DUBLIN BUSINESS SCHOOL

DEIRDRE LEAHY

“A QUALITATIVE STUDY OF THE THERAPISTS EXPERIENCE COUNSELLING NON NATIVE ENGLISH SPEAKING CLIENTS IN DUBLIN”

THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF THE BA (HONS) COUNSELLING AND PSYCHOTHERAPY

SUPERVISOR: GAEL LE ROUX

DATE 15th APRIL 2011
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People of different religions and cultures live side by side in almost every part of the world, and most of us have overlapping identities which unite us with very different groups. We can love what we are, without hating what – and who – we are not. We can thrive in our own tradition, even as we learn from others, and come to respect their teachings.”

—Kofi Annan, Former Secretary-General of the United Nations
ABSTRACT:

This study looks at the individual therapist’s experience when counselling non native English speaking clients in Dublin. The views of the participants were sought on the barriers imposed by cultural differences in both verbal and non verbal communication in the therapeutic relationship. Their opinion was sought on the necessity for specific counselling competencies and training when working cross culturally. A qualitative approach using semi-structured interviews was used to gather the information. Five therapists from different counselling disciplines working in varied practice centres in Dublin participated in the study. One of the main study findings is that the therapists who have experience of training and/or counselling outside Ireland have a deeper understanding of the subtle nuances of cultural differences than those therapists who trained in a monocultural campus. A recommendation arising from the study is that access to cultural mediators would be a valuable resource and support for therapists working interculturally.
1. INTRODUCTION

1.1 Background to the study:

Counselling and psychotherapy are becoming an accepted part of mental health care in Ireland. Irish people appear more open to availing of counselling in some form if they are experiencing emotional difficulties coping with life events. Ireland however has rapidly become a multicultural society with many nationalities living and working here. The census figures from 2006 showed there were 420,000 non nationals living in Ireland representing 188 different countries, (Census 2006.) This expanding and culturally diverse population could have an impact on counselling and psychotherapy practice in Ireland. This study will look the therapist’s experience when counselling non native English speaking clients in Dublin.

1.2 Aim of the study:

The aim of the research is:

- To look at the barriers that can be imposed by differences in verbal and non verbal communication for the therapist when counselling non native English speaking clients.

- To obtain the therapists opinion on the necessity for specific cultural counselling competencies when working with this client group.

- To ascertain the therapists view on the value of specific multicultural training courses for counsellors to enable them to develop cultural awareness.

1.3 Significance of the study:

The population profile is changing in Ireland. It could be expected that this will impact on counselling and psychotherapy practice. The opinions and views of
individual therapists who are counselling interculturally with non native English speaking clients could be of interest to therapists who have not yet worked with this client group. One to one counselling can often be viewed as an alien concept by non Western cultures. The participants experience could give insights into creative ways of engaging with cultural difference in order to offer effective appropriate therapy cross culturally. The interviewee’s opinions on cultural awareness training could have a positive impact on counsellor training programmes in the future.

1.4 Structure of the study:

This is a qualitative study examining the experience of five therapists counselling non native English speaking clients. The literature will be reviewed to explore general views on the topics for discussion. The design of this research piece will be explained in the following chapters. The results will be analysed. This will be followed by a discussion on the findings of the study in relation to the literature reviewed. Finally recommendations will be made in relation to the findings.

1.5 Conclusion:

The researcher feels that this study of the therapist’s experience of counselling non English speaking clients is timely, given that the growing population diversity in Ireland could impact on the practice of counselling and psychotherapy in the future. The following chapter will detail the literatures views on the topics for discussion in the study.
2. LITERATURE REVIEW

2.1 Introduction:

The scope of this piece of research is limited. The sample size is small. It aims to look at the individual therapist’s experience of counselling cross culturally with non native English speaking clients in an Irish context. The literature review will look at information on the mental health issues of migrants. It will focus on the perceived challenges for the therapist of verbal and non verbal communication difficulties when building the therapeutic relationship with a non native English speaking client. It will also review literature on the debate for the need for developing specific cultural counselling competencies by various authors and the views on training for counselling cross culturally.

2.2 Immigration and mental health:

Studies carried out in various countries seem to indicate that migrants have higher rates of mental distress than native born people or the population of their country of origin. Doherty (n.d) states there is a substantial amount of literature written on the maladaptation and ensuing stress of people removed from their cultural roots through migration or involuntary displacement. The phenomenon of culture shock he continues has occupied many “culturally orientated mental health professionals”; among them he cites Pedersen, Loner and Draguns (1976) and Taft (1977). There have been attempts to try and identify features of those people most likely to succumb to this kind of stress. Doherty (n.d.) continues that studies have been undertaken of characteristics of host countries in an effort to identify possible stresses for newcomers.
Writing about the changing face of Ireland Feeney, Kelly, Whitty, and O’Callaghan (2002) addressed the challenges for those working in the area of mental health care. One of the challenges they point out is to ensure that the mental healthcare provided to migrants adheres to the Irish Governments stated principles of equity, person centeredness quality and accountability. The late Professor Anthony Clare (2002) cited the Principles for the Protection of Persons with Mental Illness and Improvement of Mental Health Care adopted by the UN General Assembly in 1991, stating it is the right of every person to receive psychiatric treatment suited to his cultural background. Carta, Giovanni, Bernal, Hardoy, Haro-Abad (2005) state that of all the changes a human being faces in his life few are as wide and complex as those which take place during migration. They highlighted the importance of adopting an integrated approach to mental health care that moves away from psychiatric care only. Dr. Bernard Ruane, (2008) interviewed by the Forum on Migration and Communication stated there was a higher incidence of depression among asylum seekers. His conviction comes from his experience of witnessing the mounting mental health problems of asylum seekers in his surgery.

The census figures from 2006 showed there were 420,000 non nationals living in Ireland representing 188 different countries, (Census 2006.) In three articles in the Irish Medical Times (October 2008) Dr. Faraz Jabber, Dr. Brendan Kelly and Professor Patricia Casey stated that the aggregate figures for immigrants to Ireland over a five year period from 1995 to 2000 represented 7% of the country’s population. Little appears to be known of this groups mental health needs. Jabber et al., (2008) reported that a chart review study in St. James’s Hospital Dublin suggested
that the immigrants mental health needs were high and comparable to migrant populations in other countries.

Language and difficulty in communicating their mental health needs was one of the reasons suggested by Jabber et al., for the poor uptake of mental health services. (Irish Medical Times 2008). In 2005 Dr. Ann McFarlane, NUI Galway, conducted a study on Language Barriers in Primary Care. She examined the impact of language difference and communication difficulties of migrants, refugees, asylum seekers and service providers in both primary and secondary care. One of her key findings was that good English does not guarantee problem free communication.

The literature concludes there is need among the migrant population in Ireland for appropriate mental health care. The study will explore communication difficulties experienced by therapists counselling non native English speaking clients. It will also discover the counsellor’s views on the necessity for specific counselling skills and training to provide the need highlighted.

2.3 **Language and communication both verbal and non verbal in the therapeutic relationship:**

There was little information in the literature on the experience of the individual therapist when working cross culturally with non native English speaking clients. Healy, Lyons, O’Malley and Antonijević (2009) state Ireland has always been a bilingual country with both Irish & English recognised and they cite the Official Languages Act 2003. With the increase in immigration Ireland has become a country of greater cultural and linguistic diversity.
Working as speech and language therapists Healy et al (2009) states research shows that many therapists in the field are not confident working with bilingual clients, and feel that training does not give enough guidelines for best practice.

Although language is rarely the focus of psychotherapeutic work, Javier (1995) states that as what we do as clinicians is often called the talking cure, speaks of its importance. Clauss (1998) speaking of language as the unspoken variable in counselling asserts that both language and culture provide a lens for human experience and how we perceive the world. Foster (1996), feels as a result bilingual persons with a different language code can think, feel interact and experiences themselves in dual ways. Atkinson & Bernal (2005) suggest language may be a barrier in cross cultural counselling. Judit Weiss (2004) writes that you will find the same words in different languages but they can have different meanings. She suggests that the words in a person’s language of origin will be imbued with feelings and connections. Yallom (1980) citing Helmuth Kaiser (1934) offers only one rule for the therapist that is to “communicate”, all other requirements are not what the therapist must do, but what he/she must be. (p.406). Carl Rogers (1961), states that the whole task of psychotherapy deals with the failure of communication. The emotionally distressed person is in difficulty because communication within himself has broken down, and as a result his communication with others has been damaged. Elefheriadou (1997) citing Lago & Thompson (1996) discussing the nature of culture difference in counselling, uses the image of an iceberg. As therapists we can be aware of visible differences in communication through customs and language. Confusion and misunderstanding however can occur in the area below the tip of the iceberg in non verbal communication.
deCourcy & McCarthy (2003) maintain many overseas clients might speak poor English, have learnt it as a foreign language, and could have a heavily accented pronunciation. Therefore they say attention needs to be paid to the non verbal communication in the therapeutic space. Patterson (1978) states that non verbal behaviours may have opposite meanings in different cultures. Spinelli (2005) states studies of non-verbal behaviour demonstrate their influence on our perception of others. Eye contact, gestures, personal space are all variables and effect our perception. It is likely that we can use them to supplement or over-ride verbal statements. Eye contact when used with clients from other cultures may be non-therapeutic. Patterson (1978) asserts that in some cultures it is taboo for a female to look a male in the eye. Sue & Sue (1977) maintain that mental health professionals in Western cultures use eye contact as a diagnostic tool and warn that different cultures have different meanings on the directness of gaze. Personal space can be another nonverbal method of communication. Sue & Sue (1977), maintain that counselling African, Indonesian and Latin American clients dictates a much closer proximity that might not be comfortable for Western therapists. The counsellor may misinterpret the client’s behaviour as being too intrusive or a sign of aggression. Silence also has different meanings cross culturally. In Asian culture Sue & Sue (1972, 1973) say silence is a sign of respect for elders and politeness rather than a lack of desire to speak. A danger for the therapist is to assume false motives to apparent reticence. Sue & Sue (1997) discussing the implications for the therapist in counselling clients from different cultural backgrounds state the counsellor must take into account the interaction of language and culture on verbal and non verbal communication. Dr. Haled Sohail (n.d.) a psychiatrist practising in Ontario, Canada, found himself counselling many Asian immigrants. Despite the availability of Canadian mental
health practitioners they were reluctant to use them. The immigrants felt that mental health care workers trained in the Western value system would not understand them. Sohail states that although psychotherapy is an integral part of the health care system in the West, in countries where social and economic conditions are poor and people are struggling with the issue of survival then psychotherapy is a luxury that few can afford.

The literature stresses awareness of specific cultural differences in communication when counselling cross culturally. It also debates that these differences could arise with clients from the counsellor own culture who may use language in different ways, depending on their background, age and gender.

2.4 Are specific cross cultural counselling competencies needed to build the therapeutic relationship?

Costigan (2004) states increasingly counsellors in the Western world are been called upon to work with clients from different cultures, religions and ethnicities. She says this will become more evident in Ireland with the migration of people throughout the European Union, and with the arrival of refugees and asylum seekers. She suggests that a new pluralistic society has been created. She states “old models derived from mainstream counselling which largely ignore any mention of cultural diversity or social difference can offer little to these clients from different cultures who seek counselling.” (p.40). Stanley Sue (1998), in looking at the question of specific culturally competencies raises many questions. He states that in the case of counselling ethnic minorities, no rigorous research has determined if psychotherapy is effective. The reasons for his questions he states is that researchers have not distinguished between general counselling’s skills which promote cultural
competency and specific skills that enhance effectiveness in a particular culture. In his own opinion he states that culture specific competence is important. Javornik (2008) writing on intercultural competency states that knowledge of counselee’s culture is important. This increases cultural empathy from the perspective of the client’s culture. Awareness of one’s own culture and values is important she states. O’ Rourke (2002), also draws attention for the need of the therapist to be aware of their own culture and its impact on their values and beliefs. Sue & Sue (1999), Sue, Arredondo & McDavis (1992), list an extensive range of what they perceive to be necessary cultural competencies. Among these are awareness of the therapists own culture and awareness of their prejudice and bias towards ethnic groups. They state that culturally skilled therapists must understand and have knowledge around socio-political influences and any issues that might influence the therapeutic process with their ethnic client.

Patterson (1978) notes that considerable attention is given to the counsellor’s understanding of himself and awareness of attitudes and values. He states these understandings do not pertain to cross counselling therapy but can be difficulties with clients from the same culture as the therapist. Citing Stewart (1976) he states there are “universalities of human behaviour” which can be used as a basis for shared qualities. Patterson (1996) explores the idea of universality further, stating that all clients belong to multiple groups which can influence the counsellor’s perceptions and beliefs. He continues if all cross-cultural counselling is generic then it is possible to have a universal system of counselling. Patterson (1995), says he is aware that to even suggest there is universal system of psychotherapy “flies in the face” of all that been written about cross cultural psychotherapy. (p.1). He states he recognises that there is
an acceptance that counselling approaches developed in the Western culture do not apply to all cultures. However he states that the system developed in the West does recognise the universal motivation and goal of all human beings. Patterson (2004), states that Weinrach & Thomas (2002) have shown conclusively that the idea of specific competencies is flawed. Patterson (2004) again states there is no specific form of counselling that is multicultural. Mental health professionals do not need different practice methods for all the possible groups in our society. The aim Patterson (2004) states, is to provide an effective therapeutic relationship regardless of the culture of the client. He agrees with Sue & Sue (1989, 1990) that Rogers (1957) conditions of respect, genuineness, empathy and positive regard are important but states they are not culture bound. In answering his own question on do we need specific cross cultural competencies his answer is a categoric no.

van Deurzen (2002), states that the counsellor must question his/her own ideas and insights, and must be ruthlessly honest about his/her limitations. She states every client will challenge the practitioner’s assumptions and stretch his/her experience. Adopting this approach she states, helps the counsellor cross cultural and national boundaries. Elefheriadou (1997) says cross cultural therapy does not mean there are different methods of counselling particular groups such as West Indians or Italians. He maintains cross cultural counselling aims to encourage communication rather than highlight ethnic difference. The American Psychological Association (1990) guidelines state the issues of language and culture do impact on the provision of appropriate service for ethnic groups. They state that there is a need to develop frameworks to “assess the value of and utility of research” involving counselling ethnic groups. According to Lavina Gomez (1997), working with clients from non
Western cultures involves different expectations of what constitutes personal development and different modes of communicating and this can be missed by the Western trained counselor. She states that cultural difference is important and fundamental and yet remains unacknowledged. Counsellors would expect to read up around different psychological disorders but often do not see the necessity to acquire knowledge of a clients cultural background through historical, geographical and sociological sources; without this she says communication at any depth is impossible.

Pittu Laungani (2005) on the building of multicultural counselling bridges states that although we have travelled a long way we are left with far more questions than answers. She says “although the questions may seem rhetorical and even unanswerable, I believe it is important to ask them. Not to ask questions is an admission of despair.” (p.257). Wehrly & Watson Gegeo (1985) wrote that the need to revise and broaden methodology for studying human interaction is now being recognised. They cited Smith (1981), who advocated the use of naturalistic inquiry ethnographic methods for a study of the counselling process cross culturally.

2.5 The need for specific training courses:

The literature reviewed showed mixed views with no definite answers to the question. Information on specific training in cross cultural counselling issues in Ireland is sparse.

Sammon & Speight (2008) citing research by Ponderotto, Reiger, Barrett & Sparkes (1994) stated that more research is needed on the outcomes of multicultural training courses. One of the main findings of their research was that the experience on the course influenced the student’s personal awareness of their own bias and attitudes to
ethnic difference. They cite Ponderotto (1998) who suggests that the training experience of counselling students should be further researched.

In their report on mental health and migration in Europe, Carta, Bernal, Hardoy and Hao-Abad (2005), say there is a clear deficiency in training for mental health professionals on the topic of understanding immigrant culture. They stress the need for urgent change in training. Rivera, Phan, Maddux, Wilbur and Arrendondo (2006) assessed counselling skills and human relations skills of counsellors in training and stated there is little information in counselling training on how a trainee counsellor can get a better understanding of themselves and their clients from ethnic backgrounds. Their research showed that the students counselling skills changed as they become more aware of themselves. Elefheriadou (1997), states that counselling training is predominantly ethnocentric which influences the ideology of the training. He maintains we can prepare ourselves for cross cultural work by undergoing training, and learning culture systems but the outcome for the client will depend on the therapeutic relationship. Horton (1997) on the “Needs of Counsellors and Psychotherapists” writes that he is concerned that all trainee counsellors and psychotherapist will be able to enter a unified profession that will work with and celebrate difference.

An outreach project in Cork (Press release October 2010) by the Society of African Missions is offering a Practical Counselling Skills Course which has a module on multicultural issues “relevant to multicultural Ireland”. O’Sullivan (2006) speaking of the work of Spirasi developed with victims of torture and abuse from Nigeria, Romania, Sudan and Iran, states that although their counselling work takes place in
their centre, they are developing a bank of culturally appropriate literature which might be helpful to counselors working with refugees and asylum seekers.

One of the objectives of multicultural counselling training according to Lesco (2010) is that it should call on the student to examine his/her own culture and cultural beliefs in order to understand what might influence his/her own counselling practice with an increasingly diverse society.

\[2.6 \text{ Conclusion:}\]

It would be surprising if the increased numbers of people arriving to live and work in Ireland did not impact on counselors and therapists in their clinical practice. That cultural awareness is an issue for counselling and psychotherapy practice is reflected in the literature. The authors debated, stating that the counselor cannot learn all aspects of all cultures however they must accept there is no generic culture. There appears to be a lively debate ongoing in the literature around whether specific cultural competencies are necessary in intercultural counselling. It questions whether Western orientated counselling training is open enough to ethnic difference in its approach. Because of the complex nature of human interrelationships perhaps there are no definitive answers to the questions raised in the literature but this does not stop the search for answers to the questions raised. The findings of the study may give some answers that might be useful in the Irish context.
3. RESEARCH METHODOLOGY

3.1 Introduction:

This research is a qualitative study of the experience of individual therapists counselling non native English speaking clients as part of their clinical practice in Dublin. It was carried out using semi-structured interviews to get an understanding of each therapist’s views on any challenges and difficulties that might emerge when counselling this particular client group. This section will detail the research methodology applied in this study.

3.2 Context of the study:

Because Ireland is rapidly becoming a multicultural society the researcher feels that this study will be valid in its “historical, social and cultural location” (McLeod, 2003). The study will aim to gauge the individual counsellor’s perceptions around the area of communication with non native English speaking clients. It is interested in their insights around the cultural differences in verbal and nonverbal communication and how they might impact on the therapeutic relationship. The therapists view on the need for specific cultural counselling competencies is also of value to this research. The study is curious about the individual therapist’s opinions on the value of specific training courses to meet the counselling needs of non native English speaking clients. The views of practicing therapists are of interest because of the growing diversity in Irish society today and its possible impact on counselling and psychotherapy.

3.3 Participants:

The sample size for the study was five therapists who have counselled non native English speaking clients. The participants were four female and one male therapist
between thirty and fifty years of age. All had been counselling in Dublin for a number of years. Three of the participants had undergone all or part of their training and had experience of counselling outside Ireland.

One of the participants is a counselling psychologist working in a counselling centre. This therapist works with non native English speaking clients who have suffered trauma in their country of origin. This participant has worked and trained in England. Another interviewee is a cognitive behavioural therapist working as part of a team in a hospital setting in Dublin. This therapist has counselled in England with non native English speaking clients mainly from the Afro Caribbean community. A counsellor who uses a person centred approach and works in a city centre medical centre participated. Another interviewee works in private practice using an integrative approach and has counselled members of the Chinese and African community living and working in Dublin. A further participant is a non native English speaking counsellor who works as a systemic family therapist in a hospital in Dublin. This therapist also trained and worked in England and Denmark and counsels her clients through the English language.

The participants were chosen because of the diversity in their counselling disciplines and practice centres. It was felt that these participants would give a broad view of the impact on the therapist when working with non native English speaking clients. The fact that three of the participants had experience counselling this client group outside Ireland added interest to the study. The perceptions and insights of the non native English speaking counsellor gave the study a wider perspective.
3.4 **Research Procedure:**

The design method used in this research was a qualitative approach using a semi structured interview. According to McLeod (2003) a qualitative research interview is a conversation where the theme of the research is of interest to both participants. One of the drawbacks of a one to one interview is that the informant may be influenced by the expert other, the interviewer. (McLeod, 2003) This did not arise in this research piece as the interviewee was the “expert” and the researcher had a genuine non biased curiosity as to the participant’s views and opinions on the topics. (McLeod, 2003, p.75). Having considered the literature on the areas of interest to the study the following hypotheses were formulated to consider the validity of the study by qualitative research

**Hypothesis 1:** It is hypothesised that cross cultural differences in both verbal and non verbal communication creates challenge for the therapist.

**Hypothesis 2:** It is hypothesised that prior knowledge of a client’s cultural background is necessary before beginning the counselling work.

3.5 **Data Collection:**

A network of therapists known to the researcher was used for referral to those who might be willing to participate in the study. A brief overview of the aim and purpose of the study was circulated. (Appendix 1). The interested participants were initially contacted by phone. A letter of invitation was sent to each potential participant with the topics for discussion. (Appendix 2). The voluntary nature of the participation was emphasised. It was stated clearly that the participant’s identity would be kept confidential, the interviews identified only by a number. It was emphasised that at any time during the study they were free to opt out of the interview process. The
interviews were arranged at a time and place to suit each participant. Three of the interviews were carried out at the participant’s place of work. A fourth interview was conducted in the participant’s home. A fifth interview took place in a library study room. These venues were the choice of the individual participants. There was a short informal chat before each interview to develop rapport and to clarify the purpose of the study. A Form of Consent to Interview (Appendix 3) was read and signed by each participant. The interviews were recorded using a Dictaphone recorder. Each interview took forty to forty five minutes. The recordings were then transcribed verbatim by the researcher. No information was given in the recording or the transcription that could identify the participant. The transcripts were read through to get as stated by Gillam (2005) “a feel for the content” (p.125).

3.6 Data Analysis:

Qualitative research is a naturalistic approach, with a sense of openness to what will emerge in the process. The analysis of the data collected was carried out using a thematic approach. This method allowed the study to compare and contrast the counsellor’s perceptions in relation to the themes that emerged. Why they have that point of view and how they come to hold that view? How the topics discussed have impacted on their clinical practice? The object of using the thematic approach is to see if patterns will emerge in the therapist’s perceptions. It could also show comparisons and contrasts between the experience of the therapists who have worked solely in Dublin and the therapists who have experience counselling outside Ireland with non native English speaking clients.
3.7 Ethical Considerations:

It was important to be clear about the nature of this research piece which is the individual experience of the therapist around the challenges for them when counselling non native English speakers. As the participants will be sourced through a network of therapists there might be concerns that the interviewee could be identified. Confidentiality around the interviewee’s identity will be strictly adhered to. Interviewees will be identified by number only. This research will be carried out within the guidelines of the code of Ethics and Practice of the IACP. All participants involved in the study are governed by their professional body’s code of ethics.

3.8 Conclusion:

The principal aim of this study was to learn about the experience of individual counsellors working with non native English speaking clients in Dublin. It hoped to obtain through naturalistic inquiry the participants views on any challenges that impacted on them when working with this client group. The study was curious about the themes that might emerge from data collected through semi-structured interviews. The authors cited in the literature review had mixed views on the need for specific cultural counselling requirements and the necessity of specific training. The study was interested in the views and opinions of therapists who currently work in Dublin across a range of counselling disciplines and practice centres. Research as Gilliam (2005) tells us is all about discovery.
4. RESULTS OF DATA ANALYSIS

4.1 Introduction:

This chapter will examine the results of the data gathered from the semi-structured in interviews. The topics discussed were perceived challenges around verbal and non verbal cultural differences in communication; the necessity of specific cultural counselling competencies when working with cultural difference and specific training needs for counselling interculturally to develop cultural awareness.

4.2 Participant’s Details Outlined:

The table gives an overview of the research participant’s age, gender and nationality. It allows the researcher to show clearly the different counselling approaches used by the interviewees. The table highlights the fact that three of the four participants have trained/counselling outside Ireland. The details show that three of the participants work in the private mental health services and two work within the public mental health sector.

<table>
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<td>M</td>
<td>30+</td>
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<td>40+</td>
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<td>Yes</td>
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<td>Yes</td>
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<tr>
<td>P5</td>
<td>F</td>
<td>30+</td>
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<td>Yes</td>
<td>Yes</td>
<td>Private Hospital</td>
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</tr>
</tbody>
</table>
4.3 The Therapist’s Initial Concern About Language Difference:

The emotional and physical impact on them when working with language and cultural difference was noted by the interviewees. Two of the participants reflected on the apprehension they felt beginning counselling with this particular client group:

- **P2.** “When I started with this group I did have a huge anxiety. It is a great burden to make sure you are understood. You have to put much of yourself into meeting these clients for the first time”

- **P3.** “It was very much a learning curve as how best to engage with this group. At times I felt out of my depth, felt a little anxious, in terms of feeling nervous”

There appeared to be a widespread concern around being misunderstood by the client. They appeared to hold the anxiety around the cultural and language difference. The emphasis being on their own ability to grasp the message the client was giving. The effect on them around this concern was verbalised clearly by the participants:

- **P1:** “I worked harder to understand the client… my own vulnerability and my own openness would have been very much part of the whole experience”

- **P4:** “I would say it is emotionally more difficult for me, a lot more draining, knowing that there might be something I could be missing… I don’t want to undermine the client because I do not understand them…

- **P5:** “In certain cultures emotions are presented in different ways. It takes me a while to figure out what it is they are trying to communicate to me.. it can be challenging”

The language difference was seen as a challenge by all participants. Each stated that they were aware they changed their response with language difference. The impression appeared to be that the pace of the sessions particularly in the initial sessions was slower because of the language difference. They stated they were aware their own use of language changed to meet the needs of the client:
**P1:** “If I was not clear about what he was saying I was happy to ask again and again... I had to understand his message....I don’t think it was a barrier.. I think it was probably a meeting point for the two of us.

**P3:** “the nuances of language are very important…it slows things down dramatically. You pitch your communication style in a different way. You had to pace the session at their level of need”

Although language difference was seen as a challenge it seemed not to be viewed as a barrier to therapeutic communication and interaction. The participants spoke about the methods they employed to ensure that the language difference did not impede mutual understanding in the counselling space. They stated that they felt the effort and awareness invested in understanding the client’s message enriched the process for them and highlighted the collaborative nature of the process:

**P1:** “It was about getting their language, checking out different words and using words they would understand”

**P4:** “I might use pen and paper, overcoming the difficulty by doing something active…it is helpful with language difference to get a visual aspect.

**P5:** “In their cultural context words might mean something different...capturing exactly what the client is trying to communicate is my biggest challenge. You have to be aware that what you hear is not necessarily what the client is saying.”

### 4.4 Non-verbal Communication:

Two of the five therapists interviewed placed the emphasis on their own use of body language. These therapists had worked and trained outside Ireland:

**P2:** “I would rely heavily on non verbal communication to convey what I mean, hand gestures, tone of voice, eye gaze. I have to familiarise myself with their different ways of communicating... often opposite head gestures for yes and no.”
P3: “in a lot of cultures eye contact would be avoided. Body language would be important, being able to engage the client through your own body language, being relaxed and being present is important.

The non Irish therapist spoke of the subtle cultural differences in non verbal communication. She drew attention to the fact that concepts of personal space and physical boundaries differ across cultures. She maintained it could be easy to assume the clients actions were not appropriate around spatial boundaries but in their culture could be very natural and appropriate:

P5: “Every country has slightly different ways of communicating non-verbally. There are some core reactions, but you cannot assume that you know these.

The therapists who had worked and trained within Ireland spoke of the importance of eye contact. They voiced the opinion that body language and non verbal communication signals were reasonably similar across cultures:

P1: “I cannot recall any major differences. I do remember eye contact.. This he did not make it initially, but I brought it into what we were doing”

P4: “no major difference with clients from one culture and another. Eye contact is important. I would use facial expressions… I would use my hands…

4.5 The Client’s Perception of Counselling:

This theme arose as concern was voiced by four of the five therapists. The non Irish participant agreed that was confusion around the concept of counselling for some clients from non Western cultures. It appeared to them that this lack of understanding might be a barrier to this client group using counselling services in Ireland. It was felt by four of the participants that knowledge of the client’s perception of counselling
might be a useful piece of information so an appropriate form of counselling could be offered to engage the client.

Three of the participants who had experience working outside Ireland felt that if in the clients country of origin, problems and difficulties were resolved in a family or tribal setting perhaps group therapy counselling might be an easier concept for these particular clients to accept. The non Irish therapist stated she had a concern that even if clients came to counselling initially, if the concept of counselling and reasoning behind it was not clear to them they would disengage from the process. The participants clearly stated their concern about the impact that has on the sessions:-

P2: “A lot of my clients do not understand counselling. It is a Western phenomenon and in sub Saharan Africa or the Middle East does not make any sense. The first few sessions are spent explaining what counselling is”

P3 “There is a challenge ….something about them coming and not understanding what it is about. I wondered what it was like for them coming to see me, an Irish therapist, as opposed to someone from their own cultural group”

P5:“Counselling is less common outside Western cultures. The ideas around counselling are very different. People will come to therapy, but if they don’t get it, they are going to drop it.

4.6 Knowledge of Client’s Cultural Backgrounds:
This theme arose around the topic of cultural awareness. There appeared to be a general agreement that cultural difference did impact on the building of the therapeutic relationship. All five participants agreeing that some prior knowledge of a clients country of origin is useful as a broad guide. Two participants were concerned that knowing too much about a culture before meeting the client might in fact impede the therapist:-
P1: “it’s a bit like the Rough Guide... you cannot summarise a nation in a sentence.. it is down to individual’s view of their own culture. You don’t have to be an expert.

P4: “There would be some stuff I would know. People are people, ask the client themselves what their cultural background and belief systems are...how they might try to hold onto their beliefs.

The impact on the individual of their culture appeared to be of greater importance to the participants rather than amassing amounts of information about the country of origin. However it again appeared that there was an acute awareness among the counsellors who had worked and/or trained outside Ireland of the importance of acknowledging the complex cultural differences that can exist within a country. Their views were very interesting and highlighted how tribal or family differences might impact on the individual client and override a general cultural perception. The non Irish therapist felt that access to cultural mediators would help counsellor’s understanding and awareness of specific rites, traditions and pertaining to a particular country. She felt this would be a valuable resource to promote comprehension of different cultural backgrounds. She was unsure if this service was available in Ireland.

P2: “A tribal or religious view could over-ride the cultural more. Let them educate me so I can understand them from their viewpoint.

P3: “Thinking of the Afro Caribbean group... there would be a lot of magical thinking and superstitious thinking that could be mistaken for psychotic symptoms. They would give me an understanding of the pieces of their culture important to them”

P5: “when you are working with someone from a particular country be curious and interested in their view of their culture and what it going on for them... otherwise you could be stereotypical about cultures”

4.7 Specific Skills:

This theme emerged and appeared to engage all the interviewees. Curiosity, awareness and openness to difference were all voiced by the participations as
necessities for counselling. There seemed to be a sense that these “skills” could not be viewed as specific cultural counselling competencies but rather as counselling concepts. The participants believed these concepts are an integral part of their practice with all clients irrespective of culture. Despite differences in counselling disciplines and training all participants emphasised the importance of core counselling skills. They all expressed the view that the ability to engage another human being is the key to working with difference. Their views of all participants were similar:-

P2: “It is just about being with the person, in the end all the differences dissolved, we were just two people”

P3: “If someone has an ability to engage another human being.. if you have that it just happens naturally with someone from a different culture I would not call it a skill, its all about awareness and openness to the differences..

P5: “It is not so much about skills, its about concepts... allowing yourself to be curious and don’t make assumptions.. be irreverent to your own ideas, challenge and question them”

4.8 Views on Specific Multicultural Counselling Training:

This theme showed a general uncertainty among the participants on the efficacy of specific multicultural cultural courses or modules. All participants were of the opinion that cultural awareness should be part of counselling training programmes. However they placed the emphasis on developing the trainee counsellor’s knowledge of the impact of culture through awareness and questioning of their own values and belief systems.

Three participants who had trained or worked outside Ireland felt that a multicultural training campus, with a cultural mix among faculty and students was very helpful to them in developing cultural awareness in an experiential way. These participants
spoke of the concern that classroom training can lead to misconceptions about a culture. Their worry being that trainee counsellors might look for cultural problems and difficulties that might not exist for their particular client. The non Irish therapist in particular was very apprehensive about certain methods of cultural awareness training.

P5: “Culture difference needs to be part of therapy training but not in anthropological way. It should be incorporated in training but in a reflecting space and in an experiential way. If training falls into the anthropological area, it could be dangerous, cause wrong perceptions and assumptions”

4.9 Conclusion:
The topics seemed to engage the interest of the participating therapists. There was an awareness of the impact of language difference when counselling non native English speaking clients, the participants did not appear to view it as a barrier to communication.

There appeared to be a deeper awareness of the subtleties and the complex cultural differences of non verbal communication among participants who had experience training or working outside Ireland. The client's perception of counselling was a concern for four participants of this study and was felt to be a barrier to engaging clients particularly from non Western cultures. The participants did not feel there was a necessity to develop specific cultural competencies; their view being that their core counselling skills worked with all difference presented in the therapeutic space. On the point of multicultural training the participants appeared agree that learning about cultures in an anthropological way could lead to assumptions and stereotypical thinking. The following chapter will discuss the study findings and will compare the participants opinions with the literature reviewed.
5. DISCUSSION

5.1 Introduction:
This chapter will compare the literature with the views of the therapists who participated in this study leading to formulations of recommendations.

5.2 Language Barriers and the Challenges:
The researcher found all participants were definite in their view that although it was a challenge language difference was not a barrier to therapeutic communication. They were open about their initial apprehension in understanding the client’s message because of a language difference and the implications for the client of this misunderstanding. It appeared to the researcher they were very clear that with creativity, pacing and awareness any difficulties caused by the difference could be negotiated. This finding disagreed with Patterson (1978), who appeared positive that the first barrier to intercultural communication is language. He maintained that it went without saying that the therapist must be fluent in the client’s native language. P1 disagreed strongly feeling that difference in language use can arise when counselling clients from your own culture. That view reflects McFarlane’s (2005) finding that good English does not necessarily guarantee good communication. The researcher felt that the therapists interviewed had overcome the language barrier through experience and developing confidence to work with creative communication methods. In the researchers opinion working with language difference in therapy could be daunting for a trainee or beginning counsellor.
5.3 Non-verbal Communication:

The literature stated that awareness of the subtle nuances in non verbal communication when counselling interculturally is important. All five interviewees spoke of the necessity to be aware of the client’s eye contact, and agreed that this differed from culture to culture. Sue & Sue (1992) suggest that some counsellors may assume that certain behaviours are universal and have the same meaning. The non Irish participant said that for her nonverbal communication was the “sensitive piece”. “You might not be able to talk about it but you can see it, it is also useful to be tuned into the tone of voice and the breath”. She was very clear in her opinion that non verbal communication differs across cultures. She cited the different cultural needs around personal space. She felt that it is easy to misconstrue someone’s non verbal communication, pick up something they did not intend to communicate and cause a mix up in the communication. P2 and P4 were in agreement that there are very explicit cultural differences in non verbal communication. P2 gave as an example the fact that some cultures nod for “no” and shake their head for “yes”.

It was hypothesised that cross cultural differences in both verbal and non verbal communication creates challenge for the therapist. In the researchers opinion the participants who have experience counselling and/or training in multicultural teams or a multicultural campus outside Ireland have developed a deeper awareness of the many subtle cultural differences in non verbal communication.

5.4 Specific Cultural Counselling Skills:

Sue (1998) wrote that there was a growing realisation that competent therapists must be cross-culturally competent and skills must be developed to work with different
cultures. He states that he has come to the realisation that cultural specific expertise is important in cultural competence. The researcher found the study participants focused on the importance of the core counselling skills of empathy, respect and genuineness identified by Rogers (1957). They spoke of these as the concepts of counselling rather than skills, to be used in the therapeutic relationship along with openness and curiosity. This view was held by the participants irrespective of the model of counselling used. The participants felt that the process of endeavouring to understand the presenting difficulties from the client’s point of view was similar across cultures. Writing in 1996 Patterson stated that current overemphasis on specific cultural skills leads to a therapist changing counselling methods to meet presumed cultural characteristics of clients, putting the emphasis on the differences in culture. The non-Irish participant stated that nowadays in every part of the world therapists could be called on to counsel people from many nations, and that it would be impossible to learn skills specific to every nationality. In the researchers opinion the core counselling skills are the baseline of working with the differences that present in the therapy session, however the researcher feels that the client’s cultural difference is important and skills need to be developed to bring this difference into the relationship in a natural and accepting way.

5.5 Awareness of Cultural Background:
The researcher hypothesised that prior knowledge of a client’s cultural background was necessary for the therapist before beginning counselling. In the researchers opinion therapists who work interculturally need to have an awareness and curiosity about political and social happenings in the world that might impact on present or current clients. Sue, Arrendondo and McDavis (1992), suggested that culturally
skilled counsellors must acquire knowledge about socio-political influences that impinge on racial and ethnic minorities. The participants felt that having some knowledge of the client’s country of origin was seen as showing respect for the client, but that the main information about their culture should come from the client. The study found the interviewees were concerned that amassing too much prior knowledge of a culture before meeting the client could lead to stereotyping and preconceptions. The counsellor should have specific knowledge of his/her own culture and be aware of how it impacts on him/her maintains O’Rourke (2002). The non Irish therapist agreed with this sentiment feeling that as a therapist you must have an understanding of how your own culture informs your understanding of other cultures. The ability to be able to challenge and question your own values, beliefs and cultures was voiced as important by all of the participants. P4 said that despite the great changes in Ireland in the past twelve years there were still very strongly held traditions here. She believed the therapist has to have an understanding of how and why people hold onto their beliefs and traditions.

The researcher felt there was a deeper understanding among the counsellors who worked/ trained outside Ireland of the complex differences that can exist even within one culture. P3 stated for some clients magical thinking and superstitions are part of their cultural make up and awareness of such differences are important to avoid misreading as psychotic symptoms what could be cultural norms. P2 drew attention to the fact that for some clients a tribal or family tradition will over ride the cultural more. This awareness appeared to develop through their experience of interaction in multicultural workplace/campus/ groups. In the researchers opinion prior knowledge of the client’s perception of counselling could be very valuable as a means to
engaging the client appropriately. There was awareness that one to one counselling can be an unknown concept for non Western cultures. P2 spoke of the importance of the extended family in some cultures, in that problematic issues might be resolved within the family or communal groups. P3 and P5 suggested that some form of group therapy might be an easier concept for these particular clients. The non Irish participant felt that access to a network of cultural mediators whom the therapist could contact for clarification around a cultural issue such as this would be helpful. The researcher feels this was an important finding in that prior knowledge of how a client might perceive the idea of counselling could lead to more appropriate interventions for their mental health care and better engagement with the therapy.

5.6 Specific Multicultural Training:

Johns (1997) writing in the Needs of Counsellors and Psychotherapists stated that “there is considerable consensus that the training for all therapists in all theoretical orientations should have self development at its heart” (p.56). The researcher found there was uncertainty among the participants on how best to integrate cultural studies into counselling training. P3 commented that the ability to engage another person in a natural way and work therapeutically with difference was important, but wondered can this be taught in a classroom. The study found that cultural awareness should be part of counsellor education, but there was a general uncertainty as how best to do this. Riveria, Phan, Maddux, Wilbur and Arrendondo (2006) point to the importance of personal development in multicultural counsellor training. They state that in the search for something that is easy to teach and measure such as multicultural techniques, some important counselling components may be abandoned such as honesty, congruency and genuineness. The non Irish participant voiced her concerns
that teaching about cultural differences in an anthropological way could create stereotypical views, and could cause misconceptions and bias. The three participants who had trained/worked in a multicultural environment felt this had been an ideal way for them to develop understanding about different cultural beliefs and values. In the researchers opinion the study findings showed that cultural awareness training is best introduced in an integrated way throughout the trainee programme rather than in one single module. The findings from the literature and the participants appear to agree that being conscious of how our own culture impacts on us as individuals is vitally important.

5.7 Recommendations:

- It is recommended that a network of cultural mediators be set up by the professional counselling bodies as a resource for therapists working interculturally. Cultural mediation is intended to promote reciprocal knowledge about cultural backgrounds around laws, taboos and religious rites. Research has already begun in Ireland on the benefits of this resource to health professionals by Martin & Phelan (2009).

- It is recommended that counsellor training courses need to raise cultural awareness on a more ongoing basis throughout their training programmes with reflective discussion encouraged on how the trainees own culture affects their view of other cultures.

- The researcher recommends that counsellor training programmes give more attention to the subtle cultural nuances in body language and non-verbal
communication in training programmes. Lack of awareness and the acceptance of the definite differences cause misconceptions. This, as pointed out by the non Irish therapist can happen in the area of personal space and physical touching and could be misconstrued as inappropriate behaviour by the therapist when it is perhaps a cultural norm for the client.

5.8 Conclusion:
The study participants despite initial apprehensions about misunderstanding arising in the therapy because of language difference continue counselling non native English speaking clients. The study found that there was a deeper awareness of the nuances of cultural difference between therapists who had counselled and/or trained outside Ireland in a multicultural campus and those who had received mainly monocultural training in Ireland. In the researchers opinion the study findings show that experiential learning around culture difference allows for a deeper understanding of the subtle cultural differences that occur even within the one country. Given the growing diversity in the population, the researcher feels that developing the trainee’s curiosity, encouraging creativity and discussion around culture and its impact on the individual should be encouraged in counsellor training on an ongoing basis, and not confined to a single classroom based module.
6. CONCLUSION

6.1 Summary of the Study:

The aim of the study was to gain knowledge about the experience of counsellors and psychotherapists counselling non native English speaking clients in Dublin. The researcher was interested in their views on language difference as a barrier to therapeutic communication. The study wanted to gain knowledge of the therapists experience in the use of non verbal communication when working with cultural difference. The study wanted to hear their views on the need for specific cultural counselling competencies. It was interested in the participant’s opinion on intercultural training methods. This chapter will detail the limitations of the study. It will give a summary of the finding and recommendations. Finally recommendations for further research in the area of intercultural counselling will be detailed.

6.2 Limitations:

The sample size of five counsellors was limiting and did not allow the study to gain a broad overview of the experience of therapists counselling non native English speaking clients in Dublin. The topics chosen for discussion were too wide ranging across the area of intercultural counselling. Restrictions on time meant the information gathered was general rather than specific. The researcher did use prompts and questions during the semi-structured interviews to try and overcome this challenge. The strength of the study was its relevance to the interviewees given the diversification of the Irish population and its possible impact on counselling and psychotherapy.
6.3 Further Research:

The findings on the experience of the therapists interviewed opened up many facets around intercultural counselling for further researcher. The researcher found that there was strong interest among the participants and particularly from the non Irish therapist in the methods of cultural awareness training for counselling trainees in relation to the growing cultural diversity in the Irish population. There was concern voiced by participants that clients from non Western cultures were not engaging in mainstream counselling services as a mental health care option. In the researchers opinion this area lends itself to research opportunities as how to best creatively and appropriately open up the area of counselling to accommodate different cultures. Three of the study participants work in the private mental health sector and two work within the public mental health service. The researchers feels that a study on the comparisons between the experience of therapists working in the private and public mental health services would offer valuable insights for the profession.

The recommendations for further research are:-

- A comparative study of the therapists experience counselling interculturally in the private health sector versus the public health sector.

- Research on methods to encourage client engagement with counselling and psychotherapy particularly for non Western clients could be undertaken in Ireland. Research done in Britain showed that with Asian women in particular it is more beneficial therapeutically for them to work in groups with Asian health workers. A study by Netto, Gaag and Thanki, with Bondi and Munro (2001) was undertaken
because of the low uptake of mainstream counselling service by the Asian community, despite recognition of the value of counselling in the area of mental health.

- An investigative study of the various mainstream counselling courses to discover the different approaches used to introduce trainee counsellors to intercultural counselling would be useful for further training.

- Research into the number of non native English speaking counselling trainees who complete mainstream counselling Degree courses in Ireland could be valuable. These students views on what was useful or challenging for them might be beneficial when structuring counselling training courses in the future to ensure a more intercultural campus.

6.4 Conclusion:
The aim of this study was to look at the barriers that could impact on the therapist with cultural differences in verbal and non verbal communication. The therapists interviewed despite initial apprehension have found creative and therapeutic methods of engaging with the language difference. However the study found there was a deeper understanding of the nuances of non verbal communication across cultures in the therapists who had experience working/training outside Ireland. A second aim of the study was to obtain the therapists opinion on the necessity for specific cultural counselling competencies when working interculturally. The therapists interviewed, found that their core counselling skills helped them work therapeutically with cultural difference. A further aim of the researcher was to ascertain the therapists view on the
value of specific multicultural training courses for counsellors to enable them to develop cultural awareness. There was clearly concern among those interviewed around the best methods of preparing trainee therapists for counselling clients from different cultures in order not to inadvertently create misconceptions and bias. It is recommended that counsellor training courses need to raise cultural awareness on a more ongoing basis throughout their training programmes. It was felt that cultural awareness modules taught in an anthropological way could create misconceptions.

There is evidence from the literature reviewed that the act of migration itself can cause distress and anxiety. There are also indications that migration might exacerbate existing mental health issues. One of the concerns for the participants was the client’s cultural perception of counselling. It is felt that there could be research possibilities in looking at creative ways of engaging people from different cultures, particularly non Western cultures, for whom counselling might be an alien concept, in order to offer them appropriate mental health care if required.

This piece of research was looking for answers to questions relating to the human side of things. Ireland is becoming more culturally diverse and this will impact on counselling and psychotherapy practice in the future. In the researcher’s opinion the information gathered on the therapists experience, their views and opinions on intercultural counselling skills and training has shown there are opportunities for further research in the area of intercultural counselling and psychotherapy in Ireland.
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Appendix 1

**Have you counselled a non-native English speaking client?**

**Have you time to talk?**

**I would really like to hear of your experience**

I am in my final year of a BA in Counselling & Psychotherapy at DBS, Aungier Street.

For my dissertation I want to look at the experience of the therapist working with non native English speaking clients. I am interested in finding out if cultural differences in verbal and non verbal communication pose difficulties for the therapist. Are there challenges for the therapist when exploring emotional/ traumatic issues with a client, when English is their second language? Is the process in building the therapeutic relation more challenging for the therapist when counselling clients from diverse cultures? Do you feel that specific cultural counselling competencies are needed when counselling a non native English speaking client? My hypothesis is that prior knowledge of a client’s cultural background would be helpful for the therapist.

As Ireland has become a culturally diverse society I feel it would be extremely interesting and timely to gather knowledge and information from therapists whose includes clients from other cultures. There is a large body of literature available from the USA and the UK, and more recently from Eastern Europe and it would be interesting to get the Irish perspective.

This will be a qualitative research piece, I am curious about the answers to questions relating to the human side of things. I am interested in the individual’s therapist’s opinions on the research topic. If you have counselled or are counselling a non native English speaking client I would really like to talk to you. The interview would take approximately an hour and will be semi-structured. The interviewees details will be kept confidential.

I envisage interviewing in January and early February 2011, and will make every effort to work around dates and times that suit you. If you have any queries please don’t hesitate to contact me. I would really like to talk to you.

**Deirdre Leahy**

Mobile no: ......................

e-mail .........................
Appendix 2

INTERVIEW REQUEST LETTER

Participants address

Date. / / 2010

Dear ……………

Further to our phone conversation on….. I am forwarding some additional information around my research piece.

As discussed I am interested in looking at the experience of the individual therapist working with non native English speaking clients. I am interested in finding out if cultural differences in verbal and non verbal communication pose difficulties for them. Is the process in building the therapeutic relationship more challenging for the therapist when this is the case. As Ireland has become a culturally diverse society I feel it would be extremely interesting and timely to gather knowledge and information from therapists who have experienced working with non native English speaking clients in Dublin. There is a large body of literature available from the USA and the UK, and more recently from Eastern Europe on counselling clients from different cultures; it would be interesting to get the Irish perspective. I am attaching the topics for discussion.

This will be a qualitative research piece, I am curious about the answers to questions relating to the human side of things. I am interested in the individual therapist’s opinions on the topics. The interview will take approximately forty five minutes It will be semi structured. Participants details will be kept confidential and they will be free to withdraw from the interview at any time.

I hope to interview in early February 2011, and will make every effort to work around dates and times that suit you. If you have any queries please don’t hesitate to contact me. I would really appreciate a response even if you are unable to participate. My dissertation supervisors e-mail address is Gael.LeRoux@ …. if you require verification.

I am looking forward to meeting up with you and appreciate your interest in the study.

Kind regards

Deirdre Leahy.

Mobile: ……………

e-mail: ……………

ENCL. 1
TOPICS FOR DISCUSSION

The following are guidelines only. As the area of intercultural counselling is a large one, I am focusing on the therapists experience counselling non native English speaking clients. I am interested in your own personal experience, your feelings, views and opinions on the topics.

Communication

➢ What kind of specific challenges were there for you around communication when counselling a non native English speaking client?
➢ What kind of specific difficulties were there for you around cultural differences in nonverbal communication

Special skills?

➢ Do you feel a therapist needs specific skills counselling skills when counselling cross culturally?

Training?

➢ In your experience is specific training is necessary for cross cultural counselling?
➢ What in your opinion might be helpful to include in Irish training courses to prepare counsellors for working with non native English speaking clients?
Appendix 3

INTERVIEWEE CONSENT FORM

Research title: The experience of the individual therapist when counselling non native English speaking clients.

Researcher: Deirdre Leahy. 4th Year Counselling and Psychotherapy.

College: DBS, Aungier Street, Dublin 2. Phone No: 01- 4177500

Contact details: e-mail: Mobile:

Research Supervisor: Gael LeRoux e-mail:

============================================================

I have been informed about the nature and purpose of the research study.

I agree to participate in this interview. I am agreeable to the interview being recorded. I understand that I will not be identified in the study and that any personal information given will be kept confidential. I understand the transcript of the interview will be identified by number only.

I understand I am free to withdraw from the interview at any time, or request that my interview not be used in the research piece.

Participants signature: ______________________________

Researchers signature:_______________________________

Date:       /       / 2011