Experiences of foreign counselling therapists working in the UK. A qualitative study

Roberta Principi

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Faculty of Health and Social Sciences

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Abstract

Objectives: This study's aim is to explore foreign therapists' experiences practicing in the UK, focusing on the therapeutic relationship and how foreign therapists interpret cultural differences in the relationships with their clients. To date, little UK research focuses on exploring psychotherapists' experiences of foreignness: the majority of similar relevant studies focus on clients' experiences.

Design and methods: This study uses Interpretative Phenomenological Analysis (IPA), a qualitative approach that fits well with the researcher's ontological stance. The researcher's perspective is relativist; reality is approached as a subjective concept whereby individuals' experiences shape their world views.

For a rich exploration of therapists' experiences, the researcher used semi-structured interviews with open questions and prompts aimed at eliciting participants' extensive narratives. Interview transcripts were analysed using IPA (Smith et al., 2009).

Results: Findings highlighted participants' personal and professional transformations during training and practice, involving different layers of processing at personal and professional levels, affecting their self-confidence, pressing them to adapt and change their ways to be. Participants found the experience challenging overall but also rewarding in an ongoing assimilation process, adjusting and learning from both environment and clients in the therapeutic relationship. Everyday exposure to cultural differences and challenges enhanced therapists' awareness and sensitivity, leading to increased understandings of others' perspectives and accepting personal limitations. Findings include the impact of accent and race on first impressions and the lack of institutional attention to international counselling trainees on their extra-challenging inner processes.

Conclusions: The outcome adds to and expands understandings of multicultural sensitivity in counselling psychology practice, training and supervision. Intercultural exchange enhance understanding of different perspectives, facilitated open-mindedness.

Recommendations: Counselling psychology trainers, supervisor and therapists (British and foreigners) should consider power dynamics in the cross-cultural therapeutic relationship including impact of accent and other sign of foreignness in the first impression formation, and general cultural preconceptions either perceived or actual.

Background and motivation

I approached this study as a foreign therapist in training. Through my personal experience of training, volunteering and practicing in the UK, I noticed that, for me, being foreign entails a great cultural adjustment.

In the process of acculturation, language skills and communication appeared to be of great relevance in reaching, interacting and learning new ways of being with others. Although I thought my English was sufficient for everyday interactions, on moving to the UK, I soon realised that my accent hampered communication.

After years of study in psychology and counselling, I was now working and developing a new professional identity as a counselling psychologist. During inner processes of self-reflection, self-awareness and transformation—influencing and influenced by the experience of training and practicing in the psychotherapeutic realm—I noticed communication's impact on the therapeutic relationship and the importance of the therapeutic relationship as a key factor in therapy. I felt drawn to explore other foreign therapists' experience training and working in the UK.

Chapter 1 – INTRODUCTION TO THE STUDY

Introduction

This research is intended to explore the phenomenological experience of foreign therapists working in the UK, entailing aspects regarding the meaning of being and feeling foreign and subsequent impact on working therapists.

Statistics show the number of foreign nationals moving to the UK—and immigrant employment—is increasing (ONSGOVUK 2015, Office for National Statistics, May 2015).

However, it is difficult to quantify the exact number of immigrants involved in the psychotherapeutic professions as counsellor, counselling psychologist or psychoanalyst etc. because individuals are likely to be members of different professional bodies (including BACP, UKCP and BPS) covering the mental health and psychological support services: no combined data exist.

Even so, research suggests that there is a considerable number of foreign therapists working in different languages in the UK. According to Harvey (2013), 101 multilingual therapists completed his study's web survey on delivering talking therapy in English as a second language. The only further data available found online suggest, of the NHS social workforce, non-British workers represent 17% in England and 40% in London (*Immigration and the NHS: The Evidence*, 1970; NB: "social workforce" includes other professions including mental health professionals).

Furthermore, we live in a global era whereby continuing population migration reshapes societal landscapes. In this worldwide context, studies suggest that the importance of multicultural understanding (Alladin et al., 2002; Johannes et al., 2004; Keenan et al., 2005; Kissil et al., 2013; Qureshi et al., 2011) is particularly relevant as migration continues to expand (Geddes, 2014; Hjerm and Nagaioshi., 2011).

Other studies refer to an increase in worldwide immigrant movement but, more specifically, to the UK; some research in the psychotherapeutic field (Christodoulidi et al., 2010; Costa and Dawele, 2012; Georgiadou, 2014) refers to an increase in people from other countries coming to The UK to train and practice in the psychotherapeutic professions.

Studying foreign therapists' perspectives on important aspects of their practice, including the therapeutic relationship, could contribute to broader understandings of psychotherapists' multicultural experiences and how they develop therapeutic work, expanding on the little UK research carried out to date (including Georgiadou (2013), Harvey, (2013), Lovas (2020) and Christodoulidi et al. (2010)).

Political context

It is pertinent to consider The UK's current political context. There is increasing migration to the UK, which could impact how British people perceive causes for the recent economic crisis—possibly partly due to poor political/economic management (Cheung, 2015). As Cutts et al. (2011) suggested, this could create tensions towards immigrants.

This potential tension highlights dynamics that might encourage the preference for similarity rather than difference, in reaction to the homogeneity stimulated by globalisation. Fear and uncertainty are suggested to reinforce closeness to the similar and to diffidence towards outsiders (Arredondo et al., 2008; Boham, 2011; Ford, 2012).

Since commencing this study, this tension has increased with Brexit leading to The UK departing the European Union, creating further tension between "Leavers" and "Remainers" and fuelling anxiety regarding belonging or not belonging, and senses of loss and uncertainty (Del Lowenthal, 2016).

Foreign national professionals have always worked in the UK; they may not necessarily represent most, or any, conflict. The NHS has always recruited foreign national staff due to The UK's aforementioned lack of health professionals.

Nevertheless, the status of "foreigner" in this climate could impact therapists' perceptions of the therapeutic encounter, including when, if and how to address potential problematic differences as they arise.

Clearly, a country's socio-political context impacts nationals' and immigrants' relational dynamics, inevitably spreading to the mental health professions. For this reason, as Buki (2014) notes, it is important that counselling psychology addresses societal issues e.g. exploring perspectives of counselling psychologists who could offer valuable contributions towards developing new societal trends. As Portera (2014) suggests, models of intercultural education and competence should be extended not only to professionals in the helping community but to businesses and government agencies through courses

offering intercultural competences in communication, mediation and conflict management.

Indeed, it could be relevant to this study to bear in mind that broadening our understanding of foreign therapists' experiences working in The UK could further understanding of cultural differences' influence on counselling therapeutic relationships.

Identifying relevant literature

Much literature indicates that the therapeutic relationship is the most important factor in counselling work with clients (e.g.Lynch, 2012). However, foreign therapists' experiences seem much less explored. A basic search in Google Scholar focused on the terms 'foreign therapist', foreign counsellor' and 'foreign psychotherapist' identified literature relevant to this study. These terms were selected to concentrate the initial focus on the two characteristics of 'non-British' and 'specific profession'.

Due to the chosen phenomenological method and the researcher's intention to explore the meaning and lived experience of being a foreign therapist working in the UK, the papers selected were predominantly qualitative studies. The occasional mixed method or purely quantitative method study was considered and included if central to the topic.

For instance, statistical studies on language and accent effects on communication demonstrated the relevance of accent in listeners' perceptions and prejudices towards non-native speakers (Gluszek & Dodidio, 2010). Considering this study's focus on foreign therapists working in the UK, where the work is the communication with clients, the aforementioned statistical study could give an idea of the aspects that could impact therapeutic relationship dynamics.

The relevant studies and articles identified in Google Scholar were opened in the UWE e-library, allowing access to a number of databases, including EBSCO, JSTOR, PsycINFO, PUBMED, SAGE, WILEY.

The preliminary selected articles were in English and about foreign therapists' experiences, limited to the talking therapies (excluding art, music or other therapies). Of notable relevance and interest there was literature addressing the concept of foreignness and first impression formation in cross-cultural communication more broadly and, for this reason, was included.

After the primary search, the literature on foreign therapists opened up an array of additional factors affecting their therapeutic relationship experiences. The few studies to date involving foreign therapists' trainees and bilingual therapy pointed to factors influencing foreign therapists' professional development. Those factors suggested further terms: 'assimilation', 'sense of self', 'languages and different selves', 'personal and professional development' and 'power dynamics', which were all regarding foreign therapists in training and practice—and, more widely, to interesting aspects of communication. The search inevitably extended to other psychological areas including language, social psychology and education, but only studies and articles involving aspects pertinent to foreign therapists' experience were selected.

Clarification and use of terms

This research involves terms and concepts that may have multiple meanings or are used differently across different literature and contexts; therefore, keywords are now explained.

Therapist

Similarly to Sperry (2010), the term *therapist* in this research refers to all psychotherapists, counsellors and counselling psychologists because they are all assumed to adhere to the core competencies and skills to undertake talking therapy.

Similarly to other research (Feltham et al., 2015) the aforementioned terms are considered interchangeable, as all practitioners are assumed to have undergone the counselling skills study and training necessary to practice talking-based therapies.

Foreign therapist and cultural identity

In the context of this study, the terms *foreign* and *therapist* elicit a phenomenological exploration of each participant's personal and professional positions.

Being foreign in this study means having been born elsewhere and moving to the UK in later life. The therapists' status of 'foreigner' entails coming from a different culture, implying having been exposed to different traditions, norms, language, expressivity and other societal characteristics specific to their country of birth.

For this reason, foreign therapists' experiences of living and working in a new country are subjective to their unique perspective and affected by the differences perceived between their culture of origin and British culture.

For each foreign therapist, moving to a different country may generate a series of complex considerations and experiences involving their original cultural identity and new cultural traits. In particular, *original cultural identity* refers to participants' identity before they moved to the UK, where they potentially experienced a cultural identity transformation.

Culture

The use of culture in this study adhere to the APA dictionary defining *culture* as, "the distinctive customs, values, beliefs, knowledge, art and language of a society or a community. These values and concepts are passed on from generation to generation and they are the basis for everyday behaviours and practices" (*APA Dictionary of Psychology*, 2020).

Multicultural, cross-cultural and intercultural

The foreignness of participants in this study implies their straightforward engagement with British culture. In this study, therefore, the terms *multicultural*, *cross-cultural* and *intercultural* refer to communication or relationships between individuals from different cultures and will be used interchangeably.

Indeed, in the counselling and psychotherapeutic literature, these terms are used to put a particular emphasis on a therapist's ability to sensitively engage with clients from different cultures. For instance, Naude and Bodestein (2017) proposed that multicultural competence in the therapeutic setting represents the ability to work with and understand the different perspectives of clients from other ethnic backgrounds. Furthermore, in his review article, Barrett (2013) explained the difficulty of differentiating multicultural and intercultural competence, as both terms refer to the individual's qualities of openness, empathy, ability to listen and tolerate ambiguity, awareness of one's own prejudices and preparedness to learn from other perspectives. In the therapeutic relationship, both terms entail a positive constructive interaction between two or more individuals from different cultures. Similarly, Pravesti, Wirastania and Mufidah (2020) referred to cross-cultural counselling, "as a cultural encounter between the counsellor and the client" whereby "counsellors are expected to be sensitive to several cultural issues" (p.20).

Structure of the literature review

The identified literature can be divided into the following topics, each of which will be discussed in turn:

- The therapeutic relationship and the therapist
- Research into foreign therapists' experiences to date in the UK
- Language and cultural self
- Accent and first impression formation
- Personal and professional identity [trans]formation
- Stereotypes and power dynamics
- Multicultural competence and therapists' training

The relevant topics include aspects of the process of understanding and assimilating into the new culture, which inevitably involve individual transformation and impinge on the sense of self. This acculturative experience is part of what a therapist brings into their work and informs how they make sense of the therapeutic relationship in a new country with clients who could be from either the host or another culture.

The literature review will start by focusing on the meaning of the therapeutic relationship and the therapist's skills in general, as basis for understanding the implications for foreign therapists. The therapists in this study are foreigners, which allows for inclusion of research literature regarding language and cultural self, accent and first impression formation, personal and professional identity [trans]formation, stereotypes and power dynamics, multicultural competence and therapists' training.

Chapter 2 - LITERATURE REVIEW

The therapeutic relationship and the therapist

The literature indicated that the therapeutic relationship is a key component in counselling practice affecting therapy outcome (e.g., Baier et al., 2020). Indeed, to understand the practice of being a therapist, it is necessary to highlight that therapists' work depends on the establishment of a positive therapeutic relationship. Clarkson (2003) explained that the therapeutic relationship entails a bond or connection between therapist and client and the quality of this relationship impacts the effectiveness of the therapy. She also noted that, in the therapeutic relationship, it is the therapist who has been trained to be able to professionally deliver a psychotherapeutic intervention aiming to improve the client's psychological welfare. In her book, Clarkson (2003) also described the variety of relational frameworks resulting from different theoretical models, whereby therapists from different theoretical orientations might have different ways of engaging with their clients. Some therapists' theoretical approach might pay greater attention to therapists' ability to understand and interpret transference and projections from clients or might emphasise therapists' person-to-person humanistic stance (Clarkson, 2003; Rogers, 1951). In any case, the establishment of a trustworthy relationship between therapist and client is central from the outset (Bedics et al., 2019; Asnaani and Hoffman, 2012).

Indeed, regardless of the counsellor's therapeutic orientation, it is widely understood that the relationship between therapist and client is what facilitates the process of understanding and improves the client's wellbeing (Baldwin, 1987; Clark, 2013; Kahn, 1997; Knox, 2015; Meichenbaum, 2013; Paul and Charura., 2014). Authors particularly explained that, while the therapeutic orientation or techniques used by therapists could be different, the therapist's personal and professional qualities were the key asset, as the therapist's presence and interaction skills should allow clients to feel safe, heard and understood (Clark, 2013; Paul, 2014).

All theoretical orientations require therapists to develop their personal and professional competences to establish a constructive therapeutic relationship (Horvath, 2001; Kahn, 1997; McLeod, 2011; McLoughlin, 1995; Norcross, 2011; Safran, 2000; Yalom, 2011). The relational therapeutic encounter requires therapists' personal and professional qualities, including open-mindedness, empathy and the ability to understand clients' perspectives and their phenomenological experiences (del Re et al., 2012).

However, beyond the particular emphasis on therapists' skills, it is also important to consider clients' expectations. Levitt et al. (2016) suggest that the effectiveness of the therapeutic encounter depends on both the therapist and the client, including their individual backgrounds, values and world perspectives, as the clients' responses also affect the establishment of the therapeutic relationship. Levitt et al.'s (2016) meta-analysis described clients' personal experiences of the relationship with their therapist. Clients' interpretations of differences with therapists were explored and it was noted that clients wished to be recognised as unique in their individual circumstances—independently from cultural, gender or racial differences. It was important that clients be encouraged to address issues as soon as they arose and experience the therapist as sensitive to their individual values and beliefs.

For this reason, both therapist and client play a part in the establishment of a constructive therapeutic relationship, and the therapist's responsiveness and ability to repair ruptures and overcome impasses is important as it becomes part of a continuous process of personal and professional development (Kahn, 1997; Skovholt & Ronnestad, 1992).

Hence, when considering therapists' experience of the therapeutic relationship, it is useful to consider potential clients' attitudes and responses that could impact the therapist's experience. With increasing cultural migration, particular importance has been attributed to the therapist's ability to establish a connection with clients from other cultures or ethnic backgrounds (Sue & Sue, 2016). As Sue and Sue (2016) highlighted, therapists in training must become fully aware of their own worldviews about other cultures, potential prejudices and reactions to socially devalued minority group clients. This could be potentially true for therapists, too.

Indeed, since research on multicultural counselling has principally focused on the experiences of clients from different cultural backgrounds and how therapists should learn how to understand and interact with minority group clients, it is essential to explore what it is like to be a therapist coming from a different culture. As noted in the research, there is an increased mobility of population between countries and number of people coming from other cultural backgrounds initiating careers as UK-based psychotherapists (Harvey, 2013; Georgiadou, 2014).

Research into foreign therapists' experiences to date in the UK

Considering the little research on therapists' experiences as foreign in The UK (Christodoulidi et al., 2010; Georgiadou, 2014; Harvey, 2013) and that other researchers have mainly explored potential issues in therapy from the perspective of the client's different background (Sue & Sue, 2012), the experience of the foreign therapist remains unexplored. Indeed, therapists coming from other countries must adjust to and understand the new culture they live in, developing a personal and professional multicultural understanding to be able to feel confident in the therapeutic relationship with clients (Christodoulidi et al., 2010; Georgiadou, 2014; Harvey, 2013).

Indeed, all aforementioned research indicates aspects of personal and professional adjustment that might impact therapists' practice in the therapeutic relationship.

The above studies approached the topic from slightly different angles, focusing on trainees' experience of beginning practice in the new cultural context (Georgiadou, 2015), on the impact of language used and its implication in therapy (Harvey, 2013) or through a qualitative inquiry on the impact of therapists' foreignness on their identity transformation when working in different countries (Christodoulidi et al., 2010).

Georgiadou's (2014) qualitative study investigated foreign trainee therapists' experiences, focusing on the impact of beginning counselling practice in a linguistic and culturally different context: results highlighted the demanding experience of being a non-native speaker compared to domestic peers. Simultaneously, trainees usually initially experienced anxiety, feeling vulnerable to clients' and supervisors' comments. This anxiety is even greater for non-native speakers, where language and cultural understanding might represent additional hindrances affecting self-confidence. Nevertheless, Georgiadou (2014) offered insight into positive aspects that could benefit intercultural counselling programmes.

Harvey's (2013) mixed method research focused on multilinguals and languages in therapy, investigating qualified therapists delivering therapy in native or non-native languages, having trained in either The UK or abroad. Findings suggest that long experience of practicing in a non-native language boosts self-confidence, dissipating initial anxieties or insecurities.

Christodoulidi et al. (2010) undertook a qualitative inquiry into the mobility's impact for counsellors and psychotherapists, describing the complexity of the experience of foreign-

born therapists and how their experience affected their identity. Her study included an autoethnographic perspective focused on her heuristic experience of practicing in the host country (The UK). It was informed by 23 other foreign therapists' accounts of moving to and practicing in different countries.

The reviewed literature agreed that there is scant research investigating foreign therapists' experiences. Simultaneously, they highlighted and suggested the importance of broadening understanding of the phenomenon because of its relevance to counselling, psychology and education.

Regarding the therapeutic relationship, other researchers highlighted the importance of the therapist's self, considering the personal and professional therapist's self-awareness and their presence with clients. Exploring the therapist's self, Williamson (2013) suggested the therapist—more than the techniques used—facilitates positive therapeutic outcomes.

Subsequently, the present researcher aims to explore the overarching experience of training and practicing in the UK from foreign therapists' perspectives, enabling their unique subjective narrative around the practice and how their experience affected their ways of being with the clients.

Language and cultural self

The literature reviewed makes it apparent that therapeutic relationships entail ability to communicate and understand one another's language; language here meaning not just thoughts but the emotional world, which can be represented differently in one's mind (according to one's culture of origin). As Clauss (1998) suggested, "the relationship between language and culture is inextricable and jointly bound to psychotherapeutic processes" (p.188).

Indeed, for foreign therapists, the use of a language other than the therapist's first could impact the way they interpret and understand clients. Research suggested that language and accent might affect the communication between native and non-native speakers, allowing misunderstandings or communication challenges at various levels, (e.g., Gluszek and Dovidio, 2010). The use of a different language can also influence perception and interpretation, as put forward by Sultana (2017): "Learning a foreign language makes us aware of our own categories of thought, for, as the early Wittgenstein noted, the limits of our language are the limits of our world" (p. 453).

The literature on language use in therapy tends to highlight the challenges of clients coming from different cultures and languages experiencing difficulties in expressing their issues (Costa, 2010; Sue & Sue, 2003; Coll,1998) but also suggests that language is strictly linked to the way individuals make sense of their thoughts and emotions.

Research on the use of more than one language in therapy explored the effects of using first or second language with mono- or bilingual clients (Costa, 2010; Costa & Dewaele, 2014; Nguyen, 2014). Using more than one language highlighted the difference in experiencing one's sense of self, where the second language could be the language linked to the professional self for therapists who trained in their second language, and native language as closer to other, early life, emotions (Walsh, 2014). Walsh (2014) proposed that foreign therapists' sense of self could differ when using different languages. Psychoanalytically, the use of different languages elicits the switch to different selves. Walsh (2014) particularly focused on object relations systems and the impact of language on selves, suggesting that individuals attribute a different self to each one of the spoken languages. As a consequence, each different self is linked to different emotional memories and expressivity, which could affect therapists' responses to clients. Walsh (2014) highlighted the importance of therapists' awareness of their different selves when using different languages. This researcher suggests the importance of including aspects of languages in foreign therapists' experience' personal and professional identity transformation.

Nguyen (2014) proposed another aspect of language in the therapeutic encounter, exploring the influence of using a particular language for the therapist to identify with the client based on their common cultural background. Nguyen (2014) focused on themes of identification and over-identification within a psychodynamic perspective, suggesting that therapists identified faster with their clients when using the same native language. On the other hand, there was a risk of possible collusion between therapist and client due to potential risk of overlooking issues regarding their differences. Similarly, Antinucci (2004) suggested that language and cultural identification could hinder the therapeutic process, allowing assumptions and collusions in the therapeutic alliance. When investigating language impact on mono- and multilingual therapists regarding attunement or collusion, Dewaele and Costa (2012, 2013) also perceived different selves according to language used. Indeed, these studies suggested that multilingual therapists found it easier to connect with clients who shared their mother language, but also felt challenged when trying to maintain professional boundaries and avoiding collusion.

Further studies on practicing in more than one language showed immigrant clients often lack the second language vocabulary's full complexity, hence experiencing limitation expressing their emotions—suggesting the need for therapists working across cultures to be aware of and able to acknowledge the impact of language in client communication (Costa, 2010).

Hence, foreign therapists might encounter challenges in interpreting clients' emotions. When using a second language, Roland et al. (2017) highlighted the challenges of translating, expressing and retrieving memories and emotions experienced in a different cultural self.

Supporting the link between languages and emotions, Lovas (2020) suggested foreign therapists experienced anxiety both in their training and practicing in English as their second language and when attending their personal therapy. They felt disadvantaged due to being unable to express or access their deep emotional experiences.

According to Lee (2017), we not only represent our thoughts with language but also shape them; hence, in the therapeutic cross-cultural conversation, something might be lost in translation: culturally specific emotions could go unrecognised.

Christopher et al. (2014) suggested individuals' identity is shaped by the culture in which they live and is often unacknowledged until exposed to other contrasting or different cultural contexts. Considering the number of psychotherapists working across cultures, Christopher et al. (2014) highlighted: "Our encounter with other cultures allow us to understand more clearly the presuppositions inherent in our own" (p.252).

It seems that the encounter with others could enhance one's diversities and similarities, inducing a sense of extraneity or belonging. For instance, Castro et al. (2016) studied occupational therapists from a different culture and suggested participants reported the experience of "feeling like a stranger" and having to negotiate between cultures and the meanings attached to cultural differences through values, beliefs and experiences. They highlighted the need for therapists to recognise their own feelings of not belonging, sometimes feeling disempowered and having to negotiate with local traditions and values. Contrastingly, the current researcher will examine foreign therapists' experience (other than occupational).

Moreover, research on multilinguals suggests that linguistic and cultural differences between individuals could be overcome by their commitment to understand and be

understood, paying attention to all the communication cues. One positive aspect of working cross-culturally could be represented by an enhanced sensitivity to different perspectives. For instance, Lee (2017) referred to all cultural and subcultural variants, pointing out that inevitable differences between therapist and client could be overcome by "the inauguration of a new language" (p.11), whereby the sensitivity to otherness is represented by attending to nuances of spoken and unspoken communication. Hence, seeking cultural variants and differences, foreign therapists might draw from their experience resources as yet unexplored.

Indeed, Connell et al. (2017) put forward the concept of "third language": a communication going beyond language and culture, whereby being open to sameness and difference allows therapist and client to engage openly and be aware of cultural/linguistic misunderstanding, allowing for deeper connection.

Furthermore, when researching delivering psychotherapy in English as a second language, Harvey (2013) found foreign therapists felt their imperfect use of language—albeit initially perceived as challenging—facilitated a power imbalance readjustment. Similarly, Costa's (2010) paper on multi-ethnic counselling services found that bilingual and multilingual therapists' frequent requests for clarification improved connectedness with clients.

To summarise, research shows that language and culture impact cognition and emotions, suggesting that the language used elicit aspects of an individual self, including how to feel and express emotions and thoughts. It is an important factor to consider, therefore, when exploring experiences of the therapeutic relationship, which is the experience of therapists coming from a different cultural and linguistic backgrounds. As Lee (2017) suggests, the language people speak is loaded with meanings and representations and is directly connected to the way people think and feel. It helps people to make sense of the world and can often elicit further exploration and curiosity, facilitating connectedness.

Literature indicates that language and culture are significant in the experience of the therapeutic relationship; even more for foreign therapists, where language and cultural heritage affect their interpretation of their experience in a different cultural context.

However, as the literature indicates that language and culture are factors that could affect therapeutic work, this researcher aims to obtain a broader picture of foreign therapists' experience of working in the UK, where the therapists' language and culture will be considered in conjunction with other aspects of the therapeutic encounter.

Accent and first impression formation

Alongside language, accent might impact communication: research showed that first impression formation is also affected by accent as a marker of foreignness (Deghani et al., 2015) and the "way one speaks" (Gluszek & Dovidio, 2010). Gluszek and Dovidio (2010) also proposed that "the uniqueness of accents allows for new theoretical avenues in research that can bridge work from several disciplines to better understand the psychological processes relevant to accents that affect the speaker, the listener and their interactions" (p.230).

Moreover, to establish a constructive therapeutic relationship, the literature indicates that therapists should be aware of the first impression and repercussions of potential misunderstandings. Albeit referring to talking therapy in general, Short (2011) argued that the first few minutes are crucial in establishing a connection with clients, implying that it is important that the therapist pays attention to clients' explicit and hidden responses. Similarly, other literature highlights the significance of establishing a positive therapeutic relationship, stressing the importance of early moments/sessions (e.g., Bedics, 2019; Spencer et al., 2019).

To analyse foreign therapists' experience working in the UK, it seems important to explore the impact of accent on their perceptions of the therapeutic relationship. As the above literature suggests, the initial encounter between therapist and client will lay the basis for the therapeutic relationship, with the spoken introduction of the therapist to the client. In the case of foreign therapists who retain an accent, the first encounter may initiate clients' fantasies or expectations, affecting first impression formation. Indeed, language and social psychology researchers investigated the impacts of accent as foreignness marker (Deghani et al., 2015), investigating the impact of communication between mono- and bicultural individuals. Results suggested that "accent alone can affect people's cognition" (p.231) and, therefore, is highly relevant to foreign therapists' perceptions of the encounter and subsequent cross-cultural relationship with clients. Indeed, Deghani et al. (2015) proposed that "aspects of language, including accent, play a crucial role in the formation and categorisation of one's cultural identity" (p.231). They considered the role of accent in its relational context and suggested that accent highly influences listeners' social categorisation and ethnic attribution.

The effects of therapist accent in establishing the therapeutic relationship may play an important role in the client's response, initiating stereotypes and fantasies about the

therapist's background. For instance, Cargile et al. (2010) conducted a US study on perceptions of foreignness. They suggested that American participants who listened to second-language speakers' accents attributed different degrees of 'belonging' to the American culture, according to accent. Each accent was perceived differently and rated as more or less foreign, pointing to different evaluations. For instance, Italian speakers were perceived as more foreign than German speakers. Kristjansdottir and Christians (2017) explored communication in a second language in Iceland, proposing that participants experienced language/accent as something which "constantly identifies them as foreigners, something that for most is negative" (p.9).

Literature indicates that therapists who speak with an accent when using a non-native language implicitly or explicitly announce their 'unfamiliar' origin, influencing the establishment of therapeutic relationships (Fuertes et al., 2002).

This researcher, therefore, aims to explore therapists' experiences and perspectives on their foreignness, including spoken accent as one potentially important factor in the establishment of client relationships. The literature points to how the effect of retaining an accent might impact self-confidence and influence own and others' expectations of stereotypes. As also suggested by Gluszek and Dovidio (2010), the communication between native and non-native speakers might create misunderstandings or communication challenges at various levels.

As the literature suggests, it can be challenging for foreign therapists to establish a therapeutic relationship in cases where clients have unfavourable preconceptions attached to a particular accent/nationality. In their review article on linguistic, communication and social psychology, Fuertes et al. (2002) (USA) proposed foreign therapists may be 'downgraded' and considered less competent due to their out-group status. They found that a speaker's accent influences listeners' perceptions and evaluations, proposing that counsellors may encounter some issues if they speak English with an accent. Fuertes et al. (2002) noted that counsellors may have to face "clients' negative, internalized ideas about accents… They may likely be 'downgraded' on status, competence, or solidarity as a consequence of their accent" (p.354). Similar issues could be experienced when counsellors with an accent work with clients with an accent. Although these therapists seem to be seen as in-group members, they may still be considered less competent if clients attribute the counsellors' accent to a devalued ethnic group. Similarly, research on first impression formation (Denrell, 2005) indicates that

expectations including stereotypes and self-fulfilling prophecies both play a part in influencing the initial encounter with others. Negative impressions can be difficult to change, perhaps persisting even if new evidence disproves initial evaluation.

To summarise, a spoken accent seems to be an obvious marker for foreignness. For the current study, therefore, accent is included as a criterium for recruiting participants, alongside therapists' perceived foreignness having come from another country and been exposed to the new culture and language later in life. Other research on foreign therapists in the UK stresses the use of second language in therapy for bi/multilingual therapists (Costa & Daewele, 2013; Georgiadou, 2014; Harvey, 2013; Nguyen, 2014), mainly without appointing a particular focus on recruiting participants with an accent.

Personal and professional identity [trans]formation

Literature suggests that therapists' career development is an ongoing process encompassing personal and professional self-reflection and transformation. To put into context what foreign therapists might experience, research into their training shows that being foreign could add further challenges to the transformative process, as suggested by Interiano and Liam (2018) when investigating the multidimensional acculturative stressors experienced by foreign-born counsellor students.

To frame the context of foreign therapists' multidimensional experience, it is relevant to understand the initial challenges of starting on the professional psychotherapeutic path. As research on professional psychotherapists shows, career development can be highly complex (Ronnestad and Skovholt, 2003). Ronnestad and Skovholt (2003) cross-sectional, longitudinal study (Oslo) investigated 100 therapists' journeys developing their professional identity. Their findings suggested the importance of therapists' constant self-reflection on their personal and professional influence in their work. As they posit, it is "a lifelong personal/profession integration process". Similarly, Watkins et al.'s (2017) article on clinical supervision and the therapist identity transformation presents transformative learning for therapist trainees and how this involves identity construction and reconstruction and facing initial anxieties and self-doubts—particularly at the beginning of practice training.

This experiential and transformative process mirrors immigrants' experience in a new cultural environment, adding to an already demanding process of personal and professional transformation. For instance, research on immigrants' assimilation and

cultural identity (Bhugra & Becker, 2005) and on trainee therapists (Georgiadou, 2014; Kissil, 2013) stressed aspects of acculturation that impact the foreign identity transformative process, which seem important to consider when exploring foreign therapists' experience in the UK.

While Kissil's (2013) study was not qualitative but demographic survey, it investigated how being an immigrant impacts therapists' use of self within therapeutic work; pertinent to the topic of foreign therapists' experience of working in a foreign country. Kissil's (2013) study was undertaken in the USA, focusing on the effects of both acculturation on foreign therapists' sense of clinical self-efficacy and of supervisors' multicultural competence on foreign therapist supervisees' sense of self-efficacy. Results showed that foreign therapists' perceived prejudice affected their sense of clinical self-efficacy, which could have been mediated by the intervention and support of multicultural-competent supervisors. This indicated that the professional identity formation of foreign-born therapists involves challenges of acculturation and perceived prejudice that impact therapists' use of self in the therapeutic encounter. Furthermore, Kissil's results imply that therapists' perceptions of their acculturation and experience of perceived prejudice played a part in their professional development.

In Interiano and Lim's (2018) US study on the experience of foreign-born therapists' professional identity formation, they highlighted the intertwined impact of acculturation in developing a new professional identity. Interiano and Lim's (2018) qualitative studies on foreign therapist trainees found that participants depicted a complex experience of conflictual values and loss throughout acculturation leading to partial identity transformation, referred to as a 'Chamaleonic' identity, whereby foreign therapists felt they adjust to the situations by favouring aspects of the assimilated culture or aspects of their native culture accordingly. In particular, the professional identity transformation process presents challenges for foreign trainees already undergoing a transcultural process of assimilation and acculturation while involved in a further process of professional learning and adaptation.

This process of professional identity transformation was investigated by Georgiadou (2013) who, like the current researcher, explored the experience of trainee counsellors coming from abroad and training in the UK. Her qualitative study focused on the experiences of native-speaking trainees and trainee therapists who did their training in the UK with English as their second language. Findings suggested that non-native-speaking

trainees initially felt disadvantage compared to their native-speaking peers. In their personal development, alongside the processes of assimilation, acculturation and adaptation, such trainees occasionally encountered or perceived challenges expressing themselves and understanding and feeling different from their native-speaking peers—in turn, leading to a self-confidence drop. Nevertheless, Georgiadou (2013) proposed that participants' experiences also included positive aspects that foreign trainees discovered in their transformative journey, helping them overcome initial difficulties.

Georgiadou (2013) noted her participants were all recruited from the same institution that, while giving homogeneity to the sample, also limited the participants' experience to one training context and may have influenced their narrative, as they knew each other. In contrast, to gain a wider picture of different participants' experiences, the current researcher aims to explore the whole experience of foreign therapists, including training and working in the UK, without limitation to a particular location or institution.

Other researchers (Henfield et al., 2011) suggested that foreign trainees and therapists experienced decreased levels of confidence during their personal process of acculturation, making them feel 'different' from native-speaking peers. Such experiences could, it was proposed, influence foreign therapists' perceptions of self-efficacy in counselling practice. Indeed, additional research suggests that the perception of the experience affects individuals' confidence; the subjective perception of prejudice or judgement can impair one's ability to self-control (including impressions, emotion-regulation and attention) and that it requires long-term practice to be able to overcome such feelings of "ego depletion" (Inzlicht et al., 2006; p.263).

From the literature regarding foreign therapist trainees, it appears that in the process of adjustment to a different culture, therapists' sense of self might be affected by their own perceptions of differences and stereotypes about cultural values, traditions and attitudes of the new cultural contexts, which affects their confidence. This is especially relevant as the therapist interacts with colleagues and clients who hold their own multicultural views/attitudes.

Indeed, particularly as they begin their careers, foreign therapists or trainees might discover challenges that could add to the already challenging process of personal transformation and adjustment to the new culture, as Barreto (2013) proposed in his qualitative study on the experience of becoming a therapist in a foreign country (USA). Barreto (2013) asked eight foreign therapists to describe the culture difference challenges

of practicing in the USA. Findings included cultural shock and professional adjustment, whereby trainees developed a new identity, overcoming their challenges and eventually establishing their own ways of relating to clients. To be able to broaden the understanding of intercultural training and practice, Barreto's study highlights the importance of considering the experiences of foreign therapists in countries other than the USA. It seems important, therefore, to extend the exploration of foreign therapists' experiences to other countries; hence, the UK.

Another US qualitative study (Attia, 2021) on counsellor education found that international counselling students highlighted the limitation of the course focus on Western models and philosophy, only paying attention to the development of one cultural aspect of identity and largely ignoring the multiplicity of aspects impacting bi- and multilingual/cultural students, who had to adjust or integrate different cultural values and traditions. Their findings also revealed that foreign-born counselling students experienced a lack of credibility when beginning their career, but they also perceived their cultural sensitivity as an asset when relating to clients from different cultural backgrounds. However, Attia's (2021) study was limited to few participants and confined to USA counselling education. Hence, the complexity of developing a professional identity in a foreign country appears to need further investigation.

Kissil, Davey and Davey (2013) suggested that perceived prejudice is significant regarding clinical self-efficacy. In their quantitative study, they used the AIRS (American International-Relations Survey), a survey including measures of Perceived Prejudice, Acculturation and Language Usage as three sub-scales. The authors found that therapists who perceived hostility or reticence from clients and community felt a diminished self-efficacy in their counselling practice. On the other hand, foreign counsellors who felt well-connected to the host culture described feeling a greater level of clinical self-efficacy. Furthermore, therapists who did not feel discrimination based on their accent reported having better relationship conflict skills than those who did. Overall, they found that clinical efficacy was regarding the level to which therapists felt accepted by the host culture, indicating that both the environment and the individual's subjective perceptions could influence the development of professional confidence. These interesting findings indicate the relevance of their topic to the current study, whereby exploration via qualitative study could include participants' interpretations of their experience.

Hence, the literature on social stereotypes and the impact cross-cultural communication links self-efficacy to the subjective nature of individuals' perceptions of prejudice. Albeit this literature is not strictly regarding foreign therapists practice, it offers a perspective on what could affect foreign therapists' experiences developing their professional identity in a different cultural context (e.g., Interiano & Liam, 2013).

Indeed, as Interiano and Liam (2013) suggested, the multidimensional aspects of foreigners' acculturation include one's perception of self in relation to others and cultural context.

Moreover, Schwarzer (2014) suggests that self-efficacy perception is not just the result of the perceived ability to accomplish certain tasks but involves a series of inferences from other information sources (e.g., external social factors). In particular, one's perception of stereotype threats can influence others' responses. Research on self-image maintenance explored the buffering effects of self-affirmation in moderating the impact of negative evaluations from others (Fein & Spencer, 1997): a threat to the self comes from negative social stereotypes and/or when individuals feel under evaluation. Researchers also considered the personal meaning individuals give to particular social experiences (Molden & Dweck, 2006) and indicated the impact in cross-cultural communication.

In summary, existing research indicates that the initial training of foreign therapists encompasses personal and professional adjustments that could be affected by self-doubting, feeling different or challenged, and perceived—or actual—prejudice. However, building up knowledge and experience could counteract self-doubt and lack of confidence (Harvey, 2013). Furthermore, their personal experiences could enhance their sensitivity to clients from other cultures (Georgiadou, 2014). The personal experience of foreignness also allows therapists to be sensitive and self-aware of differences in cross-cultural communication when in the therapeutic relationship (Barreto, 2013). The literature indicates that the transformative process of becoming a therapist in a different culture could be challenging for foreign therapist trainees who have to find their way of developing a new personal and professional identity; for instance, capitalising on their sensitivity to differences. For this reason, it is important to further explore all aspects that impact foreign therapists' sense and use of self in the therapeutic relationship. The current qualitative study, therefore, will pay close attention to participants' narratives of their experience that might add subjective and valuable understanding of what it is like being a foreign therapist in the UK.

Stereotypes and power dynamics

Considering foreign therapists' experience of undergoing personal and professional identity transformation where they might encounter discrimination and stereotyping—either perceived or real—the literature posits that the therapist-client therapeutic relationship can be affected by dynamics of power, triggered by both therapists' and clients' assumptions about each other.

Similar dynamics of discrimination and stereotyping have been reported in research on therapists' diversities; for instance, Beagan and Chacala (2012) interviewed therapists who self-identified as disabled or from an ethnic minority group, to investigate therapists' experience of diversity when the therapist is the 'diverse' one. This is comparable to therapists' sense of foreignness. The authors highlighted the importance of a therapist's general ability to suspend their own values to facilitate the client's; whereas, in the case of therapists' diversity, it is the clients who may feel and display prejudice and/or suspicion. In this scenario, establishing a therapeutic alliance with a reticent client could arguably be challenging. According to Beagan et al. (2012), power imbalance is an important factor; particularly as the therapist is usually assumed the 'expert' and thus more powerful. Therapists are commonly perceived to be facilitators, or at the least collaborators, in building a constructive therapeutic relationship. In the case of therapists' diverse characteristics, the establishment of the relationship may encounter clients' resistance and therapists' subsequent loss of confidence.

Indeed, an exemplary challenge to the therapeutic relationship might be clients' response to the therapist's cultural diversity. Hildebrand et al. (2007) studied therapists' experiences of powerlessness in therapy, interviewing 12 therapists from different ethnicities and gender. Results indicated that therapists' uncertainty—especially at the beginning of their career—alongside other variables (including linguistic, cultural or social differences between therapist and client) instigated in the therapist a sense of powerlessness, amplified when the client appeared to be reticent or negatively impressed by the therapist's foreign status. It seems plausible, therefore, that such perceptions from the client have the potential to detrimentally influence the therapeutic relationship.

Hence, the therapeutic relationship power dynamic seems an important aspect to include when investigating foreign therapists' experience working in the UK.

Proctor (2002) explored different aspects of power and the role of society and culture in defining therapist and client positions, arguing that therapist and client are defined by their functions. Hence, if a foreign therapist feels undervalued by the client because of their ethnicity, power dynamics and transference/projections between the parties might compromise the establishment of a constructive relationship. Proctor (2002) also proposed that therapists from minority groups feel pressure to adhere to Western culture's mainstream standards. Thus, the pressure of the Western perspective might prevent therapists exploring with clients their diversity from a different angle (non-Western).

On the other hand, Aron (1996) presented a slightly different situation, suggesting that the therapist-client relationship is mutual but not equal. Here, power is seen as an ever-changing dynamic in the dyadic encounter. According to this understanding, client resistance could be considered a form of power dynamic in the therapeutic relationship, but the therapist's skills and self-confidence should also counterbalance the relationship dynamic (Kahn, 1997).

The aforementioned papers on different aspects of power indicate the importance of power dynamics in the relationship, hence is particularly relevant to foreign therapists' practice.

Additionally, as Zur (2014) proposes, there are many different forms of power and power differentials in the therapeutic relationship, which is relevant to the current study exploration of foreign therapists' experience. Moreover, Guilfoyle (2003) notes that power dynamics within a collaborative relationship are at the basis of change and development via resistance, transference and countertransference and that power dynamics are, therefore, beneficial for positive therapy outcomes. Indeed, it is important to consider power dynamics to paint a broader picture of aspects potentially relevant to foreign therapists' experience of their work with clients.

Altarriba and Santiago-Rivera's (1994) (USA) literature review on the use of linguistic and cultural factors affecting therapy suggests that therapists perceived as linguistically and culturally closer to clients' cultural heritage (Hispanic) were preferred to therapists who were perceived to be culturally inexperienced. This second group were apparently considered unable to understand the client's 'world'; particular reference was made to their foreign 'way of interacting'. It appears that the therapists' cultural competence is

relevant in the investigation of foreign therapists' experience, particularly in the establishment of a constructive and, to clients, acceptable connection with the clients.

Alongside therapists' ability to understand clients' worlds, clients' perceptions of therapists' backgrounds also impact the therapeutic relationship establishment—as indicated by the literature.

Indeed, other studies investigated the ethnic/racial/gender therapist-client match and its relevance in the therapeutic relationship (Beutler et al., 1991; Blow et al., 2012; Cabral et al., 2011; Devereux 1991; Erdur et al., 2003; Okun et al., 2017). For instance, Okun et al.'s (2017) thematic analysis study investigated the inverted power dynamics between cross-cultural therapists and clients' dyads, suggesting that, in the face of encountering resistance and doubts from clients about their professional competence, therapists eventually managed to overcome clients' negative initial impressions. Indeed, Chang and Berg's (2009) study supported Bohart' and Tallman's (1999) research, highlighting the importance of clients' perceptions regarding the therapist and how these affected therapy outcomes.

To summarise, previous research on power dynamics in therapy highlighted specific aspects of the therapeutic relationship that could influence the foreign therapists' experiences. It is, therefore, relevant to consider the potential element of power dynamics in the current study on foreign therapists to gain a broader picture of their experience of working with clients in the UK.

Multicultural competence and therapists' training

Literature on therapy training and counselling trainees' professional development suggests that there are important aspects potentially highly relevant to studies on foreign and native therapists' professional development, that may also play out in the experience of training and practicing in a foreign country (e.g., Barreto, 2013; Georgiadou, 2015).

As aforementioned, Georgiadou (2015) explored foreign counsellors' training experiences, with the aim of capturing all aspects of their experience of training in a foreign land, revealing the importance of intercultural exchange for native and foreign therapists and enriching trainees' understanding of each other's cultures and emotional perspectives.

As Georgiadou (2015) indicates, the training (i.e., education programmes) should include intercultural exchange modules, with the aim of facilitating multicultural understanding

and sensitivity. As posited by King and Magolda (2005), education programmes should be sought to increase intercultural maturity through promoting intercultural interaction. They suggest that intercultural maturity entails not only knowledge of other cultures but also analysis of the personal and interpersonal understanding and appreciation of different values and beliefs between different cultures.

Specifically, Portera (2014) defines intercultural competence as: "IC could be defined as a set of abilities, knowledge, attitudes and skills, that allow one to appropriately and effectively manage relations with persons of different linguistic and cultural backgrounds" (p.159), facilitating multicultural competence and sensitivity. The author applies this concept to a range of different educational; it could be proposed that these would include psychotherapy and counselling courses and training. This again emphasises the relevance of investigating the multicultural aspects of therapeutic relationships, particularly in the psychotherapeutic field.

Similarly, Barreto's (2013) study on foreign therapists in the USA explained that "by developing skills including empathy and multiperspectivity, which help individuals to see the world as others see it and to see oneself from the perspective of others and by facilitating individuals in learning about and interpreting other cultural perspectives and practices and comparing these to their own, intercultural education helps individuals to develop an awareness of people's preconceptions, stereotypes and prejudices, including their own" (p.11). Hence, the current researcher accounts for the possibility that participants could touch on the topic but with a clear focus on British psychotherapy practice by non-British therapists.

Also from a psychotherapeutic perspective, in their review article, Qureshi et al. (2015) note that difficulties or misunderstandings may occur when clinicians and clients have cultural differences and different communication styles. Communication styles, cultural values and cultural understanding of health and healing are all implicated in the therapeutic encounter. Individual and cultural differences are argued to play a part in unconscious processes, including transference and countertransference during the therapeutic relationship; hence the importance of developing multicultural understanding.

Supervisors' multicultural sensitivity and competence is also paramount in helping international students to develop, as they may be more susceptible to decreased levels of confidence in the process of learning and practicing, as posited by Pendse (2017) and suggested by Lago, (2010). Hence, the importance of considering the aspects of education

and supervision in foreign therapists' experience' training and practicing in another country.

Research on multicultural and intercultural competence indicates the importance of moving towards a more inclusive model of learning counselling practice in a multicultural context, which could facilitate therapeutic work in a cross-cultural context. Hence the relevance of further exploration of the experience from foreign therapists' perspective.

In conclusion

The variety of studies presented so far represents the starting point for the current study, for which the researcher aims to carry out an exploration of foreign therapists' experience in the UK. While the aforementioned studies are all relevant, none contain an exhaustive picture of the phenomenon here investigated as they focus on particular aspects of foreign therapists' practice, including the language they use, training experience, power imbalance, acculturation process, professional development and, more broadly, communication dynamics that could potentially impact cross-cultural relationships.

The literature reviewed encompasses the main concept of therapeutic relationship, at the basis of the therapists' work as it is through the relationship with clients that therapists can help them explore and overcome emotional issues. Literature on language and accent in communication referred to further aspects affecting foreign therapists' experiences, including the therapeutic relationship. Literature was, however, limited to language (Costa et al., 2015) or to USA studies (e.g., Fuertes, 2002).

Other USA studies focused on personal and professional transformation of trainees' foreign therapists, exploring acculturation and its impact on professional self-confidence (Attia, 2021; Barreto, 2013; Henfield, 2015; Kissil et al., 2013). Christodoulidi et al. (2015) explored deep inner processes of personal and professional transformation in therapists' migration, from a heuristic perspective, focusing on mobility from and back to native countries.

Fewer studies addressed power dynamics and the potential effects of real and perceived prejudices or stereotypes affecting psychotherapy relational dynamics regarding multicultural competence (Chang, 2020; Okun, 2017; Proctor, 2010).

Multicultural competence in training and education suggested the importance of intercultural understanding of both native and non-native English-speaking student

trainees. Georgiadou (2015) and King and Magolda (2010) portrayed cultural exchange and understanding as a positive element to pursue in education, suggesting training courses should be inclusive of all cultures.

Overall, the studies in this review described specific aspects affecting foreign therapists' experiences from particular angles (e.g. language, training, sense of self). The current study aims to add significantly to this body of literature by including the effect of spoken accent amongst other clues of foreignness in the experience of first impression formation of the therapeutic relationship. The intention is to gain a broader exploration of foreign therapists' experiences, overarching the reviewed studies' topics and expanding on the existing research, starting from the broad, open question: 'What is your experience of being a foreign therapist practicing in the UK?'.

Chapter 3 - METHODOLOGY

Qualitative research

I considered qualitative research the most appropriate approach to investigating the meanings participants gave their experiences and how they felt these affected their therapeutic relationship with clients and, subsequently, the therapeutic work. It seemed that a statistical or quantitative perspective specific to a numerical or correlational type of research question would be entirely unsuitable for my research question.

Braun and Clarke (2013) explained that qualitative research, in contrast to quantitative and statistical, has an investigative style focusing on meanings and experiences in a context without providing a solitary answer but, rather, an exploration and analysis of phenomena through the interpretation of participants' narratives.

Exploring the experiences of being a foreign therapist in The UK from participants' unique points of view requires the researcher opening up to the individual's world. In contrast to a quantitative question, where the researcher tries to prove, disprove or correlate numerical data to confirm or refute a hypothesis, I aim to discover unique participants' perspectives of being a foreign therapist in The UK and experience of working in a cross-cultural relationship, where the therapists' different heritage might expand on distinct aspects of the therapeutic relationship. I aim to capture each participant's unique experience of the phenomenon with a focus on an exploration of what it is like for a foreign therapist to practice in the UK. The research asks: what are foreign therapists' individual experiences establishing the therapeutic relationship. How do they perceive their therapeutic encounters with clients?

Possible prompts could help capture the therapeutic encounter, including:

- Tell me about your work as a therapist in the UK.
- How do you get a sense of how things are going between you and the client?
- What is your experience of introducing yourself to the client?
- Have you noticed any particular dynamic during interaction with a client?
- How did you perceive the client's first impressions of you and the therapeutic meeting?

It is also relevant to explore whether the 'foreign' status influenced perceptions of the therapeutic encounter and whether therapists preferred to address potential perceived differences at the beginning or decided to address it if/when it arose.

In line with therapists' psychotherapeutic role of understanding clients' inner worlds, qualitative research focuses on meaning and meaning-making; therefore, it is often used in counselling research (Willig, 2018). Qualitative research approaches—including Grounded Theory and Discourse analysis/IPA—focus on meanings and how these are influenced by diverse philosophical views of reality and knowledge, based on different theoretical assumptions (Willig, 2018).

Discourse analysis, for instance, refers to how language is used to construct meanings, whereby philosophical assumption refers to reality as social and linguistically constructed. With this approach, the language and narrative of participants are scrutinised. Hence this ontological approach sees reality as a social construction generated through people's narratives (Braun and Clark 2013). The focus of this approach does not, however, allow for exploration/interpretation of participants' unique idiographic understandings of their world.

Grounded theory comprises a different approach, focusing on the interpretation of participants' experiences from different epistemological frameworks. Its aim is to generate theory (Glaser & Strauss, 2017); therefore, it is not consistent with this study's aims—to explore the significance each participant attaches to being a foreign therapist practicing in The UK and to paint a picture of being a foreign therapist.

Regarding qualitative research, diverse philosophical assumptions about reality and knowledge influence analytical focus; hence, it was appropriate to adopt a relativist ontological position rejecting the idea of one independent reality and embracing a subjectively perceived experience of reality. The phenomenon investigated cannot be generalised but can add significant new understanding to counselling psychology and psychotherapy, broadening knowledge of the therapeutic relationship experiences of foreign therapists from their perspectives.

From the chosen relativist ontological position, existence is not considered a fixed concept; rather, individuals see the world from their unique perspective. Similarly, as the researcher, I interpret participants' experiences adopting my own understanding of the

phenomenon explored, considering the 'double hermeneutic' aspect of IPA (Smith et al., 2009) (see below).

Furthermore, to understand participants' subjective experience, I adhere to an interpretivist position regarding epistemology (i.e., how to achieve knowledge) of the phenomenon investigated. This position is closely linked to counselling psychology.

Indeed, the relativistic and interpretivist approaches used are pertinent to the counselling profession, which is focused on human interactions and intersubjectivity (McLeod, 2011). The exploration of individual experiences could add new understanding to human interactions, potentially helping psychotherapy to expand its understanding of the therapeutic relationship that, in turn, could improve therapeutic outcomes. Mearns and McLeod (1984), furthermore, indicated five principles relevant to qualitative research and person-centred therapeutic approaches. They suggested that the researcher (also a therapist) is engaged in empathically understanding participants' individual experiences, considering the research as a process similar to therapy, maintaining a congruent viewpoint in their participant relationships, accepting participants' narratives with non-judgemental attitudes, and treating participants/clients as equal, as they also influence the research direction or outcome.

IPA and a counselling phenomenological stance

For this study, it is best to use an approach supporting the exploration of foreign therapists' experiences using a phenomenological stance allowing for individuals to express their unique vision and interpretation of the phenomenon explored. Indeed, a phenomenological stance in qualitative in both research and therapy helps in understanding people's inner worlds and attributed meanings, offering the opportunity to explore new perspectives and ideas for new topical research. Furthermore, the researcher's interpretation of participants' understanding of their experiences entails a double hermeneutic phenomenological approach, which suggests the use of IPA (Smith et al., 2009).

In line with the core conditions of person-centred psychotherapy, the researcher in this study (a trainee counselling psychologist) found IPA to be a type of qualitative research method that resonates with the therapeutic humanistic phenomenological stance. Moreover, person-centred approaches and IPA share phenomenological philosophical perspectives and pursue an exploratory attitude towards participants'/clients' worlds,

suspending the researcher/therapist's personal viewpoint in favour of an open and curious frame of mind (Willig, 2013).

Research design

Following the above considerations and in summary, participants' experiences of being 'foreigner' and 'therapist' is here combined with a professional understanding of the relational therapeutic practice of psychotherapy in the UK. Hence this qualitative study is undertaken with IPA methodology, allowing the researcher to obtain deep, rich understanding of individual experience of counselling practice from a foreign therapist's perspective.

IPA considers the phenomenological approach from a hermeneutic perspective, thereby involving an interpretative stance, through which 'knowledge' is acquired by analysing and interpreting participants' experiences. This process involves what is known as a double hermeneutic: the researcher interprets participants' accounts of their subjective interpretations of the phenomenon investigated.

In line with IPA, the underlying philosophical assumptions of this research are phenomenological.

Knowledge is considered situated in participants' accounts of their experience and their understanding contextualised by their unique perspectives when making sense of their lives. Each participant moved from their home country to The UK for a particular reason and experienced the new culture uniquely.

As the researcher, I recognise that my own subjective experience of the phenomenon under investigation may influence the research process. Therefore, it is important to acknowledge my personal assumptions and preconceptions in a reflexive journal kept from the beginning of the study. A summary of this reflexive process can be found in section 'Reflective statement'.

Reflexivity is an important aspect of qualitative research because it helps to make transparent the extent to which researcher preconceptions impact the process of interviewing participants and understanding/interpreting their narratives. As Larking, Watt and Clifton (2006) note, the circularity of the hermeneutic stance allows the researcher to expand, interpret and revisit their own preconceptions on the topic and consider their role in the research.

In light of fresh content (participant narratives), my understanding of the phenomenon could be challenged and modified: the encounter between researcher and participants could facilitate the discovery of new avenues or aspects of the topic discussed.

Researcher reflexivity also plays a part in the analysis process, to prevent premature interpretation (Willig, 2013). Indeed, as "person in context", the researcher must approach interpretation with an empathetic and open mind, to adjust and integrate their ideas with new emerging concepts during analysis.

Furthermore, as Smith et al. (2009) suggested, in the interpretative process of phenomena, meanings may be evident and/or concealed. The researcher's understanding of individuals' experiences involves a consideration of both. Indeed, IPA analysis can involve different layers of interpretation, from the first reading of participants' accounts to a deeper understanding of possible content beneath the surface. These qualities are pertinent in the current study, allowing me to consider participant narratives in depth.

The phenomenological analysis focuses in-depth on each participant's experience, as Smith (2010) suggested; in a small project, this implies the recruitment of a small sample of a population who will provide an idiographic characteristic to the study. The small number of participants allows deeper analysis of each experience (or case). Nevertheless, as Smith et al. (2009) suggested, after the individual case analysis, the researcher can identify similarities and differences across the cases that can show a comprehensive picture of the study findings.

Ethics and ethical considerations

This study received full ethical approval from the Faculty Research Ethics Committee (FREC) of the University of the West of England in January 2017. The nature of this research is to interview participants regarding their personal experience as foreign therapists.

It was agreed that all participants were to be handed, posted or emailed an information sheet (see Appendix 1), including an outline of the research topic, a consent form (see Appendix 2) and a demographic form (see Appendix 3). Before the interview, I checked with participants if they required any clarification regarding taking part in the study.

Participants who agreed to be interviewed were informed that, should they feel uncomfortable for any reason, they could withdraw at any time. They were also told that

they could request the withdrawal of their data within three months after their interview. No such requests were received.

This study was not expected to cause emotional distress but in the event that participants felt discomfort, it was agreed that I would establish in advance that participants had adequate external support available (e.g., that they had a personal therapist etc.). I also signposted participants to support organisations (e.g., Samaritans) in cases of concern or distress. I provided my academic supervisor's contact details on the information sheet (see Appendix 1).

As the researcher, I undertook data collection interviews via telephone/Skype for geographical convenience. Interviews were then recorded and transcribed verbatim. Subsequently, the acquired material was anonymised and safely stored, according to the Data Protection Act (1998).

All collected data were immediately anonymised and kept confidential, safely locked in a filing cabinet available only to me and my supervisor. Electronic information and audio files were stored in my computer, accessible only via password.

Inclusion and exclusion criteria

This study focused on participants who arrived in The UK from a different country and had non-British parents. Participation criteria specified in the information sheet (Appendix 1) stated suitable participants had acquired English language proficiency when they moved to The UK "later on" in life, maintaining a spoken accent and practicing as psychological therapists. The rationale for this choice was that accent and different cultural/language-related experiences were highly pertinent to the phenomenon investigated. Particularly, the acquisition of a second language later on in life was proposed to have a potentially different impact on the assimilation process, compared to early-life language acquisition (Georgiadou, 2013; Kissil et al., 2013). Furthermore, as reported by Gulina and Doubriubova (2018) and put forward by Worf (1956), individuals' world views and experiences are deemed highly affected by spoken language.

From a phenomenological and exploratory perspective, for a qualitative study aiming to understand foreign therapists' experiences practicing in the UK, it was appropriate to identify participants practicing in the UK and maintaining a feeling of being foreign including a spoken accent. This is mainly because the concept of foreignness, as well as the degree of acculturation of participants, is almost impossible to qualify and quantify (Ozer,

2013) as, from a relativistic approach, the acculturation process is not linear or measurable, leaving the degree of foreignness to participants' subjective perceptions of themselves.

Hence, for the inclusion and exclusion criteria cited in this study, some therapists had to be excluded from the study since they did not learn English as a second language. Smith et al. (2009) advised keeping the (small) sample as homogenous as possible and to tie the sample's demographic (or other) characteristics to the study's recruitment criteria applied.

Participant recruitment

Smith et al. (2009) suggested that six is a good number of participants to obtain rich data for an IPA study. Hence, six 'foreign' counselling psychologists, counsellors or psychotherapists were recruited from various psychotherapist communities and websites available to the public, including BPS, BACP, UKCP or CAPPP, via letter or email.

Participants received information sheets (see Appendix 1) explaining the topic and aims of the research and, upon agreeing to participate, the interview time was arranged. Two were undertaken in person by telephone.

Upon recruitment and before interviews, participants contacted me via email. The research interview time and conduit were agreed and the required consent (see Appendix 2) and demographic forms (see Appendix 3) completed.

In the recruitment phase, it was initially difficult to define some participants' compatibility with the research criteria due to their presenting demographical characteristics: particularly complex was the status of foreignness as identified by psychotherapists who moved to the UK from other English-speaking countries. These potential participants considered themselves strangers in another culture but, because English was their native language, they were removed from the recruitment process.

Participants

I collected interview data from six participants. All had moved to The UK in adulthood and trained as psychotherapists, counsellors or counselling psychologists.

Their countries of origin differed widely; to keep anonymity and confidentiality, the country's name —including its broader area—was removed from the data. This adjustment was deemed necessary because the details that would come to the fore

alongside data on their cultural background could have opened the possibility of identity exposure.

The following table summarises participants' sample:

Table 1. Participants' demographic information

Pseudonym	Nationality	Age	Gender	Age when moved in the UK	Years of practice
Alice	East Europe	51	F	32	10
Emma	South Europe	38	F	24	8
Eloise	West Europe	50	F	25	25
Ling	Asia	31	F	17	6
Alec	South Europe	30	M	24	5
Freja	North Europe	47	F	31	8

Data collection

Six participants were interviewed by telephone and/or Skype to accommodate relevant parties' timetables. Novick (2008) highlighted that the use of a telephone to carry out interviews for qualitative research can be controversial, suggesting—alongside other researchers—that telephone interviews lack the visual cues necessary to better interpret body language and establish a deeper level of connection with the interviewee (Garbett & McKormack, 2001). However, more recent researchers (McCoyd & Kerson, 2006; Sturges & Hanrahan, 2004) support the use of telephones to engage in a more relaxed conversation, enabling participants to disclose information otherwise emotionally difficult in a face-to-face situation.

I employed semi-structured interviews (typical and ideal for IPA (Smith et al., 2009)). The characteristics of semi-structured interviews allow participants to express and expand their narratives, raising and discussing issues they feel are relevant to their understanding of the topic. As Smith et al. (2009) suggested this type of interview might be seen as a conversation 'with a purpose'.

Similarly, Rubin and Rubin (1995) advised that carrying out qualitative interviewing should entail a dynamic and fluid interaction between interviewer and interviewee rather than adhere to a set of questions. It seemed appropriate, therefore, to have in mind a general set of possible questions that the researcher could refer to, to maintain the topic thread (see revised Interview (Appendix 4)).

As preparation for the semi-structured interview questions, I started with two general, open questions:

- Would you like to tell me something about your experience of being a foreign therapist?
- Tell me about your work: how do you get a sense of how things are going between you and the client (considering that establishing the relationship is part of the therapist's work)?

During the interview process, other questions were allowed as prompts for deeper investigation, with the aim of facilitating mutual and rich exploration and understanding of participants' experiences, allowing space for them to add relevant information and, simultaneously, using prompts—in case participants' narratives wandered off-topic or to gather more information (see Appendix 4).

Use of reflexivity

Willig (2013) explained that, in qualitative methodologies, it is always important to consider the researcher's reflexive role. As aforementioned, the hermeneutic circle includes both researcher's and participants' interpretations/perceptions of specific phenomena. Shaw (2010) explained the importance of researcher reflexivity in qualitative studies: it enables researchers to acknowledge and address their own assumptions and preconceptions of the phenomenon studied. The interpretative paradigm of IPA requires a constant awareness of the researcher's position during interview and participant account analysis. Throughout the research, it is essential to acknowledge the influence of the researcher's personal interpretation and contribution.

Considering the researcher's personal choice and understanding of the topic, IPA suggests that the researcher's contributions cannot be 'bracketed out'. Larkin and Thompson (2012) suggested Husserl's reductionist stance states that the writer/researcher should suspend all assumptions and preconceptions to reach the essence of the phenomenon. However, as Heidegger (1962) noted, preconceptions and knowledge of the investigated

phenomenon are difficult to suspend; according to Smith et al. (2009), they should be acknowledged in a reflexive annotation. (See Reflective statement)

My positionality

In this case, I was a foreign therapist, still in training, interviewing six foreign therapists on their experiences of practicing and relating to British clients. I was aware that my personal experiences could influence the research process.

Considering past experience and knowledge acquired during my academic path, I came to this study with ideas and assumptions that influenced my position in the interviews. However, I consciously and actively tried to maintain an open mind and carried out the analysis continuously checking with my supervisor for biases, perspectives or weaknesses.

When I began the study, and discussed the analysis, it was helpful to have the support and perspectives of supervisors, who noted my potential influence as a foreign therapist in the interpretation of participants' narratives. I had to re-visit participants' narratives many times, keeping in mind that I sought participants' unique interpretations of their unique experiences.

As I reflected on the overlapping identification of me as the researcher and as a foreign therapist, I tried to approach the participants with sensitivity and an open mind, suspending preconceptions and listening to participants with an empathic and a non-judgemental frame of mind. As Willig (2009) suggested, phenomenological research—similarly to person-centred therapists—aims to focus on participants' experiential perspectives in a way that requires the researcher to be able to step outside their personal viewpoint and try instead to see the participant's experience from their standpoint.

Analysis

Although IPA does not suggest a prescriptive or restricted procedure for analysis (Brocki & Wearden, 2006), it does have some underlying aims. As Willig (2009) explained, it involves an inductive analytical process based on the researcher's open-minded attitude towards the text. This differs from a deductive approach involving a pre-existing coding frame: codes and themes emerge from the transcript after repeated attentive close readings of participants' narratives.

Smith et al. (2009) proposed a close, line-by-line analysis, enabling the researcher to pay attention to different levels of interpretation, "moving between the part and the whole"

(p.79). In-depth analysis should be undertaken on individual data sets, seeking codes and themes emerging from each case. Subsequently, cases are compared to identify differences and/or similarities between experiences.

Indeed, Smith et al. (2009) suggested six analysis steps, encompassing the following: firstly, an initial repeated reading for data familiarity; secondly, an initial annotation regarding semantic and language content and, thirdly, an exploratory and interpretative analysis to identify emergent themes. The fourth is based on connections between themes (either similarities or contrasting concepts) and their contextualisation of the participants' interpretations and experiences and, finally, the fifth and sixth steps involve moving to the next case analysis and identifying patterns across cases.

Hence, I analysed participants' data one at a time and then highlighted descriptive, linguistic and conceptual elements that caught my attention. An example of initial annotation on the right-hand side of the page as in the following extract:

Table 2. Example of annotation

Transcript	Annotation
I: Have you noticed any specific dynamic during the interaction with the clients? P: The first thing probably, not from a lot of clients, from some of them is obviously my accent. And the first question is where I come from and obviously, I must explain. And due to my accent, I make clear if they don't understand me just…some people approach me "I don't understand", I'm very open to that, my accent could be difficult to some of my clients	The focus is on **First** impression and **accent** Lead to question 'where?' Linguistically: Obviously (no options?) **I must** explain (compelling? Feeling the pressure?) Describing/ specifying

For step three, I broke the transcript into different chunks, to capture themes and highlighted important ones. Here is an example of how I tried to develop themes.

Table 3. Developing emergent themes

Themes	Transcript	Exploratory comments
Accent and the must explain/cultural differences awareness	I: Have you noticed any dynamic during the interaction with the clients? P: "The first thing probably, not from a lot of clients, from some of them is <u>obviously</u> my accent and the first question is where do I come from and <u>obviously</u> <u>I must explain</u>. And due to my accent I make clear if they don't understand me just…**some people approach me "I don't understand", I'm very open to that, my accent could be difficult to some of my clients…"** (Alice, p2., 15-20)	<u>*First*</u> *thing is the* <u>*accent*</u> *which instigates an increased awareness of cultural differences maybe? As Alice highlighted, she is aware of how the accent affects some clients. She feels the* <u>*must*</u> *explain (pressure) and* <u>*obviously* </u>*(implying no options?)*
Insecurity or self-consciousness	*"…so when I started my training <u>obviously</u> I was lacking confidence".* (Alice, p.4, 5-6) *"<u>I</u><u>nternally, obviously</u> I'm asking myself occasionally do I understand well my clients since my English is my second language, which makes me a bit more tentative I guess…(Alice,p.2, 44-47)* *"<u>obviously</u> sometimes **inside I can feel, I guess, less professional because in this sense my language skills hinder me and sometimes** if I have to search for a particular word it may take longer or it may not be the precise word "(Alice, .p2, 47-50)*	*Talking about her experience with clients and her cultural awareness of language and accent Alice again referred to feelings of low confidence and something 'lacking' or 'hindering'.* *Words as 'internally' and 'inside' seems to indicate deep feelings or insecurity.*

In the above table, the description of the first encounter with clients points to spoken accent as 'the first thing' questioned. Clients' curiosity about participants' origin generated potential unsettling feelings, prompting her to feel the 'need' to explain—because, 'obviously', to her mind, there were no other options. Alice's urge to explain her accent is indicative of feeling under pressure to please or appease the client; if she didn't explain, she might have felt that she would damage the early therapeutic relationship.

This extract contained particular words, including 'obvious' and 'need', that suggest the participant felt forced to explain. After a first initial overview of the first transcript, I made some notes to discuss with my supervisor some potential themes.

Step 4. Smith et al. (2009) suggested trying to draw together the most important themes for each participant.

Below is an example of Alice's sub-themes indicating the dual opposite aspects of speaking the same language in a foreign country, 'Feeling safe' vs 'Dark sides' (see below table 4). Following Smith et al.'s (2009) suggestions, during the analysis of the transcript, we sought abstraction, subsumption or polarisation. The abstraction indicates the emergent super-ordinate, putting similar themes together (polarisation focuses on contrasting themes).

In the following extract, speaking the same language with foreign clients is experienced by the participant as ambivalent ('Feeling safe' vs 'Dark sides').

Table 4. Example of polarisation

Super ordinate	Theme	Sub-theme	Transcript
Effect of language in the relationship	Foreign bilingual clients Speaking the same therapist first language	*Feeling safe*	*"it could be <u>relieving</u> for some of the clients because **if you speak the same language, a client that wouldn't be able to speak English yet, for them it's quite good because they can express themselves, they can be heard, they can feel some safety and security in the relationship, they can feel some safety and security in the relationship which can help to accept their vulnerability and could explore those..." (Alice, p3, 35-39)**
		Dark sides	*"there are also **dark sides** if you have to explore when you are a bilingual therapist for example. Because, for example, some of the dark sides of working in another language could be that, because, for example, you speak the same language with a particular client you may easily fall into **assumption** that you understand everything, you understand their background or the client may think that*

			you know, it's familiar and that's one level". (Alice, p.4, 23-29)
			*"The other one is a **difficulty in maintaining the boundaries** with a client who speaks the same languages as you because they can quickly try to move the relationship into a more familiar one as with a friend so you move from a professional role into a more social role."* *(Alice, p.4, 30-33)*

Step five proceeded with repeating the steps for each subsequent participant and, for step six, after analysing all transcripts, I sought commonalities and differences across cases. At first glance, there was much data that appeared unique to each participant. For instance, only two participants described practicing bilingual therapy (with bilingual clients); this left me unsure whether to include their experience as a sub-theme. Regarding the complete analysis, Smith et al. (2009) indicated that it could be challenging prioritising some themes over others. Many factors, including data richness or particular significance, could lead the researcher to a particular choice. I eventually found participants' data interesting and pertinent to foreign therapists' experience and decided to include the sub-theme in the broader super-ordinate theme 'the effect of language in therapeutic relationship'.

Finally, to develop group themes, I considered a chronological order of experiences, i.e., moving to a new cultural context, attending to personal, professional transformation and developing a new professional self in cross-cultural therapeutic encounters. Moving to a different country and facing assimilation and adaptation processes seemed a communal experience. Participants' different cultural and personal backgrounds informed their unique personal perceptions and interpretations of being and practicing as foreign therapists.

Appendix 5 contains an example of participant themes grouping.

Chapter 4 - FINDINGS

Introduction

Participants' experience analysis led to the identification of three main themes with a set of super-ordinate and sub-themes emerging from each superordinate theme (see Table 1).

I will now present an illustrative analysis of the super-ordinate and sub-themes with some analytical consideration.

I developed this chapter by drawing on participants' common and divergent experiences of working in The UK as psychotherapists, focusing on the salient aspects of their narratives.

The three main themes— 'Moving to a new country, 'Inner processes' and 'Training and working as a psychotherapist'—present reciprocal effects, as each theme's content is intertwined with the others (see Figure 1: Visual representation of the major themes). For example, participants' experiences of moving to the UK affected their sense of self, eliciting inner processes that affected their personal and professional transformation and experience as psychotherapists.

Figure 1: Visual representation of the major themes
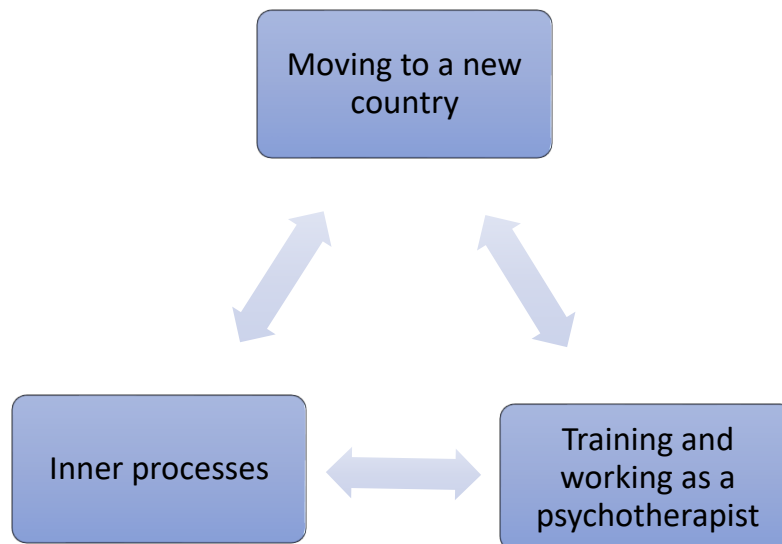
Table 5. Main themes, superordinate themes and sub-themes

Main / Overarching Themes	Super-ordinate Themes	Sub-themes
Moving to a new country (UK)	Impact of moving to a new country	1a. A foreign language and unfamiliar culture "I didn't speak a word"
		1b. A sense of isolation and powerlessness "I felt like an outsider"
		1c. Finding my way "I wanted to get this culture right"
	Developing cultural awareness	2a. Preconceptions and stereotypes "Some nationalities drink a lot"
		2b. Accent and other clues "The first thing is obviously my accent"
Training and working as a foreign therapist in the UK	Sensitivity and connection in the cross-cultural therapeutic relationship	3a. Finding the right words "I can feel less professional"
		3b. Cultural clashes: class, values and tradition "Not so common on the island where I come from"
		3c. Empathy and connection "I can work with anyone"
		3d. Rejection and resistance from clients "I found a British counsellor"
	The effect of cultural language in the relationship	4a. Between languages "They will switch back to English"
		4b. Shades of emotion and cultural translation "Anger is very large"
		4c. Asking for clarification: deeper exploration or diversion "I tend to check everything"
		4d. Body language and implicit communication "The way they use eye contact"
	External factors affecting foreign	5a. Work settings "A little bit of adjustment"

	therapists' experience	
		5b. Supervisor and peer support "Having skilled colleagues who are British"
		5c. Theoretical models in therapy "It's the feelings, not the rituals"
		5d. Socio-political contexts "I can't tell them whether I'm gonna stay or not"
Inner processes	Insecurity, dilemmas and confidence	6a. Different levels of processing "Training should try to explore"
		6b. Cultural cleft: East vs west "You're much more under the surface"
		6c. Power of forewarning "They should tell clients"
		6d. Role confusion: advocacy and advisory "This boundary could be quite difficult"
		6e. Confidence and feeling the privilege "I'm not saying I'm an expert"

MOVING TO A NEW COUNTRY (UK)

This main theme concerns the important impact of being a foreigner and moving countries for the six participants, later affecting their therapeutic work approach. Two superordinate themes emerged: 'Cultural impact of moving to a new country' and 'Developing cultural awareness'.

1. Impact of moving to a new country

Participants' experiences of moving to the UK affected each differently according to their culture of origin and previous exposure to the new culture, instigating personal and professional transformations. The following sub-themes include depictions of the initial impact of relocating and including on participants' sense of self, personal adaptation and transformation.

1a. A foreign language and unfamiliar culture

Most participants explained their lack of confidence speaking the new language presented a difficult first hurdle to settling in. Three stated they decided later to study and work as

counselling psychologists and felt they must quickly learn and assimilate the new culture before pursuing a career (see the following extracts).

The struggle had a major impact for two participants, who initially did not know the language at all. This complete unfamiliarity with the language affected their communication abilities, narrowing the possibilities of any career adjustment.

> *"I came to this country in 2001 and I didn't speak English… and I started volunteering... and then I started to study psychology." (Alice, p.1, 10-12)*

Alice explained that she had to volunteer before considering studying to become a psychologist.

> *"I didn't speak a word in English and I learned by myself. I wasn't a therapist at all, I hadn't anything or anything at all." (Eloise, p.2, 31-32)*

Eloise reinforced the idea that she did not feel she had anything at all, suggesting agency was removed from her. Her absolute ('at all') suggested difficulty positioning herself in the new environment as she was not yet a therapist and had no career/role identity. Her lack of English appeared to be difficult, preventing a clear sense of who she felt she was. Even 'learning by herself' suggests a substantial effort she had to face to become someone, as opposed to 'nothing at all'.

Other participants described challenges they faced in the new environment leading to a sense of insecurity: two participants said they felt inadequate or underconfident interacting with others.

> *"it's been difficult at the beginning in a lot of different ways – language-wise and also getting used to a different culture." (Alec, p.1, 7-9)*

These initial difficulties spread to different areas of life. Language and culture highlighted differences and—as Alec described—the challenges of adjusting to such differences.

> *"…at that point, I was feeling a little bit insecure about talking to an English person, or a British person as a foreign support worker." (Freja, p.1, 14-16)*

Speaking in a different language could ignite insecurities, as Freja mentions. More specifically, speaking English with a native English-speaker could instigate inadequacy feelings in a working context ('a little bit insecure').

Similarly, writing in another language could ignite self-doubt.

> *"The only thing that... there's something which I'm wrestling with at the moment, which is my writing and I don't have an answer yet. If I'm really struggling to write psychoanalytically because English is my second language or because I'm just not a very good writer." (Emma, p.7, 29-32)*

Emma talked about 'wrestling' when writing in a second language and feeling insecure about herself and her skills as a writer. She could not find an answer, eliciting a lingering sense of inadequacy.

It is noticeable that participants' confidence in their ability to communicate verbally, including experiencing difficulties conveying their thoughts or emotions, seemed to have a profound impact on their lives.

Participants reported their understanding of the new culture also affected their everyday lives: they felt they needed time to adjust and make sense of these differences, appearing to provoke a sense of struggle. Having moved to the UK from Scandinavia, Freja seemed surprised to find there were significant cultural differences, describing the contrast of a superficial similarity between cultures and the reality of living in the different culture.

> *"Lots of similarities between the two cultures on the surface. But I suppose once you live here, as a foreigner, once you live in the country you realise how much different it is as well." (Freja, p.2, 23-25)*

The similarities were apparent to Freja 'on the surface' and possibly before moving to the new country but she realised that it is only on 'the surface' that the two cultures are similar. She seemed shocked as the differences became apparent and she realised how it is different to live in another country, using the words 'on the surface' in contraposition to the intensity of 'how much' she experienced the challenge of moving from one culture to another.

Coming from Asia, the cultural difference was immediately evident for Ling (see demographic table, methodology section).

> *"I think everything points to being a foreigner - your name, a kind of picture on how I might come across, whether I shake hands or not, whatever is part of what you do or not. It's complicated and the race and culture on top of it." (Ling, p.12, 7-10)*

'Everything' encapsulates the totality of Ling's sense of self as a foreigner. Her words express a concern that she is unable to avoid or escape an identity whereby she is exclusively cast as foreign. Her preoccupation speaks of a sense of inferiority, where her obviously different race, culture and behaviour denounce her foreign background and

suggest feelings of not belonging. The words 'it's complicated' represent how Ling perceives her position as unavoidable and are telling of her experience as foreign.

The initial experience of being in a different culture entailed a need for time to adjust and learn how to interact with others while navigating language and cultural contexts.

> *"At the beginning, I needed more time to adjust to the culture and get used to the culture of British people." (Alec, p.4, 6-11)*

It seemed important that participants knew how to express themselves and understand others' expressions while adjusting to a diverse range of interactions.

> *"…it made me aware when I came to the UK even more how different we are and how, for me, I need to understand the others to be able to interact in a different way." (Eloise, p.9, 45-47)*

Not all felt the same: Emma seemed more confident throughout her narrative, as she noted how her previous repeated exposure to British culture helped.

> *"I started practicing five years ago and before then I had a long acquaintance with the UK because since I was a teen I spent my summers in the UK and you know, I did a PhD here, so I've got a long history of interaction... So I have not felt very awkward (interacting with clients)." (Emma, p.1, 47-52)*

Emma's long previous exposure to British culture gave her more confidence than others when beginning working with clients.

The initial impact of the new language and culture was experienced by all participants as a first hurdle to overcome and adjust to, to be able to interact in everyday life without feeling awkward or insecure.

1b. Sense of isolation and powerlessness

Two participants explicitly conveyed senses of isolation and alienation experienced when facing culture transition. Eloise experienced a sense of powerlessness when depending on someone else to support her navigating the new cultural setting.

> *"it was difficult because for a year I was totally dependent on him (boyfriend), I couldn't do anything" (Eloise, p.1, 50-51)*

> *"So, the first year was very isolating, very difficult because I totally depended on him. …" (Eloise, p.2, 2)*

The total dependence on another impacted Eloise's agency, depriving her of independence and ability to interact with others. This 'total' dependence felt

disempowering to Eloise; she describes the isolation of not being able to interact with anyone other than her partner.

Similarly, the sense of isolation transpires in Ling's narrative, who felt completely estranged; catapulted into a different environment.

> "It was not like, say, OK I'm from a different culture, I think I was also finding my identity at the time. I felt like an outsider… what do I know?" (Ling, p.8, 33-35)

Ling was stranded in a position where she felt she was not just transitioning to a 'different culture' but simultaneously forming a new identity. The strong feeling of isolation is represented by her word 'outsider' (not belonging or fitting in). She seems at a loss ('what do I know?'); uncertain how she might overcome this powerlessness.

1c. Finding my way

Uncomfortable feelings of powerlessness and inadequacy instigated participants' drive to adjust and learn to bridge cultural gaps.

As Alec said, participants felt they must reach a satisfactory level of conforming to cultural behaviour and understanding to overcome cultural barriers.

> "I found that there are things that have to be at a certain level before we say culture wouldn't come as much as a barrier… I had to work hard on my language skills as well and my listening skills as well, so as a foreign therapist, I would ensure that I am able to convey my understanding accurately" (Alec, p.5, 38-41)

Alec felt culture/language impacted his abilities to understand and communicate in the therapeutic relationship, mentioning a 'certain level' of acculturation as necessary to overcome 'barriers'. His language ('working hard') describes his effort to reach his desired level, revealing the strenuousness of the attempt.

All participants conveyed their sense of initial powerlessness/inadequacy when describing learning and adjustment processes.

> " …then I thought I had to find my own way, so that's when I started, during that year I started to learn and learned, I started with learning the grammar and then the terminology and the vocabulary…" (Eloise, p.2, 2-5)

Eloise' sense of powerlessness (sense of isolation), prompted her 'to find her own way', putting great effort into adjusting and learning. Her words suggest a compulsion to assimilate and acculturate.

> *"In a sense at the beginning I wanted to do it right, I wanted to get this culture, in a right kind of way." (Ling, p.7, 41-42)*

Ling's words— 'getting this culture in a right way'—suggest it is possible to 'get it' incorrectly, seemingly similar to passing a test.

> *"… you put yourself under more pressure to be English."* (Freja, p.6, 48-49)

Freja explicitly stated she felt she had to become English, suggesting putting impossible pressure on herself to become someone else.

Participants felt a pressing need to learn and adjust to the new culture. Their acculturation process entailed full immersion in the culture to absorb as much as possible.

Alec referred to this acculturation process as a personal way to learn the culture, equated to 'doing his homework'. Evident in most participants' accounts, this sounded like a systematic, labour-intensive application of effort and strategies directed at the assimilation of the new culture.

> *"I put a lot of work into that. It was almost like doing my homework, studying the culture in a way. Through the people I meet in my day-to-day life or listening to English music as well or watching English movies and documentaries and stuff like that so it would help me get a better sense of the culture and maybe help me with my use of language as well..." (Alec, p.9, 41-45)*

Indeed, the pressure Alec puts on himself ('I put a lot of work into that') is a crescendo, listing his various efforts to assimilate language and culture. Alec seems to be immersing his own self into the task.

> *"I always I feel like… I actually watch more TV, things like that, to almost learn the phrases, what phrases to use, so that I can express myself a bit more accurately in this culture." (Ling, p.2, 25-27)*

Ling's quote conveys her efforts, suggesting that she 'almost' learns the phrases in a mechanical way—implying abandoning a style or subjective communication method for a standard of cultural expression.

> *"I started to volunteer with my charity and work as a volunteer in various jobs there… as a group coordinator, just name it…" (Alice, p.1, 12-14)*

Alice listed her volunteer jobs as an endless ('just name it') effort towards culture immersion.

> *"I worked in the UK to learn my language, to learn English and at the beginning it was very, very hard." (Eloise, p.1, 45-46)*

Also, Eloise words repetition conveyed the pressure she puts on herself to adjust to the new culture.

Two participants described their experiences of acculturation as transformational processes, noticing that the process of culture adjustment affected their way of being.

> *"…since then I speak a lot more and actually I remember in one of the groups I actually got into an argument with one of the group members and then the tutor was actually surprised by that and then in some way they kind of almost liked it, which was like 'Oh, gosh, this is an eye-opener' and you have the capacity to be like that, which was very strange to me, kind of losing it like that. For me losing my temper like that would be seen as would be frowned upon…' (Ling, p.2,11-17)*

Ling found it strange her personality shifted from an inward and reflective character to a person who could 'lose her temper' in social settings. She explained this behaviour shift would have not been appreciated in her original environment; she may have felt ashamed. Differntly, in the new culture, this new trait seemed to have been welcomed.

The repetition of the word 'actually' seems to emphasise her surprise. Ling's experience suggests a transformational behaviour shift that even she struggled to recognise. An 'eye opener' to her new self.

> *"And little by little I forced myself to talk because I was very shy, I didn't want to talk, I thought I was going to talk in such a way people won't like it." (Eloise, p.2, 6-7)*

Eloise also described changes during the acculturation process, noticing they involved her way of thinking.

> *"I've been in the UK for many years and my way of thinking has changed, my humour has changed, so when I go back to my country and I try to make a joke with my family and my friends, they don't laugh where I'm laughing and I'm thinking 'Why don't they laugh?' and then they are laughing at things I don't find funny anymore." (Eloise, p.2, 30-34)*

The transformative process of language and culture assimilation suggested a shift in Eloise' perspective where a new way of thinking indicated an acquired understanding of the new culture but also a loss of connection with the original culture. 'They don't laugh' sounds like Eloise and her family no longer share an understanding and that it is Eloise who is different now. It appears that Eloise' way of thinking is now closer to the new culture but further from her origin, perhaps positioning her in a sort of 'cultural limbo'. It is noticeable that her transformative process (striving to adjust to the new culture) weakening her connection with her roots, making her feel 'alien' in her original culture.

For most, the impact of migration caused them to experience loss of certainty, facing language and culture challenges that instigated feelings of isolation and powerlessness. These, however, initiated and drove acculturation and transformation processes, whereby they placed much pressure on themselves to conform and adapt, with some (e.g., Ling and Eloise) experiencing significant impact on their way of thinking and behaving.

2. Developing cultural awareness

Following accounts of participants' initial experiences regarding the new culture's impact, it became clear that perceptions of cultural differences and related preoccupations were based on individual and societal preconceptions and stereotypes. Participants' experiences involved their sense of extraneity and expectations of others' interpretations of—and reactions to—their foreignness.

2a. Preconceptions and stereotypes

Some spoke of the effects of people's preconceptions and stereotypes about other cultures.

> *"I think that we all have preconceptions about nationalities and we like to have those confirmed. So, I think that given the opportunity you confirm them to yourself. You think that one nationality people are hard workers, bla bla bla and another nationality are people you know drink a lot of red wine and bla bla bla. All those ideas that you might have picked up, I think can both hinder and help the relationship. I would think that for some nationalities it is more difficult than for others. I would imagine that for Germans it can be difficult because of the war although that's probably on its way away. Yeah, I think it's different for different nationalities." (Freja, p. 8, 46-54)*

For instance, Freja suggested that most people—including her—have preconceptions about other cultures. The attribution of certain qualities to other cultures seemed to affect the way participants entered cross-cultural interactions. Freja felt that people had specific feelings and expectations when relating to foreigners from different cultures, according to the foreigners' nationality, seeming to include herself in this group (using 'we' and highlighting the need to have preconceptions confirmed), which implied Freja sought stereotypical behaviour and expected to be categorised by it. This suggests that there could be experiences of different relationship dynamics, as some cultural backgrounds would be less appreciated—or even discriminated against.

Similarly, Emma noticed that her nationality was linked to positive stereotypes, facilitating her relationships in the new culture.

> *"…the first thing that comes to my mind, which is very true in both contexts (personal and professional), is that I am a South European foreigner which is normally associated with a lot of positive ideas both in the transference with the work with the patients and outside. (Emma, p.1, 19-22)*

Emma felt the positive stereotyping of her culture was positive both within and outside work, experiencing facilitation when connecting with others; but seems aware that not all nationalities are equally welcomed.

> *"Even my name is Emma (pseudonym) and that name is very common for Eastern European migrants as well and I've had experiences outside, when I just introduced myself as Emma, I get a strange vibe." (Emma p.2, 22-25)*

Her remark about 'strange vibe' suggested feelings of being under scrutiny or looked upon suspiciously, which could be unsettling for a foreigner.

> *"And then when I mention my country everybody gets very friendly and very welcoming … and so in terms of how as I'm perceived as a foreigner, I think I'm a very lucky foreigner." (Emma, p.1, 25-27)*

Emma described feeling she is a 'lucky foreigner' (i.e., there are categories of being 'acceptably foreign'), suggesting that her expectations about how her origins are perceived affect her confidence but may also reflect how difficult she thinks it may be for other foreigners in the position of being 'unlucky', and what consequences exist for their sense of self.

People's reaction to foreign therapists seemed a game of chance, with some nationalities unlucky and unwelcomed, triggering therapists' preoccupation and insecurity. It seemed that being seen as foreign could go different ways; either positively (as follows) or negatively.

> *"I do feel a foreigner, but I feel a privileged one, I'm a kind of special kid of the block, not the bullied kid of the block." (Emma, p.4, 27-28)*

It seems that participants notice each culture is perceived and welcomed differently according to existing stereotypes.

As Ling explained, in the therapeutic relationship, it is sometimes important to be aware of this double-edged perception and its effect on therapist and client. Indeed, she seems aware of how her feelings might affect overall understanding of the situation.

> *"if it's relevant I would bring it up (cultural differences and stereotypes). But if it's not, then it is my stuff or their stuff. I mean it might be what I'm thinking about, but it may not necessarily be what the client is thinking about." (Ling, p.6, 25-28)*

'Stuff' could be seen as a bundle of subjective feelings and experiences potentially influencing therapeutic relationships or clients' experiences. Ling might not be sure whose 'stuff' predominates and, consequently, whether it should be addressed directly in therapy. Stereotyping is, therefore, affecting foreign therapists' expectations and, in their experience, clients' perceptions.

Developing awareness of differences entails one's own preconceptions/stereotyping in cross-cultural relationships, revealed by participants' experiences of perceiving/expecting clients' stereotyping attitudes.

2b. Accent and other clues

Most participants felt their accent was the first and most obvious indicator of their foreignness, linking in with the aforementioned experiences of stereotyping and preconception, as accent often denotes a speaker's foreignness: some felt they must address people's curiosity. Accents cannot be hidden, possibly leading some participants to develop a sense of insecurity/inadequacy—hinted at by words including 'obviously I need to explain' (Alice), 'I can't hide it' (Eloise) or 'might deter people' (Ling).

> *"The first thing probably, not from a lot of clients, from some of them, is obviously my accent and the first question is where do I come from and obviously, I need to explain." (Alice, p.2, 15-17)*

Alice stated: 'the first thing [people notice] is the accent'. This awareness of her accent seems likely to be anxiety-triggering; she adds 'not from a lot of clients' with a sense of relief. Repeating 'obviously' seems to exclude any other understanding whereby her accent may not be significant. For her, her accent must be explained and justified, although she can communicate well without doing so.

> *"I do have an accent and sometimes people have asked me where my accent is from and they've also said to me "You do have a little bit of an accent." (Freja, p.9, 6-9)*

Although people note her slight accent, Freja is, like most participants, fully aware of it. It is experienced as a central initial feature in encounters.

Accents are among a group of traits (including visible signs of racial diversity) experienced as having an important role in first impressions and the therapeutic relationship. Foreignness, in this case, appeared to be perceived as a 'faulty' or negative trait potentially hindering communication or initial impressions (and, subsequently, therapeutic relationship establishment).

> *"…I would say my accent… I can't hide it, because, you know, people can hear it…"*
> *"(Eloise, p.1, 17-20)*

Eloise' statement that she 'can't hide it' revealed the extent of shame and resignation that she cannot be more conventional. Accent represents a key part of who she is: she would hide it if she could.

As accent and race affect first impression formation, participants seemed concerned about the impact on first impressions.

> *"I feel like the race or the initial impressions might deter people from choosing me as a therapist."* (Ling, p.2, 38-39)

Ling expressed her insecurities around not looking or sounding like a 'competent' or 'desirable' therapist solely because of her non-white race. It seems she feels substandard because she is visibly racially different: she thinks this is a common deterrent for clients.

Overall, having an immediately noticeable accent represents an important aspect of participants' experience of theirs and clients' cultural awareness. From the outset, participants feel their cultural differences are triggering problematic experiences. Their awareness of this develops through the experience of their spoken accent—as noticed (and noticeable) in the relationship—and is clearly linked to their perceptions and expectations of stereotyping behaviour and attitudes from others.

TRAINING AND WORKING AS A FOREIGN PSYCHOTHERAPIST IN THE UK

Participants' overall experience of foreignness in a new culture was relevant to and intertwined with their experience of training/practicing as UK psychotherapists.

The main theme 'working as a foreign therapist' divides into three super-ordinate themes. The first concerns specific aspects of the new culture, which the six participants experienced in their cross-cultural relationships with clients. The second is about the participants' experience of how language impacts their therapy with mono- and bilingual clients. The third covers external factors appearing to impact participants' experiences.

3. Sensitivity and connection in cross-cultural therapeutic relationships

Participants described specific aspects of the intercultural encounter they found affected the therapeutic relationship. The ability to respond to clients empathically, emotionally and intellectually was connected to their experience of foreignness and quality of their

experience with clients: subsequent sub-themes are, 'Finding the right words', 'Cultural clashes', 'Empathy and connection' and 'Rejection and resistance from clients'.

3a. Finding the right words

Two participants clearly described 'finding the right words' as an aspect of the interaction impacting therapy. Freja and Alice's experiences particularly impacted confidence in their professional abilities, feeling that stumbling over words or having difficulty finding appropriate words was seen as a professional deficiency and a drawback of being a non-native speaker.

They both sensed the occasional lack of language fluency might negatively impact interaction, as clients might not express any discontent, potentially leading to awkward atmospheres.

> *"I sometimes find it difficult to find the right word or I might say a word that I then kind of retract because I feel like it wasn't the right word. And the clients they are very patient, they don't sort of out loud say anything." (Freja, p.5, 43-45)*

This extract is one of many referring to Freja's experiences about her language skill and the impact she perceives this has on clients and the relationship, conveying her preoccupation and self-doubts about finding the 'right words' and feeling awkward in front of clients. Her confidence seems affected by her concern over how clients see her ('don't say anything out loud').

Indeed, therapists' feelings of inadequacy were experienced as impacting relationship dynamics, from negative projections or transference to emotional distance and lack of empathic tuning, as Alice hinted.

> *"Internally, obviously I'm asking myself occasionally, do I understand my clients well since my English is my second language, which makes me a bit more tentative I guess……obviously sometimes inside I can feel, I guess, less professional because in this sense my language skills hinder me and sometimes, if I have to search for a particular word, it may take longer or it may not be the precise word." (Alice, p.2, 44-50)*

Alice's use of 'internally' and 'inside' suggested she has unexpressed insecurities regarding her language skills; there is a sense she is under scrutiny or being judged—possibly self-judging.

> *"Sometimes they (clients) may feel I am a distanced person because of that (difficulty of finding the right words) and I'm very much aware of that." (Alice, p11, 31-33)*

Alice experienced that thinking of the right word can create distance (emotional and time) with clients, hence her empathic response. Both Alice and Freja feel their lack of vocabulary skills and consequent insecurity impacted session pace (Freja: 'clients are very patient', Alice: 'it may take longer') and the therapist-client relationship. Alice speculated she is perceived as distanced by the client; with a sense she feels so distracted by the search for suitable words that she may miss other emotional clues.

3b. Cultural clashes: class, values and tradition

It emerged that factors relating to values, traditions and social and economic class could impact the experience of cultural divergence. This sub-theme concerns these cultural influences participants encountered during their UK training and practice.

One in particular amply and clearly depicted a cultural aspect she felt important to bear in mind for others in her position, when therapists and clients initially work on developing a trusting relationship. Freja claimed that—unlike in her original country—British clients tended to try to define her socioeconomic position; this impacted the establishment of clients' trust. More specifically, she felt that being categorised in a social class higher than the client's appeared to negatively impact the establishment of a trusting relationship.

> *"I think you definitely have to know about classes, social classes, because otherwise you wouldn't be able to understand in general why they (the British) in general categorise people the way they do... There is also that factor that if you are middle-class sometimes that is a little bit more embarrassing and it is more acceptable if you are working-class." (Freja, p.3, 50-54)*

Freja's description of the way the British tend to 'categorise people' seems almost dehumanising, creating a sense of distance between her and British people. Furthermore, the adjectives 'embarrassing' and 'acceptable' could suggest she feels judged on her social background. She adds "… as a foreigner that's quite a strange thing, I think" (Freja, p.2, 54), highlighting the difference in behaviour and indicating this is not common in her country of origin and not, therefore, something she has struggled with.

 The experience of class categorisation behaviour had a surprising and disorienting effect on Freja. She clearly found it strange and worth flagging to other therapists, saying: 'you need to know'. Her experience seemed to create a feeling of alienation and cultural exclusion. Being categorised as middle-class felt embarrassing, suggesting that being middle-class might create difficulties in establishing a connection with non-middle-class clients and, possibly, in other social contexts.

Regarding the therapist-client connection, Emma also noticed clients tried to guess her social circumstances and political orientation.

> *"They come in and I have a painting on one of the walls and they imagine that I am left wing, which is true, but they can't know for certain as this painter is very popular… but because they are mostly left wing, it's their attempt to find the connection with me, that they know something about me and I am on their side." (Emma, p.4, 17-22)*

Emma highlights that she experiences positive connection with clients based on sharing a social class or political orientation. There seems to be a power dynamic element in these two participants' experiences, which differed: Freja found the connection difficult if the client assumed she was of a higher class, whereas for Emma the experience of connection with clients felt reassuring as they perceived her to be on the same 'side' regarding political/class association. As foreign therapists, participants' understanding of social class and political orientation seemed to be an important element of their experience regarding professional competence but also as an element of connection in establishing the therapeutic relationship.

Alec and Ling recounted their experiences of cultural clashes in terms of values and traditions seeming to pose a dilemma in the therapeutic relationship. Alec referred to family traditions and values permeating his world before his UK move. His feelings of confusion potentially elicited a confused empathic response to clients, affecting the therapeutic relationship.

> *"An example would be, at the beginning I would get confused because where I come from it's a small society, it's a traditional society, so people would usually get married and refer to their spouses as a husband and wife, but here in the UK people can live together for a lot of years and still not be married, they might be partners and then you have people from the same sex living together, things that are not so common on the island where I come from." (Alec, p.1, 17-22)*

Here, Alec specified that he is from a small island, which may suggest that 'isolation' is part of his identity, and he feels disconnected from 'the mainland' (referring to his new cultural environment and context). His words compare two different worlds: the first a small island with traditional values and the second the larger, multifaceted British culture. Alec expresses feeling confused at making sense of such different cultural values and traditions.

Similarly, Ling offered her inherited cultural values, where there was an emphasis on younger people respecting their parents and the elderly. She found it particularly challenging to understand and empathise with clients' Western attitudes (i.e., not sharing her values on this subject). It appeared difficult for her to appreciate the intensity of a client's experience, so distant from her moral origin.

> *"For instance, living with your parents, it's common with my culture, but I guess here, living with your parents is considered like you're going backwards. But I understood it anyway, so some people might come in that sense of behaviour that they move backwards if they come to their parents... But sometimes that intensity may be something that I'm messing around, intensity how much of a failure they are for instance." (Ling, p.11, 33-39)*

For Ling, cultural distance challenged the therapeutic connection; she is unsure about her interpretation of clients' emotional intensity. 'Messing around' with clients' feelings could leave her feeling incompetent or ungenuine, impacting her professional confidence and doubting her capacity to attribute the right intensity to clients' emotions on a topic differently perceived in her original culture.

Emma, too, described her experience of different cultural values. She spoke of the unfamiliarity of a situation described by her client that caused her to be unsure of how to make sense of the experience.

> *"It is a bit strange for me to raise a toast to a person who's died so recently and unexpectedly… I for example took it to supervision and I wanted to know whether that was something this woman was doing which was unusual, or if it was part of the culture." (Emma, p.2, 8-10)*

Here, Emma was puzzled; unsure how to interpret the 'strange' behaviour described by her client. She sought supervision to expand her understanding of these cultural values/behaviour.

Another specific cultural trait that Alice and Freja felt required attention is 'directness'.

> *"What I can bring is part of my culture and something that is perhaps more negative that I notice, is that I tend to be more direct, which is OK with some clients but it's not OK with others. So for me, it's something that I really spend quite a lot of time… obviously changing the way of relating to clients, to be more subtle and more encouraging them to come up with their own way of thinking, their own way of frame of mind, if you want."(Alice, p.5, 27-33)*

Alice described a situation illustrating how communicational directness impacted her practice. What she 'can bring' of herself to the relationship—i.e., directness—she feels comes from her original culture but may here be unappreciated ('not OK'). She mentioned difficulty in deciding when to intervene vocally/challenge clients, while practicing within a humanistic theoretical model and without being too direct. Knowing that her directness can affect relationships with clients and being aware of these differences appear to enhance her sensitivity and attention to clients' responses.

As a cultural behaviour, vocal directness is experienced as too forceful if used with individuals or clients unaccustomed to it. Participants felt that directness represented an aspect of themselves they felt must be adjusted. Freja, too, explained this process.

> *"Also, one of the differences between my country and England is that in my country people are very direct compared to here. So, they are used to saying things directly to*

people and many people in England find that quite rude. You kind of have to wrap it in something." (Freja, p.11, 25-29)

Freja noted that her cultural directness requires her to adapt her manner and pay greater attention to this element of culture difference, particularly in the therapeutic setting. In her language, she uses the word 'wrapping', referring to her speech needing to be more diplomatic—or it may also imply that her original culture is wrapped. Regarding her culture, she refers to the process of cultural assimilation. Overall, participants' experiences of cultural differences seem to make them more sensitive to the effects of these differences in the establishment of a positive connection with clients in the therapeutic encounter.

3c. Empathy and connection

The connection between therapist-client relationship is affected by cultural similarities/differences, as suggested in participants' narratives. Participants had an easier connection with clients perceived as sharing experiences of foreignness and their initial difficulties and sense of alienation.

It is noteworthy that sharing 'foreignness' with clients was easily emotionally accessed by participants, provoking an immediate empathic response. For instance, Eloise illustrates the shared sense of extraneity, seeing both herself and clients as foreigners.

"I have clients from all over Europe… foreign clients they'll say to me they like having someone who comes from another country because then I understood what they were going through with myself as a foreigner." (Eloise, p.4, 4-8)

Eloise recognises foreign clients' feelings and identifies with their experience, possibly including the unsettling feeling of moving to another country, which Eloise also recounted in her narrative (see sub-theme 1b). The shared understanding seems to facilitate therapist-client connection.

"… when working with people from my culture as well… I can sense there are more points of resonance, more empathy resources to draw from when working with people from my culture. Especially if they are immigrants or if they have just moved to the UK for different reasons. I know that we are pretty much in the same position because I came from somewhere else as well." (Alec, p.3, 24-29)

Alec experienced a closeness to people from 'my culture' and an accompanying sense of familiarity, allowing for a stronger connection. He used the phrase 'can sense' about the challenges clients might experience similarly, as their position resonates with his

experience. Hence, the empathy he utilises in his work is more easily accessed as a 'resource', due to having similar experiences as an immigrant.

> *"…in the university counselling service, you get students from lots of different cultures and it was really really interesting. And at that point, I felt like I really enjoyed the work because it feels like it relates to me, which is interesting, I see myself, I can work with anyone when I speak with students from different cultures." (Ling, p.4, 38-42)*

> *"…the problem they're facing at the moment, I've faced it before… "(Ling, p.5, 1)*

Ling's transcript depicted the ease she experiences working with foreign students, deeply enjoying the work and feeling connected through their shared experience. Ling feels she works optimally in this mixed-culture context—highlighting the significance of the client-therapist connection—including how being able to establish and maintain this potentially leads to feeling professionally confident.

Aligning with the aforementioned sub-theme on cultural clashes, whereby participants have to restrict or adjust their culturally determined behaviour (e.g.'directness') when working with British clients, in this sub-theme, participants felt empowered by the ease with which they connected with foreign clients.

However, some highlighted that sharing a culture of origin does not always guarantee easy connection: cultural differences can be complex and include variances between people with the same origins. One participant explained that being matched with clients from the same geographical area did not necessarily affect a better relational score, instead creating an atmosphere of suspicion that counteracted a constructive therapeutic connection.

> *"…sometimes when you match a therapist with a background similar to the client's, it's not straightforward because obviously, we have different cultures or different languages, educational backgrounds and it could be a different class we're coming from. So, it's not that easy that you match the client with the therapist and everything goes well. And for whatever reason, there was high levels of uncertainty and suspicion and then at the end we decided that it wasn't probably going to work." (Alice, p.3, 12-19)*

Alice referred to a client she experienced as challenging ('not easy') to relate to. She felt background-matching did not help establish the connection or diminish the 'high level of suspicion' she perceived from the client, impacting her feelings of challenge in her work. Whatever it was that did not 'work'—as Alice decided 'at the end'—prevented a constructive therapeutic relationship from being established; having a similar cultural background was immaterial in rectification.

Alec and Eloise clarified that, even between two individuals of the same country or culture, there are significant variations in their manner of expression and other cultural gaps potentially affecting the way a person interacts and identifies themselves and others. These affect the therapeutic relationship.

> *"So even if we came from the same culture, ethnically speaking, still there is a big cultural gap in other areas of our culture. In this sense, the same culture takes a broader definition to include differences among people, groups of people within the society, I guess. Being part of different society groups brings different elements to your identity, I guess. It affects your identity the same way your ethnic culture would affect your identity. That's reflected both in your personal life but also in your work as a professional." (Alec, p.7, 31-37)*

Alec highlighted that there may be many differences separating him from others of the same culture, with layers in each society dividing groups of people and impacting personal and professional identities. According to Alec, a therapist's work can be lonely, particularly perceived as stretching across cultural and sub-cultural interactions and never completely situated in a familial context.

Similar, albeit less intense, is Eloise' comment about similarities/differences with same-culture clients.

> *"…even if we come from the same country, the reality is we use different words because different regions have different ways of saying things." (Eloise, p.3, 20-22)*

Here, Eloise pointed to the different use of languages across regions of a country.

Even if sub-cultural differences were experienced by all therapists, as Alec hinted, foreign therapists' sub-cultural differences, experienced while working in their adopted country, would add an extra layer of difference to be addressed (either personally or professionally). This would result in extra complexity in the therapist-client relationship.

3d. Rejection and resistance from clients

Participants' experiences included some instances of rejection or resistance when building the therapist-client relationship. It appeared that therapists occasionally had clients refusing to work with them due to their accent or 'foreignness'.

Eloise, for instance, felt lucky to have experienced only one client's rejection.

> *"So far, I've been really lucky as I had only one person who refused to work with me because of my accent" (Eloise, p.1, 19-20)*

However, this experience seems to have affected her confidence, particularly because it was about her status as 'foreign'. Feeling 'lucky' for Eloise suggests attributing the probability of clients' rejection or approval to external causes beyond Eloise' control. 'Only one' could hint at the potentially high number of rejections that foreign therapists regularly face: there is a sense Eloise is either lucky or trying to reassure herself that it is not her fault.

> *"She (the client who didn't want to work with her) just asked me the question where I came from and how long I have been in the UK." (Eloise, p.4, 16-17)*

Eloise described the experience of being subjected to personal questions by the client and feeling under evaluation, her foreignness being perceived as a defect.

> *"And up to the end she said she wanted to work with me and then she sent me a text a few days later saying 'Actually I don't want to work with you. I found a British counsellor'." (Eloise, p.4, 22-24)*

Indeed, Eloise was rejected because she was not British, clearly referring to her status as 'foreigner'. It could be perceived as a clear discriminatory rejection that left Eloise devalued and belittled. Overshadowed by the figure of the British counsellor, she was considered a last resort and easily discarded via text message.

In contrast, Alec attributed his experience of clients' rejection as an act of resistance that could have occurred to any therapist. When clients chose Alec's accent—and, hence, foreignness—as a reason to cease therapy, he interpreted this rejection as clients' difficulty engaging with sensitive topics (as a defence). Clients were able to avoid having to engage and share with the therapist by blaming his hard-to-understand accent.

> *"…perhaps the children didn't want to go there (talking about their issues) or perhaps they were afraid of disclosing or talking about what happened at home… so they were easy to say that they didn't understand my accent and they didn't want to work with me anymore." (Alec, p.2, 34-37)*

Alec suggested that the accent rejection was chosen as a strategy to avoid engaging— perhaps as his own defence against feelings of rejection, which seem to be dismissed here.

> *"I think it was an easy thing to pick up on. It was something prominent… still referring to the accent). I think if any other person was working with this young child, perhaps if they went about exploring the issues that were there the same way I went, perhaps there would be some resistance again as well and the child will have to pick up on something else." (Alec, p.2, 45-50)*

The term 'prominent' refers to his accent; due to its prominence, it seems an easy target for clients to choose, suggesting that, in Alec's experience, there are feelings of being judged and under scrutiny and a sense of this rejection being somewhat unfair to him.

Ling had a similar experience regarding her appearance. She feels that she looks younger than she is, due to her genetic inheritance as Asian. She perceives this as affecting clients' perceptions of her expertise; particularly in a hospital setting.

> *"It's probably my culture where we tend to look very young and I think it's Asian that we tend to look young… clients have requested another therapist before because I was (looked) too young. Or that's more in primary care where they want to switch therapists but in the hospitals for instance where they made a comment 'Oh that little girl, I think she's too inexperienced to deal with me.'" (Ling, p.6,47-48:7, 3-7)*

Ling was subjected to rejection from clients, either in primary care, where clients would ask for a different therapist due to her perceived young age, or in a hospital setting, where she was subjected to discriminatory comments. The comments seem to make her feel attacked. She blamed her genetic culture, bringing a sense of relief that this is not a personal rejection of her as under-skilled or unappreciated—which, in turn, could have potentially affected her connection with clients.

Emma, appearing the most confident of participants, seems to explain clients' resistance as a projection of their past experiences or other personal issues. Her experience influences her own understanding of cultures and the constructs people use about cultures, including foreigners being less knowledgeable or stable (see quote below). People's preconceptions about cultures work both ways; potentially used as an excuse for thoughts or behaviour and a defence against painful or difficult emotions.

Emma seems to dismiss the status of 'foreignness' as a problem in itself, instead seeing it as an excuse clients might use to avoid or divert from certain topics.

> *"I recently had a new patient who… was very ambivalent about having therapy so late in life and she came in and she asked me how long I have been in this country and I think that was her fear about how knowledgeable I am and how stable I am, if I can take her shit basically. So, I can see that it's all part of her projections and experiences, I really don't think it is about me being the foreigner, it's the hook, needing foreigners as hooks onto which she hangs her anxiety." (Emma, p.4, 33-40)*

Similarly to Alec, Emma considers clients' rejection (or judgement) of her as an excuse and opportunity to avoid addressing their own anxiety or relational issues (i.e., as a defence). The foreign therapist becomes the object of their resistance.

However, Emma's use of language about the client speaks of her own painful feelings in connection with being questioned on her knowledge and stability. She feels under scrutiny and is irritated by the client's unwarranted hostility, retaliating by calling the client's issues 'shit'. Even if Emma attributes the scrutiny to the client's own issues, she feels that her 'foreignness' makes her vulnerable—an easy target for the client's apprehensive stance and defensive behaviour—which seems unfair.

On one hand, participants' challenges encompassed a sense of professional insecurity fuelled by obvious cultural differences and trying to make sense of clients' resistance. On the other, connection seemed more easily established when working with clients from non-British cultures with whom they shared experiences and foreign status.

4. The effect of cultural language in the relationship

The use of language with mono- or bilingual clients involved other important aspects that participants felt affected the therapeutic relationship. This super-ordinate theme contains the foreign therapists' experience of working in their native language with foreign clients with whom they shared a mother tongue and/or working in the second language with bilingual/British clients.

4a. Between languages

Alice explains the experience of using more than one language in professional contexts, describing ambivalent feelings when using either the mother or second language or switching between the two with different clients. Alice felt that if a therapist spoke the client's non-English mother tongue, this might facilitate connection and make the relationship feel safer for the client, as the mother tongue was a comforting way of expressing the contents of one's inner world. It was linked to a sense of security that Alice felt was conducive to the acceptance of vulnerability.

> *"…it could be relieving for some of the clients because if you speak the same language, a client that wouldn't be able to speak English yet, for them it's quite good because they can express themselves, they can be heard, they can feel some safety and security in the relationship which can help to accept their vulnerability and could explore those…"*
> *(Alice, p.3, 35-39)*

In this quote, there is resonance between Alice's initial description of her complete lack of language skills upon moving to the UK (see sub-theme 1a) and the vulnerability of foreign clients who have not yet mastered English. When using the native language, the connection seems easier; Alice detects there is a sense of security in the therapeutic

relationship, found in speaking the comforting mother tongue, whereby they can fully express themselves (as opposed to English—a language not yet fully mastered).

Freja more broadly referred to therapist and client sharing a culture and nationality as facilitative to the therapeutic relationship. According to her own experience, discussing and processing personal development required strong linguistic or cultural connection between therapist and client.

> *"For the client I think it can be easier to have the same nationality therapist. But then it also depends on the client's presentation, why they are in therapy. Because if it is down to personal development, which in my case it is. My therapy is about personal development and I think it is easier to have a same nationality therapist." (Freja, p.11, 6-13)*

As explained in her own 'case' as a client, Freja felt drawn to working with a same culture/language therapist in her personal therapy. She suggested it was more challenging to work on personal development with someone outside one's original culture because there would be an underlying assumption that the client would not be understood as fully or as quickly and would have to explain themselves more.

Contrastingly, Alice explained that her experience with same-language/nationality clients also presented potential hindrances, depicting these as 'dark sides' of this type of interaction, whereby 'darkness' could obstruct the capacity to be aware of false assumptions about cultural similarities, from both therapist and client.

> *"...there are also dark sides you have to explore when you are a bilingual therapist for example. Because, for example, some of the dark sides of working in another language could be that you speak the same language with a particular client and you may easily fall into the assumption that you understand everything, you understand their background or the client may think that you know, it's familiar and that's one level." (Alice, p.4, 23-29)*

The risk for Alice was represented by a perceived familiarity with the client's experience of being foreign in the UK unable to speak English. This experience was too close to her own, preventing her from keeping a neutral, boundaried position from where she could meet and explore with the client. Familiarity could, therefore, be a bridge (clients feeling safe and understood) or a barrier (clients being too close or the familiarity being false) in the therapeutic encounter, depending on the therapist's awareness and understanding arising from their experiences.

Alice described darkness as a blinding element potentially impacting her professional impartiality. Sharing similar experiences may lead to a 'ready-made' understanding—but

not necessarily a deep or true one. They might think they understand everything and, therefore, may not make the required effort to truly capture what is in front of them, instead seeing and knowing only what they expect.

> *"The other one is a difficulty in maintaining the boundaries with a client who speaks the same languages as you, because they can quickly try to move the relationship into a more familiar one as with a friend, so you move from a professional role into a more social role." (Alice, p.4, 30-33)*

When describing this relational dynamic, Alice hints at a sensitivity and vulnerability on the therapist's part, when a client presents with issues that might trigger her wish to help further or strives to make the therapist a friend (who might collude with, rather than perceiving to challenge, them) and thus bring the relationship outside the professional therapist role.

Alice also noticed that working with bilingual clients affected processes and content in therapy and how her role as the therapist changed in this situation. She felt it was important to consider the relationship dynamics, when clients switched from mother to second language, which Alice interpreted as distancing themselves from painful issues that were too vivid to be recounted in their original language.

> *"…we constantly have to sometimes switch between a couple of languages, it's not just one language. And at a certain point where for example a client is from a different country… if they don't want to touch on a very painful emotional issue, they will switch back to English because it gives them this **distance** so they can either avoid speaking about the emotional pain or can enable them to think about the processes and what's going on and then slowly try to engage with that." (Alice, p.10, 18-24)*

As a bilingual person, Alice felt that her ability to switch between languages and the awareness of that changing process enabled her to help clients explore issues slower and more deeply. Starting the sentence with 'we' hints at a resonance between clients' approach to painful feelings and Alice's own experience of language-switching, regarding emotional coping and distancing. She complies with language-switching because she senses it is helpful for the client.

4b. Shades of emotion and cultural translation

The translation of spoken language and articulation of meaning across cultures is an issue that merits attention as a sub-theme, as it forms a central part of the participants' experience. Words and meanings very easily take on different/unintended slants when translated into another language and words can carry cultural attributes that are not completely translatable.

Foreign therapists evidently use these words when speaking with British clients in therapy and, in this process, make explicit sense of psychological concepts in a translated language, i.e., using a second language.

As Eloise explains, some emotions are not verbally expressed in a way that allows literal translation. Thus, working with clients in a different language may require therapists' extra attention and investigation as they endeavour to make sense of clients' narratives.

> *"…if we for example take the word 'anger' in English, it has a certain connotation, the literal translation doesn't always reflect what the client is trying to express." (Eloise, p.3, 3-5)*

Emotions are expressed differently (i.e., using different words) across cultures, depending on changing verbal traditions/norms; words might carry different intensities between languages, as Eloise suggested.

> *"…for example, with the example before, 'anger' – 'what do you mean by anger, can you tell me a bit more about that?' While I know that some (British) colleagues would say it's anger and they actually know what it was. Anger is very large – it could be cold anger, hot anger, it could be frustration, it could be all kinds of anger." (Eloise, p.8, 29-32)*

Eloise' sensitivity to clients' specific expression of emotions is noticeable, showing a preoccupation with the diversity of languages, linguistic expression and, consequently, perspectives. In her experience, 'emotion' words are used differently between and within cultures; this is central to meaning making in an international context.

Emma points to a similar preoccupation with 'emotion' words and meanings, hinting that this can easily cause misunderstanding for a foreign therapist.

> *"… sometimes they use words which I'm not sure what actually they mean by it and, you know, one of the classics is envy and jealousy and I think people mix them up quite a lot and then I'm willing to ask." (Emma, p.2, 51-52)*

In her experience, words' exact meaning is not always immediately accessible to a foreigner, as it depends on use and context. There are additional risks connected to making literal (and possibly incorrect) translations, as Emma is not sure to interpret correctly clients' emotions.

It is not only words that can be difficult to translate. As described by Alec, clients' narratives may seem so peculiar to a foreign therapist that the challenge is in translating the whole of the 'normal thing' into an 'equivalent', or understandable, phenomenon.

> *"Sometimes I just lean back and listen and I think to myself that things people are talking about are just normal for them, I perhaps have to go through a process of finding their equivalents in my culture to get an idea." (Alec, p.1, 11-13)*

Alec 'leaning back' suggests pause or hesitation in making sense of what his client conveys. It seems he intentionally disconnects on confrontation with an alien concept or experience, which he must process to offer a culturally aligned understanding/interpretation.

Indeed, as experienced by Alice, Eloise and Alec, emotional expression and other culturally determined means of communication (e.g., behaviour, use of language, meaning) can be challenging for foreign therapists in the cross-cultural therapeutic relationship to understand and interpret between cultures. This challenge is central to participants' experience because it involves language use and communication, deeply rooted in culture and a core element of talking therapy.

4c. Asking for clarification: deeper exploration or diversion

The challenges interpreting clients' inner worlds instigated a heightened sensitivity to cultural differences in communication (described above).

Indeed, being conscious of potential cultural and linguistic misunderstandings meant participants felt it essential to check with their clients throughout therapeutic sessions by asking for further clarification.

> *"I tend to check everything that is being said because if I take things literally, I may go wrong so I check everything all the time". (Eloise, p.3, 27-28)*

While asking for clarification is a typical practice in therapeutic communication, participants felt that occasionally their culture-related clarification requests took unjustified amounts of time or diverted/distracted from the sessions' focus. However, clarification also fulfilled the classical and intended purpose of initiating a deeper exploration of clients' feelings, generating deeper understanding on the client's part and thereby bringing advantage to therapeutic results.

> *"…just to make sure that I understood correctly, which in turn sometimes may take longer when working with a client because I need to assure that I don't... I understood in the correct way, I understood them in the correct way." (Alice, p.3, 1-3)*

Alice's words show concerns about the accuracy of her understanding. She worries about misunderstanding and the effect that requesting clarification might have on the sessions

(and maybe even the entire therapy). It seems she feels this is her 'need' and responsibility.

> *"These are not major relationship barriers (pausing to find reflective words or asking for clarifications) and sometimes actually it can be of help because the client then finds out that they need to explain exactly what it was that they meant, because obviously I don't get that link. So, it's both an advantage and a disadvantage." (Freja, p.10, 1-4)*

Freja notes that, although pausing to seek a reflective response due to a gap in understanding or requesting clarification could interfere with the interaction, it could also allow clients the opportunity to expand on what they wanted to convey. In Freja's experience, this aspect of the relationship could both hinder and help the therapy process.

> *"This (asking for clarification) can also be therapeutic because the client goes more into explaining things about themselves and their culture, but that also might not be the focus of the session at all. It might be kind of a delay" (Alec, p. 4,17-19)*

Alec's stance differs slightly as he considers the clarification requests a lack of cultural understanding and causing potential process delays. His experience is of a less indulgent therapist he thinks should do the homework in advance (see also: sub-theme 'Finding your way') where he felt he had to 'do his homework' to learn about British culture.

> *"So like I say, although it can work sometimes, if the focus of the session is relevant, it's (asking for clarification regarding cultural differences) something I wouldn't rely on, I would still like to work on that, on my ability to understand the culture and immerse myself in the culture so I don't need my client to explain further about their culture, just as they would be with a person from their own culture." (Alec, p.4., 37-41)*

Alec states that some clarification should be avoided as it is his responsibility to learn and understand the clients' perspectives and relevant cultural aspects.

> *"I've also developed a way of being not afraid to ask. And sometimes and it is very rare, that they use a word that I don't know but sometimes they use words which I'm not sure what actually they mean…" (Emma, p.2, 51-52)*

Emma's language ('not afraid' and 'very rare') reveals concern regarding asking clients for clarification about words. She finds it daunting to ask, indicating that she worries about how she—and asking for clarification—might be perceived/judged by her client (e.g., intrusive/absurd).

In contrast to Freja's and Alice's experiences, Alec and Emma felt that having to ask for clarification could be experienced by clients as the foreign therapists' professional or personal deficiency. Alec felt that, as a foreigner, he ought to know the culture in advance, hinting at a strong sense of personal responsibility, while Emma had to develop the

courage to ask, suggesting feelings of guilt or self-reproach about her perceived shortcomings.

4d. Body language and implicit communication

In addition to spoken language, the therapeutic encounter is also affected by body language, silences and fantasies. Participants explained that, by observing clients' facial or bodily expressions, they occasionally noticed something that was not immediately voiced and needed to be addressed.

> *"…you notice that something is… you can see it through the facial expressions that something is not right and you can ask and if you ask in an open way you usually receive feedback." (Alice, p.6, 7-12)*

Although this may happen in any human communication, participants suggested that the dynamic in a cross-cultural relationship meant this was relevant for clients who feel uncomfortable expressing their doubts about (foreign) therapists. Consequently, this made it difficult for the therapists to process or interpret unvoiced clients' fantasies.

> *"And if you don't address it, they may have all sorts of questions… it is important to explore their fantasies, what they think you are, who you are, what is your world and their world and how they perceive you and how this may impact their process." (Alice, p.11, 6-8)*

Alice is concerned about leaving unaddressed what clients might be questioning, including their fantasies about the background and identity of their foreign therapist. Clients' unspoken thoughts and questions could thereby tap into therapists' feelings of uncertainty about themselves and, indeed, therapists' own fantasies about who clients think the therapists are.

While there might be difficulties at the relationship's outset, Alec noted that with the acquisition of a good cultural understanding, it became possible to overcome doubts linked to unspoken feelings.

> *"…body language also plays a role. It's different as well among different cultures. It could be something about the client's way of expressing themselves, the way they use eye contact or perhaps the way they use silences themselves… it comes down to being able to adjust, to being able to have a sufficient understanding of the culture you're working with and being able to adjust to that." (Alec, p.6, 4-12)*

Alec finds that there are cultural differences in body language expression and communication. He feels it is up to the therapist to know and adjust to these differences, i.e., to learn and make sense of body language cultural variations. The onus is on him to

make sense of clients' unsaid thoughts. Again, the unsaid can trigger therapists' fantasies of inadequacy and of the client's perceptions.

Freja, too, is concerned about clients' thoughts/fantasies about her.

> *"There were sometimes that I forgot to tell them that I was foreign or where I was from and then I remember myself 'Oh, my Goodness, I forgot to tell them I'm from Northern Europe, they must be thinking all sorts of things.'" (Freja, p.4, 12-13)*

Freja assumes that clients have thoughts and fantasies about her background—seeming to be a concern to her, as if she needs to clear something up or confusion might escalate. The notion that clients could consider and judge participants' culture and background (expressed non-verbally) seem to impact foreign therapists' confidence and enhance alertness to other body language cues.

5. External factors affecting foreign therapists' experience

When explaining their experience of training and working in the UK, participants mentioned a variety of external factors, presented in this theme. In terms of practice, participants referred to several factors—including placements or service policies, environment factors, theoretical models and length of therapy—that also impacted how they made sense of their challenging experiences. Additional important factors included the type of support they received from supervisors or peers during their training and practice, and the theoretical orientation of that support. This affected participants' interpretations of their practice and the therapeutic relationship. Moreover, social and political events, globally and locally, appeared to have affected the therapists' work.

5a. Work settings

Participants described several circumstances influencing their practice `experiences. During their training, participants worked for a variety of employers and placement providers, including charities, mental health hospitals wards, primary care settings and other mental health services. Their training included adjusting to these different settings as part of their professional development.

For instance, Ling, who worked in various settings, explained that her experiences at hospital were particularly challenging due to the severity of patients' mental illness, with some unable to inhibit their abusive racial attitudes.

For Ling, this experience of training and practice is regarding the particular therapeutic setting and the clients' presenting issues.

> *"I've started working in the last few years, in mental health wards where patients are really unwell and what I found is when they're really unwell, race becomes much more salient, much more significant. Racial abuse then becomes almost how they look at you, define you and sometimes the first thing patients talk to me about is assumptions and perceptions about where I come from." (Ling, p.2, 51-52; p.3, 1-4)*

Working in a mental health ward deeply impacted Ling's experience. 'Really unwell' patients indicate a challenging task in terms of therapy alone; Ling adds that she commonly experienced racial abuse, too. The way patients 'look at' her and instantly raise questions, without inhibition but full of assumptions and perceptions about her origins, feels personal and offensive to Ling. The patients seem to disrespectfully want to probe and label her, based on her race/appearance, and disregard her professional purpose and position. The use of the term 'really unwell' seems to be her attempt to explain or excuse the abuse she endures from patients. Her experience of being a foreign therapist working in this particular type of environment is significant because the challenge is purely and purposefully based on her appearance and obvious identity as a foreigner: it is highly derogatory.

In the UK, different therapy placements and agencies have unique sets of policies regarding type of therapy offered to clients (including CBT, person-centred, psychodynamic etc.), maximum time per session and maximum number of sessions.

> *"I worked for probably three sessions, or just one-off and especially when you work with student services you don't have this **luxury** to go on forever." (Alice, p.6, 41-42)*

Alice notes that the strict limit of sessions prescribed by student services policies does not allow for long-term therapy, which she refers to as a 'luxury'. Hence, her short-term work would present with distinct challenges and pressures, not only to achieve progress with clients, but also in her own organisation of—and performance in—her role as a healthcare professional. This is particularly relevant as she previously mentioned her feeling of inadequacy when she had to pause to find the right word (see theme 'Finding the right word'). As a foreign therapist, she might need more time; a 'luxury' for her.

Alec felt that the pressure to adhere to placement policies, which sometimes imposed limitations on the therapist's choice of approach, required a period of adjustment during which the work with clients would be more challenging.

"I've worked in different places. Every time I went to a new placement it takes a little bit of adjustment… perhaps it has to do with the culture of every different placement and the way they do things in different places. I guess getting used to the way of the service and getting used to be part of the service. It takes a while and I think that's reflected in my client work as well." (Alec, p.1, 34-41)

Alec suggests that he must adjust to the culture of the service and become 'part of the service', to then belong and be recognised as a therapist in that service. This experience also seems to mimic his experience feeling expected to adjust to the British culture.

Participants commented on several aspects of working in private practice compared to the NHS. Two prominent main points seemed to link to their sense of insecurity about their work: one concerned the charge of a fee in private practice and the other the therapy environment.

Money exchange in therapy is a sensitive subject for many therapists and, in this case, it seemed that the foreign therapists associated the charging of a fee with their professional worth; especially when working privately. In this type of practice, participants had sole responsibility for their work and managing and meeting clients' expectations.

Freja's feelings around practicing privately as a foreign therapist implied a requirement for her to demonstrate the same standard of spoken language and cultural skills and awareness as a British therapist. Contrastingly, she felt that therapists working in an NHS environment, where therapy is free for clients, could allow them to work with a more unpressured approach.

"There is a difference between working for a service where people pay and working for a service like the NHS where people have their treatment free and I think also that is very much my stuff, I feel that when people pay, the goods have to be ok, they have to be quality assessed. Whereas there is perhaps slightly more tolerance when they get the service from the NHS where it's free. Not that the quality… of course the quality has to be good enough but there is more freedom perhaps to not be so... what's the word… harsh on myself." (Freja, P.9, 29-35)

"I must produce what an English person could produce" (Freja, p.9, 40)

Here, Freja also acknowledged that being harsh on herself could be 'her stuff', meaning her personal/professional insecurities, or her perceptions of how she ought to be as a practitioner. This put pressure on her to deliver to a high standard.

Money is associated with power and worth; thus, in the therapeutic relationship, it could impact relational dynamics through projections or transference between therapist and client. For participants, money seemed to equate to clients' higher expectations and, in

turn, affected foreign therapists' professional confidence. Working in private practice with clients who pay fees might elicit reverted power dynamics, where the therapist is under scrutiny and the clients are expecting the best in return, as Alice ('you have to deliver the best') and Freja ('produce what an English person can produce') suggested.

> *"(in private practice) … in a way you feel more pressure because obviously they pay you and you have to deliver the best. On the other side it gives you the freedom to choose whatever works for this particular client, which is great as a feeling that you can do that. Whereas if you work with NHS obviously you have to follow whatever policies you've got in the place you work for." (Alice, p.8, 7-12)*

Here, Alice conveys an ambivalence around working in private practice, whereby she feels under pressure to 'deliver the best' and simultaneously enjoys more freedom to choose her therapeutic approach without policy constraints. Repetition of the word 'obviously' suggests a matter-of-fact view of both work environments without much possibility of a more flexible, or humanistic, perspective.

Linking participants' experiences in different work settings to how their existing insecurities about cultural differences affect their professional journey, it appears that becoming qualified and free to deliver therapy independently from workplace restrictions helped them feel more confident and permitted to choose the best pace and approach for clients.

5b. Supervisor and peer support

Participants' experiences of cultural differences and their interpretation of clients' resistance or rejection revealed that some foreign therapists preferred being supported and directed according to the type of workplace setting and theoretical model in which they worked.

In the case of client rejection, some felt encouraged by their supervisor to work through the issue with the client, whereas in other settings with different policies, clients were simply redirected to other therapists.

Both Ling and Alec described how their supervisory support and contribution enabled them to overcome initial impasses and offer new ways of interpreting clients' rejection.

As shown before, Ling's youthful (and foreign) appearance is picked up in a context of client rejection. This time, it illustrates Ling's experience of supervision as crucial support for culture-related insecurities about her professional standards.

> *"It's probably my culture where we tend to look very young and I think it's Asians that tend to look young". (p, 46-47) "…they (two clients) wanted to switch therapist because I was too young. One of them stayed on and it might because…. My psychodynamic supervisor was like 'You need to work that through with your client, they just won't be getting someone else'. So, we worked through the experience, she was in therapy with me for two years. The other one, when we work in primary care, we don't go through this analytical process, we work in six sessions, so she wanted to switch therapy, so she got it." (Ling, p.7, 11-21)*

While Ling does not explain how she worked this through with her supervisor, she clearly felt encouraged to find a way to overcome the impasse. This suggests that Ling felt supported by the supervisor to trust she was, indeed, competent in spite of her youthful looks. In the second workplace, Ling seems to feel less appreciated, more dismissible and, therefore, more easily replaced.

Similarly, Alec describes an intervention from his supervisor that succeeded in modifying and adjusting his approach with the client but also helped Alec make sense of the situation. Alec's quote reveals the value he attributes to the contribution and support of supervision when engaging challenging clients.

> *"This (resistance/rejection) was something that I worked through with my supervisor, we found regarding the attachment difficulties and the resistance perhaps and that was apparent. And then we decided on different ways I could approach this young person again in a way that I helped them engage, keeping in mind the attachment difficulties and then the response was altogether different, in fact then this young person engaged again and engaged very well with therapy, something that they didn't do in the past." (Alec, p.3, 3-9)*

Alec here refers to the client rejection he experienced (linked to his spoken accent, as reported in sub-theme 3d., above). The supervisor's feedback was significant in Alec's interpretation of and response to an impasse situation, influencing his understanding of that experience. Alec mentioned being able to work through the client's resistance with the help of his supervisor, attributing a deeper meaning to the experience rather than perceiving it purely as rejection.

Alongside supervision, colleagues and peers also provide a source of support, especially regarding cultural context. Eloise explained that British clients sometimes referred to cultural circumstances unfamiliar to her. She found it helpful to discuss these with her British colleagues.

> *"The other thing I would say is having skilled colleagues because now I work only as a private counsellor which can be very lonely. But having skilled colleagues who are British that help me sometimes to understand what the client may say, or suggest to go back and clarify even more. So that is, I find it is important for me." (Eloise, p.7, 25-29)*

Eloise refers to the loneliness of working in private practice, where the responsibility is hers alone, and the difference between British and non-British cultural aspects presented in the therapeutic encounter with clients could leave her doubting her understanding. Eloise, therefore, valued colleagues' help clarifying and making sense of these differences.

5c. Theoretical models in therapy

Alongside external support from peers and supervision, participants interpreted their experiences based on different theoretical models. The theoretical approach seemed to affect the interpretation of therapeutic relationship dynamics, particularly when cultural differences linked to clients' resistance. For example, from a psychodynamic therapy perspective, a client's resistance to the foreign therapist acquired a meaning and value different to other perspectives. Alec offered the above example, where a client's resistance was interpreted as an attachment issue and projected onto Alec as a rejection of his foreignness (represented by his accent).

> *"From my examples (being rejected for his accent), it was my psychodynamic understanding of the process that allowed me to see behind the client's resistance and offer appropriate interventions."* (Alec, p. 5, 32-34)

The psychodynamic theory informing his work affected Alec's understanding and experience of the therapeutic relationship; he claimed it enabled him to perceive and interpret the resistance of his client in a helpful way. Being able to 'see behind' his own feelings of rejection also seemed to allow Alec to make sense of a potentially demoralising experience.

In contrast, Emma's psychoanalytic stance offered a different perspective on the role of cultural differences in the therapeutic relationship dynamics.

> *"Actually, in psychoanalytic therapy, if you delve into cultural differences, I think there may be a bit of a red herring cause I think it's the feelings which are important, not the rituals on top of it."* (Emma, p.5, 28-30)

With psychoanalysis as a guide, Emma finds it more relevant to attend to feelings rather than cultural differences (referring to them as 'rituals'). It seems she downplays the role and importance of cultural differences in the therapeutic encounter here, feeling these lead to an erroneous focus and should not be rashly 'delved into'. She might also suggest it necessary to look beneath cultural influences and focus on human connection.

Indeed, theoretical models and supervisory support appeared to have some bearing in participants' interpretation of their experience of client's resistance in therapy.

5d. Socio-political contexts

To contextualise their experience of working in another culture, two participants explicitly included in their narratives the perceived effects of Brexit. They offered distinctive angles on its impact and how they experienced and interpreted it in their work.

Emma suggested that Brexit impacted clients' personal and psychological problems; for instance, in relation to attachment issues. She mentions that the concurrent political climate affects all clients. Furthermore, she offered an example of a therapeutic encounter immediately following Brexit where she interpreted the client's feelings of rejection by the service as a projection of his upset about the approaching closure of therapy.

> *"Oh, gosh, the day after the referendum it was all the patients were talking about. The majority of my patients were terrified that I would leave them and they were all Remainers as well. But working in a charity, I actually had a very very depressed man who had a very disturbed history of attachment and he came the day after the referendum and he opened up saying 'I have never been so happy in my life. Finally, we are out of Europe.' Of course, that was all transference, because in that charity, you know, we would finish as we have limited therapy, so he was about to finish three weeks later and of course he projected his rejection, but it has been, I mean Brexit keeps coming up in the work." (Emma, p.3, 44-52)*

With her 'oh gosh', Emma conveyed the intensity of clients' general reaction to Brexit (a political event). Although Emma does not describe her own feelings, she uses the charged word 'terrifying' in regarding leaving and being left.

Emma's choice of words here is noticeable; her language seems confident and, using terms including 'of course', 'very disturbed and 'very depressed', she suggests a speedy interpretation of the client's feelings of rejection, ignoring any potential genuine feelings of relief at leaving Europe and the therapy—including her as a foreign therapist.

> *"Well, this fear that my patients have, that I have to move away, their fear of being abandoned, so I had to address that. Of course, I can't tell them whether I'm gonna stay or not, I just interpret **their terror** of me abandoning them." (Emma, p.4, 7-9)*

Emma puts emphasis on the 'terror' of abandonment, seeming to include her personal fears of rejection as a foreigner following Brexit, as she does not know if she is staying.

In contrast, Eloise appears preoccupied with the practical implications of Brexit. She empathises with and shares her client's presenting fears about the present and future and seems somewhat overwhelmed by bearing the weight of the clients' concerns.

> *"I've had clients who lost their job because of Brexit and they were British. So, I've had from both sides and fear and concern for the future is constantly in the room at the moment, it's all the time with everybody." (Eloise, p.6, 38-40)*

The parallel created by the terms 'both sides' and 'in the room' creates a sympathetic connection between foreigners in the UK, including foreign therapist and British public and clients.

> *"…there have been, especially in the last few years, especially since Brexit, a lot of changes because Brexit has impacted a lot on the financial side of the business and there has been fears, all kinds of things… I need to hold that for the client and help them to go through that." (Eloise, p.6, 7-10)*

Eloise reveals a sense of overwhelming responsibility when describing the impact on clients, her own business and her task of 'holding' the fears and carrying the weight of this tension.

PARTICIPANTS' INNER PROCESSES

This main theme contains an overall presentation of participants' inner processes arising from their experience of moving to and working as psychotherapists in the UK. While parts of the personal process of acculturation, assimilation and adjustment to the new culture/career appear in other themes, this theme summarises key features of participants' experience.

6. Insecurity, dilemmas and confidence

The first super-ordinate theme includes sub-themes about participants' experiences during training, culture-clash existential dilemmas and participants' journeys.

6a. Different levels of processing

Participants' experiences as foreign psychotherapists included transformations and adaptations, encompassing a series of overlapping and intertwining personal adjustments and professional developments.

The personal transformation from one cultural identity to a new multidimensional one entailed multicultural understanding and professional psychological elaboration and development: participants were required to process their sense of self and insecurities at different levels.

> *"…at the university there is less attention on the bilingual or multicultural… on your own difficulties as a multilingual therapist because there are different levels of processes*

> *that are going on inside that are less explored, perhaps due to the limitations of our training at uni." (Alice, p.4, 8-14)*

Alice explained the issues of being a multilingual therapist that she had no chance to explore in training. She feels the university programme was limited, not allowing her to sufficiently explore her difficulties; as she continued her growth, she saw the need to fill in gaps herself, including attention to multicultural aspects of inner processing. 'Different levels' refers to the multilingual and multicultural processing happening alongside professional transformative processing (typically required on university counselling courses).

The ongoing cultural process of assimilation influenced participants' experiences; particularly, this path required introspective analysis, adding different layers of inner processing.

> *"…training should encourage foreign therapists being trained in the UK to speak about their own inner process, what it looks like to be a foreign therapist and try to explore with them the different levels of what is going on inside and what kind of challenges you meet every day." (Alice, p.10, 10-13)*

Alice felt the lack of attention in her training courses deeply, feeling unsupported while exploring challenges she encountered professionally and missing the chance to discuss deep processing from a foreigner's perspective.

While practicing as psychotherapists might affect all therapists' self-confidence, for foreign therapists there seemed to be other layers of processing regarding their constant exposure to cultural differences and adjustments to the new culture.

> *"I'm sure that English therapists also have self-confidence issues... maybe their self-confidence is linked to other things. I might also experience those other things and have the language thing in addition. I mean there are certain cultural differences that I sometimes feel get in the way." (Freja, p.9, 46-50)*

Freja noted that she experienced the same professional development challenges as all trainees ('other things') and added that she feels the extra cultural challenges 'get in the way', suggesting they affect her self-confidence and represent another layer of inner processing that a British therapist may not experience.

Foreign therapists' encounters with clients from other cultures (e.g., British) might lead to existential challenges and activate personal inner processing, creating doubts while expanding their outlook and perspectives—including enhanced self-knowledge.

> *"When I meet someone who comes from a totally different culture it makes me think of the way I think and that for me is important, to always question 'why do I think the way I think? What are the things that make me think that my thoughts are right?'. I may be wrong."* Eloise, p.10, 21-23)

Eloise experienced encounters with different cultures as stimuli to reflect on her way of thinking and confidence in her views. Stimulated by clients' different cultural perspectives, she felt encouraged to review her ideas.

For some psychotherapists, it seems inner processes usually accompany their personal and professional journeys, impacting self-confidence and fuelling self-doubts about not understanding.

> *"I know that once I passed the initial period then I'm OK with myself being a therapist, but yeah, in the independent practice will they (clients) choose me if they think I'm from a different culture, would they think I would understand them?"* (Ling, p.2, 43-46)

Throughout training, Ling's confidence seemed affected by her sense of cultural distance. She referred to becoming a qualified therapist but still experiences doubt around being a self-confident therapist. 'Ok' refers to feeling confident and embracing both professional role and different culture. The doubts about clients choosing her despite her different cultural origins seem like self-doubt, indicating that inner processes continuously affect her sense of self.

6b. A cultural cleft: East vs West

Ling offered a description of her profound sense of alienation, attributing this to the difficult reconciliation of two cultures she perceived as highly divergent, speaking about her attempt to integrate two opposing sets of cultural values (some presented in the theme 'cultural clashes'). However, there is an additional reflection; Ling describes her introspective sense of self and demeanour as specific to her cultural background, where great value is placed on emotional restraint. She felt this was different to the more outgoing Western attitude, including being outwardly assertive and 'speaking up'.

> *"I remember now that my portfolio was kind of my final reflective piece. It was about integration of two extremes. Being in Eastern culture is very different from being in Western culture, one is more collective and one is more individualistic, you're much more under the surface... It's much more quiet strength, whereas I think in a Western culture it's much more self-strength or what do you call it – verbalised strength. So, for me it's kind of two extreme ends, it was kind of reconciliation of those two extremes."* (Ling, p.9, 3-11)

Ling's reflection on integrating two divergent cultures showed the tension between her cultural understanding of Eastern 'self-strength' and the more superficial 'out-loud'

Western functioning method. Developing a professional self in such a different cultural context was, for Ling, an extreme effort; her inner processing to become a therapist proves more challenging due to difficulty finding her identity between the two extremely different cultures.

> *"Sometimes I feel I'm much more Westernised and sometimes I feel I'm still more rooted in the culture." (Ling, p.10, 34-36)*

Ling's inner processing fluctuated—rather than integrated—between cultures, suggesting a kind of chameleonic adaptation to circumstances (see theme 'find my way', where Ling loses her temper).

6c. Power of forewarning

Participants revealed their initial experiences of starting work in different settings were anxiety-provoking; especially the introduction to new clients. Most felt it would have helped their confidence to know clients had been informed of their foreign status before beginning, stating this might have prevented the initial impasse when therapists, aware of their spoken accents, felt they must declare their different cultural origins to new clients.

> *"I think a lot of therapy services should make it clear that when you have therapy, when you get offered therapy and you are allocated a therapist, that that therapist might not be a British national. I think that is something they should tell clients because that would eradicate that first surprise. And it will also be reassuring for the therapist to know that the client has been told the therapist may be from a different country." (Freja, p.10, 11-16)*

As Freja explained, it would be reassuring for foreign therapists to know that clients had been prepared beforehand, rather than being confronted by clients' surprise and potential resistance from the outset. Freja's use of 'eradicate' indicated a strong desire to avoid experiencing this; in turn, suggesting just how unsettling the idea of meeting clients' surprise can be to a foreign therapist.

To prevent experiencing clients' disappointment/rejection, participants state they prefer having appropriate introductory encounters with clients: knowing clients are aware, even if they had no choice in therapist.

> *"I guess in other settings or in the NHS they didn't have a choice you know. You are the therapist and sometimes you feel quite... There was some point in my career where I felt quite comforted by that, it's OK I'll get clients and they can't choose anyone else. "(Ling, p.2, 40-43)*

Some participants (e.g., Ling), felt comforted to know the service did not offer clients a choice of therapist. It seems that the uncertainty of facing clients' disapproval, mistrust or

disappointment instils a strong sense of apprehension, tapping into their professional insecurities. Being introduced—particularly when working for other agencies—seems to have a supportive impact on participants' sense of self, allowing them to feel more readily appreciated.

6d. Role confusion: advocacy and advisory

Two participants voiced insecurities about their experiences working with a particular type of client. Alice referred to clients speaking her native language—also foreigners—describing these as clients requiring more inclusive help encompassing therapy, advocacy and other practical guidance. Such encounters provoked a dilemma for Alice, who felt drawn to blurring professional boundaries to help, feeling unable/unwilling to confine her support to the therapeutic realm. However, there was also a sense of despair as she felt she could not help as much as clients expected.

> *"So there is a question where is my role as a therapist, if am I going to be purely a therapist sitting in the therapy room or I must be an advocate, if I must liaise with social services, with job centres so this boundary could be quite difficult. The expectations of a client speaking the same language could be much higher than what I can do, so that's one of the issues." (Alice, p.4, 39-44)*

Still referring to clients sharing the experience of being foreign, Alice felt drawn to advocate—diverting from her role as psychotherapist. Particularly noteworthy is her strong sense of clients' needs; that sharing a similar experience of initial culture shock on arriving in the UK might require further help, outside the therapeutic realm.

Transference between client and therapist seemed prominent regarding how foreigners experience problems in a new country. A strong empathic response from the foreign therapist was deemed to impact ability to maintain professionality.

> *"I have to be careful not to take on a guiding role, an advising role." (Ling, p.4, 45)*

> *"…the problem they're facing at the moment I've faced it before and I kind of want to say 'Why don't you try this?' because it's worked for me. But that's not really the purpose of why they've come to the session. It's more to explore on their own, the way they could sort the problem." (Ling, p.5, 1-3)*

For Ling, the difficulty lay in maintaining professionality; resisting the urge to give advice or suggestions, thereby 'rescuing' the client.

6e. Confidence and feeling the privilege

Participants' accumulated experiences were depicted as ongoing personal and professional assimilation and transformation journeys: challenges they encountered

during their cross-cultural training and relationships helped broaden their multicultural understanding, benefitting their ability to understand and empathise with clients' different perspectives.

> *"…today I'm not saying I am an expert in British culture now, but I have heard many more things from my clients and I have been exposed to many more different cultural elements from my clients, so I guess I have a broader range of things to draw on when it comes to working with this new culture for me." (Alec, p.4, 21-24)*

Alec explained that he learnt about British culture through immersion and learning from clients, which seemed to make him comfortable about his professional understanding and skill set.

Some found the experience enriching, allowing a wide personal exploration of different ways of thinking and being. Eloise was privileged to have the opportunity to be exposed to and work with other cultures and perspectives.

> *"…being able to understand someone who comes from a totally different culture is a privilege to me, it's really a privilege. I find it fascinating to learn how the people think and their beliefs, some people have totally different culture to mine, to understand why they do what they do, why they think the way they think I've always found that fascinating, very interesting and that's what makes the world so interesting to me." (Eloise, p.10, 8-14)*

Eloise seemed elated at the opportunity to interact with and understand clients holding completely different perspectives. Her fascination for other peoples' worlds—with their unique perspectives and beliefs—appeared thought-provoking and gratifying.

Freja, too, was motivated to expand her knowledge and understanding, comparing this to the prospect of working in her home country.

> *"I think in some ways it is more exciting (working in the UK) because there are more unknowns and there are more things to learn than practising back home, I think." (Freja, p.10, 47-48)*

Freja found it stimulating to work with the 'unknowns', which offer a way to keep learning and developing personally and professionally. As she said, practicing in another country allows for more diversity and greater learning curves.

Importantly, participants explained that the experience of relocation and working in a new country impacted their professional confidence; although, it seemed they learnt to become more comfortable and accept their limitations in time.

> *"During the years I feel more comfortable although one part… I still think is lacking in my training and that something to develop further on my own." (Alice, p.4, 6-7)*

Alice referred to her training experience (see theme 'Different levels of processing'—see sub-theme 6a) where she felt the need to attend to several levels of inner processing. Even if she felt she acquired more professional confidence over time, it seemed something was still missing (i.e., continuous and further processing). Her experience seemed less fulfilling and still affecting her sense of confidence.

Overcoming insecurities required long personal and professional journeys. As some noted, they learnt to accept themselves—including their perceived imperfections.

> *"…then later on you become more sort of accepting that you are how you are and you speak how you speak and sometimes you can't find the words, or you might say an inappropriate word you know, in some ways, but that's alright because you kind of move on after that." (Freja, p.6, 44-47)*

With time and practice, Freja felt more able to accept her imperfections and language inaccuracies and could move her focus elsewhere. However, her tentative language ('sort of', 'kind of') did not sound like she was fully convinced: some self-doubt lingered. However, she may indulge less in these preoccupations and continuously try to embrace her identity. Participants' professional confidence development journeys seemed to bring about a degree of acceptance of their own limitations (personal and professional).

> *"I guess at the beginning that's different in a way, it's the beginning of a journey, it's after all these years of therapy and kind of doing it and reflecting and being more reflective I feel a bit more comfortable with myself anyway and it's OK, I can use what I have and that kind of thing, not as harsh on myself…" (Ling, p.8, 5-10)*

However, for Ling, accepting her limitations seemed challenging: 'I can use what I have' and 'comfortable with myself <u>anyway</u>'. Her long journey required much self-reflection to be able to withstand the initial pressures and self-criticism.

Only one (Emma) seemed perfectly confident throughout her journey, albeit mentioning '[getting] used to it'—suggesting this was not always so.

> *"…. And if there's somebody who is coming from another culture they tend to panic a bit while I think, in a way, although I got used to it, but in a way I confront that in every single situation and therefore I don't panic, plus, I think, my background as expert in social and cultural studies makes me quite comfortable in front of diversity and I don't panic about it." (Emma, p.2, 41-46)*

Emma's use of 'panic', 'in front of' and 'confront' suggested an experience of heavy challenges. She says she is quite comfortable with cultural diversity, noting she faces

cultural differences constantly, making her feel more comfortable in contrast to her colleagues' sensations of 'panic'. The experience of being exposed constantly to cultural differences allowed participants to soften their insecurities and overcome and accept their initial self-confidence losses.

Chapter 5 - DISCUSSION

Introduction

The researcher's aim was to obtain a broad view of foreign therapists' experience of working in the UK, rather than focus on specific aspects, where previous UK studies focused on training (Georgiadou, 2015) or multilingualism (Harvey, 2013).

The six participants' data encompassed feeling the initial impact of the new language and culture, initiating their acculturation process and influencing personal and professional transformation—also affecting and being affected by the therapeutic relationship when working with clients in the new culture.

All aspects emerging in the findings represented participants' experiential journey as foreign therapists and (as indicated by the initial findings table n.1), the inner processing theme related to aspects of moving to a new country, and to training and working in the UK.

After participants introduced their cultural shock experience, they described their experiences of working with clients, highlighting what they considered to be the significant aspects. Their work with clients entailed establishing and maintaining good therapeutic relationships. Due to their different nationalities and cultural backgrounds, participants depicted different unique perspectives—useful in broadening understanding of what it is like for foreign therapists to establish and work in cross-cultural therapeutic relationships.

In addition, the narratives of the foreign therapists' experience and practice over the years also provided a glimpse of positivity.

Following the Findings chapter, the Discussion section links similarities and differences with existing research and literature, highlighting the contribution of this research's findings to the psychotherapeutic realm.

Main theme 1: Moving to a new country

Participants' experiences of moving to a new country created initial insecurity, to a certain extent destabilising their ability to connect and redefine their identity in a new career. The impact of 'culture shock' on participants' sense of self seemed particularly relevant for some of them, explicitly stating they did not know the language and had difficulty understanding their new cultural environment.

Super-ordinate theme: Impact of moving to a new country

According to Berry (2006), people moving to a new country face acculturative stressors including learning a new language, familiarising with new customs and re-positioning themselves in a new context. As Bhugra et al. (2005) also suggested, immigrants encounter multiple stressors including the loss of support systems and familiarity with cultural norms, religion, customs and values, thus requiring "changes in identity and concept of self" (Bughra & Becker, 2005, p. 18).

A foreign language and unfamiliar culture

Language and culture are inseparably connected (Clauss, 1998) while using different languages has implications for one's construction of subjectivity and identity (Burck, 2004). Additionally, the use of a second language could constrain individual expression and the ability to translate and convey thought clarity and emotional intensity between languages and cultures (Arshadi, 2018; Burck, 2004). Consequently, individuals could experience lower self-confidence.

In this study, most therapists presented a variety of challenges encountered on moving to the UK, meaning they had to work on language proficiency and partially or completely abandon their traditions, values and manners of communication. Some found it harder to try to reconcile what were perceived as contrasting differences between the two cultural values. For them, the greater cultural gap proved difficult when negotiated on a deeper personal level. Some participants' heritage presented a wider culture gap than others or had lesser language skills. Alice and Eloise started as English language novices, whereas other participants found the general cultural adjustment the more demanding (Ling, Alec).

A sense of isolation and powerlessness linked to "Finding your way"

Participants acknowledged their need to learn and adjust to the new culture, relaying feelings of isolation and powerlessness (Eloise, Ling). Ling reported a similar feeling of estrangement when declaring she felt an 'outsider' and Eloise felt 'totally dependent' on her husband's support. While these experiences pre-dated their therapist training, they are consistent with studies on foreign therapists' trainees; as Georgiadou (2013) found, with participants describing anxiety and senses of isolation having an emotional impact on the self. As Ward (2020) explained, cross-cultural transition is comparable to other major stressors in life, affecting psychological, cognitive and behavioural responses.

For instance, Ling's initial realisation that she must substantially change her way of interacting seemed to induce a sense of isolation, making her feel like an 'outsider'. Other research suggests that training and other experiences occurring in academic situations—where an individual feels different to their peers in a process of social comparison—may highlight these alienating dynamics (Buunk & Gibbons, 2007).

The cultural distance and loss of close social support impact individuals' sense of isolation. On social isolation and mental health of international students in the USA, Girmay and Sing (2019) suggest that for international students, integration into the new cultural context is often difficult and marginalised to practical support in their interaction with native students, leaving the social and psychological dimension completely unattended.

However, in her review article, Sussmann (2010) noted that individuals' self-concept and cultural identity impact their cultural transition response—experiencing it differently depending on their personality and flexibility—but also depending on cultural framework (which defines their way to make sense, judge and behave).

As Ward (2020) explained, following initial cultural shock entailing a great reassessment of values, customs and cognition, and recognising the discrepancy between one cultural self and the new cultural context, individuals are prompted to adjust to fit into the new environment.

Participants' experiences of powerlessness seemed to prompt efforts to learn and assimilate into the new culture. Their proactive response working through assimilation and acculturation helped them to reposition themselves in the new cultural context: all decided to train and start new careers in psychotherapy. However, while some described the self-applied pressure to overcome anxieties by learning and adapting to the new culture, most initially experienced alienation as they realised how different their new cultural context was compared to their expectations—particularly when facing language and cultural barriers.

To overcome their sense of isolation, participants felt propelled to immerse themselves in the new culture by socialising with British people, listening to British music and studying, volunteering and training as psychotherapists: this adjustment entailed a great effort on many different levels. As Berry (1992) noted, these changes require adaptation to the new cultural environment by way of "learning new and unlearning old repertoire of

behaviours" (Berry, 1992, p.243) and overcoming a variety of acculturative stressors often producing an initial sense of alienation and isolation.

As Interiano and Lim (2018) noted in their study on foreign doctoral students, the professional development process in this context is complicated by the intertwined process of acculturation. They referred to the acculturation process as one of loss and grieving, whereby individuals have to abandon some behaviours or values to assimilate new ones. Similarly, Ling learnt to 'lose her temper' and Eloise changed her way of thinking and understanding humour.

Super-ordinate theme: Recognising cultural divergence

Sue and Sue (2016) suggested potential difficulties arising in the acculturation process including perceived differences in cultural traits and traditions between the individual's original cultural identity and diverse aspects of the new.

Akhtar referred to immigration as "a complex psychosocial process" (1995, p. 1051) affecting identity, describing both "culture shock" and factors that prompt "psycho-structural change". Akhtar presented a variety of factors affecting the acculturation process, ranging from linguistics to emotions and personal to interpersonal space, including individual drive, nostalgia and other transitional states of mind. In the current study, some participants expressed anxiety over fitting in, to the extent they wanted 'to get this culture right' or wishing to become 'British' by incorporating the new culture.

Preconceptions and stereotypes

Participants were also aware of their own and others' preconceptions, as Freja noted. Stereotyping—an overgeneralisation of attributes associated with a specific cultural group (Hinton, 2017)—by nationality is rooted in everybody as direct or indirect learning through family, society or culture and can involuntarily/unintentionally influence social judgement. It follows that implicit stereotyping is the result of the predictive brain learning through exposure to social network information and discourses about other cultures (Hinton, 2017); hence, individuals may absorb unconsciously stereotyped information and inadvertently act unfairly.

Emma reported an example of perceived cultural stereotyping, explaining that she noticed a strange atmosphere when introducing herself to people in the UK, sensing that her name—also popular in other cultures—elicited ambivalent reactions. Her impression of

the ambivalence of reactions to her country of origin indicates the diversity of response to different nationalities, hence stereotyping and preconceptions that immigrants from different nationalities might encounter.

Being exposed to stereotyping and preconceptions made participants aware of how their culture of origin was seen in the UK. As Christopher and Smith explained, training in counselling and psychotherapy in another culture represents "one of the most personally challenging tasks conceivable" (2006, p.275). At the beginning of their careers, participants carried underlying anxieties and insecurities as consequences of the ongoing process of personal and professional transformation.

Accent and other clues

Linking the stereotyping experience to accent as a marker of country of origin, participants felt that accent revealed their foreignness, prompting their anxiety to clarify their cultural background. This experience made them aware of their position as 'outsiders' (foreigners), particularly when asked about their country of origin or accent, adding anxiety to their experience of being foreign. Studies on the impact of accents in intercultural communication—including Zarrinabadi and Khodaraham (2017)—also found accents are stigmatised and harm English second-language speakers' senses of competence and self.

This experience aligns with previous research findings on accent and visual cue impression formation, with researchers suggesting people who look or speak differently to listeners' expectations often elicit a covert or overt unfriendly reaction (Hansen et al., 2017; Senefonte, 2016). Indeed, Chakraborty (2017) and Cohen (2012) consider accents a clear signal of group membership or, in this case, of out-group membership.

This experience is related to the frequently asked question, "where are you from?". As highlighted by Armenta and colleagues, "this is a common question that most people have asked and have been asked upon meeting someone for the first time. At face value, the question seems rather innocuous. However, it may pose a threat to one's personal identity if it calls into question membership in a group to which one belongs" (2013, p. 131).

Armenta et al. (2013) linked this question to identity denial and foreigner objectification; factors that may induce a sense of not belonging in response. According to *Looking-Glass Self* theories (Dunn, 2007), we experience ourselves on the basis of how we perceive others seeing us. Hence, this type of experience can induce a loss of confidence and

feelings of isolation, as it highlights the estrangement of the foreigner in a cultural setting different to their home country (Christophersen, 2012; Moyer, 2013).

Moreover, Noels et al. (2010) explained that individual perceptions of others' appraisals reflect and influence self-appraisals. This means the sense of self is affected by individual perception of others' appraisals, which, in the case of this question, stresses the gap between foreigner and question-asker.

The issue around stereotyping and accent seems to have a bearing on participants' experiences of moving to the UK. Most felt they must justify or explain their background: 'obviously you have to explain', Alice noted. The 'obvious' in this quote also refers to Alice's work establishing a positive working relationship—whether or not the client asks about it directly, Alice feels explanation necessary to the establishment of a positive relationship.

Following this experience, some participants felt the need to prevent any questions or doubts from their clients by introducing themselves, their origins and their background upfront. In so doing, the therapist's foreign accent will initiate a process whereby the listener immediately identifies the therapist and labels their origins; thus, the accent is 'giving him/her away'. In this process, the listener applies all preconceptions about who and what foreign therapists are hence participants try to mitigate this and establish a positive relationship by explaining.

Indeed, this study highlighted the implications of the experience of language and culture but also accent and other 'cultural clues' linking to stereotypes and preconceptions contributed to participants' feelings of insecurity and loss of self-confidence. A few studies in the UK considered foreign therapists' cultural impact, including sense of estrangement in the new culture, but none included the impact of accent (etc.) and its perceived preconceptions on foreign therapists' experiences. Only Christodoulidi et al.'s (2010) heuristic enquiry focused on the identity transformation of foreign therapists moving between cultures—beginning with her personal experience—whereas other studies focused mainly on training (e.g., Georgiadou, 2014).

Main Theme 2: Training and working as foreign therapist in the UK

The lack of confidence regarding accent and language proficiency was particularly prominent when participants described starting as trainee psychologists. Their insecurity

and anxiety, as derived from the assimilation process, appeared to intertwine or overlap with the process of becoming psychotherapists.

Super-ordinate theme: Sensitivity and connection in the cross-cultural therapeutic relationship

In this super-ordinate theme, aspects emerging through participants' experience of the therapeutic relationships are reported. These aspects highlighted how foreign therapists' sensitivity to differences influenced their connection with clients in different situations.

Finding the right words
In their training and practice with clients, participants felt anxious about finding the appropriate words to use. Similar to findings from Georgiadou (2014) and Kissil et al. (2013), participants in this study seemed affected by how they perceived their degree of language proficiency—and how they thought they were seen by clients—which influenced their sense of self-efficacy. As Freja explained, pausing to find the right word/s could impact clients' perceptions.

Kissil et al. (2013) highlighted effects on immigrant therapists' experiences in terms of language anxiety: practicing and working in a different culture seemed to affect self-efficacy particularly. Freja and Alice reiterated their concern about their language skills when struggling to find the appropriate words.

Other researchers exploring second language and foreignness anxiety revealed that speaking a second language could trigger confidence anxiety, adding to trainees' performance anxiety during their training (Georgiadou, 2014; Ng & Smith, 2009). As Georgiadou (2014) reported, the pressure counselling students experience is even more prominent for foreign students, already affected by linguistic performance anxiety. Furthermore, the language fluency of a non-native speaker is one of the main elements of foreignness announcing their different cultural background and impacting the sense of self as it can induce feelings of not belonging, inadequacy or concerns about clients' expectations.

The process of training and becoming a psychotherapist influences identity formation (Tsuman-Caspi, 2012); however, foreign therapist trainees are also already processing their cultural identity transformation as well as balancing their cultural identity with assimilation and adaptation to the new culture, which makes them more sensitive and insecure in the therapeutic encounter. As Alice noted, not finding the right word makes

her feel less professional. Peng et al. (2020) also pointed out uncomfortable feelings perceived by foreign therapists as results of their foreign accent or communication style.

Cultural clashes

Participants in this study described their experiences of cultural differences referring to specific aspects of their encounter with other cultures; British, in particular. For instance, the concept of social class and political orientation came to the fore through curious incidents with clients. Freja felt unsure how to make sense of what she perceived as British clients' tendency to assess therapists' social class as an element to establishing trust: she felt under scrutiny and perhaps mistrusted due to her elusive social position. As a foreigner, she felt that some clients seemed simultaneously puzzled and inquisitive, trying to assess her social class. Similarly, Emma mentioned clients' curiosity about her political stance as a means to connect. As Freja noted, it can be difficult to assess foreign people's socio-political orientation, as cultural diversity might cause misinterpretation. Indeed, she felt surprised by the impact of class in the therapeutic encounter.

Balmforth (2009) highlighted the relevance of the therapist's social class for clients. Clients felt disempowered if they perceived the therapist to be of a superior class. This dynamic was of great importance for establishing therapeutic trust, as clients expected the therapist to be unable to fully understand their world, instigating a potential impasse in the therapeutic relationship.

In the current study, from the therapist perspective, the clients' perception of Freja's social class seemed to affect therapeutic relationship establishment. Freja felt that clients tended to position her in a superior social class, making her feel uncomfortable and unsure about the relational dynamics. Being of a higher class than the client could cause embarrassment and might interfere with relationship establishment by impacting the power dynamic and creating a differential that, alongside cultural differences, impinges on the therapeutic relationship (Balmforth, 2009). Foreign therapists might feel embarrassed or experience confused feelings of not earning or deserving to be privileged, feeling vulnerable in front of clients' curiosity.

Cultural clashes were more accentuated for some participants, who perceived their cultural traditions and values of origin substantially different to British. Alec found it difficult to make sense of family traditions so different from his culture; Ling felt she was fluctuating between two extremes.

The negotiation of different cultural values has been studied by other researchers. On culture and the self, Markus and Kitayama (1991) explained how different cultural construals of self-regarding others could affect individuals, as they may diverge and make difficult the reconciliation of two polarised perspectives. They focused on the concepts of independence and interdependence of self and their related Western and Eastern visions.

More specifically, Markus and Kitayama (1991) stated the Western perspective of sense of self is about how individuals value their independence from others. In contrast, the Asian view is about the concept of interdependence, where a single person is part of the collective and considers the individual on the basis of their relation to others. Likewise, Ling explained she experienced a conflicted sense of identity transformation and ambivalent feelings between the values of the two opposite cultures. Similarly, in their study of bicultural identity integration, Benet-Martinez et al. (2005) noted the tension experienced by individuals when settling in a new country with a very different culture to that of their home and trying to negotiate biculturalism while also addressing internal conflicts. The authors suggested bicultural individuals who must integrate two contrasting cultural systems might experience a dual cultural identity, stimulating enhanced attention to environment cultural cues to adjust and switch behaviour/identity accordingly.

Ling mentioned the difficulties she experienced negotiating extremes of cultural values after moving to the UK, as, for instance, her inner reflection and reserved attitude differ from the Western tendency to speak out.

Alec, contrastingly, felt the cultural gap less extreme but still challenging, as seen in the differences in cultural values and traditions he described. Although he did not experience the extreme gap between East and West cultures, he did feel the difference between cultural values.
Another cultural aspect portrayed in cultural clashes refers to 'directness': some nationalities' communication style is more explicit and direct than the British. This difference in expressivity and communication could be problematic if not adjusted to in the intercultural encounter.

Freja and Alice felt it was important to highlight this aspect as it appears to impact the therapeutic encounter. As Freja posited, you have to 'wrap it' in something. Participants' sensitivity to differences in cultural communication styles was important to allow smooth interaction in the therapeutic room. However, it demonstrates the pressure to change and

adapt that foreign therapists might encounter. Furthermore, findings highlighted that participants continued to feel pressure to adjust to the new culture.

Empathy and connection

Participants noted that working with foreign clients allowed an easier connection and empathic response. Sharing similar experiences seemed conducive to greater emotional understanding: Ling noted she could work easily with immigrant students as their experiences resonated with hers.

Foreign therapists might feel closer to their clients' experience, creating a sense of commonality. Participants felt that working within an all-foreign group made it easier to connect and create a working relationship, at least initially, because certain barriers have already been overcome and they were able to work as being an in-group (foreigners) within an out-group (UK). USA researchers (Altarriba & Santiago- Rivera, 1994) suggested that in exploring bilingual counselling models, an in-group/out-group dynamic (Tajfel, 1979) was instrumental to the establishment of the therapeutic relationship. This study found that therapists perceived as 'in-group' members were preferred by clients to foreign therapists, perceived as 'out-group'. This second group were apparently considered unable to understand the client's world, with particular reference made to their 'way to speak English'.

However, Alice found that matching same nationality therapist and client is not always conducive to great connection. Other variables might affect the establishment of a positive connection between therapist and client including sub-cultural differences, as Alec described. Indeed, Alec and Eloise specified that inside the same culture could be substantial sub-cultural differences that affect the therapeutic relationship.

Rejection and resistance from clients

Some participants experienced resistance/rejection from clients. Eloise stated that one explicitly rejected her nationality, preferring a British therapist, whereas Alec experienced a client's resistance to engage in therapy, which Alec attributed to his own foreign accent. Ling's clients occasionally preferred to switch to other therapists. The experience of rejection and resistance was elaborated and perceived differently between participants.

While Eloise felt lucky to have had a limited experience of rejection, other participants' interpretations of clients' initial resistance differed. As Alec and Emma explained, clients might present with attachment and relational issues, which could form part of the client's

resistance. However, foreign therapists' encounters of clients' resistance and prejudice also impacted relational power dynamics. When clients decided to reject the foreign therapist in favour of a British one, the message received was a depreciation of foreign therapists' professional ability.

Beagan and Chacala (2012) explored the different power dynamics present when establishing the therapeutic relationship, while Okun et al. (2017) explored the inverted power dynamics when therapists are from a different ethnicity to the client. They explored differences in ethnicity between therapist and client and what that difference might entail regarding therapeutic relationship dynamics.

As Beagan and Chacala (2012) posited, multicultural competence studies tend to be focused on therapists being able to equalise power dynamics in the therapeutic alliance. However, few authors consider the difficulties an ethnically diverse therapist might encounter in establishing the balance when a client presents with conscious or unconscious stereotypical prejudices.

Indeed, while participants described only a few cases of client 'rejection' due to their accent or culture, Ling mentioned her experience of working with more mentally ill clients on a ward, where she was subjected to racial abuse. Abrams (2018), who also experienced racial discrimination as a therapist, acknowledged the prejudices that some foreign therapists might experience, feeling the need for therapists to learn how to handle hostility and prejudice from clients; an experience mostly overlooked in training programmes.

However, when considering patients with more severe mental illnesses, neuroscientists exploring explicit and implicit prejudice noted that "a fundamental aspect of social interaction and social cognition is a rapid identification of others as either similar or different from the self" (Reihl et al., 2015, p.249) and consequently individuals' responses are automatically activated on the basis of certain characteristics (Reihl et al., 2015). Furthermore, this discriminatory behaviour is often unconsciously originated and could be in contrast with conscious beliefs.

Ling emphasised that racial abuse was prominent with more severely ill patients (mentioned in 'work settings' sub-theme), whose rational inhibitory mental processing might have been overridden by their illness and, therefore, expressing their unconscious bias. As Crosby (2019) posited, "unconscious biases are the actions and judgments made

automatically to which we are not cognizant. Beliefs, attitudes and behaviours shaped by our lived experience cause recognition of perceived differences, a separation. "We create an 'Other' and subsequently, a 'Self'", as suggested by Crosby, (2019, p.iii). The difficulty for individuals could be in their awareness of their implicit attitudes and biases potentially lying outside conscious awareness. As Reihl et al. (2015) suggested, implicit biases could activate behaviours and responses incongruent with one's explicitly held beliefs.

On the other hand, recipients of discrimination might find their confidence deeply affected by the experience. From a neurocognitive perspective, the experience of social rejection tends to affect individuals deeply, as Pond et al. (2014)—who studied the brain with neuroimaging—suggested. They noted that social exclusion affects areas of the brain in a way that impacts cognitive performance.

Hence participants' experience of rejection might have heavily impacted their sense of self-efficacy, causing insecurities and ego depletion (Inzlicht, 2006). Similarly, some researchers have confirmed the effects of negative feedback as detrimental to individuals' confidence and self-efficacy (Folkes-Skinner et al., 2010; Turner et al., 2008; Sue et al.2007). Folkes-Skinner et al. (2010) noted that trainees are subjected to stressful situations and so it is important for them to experience early positive connections with clients and peers to overcome their initial anxieties.

Superordinate theme: the effect of cultural language in the relationship

Participants highlighted aspects of their interaction in therapeutic relationships that were affected by the use and understanding of languages and implicit communication.

Between languages

Some participants who reported working with both British and foreign clients and using two or more languages suggested that working with foreign clients with whom they share a native language had both advantages and disadvantages. Alice explained that sharing a native language with a client enabled a quicker connection and allowed the client to feel understood. However, she expressed potential downsides, too, which she described as 'dark sides', particularly feeling therapists and clients from the same culture could experience potential collusion, whereby the therapist or client takes for granted that the other understands their meaning.

On the use of languages in therapy, Walsh (2014) stated each language represents a different version of the self. Each person might develop different selves according to the languages they speak. In Walsh's case, the mother tongue represented her early object relations linked to her primitive self, whereas her second language was that of her therapeutic professional self; she felt it was easier to attend to clients' strong emotions when using this different object relations system. In her second language, Walsh felt freer to connect:

I came to theorize that these two therapeutic selves were linked to two different object relational systems in which I and the objects around me reacted and responded using different rules and dynamics. (2014, p.64)

However, Dewaele and Wei (2017) suggested that being multilingual might positively affect empathy abilities. Dewaele and Wei (2017) found a positive correlation between multilingual individuals and cognitive empathy.

Alice noticed that working with bilingual clients in the same first language allowed for a language switch between the native and second languages, explaining that she interpreted this switch as a potential device used by the client when words did not come easily in one language but also to express emotions that were potentially too raw in the other, as the mother tongue was too close to the homeland and primitive defence mechanisms. Indeed, according to Costa (2010) and De Zulueta (1995), the second language—learned later in life, after childhood—seems to function as a protective psychic defence when talking about traumatic memories. Furthermore, researchers have suggested that the ability to converse in two different languages allows greater flexibility and potentially a greater learning curve for understanding own and other cultural differences, provided the therapist is aware of their therapeutic self (Walsh, 2014).

Similar to Walsh's (2014) findings and the suggested multiplicity of different language selves by Pavlenko (2006) and Panicacci and Dewaele, (2018), Freja reported that the use of her first language allowed a close connection with her feelings. This hints that languages might impact the inner primitive self and related defence mechanisms, as Freja felt her first language better represented her need and desire to explore her journey as a client in personal therapy, while the second language might have had a different intensity and adherence to early life experience.

Shades of emotions and cultural translation plus asking for clarification

Language represents people's thoughts and emotions. Participants found that translating emotions and other cultural aspects could be difficult; true meanings could be lost in translation.

Indeed, asking for clarifications proved important for the foreign therapists in the current study, particularly in terms of the language of emotions. Some participants explained that being foreign made them conscious of cognitive and emotional differences when interpreting clients' narratives; specifically, some participants suggested that emotion words have different shades of meaning that may be lost in translation, resulting in the potential for misinterpretation. Thus, participants found it important to constantly address and clarify clients' emotions. This attention to emotion words also appeared beneficial for clients, as participants felt it encouraged clients to attend to their inner world closely.

When studying the effects of languages on emotion, Lindquist (2017) supported the theory that emotions could get lost in translation, while it has been found that figurative language could lose its original meaning when used in other cultural contexts (Barchard et al., 2017). Besemeres (2004) analysed a bilingual text about the use of words representing emotions in two or more languages. Each language seemed to have a specific meaning and intensity when translating certain words. Analysing the text of a bilingual immigrant author, Besemeres (2004) suggested that immigrants might experience feelings that are the combination of their two cultural worlds, reflected in their use of words. Thus, it appears that individuals might feel that using different languages elicits a different emotional intensity and prompts different cultural interpretations (Javier, 1993; Cook and Singleton, 2014).

Asking for clarification is beneficial to the therapeutic relationship when working with clients from either the host or other cultures. Some participants found that attention to shades of emotion between language stimulated clients' deeper introspection and allowed greater scope for analysis. This is consistent with findings from Georgiadou (2014) and Barreto (2013); that trainee therapists' frequent requests for clarification improve clients' engagement.

Body language and implicit communication

Participants in this study found that their intercultural experience with British clients instigated sensitivity to other types of communication, drawing attention to any visual

clues. As Alice explained, clients might not say anything, but their body language or facial expression reveal unspoken communication, noting that only by asking directly was it possible to know. This experience could represent further sources of concern; Freja noted clients might have all sorts of fantasies.

Suman and Brignone (2001) explored the psychotherapeutic first encounter and the fantasies that both therapist and client hold in anticipation and during the first few sessions, noting that therapist and client fantasies both contribute to the initial establishment of the therapeutic alliance.

Mixed feelings generated in a cross-cultural first encounter could also impact power dynamics (e.g.Matsumoto and Hwang, 2016). Participants discussing their attentiveness to non-verbal cues hinted that foreign therapists are wary of their clients' responses. As Freja suggested, British clients might not express their doubts or fantasies but might instead display non-verbal cues (including facial expressions) that imply perplexity—as Alice also noticed.

Similarly, Georgiadou's (2015) study highlighted that non-native therapist trainees felt the urge to pay close attention to non-verbal communication to pick up any unspoken cues. Furthermore, foreign therapists' alertness to their clients' non-verbal communication may represent another symptom of low confidence; these therapists may feel judged and under scrutiny, affecting the therapeutic relationship dynamics.

Super-ordinate theme: External factors affecting participants' experiences

External factors also impacted participants' experiences, finding that practice settings and political climate impacted the therapeutic relationship experience.

Work settings

Three participants explained that working privately gave them greater freedom when choosing the appropriate theoretical approach and setting up a better environment for therapeutic sessions. However, the loneliness of working as a private therapist and having to ask for and handle professional fees seemed to enhance feelings of responsibility and pressure to perform as 'an English therapist' (Freja).

Linking therapists' work in private practice to professional and practical responsibilities, other researchers have discussed the money taboo in the therapeutic relationship, stating that the therapist is often uncomfortable in the therapeutic room when charging and

collecting fees. This can affect relational dynamics (Doherthy, 2012; Tudor, 1998). Charging fees seemed to add an extra layer of pressure to foreign therapists' performance.

Supervisor, peer support and theoretical models

In the current study, during practice and training, external feedback and clarification from supervisors and peer contributed to participants' understandings of their interaction with British clients.

On becoming psychotherapists, participants developed a new way to interpret cultural differences; this understanding facilitated professional and personal development. Participants shed light on factors influencing therapeutic cross-cultural experience interpretation.

For instance, it appeared that theoretical knowledge, personal therapy and supervision contributed to a broader understanding of therapeutic relational difficulties. Emma noted her personal knowledge about British and other cultures and theoretical framework of the psychoanalytic domain helped her to feel comfortable and confident working with clients of all backgrounds.

Alec and Ling reported that interpreting clients' resistance through a psychodynamic lens, with the support of supervision, helped them overcome the initial impasse and put clients' responses into perspective. For instance, one client's resistance to a therapist's foreignness was interpreted as a way of avoiding facing relational pattern issues. Acquiring further knowledge and theoretical therapeutic understanding also helped foreign therapists analyse and make sense of relationship dynamics.

Participants in this study found it useful to double-check their cultural understanding of British clients with supervisors or peers, particularly when clients referred to television programmes or other culture-specific topics. These findings differ from Georgiadou's (2014), who found that the foreign therapists tended to seek emotional support mainly from other foreign therapist peers.

Socio-political context

Another external factor is linked to the recent political climate following Brexit, which seemed to create a mixture of fear, concern and other ambivalent feelings in both therapists and clients, further impacting cross-cultural relationship dynamics. The socio-

political situation appeared particularly relevant to foreign therapists who might have already experienced ambivalent tension between cultures.

As Redding (2020) advised, multicultural psychotherapy should include the ability to accept and address different socio-political values in the therapeutic encounter. According to Orbach (2016), the Brexit referendum caused shock and despair for at least half the UK population, becoming a main topic in therapy for a long period.

However, as Redding (2020) suggested, a therapist should be able to consider different socio-political perspectives that might affect the therapist-client relationship. In this case, being a foreign therapist might impact therapists' concerns about the future with potential implications for participants' interpretation of their experience.

Furthermore, Milton and Legg (2000) reviewed how "politics material is engaged with by psychotherapists" (p.279), suggesting that individual problems might benefit from being considered in a socio-political context, where the particular social and political situation/s might affect feelings and ability to cope.

Two participants in the current study mentioned the heavy emotional climate in the therapeutic room. Their experience was that socio-political tension was very present during therapy, where they mentioned clients' fears for the future but also their own uncertainty. Indeed, both Eloise and Emma sensed a fear and concern for the future in their clients, which they seem to share; as Emma recognised, she could not say to her clients whether she would be able to stay in the UK.

In this study, the inclusion of external factors affecting participants briefly expanded on the socio-political influences on foreign therapists' work that, to date, seems a topic completely overlooked by related research areas.

Main theme 3: Inner processes

Overall, foreign therapists depicted their unique experiences throughout immigration, acculturation and training as psychotherapists. While they went through a variety of personal and relational challenges, all seemed to have found a source of multicultural and multifaceted learning in their training and practice. Their personal and professional journeys appeared to be ongoing processes of learning and transformation.

According to their personality and culture of origin, participants' experience of working in the UK was influenced by their initial impression of the new culture, and how this affected

their sense of self and initial insecurities. This seemed to add a layer of challenge to the process of training and practicing as psychotherapists while facilitating a greater sensitivity to and reflection on the multicultural aspects of the therapeutic relationship.

Superordinate theme: Insecurity, dilemma and confidence

Participants described their experiences as ongoing journeys of acculturation, adaptation and learning, whereby their experiences before and after training continue to impact personal and professional transformation. In particular, some participants noted their sense of unfinished transformation as, while feeling more confident and comfortable in their role, they still felt they must work on themselves.

Different levels of processing

Some participants felt that, during training, course providers did not pay sufficient attention to the multicultural and multilingual complexity of foreign students' experience, as they felt that something was still missing, and they must address it on their own. Comparing their challenges with their domestic peers, Freja noted that she experienced those challenges with an addition of cultural inner processing 'getting in the way'. Through the years, Alice and Ling acquired more confidence, still perceiving a lingering sense of insecurity. Alice felt her years of training and practice helped her feel more comfortable, although she thought there was still something unresolved, reiterating that something was missing from her training experience. She stressed that foreign therapists might need more support from their universities and more supervision in their training periods, as they experience a greater inner strain on a personal level while developing their careers.

Indeed, the processes required to develop intercultural competence overlap other personality adaptation; this represents a great challenge (Kitayama & Cohen, 2010; Van der Zee et al., 2013). In other research on foreign therapist trainees, Ng and Smith (2009) and Georgiadou (2014) noted that international students tend to experience greater difficulties than their domestic peers, suggesting international therapists may encounter further challenges, as they experience not only performance anxiety but also other stressors, due to the process of acculturation and adaptation. Georgiadou (2014) particularly supported the idea that foreign therapist trainees may struggle with the process and associated changes of the self.

Cultural cleft: East vs West

Some participants' experience was particularly linked to the wider gap between context and values in their original and new cultures. In particular, Ling, whose country of origin was in East Asia, described a complicated perspective. She had to reconcile her cultural values with her new environment. Her experience differs from other participants'; she explained that, coming from a collectivistic cultural background, she felt the need to balance two extreme cultures—particularly in the therapeutic room, where clients present with cultural values clashing with her inner beliefs.

Ling's original self found it challenging to integrate into the cultural traditions and values of the new culture. Her experience resonates with that of Markus and Kityama (1991), who described the different perspectives of the self from Western and Eastern cultures. In particular, they stressed the diverse cultural construals of self in relation to others, as well as the Western to Eastern dichotomy of the individual sense of independence and interdependence. The Western independent construal of self values the single person, in contraposition to the Eastern concept of interdependence where the single is part of the collective and the individual is, therefore, valued as a part of the whole. For this reason, Markus and Kityama (1991) explained that divergences in construals affect the reconciliation between the two polarised cultural identities.

Moreover, Benet-Martinez et al. (2005) highlighted that people coming from very different cultures may experience this inner tension when trying to negotiate the cultures and, simultaneously, attend to internal conflicts. Similarly, although Ling depicted an overall process of learning and adjusting that made her feel more comfortable after many years of practice, she acknowledged the impossibility to fully integrating with Western values and her lingering feelings of inner insecurity ('my foreignness might deter clients to choose me' in the theme 'Accent and other clues').

Power of forewarning

Consequential to participants' experience at the first encounter with clients that could either entail curiosity linked to accent, suspicion about their origin or rejection because of their accent/foreignness, foreign therapists strongly felt that agencies' policies should be more transparent when introducing or matching clients and therapists. Clients should be informed of the possibility of being allocated a foreign therapist or simply informed in advance if they did or did not have a choice of matching therapist's race, gender or age.

The topic has been indeed explored by other research (e.g.Flaskerud, 1990; Furnham and Swami, 2008).

As participants explained, knowing that clients are aware of their different cultural background in advance would lift some pressure off the dynamics of the first impression formation and related anxiety.

Role confusion; advocacy and advisory

Two participants particularly noted the challenges to maintaining boundaries in therapy when working with same culture or foreign clients. The easy connection and empathic response to clients who had similar experiences of isolation and adaptation to the new culture presented a potential challenge to separate the role of therapist from a role of advocate or advisory.

As Alice described in her experience, clients coming from other cultures might require greater help beyond the therapeutic emotional support, making her willing to extend into advocacy territory. Considering the professional boundaries of therapists in multicultural psychotherapy, Vera and Speight (2003) suggested the role of a multicultural therapist in some cases might require expanding in favour of advocacy and social justice. On the other hand, the strong connection instigated by the shared experience might impact the already complicated process of identity formation for therapists-in-training, adding to foreign trainees' hurdles in their inner processing (Tsuman-Caspi, 2012). For instance, Ling felt drawn to an advisory role when working with foreign students presenting her with practical issues.

Overall research on multicultural competence tends to include advocacy aspects regarding some immigrants' issues. Presseau et al.'s (2019) USA study encouraged providers of multicultural training counselling courses to extend and include social justice understandings and practice to create a broader scope to trainees' professional identity.

Confidence and feeling the privilege

Participants' experience of working in the UK was encapsulated in their subjective interpretations of the overall experience up to the interviews. Some acknowledged that being exposed to other cultures (British or other) allowed them to expand their understanding of different perspectives and recognised the value to questioning their own beliefs and ways of thinking in the face of the diversity of clients' worlds.

Eloise, Alec and Freja felt particularly happy to have been able to establish positive intercultural therapeutic relationships as they felt their understanding grow over time, making them more confident. As Freja and Ling suggested, they moved from an initial pressure to be right or 'English-like' therapists to an acceptance of their limitations as foreigners, accepting that it is ok to ask for clarification or thinking to find the right word. As Ling posited, she 'can use what she has'. Accordingly, researchers on acculturation and adaptation reported that acceptance is eventually the result of a personal journey through the acculturation process (McLeod, 2009; Sue & Sue 2012).

Moreover, according to Crisp and Turner (2011), experiencing diversity facilitates cognitive flexibility and having a flexible self-construal helps with being cognitively adaptable. Doucerain (2019) posited that the process of acculturation depends on the ability to create new cultural schemas allowing changes to self-positioning in terms of different cultural situations. The acculturation process allows, thereby, a "cultural fluency" affecting the individual's adaptation to other cultural contexts (Doucerain, 2019, p.11).

Furthermore, some researchers have suggested that personality traits (Van Der Zee & Van Oudenhoven, 2013) and cultural context (Bourhis et al., 1997; Brown & Zagefka, 2011; Phalet & Kosiç, 2006) also influence the individual process of acculturation. Some participants might have a personality type that allowed them to face initial cultural shock more easily than others. Additionally, their habitation, study and practice contexts—as well as the support received from peers and supervisors—might have influenced their experiences of adaptation to the new culture, developing a flexible stance.

However, Alec and Emma found that with time their connection and empathic attunement to clients attenuated their initial multicultural professional insecurity. As Alec explained, his journey helped him develop his personal and professional understanding of cultures and, consequently, his ability to empathise and relate to his clients "person to person". Indeed, as Connell (2016) and Morris and Lee (2004) posited, the relationship established between therapist and client could benefit from language imperfection and intercultural exchange, as these factors allow a connection that goes beyond language.

Indeed, to become a psychotherapist and establish a good therapeutic relationship, therapists must overcome their initial insecurities and fears to embrace a warm, relational connection with their client, moving beyond language (Connell, 2016; Costa, 2010) and, more challengingly, moving beyond cultural differences that prove more difficult as they

entail identity reconstruction (Watkins et al., 2018) whilst facing acculturative stressors (Interiano & Liam, 2019).

The most confident participant appeared to be Emma. She felt that her cultural understanding of British customs was quite strong but, while it was obvious she was confident in comparison to the other participants, her statements including 'I don't panic [at cultural differences]' occasionally sounded like a bravado. It could be that she genuinely felt confident or that this was a way for her to distance herself from her own feelings—or simply, as she posited, she experienced cultural differences in everyday life (becoming used to).

As Walsh suggested, each person "possess[es] what may be termed 'transference to language' or transference to a state of mind triggered by language" (2014, p. 69). Perhaps Emma's language of confidence might hide other feelings, relating to her different selves across languages.

Overall, all participants found their initial personal experience in the new culture stimulated a proactive reaction helping them to overcome challenges derived by cultural differences in the personal and professional journey. Most of them felt that the experience helped expand their understanding of clients' different cultural perspectives, albeit also presenting aspects requiring attention in the path of foreign therapist trainees' development and beyond, as inner processes of personal and cultural readjustment will never be completed. Participants' initial experience of cultural shock made them more sensitive and attentive to details (asking for clarification) but also their sensitivity and sometimes anxiety, prompting their attention to clients' hidden clues (e.g., body language and switching between languages).

Reflective statement

In this section, I present the reflection on this study's research process and analysis. I acknowledge that my positionality as a foreign therapist in training overlapped with my position as the researcher.

While, at the time of planning this study, my personal experience and professional knowledge could have had a bearing on my approach to the research (for instance, being infused with my anxiety), it was also driven by personal curiosity.

Additionally, being an 'insider' researcher allowed me to be aware of potential assumptions or preconceptions that could impact my interpretation of participants' data. Therefore, I often met with my British supervisors to discuss my data analysis.

Despite the potential interference of my position as researcher and trainee therapist, I found it useful to share similar and different experiences with participants as it felt easier to connect and help them feel comfortable about opening up and conveying their understanding of the phenomenon. Indeed, I had the impression that some participants seemed quite happy to volunteer information on a topic they also felt was overlooked in research.

One of the main difficulties in analysing participants' data is represented by the wide topics they touched and the potential richness of information I could have obtained if I had the opportunity, time and interviewer readiness skills to explore deeper with further questions.

Additionally, diversities in participants' cultural backgrounds and personalities offered vast data with an array of emerging themes, making it difficult to organise and select. I initially felt disoriented as I drafted my initial structure of the numerous emerging themes identified (see Table 6 – diagram of initial numerous themes).

Following supervisory discussion, I reviewed and selected themes that seemed more significant to the phenomenon investigated, leading to various Findings drafts and, with much frustration, to dispersive writings that never seemed sufficiently coherent.

As reported in my personal diary (see a brief extract in Appendix 7), alongside other frustrations in my life, I often felt overwhelmed and at loss. Subsequently, although I wanted to portray an accurate picture of participants' experiences and focus on elements strictly regarding the research question, I felt I had to abandon some data as either redundant or deflecting.

Another aspect of the analysis discussed in supervision was my apparent focus on the difficulties participants described, which my supervisor attributed to my initial anxiety. An example of an interaction with my supervisor concerned the overall initial summary of participants' data. My overall interpretation focused initially on the difficulties encountered by participants. Talking with my supervisor, I soon became aware that my anxiety as a foreign therapist in training made me more sensitive to these difficulties, overlooking the positive aspects of participants' experiences. My supervisor asked, "but

[participants] are now all sounded professionals, are they not?". This question opened my eyes and made me rethink the entire findings section, illustrating why it is important to acknowledge my own personal experiences, albeit put aside/bracketed, will still inform my approach to the study.

This discussion helped me include observation to the final, more positive, aspects that participants put forward (e.g. sensitivity and open mind). However, the research aim was to capture participants' experiences and the topic allowed participants to discuss freely their initial discomfort/challenges during training, including other inner processes they considered important.

Finally, by the time I completed my training, I was still writing my research and found that participants' experience resonated with mine, with one exception: the effect of participants' wider cultural gap in terms of values and tradition and in the communication style and prejudices (experienced or perceived). Additionally, findings that resonated with my experience strongly stressed the inner processes that keep running alongside foreign therapists' professional journeys, which participants felt training programmes overlooked.

Implications for counselling psychology

This study contributes to counselling psychology and multicultural psychotherapy through a small sample of foreign therapists' experiences of training and practicing in the UK, adding to the scant research on the topic.

While the results cannot be generalised, they support other results from the field and add to multicultural/multidimensional aspects of being a foreign therapist in the UK that could be useful for trainers, supervisors, trainees, foreign therapists and British therapists working with both foreign/immigrant and British clients.

Participants' acculturation and adaptation processes particularly encompass language skills and cultural differences that must be attended in everyday life. The frustration and limitation of language communication and style (accent, appropriate words) impinging on participants' sense of self to cause lingering insecurity and inadequacy were exacerbated by the experience of discriminatory attitudes (perceived or actual). After years of practicing, participants felt more comfortable, but something remained unsolved, as processes of adaptation and acculturation continued. For some, acculturation and adaptation proved more challenging due to greater cultural gaps in values, thinking and behaviour.

Despite continued exposure and learning, participants felt isolated and some explained that there was inadequate support from training providers, noting unattended inner processes that multicultural or multilingual students experienced during training. Indeed, trainees can experience extra levels of anxiety and challenges when beginning their training/career compared to domestic peers, as they undergo complex inner processes during their acculturation and adaptation involving potential shifts in sense of self and identity.

Participants' experience highlighted that inner processes run throughout their journey on becoming and working as therapists. They particularly portrayed an acquired sensitivity to different cultural perspectives that allowed them to positively attend to clients' spoken and unspoken emotional nuances but also making them more vulnerable to discriminatory attitudes either perceived (clients' fantasies) or actual.

Cultural and linguistic differences impinged on the need to translate and adjust, seeming to limit the freedom of expression—being genuine and less distant in therapy (e.g., seeking the right word). Hence, foreign therapists in practice might continue to benefit from the support of multiculturally competent supervisors able to understand the cross-relational dynamics (for instance, language switching, body language).

Additionally, it could be beneficial for course providers and supervisors to attend to the translation of emotions and other specific cultural expressivity in the therapeutic communication—particularly in training and supervision. Participants found it important to have multiculturally competent supervisors and colleagues.

The link between multicultural competence and social justice was mentioned in the findings because participants felt understanding clients' cultural perspectives and challenges stimulated their wish to help beyond therapeutic work (towards advocacy and advisory roles). Hence, multicultural training might benefit from considering training expansion, including social justice for clients and communities.

The aforementioned challenges could be transferable to other foreigners in the therapeutic setting (e.g., clients) and, therefore, could facilitate psychotherapists who work with foreign clients attending more closely to their inner processes and considering the complexity of differences in cultural mores, values and the impact on individual sense of self.

Finally, on a positive note, foreign therapists might also share their perspectives with peers, facilitating a greater sensitivity to cultural differences and useful exchange of cultural perspectives. As participants (e.g., Eloise) explained, their experiences were mind-opening and interesting ongoing processes of learning from clients.

Limitations

Despite providing rich data on the experiences of foreign psychotherapists in the UK, the current study presents some limitations.

All participants were from different nationalities, giving a good idea of the variety of foreign therapists' perspectives in training and practice but possibly dispersing specific cultural-related perspectives towards cross-cultural experiences.

Furthermore, participants had been practicing for a range of five to 20 years, which could be considered a limitation, as participants with more experience may have conveyed a broader or different understanding. However, participants with more experience might have less recall of earlier difficulties.

All but one participant was female, possibly affecting perspective and sense-making of the experience offered. Furthermore, only two reported practicing in more than one language, which limited the findings on the experiences of working in other languages.

Moreover, during interview and analysis, as a researcher, I felt the influence of my trainee counselling psychologist experience potentially played a part in interpreting participants' stories, despite my continuous checking with supervisors to balance interpretations.

Additionally, my career could have impacted participants' responses, as they might have partially avoided presenting major issues regarding their practice or assumed I knew what they meant.

During interviews, I may also have missed opportunities to further question some aspects that, during analysis, proved interesting and would have benefitted from more time and deeper exploration at the interview stage. It may have been useful to have time and opportunity to follow up interesting points following further reflection.

Finally, the small number of participants might have offered just a glimpse of foreign therapists' experience in the UK. However, six is a good number for IPA study (Smith et al., 2003).

Suggestions for further research

For the aforementioned reasons, it could be valuable to further explore some topics arising in this study, possibly through a single-case narrative, allowing for deeper exploration of individual experiences. Exploring single cases of the experience, the researcher might have more time to capture detailed experiences of personal and professional transformation, involving adaptation as a person to the new culture and further transformation as a multicultural professional psychotherapist.

Additionally, other researchers—in line with the findings of this study—could explore the client perspective of having a foreign therapist. What type of feelings/thoughts could the client initially have? Would these finding concur with parts of the current study?

Furthermore, it could be beneficial to explore the impact of socio-political circumstances (including Brexit) on cross-cultural therapeutic relationship, including the perceived threat and uncertainty for the future anxiety.

Moreover, it would be relevant to explore the impact of different socio-political views on the cross-cultural therapist-client relationship. Different nationalities might perceive differently the effect of the social-political context in cross-cultural therapeutic encounters, eliciting diverse kinds of emotional reactions.

Other researchers could examine the therapeutic cross-cultural dynamics between bilingual therapists and clients to widen the exploration of effects on cross-cultural communication and their meanings (e.g., language switch) in therapy.

Finally, further research including a larger number of participants could further expand the topic. Different types of research might allow for a larger number of participants and different tools (e.g., questionnaires or survey) to acquire data.

Conclusion

The findings from this research are based on the subjective experiences of foreign therapists training and working in the UK. Participants' data shed light on some aspects of being foreign, practicing psychotherapy and establishing trusting cross-cultural therapeutic relationships. Given the importance that the quality of the therapeutic relationship has on therapy outcomes, the aim of undertaking this research was to broaden multicultural understandings from therapists' perspectives.

As demonstrated in the findings table n.1, the cultural impact, training and working as a foreign therapist, through to the therapeutic relationship and inner processing, all represented the intertwined influence of each aspect on the other. In other words, participants' acculturation processes overlapped and intertwined with their journeys of training and practicing in the UK.

Particularly relevant to counselling psychology is the focus on foreign therapists' extra challenges (linguistic, emotional and cognitive) influencing their process of repositioning themselves in a different culture, as it could be transferable to foreign clients in the therapeutic setting, and to supervisors from different cultures or having foreign therapist supervisees.

Findings highlighted the impact different culture and language had on participants' sense of self, causing self-doubts, insecurity, isolation and great pressure to learn and adjust. Their personal and then professional journeys made them more attentive and sensitive to differences but also more vulnerable to perceived or actual discrimination/stereotyping— touching on the therapeutic relationship's power dynamics.

Participants' experience of foreignness highlighted that cultural differences in the use of language, accent and emotional expressivity/interpretation affect relationships from the outset, initiating clients' curiosity or rejection; in turn, making them more tentative and less confident, as it tapped into inner processes of adaptation to a new culture.

For instance, using their second language, foreign therapists sensed disruption in their communication fluency. Indeed, finding the appropriate words seemed to affect participants' perceptions of their own competence. Additionally, differences in the use of emotional language and other non-verbal expressivity appeared to carry variations that could not be easily or exactly translated, requiring further exploration or clarification in terms of the therapeutic relationship. Clarification on culturally different interpretations was controversial, as some perceived it as facilitating clients' deeper exploration and description of their feelings, whereas others found it detrimental and distracting (e.g., cases where time spent dwelling on clarification interfered with therapeutic session objective/s).

Cultural preconceptions also seemed relevant to therapeutic intercultural relationships. In establishing a trusting relationship, participants noted that, further to potential

preconceptions/stereotypes about their nationality, social class and political orientation affected the dynamic—hence the empathic connection.

The recent socio-political context (Brexit) also seemed to elicit potential stressors to the cross-cultural therapeutic relationship. It seems, therefore, important to consider other socio-political factors influencing perceptions of foreigners' sense of self as an 'outsider' or as 'belonging' when immigrating.

Finally, participants' overall experience in this study pointed to their transformation (personal and professional) over time, whereby they felt they could accept their limitations but also draw from their multicultural understanding when practicing with a variety of clients' issues and cultural differences. Particularly relevant seemed to be the degree of open-mindedness and flexibility most participants felt they had achieved.

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Appendix 1 – Participant information sheet

Experiences of foreign counselling therapists working in the UK. A qualitative study.

PARTICIPANT INFORMATION SHEET

Who are the researchers and what is the research about?

My name is Roberta Principi and I am a postgraduate student in a Professional Doctorate in Counselling Psychology course in the Department of Health and Social Sciences, University of the West of England, Bristol. I am completing this research for my thesis and this study is supervised by Dr Tony Ward (see below for his contact details).

I am a foreign therapist working and training in the UK, originally from Italy, and living in the UK for nine years. In this time, I have become interested in how this difference is perceived by clients and might influence the therapeutic relationship. Hence the aim of this research is to explore foreign therapists' experiences of practicing in the UK in order to gain further insight into the therapeutic relationships when the therapist comes from a different cultural background. Moreover, the research would like to explore individuals' experiences in the therapeutic relationship from the therapists' standpoint.

Who can participate?

Counselling Psychologists and therapists who consider themselves to be a foreigner in the UK, still having an accent and are/have been practising in the UK, are invited to take part in a one-to-one interview about their experience in practising counselling in the UK.

What does participation involve?

You are invited to participate in a qualitative interview to be considered as a 'conversation with a purpose'. You will be asked to answer to open ended questions that will cover the exploration of emotions, thoughts and experiences that accompanied your counselling practice in the UK. The interview will be audio-recorded and I will transcribe the recorded interview for research analysis purposes. The audio files will be deleted immediately after the data transcription and the completion of the analysis.

Prior the interview I will ask you to read the information sheet and to sign the consent form in case you agree to participate to the study. You will also be asked to complete a demographic questionnaire for descriptive purposes. I will introduce what is going to happen in the interview and you may ask further clarification.

How will the data be used?

Your interview data will be anonymised using a pseudonym given by the researcher (i.e. any information that can identify you will be removed). This means that anonymised extracts from your interviews may be quoted in my thesis and in any publications and presentations arising from my research. The demographic data for all participants will be compiled into a table and included in my thesis, and any presentations or publications concerning my research. The information you provide will be treated confidentially and personally identifiable details will be safely stored separately from the data. No data will be published in a way that could identify individual participants and/or organisations. After the completion of the data analysis and write-up of the study any personally identifiable data will be destroyed permanently.

Participants have the right to withdraw from the research at any time during the interview/study. Participants who wish to withdraw will use the pseudonym given by the researcher before starting the interview and will send an email to the researcher or to the supervisor asking to remove their data from the study. However, after three months from the interview it may be difficult to extract data from the analysis. Therefore, please contact the researcher or the supervisor for the request to withdraw the data within the three months of taking part in this study.

Are there any risks involved?

Whilst usually participation in interviews does not carry major risks exceeding those of a one-to-one conversation, occasionally individuals' experiences disclosure may raise some discomfort for people sensitive to the topic.

For this reason, you will be asked if you have any support you can turn to in case of emotional discomfort or alternatively the researcher will make sure that there is someone available for support if necessary providing some sources of support listed below.

What are the benefits of taking part?

You will get the opportunity to participate in a research project on an important social and psychological area of counselling psychology, exploring the relationship between therapist and client is as a salient aspect of the therapy. In addition, you can ask to receive a summary of the findings after the completion of the study.

Do you have any further questions?

If you have questions about the research - either now or at some future date - please contact:

Researcher
Name: Roberta Principi
UWE Email: roberta2.principi@live.uwe.ac.uk

Academic Supervisor
Name: Tony Ward
Email: tony.ward@uwe.ac.uk

If you are concerned about any of the issues raised in the questionnaire or in the interview there are some sources of support listed below.

UWE well-being service
Telephone: 0117 32 86268
Email: wellbeing@uwe.ac.uk

The Samaritans
Helpline: 08457 90 90 90
Email: jo@samaritans.org
Address: Freepost RSRB-KKBY-CYJK, Chris, PO Box 90 90, Stirling, FK8 2SA

Appendix 2 – Consent form

Experiences of foreign counselling therapists working in the UK. A qualitative study.

CONSENT FORM

Thank you for agreeing to take part in this research on experience of counselling practice in the UK. My name is Roberta Principi and I am a postgraduate student in a Professional Doctorate in Counselling Psychology course in the Department of Health and Social Sciences, University of the West of England, Bristol. I am collecting this data for my thesis.

My research is supervised by Dr Tony Ward (tony.ward@uwe.ac.uk).

	Please Tick
I confirm that I have been provided with information about this research.	☐
I understand that my participation in this research is voluntary and that I am free to withdraw at any time, without giving any reason. I understand that at a certain point in time it may not be possible to withdraw my data from the study.	☐
I understand that all the information I provide will be treated as confidential and used for research purposes only.	☐
I agree that the data collected from me and about me may be held and processed by the researcher for the purposes of research.	☐
I agree to be tape-recorded during the interview and the data recorded will be kept safe and confidential. Once the research is completed, the recorded data will be destroyed.	☐
I understand that I will never be personally identified in any report or write up that stems from this research.	☐
I agree to the University processing my personal data as described below: "The personal information collected in this research project (e.g., on any form/questionnaire/survey) will be processed by the University in accordance with the terms and conditions of the 1998 Data Protection Act. We will hold your data securely and not make it available to any third party unless permitted or required to do so by law. Your personal information will be used/processed as described on this consent form, which is further detailed on the information form for this research project."	☐
I confirm that I am happy to take part in this research project.	☐

Participant Name

Signature

Date

Appendix 3 – Demographic form

Experiences of foreign counselling therapists working in the UK. A qualitative study.

Demographic Form

In order for us to learn about the range of Therapists taking parts in this study, we would be grateful if you could answer the following questions.

All the information provided is anonymous.

How old are you? _____

Male _____   or Female _____   or other _____

How would you describe your ethnic background? _____

Country of origin_____

When did you start learning English?_____

What age where you when you moved in the UK? _____

How many years have you been practising counselling in the UK? _____

How would you describe your English language proficiency? _____
(Intermediate, advanced intermediate, fluent, near native)

Do you think you still have an accent?_____

Do you have children? _____

How would you describe your relational status? (E.g.: single, partnered, Married, etc.)_____

Thank you!

Experiences of foreign counselling therapists working in the UK. A qualitative study.

Interview schedule Broad themes/questions

-Would you like to tell me something about your experience of being a foreign therapist? -
-Tell me about your work, how do you get a sense of how things are going between you
and the client

-What is your experience of introducing yourself to the client?

-Have you noticed any particular dynamic during your interaction with a client?

-How did you perceive the clients' first impressions?

-Did you notice any changes in establishing a therapeutic relationship with clients over the
last few years?

-Have you experienced any kind of resistance from clients and, if so, how did you deal with
it?

-Do you think that being a foreign therapist had any positive or negative implication in
building a relationship with a client?

-If so, how do you explain it and/or deal with it?

-In your experience have you noticed any difference in public and private sectors? (In the
public sector is the client able to ask for a particular cultural or gender match? If so, what
could it be the implication in the therapist-client relationship?)

**For the purpose of the research topic the questions/themes are meant to orient the
research rather than constrain it to a particular structure.**

1. Inner processes and insecurity throughout participants' experience	*"Anything for any therapist whatever you experience in your life is going to have an impact in your experience in the consulting room …"(Emma, p2, 17-18)* *" training should encourage foreign therapists being trained in the UK **to speak about their own inner process,** what it looks like to be a foreign therapist and try to explore with them the different levels of what **is going on inside and what kind of challenges** you meet every day" (Alice, p.10, 10-13)* *"I think I was much more limited at the beginning. It was because I had to process a lot of things.. "(Alec, p.8, 3-4)* *"I'm sure that English therapists also have self-confidence issues... maybe their self-confidence is linked to other things.* *I might also experience those other things and have the language thing in addition. I mean there are certain cultural differences that I sometimes feel get in the way "(Freja, p.9, 46-50)* *"When I meet someone who comes from a totally different culture it makes me think of the way I think and that for me is important to*

	always question 'why do I think the way I think? What are the things that make me think that my thoughts are right?'. I may be wrong." (Eloise, p.10, 21-23)
	"I know that once I passed the initial period when I'm OK with myself being a therapist but yeah, in the independent practice will they choose me if they think I'm from a different culture, would they think I would understand them. " (Ling, p.2, 43-46)
2. Processing perceived cultural gap (East vs West)	*"I remember now that my portfolio was kind of my final reflective piece. It was about integration of **two extremes**. Being in eastern culture is very different from being in western culture, one is more collectiveness and one is more individualistic, you're much more under the surface... It's much more quiet strength, whereas I think in a western culture it's much more self - strength or what do you call it – verbalised strength. So for me it's kind of two extreme ends, it was kind of reconciliation of those two extremes. "*(Ling, p.9, 3-11)
	"Sometimes I feel I'm much more westernised and sometimes I feel I'm still more rooted in the culture. "(Ling, p.10, 34-36)
3. Insecurities and first encounter. Introduction facilitated if clients were	*"I worked for two other agencies in xxl and again I did say to all my clients 'If you have an issue there is a counsellor here and there is counsellor there, we'd be able to work with you. So there's*

aware of the therapist's foreignness	*always been a choice and that helped me as well."(Eloise, p.5, 26-28)*
	"I guess in other settings or in the NHS they didn't have a choice you know. You are the therapist and sometimes you feel quite. There was some point in my career where I felt quite comforted by that, it's OK I'll get clients and they can't choose anyone else. "(Ling, p.2, 40-43)
	"in that context I think it would be helpful to bring more awareness to the fact that you actually could also have a foreign national therapist who has an accent". (Freja, p.10, 21-23)
4. Role confusion or therapists' inclinations: advocacy, advisory	*"So there is a question where is my role as a therapist, if am I going to be a purely therapist sitting in the therapy room or I need to be an advocate, I need to liaise with social services, with job centres so this boundary could be quite difficult. The expectations of a client speaking the same language could be much higher than what I can do, so that's one of the issues." (Alice, p4, 39-44)*
	"I have to be careful not to take on a guiding role, an advising role" (Ling, p.4, 45)

	"The problem they're facing at the moment I've faced it before and I kind of want to say, 'Why don't you try this?' because it's worked for me. But that's not really the purpose of why they've come to the session. It's more to explore on their own, the way they could sort the problem. "(Laila, p.5, 1-3)
5. Broadening cultural understanding through the years: the privilege of learning from the clients and gaining professional confidence	*"I had to work harder I guess to, not only to offer the core conditions but also to make sense of what the client was talking about, to be able to develop I guess a different filter – a filter that's not only filtering things on the basis of my culture. A filter that would be kind of more flexible and take into account where my client is coming from"* Alec, p.4, 8-12) *"…being able to understand someone who comes from a totally different culture is a privilege to me, it's really a privilege. I find it fascinating to learn how the people think and their beliefs, some people have totally different culture to mine, to understand why they do what they do, why they think the way they think I've always found that fascinating, very interesting and that's what makes the world so interesting to me." (Eloise, p10, 8-14)* *"During the years I feel more comfortable although one part… I still think is lacking in my*

	training and that something to develop further on my own. (Alice, p.4, 6-7)
	"…then later on you become more sort of accepting that you are how you are, and you speak how you speak and sometimes you can't find the words or you might say an inappropriate word you know, in some ways, but that's alright because you kind of move on after that" (Freja, p.6, 44-47)
	"I guess at the beginning that's different in a way, it's the beginning of a journey, it's after all this years of therapy and kind of doing it, and reflecting and being more reflective I feel a bit more comfortable with myself anyway and it's OK, I can use what I have and that kind of thing, not as harsh on myself, if something … if my race or culture becomes a problem I don't feel it kind of personal, I can be like 'How can they be so resistant?' " (Ling, p.8, 5-10)
	*"…. And if there's somebody who is coming from another culture they tend to **panic** a bit while I think, in a way, although I got used to it, but in a way I confront that in every single situation and therefore I don't **panic**, plus, I think, my background as expert in social and cultural studies makes me quite comfortable in front of diversity and I don't **panic** about it." (Emma, p.2, 41-46)*

Appendix 6 - Participants' invitation letter

23 August 2017

Dear counsellor, psychotherapist or counselling psychologist,

My name is Roberta Principi and I am a postgraduate student enrolled on a Professional Doctorate in Counselling Psychology course in the Department of Health and Social Sciences at the University of the West of England, Bristol.

Alongside my study and training, I am carrying out a research project about the experience of foreign therapists in the UK. The research and ethics forms have been approved by the University of the West of England Committee and this study will be supervised by Dr Tony Ward.

Being a foreign therapist working and training in the UK since 2012, I have become interested in how the status of foreigners could affect the therapist and client's perception during the development of the therapeutic relationship.

Sometimes a foreign accent could affect the first impression, imagination and response of some clients.

In turn the therapist personal awareness and professional experience of his/her status of foreigner could also have an influence on the therapeutic encounter with the client.

The aim of this research is to explore foreign therapists' experiences of practicing in the UK and, as a result, it could broaden the understanding of cultural competence in the practice of counselling.

If you think you would like to contribute to my research by dedicating an hour of your time to an open question interview about your experiences, I will send you the information sheet, the consent form and the demographic form for you to read and complete.

 If you kindly confirm your willingness to participate in my study, I will send you my contact details, either telephone or Skype, and we will arrange a convenient time for you to be interviewed.

 Thank you in advance for your time and I look forward to hearing from you.

 Best regards.

 Roberta Principi
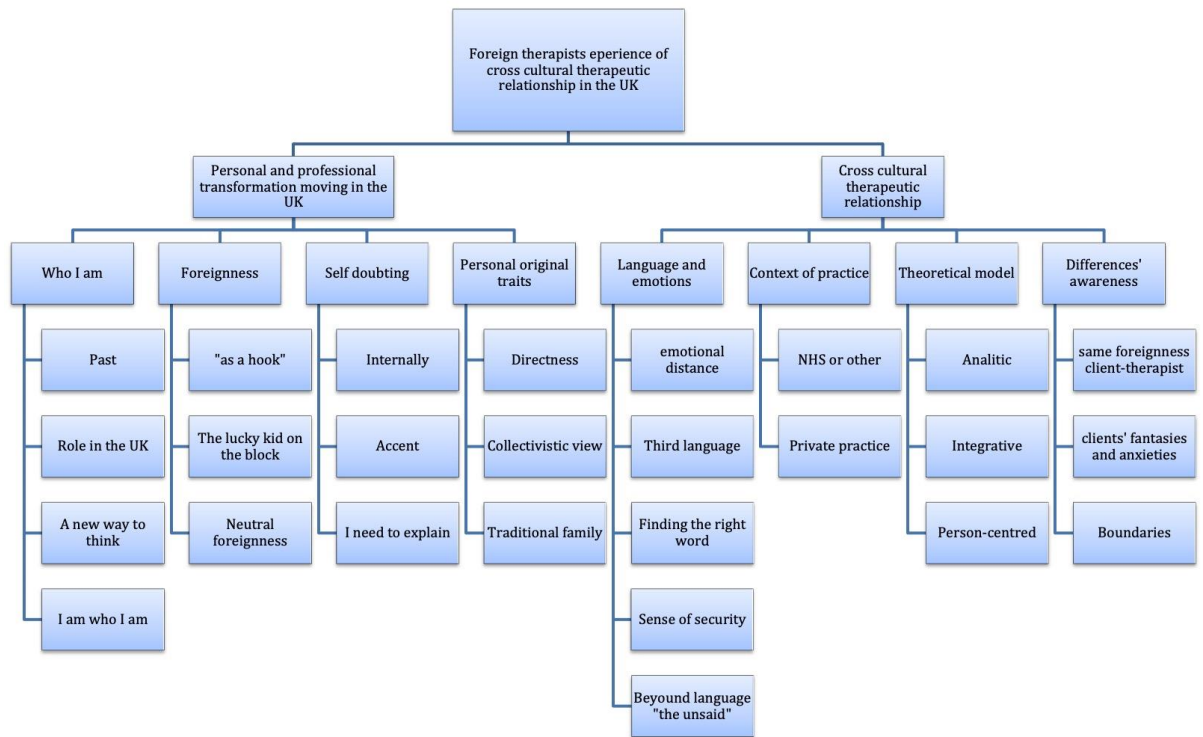
 roberta2.principi@live.uwe.ac.uk

Appendix 7 – Extract of diary

Unfortunately I am still dwelling with the "Results" chapter.

I am feeling stuck in a loop where themes and "quotes" of participants seem to elude my coherence. rema

Feeling disappointed, deflated and at times overwhelmed.

Appendix 8 – Diagram of initial draft of themes and subthemes

Foreign therapists practicing in the UK: An interpretative phenomenological analysis

Roberta Principi, Dr. Tony Ward Department of Psychology Faculty of Health and Social Sciences University of the West of England, Bristol, United Kingdom.

Correspondence to: Dr. Tony Ward Faculty of Health and Social Sciences University of the West of England Coldharbour Lane Bristol BS16 1QY United Kingdom

Email: Tony.Ward@uwe.ac.uk

Email: Roberta2.principi@live.uwe.ac.uk

Date: October 2020

Foreign therapists practising in the UK: An interpretative phenomenological analysis

Roberta Principi
_____

Backgrounds/aims: The aim of this study was to explore foreign psychotherapists' experiences of practising in the UK. The focus was on the therapeutic relationship and how therapists' foreignness affected their experience of cultural differences in their client relationships. Few UK researchers have explored such relationships from therapists' perspectives.

Method: Interpretative phenomenological analysis (IPA) was employed. Six psychotherapists from different countries who had worked in the UK for at least five years were interviewed about their experiences.

Findings: Participants described developing multicultural awareness through their relationship with clients. This influenced their perspectives and sense of self, as well as how they made sense of relationships with clients.

Discussion: Findings added to previous research on the challenges of cross-cultural therapeutic relationships by confirming the impact on therapists' sense of selfconfidence including reverse power dynamics in case of prejudiced clients and enhanced sensitivity to cultural differences of values and emotions, with implications for training and supervision.

Keywords: foreign therapist; cultural differences; cultural clashes; accent; preconceptions

Researchers have highlighted the importance of the therapeutic relationship as the major factor for achieving positive therapeutic outcomes (Horvath & Symmonds, 1991). Indeed, regardless the theoretical orientation of the counsellor or therapy length, it is the relationship that affects the progress and results of therapy (Kahn, 1997; Knox & Cooper, 2015; Meichenbaum, 2013; Paul & Charura, 2014).

However, the establishment of a therapeutic alliance requires therapists and clients to collaboratively work on clients' issues. Thus, therapists must establish a positive, warm, non-judgemental attitude, facilitating understanding of the client's world (Anderson et al. 2019).

Equally, clients must trust and be open to their therapists. Scholars have explained that foreign clients' perceptions and trust of their therapists include a perception of

therapists' multicultural competency (Owen et al., 2011; Pope-Davis et al., 2002). Both therapist and client preconceptions may influence the initial encounter and affect the establishment of the therapeutic relationship. For example, clients' prejudice and rejection either conscious or unconscious may pose some impasse or affect power dynamics (Hansen et al., 2017; Okun et al., 2017).

Therapists are focused on the interaction between therapist and client. It is, therefore, interesting to explore therapists' experiences of establishing a relationship with the client, particularly in the presence of diversity generated by accent and cultural background. For example, Hildebrand et al. (2007) suggested that when a client appears judgmental of a therapist's foreign status, the therapist may experience a sense of powerlessness that affects their competence, detrimentally influencing the relationship.

Increasing multicultural diversity in the population results in more therapists coming from different cultural and ethnical backgrounds (ONSGOVUK, 2015). During a lifelong process of professional development, foreign therapists may have to deal with many issues, which their non-foreign counterparts may not. Research has indicated experiences of resistance, reticence, or perceived discriminatory attitudes from clients and colleagues (Thompson and Hill, 1991)

In addition, foreign therapists' experiences could broaden multicultural communication understandings adding further useful information for training and supervising future therapists coming from different cultural backgrounds (Georgiadou, 2015).

Rober and De Haene, (2013), in their article on family therapy, referred to cultural differences' elements, for instance, an 'outsider position' of the therapist or a warm shared humanity, are factors which are more important in the therapeutic relationship than specific multicultural knowledge.

Indeed, research suggests that therapist's ethnicity could be more relevant in certain situations where cultural differences are pertinent to the client's issues (Alladin, 1994).

Hence, this study was to explore foreign therapists' experience of practising in the UK, focusing on therapeutic relational aspects within the present socio-political climate.

Method

Design

The use of IPA allows researchers to obtain rich understandings of individual experience. According to Smith, Flowers and Larkin (2009), proponents of IPA

adopt a relativist ontological perspective, where reality is subjective and individuals' experiences shape their worldview. In this study, participants made sense of their experiences of therapeutic relationships with British clients.

Proponents of IPA take a hermeneutic, interpretative stance. 'Knowledge' is acquired by analysing and interpreting participants' experiences. Researchers interpret participants' interpretations of the phenomenon investigated; this is known as the double hermeneutic Smith et al. (2009).

Reflexivity

The researcher is also a foreign therapist who has trained and practised in the UK. She acknowledges that her experiences of listening and speaking in foreign languages could have influenced the research.

After reflecting on the overlap between her roles as researcher and foreign therapist, the researcher tried to approach participants with an open mind and sensitivity, aiming to suspend preconceptions and listen empathically.

Participants

Six participants were interviewed. Anonymised demographic information about the participants can be found in Table 1, below.

Table 1: Demographic information

Pseudonym	Nationality	Age	Years in the UK	Years in practice
Alice	East Europe	51	19	10
Emma	South Europe	38	14	8
Eloise	West Europe	50	25	25
Ling	Asia	31	14	6
Alec	South Europe	30	6	5
Freja	North Europe	47	16	8

Smith et al. (2009) suggest that six participants is a good number for obtaining rich data for an IPA study. Six foreign counselling psychologists, counsellors or psychotherapists were recruited via letter or email from various psychotherapist communities and websites, including BPS, BACP, UKCP and CAPPP.

Participants received an information sheet explaining the research. Interviews were carried out over telephone or Skype.

Before the interviews, participants completed consent and demographic forms Interviews were approximately one hour long and were recorded, transcribed and stored on a memory stick in a locked cabinet.

Ethics
The study received full ethical approval from the Faculty Research Ethics Committee (FREC) of a university in the South of England in January 2017. Before the interviews, the researcher asked if participants had any questions about taking part in the study.

Participants were informed that, should they feel uncomfortable for any reason, they could withdraw from the research at any time. They could also request the withdrawal of their data for three months following the interview.

Analysis
Although IPA does not have a prescriptive procedure for analysis (Brocki & Wearden, 2006), there are some underlying aims. IPA involves an inductive process of analysis based on the researcher's open-minded attitude to the text (Willig, 2009). Thus, themes emerged from the transcript after repeated close readings of participants' narratives and a close, line-by-line analysis. In-depth analysis was carried out on individual cases before cases were compared for differences and similarities (Smith et al., 2009).

Findings

Drawing from wider themes emerged in this qualitative study, the findings considered in this article are based on the experiences of six foreign psychotherapists from different countries who trained and practised in the UK.

The focus is on participants' development of multicultural awareness in the crosscultural therapeutic relationship, considering that their experience in a different

culture partially included influences from recent socio-political events. See Table 2, below.

Table 2: Themes included in this paper

Themes	Sub-themes
Developing cultural awareness	• **Preconceptions** • **Accent and other signs of foreignness**
Aspects affecting the cross-cultural therapeutic relationship	7. **Finding the right words** 8. **Cultural clashes: classes, values and traditions** 9. **Rejection and resistance: culture as an excuse?** 10. **Language and shades of emotions** 11. **The socio-political context**

Developing cultural awareness

This theme includes two sub-themes: 'Preconceptions and stereotypes' and 'Accent and other signs of foreignness'.

Preconceptions

Participants acknowledged that everybody has conscious or unconscious preconceptions about different nationalities and cultures. Freja felt that everybody, including herself ('we'), is influenced by these stereotypical ideas. Interestingly, Freja thought that we like to have these ideas confirmed, suggesting a desire for confirmation bias. Thus, therapeutic relationship dynamics might affect both parties' experience and attitude.

"I think that we all have preconceptions about nationalities and we like to have those confirmed. So I think that given the opportunity you confirm them to yourself. You think that one nationality people are hard workers, bla bla bla and another nationality people you know drink a lot of red wine and bla bla bla. All those ideas that you might have picked up, I think can both hinder and help the relationship. I would think that for some nationalities it is more difficult than for other… Yeah, I think it's different for different nationalities." (Freja, p.8, 46-54)

These preconceptions can produce a variety of different feelings or 'vibes' in crosscultural interactions. As Emma stated, some foreigners feel 'lucky', suggesting that others might feel unlucky. In particular, Emma felt that her nationality was welcomed in the UK both in and out of therapy, facilitating her work with clients.

"...I am a South European foreigner which is normally associated with a lot of positive ideas both in the transference with the work with the patients and outside. Even my name is Emma (pseudonym) and that name is very common for Eastern European migrants as well and I've had experiences outside when I just introduced myself as Emma, I get a strange vibe. And then when I mention my country everybody gets very friendly and very welcoming and I think that there are very positive associations to being South European and so in terms of how as I'm perceived as a foreigner, I think I'm a very lucky foreigner." (Emma, p.1, 20-27)

Accent and other signs of foreignness

The experience of feeling foreign includes expectations about others' reactions. In particular, foreigners who retain an accent or present other clear signs of foreignness might feel inadequate or faulty.

Indeed, accents could not be hidden, possibly leading some participants to develop a sense of insecurity or inadequacy, illustrated by words such as 'obviously I need to explain' (Alice) or 'might deter people' (Ling).

"The first thing probably, not from a lot of clients, from some of them is obviously my accent and the first question is where do I come from and obviously, I need to explain." (Alice, p.2, 15-17)

"...I would say my accent... I can't hide it, because, you know, people can hear it..." (Eloise, p.1, 17-20)

"I feel like if the race or the initial impressions might deter people from choosing me as a therapist." (Ling, p.2, 38-39)

Ling's signs of foreignness might impact the cross-cultural encounter, either due to her insecurity and preoccupation about clients' impression or due to being rejected based on race, as discussed below.

Aspects affecting the cross-cultural relationship

Participants discussed aspects that triggered their insecurity, particularly at the beginning of their practice.

Finding the right words

Participants felt that occasionally pausing to find the right words affected both their sense of professionalism and the length of sessions, which they considered a drawback. Perceptions of clients' expectations again affected the therapists' sense of self, as illustrated by Alice and Freja's fear of clients' disappointments.

"…obviously sometimes inside I can feel, I guess, less professional because in this sense my language skills hinder me and sometimes if I have to search for a particular word it may take longer, or it may not be the precise word." (Alice, p.2, 47-50)

"You can stumble on your words, sometimes not thinking of the right word, I would think of the word in my language, but I can't seem to find out what it is in English." (Freja, p.6, 50-52)

"…I'm not sure what effect it might… what impression it might have on the client." (Freja, P.9, 15)

Cultural clashes: classes, values and traditions

Participants were disoriented by the concept of class. Freja flagged this up to other therapists, saying: 'you need to know'. This created a feeling of cultural distance, as the British habit of 'categorisation' was an alien barrier to establishing trust.

"I think you definitely have to know about classes, social classes, because otherwise you wouldn't be able to understand in general why they (British) in general categorise people the way they do." (Freja, p.3, 50-52)

"…and as a foreigner that's quite a strange thing, I think." (Freja, p.2, 54)

"…let's say that's not very good for developing trust…" (Freja, p.3, 38-39)

Others struggled to understand and overcome cultural clashes. Ling tried to appreciate the intensity of a client's experience which differed from her family values.

"…it's common with my culture but I guess here living with your parents is considered like you're going backwards. But I understood it anyway, so some people might come in that sense of behaviour that they move backwards if they come to their parents… But sometimes that intensity may be something that I'm messing around, intensity how much of a failure they are for instance." (Ling, p.11, 33-39)

Furthermore, others noticed that their direct speech, which they saw as a cultural trait, was not appreciated in their new culture.

"…in that sense I have to be English, I can't say it as a my nationality person. It would be too crude and too foreign for them if I were to be as direct, I think." (Freja, p.11, 33-34)

Rejection or resistance: culture as an excuse?

Some participants were rejected by clients based on their accent. This discriminatory experience was perceived differently, according to therapists'

standpoints. While therapists tried to justify clients' rejection, it impacted their professional sense of self.

For instance, Eloise accepted rejection as a client's choice, whereas Alec saw it as part of the clients' presenting relational issues.

"And up to the end she said she wanted to work with me and then she sent me a text a few days later saying 'Actually I don't want to work with you. I found a British counsellor'… for me it was fine that was her choice …" (Eloise, p.4, 22-25)

"…perhaps the children didn't want to go there (talking about their issues) or perhaps they were afraid of disclosing or talking about what happened at home… so they were easy to say that they didn't understand my accent and they didn't want to work with me anymore." (Alec, p.2, 34-37)

Ling believed that, due to her Eastern appearance, she looked younger than she was. She perceived this as affecting clients' perceptions about her expertise, particularly in a hospital setting, where clients had more severe mental issues.

"…clients have requested another therapist… in the hospitals for instance where they made a comment

'Oh that little girl, I think she's too inexperienced to deal with me'." (Ling, p.7, 6-7)

"…in mental health wards where patients are really unwell and what I found is when they're really unwell, race becomes much more salient, much more significant. Racial abuse then that becomes almost how they look at you, to define you." (Ling, p.2, 51-52; p.3, 1-3)

Language and shades of emotions

Communication between cultures could be affected by peculiarities both at language and non-verbal levels, some of which could not be literally translated. For instance, participants felt that they had to pay extra attention to emotion words, which could be used differently across cultures.

"…if we for example take the word 'anger' in English has a certain connotation, the literal translation doesn't always reflect what the client is trying to express." (Eloise, p.3, 3-5)

"…it could be cold anger, hot anger, it could be frustration, it could be all kind of anger." (Eloise, p.8, 32)

Eloise's sensitivity to clients' expression of emotions demonstrates the increased attention that being foreigner might entail in order to consider diverse perspectives.

Socio-political context

The socio-political climate at the time of the interviews is noteworthy. The outcome of the Brexit vote impacted participants' work. Additionally, participants felt unsure of their future in their host country.

"I've had clients who lost their job because of Brexit and they were British. So I've had from both sides and fear and concern for the future is constant at the moment in the room, it's all the time with everybody." (Eloise, p.6, 38-40)

"Well, just about this fear that my patients have that I have to move away, their fear of being abandoned, so I had to address that. Of course, I can't tell them whether I'm gonna stay or not, I just interpret their terror of me abandoning them." (Emma, p.4, 7-9)

While both participants sensed their clients' fear, Emma described attending to clients' feelings of attachment or fear of abandonment.

Discussion

Key findings from this study highlighted difficulties that foreign therapists may encounter, adding to previous research on the challenges of cross-cultural therapeutic relationships (Tsuman-Caspi, 2012).

Developing cultural awareness and aspects of cross-cultural relationship

Reciprocal cultural differences affected relational dynamics with clients and prompted therapists' adjustment to clients' cultural context.

Preconceptions

Developing cultural awareness, foreign therapists became more aware of preconceptions affecting their sense of self and confidence, with one participant stating that everybody is influenced by preconceptions picked up from their cultural environment at conscious or unconscious levels.

As Christopher and Smith explained, training in counselling and psychotherapy in another culture represents "one of the most personally challenging tasks conceivable" (2006, p. 275). Akhtar referred to immigration as "a complex psychosocial process" (1995, p. 1051) that affects identity. Participants' anxiety over being accepted and professional confidence seemed to affect how they entered and developed their therapeutic relationship with UK clients.

However, individuals (particularly clients who reject foreign therapists) may not be aware of their implicit attitudes and biases. As Rehil et al. (2015) suggested,

biases could activate behaviours, which are incongruent with one's explicitly held beliefs.

Accent and other signs of foreignness

Accents and other signs of foreignness might elicit the activation of implicit bias and so affect the establishment of the therapeutic relationship, both for the therapist, who might feel judged, impacting their professional confidence, and for the client rejecting the therapists, who might fear not being understood.

Scholars have suggested that people who look or speak differently to listeners' expectations often elicit a covert or overt unfriendly reaction (Hansen et al., 2017). Indeed, Chakraborty (2017) stated that accents are a clear signal of out-group membership. According to 'looking glass self' theories (Dunn, 2008), we experience ourselves based on how we perceive others seeing us, impacting on our sense of self and confidence.

Finding the right words

The occasional impasse when foreign therapists paused to look for the right word also affected their self-efficacy. For example, Alice's language skills affected her professional confidence. Similarly, Imberti (2007) suggested that a lower level of linguistic competency tends to be perceived as denoting a lack of education. Hence, clients' perceptions of a therapist's competence might have been influenced by their language skills.

Peng et al. (2020) described foreign therapists' feeling of incompetence as a consequence of their language and accent, suggesting that "therapists who speak English as second language experience language discrimination through judgments of their professionalism, competence and credibility".

In the current study, participants felt that their accent, vocabulary or physical appearance could provoke clients' fantasies and affect the relationship from the first session. Thus, their insecurities affected their expectations of clients' reactions. This may affect the transference and countertransference response (Skulic, 2009).

Language and shades of emotions

While developing cultural sensitivity, foreign therapists paid closer attention to emotion words, which they felt differed in terms of intensity between cultures. Pavlenko (2008) analysed the effects and difficulties of translating the intensity of emotions in another language and culture context.

Indeed, in this study Eloise pointed out the need to pay attention to the language of emotions.

Cultural clashes, rejection and power dynamics

One cultural peculiarity was the impact of class during the establishment of crosscultural relationships. One participant initially found this concept alien, struggling to understand British clients' tendency to assess the therapist's social class as an element for establishing trust.

Balmforth (2009) highlighted the relevance of therapists' social class for clients. Clients felt disempowered if they perceived the therapist to be of a superior social class. This affected the establishment of therapeutic trust, as clients expected the therapist to be unable to fully understand their world. Hence, this cultural peculiarity could lead to suspicion or rejection of foreign therapist.

Participants in the current study described cases of client rejection based on their accent or culture. Z. Abrams (2018), who also experienced racial discrimination as a therapist, has acknowledged the prejudices that some foreign therapists might experience and explained how to handle clients' hostility. However, psychotherapy trainers and supervisors often pay little attention to addressing difficulties generated by clients' prejudice towards foreign therapists in sessions (D. Abrams, 2018).

Pond et al. (2014) used neuroimaging to find that social exclusion and rejection impact cognitive performance. In the current study, Freja and Alice highlighted their occasional difficulty finding the right words, which created discomfort and feelings of being under-skilled and 'less professional', thus affecting further their language skills and their professional sense of self.

Beagan and Chacala (2012) explored power dynamics when establishing the therapeutic relationship and suggested that scholars of multicultural competence tend to focus on therapists' ability to equalise power dynamics in the therapeutic alliance. However, few authors have considered the difficulties that an ethnically diverse therapist may encounter when establishing balance if a client presents with conscious or unconscious stereotypical prejudice, including less hostile but patronising forms of prejudices and microaggressions (D. Abrams, 2018). Indeed, supervisors and trainers should consider a closer attention to this type of dynamics in the therapeutic relationship also from the foreign therapists perspectives.

When considering patients with severe mental illness, neuroscientists exploring explicit and implicit prejudice have stated that "a fundamental aspect of social interaction and social cognition is a rapid identification of others as either similar

or different from the self" (Reihl et al. 2015, p. 249). In the current study, Ling emphasised that racial abuse was prominent with severely ill patients, whose rational inhibitory mental processing might have been overridden by their illness, meaning their unconscious biases were being expressed.

Socio-political context

This study was carried out in a political climate that impacted participants' therapeutic experience. The Brexit referendum outcome created a mixture of fear, concern and confusion in both therapists and clients, affecting cross-cultural dynamics.

This socio-political situation appeared particularly relevant for foreign therapists, who might have already experienced an ambivalent tension between cultures. As Redding (2020) advised, multicultural psychotherapy should include the ability to accept and address different socio-political values in the therapeutic encounter. According to Orbach (2016), the Brexit referendum caused shock and despair for at least half the UK population and became a main topic of therapy for a long period. Orbach (2016) referred to the vote outcome as "an assault on senses of self, of identity and community" (p.vii)

Milton and Legg (2000) reviewed how "politics material is engaged with by psychotherapists" (p. 279), suggesting that it would be beneficial to consider individual problems in a socio-political context which might affect an individual's feelings and ability to cope.

In the current study, two participants described that Brexit increased fear and uncertainty about the future for both clients and therapists. Additionally, as D. Abrams (2018) suggests, political events such as Brexit might create hostility and fear, increasing antagonism and hatred between groups.

Implications

This study is a contribution to multicultural psychotherapy via the narratives of six foreign therapist participants. While results cannot be generalised, they are in line with others from the field and cover aspects that could be useful for trainers, supervisors and trainees.

In particular, foreign therapists and trainees may experience increased anxiety and challenges at the beginning of their training and practice, as they might experience shifts in sense of self, induced by clients' rejections or perceived prejudices.

Additionally, it could be beneficial to attend to the translation of emotions and other cultural expressions in the cross-cultural therapeutic communication.

This analysis of the experience of foreign therapists could also result in a better understanding of the stressors that foreigners, including clients, might experience both during sessions and in everyday life in a new country. Hence, it could help psychotherapists to attend more closely to their inner processes and consider differences in cultural mores and values.

Training course providers and supervisors should consider the extra difficulties that foreign trainees might face with prejudiced clients and help them address power dynamics in the cross-cultural interaction whilst also evaluating their diverse values and perspectives.

Limitations

Despite providing rich data about the experiences of foreign psychotherapists in the UK, the current study had limitations. All participants were from different nationalities, providing a variety of perspectives. However, this could also disperse specific cultural-related perspectives towards cross-cultural experiences.

Furthermore, the researcher's experience as a counselling psychologist in training might have impacted participants' interview responses, as they might have avoided presenting major issues related to their practice or assumed, she knew what they meant because she is also a psychologist.

Additionally, the researcher may have missed opportunities during the interviews to further pursue some aspects that, during analysis, proved interesting and would have benefitted from deeper exploration.

Suggestions for further research

Researchers may wish to explore how clients feel about working with a foreign therapist. It could also be interesting to further explore the socio-political effects of the cross-cultural therapeutic encounter, which might lead to prejudices and affect the power dynamics in the therapeutic relationship, hindering the development of trust between therapist and client.

Conclusion

This article included some salient aspects of the cross-cultural therapeutic relationship from the perspective of foreign therapists. Of particular interest was the effect that language and accent may have on the therapeutic relationship and therapists' confidence.

Additionally, when establishing a therapeutic relationship, some participants felt apprehensive about clients' preconceptions and rejections. This insecurity might have shifted the power dynamics of the therapeutic relationship.

Moreover, cultural clashes in values and the socio-political context of the past few years seemed to elicit further potential hurdles to such therapeutic relationships.

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