AN EXPLORATION OF CROSS-CULTURAL DYADS
WITHIN PSYCHOTHERAPY:
INDIVIDUALISM AND COLLECTIVISM PERSPECTIVE

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ABSTRACT

Due to the multicultural nature of the contemporary Irish society, the need for psychotherapists and counsellors to develop an awareness and understanding of cultural diversity is becoming increasingly important. The presented research explores cross-cultural differences within individualistic and collective societies in the psychotherapeutic work. Collective cultures emphasise family integrity, harmony, interdependence, authority and hierarchy, while individualistic societies value independence, competition and personal achievement. As most theories of counselling and psychotherapy are grounded in Western thinking with their focus on the individual and the nuclear family, it can be difficult for individuals from collective cultures to conform to the norms of psychotherapy. Differences in perception of self, relational patterns, communication, expression of emotions and language influence the cross-cultural psychotherapeutic encounter. An inquisitive, accepting and non-judgemental stance towards the client’s cultural norms and values is required from the psychotherapist when working with culturally diverse populations.
CHAPTER ONE: INTRODUCTION

The ability to manage psychotherapy successfully with clients from different cultural, ethnic and racial background is a necessary tool for a practising psychotherapist taking into account the multicultural nature of the contemporary Irish society. According to preliminary data from the Central Statistics Office (2015), the number of non-Irish nationals living in the Republic of Ireland is over half a million people. The last census that was undertaken in 2011 indicated that racial and ethnic minorities constitute about 12% of the population in the country – a ratio that has doubled just in the last twenty years (CSO, 2012). Immigration from Asia, Africa and the rest of the Europe has been representative of demographic changes during the last two decades of the 20th century (Encyclopaedia Britannica, 2016). A new wave of residents, especially from Eastern Europe, has been attracted by an open labour market of the European Union and the globalised Irish economy. Now Ireland is home to people from EU countries such as the United Kingdom, Poland, Lithuania, Latvia, Germany; as well as other parts of the world: Nigeria, Philippines, Pakistan, China and India (CSO, 2012). Dublin is now a thriving cosmopolitan city with over 15% of non-Irish population and 150 nationalities living and working in its environs (CSO, 2012).

Due to these demographic changes in Ireland, the need for cross-cultural awareness in the counselling profession is undeniable. The mental health policy of Ireland, “A Vision for Change” (2006), recommends that psychotherapy and other mental health services should be delivered in a culturally sensitive way while working with minority groups. The movement in counselling and psychotherapy that deals with the issues of cultural diversity is called a multicultural, cross-cultural or transcultural approach. It employs a culture-orientated theory of personal identity as a basis for choosing counselling insights and methods (Ivey, D’Andrea, Ivey and Simek-Morgan, 2007; Pedersen and Loche, 1996; Sue and Sue 2008).
Pedersen (1991) considers a multicultural approach to be the “fourth force” that is informing counselling and psychotherapy practice, research and theory alongside such movements as humanistic, behavioural and psychoanalytic. Major researchers into multicultural counselling believe that culture casts a huge influence on individual’s moral values, the way of relating and sense of existence (Ivey, D’Andrea, Ivey and Simek-Morgan 2007; Pedersen and Loche, 1996; Sue and Sue 2008).

Helman (2007) defines culture as a set of rules inherited by members of a certain society that tells them how to see the world, how to experience it psychologically and how to behave in relation to other people. Hofstede (2001) views culture as “the collective programming of the mind” (p.9) that separates the members of one group from another. Throughout social processes such as observational learning, sharing, transmitting, participating and thinking, cultural attitudes, scripts, beliefs and values become part of the individual’s cognition and personality (Jensen, 2015). Moreover, cultural norms and traditions are passed down from generation to generation by the means of art, architecture, history, religion, rituals, symbols and language.

As the topic of cross-cultural differences is vast, this paper intends to focus on the exploration of cultural differences within individualistic and collective societies and examine their role in the formation of cross-cultural dyads in psychotherapy. The psychotherapeutic encounter is an inter-subjective space, where both the client and the psychotherapist are influenced by the conscious and unconscious subjectivities of the other (Wallin, 2007), thus when working with culturally diverse populations, it is essential for the practitioner to be aware of the shortcomings that might arise from psychotherapist’s and client’s cultural differences and how these differences might affect the efficacy of the psychotherapy (Sue and Sue, 2008). People from individualistic and collective societies have different constructs of self as well as
different values, opinions, attitudes and assumptions. In America and Western European countries people are regarded as independent individuals who value freedom, achievement and rationality while Asian, Arabic and African societies cherish interdependence, honour, sacrifice and conformity (Hofstede, 2001). As the theories of counselling and psychotherapy have mainly developed within Western cultures that promote individualistic values, it can be difficult for clients from cultures with more collectivist worldview to conform to the norms of psychotherapy (Dwairy 1998; Sato, 1998, Sue and Sue, 2008). Sue and Sue (2008) argue that practitioners should not undermine the importance of the difference between collectivism and individualism in the psychotherapeutic encounter.

The researcher’s interest in the contrasting worldviews of collectivism and individualism arises from personal experience in life and psychotherapy. The author of this study was born and raised in the Soviet Union where the collective perspective was strong. Communism ideology was based on the moral values of duty, sacrifice, loyalty and respect. Living not for oneself and attending to the needs of others is the norm in that society. The author’s belief and values system was received in childhood and constitute the core of who the author is. The researcher struggled with the individualistic values of the Irish society and in psychotherapeutic relationship where the author’s need for interdependency with the family was not fully appreciated which compounded her feelings of inadequacy. Out of politeness and respect to the psychotherapist who was older, the author did not feel strong enough to address the subject of contrasting world views in the psychotherapeutic encounter and had to find a personal psychotherapist from a collective background whose values were consistent with the researcher’s.

Taking into account the diversity in population of Ireland, the author of this study believes that it is increasingly likely that psychotherapists will work with more and more clients from
different cultures. Due to the personal experience, the researcher hypothesises that it is important for the practitioner to be aware of the client’s cultural background in order not to impose one’s own values on the culturally different client. The aim of this study is to explore the psychotherapists’ experiences of working cross-culturally and how practitioners negotiate their set of values and beliefs in dealing with culturally diverse populations. The research objectives are to examine the literature around multicultural issues in psychotherapy, to explain the methodology used for this study and from analysed interviews to draw conclusion as to what may be found useful to increase practitioner’s cultural competence in psychotherapy.

Regarding the structure of the research, the literature review chapter outlines individualism and collectivism as a way of living within society and relating to the world around oneself. It also looks at the multicultural framework in psychotherapy and discusses the cross-cultural dyads in the psychotherapeutic encounter. Next chapter explains the design of the research, including the data collection, data analysis and ethical concerns. Subsequently, the results of the interviews with practitioners are presented. This leads the research into discussion which examines the findings of the study with the literature review. In conclusion, recommendations are made in relation to the findings attained.
CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The literature review begins with an outline of individualism and collectivism as a way of living within society and relating to the world around oneself. Next, it addresses the concept of self from both an individualistic and collectivist perspective. It looks at a multicultural approach in psychotherapy and discusses how the practitioner’s cultural awareness can enhance the process of psychotherapy. Finally, it examines how multicultural competencies can help counselling professionals negotiate between their training in predominantly individual-centred models of psychotherapy and the needs of their clients who operate within a collective framework.

2.2 Individualism and Collectivism

The first systemised research on individualism and collectivism was undertaken by social scientist Geert Hofstede in 1980. A survey among IBM employees in 72 countries was conducted to determine cross-cultural differences within the societies (Hofstede, 2001). Although some researchers discuss the essence of these notions as contrasting (Kitayama, Markus, Matsumoto and Norasakkunkit, 1997), some argue that this view is simplistic, and there are much more subtle nuances to individualism/collectivism scale (Sampson, 1988; Triandis et al. 1988; Triandis, 2001). For example, Korean collectivism differs from the collectivism of the Israeli kibbutz, and Japanese collectivism is not the same as that of Puerto Ricans (Triandis, 2001). Triandis et al. (1988) identify four dimensions on collectivism-individualism scale: “idiocentric” (self-positioned) or “allocentric” (social-context positioned) for individuals, and individualist and collectivist for societies. So a person can be “idiocentric” in a collective society and vice versa. Oyserman, Coon and Kemmelmeier
(2002) criticise the definitive split and emphasise that people are prone to be different, and the individualism-collectivism scale can be overgeneralised.

2.2.1 Individualism

The fundamental construct of individualism is a belief in the paramount importance of the individual (Encyclopaedia Britannica, 2016). Hofstede (2001) determines individualism as “a society in which the ties between individuals are loose: everyone is expected to look after him/herself and his/her immediate family only” (p.225). In an individualistic society, the individual is the smallest unit (Hofstede, 2001). It is common that in such societies, people live in nuclear families – that means, families consisting of parents and children. Other relatives, for example, grandparents, uncles, aunts and cousins live in separate households or even far away from the immediate family. Grandparents also lead lives on their own. It is not rare for a lot of children to grow up in one-parent families. People in individualistic societies grow up with a very strong sense of “I” and value their independence (Hofstede, 2001). A physically and psychologically healthy individual is not expected to be reliant on a group (Hofstede, 2001).

Individualism cannot be treated as only a way of living in society; it also has many implications for societal norms, values and behaviours. The individualistic outlook advocates such values as democracy, liberty, self-reliance, self-fulfilment and personal achievement (Encyclopaedia Britannica, 2016). People from the most individualist countries - like the USA, the United Kingdom and Netherlands – place a high value on personal freedom, status, recognition and achievement; they are less concerned with values of harmony and conformity (Hofstede, 2001).
2.2.2 Collectivism

Collectivism stresses the importance of the group, society or community and values interdependence (Encyclopaedia Britannica, 2016). In collective societies the interest of the group prevails over individual interests and needs. According to Hofstede (2001), people from Asian, African and Middle Eastern countries score remarkably lower on individualism and Nigeria, Pakistan and Peru can be considered as the most collectivist countries. People from their birth onwards are integrated into strongly cohesive groupings: for example, family, tribe, clan, ethnic or religious group or another social group; so the group defends them in exchange for their absolute loyalty (Hofstede, 2001). The family is the smallest unit, in this context, and breaking the loyalty to it is one of the worst things a human being can do (Hofstede, 2001). People live in extended or linear families: a few generations lead a shared economic and social life together in one household, including relatives and nonrelatives. In such societies people usually stay in close contact with their parents and grandparents, as long as they are alive; they respect the elderly and look after them.

Living in collective societies has consequences for moral and ethical values and concepts. Notions like virtue, honour, duty, respect, sacrifice and conformity are highly regarded. The stress is put on sustaining harmonious relationships with others, avoiding direct conflict and restraining emotional expression (Hofstede, 2001). Satisfaction in life comes from maintaining the common good, efficiently carrying out assigned social roles and responsibilities and avoiding failures in these domains (Hofstede, 2001; Markus and Kitayama, 1991). Sharing and sacrifice are greatly valued; family’s pride and name have more weight than a personal accomplishment (Dwairy, 1998). Dwairy (1998) acknowledges that Arabs assume collective identity and their values and norms reflect collective needs in particular socioeconomic settings. Unlike the Western societies, in many African, Middle
Eastern and Asian countries the government still does not provide for the basic needs of their citizens (Dwairy, 1998, Sue and Sue, 2008). In these circumstances, the interdependence is viewed as something necessary and practical: the individual is dependent on the family, and the family is reliant on the individual (Hofstede, 2001). In collective cultures the social authority is hierarchical which allows very little space for personal choices, and obedience to strict social rules and norms is encouraged (Hofstede, 2001). Decisions regarding career, marriage, size of the family, housing and ways of raising children are not personal ones (Dwairy, 1998).

### 2.2.3 Construct of Self

The understanding of what it means to be a person differs across cultures. Markus and Kitayama (1991) argue that based on their cultural background people have various constructs of self and others which are critical to understanding the individual’s behaviour. In many Western countries it is an accepted norm to be an independent and autonomous person. To achieve that goal an individual’s behaviour is directed to one’s own internal world, feelings, thoughts and actions; what Markus and Kitayama (1991) define as “independent construal of the self” (p.226). On the other hand, Asian, African, and Latin-American cultures, demand the connectedness of people to each other; and this view is coined as “interdependent construal of self” (Markus and Kitayama, 1991, p.227). Hsu (1971) states the Chinese language does not have a counterpart for the Western idea of “personality.” “Jen” – Chinese word meaning “man” (the concept also shared by the Japanese “jin”) – is positioned on the individual’s connections with his fellow human beings (Hsu, 1971). The construct of self or “jen” relies heavily on interpersonal transactions, which make the person’s existence worthwhile (Hsu, 1971). The notion of “atman” in Hindu tradition - meaning “the self” – incorporates the interconnectedness of the self and the universe (Sue and Sue, 2008).
Markus and Kitayama (1991) propose that people’s motivation, emotion and cognition all alter depending on whether the culture has offered a person an interdependent or independent construct of the self. For instance, American people are better at self-enhancement which endorses the uniqueness of the self (Kitayama, Markus, Matsumoto and Norasakkunkit, 1997). Thus, they are more attuned to positive characteristics of their personality. In contrast, individuals in Japan have a tendency to self-criticism as a way of motivating and perfecting their standards (Kitayama, Markus, Matsumoto and Norasakkunkit, 1997). Triandis et al. (1988) note that shame is more commonly expressed in collectivist societies and guilt is more dominant in individualist consciousness. Shame cultures rely on external sanctions for good or moral behaviour and guilt cultures on internalised control mechanisms (Hofstede, 2001).

2.3 Multicultural Psychotherapy

An overwhelming body of research that addresses the importance of cultural differences in psychotherapy comes from the United States of America due to its cultural and ethnical diversity. A substantial amount of literature has been generated in the United Kingdom as well. However, from the Irish perspective the author was able to find only one paper published in the “Inside Out” (de Courcy and McCarthy, 2003) discussing the concerns and issues arising from working with multicultural clients. According to Pedersen (1991), multiculturalism is a predominant power in modern society that understands the complexity and variety of cultural factors. The multicultural approach holds culture as central aspect in the psychotherapeutic encounter (McLeod, 2009). Cultural patterns that are passed down from generation to generation shape personality development (Pederson, 1991). The multicultural framework calls for an integration of all aspects tied into the client’s cultural
foundation and requires adaptability and openness both in practical skill building and in hypothesising the issues (Sue and Sue, 2008).

2.3.1 Culturally Skilled Psychotherapist

Theorists of the cross-cultural psychotherapy outline an awareness of the client’s cultural and social background as the first and foremost goal of a culturally skilled practitioner (Ivey, D’Andrea, Ivey and Simek-Morgan 2007; Pedersen and Loche, 1996; Sue and Sue 2008). The examination and identification of the client’s personal characteristics and assumptions about human behaviour and values within this particular culture are of paramount importance. This should be done in the early stages of the psychotherapeutic relationship. By asking the client about his/her ethnic or cultural heritage, the psychotherapist will acquire much-needed knowledge about daily life, history, experiences, values and norms shared by the person. Dyche and Zayas (1995) admit that in practice it is unfeasible for the practitioner to enter the first encounter with detailed knowledge of the cultural background of the client. Intellectualised and overly-theoretical attitude to the client’s culture poses a danger of “seeing clients as their culture, not as themselves” (Dyche and Zayas, 1995, p.389). Dyche and Zayas (1995) propose to assume a stance of respectful curiosity and cultural naivety to acquire the knowledge of what the client’s cultural background means to him/her as a person. Ridley, Ethington and Heppner (2007) refer to this stance as “cultural empathy” (p.377). Krause (1998) compares a multicultural practitioner to an ethnographer and also stresses the value of asking questions in understanding the inner world of the client from a different cultural tradition. Cardemil and Battle (2003) believe that willingness to talk about culture promotes an environment of trust and understanding in the psychotherapeutic alliance. Usually clients do not bring up the issues of cultural, ethnic and racial differences in the psychotherapy due to their own discomfort with the topic and being unsure of the practitioner’s bias and
perspective (Cardemil and Battle, 2003). Cardemil and Battle (2003) suggest that practitioners should initiate discussions about culture, race and ethnicity with their culturally different clients to explore the relevance of these themes in the course of psychotherapy.

Ivey, D’Andrea, Ivey and Simek-Morgan (2007) warn about the danger of stereotyping the client based on the cultural or ethnic background. Cardemil and Battle (2003) draw attention to the fact that not all the clients possess certain group characteristics and might be quite different from other members of the same cultural heritage. For example, although Chinese, Japanese and Filipino share a common Asian cultural background it is naïve to assume that all of them have the same characteristics (Cardemil and Battle, 2003). Sometimes when a psychotherapist assumes that he/she knows a client’s culture may lead to a more oppressive psychotherapeutic intervention rather than a helpful one (Ivey, D’Andrea, Ivey and Simek-Morgan 2007). So putting an overemphasis on cultural differences can be as damaging as not being aware of them (Cardemil and Battle, 2003).

It is obvious that the two parties – the client and the psychotherapist - bring their own expectations and beliefs into the psychotherapeutic encounter. So the second requirement for a multicultural practitioner is knowledge of his/her own cultural background, biases, conditioning and preferences (Ivey, D’Andrea, Ivey and Simek-Morgan 2007, Sue and Sue, 2008). This includes the following: understanding of his/her own cultural heritage; being aware of how cultural dissimilarities can influence the psychotherapy process; respecting and valuing client’s worldview; acknowledging the limitations of his/her own expertise and competencies; being comfortable with differences in terms of values existing between himself/herself and the client and acknowledging his/her own prejudice (Sue and Sue, 2008). Sue and Sue (2008) suggest constantly challenging the assumptions that the practitioner has in supervision and via peer consultations. Lago (2005) suggests that practitioners cannot
examine their own culture without the assistance of cultural outsiders and encourage critical evaluation of one’s own held views. Attitudes are difficult to change, and counsellors have their own expectations about their own culture that are inevitably biased (D’Ardenne and Mahtani, 1999). Not admitting to one’s biases can mean that the practitioner is rationalising or avoiding difficult racial and cultural conflicts within himself/herself (D’Ardenne and Mahtani, 1999).

Psychotherapist’s lack of cultural knowledge can lead to inability to acknowledge the differences (Dogra and Karim, 2005). Denial and self-protection can result in an attitude in which differences are interpreted as being insignificant, and faulty assumptions can be made on the part of the practitioner (Dogra and Karim, 2005). A psychotherapist who is culturally unaware most likely will impose his/her values and norms onto a culturally different client (Sue and Sue, 2008). To increase multicultural competence, the practitioner might consider the following actions: seeking for additional education or training, seeking a consultation with a more experienced colleague, referring the client to another psychotherapist and being aware of personal limitations (Sue and Sue, 2008). McLeod (2009) believes that a culturally sensitive practitioner is able to gain some insight into the client’s perspective from some personal experiences.

2.3.2 Cross-Cultural Dyads in Practice

The definition of normality and the objectives of psychotherapy have been influenced by Western social values and standards of individualism (Seeley, 2006; Sue and Sue, 2008). Sue and Sue (2008) argue that major theories of psychotherapy (psychoanalytic, person-centred or CBT) are “one-dimensional” (p.95) and do not include cultural and racial factors. Seeley (2006) agrees that psychotherapeutic models are “monocultural” (p.6) and lack cultural
relevance. Psychotherapists should keep in mind that failure to participate in the expected way (according to Western values) by a culturally different client cannot be dismissed as simply as resistance (Dwairy, 1998; Sue and Sue, 2008). When working with clients from collective backgrounds psychotherapists should consider how differences in perception of self, differences in relating to family, differences in communication styles and language can impact the psychotherapeutic encounter.

Irrespective of theoretical orientation psychotherapy tends to focus on the individual and promotes insight, self-awareness and self-actualisation (Fairbairn, 1952; Rogers, 2003; Winnicott, 1971). Collectivist cultures do not share the same attitudes towards the need of self-exploration, self-actualisation and self-efficacy (Dwairy, 1998; Sue and Sue, 2008). Asians, Africans, Hispanic and Arabs do not operate within the individualistic frame of mind and being more focussed on one’s personal needs and wishes can prove to be difficult (Dwairy, 1998; Sue and Sue, 2008). The power of insight is not overly valued among individuals from collectivist societies: for example, Arab and Chinese traditions do not put so much emphasis on it (Dwairy, 1998; Sue and Sue, 2008). However, the fact that these people do not appreciate insight does not indicate that they are incapable of it (Sue and Sue, 2008). When psychotherapy is sought clients from collective backgrounds prefer time-limited, active and directive approach to an inactive or nondirective one (Dwairy, 1998; Sue and Sue, 2008). They look for advice and external directives. Being raised within highly structured and authoritarian societies, clients can find nondirective approach as confusing and anxiety provoking (Dwairy, 1998; Sue and Sue, 2008). Gorkin, Masalha and Yatziv (1985) propose to psychotherapists who work with clients from collective cultures to maintain a directive stance especially during the early phases of the psychotherapy which can be then eventually transformed into a more nondirective position.
Klein (1935), Fairbairn (1952), Winnicott (1971) and Bowlby (2005) base their theories on the nuclear family where the emotional attachment patterns are established between the mother – the primary caregiver – and the infant. However, the mother-baby dyad is common for the Western industrialised countries. In the extended family system of collective cultures, there can be less reliance on the mother in the post-natal period which offers a child multiple attachment figures (Bhui and Morgan, 2007). For example, in South Africa and Africa infants are cared by more than one mother (Kareem and Littlewood, 1992). Hence, clients from collective backgrounds are unlikely to conform to Western expectations in psychotherapy regarding matters of attachment, autonomy, separation (Bhui and Morgan, 2007).

Many clients from collective backgrounds do not see dependency as a bad characteristic and interdependent relationship with the families are essential to them. Decisions and actions of the client are meaningful for him/her taking into account the family context (Dwairy, 1998; Sue and Sue 2008). In these circumstances, relationship with the family needs to be supported by a psychotherapist rather than regarded as pathological or an impairment to autonomous or independent development (Ivey, D’Andrea, Ivey and Simek-Morgan 2007). Often culturally unaware practitioners label clients from collective backgrounds as “lacking in maturity,” “being dependant,” and “being unable to make decisions on their own” (Sue and Sue, 2008). Many of these judgements are rooted in the individualistic assumption that only an independent person is capable of making his/her own decisions; while a person from a collective culture does not see a decision-making process as an individual one (Dwairy, 1998; Sue and Sue, 2008). Dwairy (1998) acknowledges the power of the family and mentions that the family might resist any changes towards the client’s bid for independence even if the client has accepted the changes. A client from a collective society can lack the ego strength
required to stand up to familial pressure (Dwairy and Van Sickle, 1996). Even though the family’s pressure and authority might be the cause of client’s distress, direct confrontation of this authority is not advised. Rather than reducing internal conflicts, psychotherapy might result in a greater deal of familial and social distress for the client and termination of the psychotherapeutic alliance (Dwairy and Van Sickle, 1996).

Psychotherapy is considered to be a talking cure where the main technique of exploration is the conversation between the practitioner and the client. Hofstede (2001) finds that collective cultures do not place the same value on verbal communication as the individualistic Western societies. Since verbal communication is not used for self-exploration in traditional cultures, the client might not see the benefits of talking as a means to a cure (Dwairy, 1998). People from Asia, Africa and the Middle East tend to express mental distress by somatic complaints and deal with it in a physical way. For instance, many Asian people may see mental distress as an imbalance of yin and yang, disturbances of chi energy or supernatural intervention (Sue and Sue, 2008). Moreover, Asian cultures tend to describe depression and anxiety through bodily complaints (a headache or dizziness) rather than in psychological terms (Farooq et al., 1995). Somatization of the psychological aspects of depression or anxiety is also true for the Arab population where complaints can be related to the heart, shoulders, back and overall fatigue (El-Islam, 1982). People from African countries express mental distress as hallucinations or being possessed by evil spirits and attribute it to sorcery (Versola-Russo, 2006). Dealing with mental distress in traditional cultures can employ healing practices, medication or physical examination (Bhui and Morgan, 2007; Versola-Russo, 2006).

As the capacity to communicate lies in the heart of the psychotherapeutic encounter, it is important for the client to be able to express themselves in a manner that allows him/her to be understood. Talking about one’s deepest feelings is difficult in a shared language, so it can be
even harder for a client for whom English is not the first language. Romero (1985) indicates that if bilingual individuals do not use their native language in psychotherapy, many nuances of their emotional experience may be not available in the psychotherapeutic encounter. For instance, because English may be not the client’s first language, he/she may have difficulties in using the wide complexity of the language to describe particular thoughts, feelings or a unique situation. Pavlenko (2008) examined whether multilingual individuals feel different when they speak another language. The findings of the research indicated that the participants reported feeling different and attributed these variations to cultural and linguistic differences, differences in levels of language proficiency and language emotionality (Pavlenko, 2008). Pavlekn (2012) finds that a foreign language has a greater emotional distance than a native language and allows the bilingual or multilingual individual to be more detached from the affective states. The lack of common native language can hinder a psychotherapeutic process in various ways. Constant translation from one language to another takes a considerable mental effort that might distract a client from reaching the deep emotional material in the psychotherapeutic session. Bash-Kahre (1984) states that this mental process does not allow the bilingual or multilingual client to provide the psychotherapist with a precise picture of his/her psychological distress. Linguistic nuances, idioms and intonation get lost in the process of translation into another language (Flegenhiemer, 1989). Bhui and Morgan (2007) suggest that across cultures and languages a slow and paced review of all that is thought to be known and presumed by both the practitioner and the client should be encouraged.

Sue and Sue (2008) believe that differences in non-verbal communication can inhibit psychotherapist’s and client’s encounter. Perception of personal space, facial expressions, gestures, posture, movement, eye contact, loudness of voice, use of pauses and silence can lead to miscommunication in the psychotherapeutic setting (Sue and Sue, 2008). Japanese,
Mexican or Arabic clients may actively avoid eye contact as a sign of respect (or in case of women it can be seen as immodest) which can be interpreted by a culturally unaware practitioner as a sign of shyness or lack of assertiveness, being on guard or depressed (Dupont-Joshua, 1994; Sue and Sue, 2008). African people can be accustomed to less interpersonal space. Thus, a psychotherapist who backs off from a client can send an unintentional signal of coldness and disinterest (Sue and Sue, 2008). In Arab cultures to offer someone the left hand may be seen as disrespectful as the left hand is considered to be “unclean” (Eleftheriadou, 2006).

2.4 Summary

The presented literature review concentrated on the issues of collectivism and individualism and explored the concept of self and how people see the world around them according to their cultural heritage. While Western societies attributed individualistic values of independence and autonomy as the accepted norms of their culture; non-Western traditions, like African, Hispanic, Asian and Arabic, adhered to collective values that promote interdependence and conformity. Next it addressed a multicultural approach and attributes of a culturally skilled practitioner. Finally, it looked at cross-cultural dyads in practice and how practitioner’s awareness of the cultural differences in modes of relating, concepts of emotional distress, communication styles and language can help them to understand the client’s perspective.
CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter explains the rationale for choosing qualitative methodology as the most appropriate tactic for this particular study. It also describes the participants’ recruitment procedure, the data collection, intersubjectivity in the process, data analysis method and, finally, outlines the ethical considerations of the research.

3.2 Rationale for Qualitative Research

The study aims to look at the phenomenon of formation of cross-cultural dyads in psychotherapy and seeks to uncover psychotherapist’s negotiation of cultural differences within the encounter. A qualitative research was chosen to explore the psychotherapist’s perspective and experience because it allows an in-depth examination of a particular phenomenon and deals with participant’s beliefs, attitudes and meanings. McLeod (2011) defines qualitative research widely used in counselling and psychotherapy field as a form of narrative knowing rooted in phenomenological experience of everyday social life. Miles, Huberman and Saldaña (2014) argue that words rather than numbers provide convincing research data which has a potential for a meaningful discovery. Ruane (2005) notes that qualitative paradigm encapsulates the research participants’ authentic insight and perception. As qualitative research has the discovery-oriented function, its objective is not to test or approve existing theories, but to broaden the scope of understanding of a particular subject and tracking the data wherever it may lead (McLeod, 2003). In addition, it seeks to build theory by valuing ideas and opinions of those individuals who have personal experience with the phenomenon in question and giving them an opportunity to express their meaning (McLeod, 2011). Heppner, Kivlighan and Wampold (1999) maintain that the goal of the qualitative method is to uncover the truth as well as to explore and extend knowledge. As the
author of this research intended to gain the understanding of the cross-cultural phenomenon in the psychotherapy room from the psychotherapist’s point of view, a qualitative research was considered to be the most viable choice in the context of this study.

3.3 Recruitment Process

3.3.1 Sample

Based on the fact that the qualitative research involves an in-depth exploration of personal experience only a small homogeneous sample of participants is required, so six or five participants can be considered as an adequate sample size (McLeod, 2011). Initially, the author intended to interview six psychotherapists but the saturation point where the common themes started to emerge was reached with five interviews. Psychotherapists living in Ireland and working with clients especially from collective societies represented the main interest for the researcher taking into account the nature of this study. Another requirement of the research was to recruit the practitioners that would have over five year experience. The reason for interviewing practitioners with over five years in practice is that they would have more experience of the client work and would have had longer-lasting therapeutic relationships over their careers.

Being familiar with working with clients from collective societies the research supervisor was able to recommend to the author of the research five potential participants. These potential interviewees were contacted via email where the researcher introduced herself and briefly outlined the study and its objectives. Out of five people only two came forward and kindly agreed to find time to partake in the interviews. To get the additional number of participants the random sampling strategy was employed. A list of accredited practitioners was accessed through IAHIP and IACP websites. Names of the psychotherapists that stated cultural issues as one of the areas of their expertise were selected, and contact was made via email in order
to recruit these participants. This strategy turned out to be a little success. As a result of that struggle, a sampling technique of “snowballing” was utilised. The “snowball” approach is a non-probability sampling method where each individual interviewed is asked to suggest additional people for the participation in the study (Patton, 2002). People who have already done the interview with the researcher were able to recommend other psychotherapists who would have the multicultural experience and might be willing to partake in the study. In this instance, two participants were contacted via email followed up by a phone call and one was recruited via the phone call alone.

3.3.2 Participants

Five psychotherapists were recruited and interviewed for this research piece. The participants are female and range in age from fifty-five to seventy. All partakers of this study are trained professionally by training institutes within psychotherapy and psychoanalytic tradition. One participant is accredited by the Family Therapy Association of Ireland (FTAI). Another one is accredited by Irish Association of Humanistic and Integrative Psychotherapy (IAHIP). Next participant holds two accreditations with Irish Association of Humanistic and Integrative Psychotherapy (IAHIP) and Irish Association of Counselling and Psychotherapy (IACP). The following psychotherapist is accredited by the National Association for Pastoral Counselling and Psychotherapy (NAPCP). And the final participant was trained in Psychoanalytic Psychotherapy and is accredited by Irish Forum of Psychoanalytic Psychotherapy (IFPP) and Irish Council for Psychotherapy (ICP). Three out of five practitioners described their psychotherapeutic orientation as integrative. One worked from the systemic family approach, and one described her work as psychosocial, which includes working as a psychotherapist as well. All psychotherapists are living and working in Ireland, four of them are Irish nationals, and one of them comes from collective background. The participants’ experience as practitioners varied from nine years up to thirty years (see Table 1).
Table 1: Demographic Information

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Gender</th>
<th>Approx. age</th>
<th>Accrediting body</th>
<th>Psychotherapeutic approach</th>
<th>Approx. number of clients from different cultural background per year</th>
<th>Practice type</th>
<th>Years in practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irene</td>
<td>Female</td>
<td>70’s</td>
<td>FTAI</td>
<td>Systemic Family Therapy</td>
<td>10-12</td>
<td>Private</td>
<td>30</td>
</tr>
<tr>
<td>Sinead</td>
<td>Female</td>
<td>Late 60’s</td>
<td>IAHIP</td>
<td>Integrative</td>
<td>20-25</td>
<td>Private</td>
<td>24</td>
</tr>
<tr>
<td>Maria</td>
<td>Female</td>
<td>Mid. 50’s</td>
<td>IAHIP IACP</td>
<td>Integrative</td>
<td>30-40</td>
<td>Private and Agency</td>
<td>10</td>
</tr>
<tr>
<td>Elaine</td>
<td>Female</td>
<td>Mid. 50’s</td>
<td>NAPCP</td>
<td>Integrative</td>
<td>5-6</td>
<td>Private and Agency</td>
<td>9</td>
</tr>
<tr>
<td>Katrina</td>
<td>Female</td>
<td>Late 60’s</td>
<td>IFPP ICP</td>
<td>Psychoanalytic</td>
<td>30-50</td>
<td>Private</td>
<td>30</td>
</tr>
</tbody>
</table>

3.4 Data collection

In order to examine the psychotherapist’s individual experience and understanding of the issues when working with the clients from collective societies, the author of this research used one-to-one semi-structured interviews as means of data collection. Interviewing process elicits meaningful and detailed information (McLeod, 2003). Kvale and Brinkmann (2009) describe the research interview as a “professional conversation” (p.2) where knowledge about mutually interesting subject is obtained in the interaction between the interviewee and the interviewer. This conversation has a purpose and structure (Kvale and Brinkmann, 2009). Thus, the interviewer is able to monitor the relevance of the data being gathered and check out his/her understanding of what being verbalised (McLeod, 2003).
Semi-structured interviews permit the flexibility of the open-ended and unstructured interview combined with the focus and the agenda of the structured approach to arrive at a richer material (Heppner, Kivlighan and Wampold, 1999). They bear a directive of a discussion with a purpose (Sanders and Wilkin, 2010) therefore facilitating flexibility and fluidity. Semi-structured interviews allow free-flowing conversation with the anticipated outline of the research (McLeod, 2011).

An interview schedule with ten broad and open-ended questions was designed by the researcher and was used as a guide for the interview process (see Appendix 4). These questions were informed by the literature review on the multicultural counselling and psychotherapy and researcher’s personal interest in cultural competency. The questions were revised by the thesis supervisor and by the college colleagues. Feedback was given to the author of this study, and no amendments were deemed necessary. During interviews the questions sometimes varied in sequence and additional questions were asked to clarify the information. Interviews were approximately forty to fifty-five minutes long and were audio recorded for accuracy with the permission of the participants.

The participants of the study were interviewed at different venues depending on their preference. Four of the psychotherapists who have agreed to take part in the research were interviewed in their own private practice and one at a quiet coffee shop. Before meetings all participants got via email an Information Leaflet (see Appendix 1) where the purpose of the research was explained. Participant Questionnaire (see Appendix 3) and the Consent Form (see Appendix 2) were handed to the partakers to fill out and sign.

3.5 Intersubjectivity

One of the implications of the qualitative paradigm is that it requires full personal immersion into the topic under investigation (McLeod, 2011). Moustakas (1994) implies that during the
research the author becomes an instrument of the inquiry and embarks on the personal journey of discovery. Due to an active and prolonged engagement in the process of analysis, which is facilitated by researcher’s own assumptions, social interactions, culture and language, the researcher needs to be aware of her own values and objectivity in order to avoid the hindrance of these aspects with the quality of the study (Yardley, 2000).

As qualitative research is a relational and interactive activity (McLeod, 2011), the notion of intersubjectivity is introduced into this study. Intersubjectivity is understood as a phenomenon that illustrates continually and mutually shaped interactions between two conscious minds (Stolorow, Artwood and Brandchaft, 1994). Regarding intersubjectivity in the process of conducting the research, it can be applied as relatedness between the participants and the researcher and the capacity to make sense of each other (Kvale and Brinkmann, 1994). Mies (1993) suggests that the researcher should be willing to be known by the participant. Rather than obstructing the process of the research, placing the researcher into the production of the study leads to greater validity of the data and puts the researcher and the participant into a larger social context (Mies, 1993).

To establish the relationship with the interviewee characterised by high levels of respect and congruence (McLeod, 2003), the researcher in the beginning of the interviews introduced herself and gave some basic information regarding her cultural background and upbringing. To elicit authenticity of the interviews (McLeod, 2003), the author of this study also shared her struggles in trying to integrate into Irish society and the negative experience in the psychotherapeutic encounter with her first psychotherapist. One of the questions for semi-structured interviews also included personal reflection on the process of researcher’s integration into an individualistic society and differences in moral values. To put participants at ease and have free-flowing interviews, the researcher listened, expressed her genuine
curiosity on the subject matter and sought for clarification on some topics. Looking at the process of interviewing, the researcher was aware that it was an engaging experience for herself and the participants, because both parties were engaged in the conversation of mutual interest (Kvale and Brinkmann, 1994).

In the process of reflecting on the interviews the researcher came to realise that there were six people in this study: the interviewer and five interviewees. All five interview experiences elicited positive reactions and feelings on the part of the researcher. The author of this study felt heard and met by the participants. The material that was shared by the partakers during the interviews validated the researcher’s collective outlook on the world. In contrast to the experience in the psychotherapeutic relationship with her first psychotherapist, who could not fully appreciate the researcher’s need for interdependence with the family system, the participants of this study were aware of the strong inter-relational ties within the collective perspective. The researcher feels strongly about the fact that a psychotherapist trained in Western forms of psychotherapy should not impose his/her set of beliefs and moral values onto a culturally different client. The author’s understanding comes out of the Russian saying: “В чужой монастырь со своим уставом не ходят” (literal translation – Do not go into a different monastery with your own set of rules), meaning that one should not impose their set of rules or beliefs onto another way of being or doing things. The information that was gained during the interviews gave validation to the researcher's belief and appreciation of the prism through which the author of this piece is experiencing the world. Moreover, to the researcher’s surprise and on the contrary to her expectations a participant of an older age and from a psychoanalytic orientation was less rigid and had huge depth of insight into working with people from collective backgrounds.
3.6 Data analysis/Thematic Analysis

For this particular research thematic analysis was chosen as the method of data examination. According to McLeod (2011), thematic analysis is a straightforward, flexible and accessible method of extracting meaning from interview transcripts. It identifies themes that appear in the data (Braun and Clarke, 2006). A theme can be defined as a specific pattern of explicit or implicit content emerging from the details of the subject under investigation (Joffe, 2012). Thus, thematic analysis picks the most prominent patterns of meaning in the phenomenon under study, analyses them and shows how those patterns are linked to each other (Braun and Clarke, 2006). This technique draws on the information with certain defined ideas derived from theoretical findings, yet at the same time remains alert to naturally occurring themes within the narrative (Joffe, 2012). Thematic analysis provides a systematic and apparent way of examining the common patterns of meaning in human feelings, thinking and behaviour without losing the depth of analysis (Braun and Clarke, 2006). After rigorous reading of the material, the next step is classifying or applying the coding frame. Coding is a way of organising the data according to the researcher’s concept about these data (Boyatzis, 1998). Exploring the properties and dimensions of the codes allows the researcher to arrive at the themes evolving from the dataset (Boyatzis, 1998).

For this study five interviews were audio recorded and transcribed verbatim. The time-consuming process of transcribing and repeated reading of the text assisted the researcher in getting to know the data in detail. Then the material was coded, and the codes were examined for common themes emerging from the therapists’ experiences. The themes were chosen because the author of the study believed that they represented the accurate perspective of the psychotherapists working with clients from collective societies. The researcher ensured that evolving themes were consistent with the data obtained during the interviews and were not solely shaped by the knowledge gained from the literature review or by personal biases.
(Heppner, Kivlighan and Wampold, 1999). These themes also featured in all of the interviews consistently as opposed just occurring in just one particular account. The researcher reconsidered the themes a number of times, and eventually confined herself to three: differences and commonalities in cross-cultural psychotherapy, self-awareness of the practitioner and negotiation in cross-cultural dyads. In some themes the sub-themes also occurred.

3.7 Ethical Considerations

Ethical approval for the research was provided by the Dublin Business School ethics committee. The participants of this study – psychotherapists - were not considered to be the vulnerable population group. The author of the research ensured that the study complies with the following ethical principles: participants’ anonymity, confidentiality, avoidance of harm, obtaining the informed consent and objectivity (McLeod, 2011). The participants were informed about the purpose of the study and possible benefits and risks of taking part in it (see Appendix 1). The researcher obtained written consent from the participants of the study (see Appendix 2). As the nature of the participation in the research is voluntary, the members were reminded of the right to choose what to disclose during the interview and the right to withdraw from the study at any stage.

Confidentiality was guaranteed by protecting the participant’s identities and giving them pseudonyms to ensure their anonymity. Identifying factors (e.g, places names, establishment’s names or other people’s names) were removed from the vignettes. All information and notes obtained from the interviewees during the research were kept confidential. The audio recordings of the interviews were only accessible to the researcher and were destroyed once transcripts have been made. In addition, all the information was stored on a password protected computer.
The objectivity of the study was ensured through rigorous analysis and reflection on the part of the researcher. The researcher sought out opportunities to test out parts of the work with the thesis supervisor, individual supervisor, module facilitator and college peers as well as in personal therapy.

**3.8 Summary**

In order to explore how psychotherapists, working with culturally diverse population, negotiate their cultural differences in the psychotherapeutic encounter thematic analysis was chosen as the most appropriate methodology for this qualitative research. In this study semi-structured interviews were carried out with five psychotherapists who are working with clients from collective societies. During the process of interviewing and working with the data obtained from the participants all the ethical considerations of the study were addressed.
CHAPTER FOUR: RESULTS

4.1 Introduction

This chapter reveals the results of the qualitative research from semi-structured interviews with five accredited psychotherapists who work with clients from different cultural backgrounds. The transcripts were coded using thematic analysis. The interviews revealed a rich diversity of the answers which the author believes can be reflective of the subject of the study as well as can be explained by the psychotherapists’ differences in regard to country of origin, age, experience, a number of people that they worked with, the backgrounds of their clients and their psychotherapeutic orientation.

It was observed by the researcher that only one participant who came from a collective background understood the term “collective” fully and the implications of collectivism for the individual’s worldview and society. There seemed to be some confusion among other participants around the term. One participant expressed that she would not have attributed the term “collective” when thinking about Middle Eastern societies: “so, the word collective doesn't fit for me and it's more very restrictive, very authoritarian societies”. Another one understood collective society as “where the community and the family is much more important than the individual” and thought of countries like “India or Malaysia or that part of the world” but did not mention the attitude to authority. Next participant said that when it came to thinking of “individual versus the collective”, she would not “personally call it collective” she would call it “community”. She expressed that “with the community there is no sense of the government in position” whereas the term “collective” for her “has resonance with the government in position”. Another participant, although worked with multicultural clients, seemed not to understand the collective perspective and the decision-making process.
for the person with a collective worldview. Her lack of understanding of the collective can be seen from her statements: “It's a nice tradition to have”, “When we are talking about collective, yes, you belong to a bigger community but surely within that community you are still an individual”, “And, my take on this “you are the most important person to yourself” is that is true regardless of the cultural background”, “But it is you making the decision for you. What is best for you”, “That every decision you make, you are making it for yourself”. This lack of awareness around collective mindset could be explained by the lack of experience in working with people from collective backgrounds.

Despite the variety in the interview answers, three main themes emerged regarding psychotherapists’ experiences of working with people from the Middle East, Asia and Africa. The vignettes from interviews were selected to illustrate the main generated themes. These themes are as follows: differences and commonalities in the cross-cultural psychotherapy, self-awareness of the practitioner and negotiation in cross-cultural dyads.

4.2 Theme A: Differences and Commonalities in Cross-Cultural Psychotherapy

The findings of this research paper show that the theme of differences and commonalities in the psychotherapeutic work with clients from collective societies came quite strongly with the all the participants. The psychotherapists interviewed indicated that it was important to be aware of the clients’ cultural background to be able to work with them successfully. The partakers in the research acknowledged that although the majority of the clients from collective backgrounds presented in psychotherapy with the issues that were quite similar to the Irish population like depression, anxiety, stress, relationship difficulties, family problems, sexual orientation, domestic violence, and loneliness the work with those people took a different angle. It was acknowledged that due to their collective upbringing clients from the Middle East, Asia or Africa found it hard to confirm to individualistic values of
psychotherapy and some therapeutic approaches had their limitations with the culturally diverse population.

Most approaches to psychotherapy are rooted in the Western values of individualism where the client is seen as a free and autonomous individual. The interviewees in this research stated that people from collective backgrounds did not put so much emphasis on the individual and valued belonging to a group: like immediate family, extended family, community or wider society.

**Katrina:** …if therapy for an ordinary Westerner, if you like, is obviously very much focused on the individual… And it’s not to say that the individual is the most important. But somehow rather to find yourself is very important in…certainly in psychoanalytic therapy. Amm…and I am not rightly sure that is so important in many other cultures…

**Maria:** Asians, Arabs, Africans are more collective. I think that these clients are less aware of the individualism, are more family oriented, more focused on the attending to other people’s needs rather than their own.

**Sinead:** I think that would be you are either coming more from India or Malaysia or that part of the world, where there is less emphasis on the individual…aamm… Again I meet with the very same issues of what happens in families… daughters really… really concerned about the mothers they have left behind…so coming to therapy would be… can often be quite difficult for them because they are being very much seen as an individual, if you like, in the room. Their conversations will often be about family, about family issues. They think more collectively or community rather than individually.

Three out of five participants noted that the family structure and dynamics in collective societies was rather different to the accepted norms of the Western cultures. It was observed by the interviewees that the relationships in collective societies were more hierarchical and male dominated. One participant said that dealing with family issues in Arab cultures where males were allowed to have multiple wives could prove quite intricate because the family dynamic was very complex.

**Maria:** In Chinese culture, for example… *(continues)*…women work harder; men are more demanding in that culture. So is in Pakistani and Indian culture as well…*(continues)*…So it’s more male dominating society.
Irene: ...so, I suppose, I’m thinking of it more as...specially for young [Middle Eastern] women... (continues)... they explain to me strong relationships between what the mother says in the family has to happen...

Sinead: ...of course there are multiple families there [Arab countries] because the men, fathers can marry maybe three times... so he [the client] may have brothers and sisters... he may be of the third family...and his mother may not be the top wife... (continues)...so it is very antiquated family dynamics going on.

The participants expressed that contrast between individualistic and collective communities had the implications for differences in attitudes towards the responsibilities to one’s family, attitude to authority, decision-making process, freedom of choices, parenting styles, male/female equality, and social controls.

Elaine: The most I have come across seems to be responsibility to other family members. What I have experienced where the older people are supported by the younger people, I mean financially and so on and so forth. That’s not really the case here.

Maria: People from collectivist countries have a different attitude to authority... the last decision is made by the male of the family because he is the head of the family... If you have to introduce something in collectivist culture... let’s say... There is a banana, and you have to eat it. It is good for you. You have to eat it. So you are not leaving that person with any choice. In individualistic society...you put things, and you tell them what is good...what is bad...what is right... so... There’s a banana. These are the advantages... I will leave it for you either you have it or not. It’s in your benefit. But you have to decide whether you are going to get these benefits or not. So it’s like an approach, a norm, a standard of culture. So when a family member grows up and they can learn how to behave to the authority in their own way... It’s submissive reaction to authority [in collective cultures].

Irene: I suppose this is particularly the case for young Middle Eastern women where there’s a very strict culture... (continues)...they are not used to living in a society where men and women are equal, and women are free to do what they like.

Two participants out of five shared that depending on the cultural background people experienced mental distress in a different way. Dealing with bereavement can vary though cultures. Also, conditions like depression and anxiety presented differently in other cultures and people from collective backgrounds could express their mental distress through physical complaints rather than in psychological terms.

Maria: ...like bereavement is different in every culture... How to respond to that? Depression is different in every culture. What depression is for them? How to respond to an Asian person and how to respond to a European client. Anxiety is different if they lived like
slaves their anxiety can be transferred from their ancestors. History is also coming into it as well.

**Katrina:**…especially with people from Africa, sometimes people express distress very physically as opposed to verbally… The most popular therapist in the centre was a Chinese man who did Chinese medicine which included herbal massages and acupuncture…and a lot of people who did not want to talk about things because of what they had to talk about was too painful…(continues)…But where they got their relief was in purely physical stuff. Very interesting and quite baffling for the psychoanalytic psychotherapist…When someone talks about what’s going on in their insides. What I would be saying or talking about my conflicts, or my anxieties, or feelings all of these things. And I would be expressing them in terms of thoughts or waves of feelings, or waves of anxieties, or sometimes waves of depression or sadness… and… they’d be talking about in terms of things going on in your stomach and your guts… maggots going on in your guts… coming on to get you… *(laughs)*. It’s a different form of fantasy about what’s going on… it’s a different set of psychosomatic stuff…especially with people from Africa… In psychoanalytic thinking is hysterical, you know… It is interesting. It’s fascinating… *(continues)*… But it’s a bit like surrealist painting, you know. But when somebody is actually feeling it…ahmm…It’s really, you think: “Jesus, what’s happening?”

One bi-lingual participant also noted that barriers in language were quite important to consider when working with culturally diverse populations.

**Maria:** “…sometimes it is also difficult to explain things in the other language…If there’s barrier in language people will feel that they can’t open up, and it will be difficult for the therapist to work and deal with that client.”

Most approaches to psychotherapy are non-directive and promote the values of self-actualisation and self-awareness. The client is seen as a self-determined and self-directive individual in the psychotherapeutic process. But the interviews with partakers in this research have indicated that people from collective backgrounds struggled in long-term uncovering psychotherapy with the notions of self-actualisation, taking individual responsibility in the decision-making process, talking about difficulties that they had with parents. It was acknowledged by one participant that in collective societies there was a resistance towards long-term work and preference for a short-term psychotherapy was expressed.

**Irene:** Yeah, I think that’s the concept [self-actualisation/self-directedness] that they struggle with because they’re used to being in the set of rules, being told what to do and having to follow those rules… and yeah… So trying to get them just to take on what the issues are… make their own decisions understanding yourself… “I am not gonna tell you what to do”… is more of a struggle, yeah…because they not gonna argue with me about it… but maybe...
They don’t really understand what I am talking about… Or maybe that they perceive me that: “You don’t really understand me if you’re telling me to do that ‘cos it’s not the way life works”…

Sinead: “It may take them a lot longer to come to difficulties they had with mother or difficulties with father”…

Maria: In Asian and South-Asian cultural group people are not open to counselling. It’s quite difficult for them to understand the idea of counselling. They are so resistant to get help. There’s a huge difficulty to help them to open up. They cover it up… (continues)…. My interventions with them are culturally tailored. They want a solution, so my approach would be more solution focused. They want shorter therapy eight to ten sessions rather than the long therapeutic work; there’s no understanding of that. So according to the issues they present, you develop the interventions around that.

Katrina who is trained as a psychoanalytic psychotherapist also acknowledged the limitations of this approach when working with culturally diverse people. When giving the accounts of her encounters with people from Africa, she found that their culture did not value the verbal communication in the same way the individualistic cultures did, and talking in psychotherapy about the past childhood experiences was a very foreign concept for her clients.

Katrina: When you work as a psychoanalytic therapist you’re trying to encourage your client to say whatever comes. But obviously, I don’t work as a psychoanalytic therapist with these people… (continues)… But I am asking them sometimes certain things and…sometimes…it seems they never thought about answering certain questions …(continues) I was trying to help them to get in touch with their past because I believe that your past is tremendously important for you and full of richness for your character, and your life, and everything….and I found that they weren’t terribly used to that…and Ireland is a very verbal culture, and therapy is a very verbal thing, and I am quite a verbal person… and I was talking with people where verbalness was not a big priority at all. If you talk to Irish people, for example, how they get on with their parents and they would be able to talk a fair bit of heartbreaks that are involved in the relationship between parent and child…where you are disappointed by a parent or a child…and I didn’t get that. One or two people said to me: “I didn’t know you could think like this”. And I found it fascinating.

The participants expressed that irrespective of the arrays of the psychotherapeutic approaches or differences in collective and individualistic thinking there were always common things in the human existence. The experience of psychotherapy itself should promote the development of the human being regardless of his/her cultural or ethnic background. Two psychotherapists shared their view on the commonalities of the human existence and psychotherapeutic work.
Maria: If you take humanistic or psychodynamic way it’s all about human beings. We have to respect each other and if respect doesn’t come in therapy is not there. It’s mutual understanding. It’s respect for each other. It’s regard for each other, being genuine.

Maria: …for example, domestic violence…I worked in Pakistan with domestic violence. I worked in the UK with domestic violence. But the thing is… It’s common… One thing in domestic violence is common in every culture. The cycle of abuse is the same in any culture. So it’s a common issue.

Sinead: …and really, it is really true that the deeper you go in the human psyche the more alike we are. That cultural differences are important and they have…they are influential…but the deeper…that is what Karl Yung…would have said: “The deeper we go into the human psyche, the more we can identify with”.

4.3 Theme B: Self-Awareness of the Practitioner

In examination of cross-cultural dyads in psychotherapy, the second theme which was quite prominent was the practitioner’s self-awareness. It was referred to by each participant. Understanding of the psychotherapist’s own culture, biases and prejudices and the issues of transference and countertransference came up in all interviews.

4.3.1 Practitioner’s awareness of one’s own culture/bias/prejudice/limitations

Interviewed psychotherapists indicated that reflection on one’s own cultural norms, values and beliefs helped them to be mindful of their biases, prejudices and limitations. It was expressed that appreciation of one’s own culture allowed the practitioner to be open to the exploration of the client’s perspective.

Sinead: …I think it is about identity…if I don’t appreciate or enjoy… or criticise or celebrate…or dislike my own culture…analysis it…I mean how can that facilitates me to appreciate yours…It is part of who I am…and what I am…and I came from.

Irene: I think culture is such a huge issue even within such a small country, like Ireland, depending where you come from there are different sets of beliefs….So I think it’s essential to understand your own culture so that you’re able to really ask questions of your clients.

Elaine: Because in my culture certain things can be unacceptable, in another culture that can be completely acceptable. But I have to have enough knowledge of where I am coming from so I am not projecting this in the therapy room. Do I have to know about me? Do I have to know what my values are? Do I have to know what my limitations are? My boundaries and all of these things are…Yeah. And I still learn that. It’s not like the ones today will be the same ones tomorrow. And it’s constantly evolving thing…(continues)…The more you know about
yourself and your limitations, you know, the better. And the more then you can be open to other things I think.

Irene expressed that acknowledging one’s own racial and cultural biases and prejudices was an important part of the psychotherapeutic work with the culturally diverse clients. She noted that the lack of awareness on the part of the practitioner could hinder the psychotherapeutic process. During the interview she shared a very curious personal observation on her cultural prejudice that the author believes is indicative of how people in the wider society think regarding belonging to a particular culture.

**Irene**:…coming in here today I was just thinking about the fact that the bombings in Belgium and how people in Europe are so upset about that. But there bombings in Istanbul have happened also very recently…and when you hear about that…you think… Oh, that’s terrible… but it’s not the same. I was just thinking that’s my racial prejudice there. Because people in Istanbul don’t matter as much to me because of the…just the culture I’ve grown up in…. (continues)…and if you are not aware of them [biases and prejudices] it can impede the work with the clients…You don’t have to change your beliefs, but you have to be aware… (continues)…So, self-reflexivity that you’re constantly looking at – How come I have asked that question? What’s going on for me? Or what stopped me following that line of thought with that client?

To be able to deal with one’s cultural biases and prejudices the role of supervision and the need for constant learning was stressed by another two practitioners.

**Katrina**: “Well, I watch myself a lot. And I try to talk them [biases and prejudices] out with my supervisors essentially. And I have them… absolutely have them…”

**Maria**: Just reflect. Keep a note all the time, keep getting knowledge and education. Keep learning. And I think it’s easy to overcome your biases and prejudices if you feel that every human being is equal, and you meet people on humanity level…and you accept them for who they are regardless of what you don’t like…(continues)...You reflect on your own behaviour…(continues)...I feel it’s very important to seek supervision.

### 4.3.2 Transference and Countertransference

The participants’ awareness of transference and countertransference and its manifestations in the psychotherapeutic setting was clear from the interviews. Four out of five participants were able to give examples of the transference and countertransference across the cultures.
One of the participants gave an example of negative transference manifested in the relationship, but it was not with the client from a culturally different background. It was observed by three psychotherapists that people from collective societies tend to see the practitioner as an authority figure in the room: a mother or an expert. They looked for advice and direction from the psychotherapist.

**Irene:** I think that you find yourself being seen in the role of maybe like a mother or a grandmother. Kind of, you know, that it’s different to working with young people from Ireland because they would… maybe you’re the good mother…(continues)...students, certainly from Middle Eastern society, would look up to me and look for direction…Older people would be respected…(continues)...So they would be respectful and look for advice…It would be a more kind of hierarchical relationship in a way…because just the culture that they come from.

**Interviewer:** “Would they see you as a mother or expert or”?

**Sinead:** “Both, some of them call me…a lot of them call me professor…a lot of them refer to me as Doctor…So there is a high level of respect there.”

Another partaker revealed that sometimes she felt like she was being “put up on a pedestal” by the people that she works with, but due to the nature of her clients, who are mainly refugees and asylum seekers from Africa. Katrina does not address it in the room as she believes that it is insensitive to do it so with her clients, and it would not be with a person from a Western society.

**Katrina:** Well, I don’t deal with it head on as I would if it would be a Western person… If I was getting put up on a pedestal…again you have to think that I work with people who have lost their community. And so they don’t have anybody, like parents or grandparents or whatever… so if I get quite involved with somebody over an extended period of time I get put in a place where I don’t necessary feel comfortable…I don’t talk it out as I would, as I said, with the Westerner, because it would be crass to do it and inappropriate whereas it’s not with the Westerner.

Two participants shared their countertransference responses when working with people from different cultures. Maria shared that her personal experience of being attacked by English people on a racial basis made it difficult for her to work with that particular nationality. The
feelings of inferiority were expressed by her. Sinead mentioned feelings of sadness and anxiety at the end of the work with her clients from the Middle East, which she admitted to being the client’s unconscious material and her own.

Maria: It’s with English clients. Because I was beaten up in English society. So it’s like whenever English comes, I feel that they are always right, and they think they are better... (continues)...Whenever they come to therapy with me I have negative feelings, but I always discuss it with my supervisor.

Sinead: It is more me managing my countertransference which is often of real sadness, anxiety, sometimes sadness when I am finishing with a client... (continues)...but on a few occasions I have been quite overcome by emotion at the ending of therapy with somebody I have worked with perhaps for ten sessions. How do I cope with it? I am long enough in the field now to know what it is, you know, it is both a combination of my own material and also possibly the clients own unconscious, that they are not maybe acknowledging.

4.4 Theme C: Negotiation in Cross-Cultural Dyads

Out of the results of the interviews with partakers of this research, the third theme was generated to describe the negotiation process in cross-cultural dyads. The finding of the study revealed that the capacity of the practitioner to negotiate their set of cultural values and beliefs in the psychotherapeutic work with culturally diverse populations came out of the practitioner’s curiosity about the client’s culture, ability to draw on their own life experiences and acceptance of the client’s perspective.

4.4.1 Curiosity about the Client’s Culture

A strong desire to get to know the client, their culture and the willingness to learn was expressed by all practitioners. One of the psychotherapists explained that “the concept of curiosity is big in psychotherapy, very much so in family therapy” that she is practising in. Working with people from a different culture Irene tries to establish what their beliefs and social rules are to gain the understanding of the client’s perspective and their difficulties.

Irene: What I do is to try to really... amm...fully understand what their sets of rules are that they have to abide by...and then I try to...I talk to them about you know what life is like
here… and… I really just stay curious about how they’re negotiating what’s available to them here… so I just try to understand how they are engaging, what they are doing and trying to find where their problems are… (continues)… so in the context of where they come from and what they believe in is hugely important.

Another psychotherapist felt that although it was advantageous to know the client’s cultural or religious background, sometimes ignorance could prove quite helpful because it allowed determining the client’s norm. Sinead said that nowadays she had more experience comparing to the start of her career as a psychotherapist, but she believed that her lack of knowledge never obstructed the work with her clients.

Sinead: I think there is an advantage in knowing something about let’s say Muslim religion or Hinduism… aah… or about perhaps political situation in a particular country… (continues)… But I think… Ignorance can actually prove useful as well because I can ask questions. And once I ask those questions with respect… (continues)… in order to establish what is the norm for my client. So, that’s both: curiosity arising out of ignorance can be useful, but also I learn a lot from my clients. So, I have more knowledge now than I had when I stared working with them. I don’t think my lack of knowledge in the beginning was a hindrance because I always really tried… and I think I succeed in… in being respectful of the culture and family values, and religious background of my clients.

Maria who comes from a collective background herself described that it was vital for her to get to know the client’s culture though language.

Maria: … when I stared living in Ireland and working in Ireland… (continues)… I learned quite a lot about Irish people from them… (continues)… a lot of education around knowing culture, knowing phrases, which was important for me. Like “walking on eggshells”, “oh sugar” – very important for me to understand the significance of that word or language they speak.

The importance of opening up a conversation around the client’s culture by a practitioner was expressed by another two participants. Katrina observed that clients from Africa were very polite people and they were not likely to start a conversation that was about differences in the psychotherapeutic encounter. Elaine mentioned that asking questions about client’s cultural values allowed avoiding the risk of assumptions on the part of the client.
Katrina: …the client doesn’t usually talk much about their own culture versus our own culture. Partially, because most clients from these cultures, in initial way, are essentially very polite people and they are not going to bring up stuff which is about clashes, differences or might in any way be seen as a disapproval of our own culture. So I usually bring it up. And I say: “Here in Ireland we think…blah…blah…blah… It is probably very different.” And I would bring it up and ask how they think about ours.

Elaine: I would ask [questions]. Because otherwise you are running in the risk of them [clients] assuming that I know something of it [culture] when I may know nothing of it, you know… (continues)... I have no problem saying – I don’t understand, perhaps, you could expand on that a little bit… you know… without being too intrusive. Whatever they are comfortable with. Is a conversation, if you will.

4.4.2 Ability to Draw on Own Life Experiences

Four out of five psychotherapists commented that when it came to working with people from collective societies they were able to draw on their own personal life experiences. Katrina said that she was “used to people from Asia” because she was born and raised in Malaysia. Maria has Asian roots and comes from a collectivist background “where the family and attending to others needs is very important”. Being quite close in age Irene and Sinead were able to connect to their understanding of the collective perspective from their childhood and upbringing where values of loyalty to the family, the sense of belonging to a bigger community and attending to others needs were still quite strong in the Irish society.

Irene: Yes, I do come from the individualistic society but I also come, ‘cos of the age I am, I come from a society where family was extremely important, your community was very important, looking after each other, being aware of that we are Irish and the struggle that we’ve gone through in the country and aamm… (continues)...Not the same as the collective but aamm… more…always including others in the way I thought about life… and I think it was common when I was growing up.

Sinead: …Well, my mother’s stories about… you know… One neighbour kills the pig, and everybody gets part of the pig, you know, that collective farming that would have happened in her background… and that I would… that you know that close family loyalty no matter what… I mean, I know it happens in pockets in cities… But I would have been brought up in the country, and I certainly would have experienced that.
4.4.3 Acceptance

All interviewees agreed that the practitioner should be mindful in order not to impose his/her value system onto a culturally diverse client and accept the client’s perspective.

While reflecting on the experience of working with a client, Sinead admitted that the values of psychotherapy were based on the Western norms of individualism. But her understanding of the role of the psychotherapist was to stay respectful towards the culture that the client was raised in.

**Sinead:** I think the very experience of therapy is emphasising the individualist values itself. I am always respectful of family culture and family values… (continues)…But the important thing is I think… as a therapist…I don’t think it is my place to challenge the... the system she [the client] is within. I will, if I see her challenging it, I will reflect that back to her, maybe that is a subtle encouragement, I don’t know… but I think the key rule… rule…is to be really respectful of where the client is coming from.

Katrina shared that when it came to working with clients from different cultures, it was vital to have a clear understanding that the way the practitioner was experiencing being in the world was not the only way. She expressed the need to acknowledge and accept that stance even if it meant moving out of the psychotherapeutic approach that one works in.

**Katrina:** You have to know that how you come upon things is not the only story. How you do things is not the only story. And you also have to realise if something is very important to somebody else, firstly, is very important to somebody else. And then you talk about that. You have to move your own position as a therapist to see what is going on here…you have to recognise what’s important to the other person.

Maria said that being honest, respectful and non-judgemental towards the client from a different culture helps her to accept the client’s perspective.

**Maria:**…we have to accept each other on the non-judgemental level…(continues)... It’s mutual understanding. It’s respect for each other. It’s regard for each other, being genuine. I can’t wear a mask of individualism, and I can’t impose that on my client. I am accepting them the way they are, on a human level. It’s not my pressing need to push them into the way I want them to be. Therapy is the growth of anyone from any culture.
4.5 Summary

The participants of this research spoke about their experiences of working in cross-cultural psychotherapy and how they negotiated their set of values and beliefs in dealing with people from a different cultural background. It was evident from this chapter that irrespective of the differences between the individualistic and collective worldviews and limitations of some forms of Western psychotherapy, there was a commonality of human existence and functioning. All participants expressed that it was crucial to understand the perspective of the culturally different client and accept the client’s values in a respectful and non-judgemental way.
CHAPTER FIVE: DISCUSSION AND CONCLUSION

5.1 Introduction

The discussion chapter compares the research from the literature reviewed on collectivism and individualism and cross-cultural psychotherapy with the results of the interviews with practitioners who work with clients from collective cultures. In conclusion, the limitations of the study are addressed, and recommendations are made as to further possible areas of research.

5.1.1 Individualism and Collectivism

The research established that differences in collectivist and individualist worldviews had implications for the psychotherapeutic encounter where the Western norms and standards applied. The data obtained from the interviews considers the differences in perception of self, differences in relation to family and community, differences in communications styles and language.

It is unmistakable that individuals’ adjustment to the world depends on their cultural background (Pedersen, 1991). Markus and Kitayama (1991) state that people in Western cultures acquire the independent construct of self which is seen as an independent and autonomous agent, while people in collectivist traditions gain an interdependent construct of self which is largely based on belonging and connectedness to others. The data of this study corresponds with Hofstede’s (2001) and Markus and Kitayama’s (1991) findings that people in individualist societies see themselves as being independent of their in-group and prioritise personal interests and goals over the goals of the group and people in collectivist cultures are experiencing themselves as part of the group and appreciate the goals and social norms of the
Despite the initial confusion over the term “collective”, all participants stated that the clients from collective backgrounds put less emphasis on the individual, were more family oriented, more focused on attending to other’s needs rather than their own, had different attitudes towards responsibility to the family and authority. It was observed that collective societies were male dominated, and the relationships in those cultures were hierarchical.

Most psychotherapeutic orientations concentrate on the individual (Fairbairn, 1952; Rogers, 2003; Winnicott, 1971). The clients from collective backgrounds see themselves in interdependent relationships as regards to their family and community. It was noted by Sinead that it could be quite difficult for the clients from collective cultures to follow the norms of psychotherapy because they “think more collectively” but in the psychotherapeutic encounter they are “seen as an individual”. Irene expressed that people from collective backgrounds struggled in long-term uncovering psychotherapy with self-actualisation. Similarly Dwairy (1998) and Sue and Sue (2008) maintain that collective worldview does not place such a high value on the need towards self-actualisation, self-efficacy and self-exploration as Western cultures do. Focusing on one’s own personal needs and wishes can be seen as selfishness and alienation by a client from collective culture (Dwairy 1998; Sue and Sue, 2008).

Theories of human development (Bowlby, 2005; Fairbairn, 1952; Klein, 1935; Winnicott, 1971) are grounded in the nuclear family that is representative of the Western industrialised society. This research acknowledged that the family dynamics in collective cultures was different to the accepted norms of Western societies. In collective societies people live in extended families and in some Arab countries, like Saudi Arabia and the United Arab Emirates, polygamous marriages still exist. Sinead pointed out that in Arab societies the
family dynamics was “very antiquated” and dealing with family matters in collective cultures can prove to be challenging for the practitioner. Bhui and Morgan (2007) also acknowledge the limitation of the nuclear family model in psychotherapy. The clients from extended family systems can struggle to conform to Western standards as regards to matters of attachment, separation and dependency (Bhui and Morgan, 2007).

The study found that being brought up within authoritarian, highly structured and hierarchical societies people from collective backgrounds saw the practitioner as an authority figure or an expert who needed to be respected. Due to their respect for older people and submissive attitude towards authority, they tend to look for directions and advice from the practitioner. The participants expressed that clients from collective cultures struggled with taking up individual responsibility in the psychotherapeutic encounter. Talking about childhood experiences and difficulties with the parents was also difficult for the clients from collective backgrounds. This is consistent with the findings of the researchers in cross-cultural counselling and psychotherapy who state that clients from collective cultures do not value self-exploration and favour the directive and active approach in the psychotherapeutic encounter (Dwairy, 1998; Sue and Sue, 2008). The research reveals that there is a resistance towards a long-term psychotherapy and preference for the short-term work. Maria shared that Asian and South Asian individuals were not “open to counselling” and her approach to working with those clients involved “solution-focused psychotherapy” with eight up to ten sessions depending on the presented issues. Dwairy (1998) and Sue and Sue (2008) share that opinion and claim that time-limited, goal-oriented psychotherapeutic work aims at success with collective clients.

The psychotherapeutic encounter relies mainly on the verbal interaction between the client and the practitioner. However, the data from this study correlates with the data from
Hofstede’s (2001) findings and confirms that individuals from collective cultures do not value verbal communication in the same way people from Western societies do and deal with mental distress purely physically. Katrina spoke about her experiences of working with people from Africa where “verbalness was not a big priority at all”. The observation was made that those people had a tendency to express mental distress, especially depression and anxiety, in physical complaints rather than psychological and used traditional medicine, like herbal massages and acupuncture. The literature research confirms that finding. Farooq et al. (1995), Sue and Sue (2008), El-Islam (1982) and Versola-Russo (2006) all state that people from the Middle East, Africa and Asia express mental distress through somatic complaints like a headache, dizziness, heart or back related problems and overall fatigue and rely on the help of medication and traditional healers (Versola-Russo, 2006).

As opposed to the literature revised there was no mentioning by the interviewed psychotherapists of the differences in non-verbal communication with the clients from Asian, African or Arab countries within the psychotherapeutic encounter. The researcher suggests that it can be due the nature of the semi-structured interview questions in the study which mainly concentrated on the practitioner’s awareness of the values and norms of the individualistic and collective outlooks on the world. Sue and Sue (2008) examine the aspects of non-verbal communication in detail as regards to preference for personal space, gestures, eye contact, facial expressions or posture and propose that practitioner’s lack of awareness in this area can lead to misinterpretation of non-verbal cues in the psychotherapeutic space.

5.1.2 Language

Despite the extensive evidence from the literature reviewed, there was little comment by the participants on the barriers in language that can affect the psychotherapy. Only one psychotherapist in this study who is bilingual highlighted the importance of the language in
the cross-cultural psychotherapeutic encounter. Maria believed that it was valuable to get to know the “culture through language” and commented on the fact that it could be quite difficult for a person with a different native language to articulate one’s thoughts or feelings in a second language. This finding is consistent with Romero’s (1985) suggestion that subtle variations in emotional experience can be unattainable for bilingual clients when attending psychotherapy in a non-native language. Another language provides the bilingual client with a greater level of detachment from emotional states (Pavlenko, 2012). Flegenheimer (1989) adds that linguistic nuances, sayings, idioms and intonation get lost in the process of translation from one language to another.

5.1.3 Self-Awareness of the Practitioner

This study revealed that practitioner’s knowledge of one’s own culture, biases, prejudices, limitations and countertransference issues are important in cross-cultural psychotherapy. It was predominantly agreed by the psychotherapists that to be able to work with people from diverse cultural backgrounds it is vital to be aware of one’s own culture because it constitutes a part of practitioner’s identity and how he/she is experiencing the world around. Exploring one’s own cultural values and norms allows the practitioner to be aware of one’s own biases, prejudices and limitations. To avoid projections in the psychotherapeutic encounter, the examination of acceptable and unacceptable standards within practitioner’s own culture was encouraged. Constant self-reflexivity, supervision and education on cultural matters can help practitioners to deal with biases and prejudices. This data corresponds to the revised literature on multicultural psychotherapy from Ivey, D’Andrea, Ivey and Simek-Morgan (2007) and Sue and Sue (2008) who state that challenging one’s own assumptions, preferences, biases and prejudices in supervision gives the practitioner the capacity to develop the understanding of one’s own culture and it’s norms. D’Ardene and Mahtani (1999) believe that people are inevitably biased towards their own culture and cultural preferences, prejudices and racism.
can manifest in countertransference reactions in cross-cultural settings. The participant in this study spoke how negative feelings elicit in countertransference made it difficult for her to work with clients from a particular cultural background. Due to being racially attacked in English society, Maria shared that she struggles with feelings of inferiority whenever the English person comes in for psychotherapy and admits that she has to reflect on her prejudice about English population in supervision. Another participant described her feelings of deep sadness when finishing work with her clients from the Middle East, which was a mixture of her own material as well the clients unconscious. It was noted by participants that the lack of cultural awareness on the practitioner’s part can impede the work with clients. Dogra and Karim (2005) agree and highlight that self-protection on the psychotherapist’s part can lead to denial where cultural differences can be dismissed as insignificant.

5.1.4 Negotiation in Cross-Cultural Dyads

To gain the insight into the worldview of a client who is culturally different open, curious and non-judgemental stance from the practitioner was emphasised by all participants. Dyche and Zayas (1995) refer to this stance as respectful curiosity on the practitioner’s part and Ridley, Ethington and Heppner (2007) describe it as “cultural empathy” (p. 377). In this context what the culturally different client believes in and values is central. The participants also expressed that ignorance about the client’s culture or “cultural naivety” (Dyche and Zayas, 1995) can help the practitioner’s curiosity to come forth, ask questions and establish the client’s norm. Learning from the client and having open discussions about social rules and norms, moral and ethical values of the client’s culture was stressed by the participants. Clients are not likely to initiate the conversation that is about differences in the psychotherapeutic encounter because they feel that it might be perceived as a disapproval of the practitioner’s culture. So the practitioner should initiate this discussion. Asking questions about client’s cultural values eliminates the danger of assumptions in the psychotherapeutic alliance on both practitioner’s
and client’s part. These findings are consistent with Cardemil and Battle’s (2003) research which stresses the significance of opening up conversations around culture in the psychotherapeutic encounter by the practitioner and warns about the dangers of stereotyping the client based on his/her racial or cultural background (Cardemil and Battle, 2003).

Participants in this study expressed that when it came to understanding the perspective of the clients from collective backgrounds they were able to draw on their own personal life experiences. One psychotherapist came from collective background herself, another one was Irish but raised in Malaysia, and another two Irish psychotherapists were able to draw on their childhood experiences where the sense of belonging to a bigger community was still strong in Ireland. McLeod (2009) confirms that by stating the modern world and people in it represent a mixture of collectivist and individualist predispositions, and the psychotherapist with individualistic values should be able to gain some insight of collective actions from his/her personal experiences and vice versa.

Sue and Sue (2008) highlight that when working with culturally diverse populations it is essential for the practitioner not to impose his/her own value system onto a client. This research indicated that psychotherapists believed in being respectful towards the client’s culture, being mindful of the fact that the practitioner’s way was not the only way how to experience the world around and accepting of the client’s perspective in a non-judgemental way. The practitioners’ ability to negotiate their set of cultural values and beliefs in the psychotherapeutic encounter with culturally diverse populations came from full understanding of the cultural, ethnic or religious background of the client and acceptance of what was important for the client even if it meant moving out of their own position as a psychotherapist who adheres to the Western values in psychotherapy. Two participants highlighted that regardless of the differences in psychotherapeutic approaches or differences
in collective and individualist worldviews there is a commonality of human existence and functioning. Sinead shared that although cultural differences were influential, she believed that “the deeper you go in the human psyche, the more alike we are”.

5.1.5 Summary

In the discussion section, the responses of the participants in this research were linked to the literature revised on individualism and collectivism in cross-cultural psychotherapy revealing variations in perception of self, ways of relating to family and community as well as communication styles. Additionally, the barriers in language that can influence the cross-cultural psychotherapeutic encounter were touched upon. The practitioner’s awareness of his/her own cultural values, biases and prejudices was considered. Finally, the negotiation process in cross-cultural dyad that arises from curiosity towards the client’s cultural background, practitioner’s capacity to draw on personal experiences and acceptance of the client’s perspective in the psychotherapeutic encounter was explored.

5.2 Conclusion

The presented research examined the formation of cross-cultural dyads within the psychotherapeutic encounter from the individualistic and collectivist perspective. For this purpose the experiences of five accredited psychotherapists working with clients from collective backgrounds were explored using thematic analysis. The findings of the research suggested that it was important for the practitioner to be aware of the client’s cultural heritage and the differences in perception of self, relational patterns, communication styles and language that might affect the psychotherapeutic relationship. While Western societies attributed individualistic values of independence, autonomy and personal achievement as the accepted norms of their culture; non-Western traditions, like African, Asian and Arabic, adhered to collective values that promote interdependence, harmony and conformity. This
research established that many theoretical assumptions of Western psychotherapy would seem to be unsuitable when working with clients from collective backgrounds. In addition, it was acknowledged that practitioner’s cultural competence and awareness of one’s own cultural prejudices and biases were needed when it came to working with diverse populations in order not to impose one’s own values on the culturally different client. By adopting a curious, accepting and non-judgemental stance about the client’s culture and drawing on insight from some personal life experiences, psychotherapists were able to understand the perspective of a culturally different client and work successfully with them. This research also suggested that developing multicultural competence was important for Irish counsellors and psychotherapists given the rapid demographic changes in the country.

5.2.1 Limitations

There were a number of limitations that came up carrying out this study.

- There is a lack of transparency on the professional websites about psychotherapists’ areas of expertise. IAHIP website does not provide the information regarding the areas that practitioners are specialising in. IACP website does display that information, but the random sample strategy did not prove to be successful for the researcher. As the “snowball” strategy was employed where the participant recommends another participant for the study (Patton, 2002), the recruitment process turned out to be lengthy.

- The particular interest of this paper laid in the exploration of the psychotherapists’ experience of working with clients from collective cultural backgrounds. Although some psychotherapists who were considered for the interview process stated that they worked with clients from different countries, such as Italy, Poland, France, Spain and
Germany; they did not have much experience in working with collective populations and therefore were deemed unsuitable for the purpose of this actual research.

- To display the wider social context qualitative research looks for a fair representation of genders in the sample (McLeod, 2011). However, psychotherapists that were interviewed in this study were all females. This can reflect the nature of the psychotherapeutic profession where the majority of the practitioners are women and the number of male psychotherapists is considerably lower.

- It can be argued that the sample size of five participants is very limited and diverse. Interviewed psychotherapists varied in age, cultural background, years of experience in practice and psychotherapeutic approach that they practiced. A more homogeneous sample can be recommended.

- Being familiar with collective values and norms the researcher kept her biases in check with the supervisory processes throughout working on this study.

### 5.2.2 Recommendations and Considerations for Further Research

A number of recommendations to practitioners who are working with culturally diverse populations and consideration for future research were identified from both the findings of this study and the literature research reviewed:

- It is recommended that psychotherapists should examine their cultural values, biases and prejudices in order not to impose their own values on a culturally different client.

- In the psychotherapeutic encounter practitioners should keep an open, curious and non-judgemental stance towards the client’s culture.

- To increase cultural competence psychotherapists are recommended to educate themselves in relation to various cultures in order to be aware of the differences in worldviews, relating patterns, family structure, modes of communication, concepts of
emotional distress and language. There is a call for educational institutions to offer cultural modules on the programmes and cultural workshops.

- Further research with a more homogeneous sample is recommended. This sample can be achieved by interviewing psychotherapists who practice in the same theoretical approach, interviewing practitioners from the same cultural background or interviewing psychotherapists who target their work to a specific cultural population, for example, clients from Africa only or clients from Asian background or Middle Eastern countries.

- As verbal communication lies in the heart of the psychotherapeutic encounter, further research with bilingual or multilingual populations is suggested.

- Another area where the further research can be undertaken is the differences in verbal and non-verbal communication in the psychotherapeutic encounter with clients from different cultures.

The cross-cultural framework in psychotherapy embraces the difference in human existence, and, taking into account the increase of cultural diversity in Ireland, the research into this critical topic should continue.
REFERENCES


APPENDICES

APPENDIX 1: Participant Information Leaflet

An Exploration of Cross-Cultural Dyads in Psychotherapy:

Individualism and Collectivism Perspective

My name is Tamara Kuznecova and I am currently undertaking an MA in Psychotherapy at Dublin Business School. I am interested in researching the role of cultural differences in psychotherapy and, namely, the formation of cross-cultural dyads within the psychotherapeutic encounter taking into account the individualism and collectivism perspectives. I am inviting experienced psychotherapists (at least 5 years post accreditation), who work with clients from different cultural backgrounds, to participate in this study.

What is involved

If you choose to contribute to this study, you will be invited to attend an interview with myself in a setting of your convenience, which should take no longer than an hour to complete. During the interview I will seek to understand your experience of working with clients from different cultural backgrounds. There are no known risks to you from taking part in this research and you will be able to access the results of the study if you choose to do so.

Confidentiality

All information obtained from you during the research will be kept confidential. Notes about the research and any form you may fill in will be coded and stored in a locked file. The key to the code numbers will be kept in a separate locked file. This means that all data kept on you will be de-identified. All data that has been collected will be kept in this confidential manner and in the event that it is used for future research, will be handled in the same way. The audio recordings of the interviews will only be accessible to the researcher and will be destroyed once transcripts have been made. Your participation in this research is voluntary. You are free to withdraw at any point of the study without any disadvantage.

DECLARATION

I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project and used in scientific publications.

Name of Participant (in block letters) ___________________________________

Signature_____________________________________________________________

Date / / 

If you need any additional information or have any queries please contact:

Researcher: Tamara Kuznecova, tamarakuznecova@hotmail.com, phone: XXXXXXXXXX
Research Supervisor: Ms. Mary de Courcy, mary.decourcy@dbs.ie
Dublin Business School 13-14, Aungier Street, Dublin 2
APPENDIX 2: Consent Form

CONSENT FORM

An Exploration of Cross-Cultural Dyads in Psychotherapy: Individualism and Collectivism Perspective

Please tick the appropriate answer.

I confirm that I have read and understood the Information Leaflet attached, and that I have had ample opportunity to ask questions all of which have been satisfactory answered. □ Yes □ No

I understand that my participation in this study is entirely voluntary and that I may withdraw at any time, without giving reason. □ Yes □ No

I understand that my identity will remain confidential at all times. □ Yes □ No

I am aware of the potential risks of this research study. □ Yes □ No

I am aware that audio recordings will be made of sessions. □ Yes □ No

I have been given the copy of the Information Leaflet and this Consent Form for my records. □ Yes □ No

Participant

Signature and Dated

Name in Block Capitals

To be completed by the Principal Investigator or his/her nominee.

I, the undersigned, have taken the time to fully explain to the above participant the nature and purpose of this study in a manner that he/she could understand. We have discussed the risks involved, and have invited him/her to ask questions on any aspect of the study that concerned them.

Signature

Name in Block Capitals

Date
APPENDIX 3: Participant Questionnaire

Participant Questionnaire

1. Name: ______________________________________________________________

2. Date of birth: ______/ ______/________

3. Gender: ______________________________________________________________

4. How many years have you been practicing as a psychotherapist? ______________

5. Psychotherapy accreditation:
   a) IACP
   b) IAHIP
   c) Other (please specify)________________________________________________

6. What level of psychotherapy qualification do you hold?
   a) Diploma
   b) Undergraduate Degree
   c) Master Level Degree
   d) Doctorate Level Degree
   e) Other______________________________________________________________

7. Please outline any of your post qualification psychotherapy training:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

8. What would you best describe your psychotherapeutic approach?
   a) Integrative
   b) Psychodynamic
   c) Humanistic
   d) CBT
   e) Psychoanalytic
   f) Person-centred
   g) Gestalt
   h) Counselling Psychology
9. How would you describe your practice?
   a) Private
   b) Agency
   c) Mix
   d) Other:_____________________________________________________________

10. Please give an approximate number of clients from different cultural backgrounds that you work with per year:____________________________________________________

11. Please add any additional information that you feel might be relevant, but is not covered in the questionnaire

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you.
APPENDIX 4: Interview Questions

Interview Questions

1. I would like to start by hearing about what kind of general cultural groups do you work with?

2. What are the main issues that people from different cultural backgrounds bring into the psychotherapy space?

3. What made you interested in working with clients from different cultural backgrounds?

4. How do you think is it important to be aware of the client’s cultural background? Can you please elaborate as to why?

5. How would you discuss the topic of culture/cultural values in the psychotherapeutic encounter? Would you bring it up or would you let your client to address it first?

6. Can you tell me about your experiences of working with clients from collective backgrounds? What are the main areas of differences (if you believe that there are any)?

7. Coming from collectivist upbringing where the co-dependence and looking after the family is valued I struggled with the individualistic idea of “you are the most important person to yourself”. How do you help your clients to negotiate between the individualistic values of psychotherapy and their collective background?

8. Do you believe that a psychotherapist should be aware of one’s own culture and why?

9. How do you deal with your own limitations, prejudices and cultural biases?

10. How would you deal with transference or countertransference responses that may be elicit as a result of working with clients from a different cultural background?

11. Is there anything else you would like to add that I have not asked you about?