

**Clinical Psychologists' experiences of Cross-Cultural Counselling:
Benefits and Challenges**

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As the candidate's Supervisor, I agree/do not agree to the submission of this dissertation.

Professor Duncan James Cartwright

Declaration

I, _____ declare that:

1. The research reported in this dissertation, except where otherwise indicated, is my original work.
2. This dissertation has not been submitted for any degree or examination at any other university.
3. This dissertation does not contain other persons' data, pictures, graphs or other information unless specifically acknowledged as being sourced from other persons.
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Signed _____

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Abstract

This research study sought to explore clinical psychologists' experiences of Cross-Cultural Counselling. It sought to understand how clinical psychologists conceptualise culture in the counselling relationship. The study also sought to identify the perceived benefits and challenges faced in cross-cultural counselling as well as establish preferred therapeutic approaches in the South African context. The study used a qualitative research design. Participants were clinical psychologists (n=10) working in Durban. They were purposively sampled. The researcher used semi-structured interviews to solicit views from the participants on their experiences of cross-cultural counselling. Data were analysed using thematic analysis. The analysis of data produced the following themes: 'culture influences counselling', 'daily experiences', 'multi-layered benefits and challenges' and 'diverse therapeutic approaches'. All the participants revealed that in counselling, psychologists work with clients from diverse cultures. The main findings revealed that the perceived benefits include the ability to learn from other people's perspectives and understanding the context from which people hail and the different systems that influence their worldviews. The analysis revealed that the main challenges were language and punctuality. The researcher recommends deliberate policy supported by the Mental Health Act to aid the efforts of clinical psychologists through awareness campaigns to mitigate cultural barriers.

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Chapter 1: Introduction: Cross-Cultural Counselling and The

Research Problem

1.1 Background to the study

The experiences of cross-cultural counselling in South Africa have long been studied and reflected on by different scholars in the field of Psychology (Bodestein & Naude, 2017). Hickson and Christie (1989, p. 162) pointed out that “cross-cultural scholars have found that many third world clients experience the values of counselling to be inconsistent with their life experiences”. This often occurs when therapists are unwilling to engage in the cultural and traditional backgrounds of their clients, or they may simply lack the knowledge in an area which they have deemed unrelated to the client's current diagnosis (Gerstein, Heppner, Aegisdottir, Leung, & Norsworthy, 2011).

Psychology has for many years been studied in a Eurocentric manner. Hence, the experiences and knowledge expressed are highly applicable to Western cultures yet they have questionable relevance to other cultures, such as the African or Asian cultures. With this in mind, a group of medical and social scientists, in a report in a prestigious medical journal, emphasized the importance of culture by claiming that globally, neglecting culture in the understanding of the human species as a holistic being poses a danger to the entire health system's functioning (American Psychiatric Association, 2013).

Cross-cultural counselling was developed from Cross-Cultural Psychology, which is defined by Brislin, Lonner, and Thorndike (1973, p. 5) as:

“The empirical study of members of various cultural groups who have had different experiences that lead to predictable and significant differences in behaviour. In the

majority of such studies, the groups under study speak different languages and are governed by different political units”.

The term ‘culture’ is understood by the American Psychiatric Association (2013, p. 749) as “the shared way of life of a group of people”, and this “includes language, religion, and spirituality, family structures, life cycle stages, ceremonial rituals, and customs including moral and legal systems”. Moreover, the term ‘counselling’ is a broad term encapsulating a provision of professional assistance and guidance in resolving personal and psychological problems (Douglas, Woolfe, Strawbridge, Kasket, & Galbraith, 2016).

Cross-cultural counselling is thus described as providing counselling to one or more people from a different culture (Repetto, 2002). Draguns (2007) argued that cross-cultural counselling is concerned with accurately understanding the culture-specific and universal aspects of human problems as well as the process of helping. In the same light, Pedersen (2002) reported that in cross-cultural counselling, all behaviour should be understood from the context of one's culture. Sue (1998) and Lonner (1985) claim that all counselling is cross-cultural. What is inherent in this description is that mental health professionals need to cross the boundaries of culture or disentangle culture to reach the person or client. Most researchers studying behaviour across cultures argue that differences in overt and covert behaviour should be seen as culturally shaped reflections of common psychological functions and processes, thus emphasizing the relevance of culture in any context; and that culture is an important contributor to the development and display of human behaviour (Bodestein & Naude, 2017).

Pedersen (1991) contended that the systematic ‘otherisation’ of certain cultures in South Africa has led to a sense of mistrust being common in interactions between Black and White persons. A study conducted by Watkins, Terrell, Miller, and Terrell (1989) focusing on the effects of cultural mistrust, evaluated subjects’ perceptions of the credibility of the counsellors’ ability to solve problems and likelihood of a follow-up visit by the subject. The conclusion was that a

Black client experienced a White counsellor as lacking in sincerity, reliability, effectiveness, and competence. A further ramification of cultural mistrust is the tendency for cross-cultural interactions to become stereotyped.

Cross-cultural counselling may be problematic if a client has preconceived perceptions about the therapist. For example, upon seeing a White psychologist, the Black client may make assumptions attached to the therapist's race. For example, there have been assumptions that the White therapist assumes power and authority, thus instilling a sense of fear and inferiority within the patient. This would hinder the therapeutic benefits for successful treatment (Gobodo, 1990). Pedersen (1991) uses the term Culture Encapsulated Counsellor (CEC) to refer to those psychotherapists who assume that cultural and racial factors are irrelevant in psychotherapy. To the CEC these racially based assumptions may be interpreted as resistance. Thus the therapist who is not aware of the possible effect of the cultural mistrust variable may misinterpret mistrustful behaviour. Other behavioural responses from Black clients may include a passive agreement with everything the therapist says. In a study examining racial effects in experimentation, testing, interviewing and psychotherapy, Sattler (1970) found that Black clients tended to give socially desirable responses to White counsellors.

The above introduction points to the frequent challenges affecting multiple counsellors in using a culturally sensitive approach to counselling in South Africa. The challenges may affect all aspects of the therapists working with different clients from diverse cultural contexts.

1.2 Research problem

Cultural differences create barriers to understanding in the very areas of interaction that are most crucial to the outcome of counselling. Different experiences, beliefs, values, goals, and expectations constitute areas of conflict between the psychologist and their client that may complicate communication. This compromises the therapeutic process. It is therefore of utmost

importance that therapists learn to work effectively with the culture and values of prospective clients since South Africa is a multicultural society. Although this is a well-known concern, identifying and understanding the challenges from an experience point of view is still required. Such research would assist in identifying these challenges and how South African based counsellors might be dealing with them. Clinical psychologists in cross-cultural counselling regard culture as essential to psychological functioning, as an integral context for psychological development and behaviour. It is assumed in this study that a clinical psychologist's day to day experience in clinical counselling has greater chances of exposing them to patients from different cultural backgrounds. As a result, they fit well as the main subjects in this study because they have far more chances of working with people of different cultures, particularly during their practice in hospitals.

1.3 Objectives

The objectives of this study were:

1. To understand how clinical psychologists conceptualise culture in the counselling relationship.
2. To explore clinical psychologists' experiences in providing cross-cultural counselling.
3. To identify the perceived benefits and challenges faced in cross-cultural counselling in South Africa.
4. To establish what particular therapeutic approaches are used by clinical psychologists in cross-cultural counselling and the perceived results obtained from the approaches.

1.4 Key research questions

This research sought to obtain answers to the following research questions:

1. How do participants conceptualise the concept of culture in the counselling relationship?
2. What are the experiences of clinical psychologists in providing cross-cultural counselling?
3. What are the benefits and challenges clinical psychologists face in cross-cultural counselling?
4. What particular therapeutic approaches do clinical psychologists prefer in cross-cultural counselling and with what perceived results?

1.5 Study area and sample

The study was conducted in the Durban metropolitan area. The targeted population were 15 clinical psychologists in private practice. Clinical psychologists in private practice were relatively easy to recruit as compared to those attached to institutions. This is because interviewing Clinical psychologists in private institutions would not require a gatekeeper's letter that is needed when one is interviewing participants from attached institutions. In the end, 10 clinical psychologists were recruited and interviewed. They were all registered with the Health Professions Council of South Africa (HPCSA).

1.6 Overview of the dissertation

Chapter 1: Introduction to cross-cultural counselling

The chapter introduces the background studies to cross-cultural counselling and provides the rationale for undertaking this study. The chapter presents the research questions and the objectives of the study as well as the study area and participants.

Chapter 2: Review of Literature

This chapter discusses the literature on cross-cultural counselling. The objectives of the review are to situate the current study within the framework of previous work. This provided the context for comparing and contrasting the results obtained in the present study.

Chapter 3: Theoretical Framework

This chapter presents the theories by which the study is anchored. The theories are discussed within the context of the study and methodology.

Chapter 4: Research Methodology

This chapter discusses the research method and design used in the study. The chapter discusses the sampling strategy and data collection method used. Data analysis procedures and ethics are also discussed in this chapter.

Chapter 5: Data Presentation, Discussion and Analysis

This chapter presents data following the guidelines of the qualitative research design. The chapter discusses the results by analysing its implications and comparing it to previous research discussed in Chapter Two.

Chapter 6: Conclusion, Summary and Recommendations

The chapter summarises the whole dissertation. In light of the results obtained and presented in chapter four, the researcher provides conclusions and recommendations.

Chapter 2: Review of Literature

2.1 Introduction

This chapter is focused on previous literature relevant to cross-cultural counselling. The literature reveals the importance of observing both the client's and the psychologist's culture in counselling. It discusses the importance of understanding the client's culture during counselling. The chapter discusses the benefits and challenges of multicultural counselling.

2.2 Conceptualisation of culture in cross-cultural counselling

Sue (1998, p. 440) defines culture as “an integrated pattern of human behaviour and includes thoughts, communication, actions, customs, beliefs, values and institutions of a racial-ethnic, religious or social group”. Collins and Arthur (2017) posit that culture is never equal to race or ethnic cluster and there are diverse ways of conceptualising it in counselling. For instance, some employ the word “culture” to allude to a particular lifestyle. They may refer to gay culture or the culture of people living with disabilities. Fox (2006, p. 503) suggests that, “culture is transmitted through ... environmental influences”, and interactions with other people perform a major role.

What distinguishes one culture from another is the fact that cultures vary with respect to their value systems. The value systems have a significant bearing on the religious beliefs, kinship patterns, social arrangements, and communication networks, including regulatory norms of personal, familial and social conduct (Laungani, 1995; Parkes & Prigerson, 2013). Values are best defined as the currently held normative expectations that underlie individual and social conduct (Laungani, 1995). Salient beliefs concerning right and wrong, good and bad, normal and abnormal, appropriate and inappropriate, proper and improper, and the like, are to a large extent influenced by the values operative in the culture. Because certain values are culture-specific, it follows that many assumptions and expectations underlying the appropriateness or otherwise of

certain behaviours are also culture-specific (Laungani, 1995). This factor evidently has extremely serious implications for counselling persons from different cultures.

Although race denotes that biology and culture are associated with ethnicity, they have the same effects in terms of potential prejudice. People from different races also have different cultures. Thus, Duncan, Van Niekerk, de la Rey and Seedat (2001) point out that Black psychologists may face prejudice from potential White clients. The White clients may favour White psychologists, leaving the Black psychologists to serve only Black clients (Duncan et al., 2001). This is a setback to cross-cultural counselling as psychologists will serve only clients from their particular race or culture.

Diverse cultures have diverse traditions, standards, languages, and customs. When counselling a client from a dissimilar cultural upbringing, the psychologist needs to comprehend the role of culture during counselling. The cultural background shapes experience in addition to determining the type of stress that the client is experiencing (?) (Vázquez, Pérez-Sales, & Hervás, 2008). Culture influences the categories of actions that a person could perceive as distressing or worrying as well as the coping techniques used to avert it. Consequently, counselling mostly relies on those cultural issues by which the person is bounded (Calhoun, Cann, & Tedeschi, 2010; Vázquez & Paez, 2010). The function of culture in counselling has increasingly been acknowledged in all aspects of psychology research. It is no longer a rare and esoteric subject in research on counselling. According to Arthur (2018, p. 383), there is currently “some consensus that the cultures of both the client and therapist influence the counselling process both pervasively and profoundly”.

Manthei (1997, p. 235) argues that “all counselling is multicultural ...because all clients are initially strangers to their psychologists”. Nevertheless, as clients have connotations that are moulded by their respective cultures, though every therapist is multicultural, some clients might be culturally nearer to their respective psychologists as compared to others (Edwards, 1996). Cultural counselling views every human being as a cultural creature. Arthur (2016, p. 80) further posited that cultural counselling identifies that all counselling happens in the cultural setting and

centres on, “the cultural process of counselling that has been described in terms of universal and unique cultural phases”.

Multicultural therapy seeks to address the beliefs, necessities and other situations prevalent amongst people of diverse cultural, tribal and economic upbringing. McFadden (1999) postulated that traditional counsellors have been urged to match clients with prevailing resources and viewpoints. Efforts to blend different social groups have failed to attain the objectives of conventional society. Thus, the multicultural counselling method, stressing active reciprocal procedures in an atmosphere acceptable to everybody involved, is meant to narrow cultural gaps in social groups. The method not only encourages counsellors to work across diverse cultures, but also empowers those involved to travel through and beyond all cultural barriers, emphasising and experiencing cultural interconnecting through transference and countertransference (d’Ardenne & Mahtani, 1989). The circumstance that self plus culture are intimate makes it essential that therapy is appreciated in the context of culture as opposed to isolating it (Kashyap & Hussain, 2018).

2.2.1 Cultural empathy in multicultural counselling

Cultural empathy is a general skill or attitude that bridges the cultural gap between a therapist and a client (David & Erickson, cited in Pedersen et al., 1996). These authors explain that the culturally empathic therapist is able to engage part of the self in understanding, accepting and feeling with the client, while simultaneously retaining a sense of self as a separate identity. They imply that empathy involves identifying in some way with the client so that the therapist is able to feel as the client feels. These theorists also identify the purpose of empathy in this context as a cultural understanding (Pedersen et al., 1996).

Cui and Van Den Berg (1991) define cultural empathy as the mental capacity to be flexible in dealing with the unknown and the unfamiliar. This includes tolerance of uncertainty and

ambiguity, empathy for cultural norms and an awareness of cultural differences. Ivey, Ivey, and Simek-Morgan (1993) describe empathy in multicultural counselling as being able to view the living world of another person through that person's own eyes. This does not mean, however, that therapists have to mix their feelings and thoughts with those of the client.

Empathy constructed on individuality and diversities is more suitable to apply when using multicultural counselling. Collins and Arthur (2017, p. 36) identify four components of empathy: "(a) self-conscious awareness of the consciousness of others; (b) perception of the other person's thoughts, feelings and physical movement; (c) use of imagination to transpose the self into another and (d) attention to the feelings of another to the degree that one is able to feel the other's pain". The idea of the cultural empathy offered in most literature (such as Arthur, 2016, 2018; Harrison, 2019; Lee, 2017) seems to be similar to general empathy with the exception of it being employed within a multicultural situation to comprehend the client's unique cultural understanding.

From the African view and collectivistic principles, empathy involves the acknowledgement that a human being lives in conjunction with others. Makau (2003) mentions the notion of "Ubuntu" in connection to African culture, and Ubuntu means that in as much as a person lives, he/she must consider others. Ubuntu is an integral part of communal African customs (Steyn & Motshabi, 1996). Steyn and Motshabi (1996, p. 80) point out that, "Ubuntu expresses the humanistic experiences in which all people are treated with respect as human beings".

Empathy is central to client-centred counselling. Client-centred psychologists keep in mind that in dealing with a problematic and often hostile environment, as well as changes and losses, the client develops certain coping skills. These skills can be uncovered and used to help clients achieve personal change in counselling (d'Ardenne & Mahtani, 1989). In person-centred counselling, the absence of overt techniques, in contrast with some directive counselling

approaches, is an asset in a cross-cultural context, because some techniques might represent a form of cultural insensitivity and oppression (Usher, 1989). However, it should be mentioned that this form of therapy (client-centred) is not best suited to all clients and all psychologists. The choice of an approach would depend on the nature of the problem, the client coming for therapy and the therapist involved.

According to Freeman (1993), clients must always initiate and define problems from their own context, in their value systems, and in their own language. Sue (1998) stated that culturally respectful therapies are those where clients define solutions from their context. This, therefore, implies that clients generate solutions from their perspective, values, and worldview. When clients generate options, less therapist bias can be imposed. It is imperative for therapists to be honest with their clients. When psychologists in a multicultural setting are not familiar with the client's culture and experience, they must be able to admit it to the client (Freeman, 1993). The above are important aspects of empathy in counselling which include better levels of confidence connecting the client to the psychologist, a better level of awareness on the part of the client, as well as greater levels of happiness and security.

2.2.2 Culture and the therapeutic setting

Because culture is such an important element in an individual's life, it is of utmost importance that the helping professions give serious consideration to cultural aspects in the therapeutic setting. Leach (2019) describes culture as aspects of the personality formed by members of a group through their interpersonal relationships or interaction. According to the same author, counselling is a process that enables people to function more effectively as individuals and with others, and a major focus of counselling is, therefore, the relationship that each person has with himself or herself and other individuals within the context of culture and environment. People act to create their own culture and the cultural environment acts upon them.

According to Yon, Malik, Mandin and Midgley (2018, p. 185), multicultural counselling happens when both the client and the psychologist originate from diverse cultures, operating “either in the client’s culture, the psychologist’s culture or in a culture unfamiliar to both of them”. He further describes cross-cultural therapy as the effort to co-ordinate as well as integrate one’s expectations with the contrasting expectations of people from diverse cultures. There are psychologists who prefer using universal techniques instead of regarding the effects that culture has in the therapeutic setting. According to Ware (2017), this could lead to therapeutic interpretations, suggestions, and advice being of little value to clients of diverse cultures.

2.3 Experiences of psychologists in cross-cultural counselling

To make the goal of effectively infusing culture into counselling practice more manageable, psychologists require a starting place from which to review their current professional practices. Codes of ethics provide an overarching view of counselling practices with culturally diverse clients (Pettifor, 2005). Awareness of one’s own personal culture and awareness of the client culture is consistently identified as foundational to multicultural counselling competence (American Psychological Association [APA], 2002). The professional counsellor is expected to first acknowledge the cultural background of their diverse clients and then to account and legitimise cultural differences and cultural expectations during counselling sessions and in the implementation of counselling interventions regarding multicultural client populations (Bekerman & Tatar, 2005). The above should be attended to without ever disregarding the counsellor’s own cultural tradition, values, and language which are an integral part of the counselling situation and which might distort the ‘here and now’ of counselling practice.

Psychologists should develop a familiarity of the skills required in therapy, comprising the capability to recognise direct as well as indirect communication designs; understanding of nonverbal signals; consciousness of cultural as well as linguistic variances; understanding of the myths as well as sensitivity to stereotypes of other cultures (Pedersen, 2013). They must have

regard for the wellbeing of people from a different culture; capability to articulate basics of their individual culture; demonstrate an understanding of the significance of multicultural education; have an understanding of the interactions between cultural clusters; and possess accurate standards for objectively considering other people's culture (Pedersen, 2013).

Pedersen (2013) further argues that once the initial skills of cultural consciousness are ready, the next step is to group meaningful shreds of evidence to increase understanding of one's experiences in addition to other people's cultures. The same truths may have diverse meaning and different truths may possess the same connotation to reflect diverse cultural settings. Understanding the past, lifetime experiences, morals, expectations, worries, and ambitions of a particular culture are vital to competent therapy. These interrogations are significant to the culture-centred viewpoint because they underwrite a precise and meaningful understanding of the client's cultural background.

If awareness aids the psychologist to ask the correct questions then information arises from the hunt for the correct responses to those queries (Van Zyl, Deacon & Rothmann, 2010). Increased awareness or comprehension elucidates the appropriate options accessible to the therapist. These realities may designate historical proceedings, personality qualities, the task of instruction, the processes of position, the favoured style of education and other contextually pertinent information may be established. Although therapists may not know all cultures that surround them, they should acknowledge a deficiency of awareness as a shortfall in their competence (Tomlinson-Clarke & Clarke, 2010). Additionally, it is imperative to be considerate of different worldviews with culturally diverse clients as speedily and competently as possible prior to initiating therapy. Thus, the psychologist should have accurate knowledge and significant understanding as fundamentals to cross-cultural counselling (Stebbleton, & Aleixo, 2015).

2.4 Benefits and challenges of cross-cultural counselling

2.4.1 Benefits

According to Fowers and Richardson (1996a), multiculturalism remains a social-intellectual undertaking that encourages the significance of multiplicity as a fundamental value and asserts that every cultural cluster be given recognition as equal human beings. It is impossible to deliver a comprehensive outline of the increasing international literature on multiplicity that encompasses a variety of diverse voices. The pronounced moral persuasion of the cross-cultural argument is obvious in the power that it has in therapy and society (Fowers & Richardson, 1996b). Clinical psychology is often perceived as a domineering institution, principally in its continuance of the current situation and depiction of American or Western values as widespread.

According to Taylor (1985), cross-culturalism is a moral undertaking that is envisioned to boost the self-respect and rights and recognise the value of marginalised people. The dominant idea that people have expected rights, as well as inherent self-worth, has developed the predictable generalisation of these human rights as well as the end of servitude, imperialism and selective enfranchisement. This resulted in a general movement to comprehensively discredit racist and domineering practices. Hostility to racism as well as oppression has grown to be a portion of the moral agenda of many cultures.

A moral necessity for multiculturalism spreads the notion of individual exclusivity to cultural clusters. Sue and Sue (1990) argue that in this manner, it exalts the needs of diverse groups to chart their unique conduits of growth, unrestricted by the exaction of other people's culture. This impression of legitimacy was significantly pronounced by Johann Gottfried von Herder cited in Wilson (2016), an eighteenth-century philosopher. He asserted that both persons and public may only be truthfully human by becoming factual to their selves (Herder cited in Wilson, 2016). All societies must be permitted to unfold to their unique vocations, which necessitates resisting external coercion and other enticements to impersonate and thus become offshoots of others' culture. Fowers and

Richardson (1996b) aver that the multiculturalists have moved beyond Herder's genuineness in one extremely important detail. While Herder encouraged the expansion of the self-regulating, fundamentally homogenous societies, the cross-cultural consideration of "ethnic or racial authenticity is discussed in terms of groups living and interacting in the midst of other cultural groups in multicultural societies" (Herder, 1949p. 185 cited in Wilson, 2016).

Another moral imperative of the multicultural perspective began to materialise, which concerned interest in conserving life, satisfying human desires as well as relieving pointless suffering (Fowers & Richardson, 1996a). These main concerns were unlike earlier periods, whereby meditation, heroic deed or pastoral celibacy were perceived as incomparably sophisticated compared to the everyday concerns of average life. According to Taylor (1985), this change in the ethical viewpoint of the West was confirmation of normal life. By normal living, Taylor (1985) means the accomplishments of production as well as reproduction, that is, work, in addition to family co-existence. These activities were formerly comprehended as mainly essential to aid higher standards of being, nonetheless they are presently understood as valuable (Fowers & Richardson, 1996b).

Thus, the benefits of multiculturalism as discussed above are numerous. Firstly, multi-culturalism promotes diversity and treats people as equals. Secondly, it promotes human rights by delegitimising racist attitudes. Thirdly, it values individual uniqueness and places greater emphasis on intercultural relations. Lastly, multi-culturalism involves concern about saving lives and improving wellbeing.

2.4.2 Challenges

This section focuses on the challenges that clinical psychologists in multicultural counselling encounter. In this section, two main broad challenges are discussed. Firstly, it is highlighted that language differences pose a huge challenge during therapeutic sessions. Secondly, it is also

highlighted that prejudice is one of the problems that affects clinical psychologists in cross-cultural counselling.

Language differences

According to Stern, & Newland (1994) cited in Stern (2018), most people in South Africa converse in English. Over the course of the years, South Africa was ruled by a repressive regime, leading to uprisings among other ethnic clusters demanding to be educated in their local languages. Educating the learners in a 'foreign' language has some undesirable consequences. The learner's parents were obliged to talk to the child in that 'foreign' language, unconnected from their cultural personality. The 'foreign' language is argued to be insufficient in articulating how the parents are actually feeling (Stern, & Newland 1994 cited in Stern 2018). Since understanding and expressing one's feelings is of supreme importance in therapy, the psychologist should be conscious of the client's language. However, the American Psychiatric Association (2013) argues that most discussions held during therapy are done using English. The discussion, therefore, reveals that a psychologist and the client alike often find themselves using a language that is scientific and detached from the language in which the problem occurred, which could lead to some emotional problems being ignored, misunderstood or distorted.

Another study by Griner and Smith (2006) examined language as an important barrier to psychologists becoming culturally competent. They found that being able to speak another culture's language provides more opportunities to engage with other people from that area. They also found that there were more benefits to the patient's health when the interventions were conducted in the client's preferred language. Correspondingly, challenges were faced when the client and psychologist did not understand one another's language and would often have to rely on non-verbal gestures to improvise communication. This study found that the therapeutic relationships were experienced as superficial and that intricate and more intimate accounts of the individual lives were left unshared due to the language barrier. According to Brown (2008), this barrier cannot be overcome by simply teaching individuals each other's languages. It requires

reflecting on and making sense of their experiences through identification with the language as an important part of a culture.

Prejudice

According to Pedersen (2002), it does not matter how proficient, trained or cognitively sophisticated psychologists are. In the event that they are making prejudicial or culturally incompetent hypotheses, the psychologists will be imprecise in their assessment and capability to provide important interventions. Campinha-Bacote (2002) argues that there is an absolute connection between a psychologist's qualification levels of Multicultural Competence (MCC) in relation to the results of the therapy. Atkinson and Lowe (1995) carried out a study which concurred with the argument that culture is relevant when assessing and treating patients. This study determined that as it is important for therapists to become multiculturally proficient, therefore, it is essential that psychology scholars' training programmes comprise the growth of MCC to prepare students to operate within numerous therapeutic backgrounds in a rapidly changing society. MCC training endeavours to modify the way the psychology students theorise the therapeutic course – from the preliminary intake to the end (Heppner, 2006). Furthermore, psychologists who are multiculturally competent are more effective in addressing the needs of their clients (Hill, 2003).

Some research has been done (in South Africa) to investigate the reduction of White psychologists' negative and prejudicial attitudes towards Black clients. According to Heppner and Heppner (2003, p. 403), “old fashioned racism ... and racial segregation has fallen out of fashion”. However, Iyengar and Kinder (2010) argue that there is still symbolic racism as well as prejudice. Cooper (2017) also supports the above assertion and argues that there is no longer racism in counselling in the traditional sense. However, Maher (2018) posits that because of a still-lingering sense of racism, black clients are hesitant to disclose themselves to White psychologists.

2.5 Diverse counselling methods used by psychologists

Bodenstein and Naude (2017) conducted a focus group study which revealed the importance of factors concerning culture when working with patients. They found that approximately 18 per cent of registered psychologists in South Africa are Black. Consequently, when bearing in mind the psychologist-to-population fraction, it should be a requirement that psychologists have the ability to work in ways that transcend racial as well as language boundaries for them to offer therapy to the entire continuum. Most mental health care clients in South Africa originate from dissimilar cultural upbringings than therapists. The psychologists' cultural upbringings and their views concerning mental illness influence their perception of therapy, which clarifies why the opinions on mental illnesses vary across cultures in the country. Comas-Diaz (2017, p. 98) argues that the multicultural capable psychologist is efficient in treating “clients who have different cultural, ethnic, racial, sexual, religious, ecological and educational backgrounds because they have the ability to adapt to different cultural contexts”.

Multicultural therapists aim to integrate objectives like value for other people's rights, and language preferences. The results of the study by Bernal and Sáez-Santiago (2006) indicated that cultural competency is significant in the treatment of psychological illnesses. The findings also suggested that most interviewees were uncertain of their skills to work as multiculturally proficient professionals, consequently quizzing their ethical values in client therapy. Culture-specific frameworks are a barricade to multi-cultural proficiency (Nienhuis et al., 2018). Comas-Diaz (2017) points to a deficiency of amalgamation of Westernised systems of therapy with the African viewpoint, particularly in a rainbow nation such as South Africa – leading to side-lining of other cultures. Western practices obtained more consideration, and hence the educational programmes are not structured to embrace cultures of racial clusters.

Clinical psychology, as applied conventionally, must be reviewed and remodelled to have room for the desires of various groups. Remarkable steps, by the way, have been done by numerous universities and other training institutions within South Africa (Cappuzzi & Stauffer, 2016). Most have done outreach programmes as well as community psychology synopses. Some therapists have assumed responsibilities of consultants as well as facilitators of the community support structures (Bernal & Sáez-Santiago, 2006). Comas-Diaz (2011) posits that, because initially the Black population did not take advantage of or did not trust therapy services, teaching of psychology professionals was intended for the public that they had to serve, specifically the White population. The significance of cultural and ethnic differences surviving between themselves as well as persons from other ethnic clusters were disregarded or decreased. Resultantly, the efficiency of traditional therapy methods and practices with diverse racial and cultural groups were largely ignored.

2.6 Chapter summary

The chapter discussed the literature on cross-cultural counselling. The literature revealed that sometimes, psychologists' behaviour results in a "cultural imposition" on the client. It also revealed the importance of observing both the client's and the psychologist's culture in counselling. The chapter discussed the benefits and challenges of multicultural counselling.

Chapter 3: Theoretical Framework

3.1 Introduction

This chapter discusses the theoretical framework underpinning this study. Multi-Cultural Theory and The Culture-Infused Counselling Model were used as the study's theoretical basis. The perspectives from the two theories posit that psychologists are involved in a cultural 'game' since they reify and replicate labels and classifications. They also use important techniques that match specific cultural norms. Given this, psychologists should be careful not to become passive actors within their culture. Furthermore, therapists should attempt to identify those situations and habits that allow variances to become significant and dominant.

3.2 Multicultural Counselling Theory (MCT)

Traditionally, multiculturalism in counselling is viewed in terms of the encounter between counsellors and clients who come from different cultural and/or ethnic backgrounds. In this context, counsellors are expected to draw on the range of their multicultural competencies. These competencies refer to counsellor awareness, beliefs, knowledge, and skills within the multicultural counselling context (Tatar & Bekerman, 2002). They encompass issues such as the extent to which counsellors view the legitimacy of culture as an integral part of the counselling situation, the beliefs and knowledge held by counsellors regarding the other's culture of origin (Sue et al., 1992), and the extent to which counsellors are considered to be 'culturally skilled' (Tharbe, 2017).

More comprehensively, multiculturalism has been described as an important force in counselling (Pedersen, 1991). Although there are many definitions of multiculturalism, Locke (1998, p. xii) suggested that "multiculturalism rests upon the belief that all cultures have values, beliefs, customs, language, knowledge, and worldviews that are valid". Moreover, multicultural counselling is built on an understanding that counsellors and clients alike are cultural beings who

are exposed to cultural influences, which affect their life situations and worldviews (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016).

The MCT theory emphasises that all therapy methods exist within a cultural context. MCT recognises the differences among and within clients and looks at how family and cultural factors affect one's worldview (Lee, 2014). It draws on the recognition that most theories have been empirically validated on White middle-class males and therefore may not work as well with people who are from other diverse groups. This model advocates that therapists strive to liberate clients from personal, social and economic oppression (Ratts et al., 2016). Clients are liberated from self-blame and shown how their problems often exist in a social context. Independence is basic to the philosophy and action in MCT. The Universal Approach to MCT argues that culture is expressed in a broad, all-encompassing and universal way (Dietz et al., 2017). It teaches about the danger of stereotyping and stresses the importance of language and loyalty to one's own cultural group.

MCT is relevant to this study because it emphasises that the counsellor examines his or her own cultural beliefs and attitudes, discusses culturally relevant topics, and is willing to work on issues of 'otherisation'. The psychologist must view clients on two levels: as an individual and as members of a group. This is relevant to help probe the challenges that therapists face in dealing with culturally diverse clients.

According to the MCT, therapists must seek to minimise their own self-interests and adapt themselves to meet the needs of the client for mutual interaction (Smith, 2004). Fay (1996) argued that therapists have an obligation to open and discover from their clients. Thompson, Webster and Meddis (1990) posited that an 'other-focus' may assist therapists to judge a client more clearly through the consideration of the client's perspective. Thus the MCT approach helps the therapist to learn about, and from clients. If therapists do not account for differences, their attempts to help others may be ineffective and may even perpetuate self-interest. Psychologists may, consequently, help clients

through creating a positive association with them and by enabling the clients to forge positive relations with others (Flory et al., 2006).

In sum, multiculturalism presents the chances for potential mutual relationships. Therefore, the MCT perspective is suited to this study as it seeks to understand biases implicit in counselling. Accordingly, Tatar and Bekerman (2002) argued that the psychologist is expected to primarily acknowledge the cultural experience of their various clients and after that, account and legitimise cultural dissimilarities, and cultural beliefs during counselling meetings. The therapist should always consider the client's needs in the therapeutic process. This should be done without ever ignoring the therapist's own cultural practice, morals, and the language that is an essential bit of the therapeutic alliance.

3.3 Culture-infused Counselling Model (CICM)

The CICM was developed by Collins and Arthur (2010, p. 203) to “identify attitudes, knowledge, and skills that are the foundation to working effectively with clients with a wide range of complex personal cultural identities”. The CICM is organised along the lines of three core competency areas. These are cultural awareness (self and others), cultural awareness (client), as well as a culturally sensitive coalition. In the ‘self’ domain, the psychologist is aware of their own beliefs and biases and in the ‘other’ category, the psychologist should comprehend the viewpoints of their client.

Figure 3.1 demonstrates how the essential competencies in this theory interrelate with the individual cultural characteristics of the therapist and his/her client. These competencies are viewed as being central to professional rehearsal with every client in the middle of the model. Inside the juncture of competency spheres, spaces of practice and cultural associations are explicit multicultural skills, characterised at this lower level in relation to the scope of outlooks and views, awareness, and competences. Individual or circumstantial identity issues are then employed as a way of assessing the importance of these issues to a specific client.

Figure 3.1: Core competency domains



Source: Collins & Arthur (2010)

These essential competencies provide the basis for constructing an efficient working alliance besides engaging a course of cultural examination to evaluate the task of own cultural uniqueness within the client’s apprehensions. The precise competencies needed would also be contingent on the character of professional communication: observation, individual therapy, and discussion.

Even though others have offered three-dimensional organisational edifices for classifying competencies, envisioned to emphasise the interface across multiple elements, Collins and Arthur (2010) argued that they are not likely an achievable or value-added endeavour. The culture framework permits those competencies which are central to be expressed, then additional capabilities may be supplemented for particular cultural sets or spaces of counselling.

Multicultural therapy competencies have offered an important initial point for improving the capability of future and current specialists. Centred on earlier disapprovals about the complexity in relating these competencies to therapy and to the curricula and teaching, efforts have been done to tackle the deficiency of specificity as well as to implement the core competencies. The model presented herein is an effort to develop on the initial effort by an earlier writer while attending to some problems in other works. The intention of this framework is to offer therapists an informed template to measure their existing level of cross-cultural counselling capability and to pinpoint areas where additional professional growth may be essential.

3.4 Mapping research questions and relevant theoretical variables

The MCT and CICM were applied in this research to explore the extent to which South African Clinical psychologists are able to think about and use cross-cultural principles in their work. The theoretical tenets applicable to this study are summarised in Table 3.1 below:

Table 3.1: Mapping research questions to the relevant MCT and CCM variables

S/N	Research questions	Theory	Theory tenets
1	How do participants conceptualise the concept of culture in the counselling relationship?	CICM MCT	There should be a culturally sensitive working alliance.
2	What are the experiences of psychologists in providing cross-cultural counselling?	MCT	The psychologist should learn from and about clients. They should forge positive relations with clients. The psychologist's view of culture is an integral part of counselling
3	What are the benefits and challenges that psychologists face in cross-cultural counselling in South Africa?	CICM	The CICM acknowledges the difficulties in applying cultural sensitive counselling in practice
4	What particular therapeutic approaches do South African psychologists prefer in cross-cultural counselling and with what	MCT	Advocates for a balance between counsellor and client's culture

	results?		Culturally skilled
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3.5 Chapter summary

The MCT and The CICM were used as the theoretical basis of this dissertation. The theories revealed that counselling is a complex occupation performed in a complex sphere. The theoretical outline and the preliminary working proposals submitted in the chapter are not suggested as substitutes to current counselling routines and teaching. Rather, they must be viewed as additional constructs to extend the present prospects of a productive cultural alliance forming in the counselling process. The practices may become conducive to generating more inclusive methods to counselling, putting into consideration the fluid character of cultural situations in the therapeutic setting.

Chapter 4: Methodology

4.1 Introduction

The aim of the current research was to explore the experiences of South African clinical psychologists in cross-cultural counselling. The study adopted a qualitative research approach as it is most suited to the exploration of the experiences of participants. Purposive sampling was used. The researcher interviewed 10 clinical psychologists over a period of two weeks. It is assumed in this study that clinical psychologists' day to day experiences during initial training in hospitals has greater chances of exposing them to patients from different cultural backgrounds. As a result, they fit well as the main subjects in this study because they have far more chances of working with people of different cultures, particularly during their practice in and outside the hospitals. The resulting data were analysed using thematic data analysis (Babbie and Mouton, 2006). The researcher observed various ethical codes used in research, as explained in section 4.8 of the chapter.

4.2 Research design

The study employed a qualitative research approach. A qualitative research approach is useful for explorative studies where little is known about the phenomenon (Babbie & Mouton, 2006). The qualitative research approach is relevant in this type of study as it focuses on the experiences, perceptions and deeper meaning of cross-cultural counselling of clinical psychologists in South Africa. Denscombe (2003) argued that qualitative research is often used to investigate problems defined by radical constructivists and more recently post-modernist social thinkers. Babbie and Mouton (2006, p. 70) argued that "qualitative research seeks to understand a given research problem or topic from the perspectives of the population on which it focuses". Thus, the study fits within the borders of the goals of a qualitative study.

4.3 Sampling

A non-probability, purposive sampling technique was used to select 10 participants. This technique is useful for developing rich and insightful information within a particular field (Tongco, 2007). The study aimed at including psychologists from diverse cultural backgrounds. The participants were selected based on having (a) a Master's qualification in Clinical Psychology, (b) a minimum experience of 3 years as a qualified clinical psychologist, (c) experience in providing counselling to patients of a different race and culture, (d) registration with the Health Professions Board of South Africa (d) a private practice as a clinical psychologist. The researcher acquired a list of potential participants from the study supervisor. The list comprised 15 clinical psychologists who were operating in private practice. The researcher went on to send emails to all the prospective participants. Out of the 15 participants who received the emails, only 10 responded positively. These 10 Clinical Psychologists were then called in order to arrange a meeting with them and to sign the consent form (See Appendix C).

Clinical psychologists were selected because they work closely with a diverse population of people who access mental health services whether privately or in public hospitals. Clinical psychologists are trained in a hospital setting where the medical model is dominant in that emphasis is placed on the fact that "disease is detected and identified through a systematic process of observation, description, and differentiation, in accordance with standard accepted procedures, such as medical examinations, tests, or a set of symptom descriptions" (Arthur 2010, p. 203). Though the study interviewed clinical psychologists in private practice, most of them were once part of and are still providing services within the government sector. It was thus assumed that they had an understanding of 'illness' in a broader population.

Table 4.2: Participants' biographic data

Participant Pseudonym	Sex	Age	Race	Practice
Buhle	Female	35	African	Private
Abisha	Female	48	Coloured	Private
Sipho	Female	33	African	Private
Raj	Male	45	Indian	Private
Anna	Female	46	White	Private
Lerato	Female	41	African	Private
Sam	Male	50	African	Private
Mary	Female	50	White	Private
Bill	Male	37	African	Private
Tin	Female	50	White	Private

Table 4. 1

4.4 Data collection

The study used in-depth interviews with purposively sampled clinical psychologists. According to Creswell and Clarke (2017), an in-depth interview is a qualitative data collection method which allows the researcher to pose questions to participants with the aim of learning more about their views, opinions, and beliefs about a specific phenomenon. Interviews are treasured sources of data which permit for clarification and consideration of participants' responses to specific enquiries. A semi-structured interview schedule prepared around themes relevant to the experiences, benefits, and challenges of multicultural counselling was prepared (see Appendix A). Before conducting the interviews, the researcher arranged a meeting with individual participants by telephone. Each interview was conducted in Durban for a duration of 30-45 minutes. Interviews were recorded electronically with the permission of research participants. The researcher transcribed the recorded

interviews on the day they were held. This is because transcribed interviews assist the researcher to code the data and to organize illustrative examples of code pieces (Creswell & Clarke 2017)

According to Creswell and Poth (2017), the advantage of interviews is that participants are capable of offering historical data and the investigator has influence over the track of enquiring. Their main challenge is that data is compromised by the opinions of participants. In this study, the investigator reinforced the interview advantages by guiding the participants to focus on the research issues and probing for more relevant information. The challenges of the qualitative method were addressed by taking steps to ensure the trustworthiness of the data (see section 4.7).

Research Instruments

According to Creswell & Clarke (2017) research instruments are data collection tools (for example, questionnaires or scales, interview questions) designed to obtain data on a topic of interest from research subjects. This study made use of semi-structured interviews to collect data from the research subjects. These semi-structured interviews were based on a flexible topic guide that provide a loose structure of open-ended questions to explore experiences and attitudes. The topic guide (interview schedule) consisted of seven key questions (see appendix A). Semi-structured interviews were selected because of their flexibility. Creswell and Poth (2017) stressed that semi-structured interviews have the benefit of flexibility, and can allow the researcher to develop rapport and produce richer data.

4.5 Data analysis

Thematic analysis was used to make sense of the qualitative data collected from the participants. This type of analysis involves categorising participants' responses into classes (themes) by virtue of similarities in meaning. Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data. One of the most acceptable definitions of what counts as a theme is that given by Ryan and Bernard (2003) who opined that something counts as a theme if it captures something that is important and aligned to the research question and problem statement. Data

presentation and analysis followed Braun and Clarke's (2006) generation of themes in thematic data analysis. This involved several steps.

- **Familiarisation with data** – the researcher became familiarised with the contents of the data collected by repeatedly reading it.
- **Initial coding** – the researcher generated initial codes. The coded data were related to the research objectives.
- **Searching for themes** – the researcher examined several codes and grouped them into different preliminary themes.
- **Reviewing themes** – the researcher gathered all the data relevant to different themes. The data associated with each theme were colour coded. At this stage, the researcher identified sub-themes.
- **Defining the themes** – the researcher explored the meaning of the themes in relation to its sub-themes and eventually did the write-up.

4.6 Trustworthiness

Trustworthiness was obtained through the use of crystallisation and was guided by the four concepts of trustworthiness namely: credibility, transferability, dependability and confirmability (Shenton, 2004). Sukumar and Metoyer (2019, p. 3) view crystallisation as “the process of temporarily suspending the process of examining or reading the data (immersion) in order to reflect on the analysis experience and attempt to identify and articulate patterns or themes noticed during the immersion process”. In this study, the credibility of the data was ensured by prolonged engagement with the research participants. Transferability of the data was ensured by generalising the study findings so that they could be applied to a different context. Dependability of the data was ensured by presenting the data in a logical manner. Confirmability of the data was ensured by demonstrating that findings and interpretations were derived from the data. In conclusion,

crystallisation is applied by the researcher in the on-going research process by reflecting on herself and the ethical considerations associated with the study.

4.7 Ethical considerations

Participants were given relevant information about the risks of harm that could arise from participating in the research. The purposes, procedures, risks, potential danger and consequences of participating in the research were thoroughly explained to the participants. The participants could exercise voluntary consent, retaining the option of refusing to take part in the research or terminating involvement at any time. The researcher prepared informed consent forms which were signed by every interviewee (see Appendix C). Permission to audio record the interviews was sought from the participants. The recorded conversations and transcriptions were locked in a safe box that only the researcher and the supervisor could access.

The researcher made every effort, to be honest, respectful and sympathetic towards all participants. The study also tried as much as possible to protect the anonymity of research participants and the confidentiality of their disclosures by obtaining consent for the release of any personal information. Participants' information and responses shared during the study were kept private and results were anonymously presented to protect the identities of participants. This study was conducted following the issuing of an ethical clearance certificate by the University of KwaZulu-Natal's Humanities and Social Sciences Research Ethics Committee (see Appendix D).

4.8 Limitation of the study

In critically investigating, analysing and interpreting the data, the researcher heavily relied on her own subjective cognitive models and context model. Although an effort was made in order to remain objective in the process of interpreting of the data, the researcher's experience as an

psychologist and therefore her personal beliefs, might have an effect on the results of the study. Moreover, it being focused on the experiences of clinical psychologists, the data sample was limited to only 10 clinical psychologists that were in private practice in Durban, South Africa. As a result, this study is by no means exhaustive. The researcher recommends that other interested scholars further extend the current findings by using different settings or methods. They may also further test the efficacy of the psychologists' preferred approaches in multicultural settings.

4.9 Chapter summary

The aim of the research was to explore the experiences of clinical psychologists in cross-cultural counselling. The study adopted a qualitative research approach as it is most suited for the exploration of the experiences of participants. The researcher interviewed 10 clinical psychologists over a period of two weeks. The resulting data were analysed using thematic analysis. The researcher observed the stated ethical codes used in research.

Chapter 5: Data presentation, Analysis and Discussion

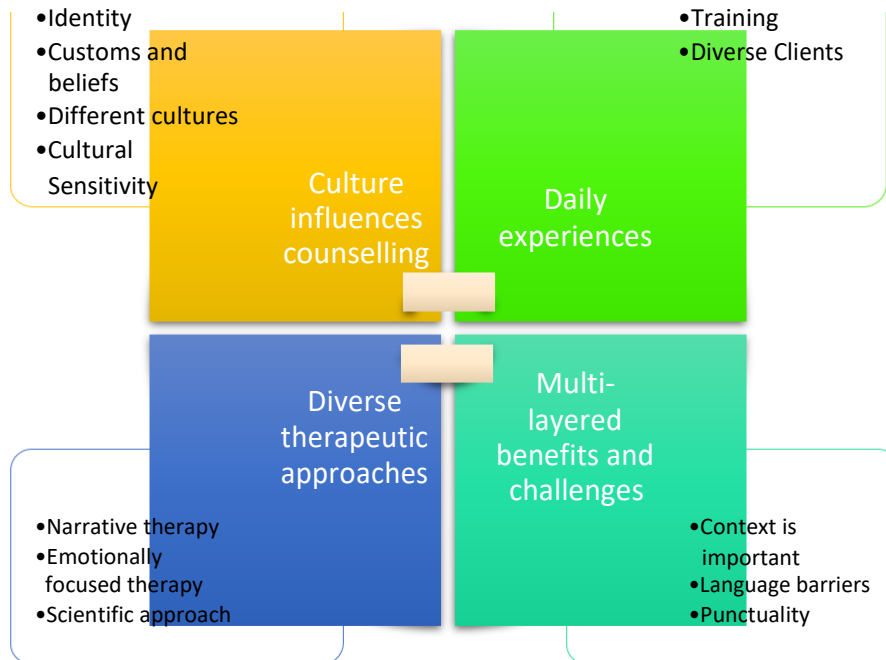
5.1 Introduction

This chapter presents the findings of the study obtained from semi structured interviews with 10 clinical psychologists working in Durban. It sought to address the study's research questions. In the presentation of themes, participants' voices are interwoven with the study's research questions. For the evidence, the chapter presents the verbatim data from participants' responses using pseudonyms to protect the identity and confidentiality of the participants.

5.2 Findings

Four broad themes that emerged from the study are 'culture influences counselling', 'daily experiences', 'multi-layered benefits and challenges' and 'diverse therapeutic approaches'. These themes were all related to the study's objectives and the main topic on clinical psychologists' experiences of cross-cultural counselling. These are presented in Figure 5.1 below along with the subthemes:

Figure 5.1: Map of the main themes and subthemes



5.2.1 How psychologists conceptualise culture in the counselling relationship

The first objective was aimed at exploring how psychologists conceptualise culture in the counselling relationship. All the participants understood culture as referring to the ideas, customs or social behaviours of a particular people.

Theme 1: Culture influences counselling

Narratives from the participants revealed that counselling focuses on how culture contributes to psychological understanding and ways of being. Most participants (6) asserted that culture influences counselling. The participants maintained that counselling is about unpacking the culture because it includes links to identity and customs and is also diverse. This is how culture then shapes the process of therapy. The negotiation of identities and customs between the therapist and the patient allows for interaction of culture and thus makes possible the formation of the multicultural setting. The words and phrases: identity, customs, different cultures and cultural sensitivity became sub-themes because they were frequently mentioned by most

participants and were all linked to the objective of how psychologists conceptualise culture in the counselling relationship. The responses by the participants revealed different views on how culture influences counselling.

Subtheme 1: Identity

Almost every participant expressed the opinion that identity is important in cross-cultural counselling. Race, ethnicity, and culture influence a client's identity and life circumstances. It seems that in preparing to establish a therapeutic alliance, factors such as gender and gender identity, sexual orientation, age, socioeconomic status, and religion are important markers of a client's way of understanding their presenting problem.

Mary expressed her opinion as follows:

I generally let the person guide me and I have a map in my head as to where they are going and where they make it stop and then I actually write it out for them in terms of all these identities from the things they would have said.

What is significant from the above quote is how Mary allows the patient to express themselves in the process of counselling. What is clear from Mary is that she does not impose her cultural beliefs on the patient. Instead, she begins her therapeutic process the moment the patient finishes sharing his/her experience. This approach has some unique elements of how a therapist interacts with patients from different cultures. Basically, from Mary's narrative, therapy begins after understanding the identity of the client. As revealed by the above case, identity forms part of their culture and it influences the therapeutic relationship.

Another participant, Tin, said:

Being an immigrant may be an identity that influences how one views the world and how the world views the individual. Becoming aware of one's different

identities can help a person to understand what it might be like to belong to a cultural group.

From Tin's experience, it is also clear how the therapist in multicultural counselling believes that one's identity cannot be separated from their cultures. Tin expressed that for her to understand a patient in the session, knowing their identities is fundamental since it allows them to identify their cultural group.

For Lerato, the psychologist should be aware of his/her peculiar identity. Lerato's understanding points to the notion that identities form part of culture. However, what is striking from Lerato's experience is her belief that whilst culture cannot be separated from identity, the therapeutic session begins when the therapist becomes aware of her own cultural dynamics. By doing so, it allows her to engage with clients without letting her own attitudes and beliefs impact on those of the client during the therapeutic session. Lerato said:

I am very sensitive to my own inherent racial or cultural identity when interacting with diverse populations. Therefore, I am constantly aware of how my own attitudes and beliefs impact my perception of the client, the client's presenting problem, and the therapeutic alliance.

Lerato's views were supported by Siphon:

I know and I understand that a culturally competent counsellor must consider all aspects of the client's worldview when selecting treatment approaches. The counsellor must remain aware of his or her own personal biases, beliefs, and attitudes while providing services.

The narratives revealed that psychologists question and map out the gender roles, their attitudes, different identities, the belief systems, and this is done in the attempt to get a holistic view of the person. The most striking aspect to emerge from the responses above is the idea that psychologists understand culture as a set of elements that converge to form a broad concept called culture. From the responses above, it emerged that during therapeutic sessions, psychologists seek to be sensitive to their clients' identities. The psychologists also develop an awareness of their own identities as they pass through the different stages of development in their careers as therapists. Thus, this awareness in one's own cultural identity is deemed useful in that it de-crystalizes one's own cultural biases and the individual engages in the therapeutic relationship with openness and awareness. The responses above suggest that the psychologists' understanding of culture allows them to apply their awareness, beliefs, knowledge and skills within the multicultural context (Tatar & Bekerman, 2002). When people make the decision to visit a therapist, there is an acknowledgement of what it took for them to get into the counselling session to unpack their own dynamics on identities, therefore they have the idea of what they see as the problem and how that shapes their lives. Hence, understanding humans is an important aspect of the therapeutic relationship.

Subtheme 2: Customs and beliefs

Most participants (n=7) indicated that culture must be seen in light of a person's customs and beliefs. The participants also stressed that understanding the customs and beliefs of the client is an important part of the counselling relationship. It emerged from the narratives that culture supports the entire belief system in various places. One participant (Anna) pointed out that:

Culture is based on the customs and beliefs of different people in certain groups. When we say customs, we look at the values that they consider as morally appropriate or inappropriate. When we look at beliefs, what informs the client's belief system?

The above views were supported by Buhle:

I take into consideration where that person is coming from in terms of her culture and her beliefs. Also to narrow it to an understanding that I have a certain frame of working.

Drawing on the above response from Buhle, it is clear that understanding a patient's culture encompasses understanding their customs and beliefs. Buhle's response identifies the role of the psychologist when faced with a person who hails from a different culture. What this means is that while Buhle was seeking to understand a client's customs and beliefs, she was also guided by her own framework of working. This means that there is a continuous need to strike a balance for a psychologist working in multicultural setting. They need to be sensitive to the client's customs and beliefs. However, a therapist should do this without compromising the parameters of what regulates the therapeutic principles. What emerged from the narratives seems to suggest that the psychologist views the legitimacy of a client's customs and beliefs as an integral part of the counselling session (Sue et al., 1992).

Another participant, Anna, provides an example of how beliefs can be difficult in a counselling relationship. For example, a psychologist may be counselling a man who subscribes to patriarchal beliefs that are characterised by gender stereotypes. She saw a paradox in that, as a therapist part of her role is to challenge some of his beliefs, but at the same time playing into what he already believes about women.

So here is another young Black man who does not want to listen to me as a woman. So that becomes very disappointing for me.'

The response also shows how the intersection of customs and beliefs may present a challenge during the therapeutic session. As such, the psychologist's sensitivity to such cultural customs and beliefs is vital.

The above narratives reveal that culture relates to the mores, norms, and values in which an individual is brought up. Beliefs, values and practices of a particular group are experienced in different ways, both deliberate and implicit. It is important for the psychologist to consider that clients have different customs and beliefs. Moreover, the narratives revealed that when in session, the psychologist tries to negotiate with the customs and beliefs of their clients and the framework of their practice. This is profound because it allows them to be more culturally sensitive to the beliefs and customs of their clients without imposing the dictates of their own experiences onto the patients. Additionally, the fact that psychologists try to understand the belief systems of their clients, allows them to be more culturally skilled and equip themselves with the broad knowledge of different cultures.

Subtheme 3: Different cultures

Some of the participants stated that due to the diverse nature of clients' cultures, counselling relationships are complex. Cultures may be enmeshed; for example, a married person can adopt a spouse's culture, yet still retain his/her cultural traits. A person can become very aware of his/her partner's culture if they originate from a different culture. The psychologist should be aware of this, as Raj succinctly puts it:

In my sessions, it is about developing and enhancing my self-reflection and in that way transforming myself, taking into account all these different cultural dynamics that may shape and construct the client.

Interesting in Raj's response is the fact that he develops and enhances his self-reflection during the course of the session. This is important to him because it allows him to negotiate between his culture, the client's primary cultures and other assumed cultures that a client may have assumed through their different experiences. This exercise simply explains how therapists ought to minimise their own self-interest and adapt themselves to meet the client for mutual interaction (Smith, 2004).

Abisha also reported working with different cultures:

For the past 16 years, I have been in the academic setting and I was exposed to people of different cultures and this has also shaped the way I would have practised. I have looked at my own diverse understanding of my own life and reflected on how I can assist the client. I was exposed to a variety of different cultures through my best friends.

The participants reported that clients who are from a culture different from theirs are mostly referrals from workplaces or other professionals. In this case, the client has limited autonomy in choosing a therapist. However, working with clients from different cultures can be advantageous according to Sam:

There is a mutual benefit because it helps one to understand and have empathy with each other in different cultures.

This view was echoed by another participant, Bill:

Over the sessions, I realised that I would actually do the most amazing work with that very same patient of a different culture or class.

However, Buhle had a different opinion and felt that working with clients from a different culture is difficult because:

They are quite suspicious that you are from a different culture and they have that guardedness.

The data highlighted that working with clients from a different culture is complex. The best possible explanation is that the psychologist may not be equipped with adequate knowledge of their clients' cultures. This is further exacerbated when the psychologist is unwilling to adjust and learn from the clients as they narrate their experiences from their diverse cultural perspectives. It emerged that when working with different cultures, psychologists need to adjust immediately to the cultures of their patients. Participants' responses took a multicultural counselling theory lens, as they advocated for striving to build counsellor-client reciprocity by acknowledging the client's culture – if the client belongs to a culture that is different from that

of the counsellor (Tharbe, 2017). Moreover, the multicultural counselling theory stresses on the importance of the ability of the psychologist to adjust to the beliefs, customs and cultures of their clients within the multicultural counselling context (Tatar & Bekerman, 2002). From the findings discussed above, it is clear that psychologists have exhibited such competencies when they strive to negotiate between different cultures in their therapeutic sessions.

Subtheme 4: Cultural sensitivity

A minority of participants (3) felt that a psychologist should be culturally aware and sensitive. The participants understood cultural sensitivity as being sensitive to all cultures and working within a framework that helps establish respect for the person and their cultures or ways of being. This is a critical skill to have in counselling. During one of the interviews, a participant (Mary) expressed the view that:

One has to be very sensitive to the way you talk about issues. Whereas with the Whites you can just look at the man and say “you are messing up – the situation is not okay” and maybe if you do that to a Black person, they may be particularly offended. Sometimes it is important to debunk that and say “you know we are talking about a present problem ...you are not the problem... the problem is that there is a challenge.” So there is a cross-over there between cultures and the way in which we perceive things.

The narrative above reveals that the psychologist values sensitivity as a necessary competency in cross-cultural counselling. These competencies require a therapist to be continuously vigilant when they are dealing with people of different cultures. For the participant, one needs to be always careful of the way they talk about issues when dealing with patients. This is so because there is always a difference in how people from different cultures interpret similar experiences.

More than placing issues and responses into their cultural context as Mary said, Buhle also felt that psychologists' approaches to therapy ought to be sensitive to their client's cultures. Buhle said psychologists should:

Be aware that a particular approach needs to be culturally relevant and culturally sensitive, and therefore you can tweak it and shift a bit to see if it applies to the people that you see.

Buhle's reveals that one must be culturally sensitive when conducting counselling sessions. This is so because she emphasised that one's approach to therapy does not need to be rigid; instead the psychologist should consider the culture and set of beliefs that make up the client. Buhle's response also points to the fact that psychologists need to develop and equip themselves with approaches that are sensitive and flexible enough to fit within the framework of their client's culture.

Apart from using the formal culturally-sensitive therapeutic approaches, Bill indicated that he shows his sensitivity to cultures by acknowledging the most basic activities that are practices within a particular culture. Bill said:

I always offer Black clients something to drink because I know that it is culturally sensitive. I am very sensitive with the culture in terms of the therapy.

Discussion

The objective was to understand how psychologists conceptualise culture in the counselling relationship. The current study found that identity, customs and beliefs are key to understanding culture and therefore vital to effective counselling. The results conform to the MCT which stipulates that "all cultures have values, beliefs, customs, language, knowledge, and worldviews that are valid" (Pedersen, 1991, p. 228 cited in Parella, 2018). Participants' responses showed that during counselling sessions, psychologists work with diverse cultures who may 'force' them to develop new approaches. Consequently, psychologists should be culturally sensitive

during their counselling sessions. Moreover, what is more interesting from the findings above is the effort that psychologists made to be more accommodating to their clients from different cultures. It emerged from this study that despite the fact that there are no universal multicultural approaches, psychologists are devising strategies that allow them to effectively help their clients. This observation resonates with the argument from MCT, suggesting that when faced with different cultures, counsellors should draw on the range of their multicultural competencies (Parella, 2018).

Put together, the responses above suggest that the psychologist understands culture as a diverse concept. Thus, the participants also thought that for a successful session to take place, there is a need for a therapist to develop a set of skills that assist them to be culturally sensitive. This sensitivity will allow them to develop unconventional approaches and strategies that will be very useful in understanding their clients during the process of counselling. The narratives also reveal that the challenge is to create a space where there is sensitivity in the counselling relationship and to include a culturally sensitive *modus operandi*.

The findings are similar to Cheng (2019) and Laungani (1997) observations in a study of Indian minorities in Britain. These scholars learnt that what differentiates cultures is that they vary with respect to their value systems, which have a significant bearing on the religious beliefs, kinship patterns, social arrangements, and communication networks, including regulatory norms of personal, familial and social conduct. Some ideals are specific to the culture and therefore the assumptions and beliefs underlying the correctness or otherwise of certain behaviours are concurrently culture-specific. This factor evidently has extremely serious implications for counselling persons from different cultures.

The findings are also similar to conclusions made by Calhoun, Cann, and Tedeschi (2010) that counselling and the associated processes largely depend on the cultural factors that surround the

individual. This also tallies with Pedersen's (1997, p. 228) observations that there is "some consensus that the cultures of both the client and therapist influence the counselling process both pervasively and profoundly". This finding also concurs with Ahmad & Amin (2018) view that cultural counselling views every human being as a cultural creature. Thus, the multicultural counselling method, stressing active reciprocal procedures in an atmosphere acceptable to everybody involved, is meant to narrow cultural gaps in social groups. The results have implications for counselling as they reveal that most sessions happen in multi-cultural settings and in order to succeed, the psychologist should not negate the principles of understanding the clients' cultural beliefs.

The findings have implications for practice, especially the fact that clinical psychologists work in cross-cultural settings and therefore should take cognisance of their varied clientele. The findings are in contrast with the dominant medical model employed by most clinical psychologists. The next section explores the experiences of clinical psychologists in cross-cultural counselling.

Table 5.1: Summary of the interaction between the first research question, emergent themes, literature and theory

Research question	Emergent themes and subthemes	Interaction with literature	Interaction with theory	Source
<p>How do participants conceptualise the concept of culture in the counselling relationship?</p>	<p>Culture influences counselling</p> <ul style="list-style-type: none"> - Identity - Customs and beliefs - Different cultures - Cultural Sensitivity 	<ul style="list-style-type: none"> - Counselling should view every human being as a cultural being. - Counselling depends on various cultural factors. - Clinical psychologists should realise that every culture has its own belief system. 	<ul style="list-style-type: none"> - When dealing with different cultures, counsellors should draw on the range of multicultural capabilities. - Multiculturalism in counselling is viewed in terms of the encounter between counsellors and clients who come from different cultural backgrounds. 	<ul style="list-style-type: none"> - Ahmad & Amin (2018) - Cheng (2019) - Pedersen (1991) - Laungani (1997) - Calhoun, Cann, & Tedeschi (2010) - Pedersen (1997)

5.2.2 Clinical psychologists' experiences in providing cross-cultural counselling

Theme 2: Daily experiences

Most of the participants felt that psychologists are exposed theoretically to new ways of thinking in terms of culture-bound illnesses. For example; the real work actually starts during internship where one is placed in an environment where they service a huge client base. This is a source of rich experience and they get to adapt to multi-cultural groups of people seeking services. The participants revealed that they got experience through training and interactions with diverse clients. Consequently, 'training' and 'diverse clients' became the sub-themes as they were frequently mentioned by most participants.

Subtheme 1: Training

Half of the participants stated that they got their earliest cross-cultural experiences in the course of their training. Reporting on the experiences in cross-cultural counselling, one participant (Lerato) said:

Prior to my training as an intern, we did not have much training in cross-cultural counselling. The most adaptation took place in King Edward hospital because patients came from all over peri-urban and rural KZN. That was a real shift in terms of the way we practise.

In the above narrative, Lerato revealed that she developed and improved her competencies in multicultural counselling through continuous interaction with other cultures more than learning in a college setting. This points to the fact that the more the counsellors get exposed to diverse cultures in their counselling settings, the more they will develop counselling strategies that are culturally sensitive. Therefore, training and therapeutic sessions are very crucial in the development of culturally sensitive approaches that are not offered within the school setting.

Another participant (Anna) asserted that “*My academic exposure allowed me to read a lot about cross-cultural issues in the South African context.*”

For Buhle, the experiences came through learning in a multi-cultural environment:

My classmates included people of various age groups from all over the world. We were paired up in groups to work on collaborative projects and group presentations to hone our cross-cultural experience and work styles.

The narratives denote that it is at the level of training in colleges and universities that core competencies of working within multi-cultural settings are imparted. The trainee psychologists learn in a multi-cultural group of colleagues. This aids them in their future work as therapists.

Subtheme 2: Diverse clients

Most psychologists (n=7) found working with diverse clients interesting. They indicated that it leads to personal growth and working with different people challenged them to grow (for example; Abisha, Mary, and Anna). Even in sessions, they were able to welcome challenges as they emerged.

For Tin, the experience that she acquired was through exposure to a multi-cultural environment outside the therapy room through mixing with people from different cultures:

I have been part of their weddings from traditional White weddings to traditional Zulu weddings. I have also been exposed to Hinduism and Christianity with culturally different forms of language, and context. I have selectively chosen to live in different contexts, with different people, so that I could have this rich understanding of various people. In my practice, I see different race groups and it's been interesting that I have been able to practise in different spaces.

The response above shows the extent to which the psychologist's exposure to different cultures outside of the formal counselling setting can enhance their experiences with people from different cultures. The participant indicated that working with diverse cultures

in and outside of the formal setting enhances her competencies in multicultural counselling.

In terms of working cross-culturally, participants found it to be a very different way of working as reported by Raj:

In the Western culture, we work very much in isolation so it is generally a one-on-one intimate phase. Whereas cross-culturally, at least in my experience, has been wonderful to be able to work with the family and not only with the index client that comes into the session.

From the above narratives, the strong evidence that emerged suggested that working with personalities was a challenge because personality is shaped by and is a product of clients hailing from different cultural backgrounds. One participant stated that sometimes, depending on the personality structure, for example a Zulu client might have the misconception that White therapists know nothing about how Amadlozi work – that is, they are not ‘culturally competent’. Thus, clients from a cultural background that is different from that of the psychologist may bring their preconceived notions of the psychologist. The psychologist would have to try to understand what that is and then neutralise it and only then, true therapy begins. There is still confusion between the psychologist and the client based on the preconceived notions in each other’s cultures.

Discussion

The second objective of the study was to explore clinical psychologists' experiences in providing cross-cultural counselling. Overall, the results suggested that psychologists need to have a personal commitment to learning different cultures, in order to be culturally competent. Narratives from the participants revealed that psychologists obtained their initial experiences during training. The psychologists really experienced this in different kinds of environments and contexts, e.g. some obtained it during internships, in academia and through colleagues at the work place. Most participants had experience working with different personalities. The findings relate to the

Culturally Infused Counselling Model, which advocates for a culturally sensitive working alliance, brought on by training, research, evaluation and supervision. The model's focus on cultural awareness is reinforced by the findings that reveal that this awareness comes through psychologists' training and experience.

Prior studies have noted the importance of initial experiences. For example, the APA (2002) argues that awareness of one's own and the client's culture is consistently identified as foundational to multicultural counselling competence. Sue, Sue, Neville, & Smith (2019) posit that the professional counsellor is expected to first recognise the cultural background of their diverse clients, and then to account and legitimise cultural differences and cultural expectations. This should be a norm during counselling sessions and in the implementation of counselling interventions. The next section presents data on the benefits and challenges encountered in cross-cultural counselling.

Table 5.2: Summary of the interaction between the second research question, emergent themes, literature and theory

Research questions	Emergent themes and subthemes	Integration with literature	Integration with theory	Source
<p>What are the experiences of clinical psychologists in providing cross-cultural counselling?</p>	<ul style="list-style-type: none"> - Daily experiences - Training - Diverse clients 	<ul style="list-style-type: none"> - Clinical psychologists should be culturally aware. - Clinical psychologists should recognise the cultural background of their diverse clients and then to account for and legitimise cultural differences. - Increased awareness or comprehension elucidates the appropriate options accessible to the psychologist. 	<ul style="list-style-type: none"> - There should be a culturally sensitive working alliance, brought by training, research and evaluation as well as supervision. - If clinical psychologists do not account for differences, their attempts to help others may be ineffective and may even perpetuate self-interest. 	<ul style="list-style-type: none"> - APA (2002) - Bekerman & Tatar (2005) - Tatar & Bekermen (2002) - Sue, Sue, Neville, & Smith (2019) - Van Zyl, Deacon & Rothmann (2010)

5.2.3 The benefits and challenges faced in cross-cultural counselling in South Africa

Theme 3: Multi-layered benefits and challenges

Most participants felt that cross-cultural counselling is extremely important. It was perceived as contributing to clients' psychological well-being. However, this depends on the context and setting as reported below. Opinions differed regarding the challenges to cross-cultural counselling. Other participants viewed language as a challenge. Furthermore, some participants raised concerns about punctuality and added that the issue is related to one's cultural background.

Subtheme 1: Context is important

Just over half of the participants reported that cross-cultural counselling also helped them to understand the context of where the person comes from, the different system that they are in, and the various influences that shape the individual. According to Abisha, it is important that during counselling sessions:

The psychologist must be reflective on his/her willingness to understand where the person comes from to get to know their world and to respect that this is their journey and that they are the experts of their lives.

Thus, in that way, Anna opined that:

It is how we negotiate the space of change and what their goals are to be able to make sense of the substance.

A common view amongst interviewees was that culture intersects with ethnicity and race, so counselling is a layered experience. This means that the benefits of counselling are contextual, and they depend on the setting of the counselling session and the clients. Thus according to Tin,

The human being is complicated and has layers, and culture is one of those important layers. Therefore, we cannot really ignore any of that.

Tin's response points to the fact that culture forms an integral part of the patient. As such, knowing the patient's culture places the therapist at an advantage because it allows them to know the context and background of the person.

The participants reported that the benefits of knowing various cultures are noticeable. The most conspicuous benefit that emerged from the responses above is that cross-cultural awareness equips the therapist with the contextual and background knowledge of the patient(s). It also emerged that besides learning about other cultures, cross cultural counselling broadens the psychologist's perspective in terms of how they conceptualise their clients and how they understand the nature of their complaint.

Sub-theme 2: Language barriers

Concerns were expressed about language barriers in counselling. One interviewee (Mary) argued that:

Language is definitely an issue because when people speak in their own language, they attach meaning to what they say is important to comprehend. Language in other cultures is not necessarily literal. For example, my grandma used to talk with me using indirect language. Instead of instructing me to collect a broom from the other room, she talked about my responsibilities as a grandchild, until I had to read between the lines.

The response above shows how language is important in the therapeutic sessions, it serves as a vehicle that communicates culture. What the participant means here is that they understand culture through the human experience. For them, understanding one's language will help a therapist to comprehend the fundamentals of patients' culture, most of which are communicated through language. As a result, failing to understand a client's language will pose a great challenge to

the effectiveness of the sessions because some meanings are peculiar to a particular culture. These meanings are easily lost in the process of translating languages. Another interviewee (Raj) alluded to the notion of language as a challenge:

The way in which some cultures communicate their distress makes it difficult, e.g. they may not use the scientific language we are trained in. It is important to know how certain cultures speak and how those experiences relate to illness such as depression. The language can limit the understanding of what is going on with the patient and symptoms may be attributed to their culture of living and how that is normal in their world.

The narratives show that the link between language and culture is intrinsic. It emerged that different cultures communicate sickness in language that is peculiar to that culture. The most obvious challenge to occur in the sessions is that the patients might fail to communicate their experiences to a person of a different language and culture. Even when the patient communicates, the participant indicated that when communicated in another language it may be difficult to describe the actual experiences or sicknesses that the person will be going through. Therefore, drawing on the shortfalls of language, the therapist is likely to give a wrong or ill-informed diagnosis to the patient.

The narratives suggest that language differences between the therapist and the patient affect the communication of meaning in a cross-cultural setting. It also emerged from the narratives that therapists do not only see language on surface level of communication. Instead, the therapists think that language communicates one's culture and failure to understand one's language is likely to affect the therapeutic session in the cross-cultural setting. This is so because failing to understand a patient's language is failing to understand their culture, identity, experiences and ultimately the meaning that is communicated through that particular language.

Overall, the participants revealed that the main solution needed to overcome the language barrier would be establishing some level of trust with the client. This points to the deliberate decision taken by the therapist to create a conducive environment where the patient could articulate their personal experiences without thinking that they are not being understood by the therapist. This observation relates to the fundamental elements of the MCT that suggest that therapists in multicultural counselling should always avoid the danger of emphasising the importance of their language and loyalty to one's cultural group (Dietz et al., 2017). This is because clients from different cultural groups would express themselves only in relation to certain things that the psychologists know, so the participants indicated that they tend to move away from this closed-ended symptomatic based distress model of conversation with the client. This distorts the counselling sessions because the psychologist will never know what the person is thinking about in terms of their expectations.

Subtheme 3: Punctuality

Narratives from the participants revealed that punctuality is a challenge and is also related to the cultural background of the clients. The components below present the views of three participants about punctuality based on the cultural context of the clients. One interviewee (Anna) contended that:

In the Western way of working, punctuality is very important. It is rude when you arrive late or not contact somebody to let them know that you are going to come. Sometimes depending on personality issues that also becomes an issue. So somebody has to be reminded of that. Somebody who is very anxious for example,

might miss an appointment or not cancel an appointment that is not cultural. But I do find that Black people's time is something that can drive me completely and utterly off my head.

Tin also observed that:

Sometimes I have some of my Black clients who drive better cars than I do, and they come with very good 4x4s and they do not live very far away and they still come half an hour late, then I have to sit very carefully and not get very irritated. However, I also have to consider that culturally, time is a very different concept.

The narratives revealed that time management and punctuality are conceptualised differently by diverse cultures. Whilst the White clients are more time-conscious, Black clients are interested in 'keeping up appearances' that is, focusing more on how they look, at the expense of time. Interesting to note from the above response is the way the participant associates punctuality with one's race and dominant cultural beliefs relating to time and the punctuality of a particular race. The participant felt that among Blacks, the concept of time is not the same as that of other races; because she comes from a different culture there is always a difference with her approach to time. As a result, the fact that clients from the Black races and African cultures are not punctual could affect the therapeutic sessions. More so, the response seems to suggest that time management is a challenge for cross cultural psychologists dealing with people who subscribe to the Black culture's concept of time.

Discussion

The third objective of the study was to identify the perceived benefits and challenges faced by clinical psychologists practising cross-cultural counselling in South Africa. The data from participants revealed multi-layered benefits and challenges. Participants' narratives revealed that cross-cultural counselling is extremely important, but it depends on the context.

Participants revealed that language is a barrier to counselling. They also reiterated that some clients, especially those from non-White cultures are less punctual for counselling sessions. The findings that reveal the importance of context are captured by the multi-cultural counselling theory, which states that psychologists have an obligation to open up and discover new knowledge and experiences from their clients. In addition, the theory acknowledges that there are language barriers in multicultural counselling but views the solution as the avoidance of client stereotyping based on language, as the language forms part of a cultural group.

The results were similar to Tohidian & Quek (2017) meta-analysis on challenges to multicultural counselling. The authors posit that psychologists and clients belonging to different cultures find it difficult to converse in a counselling session and end up using non-verbal cues. Similarly, the American Psychiatric Association (2018) identified language barriers and contended that most conversations during therapy take place in English despite clients speaking different languages and coming from different cultures. Therefore, the psychologist and the client alike often find themselves using a language that is detached from the language in which the problem occurred, which could lead to some emotional problems being ignored, misunderstood or distorted.

The last section presented data on particular approaches used by clinical psychologists in cross-cultural counselling

Table 5.3: Summary of the interaction between the third research question, emergent themes, literature and theory

Research questions	Emergent themes and subthemes	Integration with literature and	Integration with theory	Source
<p>What are the benefits and challenges that clinical psychologists face in cross-cultural counselling?</p>	<ul style="list-style-type: none"> -Multi-layered benefits that challenges -Context important -Language barriers -Punctuality 	<ul style="list-style-type: none"> - Language barriers are due to the and counselling conversations being done in English, yet different clients understand is diverse language. - Psychologists from different backgrounds to the client end up using non-verbal communication. - A ‘foreign’ language is insufficient for the client to reveal how he/she feels. 	<ul style="list-style-type: none"> - The MCT acknowledges language barriers – views the solution as removal of stereotypes. - Psychologists should minimise their own self-interests and adapt themselves to meet the needs of the client for mutual interaction. 	<ul style="list-style-type: none"> - Tohidian & Quek (2017) - American Psychiatric Association (2018) - Griner and Smith (2006) - Stern (1994) - Smith (2004)

5.2.4 Therapeutic approaches used by clinical psychologists in cross-cultural counselling

The participants, on the whole, demonstrated a grasp of diverse therapeutic approaches that they use in their day to day counselling. All the psychologists used different approaches, with all of them indicating how these approaches were related to cross-cultural counselling.

Theme 1: Diverse therapeutic approaches

Most clinical psychologists used different approaches to cross-cultural counselling. Mary, for example, preferred to work with narrative therapy. Poetry and music, for example, are ways to engage with deepening an understanding of self.

We say to people go and visualise and go and do a breathing exercise. All those are best in terms of yoga and different meditative practice across religions.

Mary asserted that the narrative method in therapy appreciates the client's peculiar story. Thus, the respect accorded to the other person's story, implied in this approach, significantly enables cross-cultural interchange.

Sam used emotionally focused therapy for couples and for the family because it uses or integrates attachment theory. This approach takes into account the different cultural lenses of the couple and the family as well. The goal of emotionally focused therapy is to strengthen the couple's bond.

Lerato felt that the systemic approach is relevant to cross-cultural counselling. She always consciously looks for unconscious communication, and interpretations – culture involves different forms of communication. According to Lerato, the systemic approach offers breadth of knowledge in its reflection of cultural as well as contextual aspects to identification of the client's issues.

Raj reported using the person/client-centred approach because there was actually research on the effectiveness of client-centred counselling across cultures.

So, if I have a Xhosa speaking person, my approach is client-centred although my reflections will be in Xhosa or at least try to mix. So if I am saying; “so you feel overwhelmed, you feel guilty, you feel hurt, you feel disillusioned, you feel angry, you feel ambivalent, you feel frustrated” With translation, you need to think quickly and it is sometimes hard to find the word and you also experience some degree of anxiety. It is the first session, this person is putting their trust in you. This person is elegant in terms of his style. Now to find a word that means you feel overwhelmed can be quite challenging.

Thus, according to this view, there is an unwritten/natural approach that allows the clinical psychologist to adjust to cultural differences as they manifest.

Consequently, people bring to therapy interactions a perspective that is induced by those types of experiences affecting the person's attitudes as well as beliefs regarding self vis-à-vis others. Bill argued that if a psychologist is going to challenge the client's thoughts, he uses Cognitive Behavioural Therapy (CBT) to talk about the actual restructuring of the client's thought patterns. He averred that CBT places enhanced emphasis on conscious activities and depends on the action as opposed to verbal communication. Accordingly, it decreases the consequences of linguistic as well as cultural obstacles. CBT also employs the client's personal strengths as well as support structures to facilitate modifications and coping tactics, which are the factors ostensibly grounded in a client's particular cultural upbringing.

However, a single participant, Siphon was dismissive of the role of culture in counselling and felt that it is important for psychologists to be able to work with the patient by listening to them, but not being swayed by their culture or beliefs because they work within a scientific

frame and with what they are presenting and as stated in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013). The possible implication is that there is likely to be a breakdown in trust and communication between the two. The moment a patient feels that their culture is being dismissed they are likely to develop an attitude. The client holds their culture dearly and by dismissing it, you are not being culturally sensitive and the consequences will follow.

Discussion

The last objective of this study was to establish how clinical psychologists used various therapeutic models in cross-cultural counselling. The findings from participant narratives relate to a diversity of therapeutic approaches used by psychologists. In as much as the psychologists' preferred approaches differ, most of their therapeutic approaches were used in multicultural settings. Only one participant preferred a more 'scientific' approach to cross-cultural methods. The findings confirmed the multicultural counselling theory which states that all therapy happens in a multicultural setting. The ability to adjust scientific approaches to suit peculiar cultural experiences seems to confirm the argument of the MCT. Tatar and Bekerman (2002) cited in Lee, Tsang, Bogo, Wilson, Johnstone & Herschman (2018) argue that the psychologist is expected to primarily acknowledge the experiences of their clients and after that, account for as well as legitimise cultural dissimilarities and cultural beliefs during counselling sessions. The therapist should consider the client in the execution of counselling sessions regarding multicultural clients.

The findings are similar to Meyer & Wynn (2018) arguments that culture is relevant in assessing patients and treating them. The findings are also similar to Semeler and Lucy's (2000, p. 51) study on narrative therapy which established that this approach affords a culturally thoughtful context for generating a transformation in the client to "deconstruct the old problem story and to re-vision a preferred story". Through co-creating the reviewed story, the

psychologist has fewer possibilities of overshadowing the clients with their cultural prejudices. The narrative approach provides the psychologist with a means to steadily provide therapy that considers cultural diversity. Similarly, emotionally focused therapy, as postulated by Karakurt and Keiley (2009) and Naz, Gregory, & Bahu, (2019) emphasises that the psychologist must obtain cultural knowledge as well as embrace cultural sensitivity in order to promote cultural inquisitiveness, awareness, consideration and increased acceptance for the client's culture.

The findings are also similar to Diaz-Martinez, Interian, & Waters, (2010) findings in Venezuela, which revealed how CBT approaches were merged with cultural beliefs to understand as well as resolve psychological matters felt by a particular woman. They posit that in this specific case, "Latino values of selfless sacrificing for the family, respect, value of the family and describing parents' responsibility for the behaviour of their children were taken into consideration when the therapist was making sense of the automatic thoughts and core beliefs of the client" (p. 58).

Table 5.4: Summary of the interaction between the fourth research question, emergent themes, literature and theory

Research questions	Emergent themes and subthemes	Integration with literature	Integration with theory	Source
What particular therapeutic approaches do clinical psychologists prefer in cross-cultural counselling and with what perceived results?	<ul style="list-style-type: none"> -Diverse therapeutic approaches -Narrative therapy -Emotionally focused therapy -Scientific approach 	<ul style="list-style-type: none"> -CBT approaches can be merged with cultural beliefs to understand as well as resolve psychological issues. - A psychologist should be culturally aware of his/her clients. - The narrative approach provides the psychologists a means to steadily provide therapy that considers cultural diversity. 	<ul style="list-style-type: none"> - The psychologists are expected to acknowledge the experiences of their clients and account for cultural dissimilarities. - Individual or circumstantial identity issues are employed to assess the importance of particular issues to a specific client 	<ul style="list-style-type: none"> - Meyer & Wynn (2018) Keiley (2009) and Naz, Gregory, & Bahu, (2019) Diaz-Martinez et al. (2010) - Karakurt and Keiley (2009) - Semeler and Lucy's (2000) - Atkinson and Lowe's (1995) - Tar and Bekerman (2002) - Collins and Arthur (2010)

5.3 Chapter summary

The discussion in this chapter involved the analysis of interview data. Participants' responses were narrated in thematic analysis. In drawing from diverse transcriptions, this chapter presented and analysed emergent themes. The chapter presented the findings of the study following its objectives. Themes and subthemes pertinent to the objectives were presented. Lastly, the findings were discussed in relation to previous literature and theory. Generally, the findings corroborated the theories and confirmed that psychologists are aware of their multicultural environment.

Chapter 6: Summary, Conclusions and Recommendations

6.0 Introduction

This chapter is a summary of the entire study. It commences by recapping the research questions and study objectives. It then provides a summary of each chapter of the dissertation. The chapter then provides a summary of the findings and the conclusions derived therein, following each research question. Lastly, the chapter provides overarching recommendations in light of the findings and the study's conclusion.

6.1 Summary

Chapter One introduced the dissertation. Drawing from previous studies, it discussed the background to cross-cultural counselling, which acted as a springboard to the critical analysis of the problem and therefore justified the study. The chapter stated the problem as a comparison of the ideal situation in cross-cultural counselling and the reality that exists according to previous studies. The chapter then set the objectives and key questions of the study. The chapter discussed the study area. The chapter also provided the structure of the dissertation.

Chapter Two focused on previous literature on cross-cultural counselling. The literature revealed the importance of observing both the client's and the psychologist's culture during counselling. The chapter discussed the benefits and challenges of multicultural counselling. There are various challenges in conducting research in the field of counselling. There is an approach of cross-cultural comparison that results from studying the same phenomena in different cultural settings. This is very insightful in terms of understanding counselling across regions with diverse languages, customs, and the discomfort of people to engage with

"outsiders". However, in certain cultures are challenges that the scholars in this field need to overcome.

Chapter Three discussed the theoretical framework underpinning this study. The Multi-Cultural Theory and the Culture-infused Counselling Models were used as the theoretical basis for this study. The theories state that counselling is a complex occupation performed in a complex sphere. The theoretical outline and the preliminary working proposals submitted in the chapter are not suggested as substitutes of current counselling routines and teaching. Rather, they must be reflected upon as alternatives constructed to extend the present prospects of this profession. The practices may become conducive to generating more inclusive methods to counselling putting into consideration the fluid character of cultural situations and the psychologists' work.

Chapter Four discussed the methodology. The study adopted the qualitative research approach as it is most suited to the exploration of the experiences of participants. Purposive sampling was done to identify a population of psychologists working in Durban. The researcher interviewed a sample of 10 clinical psychologists over a period of two weeks. The resulting data were analysed using thematic data analysis. The researcher observed various ethical codes used in research as explained in section 4.8 of the chapter.

Chapter Five presented and discussed the findings. The discussion in this chapter involved the analysis of interview data. Anonymous responses were narrated in thematic analysis. In drawing from diverse transcriptions, this chapter presented and analysed emergent themes. The chapter presented the findings of the study following its objectives. Themes and subthemes pertinent to the objectives were presented for the purpose of findings and recommendations according to the significance of the study. The chapter presented the findings informed by the objectives of the research study. Lastly, the findings were discussed in relation to previous literature and theory.

6.2 Conclusion

This section provides the conclusions of the research, in light of the findings:

Objective 1: To understand how clinical psychologists conceptualise culture in the counselling relationship.

Clinical psychologists work with clients with different cultural backgrounds

The narratives from the participants revealed that the majority of the participants conclusively agreed that culture has a role to play in counselling. The results revealed that identity, customs and beliefs are key to understanding culture and therefore vital in counselling. In counselling, clinical psychologists work with diverse cultures. Consequently, clinical psychologists should be culturally sensitive in carrying out their counselling sessions. As revealed by the above responses, culture helps clinical psychologists to understand their clients, and subsequently the way to support them. Without understanding the cultural background of their clients, psychologists might not have the ability to offer quality services.

Objective 2: To explore clinical psychologists' experiences in providing cross-cultural counselling.

Clinical psychologists obtain multicultural experience through training and mixing with different clients

The results showed that the clinical psychologists obtained their experiences from training and immersing themselves in other cultures beyond the counselling sessions. They also accumulated experience by working with clients from diverse ancestries. Although some experienced it through academia, others had one-on-one experiences in practice with clients from different backgrounds. Their narratives are important for cross-cultural counselling, as they reported different behaviours exhibited by different clients from the diverse cultures in South Africa.

Objective 3: To identify the perceived benefits and challenges faced in cross-cultural counselling in South Africa.

The benefits to multicultural counselling are context-specific and language and time management is a barrier

Narratives from the participants revealed the benefits of cross-cultural counselling as being contextual. This is due to the complicated nature of human lives. Multicultural counselling helps the clinical psychologist to know the context of the client. Language is a challenge. Language makes it difficult for the clinical psychologist to have some level of trust with the client. Time management and punctuality are mostly a challenge that clinical psychologists face when dealing with Black clients.

Objective 4: To establish the particular therapeutic approaches used by clinical psychologists in cross-cultural counselling and the perceived results obtained from the approaches.

Psychologists use diverse therapeutic models in multi-cultural counselling

Clinical psychologists prefer different approaches to counsel clients from different backgrounds. However, they applied these methods in a environment that has different cultures Only one participant preferred the scientific approach and was dismissive of cultural methods.

6.3 Recommendations

From the above conclusions, the researcher provided the following recommendations:

Consideration for culture in counselling sessions: Clinical psychologists should consider the clients' different backgrounds in counselling sessions. This will improve their treatment success rate. The Professional Board for Psychology should

also consider a cross-cultural policy to be used as a template by all practising psychologists to ensure uniform results.

Attending to teething problems: Psychologists should learn multiple languages in order to be culturally competent. There should be aid from policymakers in the form of awareness campaigns to support psychologists, especially against racist and prejudicial tendencies.

Focus on the culture of the client: The psychologists should remember that African and Indian cultures are collective in nature and therefore their therapeutic approach should consider this cultural aspect. Focusing only on the client will diminish the success of the counselling sessions.

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Appendix A: Interview Schedule

1. How do you define culture?
2. How is the culture of the clients important to your counselling?
3. What are your experiences in dealing with clients from different cultural contexts?
4. What are the benefits of cross-cultural counselling at your workplace?
5. What are the challenges to counselling clients from diverse cultures?
6. How do you integrate approaches to counselling?
7. What are the outcomes of the above approaches to counselling?

Appendix B: Information Form/Study Description

UNIVERSITY OF KWAZULU-NATAL

SCHOOL OF SOCIAL SCIENCES

Dear Participant,

Fieldworker: Moipone Nkhatho

Supervisor: Prof Duncan Cartwright

Research Office: cartwrightd@ukzn.ac.za; 031 260 7425; MTB Basement (B28)

I, Moipone Nkhatho, a Masters student at the University of KwaZulu-Natal wish to invite you to participate in a research project titled: **Experiences of South African Clinical Psychologists in Cross-cultural Counseling: Benefits and challenges**. The aim of this study is to explore the experiences of the clinical psychologist in counselling clients from different cultural backgrounds.

You have been chosen because you are a registered Psychologist and have knowledge of counselling. Your participating in this project is voluntary. You may choose to withdraw from participating from the study at any point or choose not to answer any question that you do not feel comfortable answering and no penalty will be attached to any of such actions. The information that will be gathered from this study will be used in my thesis and may be published in academic journals and presented orally. However, your identity will be protected at all times and will only be made known if you so wish. Unfortunately, I will not be able to afford you any payment for your participating in this study; as such there will be no financial benefits.

This interview will be informal and semi-structured and will last for 45 minutes but can be more or less, depending on your availability and willingness. These will be held at your home or anywhere you are comfortable. I hope you will take the time to participate. If you have any questions or concerns about participating in this study, you may contact me, my supervisor, or the University's research office through the numbers listed above.

Yours Sincerely,

Moipone Nkhatho

Appendix C: Consent Form

UNIVERSITY OF KWAZULU-NATAL

SCHOOL OF SOCIAL SCIENCES

Fieldworker: Moipone Nkhatho

Supervisor:

Research Office:

I _____ (optional and may be replaced by initials)

hereby declare that I am fully informed about the nature of the research titled: **Experiences of South African Clinical Psychologists in Cross-cultural Counselling: Benefits and challenges.**

Yes..... No.....

I have also been well informed about the role that I stand to play if I am to participate in this project, which is participating in a one to one interview. I am also aware that participation is voluntary and I can choose to withdraw from the process at any stage without any consequences to my withdrawal.

Yes..... No.....

I am aware that all information obtained from me in the course of this project will remain confidential and that my identity will be well guided in the case of any publication of the obtained information.

Yes..... No.....

I agree that the interview process will be electronically recorded and all collected information will be kept with confidentiality and high security. Yes..... No.....

----- Initials Signature

Date Place

I Moipone Nkhatho state that I have fully informed the above participant of the nature and purpose of my research and the demands involved in his/her participation. I also state that I will do all in my power to maintain confidentiality and anonymity of the participant as I fully keep to the ethical conduct requested of me as a field worker.

Signature Date Place

Final Dissertation

ORIGINALITY REPORT

9%	%	%	9%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to University of KwaZulu-Natal Student Paper	2%
2	Submitted to University of the Free State Student Paper	1%
3	Submitted to Mancosa Student Paper	1%
4	Submitted to Grand Canyon University Student Paper	1%
	Submitted to New Mexico Highlands University	1%