clients. Moreover, Jyoti goes on to mention that it demonstrated for her how a therapist of a different ethnicity and culture can work with an ethnic client, despite a western training. This appeared to be important to Jyoti as it highlighted the possibility of being able to work with clients from

other ethnicities to a 'good' degree. Moreover, it demonstrated being able to flexibly engage with her culture as and when needed.

Thus far there appears to be a question in regard to when my participants have departed from their western training and allowed their cultural knowledge to guide them. But also, whether they should or should not stick to the models they have been taught. Nitisha highlights this dilemma:

"There's a difference between…sticking to a model like out of ignorance or fear of not knowing as opposed to because it's all relevant. If a model is all relevant and fit an Asian client perfectly then great but I'm not going to stick to it just because I don't know much about their culture." (Transcript 6, line 256).

Nitisha seems to grapple with the idea of sticking to a therapeutic model simply because of ignorance and fear as opposed to being comfortable with not knowing enough about a particular culture. This raises questions as to if other clinicians feel a similar struggle in adhering to a model due to a lack of knowledge or if their own specific cultural knowledge allows them to creatively adapt models to their clients. All of my participants thus far, have mentioned how they can see where these models they have learnt have diverged from their cultural perspectives and thus become problematic. Therefore, it could be argued that due to their unique insider perspective to South Asian culture, they are the most equipped to challenge and highlight the differences in Western approaches.

Upon reflection of this subtheme, whilst there is a specific disappointment from my participants in the lack of diversity in their training and the effects of this when they initially

started working as clinicians, this appears to be taken one step further in an active impairment when working with ethnic clients. This is therefore the next subtheme, 'giving up the fantasy'.

4.2.2 Subtheme two: 'Giving up the fantasy'

Based on the back of my participants' assumptions that their training would teach them how to work with clients, their own internal assumptions seemed to follow a similar narrative. The second subtheme, 'giving up the fantasy' relates to my participants expectations of wanting to be the 'right' kind of therapist and knowing exactly how to work with South Asian clients. Furthermore, their struggle at learning to let go of the assumptions and move towards acceptance. Ravi describes idea of wanting to do therapy 'right':

"When I was newly qualified and you know, having all those fears around wanting to do therapy right and be helpful to your clients, I would find it much harder to stay boundaried especially because of this connectedness in culture to South Asians. So, I would find myself being more active in therapy and trying to to be…useful, yeah that's it and trying to give my South Asian clients answer, which I never actually felt with clients who weren't South Asian". (Transcript 2, line 339).

Ravi's experience of attempting to be useful seems to stem from his fears of wanting to 'do therapy right' and be helpful to his clients. Importantly, Ravi feels the need to be more active and to 'give answers' to his South Asian clients, but not to his other clients. Upon further questioning, Ravi highlighted that there was a greater pressure in not wanting to let his South Asian clients down. Ravi also alludes to the fact that he was newly qualified and therefore adds a temporal dimension to his development. Suggesting that this fear of being a

specific way can change over time. Gita furthers the idea of being the 'right kind of therapist':

"But sometimes I think what happened then, although there was that pressure to try and I guess in the early days to try and be I guess the right kind of therapist, you kind of develop this way of kind of um being with your client". (Transcript 5, line 125).

Again, Gita suggests a pressure to her to be a specific way as a newly qualified therapist and thus adds to Ravi's experience. Gita highlights one of the positives of ethnic matching and that seems to be being able to develop side by side with your client. I feel this speaks to the creativity in developing your own unique way of being. However, within attempting to be the 'right kind of therapist', Amrik's experience diverges from my other participants:

"I think initially it was a bit tricky, erm…I think…yeah it was a bit harder to begin with, I think I had to rein myself in a bit more I had to not be so divulging about myself and my experiences too much". (Transcript 3, line 147).

Here, despite Amrik also struggling with the former stages of being qualified, his main concerns were around self-disclosure and over sharing. From my perspective, the commonality between my participants thus far appears to be a lack of knowing how to be in the initial stages of qualifying. Due to this, their way of grappling with this unknown seems to be through attempts at being useful and the 'right kind' of therapist for their South Asian clients. However, the last facet of this subtheme portrays their disillusionment of this idea.

Gita states:

"Should I know this, should I have known that, but I learnt to let that go because how can I know every single thing about every single client that walks through that door? Um so I became at easy with it and actually that helped me to become more interested and curious about the client and owning when I didn't know something". (Transcript 5, line 343).

From this we can see Gita becomes 'easy' with not knowing. Moreover, I feel she has relinquished this expectation on herself and therefore allowed a curiosity to form. Lastly, Nitisha adds further depth to letting go of the fear of not knowing but also acknowledges the benefits that arise from having a South Asian upbringing such as having an innate understanding of her culture that can help guide her clinical practice:

"I'm never going to be perfect and that's not even possible. So, there's something about actually just letting go of those worries and now feeling calmer I guess I feel lucky because I have this built in understanding of Asian culture from my upbringing but also now the experience to help like shape therapy to that". (Transcript 6, line 305).

Nitisha mentions a 'built in understanding' of Asian culture. Upon further discussion she is referring to an understanding of the needs of South Asian culture and difficulties that this culture can foster, e.g. the impact of shame. For her, the initial difficulty in needing to do therapy right was to avoid potential shame from her culture at not being helpful. However, through understanding this she was able to more easily let it go.

Furthermore, this subtheme aims to highlight the eventual acceptance my participants came to after having been through a disillusionment in regard to what it would be like to train

and work as a South Asian therapist. In respect to the eventual acceptance my participants came to after fending for themselves, Monisha describes what this experience was like for her:

"I think I kind of just accepted it because it's just like at the end of the day you know the training is more that kind of theoretical where the real learning is actually through experiencing it with the client um…so you just kind of accept that this is only part of the learning and actually the learning journey is still to come". (Transcript 4, line 320).

Monisha portrays her attempt at learning to accept her situation through justifying her journey as one that will continue beyond her training. Whilst she has learnt to fend for herself, the other side of this experience seems to be accepting the limitation of the situation as well. This acceptance from my perspective seems forced rather than wanted. Upon questioning my participants further as to this feeling of acceptance, Amrik stated:

"I've been used to it enough in psychology in our field I'm really really used to sort of being quite underrepresented umm especially at the higher trainings …. a lot of clinical psychologists are white, and a lot of the HI (High Intensity) trainees are white …. at the end of the day it's not representative". (Transcript 3, line 36).

In this quote, Amrik was discussing his views on the acceptance of the dissimilarities of Western training in comparison to South Asian culture. Also, of his journey of accepting his training and thus his difficulties in his initial years as a clinician. From his view, it suggests acceptance was a necessity and one that seemed to be forced upon him due to his underrepresented nature.

4.3 Master theme 2: Tug of War - "You're almost torn"

This second master theme is 'Tug of War', and this includes two subthemes: 'struggling with feeling exclusion' and 'struggling with the expert position'. The master theme relates to my participants' experiences in learning to manage their own South Asian culture and their Western training. I chose this title in *the hopes of encapsulating a kind of battle that participants seemed to feel was taking place within themselves as South Asian therapists*. This title already seems to portray two people or selves within my participants and the use of the word 'battle' is as much a metaphor as a tug of war. Linguistically, I have deployed these words because of the sense of fighting my participants portrayed, which they experienced once they went through a disillusionment of what they had hoped training would be like. My participants seemed to be battling not only with themselves but with the expectations of clients and their own families. This theme therefore relates to a sense of competition, which my participants are experiencing and attempting to navigate.

4.3.1 Subtheme one: 'Struggling with feeling exclusion'

All participants spoke about struggling with a sense of exclusion in their training as well as in their professional practice. This subtheme can be thought of as split into two elements, the feelings of exclusion which derives from things that are external - as in from training and practice - and also exclusion, which is internal, in terms of self-censoring certain elements within themselves. Nitisha explains her experience of external exclusion from her lecturer:

"the lecturer was saying basically you have to do this and that and I remember thinking that that is the complete opposite to what my family would do culturally and how that doesn't

really match and what was annoying was when I would raise something like this it wasn't really taken seriously" (Transcript 6, line 36).

Nitisha's account indexes her struggle to negotiate the tension between what she knows to be true of her own family/culture and what she is being told by her lecturer. Firstly, Nitisha seems to find that her lecturer is telling her to do things that would not be appropriate to her own culture. However, there also appears to be a feeling of dismissal or exclusion in terms of her opinion not being taken seriously by her lecturer. You can see from Nitisha's experience that this feeling of exclusion left her with a sense of frustration. Furthermore, Ravi highlights different elements of this narrative by explaining:

"I keep thinking of that phrase 'one size fits all' and its weird because even though like we are taught to tailor to each client it's not one size fits all but then at the same time it is. Because it's one size fits to every culture and I mean come on you can't do that" (Transcript 2, line 40).

Here, Ravi poignantly highlights the contradiction of striving to perceive each client as unique whilst also not being taught how to adapt psychological therapies to individual cultures. His experience seems to speaks more to feeling shoehorned into a particular 'shape', one that doesn't feel appropriate for every culture and once again I was left with a sense of frustration and loneliness from both participants.

Another facet of 'struggling with a sense of exclusion' that emerged from the data was 'being labelled'. Jyoti emphasises this idea:

"But also, at the same time I thought "oh great I'm already being viewed in a specific way like as the younger child which I was really like wary of" (Transcript 1, line 139).

'Struggling with a sense of exclusion and 'being labelled' could be viewed as two sides of the same coin, as being excluded or indeed left out could entail being forced into a different position, as Jyoti states 'younger child'. My participants' experiences highlighted a shared phenomenon of being forced into a position they necessarily did not want to adopt. While participants seemed to feel excluded by the lack of focus on ethnicity in their training, paradoxically they felt their Western training was similarly excluded by South Asian clients who preferred to focus instead on their identity, not as professionals, but as members of the South Asian community.

In some respects, my participants have been left with a split within themselves, where they are in a constant flux of having to engage with their South Asian values or their Western teachings. This raises the question as to who is being excluded at any one time? Is it the culturally competent South Asian therapist or is it the Western trained clinician? Nitisha describes this:

"It's kind of like having to be two people in a way, the person I was brought up as with all those traditions, and er values like being respectful of elders and falling into that stereotypical kind of role, but also then my professional role as a therapist and even though that I guess goes against some of the South Asian values" (Transcript 6, line 148).

I feel Nitisha's statement powerfully encapsulates the internal battle that my participants all alluded to in their interviews. There seems to be a visceral tension between

the values and knowledge my participants have been brought up with, in contrast to what it is like for them to actually work as a therapist. More poignantly, Nitisha has also stated that 'it is like being two people'. It's not just that there is a tension, but that there are two distinct selves. More, these selves appear, from what Gita says, to be in competition with each other:

"You're almost torn, you know, you you kind of want to, you are there as a therapist and you want to be there with the client, go where they want to take you and then when you get out it's like oh you need to move this on, so it was frustrating" (Transcript 5, line 500).

Here, Gita succinctly portrays her struggle with adhering to her Western training by stating she is "there as a therapist", but then further discusses the pressure of her Western training, which seems to indicate a particular way in which she should continue working with her client: "you need to move this on". This seems to present Gita with a dilemma, as adhering to her Western training contradicts with her cultural values and what she perceives would be most beneficial for her client. A sense of competition appears to form between their Western culture versus South Asian values, and there appears to be a convergence of subjective experience between these two elements. Ravi discusses his way of navigating this competition:

"Also, that's kind of like me, I feel I have to switch between like a Western training or hat to an ethnic hat depending on my clients" (Transcript 2, line 150).

Much like Nitisha's distinct selves, Ravi also noticed the necessity to oscillate and engage with two versions of himself dependent on the context. Switching 'hats' seems to mean that you can only wear one hat or the other – it seems impossible to integrate them in

any meaningful way and Ravi's account suggests an ambiguity in terms of whether there might have to be a winner in this situation. However, within this switching between two versions, Ravi highlights a benefit of learning to be adaptable and flexible with his thinking and interactions with others. There appears to be some acknowledgement and comfortability in being able to access certain qualities of himself when needed:

"I mean yeah it can be annoying but I'm I'm actually good at it. Like I can switch between versions of myself which used to be hard at first but now not so much. It's kind of helped me to…to develop. I can engage in ethnic parts of myself with certain people or not. So, I guess it's actually nice sometimes." (Transcript 2, line 152).

4.3.2 Subtheme two: 'Struggling with the expert position'

This second subtheme aims to highlight the difficulty my participants experience in being placed into the position of an 'expert' when working with their South Asian clients. Jyoti describes this expert position as:

"*there is a more medicalised view of therapy in South Asian culture where again the therapist is the expert and they know what they are doing and able to tell me what to do to fix this problem" (Transcript 1, line 260).*

Jyoti is confirming what much of the research literature suggests: that there is a medicalised view of therapy in South Asia that is frequently projected on to South Asian therapists working with people from their own community. Jyoti's account demonstrates more than simple discomfort with the way her clients expect her to 'fix this problem'. It

suggests a sense of obligation, almost a sense of responsibility towards her clients. The responsibility can be viewed as solely on my participants' shoulders as opposed to the joint therapeutic venture that is taught in the training courses. This focus on the medical model and thus needing to be fixed is further highlighted by my participant Monisha:

"patients come in to the service…that they you know 'I'm only here for two weeks and you know I expect to be better when I get home' or 'I'm only here for two weeks and I haven't seen any progress and I expected to feel better by now' um…so some of them put pressure on themselves and others put pressure on the therapist you know it's a very unrealistic view of what therapy actually is" (Transcript 4, line 138).

It is here that the 'tug of war' alluded to in the title of this master theme becomes more apparent. Participants' accounts seemed to index a powerful 'pull' towards working in the light of a familiar cultural perspective privileging an expert position; but at the same time, there seemed to be an equally strong 'push' towards developing the kind of mutual therapeutic relationship they felt was endorsed by their professional training. Ravi adds further depth and understanding from his experience:

"What I've noticed from my South Asian clients is that there is more of an…a pressure on me to be the one that 'fixes' them and there's a real frustration when I'm not giving answers and not being very problem solving, you know?" (Transcript 2, line 65).

Again, Ravi also mentions the pressure he feels to 'fix' clients and the frustration that can arise when he does not conform to what his clients' ideas of what a therapist is. Intriguingly, Ravi ends his sentence by saying, "you know?". This is a common theme that

has occurred across all cases in my analysis. Linguistically, the phrase 'you know' could simply be my participants' way of speaking, a part of their lexicon. However, upon reflection, it could also be the same enactment which my participants experience with their clients. My participants could be assuming I know what they are talking about due to our shared ethnicity. The term 'you know' could be shorthand for 'you're like me'. Furthermore, I could be being placed into another 'expert position' as a South Asian researcher.

The expert position that my participants speak about appears to extend to the way the families of their clients view therapists. Many participants have described difficult situations where a client's family member, such as their mother, will not only ask about their son's therapy but then continue to pressure the therapist to break confidentiality because in the South Asian community everyone is family. This overstep in therapeutic boundaries can be difficult for South Asian therapists as from a cultural perspective, 'experts' are expected share information and it could be seen as acceptable, but not from a Western perspective. Thus, further fuelling feelings of confusion and discomfort for South Asian therapists. Nitisha speculates regarding this familial involvement:

"the family is so much more involved or can be…Like I don't want to paint South Asians as bad or dependent on their families or or whatever but the community tie is a lot stronger, you are friendly to literally everybody and everyone knows everyone's business so it's like you don't actually just have one person in front of you when you're giving therapy, but a whole community" (Transcript 6, line 215).

Furthermore, Nitisha introduces an even more complex dynamic through alluding to a similar perception from the wider South Asian community. Due to the close community ties,

my participants feel under pressure to be expert by virtue of how their clients and indeed the community view them. The statement from Nitisha is extremely rich as initially it could be argued that she attempts to ensure that she is not betraying her culture by complaining about it. Importantly, it also depicts the stepwise progression of the 'expert' to a wider context which South Asian therapists can be drawn into, the community macrocosm. Not only are my participants expected to 'fix' their clients, they seem to have the added imposition of familial and community expectations, which all stem from them adopting the 'expert' position. The struggle here again lies within the tug of war of my participants are experiencing in adhering to their cultural expectations or their western teachings.

Interestingly, Gita speculates to another facet of this sub theme through appearing to weigh up the difference for a client in feeling free to tell an 'expert' everything and feeling constrained in telling another South Asian person:

"Um and sometimes although they see you, some may see you as an expert, others may see you as 'oh she's another Asian I can't tell her what my husband did' you know. So, you have to be very sensitive again and just because South Asian, its's a South Asian client, no two South Asians are the same. When they view me as an expert, it can be really helpful" (Transcript 5, line 260).

Here Gita also suggests that some South Asian clients may not be able to divulge information to her because of a fear it would 'get around' or that they would be judged by her or that she can't be an expert in the same way as a non-South Asian therapist can be an expert. The difficultly within this complex phenomenon is that it can place my participants in a precarious position of either struggling to move away from the idea of the 'expert', but also

potentially attempting to create some form of professionalism as to allow the growth of trust in the therapeutic relationship, once again another 'tug of war'. A benefit from being viewed as an expert appears to provide benefits to Gita, but it depends on how her clients engage with her as 'no two South Asians are the same'. Being viewed this way could result in clients being more forthcoming and not worrying about 'gossip'.

4.4 Master Theme 3: Forging a path – "I have to take a step"

My third master theme is called 'Forging a path' as all of my participants all felt that they needed to forge their own particular path as South Asian therapists working within their own community. This seems to involve three subthemes: 'working against the grain'; 'negotiating new norms'; and holding a sense of 'resentful obligation'.

Linguistically, 'forging a path', the word forge implies a hammering out of metal. My participants can be thought of as this metal, forging their identities as therapists, and it is unique and distinctive process to each of them. My participants' experiences were not smooth sailing, but more akin to a blacksmiths forge that implies a creative, difficult and deeply personal process that is extremely hard work. The blacksmith works with a new piece of metal each time and much like my participants they each have their own way of working and their own therapeutic path they are forging. This last master theme aims to portray the gradual development of my participants over time and their difficulties in becoming the therapists they are today.

4.4.1 Subtheme one: Working against the grain

The first subtheme 'working against the grain' relates to my participants' internal assumptions and biases when working with South Asian clients. While participants felt they

had much in common with their clients by virtue of a shared cultural background, many spoke about the risks of over-identification that could lead to difficulties within the therapeutic relationship. Because of this, they seemed to have learned to monitor themselves and attempt to bracket their biases. This subtheme aims to highlight how 'working against the grain', whilst difficult, is a key facet of my participants 'forging their own path'.

Many participants spoke about how it was relatively simple to build a therapeutic relationship with South Asian clients simply because of their shared cultural background which includes common values and beliefs. However, it is due to this understanding that my participants struggled in making assumptions. Ravi illustrates:

"It's kind of like a double-edged sword in a way because yes I'm South Asian and I may have more of an insight into the culture and expectations and so on but at the same time I've noticed in the past how I've assumed I know what's going on for a South Asian client just because of, you know, of this innate understanding when sometimes it's not been about that". (Transcript 2, line 168).

Gita gives further depth to this experience and thus introduces the idea of having to actively inhibit and contain her assumptions of her South Asian clients. Interestingly, Gita highlights that it is her awareness of difference that allows her to engage with her curiosity around her White clients.

"when you're with say a Caucasian, again you you might have an idea but you you're still learning about them through them, you don't have a set of you know um…you can't always relate to their culture or umm their upbringing or you know religion or ethnic background it

it you know you see those differences but you find yourself being curious. Whereas I think working with the South Asian you have to curb your assumptions a lot more". (Transcript 5, line 142)

Monisha develops this theme through exploring the potential difficultly with this connection to her clients. Due to their relatedness, it can be an issue to not let her own experiences collude with her clients' and therefore I feel there can be a blurring of boundaries and over-identification:

"You know life for them and sometimes you have no power over that so it can be upsetting and frustrating…I think when its…I think when it's the background you know the same as yours, because you kind of relate to a lot of issues and you have a you sometimes take that home with you that feeling". (Transcript 4, line 298)

However, this collusion also suggests a connection with an emotional experience of their client. Prior to over-identification, there is a benefit regarding a connection being made and acknowledging their client's experience. Monisha elaborates and explains how this connection can help deepen her therapeutic relationships and this increase her motivation to help her clients.

"But like when you relate to them it can be great. I understand them and um I want to help more because of our connection. I I get where they are coming from". (Transcript 4, line 301)

Whilst participants all spoke about acknowledging and working with their assumptions about clients, it was clear from their accounts that the same thing seemed to be happening with the clients themselves. As Ravi points out, it seems to be a two-way process:

"So, I think clients carry this inherent bias around what they expect their therapists who are South Asian to know. And um, I guess in the same vein I also carry a kind of bias around what I expect my clients to be like". (Transcript 2, line 249).

From this quote, I feel that this relatedness and connection my participants are attempting to grapple with is also evident with their clients. There appears to be a shared phenomenon concerning inherent expectation from both parties. However, from my perspective, the pressure to address is located firmly with my participants. Jyoti seems to support this view:

"Yeah sorry the tension is more inside of me and sort of monitoring how important their cultural background is but also how important it is for some of them sometimes to break free of that a little bit, so the tension is more mine I think than in the relationship". (Transcript 1, line 320)

What seems apparent is the importance of time in this subtheme, whilst initially there appeared to be an over collusion with client experiences. Through practice and experience, all of my participants found a way to utilise their ethnic background to their advantage whilst acknowledging the ongoing necessity of being aware of their internal assumptions.

4.4.2 Subtheme two: 'Negotiating new norms'

Whilst the previous subtheme was concerned with the way participants worked against the grain of an inner, culturally determined identification with their clients, this subtheme is concerned with participants' more active attempts to work against the grain of both their culture and their training. My participants are actively challenging their culture and training, whereas the first subtheme spoke specifically to my participants' internal struggles and self-monitoring. Reflecting on the interviews, I feel it is important to understand that my participants were finding a way of being that authentically resonated with them that included some aspects of both cultures and chose to disregard others.

Within the subtheme of 'negotiating new norms', my participants struggled with following traditional South Asian customs which appeared to go against Western training, such as therapeutic boundaries. Ravi describes this:

"there are times where I feel boundaries are, are harder to maintain. Like once a patient brought me some burfi in a session and my western training was basically shouting at me to explore the need to bring burfi and the symbolism behind it. But when I tried to do that it was like hitting a brick wall. It's very common practice in my culture to bring say burfi or jalebi as a form of gratitude considering the close…knit culture and community and I couldn't refuse". (Transcript 2, line 78)

Ravi's experience is not unique. The majority of my participants mentioned similar situations that they encountered. Interestingly, Ravi felt he could not refuse the burfi given to him and it seemed to represent the closeness of the South Asian community. On the one hand, he is being required by his client to appreciate the gift; on the other, he is being required by

his training to explore what the gift might mean on a symbolic level. In the event, he 'couldn't refuse' the gift, but nor could he refuse the professional requirement to 'explore' the gift, which the client of course refuses to do. Jyoti contrasts to this narrative with a similar experience:

"But then also the whole boundary thing of offering someone tea, or lunch or snacks you know for example umm therapeutically it was important for that client at that time that I share something with her to eat umm but yeah I don't know what the BACP would say about that but it helped us so it was fine with me". (Transcript 1, line 323)

Jyoti adds further depth to this experience through explaining the importance of accepting something from her client. Whilst therapeutically it can be viewed as atypical, from a cultural perspective it could be considered central. Jyoti seemed to have to negotiate the ramifications from departing from her training and the potential negative impact by not accepting. From the last line, we can see that her client's needs were the main motivating factor in her decision-making. Furthermore, in developing this subtheme a sense of gradual development with time also appeared to be crucial. Jyoti continued to state:

"I think in the early days of training I was so eager to stick to the theory and follow the rules and to do person-centred really well and to do psychoanalytic really well but I think that now I've stopped training and I've been practising for a few years post graduating, I've become a bit looser… it's there but as a lens and I think that really now it's more the client that I put first". (Transcript 1, line 100)

Here my participant has added a sense of development post-training. I feel through her practice and experience she has become more confident in departing from her therapeutic models, dependent on the situations her clients bring thus 'forging her own path'. Moreover, from my understanding, the innate knowledge my participants possess due to their South Asian culture allows them to critically examine whether negotiating new ways of working that could defy their Western training will actually be beneficial.

Another facet of a 'negotiating new norms' which adds to my participants experiences is my participants becoming the voices of their clients. Gita explains:

"But I think at first I did fall into like um I found myself kind of... doing that so pushing them along but then I you know managed to find my voice and was able to actually voice my clients concerns and issues that were coming up for me and bit more assertively. Whereas actually it wasn't just me going 'oh I'm here for 6 sessions or 12 sessions and then we're gone'. I started to take it client by client and take it individually as opposed to just another client. Um and actually really started being the voice of my client". (Transcript 5, line 502)

Here Gita has poignantly highlighted that initially she appeared to default into a position of pushing her clients along due to her training and service demands. However, eventually she was able to actually voice concerns to the service she was working in dependent on the changing needs of her clients. We can clearly see her progression as a clinician, and I feel as though her own experiences of South Asian culture again are pivotal in providing her the confidence to be assertive.

The last facet of this subtheme aims to highlight my participants' difficulty of challenging their cultural background. And within this, finding a middle ground from which they have assimilated their various experiences. Jyoti alludes to this below:

"because I think sometimes there is value in breaking through of the shackles that culture and society places upon us and I think that being South Asian it is difficult to break free of that. And I realise again I'm contracting myself based on what I said about how important my family was when I was speaking to my therapist, but she must have really done a good job because I actually realise where I stand in that community". (Transcript 1, line 309)

I feel this quote encapsulates that pressure that my participants have subtly mentioned throughout their interviews. Jyoti's metaphor of 'shackles' vividly portrays how she views the imposition of her culture's expectations on her as a therapist. But the use of the word 'society' after 'culture' appears to suggest that this imposition is also from a wider Western societal context. Therefore, highlighting the struggle my participants have all had at partially finding their own position as South Asian therapists who have been trained in the UK. Finally, Gita describes how this experience eventually becomes more natural:

"Um so it felt more natural as I was doing what I felt was right um rather than…I mean I know there is an importance you have to sort of find a middle ground so having the opportunity to discuss the needs of the clients or what was best, if they needed an extra session". (Transcript 5, line 514).

4.4.3 Subtheme three: Resentful obligation

The last subtheme aims to portray the frequently reluctant sense of obligation participants felt in helping members of their own cultural community. At times, this reluctance seemed to verge on the resentful. It included resentment at teaching non-South Asians about culture, resenting being allocated South Asian clients based on a shared ethnicity and resenting the sense of responsibility that arises from being a clinician that belongs to an ethnic minority.

This subtheme initially developed through my participants reflecting on the sense of obligation or duty that they felt their clients brought with them to therapy. Jyoti describes this:

"I think sometimes the South Asian clients I've seen have been so much about 'I should do this' and 'I have to do this,' 'it's my duty, it's my karma' and like this huge obligation and they lose themselves in it". (Transcript 1, line 314)

Interestingly, from my perspective, this same dynamic appears to be occurring for my participants as well. There is a sense of responsibility versus resentment and through this process, a struggle to maintain their own identity as therapists who happen to be South Asian. Moreover, there appears to be an obligation because of a feeling of connectedness in terms of cultural values and understanding. Monisha describes this connectedness:

"Yeah yeah um I think sometimes it's different with the Asian clients because maybe you kind of relate more with them, so it feels closer to home if you get what I mean". (Transcript 4, line 311)

Taking Monisha's phrase 'closer to home' literally, it could mean that South Asian clients are of course 'closer' to Monisha than non-South Asian clients. But the phrase can commonly be taken to mean something darker, unwelcome, or that is a little too close for comfort – an extremely ambivalent phrase. This ambivalence could be paralleling Monisha's own discomfort and uncertainty when working with South Asian clients. Furthermore, even in her phrasing and asking me "if you get what I mean" makes me question whether if due to our shared ethnicity, she is also putting me in the same position she has been in countless times – others assuming she understands due to her shared culture. Jyoti furthers this insight:

"The therapist side of me thought 'ah damn I can't do this' but my Indian side felt a responsibility as I'm not just a therapist I have this whole cultural baggage…maybe baggage isn't the right word… but yeah behind me too". (Transcript 1, line 349).

Interestingly, Jyoti's description of herself as "not just a therapist" seems to be most clearly emblematic of the 'resentful obligation'. Moreover, her "cultural baggage" appears crucial in to why my participants feel this sense of obligation towards helping the South Asian community.

Leading on from this facet, other clinicians also appear to share a similar idea that this connectedness is key. Below Jyoti discusses a South Asian client's preference for a South Asian therapist and how her previous service also specifically wanted her to work with this client due to their shared ethnicity:

"Umm and I think also yeah I don't know I think it was helpful in some ways I think that she certainly preferred it because there would other therapists in the service that weren't Indian

umm yeah I think that they specifically suggested me because they thought that I could help her more". (Transcript 1, line 301)

Many participants also spoke about the felt obligation to be a suitable role model for clients and for the Asian community more widely. Amrik's account is particularly relevant here. He portrays the issues with there being a lack of psychoeducation within the South Asian community and as such he feels left in a position to change and challenge this. Upon reflection, I feel Amrik was in more of minority position than most of my other participants due to him being a male and South Asian. In his statement below he also states stereotypes around South Asian men and having to be the person that challenges that. Despite wanting to see this change in mainstream South Asian stereotypes, there is also a sense of resentment at having to be the person who does the 'standing up':

"It's difficult. Yeah, it's not easy. Like you want to stand up and go 'no, don't do that' you have to do that in…again it comes back to the educating and being a good role model for the Asian community as well to show that actually as an Asian you can be really about equally, you can be about fairness, you can be about…don't' listen to that stereotype of like all Asian men are like sexist or whatever it is, actually we're not". (Transcript 3, line 519)

This idea of a role model further can be expanded to other clinicians. Ravi discussed how he would be contacted by non-South Asian colleagues who would ask him to explain elements of his culture and how to work with South Asian clients:

"I mean on one hand I was happy to help, if I can help her improve her therapeutic practice then great, almost expanding the understanding, but at the same time there was a bit of

frustration on my part as it was really hard to try and conceptualise a whole culture and their norms and values into a 30 minute conversation and give her advice on how to work with that culture when I don't even think at the time I knew and our training hadn't really touched on it in depth". (Transcript 2, line 111).

Ravi adds a feeling of frustration into this multifaceted subtheme. The expectation to help someone understand how to work with his culture, which not only has he been brought up with, but which he fully doesn't understand how to work with seemed to annoy him during the interview. Therefore, this idea of obligation, whilst from one perspective can be seen from a social justice stance with many benefits to others, is also tainted with a resentment from my participants not choosing this path. Ravi diverges from my other participants through even questioning the idea of ethnic matching:

"I like the idea that I'm giving back to my community through giving therapy and yes the fact that we are from the same culture does provide benefits, but I guess even with that it's important to to just also take into account humans are complex, just like mental health issues can't be boiled down into one childhood experience, you can't reduce therapy to ethnic matching". (Transcript 2, line 459).

Ravi poignantly acknowledges the advantages of ethnic matching, but also encourages an openness to other factors that could influence the therapeutic relationship. Whilst this appears to be a complex subtheme that links to aspects such as teaching others and role modelling for clients, it also depicts a lack of fairness for my participants at feeling an obligation to engage with challenging cultural stereotypes.

5. Discussion

5.1 Chapter overview

This research study sought to highlight the lived experiences of therapists who are South Asian and work with ethnically matched clients. IPA was applied as the methodology to analyse verbatim transcripts of semi-structured interviews. This chapter begins with a brief summary of the analysis in order to highlight the ideas that have emerged for exploration in the discussion. The main themes are then discussed, followed by the limitations of this study. Thereafter, the implications for Counselling Psychology are considered, as well as suggestions for further research and a final conclusion.

5.2 Summary of Analysis

The analysis of my participants' interviews uncovered three main superordinate themes; a sense of disillusionment; tug of war; and forging a path. Each theme and subsequent subtheme spoke to a specific facet of the experience of ethnic matching for my participants and highlighted the tensions which they attempted to manage throughout their careers. From these themes, two main points of discussion emerged; duality and disillusion; and expert expectations. Each of these points spoke to one of the original aims of the research and provided further opportunity for research.

5.3 Duality and Disillusion

5.3.1 Duality

The experience of ethnic matching for all participants seemed to entail a push and pull in terms of them grappling with adhering to their cultural understanding and also their western training. Throughout the interviews this idea of a duality became apparent. The concept of duality is a philosophical term with a long history. Specifically, within

psychology, duality has been portrayed in terms of psychodynamic theory with the concepts such as, Id/superego, the conscious and unconscious, and even the Jungian shadow (Corbett & Whitney, 2016). However, within ethnicity, the idea of duality appears to relate to dual models/systems of processing (Deutsch & Strack, 2015). Duality in this respect suggests that social cognition and behaviour is due to two interconnected mental faculties, our pre-existing knowledge (through culture and family) and our new knowledge we acquire in later life learning. In regard to this research, my participants all seemed to be grappling with the tension between their cultural knowledge and the knowledge they learnt in training. Duality for them, entailed an embodiment of a dual role.

My participants felt the need to switch between a western and a South Asian 'hat'. They were experiencing a duality of managing their own expectations and those of their clients and clients' families. This concept of duality appeared early in the journey for my participants with the majority of them experiencing this in training. Their first glimpse at this tension was highlighted when they felt they were not being taught how to tailor psychological models taught to ethnic cultures. My participants felt a split when attempting to engage in what they innately know about their culture such as values and what they were being taught from a western viewpoint. However, this tension continued post training when they started working in ethnic matching services. As qualified clinicians, they were now experiencing a reverse position as their South Asian clients were placing too much of an emphasis on their South Asian knowledge and not enough on their western training. The idea of duality can be thought of as splitting my participants' actual identity. They are all both Western trained clinicians and also South Asian clinicians.

My participants indicate that they are left with this feeling of not knowing and discomfort, which pervades their experiences. Interestingly, the idea of my participants embodying two selves is something that I have noticed to be salient for myself. Throughout this research I have had to grapple with my identity as a researcher and a South Asian clinician. My own experiences managing a dual role were akin to my participants. I felt a need to bring my pre-existing ethnic knowledge into sessions with South Asian clients, but I also felt conflicted in needing to adhere to my Western training. Moreover, with my participants I encountered a difficulty in attempting to view my ethnic identity as fluid and not an absolute. Additionally, I struggled at times in engaging in this thesis due to my uncertainty of what position I embodied. I am not just a South Asian clinician or researcher, but a complex entanglement of both. It was only through continual reflection, reflexivity and experience I was able loosen my hold on these constructs and move towards an integration, much like my participants.

Erikson's (1963) theory of identity suggests that identity follows a linear developmental progression, that is, stages of progression are fulfilled and then chronologically move onto the next. Erikson's (1963) theory thus assumes that identity development will eventually lead to a final result (Sue & Sue, 1990). The main issues this posits is that these static categories do not allow for a fluidly of the self across contextual situations and relationships (Yeh & Huang, 1996). Viewing my research through this lens, it could be assumed that my participants' ethnic identities was fully formed and hence adopted a rigidity. Due to this their struggle with managing the tension between their western training and ethnicity was inevitable as this model did not account for their social and cultural contexts.

However, more recent theories of identity such as multicultural theory (Arredondo, 1999) and multidimensional theory allow for a multidimensional perspective for one's identity. It suggests that within identity we all have separate dimensions, and each dimension contains specific elements such as culture, sexuality, social and familial context. However, the most salient feature of these theories is their emphasis on identity development as evolving and continually changing dependent on context such as identification. Identity is therefore not a concept that is ever fully finished and formed but in a constant flux and development. This can help to illuminate my participants' experiences and tensions in managing their own experience of duality which is constantly evolving.

Furthermore, Trimble (2007) suggested that clinicians must be able to understand certain concepts such as ethnic identity and not solely operate in isolation from one model or discipline. This can be seen as paramount as Trimble (2007) further states that successfully supporting our ethnic clients through therapy entails helping them to integrate their own multiple identities or 'lifeways'. This concept seems to be engaging in IPA's hermeneutic circle, from the perspective of my participants and their clients. That is my participants sense making of their clients' experiences, facilitates their participants to better understand their experiences/difficulties.

Reflecting on the aims of this research study, managing this duality and striving for integration can be seen to provide some understanding with regards to the benefits and challenges for UK trained South Asian therapists when working with South Asian clients. Furthermore, despite the difficulties of duality, my participants highlighted the main benefit of their South Asian 'hat' was being able to empathise deeply with their clients due to a shared understanding. This identification was perceived as a strength and central in forming a robust therapeutic relationship. However, this benefit also led to a challenge of over-

identification, thus supporting previous discussed research in the literature review by Maki (1999) and Mollerson et al. (2005). These researchers posited that ethnic matching could increase issues with over identification and maintaining boundaries, which led the researchers to question the overall benefit of ethnic matching in general.

5.3.2 Disillusion

Disillusion was also a key phenomenon that arose from the data. Both disillusion and duality, whilst separate processes, appear to have a complex interaction. These processes seem to be symbiotic and occurring in tandem. Whilst my participants were attempting to navigate their own duality, they were also gradually becoming disillusioned to what they thought working as a South Asian therapist would be like. This disillusion is key to understanding the experience of my participants as it forms their central motivation to integrate their experiences. From the interviews it appears evident that at each stage of my participants' journey as clinicians where they encountered a duality/a dual role, a disillusionment also occurred. Initially in training, my participants commenced their respective course with fantasies that they would be told how to exactly work all types of clients and ethnicity. They became disillusioned when they realised that ethnicity was barely covered and frustrated when their attempts to open a dialogue were smothered. Post training, again my participants had fantasies of being the 'perfect therapist' and knowing exactly what to do. The disillusionment they then encountered allowed them to form a gradual acceptance and feel comfortable with sitting in with the unknown. However, it also encouraged them to forge their own path and work towards building a style of working that incorporated both their culture and training. This also compliments Arredondo's (1999) theory of ethnic identity development, in that our own development is not ever completed, but continually in flux and evolving.

These findings build on previous research by Patel (2014) who recognised the necessity of a different skill set and knowledge when working with South Asian clients. Furthermore, Patel (2014) and Lee and Horvath (2014) highlighted the need for more training specific to minorities, which my participants unanimously agreed with. The most current literature by Bhatt (2016) on South Asian therapist also suggested the importance of further training. Importantly, Bhatt (2016) highlighted how time, more specifically the experience of working with South Asian clients, was key in South Asian therapists being able to develop their own therapeutic style. This is also true in this research, my participants felt that with experience, that came with time they were better able to manage and understand the tensions that arose with their clients. However, due to the in-depth nature of IPA, I can also suggest that disillusionment as well as experience is a central mechanism which starts the participants process of change and integration. This further helps to illuminate my third research question regarding how South Asian therapists work with and make sense of any tensions in ethnically matched dyads.

5.4 Expert expectations and transference

5.4.1 Expert expectations

The last point of discussion that appeared vital was the role of the expert which my participants both strived to embody and simultaneously avoid. As mentioned in the literature review, the role of the expert is commonplace in South Asian culture. Comas-Diaz et al. (1982) suggested that due to an external locus of evaluation South Asians places a greater emphasis on academic achievement, meaning those with a higher academic profile will more readily be viewed as 'experts'. Furthermore, the medicalised view of therapy in South Asian culture also appears to further promote this idea of an expert to 'fix' any problem, physical or psychological. However, exploring further, my participants alluded to the meaning of 'expert' also entailing an active component in advice giving, once again aligning with previous

research by Comas-Diaz et al. (1982). These findings build on previous research by Sue and Sue (1993) that proposed South Asian clients defer decision making and problem solving to their therapists.

Understanding why South Asian clients seem to view my participants as experts is a key question and may lie in the idea of professionalism. My participant Amrik describes:

"there is that mentality of: 'this is the professional, this is the doctor.' So, we need to listen to them. Um but I get that across the board so like I'm the expert, so my mental health is absolutely fantastic and I'm immune to everything and you know I've got all the answers" (Transcript 3, line 311)

Here Amrik has portrayed that in this culture, anyone who is a professional, such as a therapist, is viewed as an expert with answers. It appears to create an illusion that as therapists my participants are infallible in their own mental health and there to solve and fix their clients. This desire to be helpful could potentially lead South Asian therapists to collude with their South Asian clients.

From the interviews, my participants stated a pressure and sense of obligation to take on this expert position. Through a process of projective identification (Klein,1946), my participants were identifying with the position of the expert and thus conforming to their South Asian culture's perception. My participants' sense of obligation seemed to make it difficult to detangle themselves from advice giving, not only to their South Asian clients, but their clients' families.

However, Amrik was able to reflect on the positives of the expert position. He further elaborated that there was also an implicit trust from his clients due to their shared ethnicity. This trust facilitated his clients opening up quicker and engaging fully in therapy. This quote below highlights that whilst there are potential challenged for therapist who are ethnically matched, there can also be a balance and establishing that balance appears to be what my participants strive for.

"there is…is just trust already there. You know, they come every week, do what we discussed and take it it really seriously. I get this a lot more with clients who are South Asian than White." (Transcript 3, line 313)

5.4.2 Transference and Reflexivity

The idea of assuming the expert role also occurred within my interviews with my participants. Reflecting on my participants' experiences, I too can draw parallels as I was the only ethnic minority full-time student in my cohort. The difficulty for me therefore arose with maintaining my position as a researcher, whilst also acknowledging my South Asian perspective and entanglement with my participants' experiences. As mentioned in the previous chapter, all participants frequently would say 'you know' to me throughout the interviews. From my interpretation, the same enactment my participants were being placed in with their clients was also occurring with me. There appeared to be an assumption that I too would intrinsically understand their experiences due to our shared culture. This was an interesting phenomenon, as my participants mentioned a frustration at clients who would quickly assume they understood their perception simply based off of a shared culture. Whilst, shared experiences may be present, the meaning individuals ascribe to each experience can be vastly different. Initially, through this transference/countertransference dynamic (Freud,

1912), it was easy for me be drawn into these projections and agree when my participants said, ‘you know’. Furthermore, I would feel a sense of obligation to depart from my researcher stance and provide explanations for why my participants may be feeling a specific way. However, through reflection, I too felt a frustration at this assumption and would continually check with my participants what they actually meant.

The findings of this research study have highlighted that South Asian therapists experience of ethnic matching is complex and multidimensional. My participants’ understanding of differences in therapy between South Asian culture and Western teachings seem to stem from: a medicalised view of therapy, a lack of psychoeducation and an expectation to be an expert for their clients. For therapists, the benefits of ethnic matching within this culture appear to be increased empathy for the client, a deeper understanding of their experiences and a sense of empowerment and privilege. The challenges entail over-identification, assumptions of understanding and maintaining therapeutic boundaries. However, my participants all found ways of working with and making sense of these tensions through surrendering to the unknown, acceptance and eventually finding their own way to integrating both their cultural and Western perspectives.

5.5 Limitations

The use of Interpretative Phenomenological Analysis is mainly based on a desire to elicit a rich, ideographic account of experience from my participants to answer the research questions. This study hoped to uncover and explore phenomena that emerged from a small homogenous group. However, due to this small sample size it can be considered challenging to generalise meanings to a larger group. The findings of this study are limited to the therapists who are South Asian and working in this specific ethnic-matching service in the

UK. Furthermore, any suggestions for further research are grounded in this study's findings and the current literature in this field of ethnic matching and therefore cannot be representative of all South Asian therapists.

In line with the homogeneity of IPA, it has been posited that IPA should endeavour for as a homogenous sample as possible (Smith et al., 2009). All of my participants were South Asian and therefore considered themselves to be from the same culture, thus increasing the homogeneity of the sample. However, the South Asian culture does include multiple ethnicities which have subtle variations in traditions, beliefs and customs, which could be argued to increase heterogeneity thus limiting the study. Nevertheless, this could also be perceived as a strength due to the opportunity of understanding ethnic matching in a wider context across cultures, whilst still being sufficiently homogenous. This can further pave the way for other cultures and ethnicities to explore their experiences of ethnic matching, thus adding to the 'psychological road map' of understanding this phenomenon (Smith, 1996).

Further exploring the homogeneity of the sample, the majority of my participants were female and only two were male. During Amrik's interview he alluded to the notion that the South Asian male experience is different to the female experience. In light of this, there is the potential that any phenomena that could be associated with gender were not able to be fully uncovered. Bhatt (2015) further acknowledged the difficulty in recruiting therapists who are South Asian and also male. This limitation was predominately based in the fact that the service from which the participants were recruited from only had two South Asian male therapist that met the inclusion criteria for this research.

This research study endeavoured to take a critical realist epistemological position whilst subscribing to a phenomenological position as emphasised in IPA. This can be seen through the critical literature review and subsequent sections of the methodology and analysis. The importance of a phenomenological position was to allow myself as the researcher to engage in reflections on my own clinical practice not only as a South Asian clinician, but a clinician with an interest in cultural dynamics. However, due to the critical realist stance there have been areas where a focus on phenomenology has been emphasised less, such as within interpretative elements of the analysis. The tension of myself as the 'expert' can be argued as limiting my phenomenological stance. Despite this, I have attempted to embody a reflexive stance, such as the use of a 'reflexivity diary' and 'field notes' in order to keep phenomenology at the forefront of the research.

Another limitation of this study could be the use of a single interview for the data collection. Whilst the data elicited was rich and informative, a follow-up interview with my participants could have provided the opportunity for reflection on the first interviews and more of an insight into their experiences. Furthermore, a second interview may have allowed the relationship between the participant/interviewer to develop and deepen, thus fostering more trust and better rapport.

5.6 Implications for Counselling Psychology

The findings provide a unique insight into how the experience of South Asian therapists who work with South Asian clients can help shape the future of Counselling Psychology research and practice. From the current literature and this study, the main areas of focus are the necessity for appropriate support for South Asian therapists and specific training on providing therapy for ethnic minorities. Currently, in the field of Counselling Psychology,

there appears to be a greater awareness of the complexities of culture and ethnicity. A recent collection of articles on race, culture and diversity highlighted that culture is crucial for identity development and how people engage in the world (Ade-Serrano et al., 2020). Furthermore, the researchers demonstrated how culture can have a substantial impact on our sense of self and how this influences our relationship with 'otherness'. These articles appear to portray the changing landscape of Counselling Psychology and its interaction with ethnicity. However, even though one of the articles was focused on a white male Counselling Psychologist's experience, there was no mention of the experiences of ethnic clinicians. This further provides a rationale on the need to explore how ethnic clinicians manage working with their culture and how it potentially affects their own sense of self. This current research does take tentative steps towards this gap in literature.

Furthermore, within training, there was a palpable frustration in my participants feelings excluded and unheard when raising questions on ethnic differences in therapeutic models. Whilst training institutions have included cultural diversity as core requirements in line with BPS (2009) guidelines, my participants still maintained a lack of teaching on this topic. Due to this, a focus on the use of multicultural models of therapy could be used by institutions to provide a more inclusive training approach. Considering many Counselling Psychology training courses pride themselves on an ethos that emphasises inclusivity and a pluralistic approach, providing training that encompasses and acknowledges divergences in Western models seems crucial. Specifically counselling skills that help trainees manage elements of the therapeutic relationship such as over-identification or establishing boundaries could be beneficial. Moreover, this would aid trainees from a variety of ethnic backgrounds to better understand nuances in ethnic minority presentations, such as a tendency to somatise mental distress, focus on shame and expect advice giving. From a social justice point of view,

this research could help ‘open up’ the South Asian community to seeking help from clinicians that are not from the same ethnicity thus reducing potential stigma and bias associated with non-ethnically matched therapy. Recent research has suggested that this perspective is gaining more prominence as Ridley et al., (2021) have highlighted a need to operational multicultural counselling competence and thus allow more practitioners to work with clients from various ethnicities.

Findings from this study suggest that post training, South Asian therapists did not feel appropriately supported within their supervision from White British supervisors. Counselling Psychologists that are providing supervision or may eventually supervise clinicians that are from a South Asian ethnicity could better understand and support the needs of their supervisee from also being aware of the particular difficulties of this culture. This research has highlighted that South Asian therapists need a supportive space to be able to reflect on their clients not only from a Western therapeutic model, but also an ethnic value base. Supervisors could, therefore, learn to help facilitate and adapt therapeutic models to best support their supervisees, whilst encouraging an open exploration of their experience and potential collusion due to cultural similarities.

5.7 Suggestions for further research

Whilst this research study was able to uncover phenomena within the field of ethnic matching in the South Asian community, it has also highlighted the need for further research to help provide a deeper understanding in this area. From the limitations, it could be beneficial for future research to encompass participants from different South Asian ethnic matching services. The majority of participants in this study posited issues regarding tensions between managing their own judgement in regard to cultural expectations and service demands. This could be due to the particular culture in this specific service, therefore

widening the parameters to other services may help to shed light on if this tension is more universal or service specific.

Furthermore, through further researching the concept of ethnic matching into other professional relationships, such as general practitioners and social workers could allow for a greater understanding of the experiences of other professions. Therefore, help to illuminate ethnic matching on a macro level and not solely within Counselling Psychology. This could help to uncover more convergences and divergences in personal lived experiences and thus increase our understanding in this complex phenomenon.

As previously mentioned, this study was limited to a single interview, and my participants did not choose to 'member check' their transcripts from their interview. Further research could therefore include multiple interviews with the participants, thus allowing for participant reflection and contemplation which may lead to richer data being elicited.

Finally, a portion of my participants indicated potential differences in gender differences within ethnic matching. Future research could focus solely on the experiences of male therapists who are South Asian. The aim of this would be to explore if such differences are prevalent and the impact of being a male therapist whilst belonging to the South Asian culture. This could be furthered more through exploring the experiences of participants having either ethnically matched or non-matched supervisors. The majority of participants discussed difficulties in conveying to their White British supervisors the impact of their clients' cultural values which caused tension with the Western model of therapy.

5.8 Conclusive remarks & reflexivity

Considering my own experience of working with South Asian clients, I was keen for this research to help illuminate the South Asian therapist experience. I feel that my research questions were at times hard to keep in mind due to the vast richness that can be elicited from the field of ethnic matching. Moreover, my own interaction with my participants was particularly intriguing. Previous research in ethnic matching by Moller et al. (2016) suggested that interviews where the interviewer was of a different ethnic minority from the interviewee could cause a self-censoring from the interviewee due to an assumed lack of cultural understanding. Therefore, Moller et al. (2016) proposed for future research into ethnicity to be conducted with ethnically matched interviewer and interviewee. To my surprise, whilst this did allow a robust rapport to form with my participants, I was also drawn into enactments and struggled to not over-identify with my participants' experiences due to my dual role as a South Asian therapist as well as researcher. When my participants mentioned feeling like they had to fend for themselves, this particularly resonated with me and my experiences of training. The initial identification with what my participants were mentioning caused me to feel overwhelmed, which I had not expected. Despite being aware of this personal bias from my experience, emotionally engaging with it was something that I had not been prepared for.

Considering my psychodynamically inclined practice, my use of supervision and continued reflection aided in monitoring my own biases and hopefully added a personal depth to this thesis. Moreover, it challenged me as a clinician to attempt 'bracketing' and maintain appropriate boundaries. Moreover, my use of personal therapy was incredibly helpful in grappling with my expectations and biases throughout my research and write up. There were points where I could not bring myself to write my thesis and I experienced a mental block. Through exploration I was able to uncover that asking questions and analysing my

participants' experiences of establishing their own identities as therapists who are South Asian had caused me to reflect on my own identity as both a South Asian, clinician and researcher. I am still developing my own way of working and attempting to understand my identity. My sense of not knowing how I grapple with the issues that my participants raised felt uncomfortable and anxiety provoking. However, once I was able to acknowledge this and work through this in therapy my writing block appeared to dissipate, thankfully. This experience further highlighted how important it was to continually be aware of my own biases and experiences and it gave me a newfound appreciation for IPA's focus on both the researcher and the participants.

To further reflection, it is important to acknowledge the location of my interviews with my participants. All my interviews took place at my participants' work setting and more specifically in their private offices. Despite all interviews being conducted in my participants' offices, my participants could have felt pressure to self-censor and not disclose or elaborate on specific questions. There could have been due to a fear of being overheard by someone walking past or a colleague in the next room. Furthermore, my participants could have anxieties over reprimand from their manager had they not only discussed positives of ethnic matching and working in the service. This all has the potential to have shaped my findings and focus on elements which kept ethnic matching and working in an ethnic matching service in a positive light. Furthermore, if my participants did indeed inhibit what they chose to share the richness of information I hoped to elicit would be hindered. If this research was to be further improved, perhaps conducting interviews in a neutral environment away from my participants' offices would reduce the chances of any self-censoring and further facilitate a richer conversation.

Whilst this research study did not set out to provide definitive answers into the efficacy of ethnic matching, it has provided an invaluable insight into the dearth of research on South Asian therapists' experiences. The internal conflicts and sense of duality that was uncovered highlights both the benefits and pitfalls of ethnic matching. Farsimadin's (2007) research discussed the gradual increase of South Asian clients accessing services in the UK, with this in mind, this research could hopefully provide momentum on furthering our understanding of how best to provide support for South Asian therapists, and in turn learn how translate their unique approach to other clinicians.

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Appendices

Appendix A

Email to Service Manager

Dear [*Service manager*],

I am a Counselling Psychology doctorate student at the University of Roehampton undertaking research into exploring the experiences of South Asian therapists who are working with South Asian clients in an ethnic-matching service in the UK.

As part of the research project I would need to interview 6-8 South Asian therapists from your service who have been trained in the UK about their experiences of working with clients of the same ethnicity as themselves. The interview question will focus on how they have managed what their western training has taught them in comparison to their cultural expectations.

Participation would involve an interview and debrief session lasting up to an hour, which would take place within your counselling service or Roehampton university library. Interviews will be confidential within the confines of the research project, and every effort would be made to ensure participants remain anonymous in the write up of this research and in any subsequent publications or presentations.

Please find attached the research advert which contains details of how to get in contact should you choose to support this research.

This project has been approved under the procedures of the University of Roehampton's Ethics Committee. I would be very happy to offer any more information if required.

Many thanks,

Yours sincerely,

Sanjivan Parhar

Counselling Psychology doctorate student, University of Roehampton
Phone: (Number to be added)
Email: parhars@roehampton.ac.ukmailto:gurvitzs@roehampton.ac.uk

Appendix B

University of Roehampton London

Research advert for organisation

Exploring experiences of South Asian therapists working with South Asian clients in an ethnically-matched counselling service in the UK: An Interpretative Phenomenological Analysis.

My name is Sanjivan Parhar and I am a second-year student on the Doctorate in Counselling Psychology training programme at Roehampton University. I am conducting a research project as part of the fulfilment of this doctoral programme. The focus of my study is the experiences of UK trained South Asian therapists who work with South Asian clients in a UK based counselling service.

I would like to interview 6-8 South Asian therapists from one service, who have worked with Western and South Asian clients for a minimum of 3 years post qualification. Participants will be asked to complete a short demographic questionnaire and will be invited to take part in a face to face interview, at the University of Roehampton library or their place of work. The duration of the interview will be approximately 50-70 minutes. It is hoped that this study will inform better practice and potentially improve ethnic and non-ethnic therapeutic relationships between therapists and South Asian clients.

If you are interested, please contact me at the address below and I will send you an information sheet. Participation in this study is completely voluntary and you may withdraw at any time. This study has been approved by Roehampton University's Ethics Committee. If you would like to know more about the study, please contact me at parhars@roehampton.ac.uk or (Number to be added).

My study is supervised by Prof. Rosemary Rizq and she can be contacted at r.rizq@roehampton.ac.uk.

Yours sincerely
Sanjivan Parhar

Appendix C

University of Roehampton London

Participant Information sheet

Title of research project: Exploring experiences of South Asian therapists working with South Asian clients in an ethnically-matched counselling service in the UK: An Interpretative Phenomenological Analysis.

This research project and aims:

This research study aims to interview between 6-8 UK trained South Asian therapists who are working with South Asian clients to find out more about their experience of ethnic-matching and working in an ethnic-matching service. Client-therapist ethnic-matching is when a client seeking therapy is paired with a therapist from the same ethnicity as themselves. Research has discussed an increase of ethnic clients seeking psychological support, specifically clients from the South Asian community. Part of the importance of ethnic-matching appears to be the notion of shared culture. Culture is concerned with values, beliefs, traditions, expectations and customs. The assumptions in this culture entail clinicians giving advice and taking on an expert role. This can contrast with the training and values of counselling and therapy courses in the UK that identify the client as the expert, and which seek a collaborative therapeutic venture.

I am interested in your experiences of working with South Asian clients considering you have been trained in the West and in accordance with Western values. This research aims to explore the experience of an under-researched area in greater depth and potentially inform better practice. This could potentially improve similar or dissimilar ethnic therapeutic relationships between therapists and South Asian clients and impact therapy training courses.

Am I eligible to take part in this study?

I am looking for therapists who meet the following requirements:

- Aged 18 years or over.
- Be of a South Asian ethnicity (from either India, Pakistan, Bangladesh, Nepal or Sri Lanka).
- Currently working in a South Asian ethnic-matching service.
- Have and currently hold accreditation from the BACP or HCPC.
- Have at least 3 years' experience of working with Western and South Asian clients - post-accreditation.
- Be comfortable with verbal communication due to the nature of the methodology and be fluent in English in order to understand and sign the consenting procedures.

Do I have to take part?

No, it's completely voluntary. Taking part in this research is up to you, which means you don't have to take part if you don't want to. If you agree now you can still change your mind later. You have the right to withdraw consent from the research at any point, without reason.

What would I have to do?

If you decide to take part, you will be invited to meet with me and to take part in an interview between 50-70 minutes where I will ask you some questions about your experience as a South Asian therapist. You can say as much or as little as you feel comfortable saying. The conversation will be audio recorded, so that I can later anonymise and type out what was said and use this information in writing up a thesis, reports or give presentations about the findings. At the end, you will have the chance to talk about what the interview was like for you and to ask any questions you might have.

Interviews will be held at the Roehampton university library in a dedicated room or your place of work, at a time that is good for you. Before the interview you will have the opportunity to ask any questions and fill out a short demographic questionnaire and a consent form. Giving consent means you fully understand what the study is about, and what taking part involves for you. After the interview you will be given a debrief form and you will have an opportunity to discuss how the interview went and ask any questions. Participants will also be contact after 6 months.

What are the possible disadvantages/ risks of taking part?

There are no specific risks involved in this study. You will have to give up some of your time to take part in the study and might feel uncomfortable answering some questions about your experiences. If you do feel uncomfortable at any point, you can choose not to answer a question or to stop the interview. You would not need to give a reason for leaving the study. You will also be given a debrief form that will highlight sources of support should you need them.

What are the possible benefits of taking part?

Despite there being no financial reward for participation, the experience of self-reflection on your own practice when working with South Asian clients could be beneficial. Furthermore, there is the potential contribution to research. Therapists' experiences of ethnic-matching is an under-researched area and this research could provide further depth in understanding and informing better practice. This could improve ethnically similar/dissimilar therapeutic relationships between therapists and South Asian clients and impact therapy training courses.

My information

Any information shared will be anonymised and will only be accessed by the researcher and the project supervisors, with the exception of the consent form which will not be shared with anyone. The audio recordings from the interview will be transferred to a dedicated computer at Roehampton University and destroyed from the recording device within 48 hours of the interview and any identifiable data will be removed (e.g. names of people and places). The method used in this research is Interpretative Phenomenological Analysis, therefore extracts may be used in the write up of this research, however these would all be anonymised. Findings may also be published in journals and presented at conferences. The audio recording will be stored on an encrypted and password protected file in a dedicated computer at Roehampton University. A unique identification will be assigned to your data. All data collected will be stored in accordance to the Data Protection Act (2018) and GDPR guidelines and kept for a period of ten years. Please be aware that once the data is completely anonymised it may not be possible to withdraw due to no identifying features. The data will be completely anonymised

and the ID codes deleted from any files during the commencement of the post write-up of the report.

Confidentiality

All information you share will be kept as confidential. The data will be kept and stored in accordance with the Data Protection Act (2018) and GDPR. Any data used in publication or presentations will all be anonymised and details including but not limited to places, people and addresses will be omitted/changed so to adhere to legal legislation. There are limits to confidentiality. If the participants disclose information regarding the harm of themselves or others, then the researcher is ethically bound to adhere to safeguarding procedures and disclose relevant information to appropriate authorities. However, this would be discussed with the participant before any action is taken.

If you have any further questions, please contact Sanjivan Parhar (primary investigator) for more details: parhars@roehampton.ac.uk

Please note: If you are worried about any aspect of this study, or have any other questions please ask Rosemary Rizq (the Director of Studies). However, if you would rather talk to someone at the university who isn't directly involved in the research, you can contact the Head of Department:

Director of Studies Contact Details:

Prof Rosemary Rizq
Department of Psychology
Whitelands College
Holybourne Avenue
London, SW15 4JD
r.rizq@roehampton.ac.uk

Head of Department Contact Details:

Dr Janek Dubowski
Department of Psychology
Whitelands College
Holybourne Avenue
London, SW15 4JD
j.dubowski@roehampton.ac.uk

Appendix D

University of Roehampton London

Participant Consent Form

Title of research project: Exploring experiences of South Asian therapists working with South Asian clients in an ethnically-matched counselling service in the UK: An Interpretative Phenomenological Analysis.

A brief description of the research project and what participation entails:

This study aims to explore the experiences of UK trained South Asian therapists who work with South Asian clients. South Asian includes areas of India, Pakistan, Bangladesh, Nepal or Sri Lanka. Research has shown that ethnically-matched therapeutic relationships are key in forging therapeutic alliances. However, South Asian therapists and their experiences of working with South Asian clients, managing their professional identity and cultural identity has barely been explored. This study hopes to explore this under-researched area.

By agreeing to take part in this study you are confirming that you have been given the Participant Information Sheet (a copy of which is attached to this form) giving particulars of the study, including its aim(s), methods and design, the risks and potential benefits, and possible further impact to participants. You understand that your participation is voluntary and that you will be asked to take part in a semi-structured interview, either face-to face at Roehampton University or your place of work. The interview will last approx. 50-70min and you will be asked to discuss your experiences of working with South Asian clients. You consent to your interviews being audio recorded. Your recording will be stored on a password secure device until transcribed, it will then be deleted, and transcriptions will be anonymised.

You agree that you may be contacted within 6 months post your interview date and asked to verify / confirm any emerging themes gathered from the original interview. You are aware that you are free to withdraw from this study at any stage in the proceedings without giving a reason, to do so please contact the research investigator. You may also request for your audio recording to not be used without giving a reason by contacting the research investigator. You are aware that during the post write-up of the report, the data will be completely anonymised and the ID codes deleted from any files, therefore it may not be possible to withdraw your data.

Investigator contact details:
Sanjivan Parhar
Department of Psychology
Whitelands College
Holybourne Avenue
London

SW15 4JD
(Number to be added)
parhars@roehampton.ac.uk

Consent Statement:

I agree to take part in this research, and am aware that I am free to withdraw at any point without giving a reason by contacting Sanjivan Parhar. I understand that if I do withdraw, my data may not be erased but will only be used in an anonymised form as part of an aggregated dataset. I understand that the personal data collected from me during the course of the project will be used for the purposes outlined above in the public interest.

By signing this form, you are confirming that you have read, understood and agree with the University's Data Privacy Notice for Research Participants.

The information you have provided will be treated in confidence by the researcher and your identity will be protected in the publication of any findings. The purpose of the research may change over time, and your data may be re-used for research projects by the University in the future. If this is the case, you will normally be provided with additional information about the new project.

Name …….

Signature ……

Date ……

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies.) However, if you would like to contact an independent party please contact the Head of Department.

Director of Studies contact details:
Prof. Rosemary Rizq
Department of Psychology
Whitelands College
Holybourne Avenue
London, SW15 4JD
020 8392 3000
r.rizq@roehampton.ac.uk

Head of Department contact details:
Dr Janek Dubowski
Department of Psychology
Whitelands College
Holybourne Avenue
London, SW15 4JD
j.dubowski@roehampton.ac.uk

Appendix E

University of Roehampton London

Debrief form

Thank you for taking part today.

The purpose of this research
The aim of the research was to investigate what your experience was as a UK trained South Asian therapist who works with South Asian clients and your understanding of your experience. The research also aimed to look at how the South Asian cultural view of therapy potentially differs from western values and expectations of therapy and how you, as a therapist, felt about this.

The reason for doing this study was to build on the limited research and understanding of ethnicity and importantly, therapists' perceptions. This research has the potential to inform better practice and potentially improve ethnically similar and dissimilar therapeutic relationships between therapists and South Asian clients.

Post-interview debrief
Sometimes during an interview people get thoughts, feelings, concerns, or questions that they want to discuss. It's important that you have the chance to reflect on the interview, and to take a moment to consider whether there is anything you would like to talk about. The following questions might help you to do this:

• How do you feel having completed the interview?
• How did it feel to be interviewed?
• Has the interview brought any thoughts or feelings up for you?
• Do you have any questions or concerns about the interview process or about what happens next?
• Do you think there were any questions I should have asked that I didn't?
• Do you have any other ideas about how to make the interview better?
• Is there anything else you would like to share at this point?

Should you feel you need further support following issues raised as a result of participating in this study please see below for a list of resources you may seek further support from should you wish to:

- Mind - www.mind.org.uk
- Sane Line - www.sane.org.uk/what_we_do/support/helpline
- 7 Cups of Tea - www.7cupsoftea.com

Thank you for taking part in this research and I hope it was a pleasant experience for you. If you think of any questions or if you need further support, then please use my contact details below:

Sanjivan Parhar
Department of Psychology
Whitelands College
Holybourne Avenue
London
SW15 4JD
parhars@roehampton.ac.uk

However, if you would rather talk to someone at the university who isn't directly involved in the research, you can contact the Head of Department:

Director of Studies contact details:
Prof. Rosemary Rizq
Department of Psychology
Whitelands College
Holybourne Avenue
London, SW15 4JD
020 8392 3000
r.rizq@roehampton.ac.uk

Head of Department contact details:
Dr Janek Dubowski
Department of Psychology
Whitelands College
Holybourne Avenue
London, SW15 4JD
j.dubowski@roehampton.ac.uk

Thank you,
Sanjivan Parhar (Lead Researcher)

Appendix F

University of Roehampton London

Demographic Information Form

1) Please state how you identify your gender

……

2) Please indicate the age group you belong to:

☐ 18 - 25
☐ 26 - 35
☐ 36 - 45
☐ 46 - 55
☐ 55 - 65
☐ 65 +

3) Please state your Ethnicity:

……

4) Which professional body are you accredited with?

……

5) How many years post counselling qualification experience do you have?

……

6) How long have you worked in your current organisation?

……

Appendix G

University of Roehampton London

Interview schedule questions

Research Questions:

- How do South Asian therapists trained in the UK understand any perceived difference between the view of therapy in their own culture and the view of therapy they received in their western training?

- How do UK trained South Asian therapists understand the advantages and disadvantages of working with South Asian clients?

- How do UK trained South Asian therapists work with and make sense of any potential tensions in ethnically matched dyads?

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1. Can you tell me why you decided to take part in this study?

2. Can you tell me about your experience of training in the UK, as someone from a South Asian culture?

   Prompt: *Were there any tensions in your training with regards to your ethnic background?*
   Prompt: *Has your perception of therapy changed over the course of your journey from before training to now*

3. Do you experience any differences in the way therapy is viewed in South Asian cultures and the way it is viewed in the UK?

   Prompts: *Have you noticed any benefits of giving therapy to a client of similar ethnicity?*
   Prompts: *There seems to be a perception that therapists are experts in South Asian culture, what do you think of that?*

4. Can you tell me about your experience of working with clients in an ethnic- matching service?

   Prompt: *How do you perceive ethnic matching to impact on the therapeutic relationship, if at all?*
   Prompt: *Can you describe how your South Asian background may influence therapy in ethnically matched dyads if at all?*

5. Have you experienced any tensions or challenges in working with clients who are ethnically matched to you?

   Prompt: *What do you think are the most challenging aspects of working with South Asian clients?*
   Prompt: *What do you feel contributes to these tensions and how do you work with them?*

Provide participant with a debrief sheet and explain anything they may not understand. Finally answer any questions the participant may have.

Appendix H

Questioning of therapist role	take that back to your training, it's almost like well you're not there to kind of psychoeducate or umm the....a client should have some education before, but I've found although that was true in some cases, most of the clients I worked with I really had a lot... I felt like my role as a therapist came much later on.	**Conforming to a specific role?** 'should have' generalising the way a client should be?
Development as a therapist with time	R: Your role as a therapist came much later on? P: Yeah in the therapeutic relationship. R: Okay.	Sense of a time frame and gradual development. Who was she before her role as a therapist?
	P: So yeah, umm....	*Tails off*
Sitting with uncertainty	R: And what was that like for you, in terms of that role coming in later on? P: I think it was just...I mean again to start off with it would have been helpful just to know umm how I guess what to expect, so in terms of what it was like I guess it was sort of I had to grow with it it was it was...I felt quite nervous to start off with but then I think we...working with clients we kind of found a rhythm um and it wasn't just...I was able to use my skills umm to develop that relationship with the client to gain their trust which I felt was ..... than with other clients because of the lack of understand because of the lack of understanding of what counselling or therapy is umm in their culture...I mean you know being seen as an expert or not trusting um so at times it was very frustrating as well.	**Knowing what to expect could have helped** Growth over time that initially created some anxiety Eventually finding a balance **Building trust with clients**
Development as central		*Repetition of 'lack of understanding'* **Highlighting differences in culture around psychoeducation** 'You know' Assuming I understand as well? **Feeling frustrated and having a lack of trust**
Lack of understanding of the western model		

Descriptive in **BOLD**
Linguistic in *ITALICS*
Conceptual UNDERLINED