# An exploration of Asian mental health professionals' accounts of their working lives and psychological work in Aotearoa/New Zealand

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## ABSTRACT

This qualitative research explores the accounts of self identified Asian mental health professionals (primarily psychologists) in Aotearoa/New Zealand, as they discuss the role culture and ethnicity play in their working lives. What are their experiences of the workplace and profession in relation to ethnic difference and cultural identity? What dilemmas are present for them, and what strategies do they adopt to deal with these? Does cultural difference feature in their practice and work with clients and in what ways? Although there is some international research on the experiences of ethnic minority therapists, there is no equivalent research on Asian psychological practitioners in New Zealand. I conducted 15 individual interviews using a semi-structured interview schedule. Participants were positioned as key informants and the interview transcripts were analysed for the main themes in their discourse. This research has a reflexive dimension as the researcher is a clinical psychology trainee identifying as Hong Kong Chinese who was brought up in New Zealand.

Participants noted their own personal strengths and some described the role of supportive others in their experiences of the workplace, as well as more troubling experiences of client and colleague racism and marginalisation. There were few examples of systems of support for Asian professionals or attention to cultural difference in the workplaces. Participants relied on personal strengths and clinical strategies they had developed for processing difficult encounters with clients. In their accounts of their client work, I illustrate the ways in which participants emphasised, minimised or reframed the influence of culture and demonstrate their careful negotiating as they moved in their practice between validating the importance of culture and ethnic difference and avoiding stereotyping, racist assumptions and over-generalisation. For some participants what was

most salient were universal or common human experiences and the human-to-human connection, along with the character of the individual person and their particular circumstances. For these participants, culture was framed as secondary to a professional focus and psychological explanations. For other participants, a cultural focus was more to the fore, utilising their cultural background and personal experiences of culture and diversity to understand other cultures, reformulating their understandings of therapy through the lens of culture, and reclaiming Asian and Eastern cultures as an inherent therapeutic resource. I discuss the implications of the findings for developing wider work on cultural skills, dilemmas and strategies in relation to Asian therapists and therapists in general. I also contextualise these accounts in terms of their position as ethnic minorities and as skilled professionals in New Zealand.

DEDICATION:

*To my parents, for everything*

献给: 偉大的父母

父母無限的愛是最珍貴的支持

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Over the course of this journey, I was reminded repeatedly that the undertaking of completing a doctorate is not one that happens in isolation. It is 'propped up' by the support of others, and thus, a shared accomplishment.

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There is a Chinese saying that goes, "飲水思源", that is, "when you drink water, contemplate on its source or origin." I would like to acknowledge and direct attention to the efforts and wider landscape of critical, indigenous and/or diverse movements happening worldwide.

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# INTRODUCTION

In 2018, a Treaty of Waitangi claim was submitted by Dr Michelle Levy, a registered psychologist, against the Crown and Crown associated bodies involved in the training, regulation and employment of psychologists in New Zealand. In her claim, Dr Levy (2018) critiques the failure of the psychology profession to address the needs of Māori, the dominance of monocultural Western perspectives, and the barriers for Māori entering psychology. Her claim raises difficult questions about the role of the psychological profession in an indigenous-settler context impacted by forces of colonisation and globalisation alongside counter-forces of resistance, rights under the Treaty, and growing acceptance of New Zealand's bicultural and multicultural basis. Important questions are present too about the relevance and applicability of psychological knowledge for non-indigeneous, diverse cultural groups in New Zealand more generally.

In the wider international context, there is increasing urgency in the calls for psychology as a field to develop beyond the assumptions of Western and European cultures, and for more attention to be paid to the importance of cultural competence and difference. These issues are often seen as only of interest to minority groups, who are marginalised and seen as 'other', while majority ethnic groups in Western societies are seen as 'culture-neutral' or simply the universal standard. Yet, in a globalised and transnational world how can we practice without contextualising therapists' ethnic or cultural background, the backgrounds of our clients, and the settings in which we work?

The research project described in this thesis aims to attend to the complexities of meaning making about culture in the psychological profession and workplace. Specifically, I explore the accounts of self-identified Asian clinicians in New Zealand. My participants are in the main registered psychologists, working with psychological

theories and interventions in therapeutic contexts. In New Zealand, "Asian" describes a highly diverse set of ethnic groups originating from China, India, Pakistan, Japan and the South Asian region. In popular discourse, Asian people are often presented as a fast growing, primarily migrant, minority group and contrasted with ethnic groups such as European, Māori, Pacific Island and Middle Eastern groups. There are relatively few Asian ethnic minority therapists practising in New Zealand compared to the size of the Asian population. Their backgrounds are often hybrid and complex and their experiences are diverse. Yet, they are an important group for assessing the impact of culture and ethnic difference in the psychological workplace and a seedbed of ideas for new ways of working with clients in culturally sensitive ways.

To date there has been no previous research on Asian therapists working in New Zealand and little international research either. I chose, therefore, to conduct a study with an exploratory, inductive, open-ended and qualitative design, allowing for a more nuanced understanding of therapists' practices, and for reflections on dominant and marginalised discourses. My research questions are as follows:

(1) What accounts do Asian ethnic minority therapists in New Zealand give of their experiences of the workplace and the profession of psychology?

(2) In what ways do psychologists and therapists from Asian backgrounds work with similar and different clients in the New Zealand context? What accounts do they give of their practice and how do they understand it?

I adopt a broadly social constructionist epistemology and the research is interview based. My aim is to report the main patterns and themes in the interview material and to

discuss the implications of these patterns for the well-being and training of a multicultural psychological work-force and for working with cultural difference in therapy. I appreciate that all research is situated. In this case, as the researcher, I am aware that I occupy multiple positions and identities in relation to the participants. First, I am a younger, clinical psychology trainee/intern doing research with experienced professionals and this experience gap, along with the age difference, to some extent mitigates against the power imbalance which occurs between the participant and the researcher who gathers in and then singlehandedly interprets and discusses participants' words. I learnt from my participants as working professionals and I regard them as, in effect, key informants. A second influence in the research is my own experience as a New Zealander of Hong Kong Chinese ethnicity. I am a 1.5 generation Hong Kong Chinese voluntary immigrant who was brought up in Auckland since I was a young child. I regard myself as well-acculturated in New Zealand, but also acknowledge the influences of my culture of origin acquired through my upbringing, and I maintain a hybrid and bicultural identity. These aspects I brought into my interviews with the participants and into my analysis. My analysis was concerned with developing themes from the participants' accounts of their experiences of the profession and with clients. I also considered the New Zealand context in which these accounts were situated and the wider psychological professional context and research literature.

## The Thesis Ahead

In Chapter One, I set out the broader context and issues relevant to Asian therapists in New Zealand through a literature review. To situate this research locally, I discuss the issues that emerge for psychologists from New Zealand's status as a bicultural nation founded through the Treaty of Waitangi, and the position of the Asian population. I also

look at the wider international literature defining cultural competence in general and in particular research on the less known area of ethnic minority therapists' experiences in their profession. Through my review, I learn the value of taking a complex rather than reductive approach to defining culture and identity as well as to understanding and contextualising complex cultural and clinical practices. Chapter Two, then, describes my theoretical and methodological approach which further stresses attention to complexity and context. This chapter describes the sample demographics and the stages in the research from recruitment to analysis of the data, with supplementary information about the study included in Appendices.

In Chapters Three through to Five, I report on my principal findings. Firstly, in Chapter Three, I illuminate the types of work-place issues salient to the participants such as experiences of discrimination, racism and marginalisation, and their accounts of how they responded to these issues along with more positive experiences. Secondly, in Chapters Four and Five, I explore the participants' accounts of conducting therapy in situations of difference. Chapter Four describes accounts from some participants that minimise the role of difference, ethnicity and culture. In these accounts what was most salient to participants are universal human factors, individual differences irrespective of culture, and the importance of general human-to-human contact. Chapter Five, then, describes participants' accounts which, in contrast, showcase and highlight culture as a key part of working with clients. The participants' strategies, overall, demonstrate the complexity of cultural competence. They narrate dynamic and complicated negotiations of dilemmas involving dialectical positions of similarity and difference to clients and the difficulty of respecting cultural difference without stereotyping or assuming too much homogeneity. In Chapter Six, I summarise and discuss implications of this research in

relation to their social context in New Zealand and the wider psychological discursive landscape.

# CHAPTER ONE: LITERATURE REVIEW

The aim of this chapter is to review international and local literature that may be relevant to understanding how therapists identifying with an Asian background experience their work and how they make sense of culture in their practice of psychology in the New Zealand context. In New Zealand, Asian typically refers to people from East, South and Southeast Asia, and as a social category is often discussed in juxtaposition to European (*Pākehā*), Māori and Pacific groups (Rasanathan, Craig, & Perkins, 2006). Although culture more broadly includes race, ethnicity, class, religion, sex, age and so on (Sue, Arredondo, & McDavis, 1992), the focus of this review will be on concepts of race and ethnicity in particular while acknowledging these intersections.

I am interested in the study of Asian therapists' experiences through an approach informed by the socio-political history of New Zealand. As an Asian-identifying clinical psychology student in training during this doctoral research, I am aware that I do not have the years of clinical experience of experienced professionals. I also have a 'vested' interest as a participant intending on entering the profession I am examining and that the research influences and is influenced by my own journey as a developing therapist.

In the first main section, I introduce the New Zealand cultural context and discuss implications for practice of psychology and working competently and safely across cultures. In the second main section, I give an overview of key themes from international literature on therapists' experiences when it comes to the role ethnicity and cultural background may play in their professional lives and with clients as well as critically evaluate research approaches regarding concepts of cultural competence and ethnic matching. Throughout these two sections, I present a critique of the dominance of Eurocentric cultural perspectives in psychology and highlight the broader significance of

research on ethnic minority therapists' perspectives, experiences and ways of working with culture and difference.

## 1. The New Zealand Situation

In this section, I firstly contextualise New Zealand as a bicultural nation defined by the relationship between indigenous Māori people (*tangata whenua*) and non-indigenous settlers (*tauiwi or manuhiri)* and outline the subsequent responsibilities and obligations for the practice of psychology in New Zealand/Aotearoa. Secondly, I present the wider context of New Zealand as a country with a high immigrant population and growing multicultural diversity, and discuss the social location of Asian therapists, as ethnic minorities and as non-indigneous settlers who arrived in New Zealand mainly through the *Pākehā* system of immigration. Finally, I summarise the current status of the psychological workforce in New Zealand and highlight some key issues for therapists that arise in the practice of psychology across cultures in New Zealand.

### 1.1 Biculturalism and the Treaty of Waitangi: Introducing the Wider Context for Indigenous-Settler Relations and Implications for Psychology

One of the major contextual influences is the relationship between indigenous people or *tāngata whenua*, Māori, and settlers to New Zealand or *tauiwi*. One significant event is the signing of the Treaty of Waitangi, an agreement concerning the relationship between *tāngata whenua* (Māori, or indigenous people) and *tāngata tiriti* (British Crown, or people of the treaty) signed by many Māori tribes in 1840. Initially overlooked and neglected, more than a century later there has been increasing recognition of the Treaty and the bicultural partnership between Māori and the British Crown it established,

including the rights, authority and autonomy (*tino rangatiratanga*) of the Māori people (Thomas & Nikora, 1996). Historical injustices to Māori from colonisation have begun to be acknowledged also. The Treaty is now recognised as the founding document of the country. Colonisation processes followed the migration of British settlers both before and after the Treaty and resulted in a significant loss of land, culture and identity for Māori. Some examples of historical injustices include the Suppression of Rebellion Act 1863 which were used to justify taking of land by the Crown, the Tohunga Suppression Act which outlawed traditional Māori healers thereby also delegitimising Māori knowledges and methodologies (Durie, 1997) and the suppression of Māori language in schools (Ministry for Culture and Heritage, 2017). The intergenerational trauma due to the loss of material, social and cultural resources through colonisation alongside other factors such as settler-brought diseases, has had significant impact on Māori society and wellbeing. Māori continue to face major disparities in areas including health, mental health, education, poverty and crime (Baxter, 2008; Parliamentary Library, 2000; Robson, Cormack, & Cram, 2007). They also face barriers of marginalisation and discrimination as well as experience pressures to assimilate for survival in a Pākehā dominated society. However, although the impact of colonisation is vividly present in New Zealand, there are also stories of counter-resistance and renaissance, such as movements for Te Reo Māori language revitalisation, recognition of Treaty and Māori rights in legislature and the establishment of the Waitangi Tribunal to attend to land injustices. The shift to biculturalism as a framework for New Zealand since the 1980s has also shaped the New Zealand landscape (Black & Huygens, 2016; Thomas & Nikora, 1996).

The bicultural focus of Pākehā-Māori relations generates an important context for Asian therapists working with different cultural groups and for their legal, ethical and clinical responsibilities. In New Zealand, health professionals are required to practice

cultural competence and cultural safety under the Health Practitioners' Competence Assurance Act 2003. Governmental obligations under the Treaty of Waitangi are also acknowledged in relevant legislature such as Children, Young Persons and Their Families Act 1989, Health and Disability Services Act 1993 and the Mental Health Act 1992. Likewise, within the psychology profession, the New Zealand Psychologists' Board requires psychologists registered in New Zealand to meet standards of cultural competency and cultural safety (New Zealand Psychologists Board, 2011), to recognise the principles of the Treaty of Waitangi, and places obligations on psychologists to promote and ensure equity for Māori and non-Māori. These requirements are explicitly outlined in the Code of Ethics for New Zealand psychologists (Code of Ethics Review Group, 2002). Various professional organisations and clinical training programs have made commitments to support bicultural training and development, such as New Zealand Psychological Society's establishment of National Standing Committee on Bicultural Issues (NSCBI) (Herbert, 2002). Tamatea (2015, as cited in Huygens & Nairn, 2016) has emphasised that learning about histories and contemporary issues of people from different cultures should be legitimised as an important part of professional development.

Yet, some have argued that the recognition of the Treaty and biculturalism in New Zealand has been a mostly symbolic act and that it acts as window dressing maintaining a system of privilege for European settlers who retain power as the majority group (Black & Huygens, 2016). Levy (2007) noted, for example, how the creation of National Standing Committee on Bicultural Issues led to the delegation of bicultural issues to this committee rather than seeing these issues as a matter for the New Zealand Psychological Society as a whole. This is perhaps an example of how institutions can maintain existing systems of power when not actively advocating social change. Rather than understanding colonisation as a dead and buried historical act, Nairn (2012) has challenged

psychologists to appreciate the ways in which colonisation of Māori and damage from Pākeha practices and institutions still continue. An example of an approach that was developed within this frame is the Meihana model of assessment, which recognizes the impacts of marginalisation, colonisation, racism and migration on the health and wellbeing of Māori (Pitama, Huria, & Lacey, 2014). Levy (2007) also highlights views of psychology as a tool of colonisation and cultural imperialism, noting, for example, the problematic privileging of imported knowledges over local knowledges. It is worth noting the development of indigenous Māori psychologies in response to these challenges as well as similar movements to indigenizing psychology in Asia (e.g. reviews by Allwood & Berry, 2006; Ho, 1998; Levy, 2007). Indigenous Kaupapa Māori approaches to psychology emphasise the valuing and centering of Māori worldviews and knowledges as the norm and de-centering Euro-ethnocentrism. While emphasising the development of knowledge led by and with Māori, Kaupapa Māori approaches aim not to exclude Western psychology but to critically analyse its value for furthering Māori aspirations (Levy, 2016). Echoing these critiques in a wider global context, Sue (2001) similarly takes issue with the monoculturalism in psychology and psychotherapy, and how this can lead to a failure to acknowledge the ways in which psychotherapy could become a tool for cultural oppression, by pathologising cultural differences, or victim blaming.

Psychology in New Zealand continues to be heavily influenced by American and European norms and largely relies on overseas textbooks and international rather than local research (Black & Huygens, 2016). Various analyses of the psychology literature have noted, for instance, the dominance of samples from American and European populations. Arnette's (2008) analysis of six major research journals published by the American Psychological Association found nearly three quarters of first authors were from universities in North America, then followed in order by Europe, UK, Canada,

Australia and New Zealand, with these countries collectively culminating in 98% of all the first authors, with similar trends observed for second and third authors, editors and editorial board members. In addition, for the North American samples where ethnicity was reported, 88% were European American. Where ethnic minority participants are included, they are rarely the focus. Iwamasa, Sorocco and Koonce (2002) found only 5.4% of research articles in five leading clinical psychology journals studied ethnic minorities specifically. Imada and Schiavo (2005) similarly found only 4.7% of articles in sixteen psychology journals focused on ethnic minorities, with African Americans being the most studied ethnic group. These critiques can perhaps serve to explain limitations in the development of an empirical base for specific therapies for ethnic minorities.

Hall (2001) has highlighted the prevalence of assumptions of individualism and heteronormativity and a lack of consideration of identity and spirituality in mainstream psychological research. He stressed the need for conceptual models and therapies for ethnic minorities to include dimensions of interdependence, spirituality and experiences of discrimination. Simultaneously, knowledge of ethnic minority clients' worldviews in domains such as work, education, family and gender norms needs to move outside the lens of the majority culture (Kohl, 2006) . These issues are also reflected in the New Zealand context, where bicultural approaches have emphasised the inclusion of culturally relevant elements such as a holistic view of wellbeing, valuing of family/relationships, spirituality and collectivist notions of identity (Bennett, Flett, & Babbage, 2014; Durie & Hermansson, 1990; Glynn, 2008). Black and Huygens (2016) describe how dominant cultures such as Pākehā in New Zealand are assumed to be the norm, neutral, natural and universal, while minority groups are regarded as 'other' and as exotic, exceptional and 'cultural'. They recommend particular attention to these patterns of power and privilege when working biculturally with Māori (Black & Huygens, 2016).

Although originally developed overseas, the concept of cultural competence with its emphasis on awareness, knowledge and skill was 'imported' to New Zealand to recognise the ongoing ethical and legal obligations of health professionals working with diverse cultural groups (New Zealand Psychologists Board, 2011). While acknowledging that cultural competence is an over the counter, useful, 'one-size-fits-all' approach to evidence-based practice, Kirmayer (2012a) has also noted concerns that current approaches to cultural competence risk "essentializing, commodifying and appropriating culture, leading to stereotyping and further disempowerment of patients" (pp. 160). In New Zealand, competent practice has also been conceptualised as a process of developing both sociocultural and clinical or scientific knowledge (Macfarlane, Blampied, & Macfarlane, 2011). Similarly, the most recent guidelines for working across cultures by the American Psychological Association (2017) have included consideration of worldviews and experiences in intersection with the broader sociocultural context, the need to examine the assumptions and practices of the profession as well as power inequities, and to recognize the multiplicity of social contexts and intersections shaping one's dynamic and complex identity. In addition to cultural competence, health professionals, including psychologists, also have responsibilities to practice cultural safety. Cultural safety emphasises respecting the rights of rather than undermining the experiences, identity and wellbeing of people from marginalised groups. It places a greater emphasis on marginalised clients judging what is culturally safe for them (New Zealand Psychologists Board, 2009), as well as emphasising the professional "as a bearer of his/her own culture, history, attitudes and life experiences and the response other people make to these factors" (DeSouza, 2008, pp. 130). Guidelines for cultural safety also recommend that psychologists recognise the positions of power held by them and the

limitations of Western psychological theories and approaches. (New Zealand Psychologists Board, 2009).

Psychologists are also expected to practice cultural competence not just in bicultural contexts but also with all cultures including Asian cultures. Although no guidelines have been explicitly described for these circumstances, the Mental Health Commission's Recovery Competencies for Mental Health Workers, suggests that "every mental health and addiction service worker should demonstrate knowledge of diversity within Asian cultures; knowledge of Asian culture, for example importance of family, religious traditions, duty, respect for authority, honour, shame and harmony; the ability to articulate Asian views on health; knowledge of traditional Asian treatments; and the ability to involve Asian families, communities and service users in services" (DeSouza, 2006, pp. 6).

Overall, then, these are the historical and current issues, cultural critiques, and professional responsibilities in relation to cultural issues that Asian therapists come to navigate as they develop or adapt their practice in New Zealand. Next, I discuss the situation for Asian therapists and their social location.

## 1.2 Asian Groups in New Zealand: Histories, Demographics, Stereotypes and Relations with Māori

Historically, New Zealand has had high rates of immigration and emigration for an OECD nation (Ward & Masgoret, 2008). While the majority of the earliest settlers were from Britain and Europe, there were also early arrivals of Indian and Chinese migrants, the former by indenture and the latter as part of the goldrush of the 1860s (Ip, 2015;

Swarbrick, 2015). New Zealand operated an unofficial "White New Zealand" policy up until the end of the Second World War, recruiting immigrants from white, Anglo origins, and instituted many discriminatory policies towards non-white immigrants (Phillips, 2015; Ward & Masgoret, 2008). Some examples include the infamous poll tax imposed on Chinese. Restrictions on immigration were also placed on Indians such as The Immigration Restriction Act 1899, despite their status as British subjects (Ip, 2015; Swarbrick, 2015). In 1986, changes in immigration policy to a points-based system irrespective of country of origin, have since led to growing numbers of skilled migrants from a greater variety of countries. Presently, the points based system considers age, skills, education, and capital, as well as English language skills (Phillips, 2015) and clinical psychologists feature on the long-term skills shortage list (New Zealand Immigration, 2018).

According to the 2013 New Zealand Census, people identifying as European comprise 74% of the population, followed by Māori (15%). After that, Asians (12%) represent the largest non-indigenous minority as well as the fastest growing in population, particularly Indian and Chinese (Statistics New Zealand, 2014a). Asians remain a heterogenous group in New Zealand including Chinese, Indian, Filipino, Korean, Japanese, Sri Lankan, Vietnamese, Pakistani and Bangladeshi people (Statistics New Zealand, 2014b). Statistics New Zealand include as 'Asian' people self-identifying from areas that range from Afghanistan (West), Japan (East), China (North) and Indonesia (South) (Ho, 2015). In the 2013 Census, about 22% of the Asian population were born in New Zealand, with Chinese, Indian, Cambodian and Japanese having larger New Zealand born proportions, while 22.8% had lived in New Zealand for less than five years. While 22.5% of the Asian population identified as having multiple ethnicities in 1986, this group now comprise only about 8.6% due to greatly increased immigrants from overseas

whom mostly identified with only one ethnicity (Ho, 2015). Across this diverse group, immigrants will have varied histories and reasons for migration, impacted by circumstances in their country of origin (which might even be different to their ethnicity) as well as the ease of immigrating to New Zealand, all of which may influence population characteristics, trends and overall life experiences. For example, from 1986 Chinese immigrants tended to be from Hong Kong and Taiwan, but since 2000 may also come from China, while Indian immigrants may come not only from India but from Fiji, South Africa, Zimbabwe, and the United Kingdom (Ho, 2015).

Various social forces also influence the experiences of migrants, such as the transferability of overseas qualifications. For example, high rates of unemployment and lower participation in workforce have been observed in New Zealand compared to Australia, Europe and North America, even though Asian immigrants tend to be highly qualified. These social factors may play out in the experiences of immigrants who may maintain transnational lifestyles and ties across more than one country, migrate more than once or maintain their ties and networks across countries based on family, education or work opportunities (Ho, 2015). The experiences and identities of immigrants have become more complex in new globalised and transnational contexts, for example, for those born in or who migrated at a young age to the country (Bartley & Spoonley, 2008; Rocha, 2012). Asians in New Zealand may face challenges of acculturation, cultural conflicts, stresses of migration or discrimination, loss of family or community supports and isolation, employment difficulties and pre-migration trauma (Ho, Au, Bedford, & Cooper, 2003).

Perceptions of Asians in New Zealand have varied in the context of New Zealand's own identity challenges, often influenced by the dominant or majority group. Here, most

of the available research is focused on perceptions of Chinese communities. Historically, Asians were seen as a threat to livelihood of whites. Although positioned as 'racially inferior,' Asians were regarded as exceptionally hard working but with a culture seen as a threat to British values. Met with this hostility, Chinese communities understood that their acceptance in society was conditional and most drew on assimilatory strategies to get by (Ip, 2003; Yee, 2003). In more recent decades, the rapidly growing Asian population has sparked strong reactions and stereotypical portrayals in media and political discourse, such as fears of a "yellow peril" or, in the 1990s, an "Asian Inv-Asian" (Bartley, 2010; Ip & Murphy, 2005). Asians migrants, particularly Chinese, were perceived as foreign investors trying to buy New Zealand or overuse its resources (Ip, 2003). Even as recently as 2015, there was media controversy led by a major political party about the number of houses being bought by people with Chinese-sounding names (Spoonley, 2018). Spoonley and Butcher (2009) found that mass media portrayals of Asian immigrants in the 1990s developed associations with triads and crimes such as extortion, with socially disapproved behaviours such as gambling, poor driving and inability to speak English, and with pressures on resources such as housing and schools.

With such visibility, it is unsurprising that Asians are also perceived as the ethnic group most discriminated against in New Zealand (Statistics New Zealand, 2011). On the other hand, there is also evidence of more positive views of Asian immigration by the late 1990s and early 2000s in New Zealand media, particularly for the economy (Spoonley & Butcher, 2009). Newer migrants arriving since the 1990s tended to be more educated, skilled, or come with investment capital (Ho, 2015). This group stressed their contribution to the economy and their skills and has tended not to practice the assimilatory strategies favoured by previous Chinese generations, for instance, who were more likely to leave rather than deal with the racism (Ip, 2003). The research, overall,

suggests that Asians face barriers of discrimination or exclusion, or pressures to strive to be regarded as a model minority whether that is through assimilation or through stressing high levels of economic contribution.

In describing Asian immigration in the context of present relations between Pākehā and Māori, Ip (2003) draws on the analogy of two groups (Pākehā and Māori) arguing over the issue of who should be invited to a party with a guest (Asian immigrant) caught in the middle. Historically, Māori and Chinese relations appeared to have been cordial and symbiotic initially, demonstrated in anecdotal examples of Māori leasing land to Chinese market gardeners who would then employ Māori to work to produce vegetable gardens. This was often a relationship of collective support since both groups experienced discrimination under the Pākehā system. However, with perceptions of the "Yellow Peril" and of Asians as "aliens" and "filthy", fears of racial mixing became a political tool for dividing the two groups. The counter-stereotype of Chinese as a model minority, provoked unfair comparisons with Māori, and further pitted minorities against each other. Chinese migrants were positioned as success stories while Māori were blamed for their problems in the Pākehā system. Māori were concerned about increased competition for jobs and for resources also and the implications for Māori rights, with the dangers of further marginalisation if biculturalism became superceded by multiculturalism (Ip, 2003). Some research has suggested that Chinese also appear to have negative perceptions of Māori, given that they largely got their information about Māori from media rather than from personal contact with them (Liu, 2009). Ip (2003) places these tensions between minority groups in the context of a system of power which remains unquestioned and where whiteness continues as a form of invisible privilege.

A further form of exclusion experienced by Asian communities in New Zealand is worth noting. Many Asians in New Zealand were born in the country and have long family histories of residence, including, for instance, fourth generation Chinese communities, yet there is still a common perception of Asians as migrants (Butcher, 2008). Terms such as 'New Zealander', 'European', 'Pākehā', 'Asian' and 'Māori' continue to be contested and tied to broader sociocultural, ethnic relations and politics. A survey from the 1990s observed that of those who described their cultural group as "New Zealanders", the overwhelming majority were Pākehā European (Hughes, Lauder, Dupuis, Watson, & Strethdee, 1996), perhaps raising questions about who is included and excluded from the image of the nation. Overall, as non-indigenous minorities, Asians are positioned as *tauiwi* and *manuhiri* in a New Zealand context understood as bicultural in terms of post-Treaty indigenous-settler relations, yet they are also regarded as different from Pākehā, in terms of ethnicity and race. In recent years there has been some recognition of multiculturalism also and celebration of New Zealand's increasing ethnic diversity, at least in a symbolic sense. This situation presents unique challenges for Asian clinicians from a wide range of countries of origin, some of whom will be recent migrants, and some well-established in New Zealand.

### 1.3 Practising Psychology in New Zealand: The Workforce and Local Research on Therapists' Experiences

In New Zealand, psychologists are a registered profession and legally protected title, although psychological interventions may also be utilised by clinicians from other applied disciplines working in relevant settings. Compared to the demographics of the general population, ethnic minorities in the psychology workforce are under-represented in New

Zealand. There are no published data based on the register of psychologists, but surveys of the profession give a picture. The 2009 Health Workforce Annual survey reported that 62% of active psychologists described themselves as NZ European and 22% as Other European. Māori psychologists comprised only 5.3%, while psychologists identifying with Asian ethnicities made up only 2.9% of the respondents (Indian 1.5%, Other Asian 0.6%, South East Asian 0.3%) compared to 12% for Asian groups in the general population (Ministry of Health, 2010). Similar trends relating to the over-representation of the majority ethnic group and under-representation of ethnic minorities in the psychology profession have been found in Western societies including the USA and UK (Hill-Briggs et al., 2004; Robiner, 2006; Williams, Turpin, & Hardy, 2006), and supports broader critiques of clinical psychology as a middle to upper class, white, European-American profession. The 2009 Health Workforce Survey showed that majority of professional psychologists had obtained their qualifications in New Zealand (74%), followed next by South Africa (6.8%), UK (5.9%), USA (3.5%) and Australia (2.7%). Qualifications from India (0.8%) made up a very small percentage (Ministry of Health, 2010). It is important to acknowledge that ethnicity also intersects with class and gender. In New Zealand, psychologists are highly educated and female.

The relations between indigenous and non-indigenous, between majority and minority groups, and cultural differences between European and Asian cultures present challenges for therapists from different cultural backgrounds in their work across cultures. However, there has been little in-depth research on therapists' experiences in New Zealand, and to my knowledge, there is no research focused on Asian therapists. Black and Huygens (2016) discuss in detail the implications of cultural safety and intercultural competency for Pākehā psychologists. They emphasise the importance of being aware of the self as 'cultural' and knowing the impact of one's own culture on others. They also

highlight the importance for Pākehā psychologists to recognize the extent to which psychological theories and practice are grounded in European and American traditions, understand Pākehā cultural practices and institutions in context of the history of colonisation, and question assumptions concerning Western culture as superior, universal or the norm. They note that cultural competency requires the recognition of power and considering how it can be equitably shared; it involves identifying views and practices that disadvantage other cultural groups, and seeking cultural advice when necessary (Black & Huygens, 2016). Te Wiata's (2006) research explored the identities of Pākehā counsellors, who described being positively changed by their engagement with Māori culture and ideas in comparison to their family and other Pākehā friends. Te Wiata's work also highlighted the complexity of Pākehā narratives of identity, which draw not only on the English tradition but a range of other cultural traditions as well.

Conversely, Māori psychologists are met with different expectations and tend to carry the burden of culture. Nikora (2007) observed that Māori psychologists are frequently assumed to be particularly skilled in working with Māori but they are not given the training and support to do this work, leading to additional burdens and pressures for Māori psychologists taking on 'Māori' roles. In a study focused on child and adolescent mental health services, Māori psychologists and psychology interns reported a lack of cultural resources and support, feeling isolated in mainstream services, and being "over-utilised" as the only Māori psychologist. They felt that Māori knowledge was undervalued or seen as valid only if it meet scientist-practitioner criteria, was in accord with the dominant medical model, and didn't disturb the acultural standpoints of agencies (Hemopo, 2004). Levy (2007) highlighted the conflicting expectations faced by Māori psychology students: in order to succeed they were required to be proficient in Western perspectives, however at higher graduate levels they were expected to include Māori

perspectives. More broadly, Love and Waitoki (2007 as cited in Glynn, 2008) have emphasised the general need for cultural safety within the psychology profession, noting the challenge that even if "other" voices are included, minorities still face the constraints of hegemonic Western-European discourses and additionally face the risk of rejection by their own communities. It is not known whether Asian psychologists in New Zealand also experience similar challenges.

Overall, the patterns discussed in this sub-section and the previous two sub-sections, strongly suggest the importance of conducting research in New Zealand on the experience of Asian therapists. To date there is no research available on their perspectives and standpoints. Asian groups are a growing presence in New Zealand with an often difficult history of assimilation and experiences of racism, and this is reflected in the types of strategies that groups may utilise or be able to utilise such as assimilation or self-assertion. There are also differences for those who have arrived in different socio-political contexts, for example those who have assimilated to New Zealand over generations and the more recent increased migrants who may have arrived more newly and may have met certain conditions in terms of education, skills or economic resources. The number of Asian therapists is tiny overall in comparison to the size of the Asian population. The context in which they work is complex given the bicultural foundation yet increasing multicultural diversity. In-depth thinking about the complexities of cultural competence and cultural safety is only just emerging within the psychology profession and for the very particular New Zealand context. Issues of intergroup relations may also impact on dynamics between therapists and clients from similar or diverse backgrounds. In the next section, I turn to look at international research on ethnic minority therapists as further background for my project and to see what else we might learn.

## 2. Culture, Psychology and the Experiences of Ethnic Minority Therapists: Themes in International Literature

This section examines three key themes in international research on the experiences of ethnic minority therapists, highlighting research on Asian therapists where possible. I look first at research on cultural competence and critical perspectives concerning this framework, in particular its formulation of culture. Second, I examine the vexed question of ethnic matching between therapists and clients and my discussion of this research highlights the complexity of group categorisation and the disadvantages of more reductive, quantitative, variable based approaches. Finally, I discuss ethnic minority therapists' experiences of the profession and their accounts of their working lives including struggles around racism, marginalisation and cultural adaptation.

### 2.1 Cultural Competence: A Critical Look at the Concept

The notion of cultural competence represents an attempt to conceptualise and operationalise methods and approaches of working appropriately across diverse cultural groups. Yet, as I will demonstrate, pinning down concepts of culture and ethnicity is not without its problems. The most widely recognised and applied framework of cultural competence comprises of three dimensions: firstly, awareness of one's own beliefs, assumptions, values and how these may impact on work with clients; secondly, knowledge of the client's world view and accepting that the differing cultural norms of other cultures are just as valid; finally, it includes the skills to adapt approaches or interventions, or to tailor universal or culture-specific strategies to match the specific client in a culturally appropriate way (Sue, 2001; Sue et al., 1992; Sue & Sue, 2013). Sue and Sue (2013) take the position that competence in multicultural contexts is a kind of

superordinate skill above and beyond more general counselling competencies which are based on a monocultural set of assumptions and on clients from white middle class Anglo backgrounds.

Certainly, there is some evidence to show that the cultural competence of the therapist correlates with clients' positive reports of therapy and of their therapist (Constantine, 2002; Fuertes & Brobst, 2002; Fuertes et al., 2006; Owen et al., 2011). Clients' perceptions of their therapist's multicultural competence have been found to be positively associated with ratings of therapist empathy, working alliance and overall satisfaction with therapy (Fuertes et al., 2006). Interestingly, Tao, Owen, Pace and Imel's (2015) meta-analysis found stronger associations between multicultural competence and clinical process-based measures, such as therapeutic alliance, client satisfaction, and general counselling competencies, compared to also positive but smaller associations between multicultural competence and clinical outcome, further suggesting a close relationship between cultural competence and therapy processes in particular, whereas the evidence in relation to clinical outcome tended to be more weak.

Indeed, Huey, Tilley, Jones and Smith's (2014) examination of the literature concluded that while there was evidence to suggest psychotherapy works as well for ethnic minorities as for majority white groups, and that culturally adapted interventions are also efficacious, however the evidence is less clear whether the latter is more clinically efficacious than unadapted psychotherapies. Critiques of the research literature and evidence regarding cultural competence have highlighted concerns such as the heterogeneity of findings and effect sizes, noting the varied nature of studies of therapist multicultural competency and culturally adapted psychotherapies (Huey et al., 2014; Soto, Smith, Griner, Domenech Rodríguez, & Bernal, 2018). There is a lack of detail and little

consensus in defining what cultural competence actually looks like in the therapeutic encounter in practice (Huey et al., 2014; Tao et al., 2015). Many researchers call for a greater focus on understanding how cultural competence is practiced, and the particular personal characteristics and skills that make therapists effective in working with diverse cultural groups and which might produce better clinical outcomes. Hayes, Owen and Bieschke (2015) is one such example, examining variability across therapists in their effectiveness in bringing about symptom change with racial/ethnic minority clients.

Perhaps the most interesting studies from my perspective are those that have looked at client satisfaction and dissatisfaction with therapy and also sought qualitative detail on perceived racial and cultural issues. These studies demonstrate the complexity of weaving both etic and emic aspects together and the complexity of the types of contexts in which racialised/ethnicised or cultural issues become salient. Chang and Berk (2009) in their study of ethnic minority clients who saw white, majority group, female therapists in North American practices observed differences in the ways in which satisfied and dissatisfied client groups regarded the salience of racial and cultural issues in therapy. Satisfied clients emphasised universal therapeutic qualities such as compassion and talked at greater length about universal and transcendent human experiences they and their therapist shared. They also tended to see racial and cultural differences as having minimal relevance to their problems and to their therapy. These clients put effort into compartmentalising issues of ethnic and racial difference and expressed more ambivalent or negative views about working with an ethnically similar therapist than dissatisfied clients. For dissatisfied clients, however, issues of cultural competence were more salient as a source or explanation for their dissatisfaction. Similarly, another study by Chang and Yoon (2011) qualitatively found that while the majority of their sample of ethnic minority clients viewed racial/cultural differences as a problem in ethnically mismatched therapy,

the effects of these perceptions were minimised if they believed their therapists had general qualities such as being compassionate and accepting, open to talking about and working through racial/cultural issues and they were able to identify commonality with the therapist outside of race/cultural difference. These findings further suggest that cultural differences are likely to become a salient issue when therapy is not going well, and in this respect what counts as cultural competence becomes more elusive. They also suggest that as an adaptive response to protect themselves from oppressive or discriminatory behaviour from the therapist, clients actively regulate the extents to which they reveal and conceal when it comes to racial/ethnic minority issues in the therapeutic space. This work also suggests that the burden of negotiating racialised issues typically falls on ethnic minorities in a clinical set up.

These studies, however, frequently focus on the experiences of dyads where the therapist is a member of a majority culture and the client is from a cultural minority. For therapists from ethnic minority backgrounds working with clients who are either from a majority group, from another minority group or who share the therapist's own minority group membership, issues of cultural competence are likely to take a very different shape, as I will describe later on in this section. Although the tripartite model developed by Sue and Sue (2013) is useful, as a general and universalist framework, there are challenges in applying it across different social contexts. Firstly, the model by itself does not detail how aspects of culture such as race/ethnicity, class, gender, age, and sexual orientation intersect with each other. Secondly, while the model offers some flexibility in terms of how cultural competence applies to broad and specific ethnic groups (for example it could apply to Asian Americans, or, specifically, to Japanese Americans), the categorisation of racial/ethnic groups remains a problem which continues to challenge the wider research field, with the risk that culture becomes seen as fixed and homogenous as opposed to

dynamic and hybrid (Kirmayer, 2012b). The definition of cultural groupings becomes further complicated in contexts of globalisation, acculturation and immigration. Competence approaches may miss the complexity of lived experience and the intercultural encounter. Thirdly, while group identities may be taken up and practiced by individuals, societal attitudes come to define the boundaries, inclusion, exclusion and marginalisation of groups to serve various socio-political functions. The dominant culture may play a role in influencing the experiences of minority individuals and groups and relations between them, as I have noted in the case of New Zealand. Therefore, while there is a need to acknowledge commonly constructed groupings by ethnicity, there should also be some critical examination of the contexts in which group categorisations arise through processes of racialisation and ethnicisation.

The assumption of a static identity may potentially swamp relational patterns of cultural practices across different domains in particular societies. For example, while one's ethnic identity and values may be celebrated in the private or family domain, values of the dominant culture may be adopted to a greater extent by minorities in work and education domains. Furthermore, by focusing on characteristics of groups without considering the sociocultural location of the therapist, the extent to which the therapist's ethnicity is tied to their particular cultural competence is rendered invisible in a seemingly universalist framework. Furthermore, it has been argued that the concept of competence in general is tied to structures of power, in the way it marks political and economic boundaries and legitimises particular groups and de-legitimises others on an institutional level (Kirmayer, 2012b). I have already noted how shifts in society and in the balance of power in the case of New Zealand, such as colonisation, immigration and indigenous rights, may reposition Pākehā European, Māori and Asian professionals' practices and their interactions with clients. This further highlights the need to approach

and examine how cultural competence is conceptualized by therapists from their particular social locations. Finally, cultural competence literature is often implicitly aimed at Western counsellors and psychologists and focuses on how they work with minorities or with those seen as culturally other, rather than being aimed at supporting ethnic minority therapists and developing their practices. Kumaş-Tan, Beagan, Loppie, MacLeod and Frank (2007), in their systematic review of quantitative cultural competence measures, noted many had an implicit assumption that the health practitioner was white Caucasian and Western and scales were normed on the highly educated and middle class. Culture, in other words, was frequently attributed just to the racialised 'Other.' The study reported in this thesis of minority group therapists from an Asian background responds to the need to explore the specific issues faced by minority therapists and their own thoughtful practices they have developed for working with difference in this social context.

## 2.2 Therapy and Ethnic Matching

A further area of research that examines the cultural and ethnic background of the therapist is the study of ethnic matching in therapy. Although some studies suggest there are benefits from ethnic matching in terms of improving engagement, such as the number of sessions completed, and some gains to treatment outcomes (Farsimadan, Draghi-Lorenz, & Ellis, 2007; Presley & Day, 2018; Ziguras, Klimidis, Lewis, & Stuart, 2003), overall, the evidence of benefit to clients' treatment outcome has been minimal or not stood up to further analyses (Cabral & Smith, 2011; Erdur, Rude, & Baron, 2003; Shin et al., 2005). Cabral and Smith's (2011) meta-analysis found, on average, people reported a moderate preference for therapists of the same ethnicity and tended to perceive therapists

of the same ethnicity more positively, but concluded that there was nearly no benefit on measures of client outcomes for ethnic matching and highlighted the heterogeneity of effect sizes with the largest effect sizes being for African American participants. Thus, ethnic matching studies may be seen as recording clients' preferences and attitudes about having a therapist of the same ethnicity than directly contributing to better treatment. Karlsson's (2005) review concluded that Asian Americans' preferences for therapists were mixed. Ethnic/language matching for Asian American clients predicted treatment completion and number of sessions (Presley & Day, 2018); neither match significantly contributed to gains in overall psychiatric functioning, among Southeast Asian clients (Flaskerud & Liu, 1990).

The ethnic matching literature is compounded by issues of low validity, poor conceptualisation, within-group variation, and lack of studies involving actual psychotherapy or measuring therapist variables such as cultural sensitivity. Studies also neglect the diversity of backgrounds that the therapists may come from and their own experiences of culture. As a consequence, the empirical picture remains inconclusive (Karlsson, 2005). The difficulty in identifying exactly what processes occur between ethnically matched therapists and clients limit the usefulness of these findings, such as a lack of clarity in studies on whether it is a language match or the ethnic match that plays a more important role (Karlsson, 2005). Some have considered client variables such as acculturation, race-salient mistrust, cultural commitment, racial identity awareness, bicultural identity, socio-economic status or experiences of discrimination, all of which may impact on an ethnically matched or mismatched therapy dyad (Farsimadan et al., 2007; Karlsson, 2005). Socio-economic status has been found to have a bigger effect on outcomes for clients than ethnicity (Karlsson, 2005), suggesting that the intersections between cultural difference and class also need to be taken into account. In addition,

ethnic minority clients may consider ethnic matching a disadvantage and mismatching an advantage depending on the issues they present to therapy, for example when it comes to issues of homonegativity in some cultures (Chang & Yoon, 2011). A similar example comes from a study of Asian Americans in an analogue of a counselling situation which found that participants' concerns about the loss of face and about saving face negatively predicted self-disclosure, rather than ethnic matching (Zane & Ku, 2014). Finally, there is evidence that when given more than a simple choice of therapist ethnicity, people tend to rate other therapist characteristics as more important than the therapist ethnicity (Karlsson, 2005).

A further problem in the ethnic matching literature is the assumption that therapists are culturally competent to work with their own group based on having the same ethnicity but without examining what makes up cultural practices or how their cultural background might inform their approach. Non-Western minority therapists are not only likely to have had diverse views and experiences of their cultural backgrounds, they are also likely have been trained in the same approaches as therapists from the dominant culture and in Western empirical models of therapy. Therapists from both majority and minority groups have consistently reported not getting enough training and support on multicultural issues (Hays, Dean, & Chang, 2007; Iwamasa, 1996; Wieling & Rastogi, 2004). There is a need to better understand the approaches and processes of ethnic minority therapists as they work with similarly matched clients.

In their review of the evidence, Huey and colleagues (Huey et al., 2014) suggested matching by clients' preferred language, for less acculturated clients, and that drawing on the goals, metaphors and belief systems of the clients may be important directions for new research. For studies based on Asian American samples, studies have also begun to

explore the role of worldview or cognitive matching, such as beliefs about perceived problems, treatment goals and coping orientation (Zane et al., 2005). Kim, Ng and Ahn (2005) found a therapist-client match in worldview was associated with better perceptions of the working alliance and counsellor empathy. Interestingly, amongst their other findings, they also found adherence to European American cultural values was also positively related to counsellor empathy. A therapist-client match in beliefs about aetiology of presenting problems has also been associated with process measures such as therapist credibility, working alliance, counsellor empathy and cross-cultural competence (Kim, Ng, & Ahn, 2009). Furthermore, Asian American clients' perceptions of their ethnically matched therapists as similar to them in terms of attitudes, personality and values were positively associated with perceived support, working alliance and therapist credibility. Those who perceived their ethnically matched therapists having similar experiences was positively associated with therapist credibility (Meyer, Zane, & Cho, 2011).

Aside from more quantitative based research on ethnic matching, some minority background therapists and researchers have begun to develop more qualitative theorisations, formulating the therapy dynamic between therapists and clients from shared or similar ethnic backgrounds. In an early study, Gardner (1971) pointed out that issues for Black therapists working with Black clients may include "tendencies… to deny identification with blacks or to overidentify with them, differential responsiveness to passive versus assertive black clients, class and status differences between therapist and client, and [….] view therapeutic work with blacks as low status work and to prefer a white clientele" (pp. 85). In the same vein, Maki (1990), a Japanese American therapist, also noted experiences of overidentification. He described how his assumptions about having similar experiences and values as his third generation Japanese American

adolescent client hindered therapy progress, as he drew on his own past experiences rather than explored the client's experiences. Because of his own beliefs about his heritage, Maki noted that he misinterpreted the client's attitude as reflecting a weak ethnic identity and low self-worth, when it was more likely due to the client having a secure ethnic identity growing up in a more racially tolerant Hawaii. Identification based on similar experiences or life histories may also lead to more resistance for the therapist to explore or question issues (Tang & Gardner, 1999). Goode-Cross'(2011) found that Black psychologists, social workers and counsellors highlighted the importance of avoiding assumptions of similarity among Black clients. For the ethnic minority therapist working with a same-ethnicity client, the experience could also bring up certain views or feelings, such as guilt (for example, for leaving family and friends behind in migration or in moving up in social class) or of hope (for example, perceiving the client as able to do the same in their circumstances) (Comas-Díaz & Jacobsen, 1995).

Conversely, clients may avoid seeing a same-ethnicity therapist precisely because of assumed cultural values that they want to avoid (Tang & Gardner, 1999), or because of internalised negative feelings held in relation to their own ethnicity (Comas-Díaz & Jacobsen, 1995). Even physical appearances may also bring up particular perceptions or issues for ethnic minority communities. For example, Kelly and Greene (2010) discussed skin colourism as a salient example for African American communities, noting that this may influence clients' feelings of superiority or inferiority in relation to the therapist's skin colour. They noted even hair styling can signal particular expectations of the therapist (e.g. ethnic identity affirming styles) (Kelly & Greene, 2010). This suggests that for minority group therapists, working with clients from the same ethnicity could be positive or negative.

The above examples illustrate the significant diversity of those within a shared ethnic group and the nuances that may be involved. Tang (2007), a Hong Kong Chinese therapist, described the issues involved when working with a client who was brought up in mainland China. Tang noted the difficulties of having been trained in Western models and therapies in America, and that Hong Kong has a more significant history of Westernisation. The client's traditional upbringing meant that Tang was presented with the challenge of becoming more familiar with traditional Chinese philosophy and Eastern religious concepts. Therapists working with clients from a shared ethnic group may still encounter clashes in cultural values, expectations and communication styles (Sue & Sue, 2013). This is particularly more so for Asian therapists operating in more diverse contexts and in Western societies like New Zealand. As they go through a process of acculturation, cultural renegotiation and meaning-making, any assumption of simple acculturation trajectories is questionable.

On the other hand, assumptions of shared cultural values and experiences may contribute to positive transference where the client feels their experiences are understood. The therapist may even be seen as omniscient because of the shared background (Comas-Díaz & Jacobsen, 1995). Goode-Cross' (2011) study found their clinicians reported having a deeper understanding of issues in the Black community and feeling a greater sense of responsibility towards same-ethnicity clients. They also reported awareness of playing multiple roles in their lives, as minorities, family members, mentors and professionals.

Overall, the literature on cultural competence and ethnic matching reviewed in this and the previous sub-section highlight the many thorny issues involved in researching the production of cultural differences and practices in therapy. Quantitative studies struggle

to adequately capture the complexities of studying culture and ethnic difference and rely on simplistic concepts and measurements of ethnicity and culture. Instead, a more nuanced critical and qualitative approach is required to make sense of these complexities. The work to date suggests that we are only at the starting point for understanding the role of culture and ethnicity underpinning the therapeutic encounter, and understanding the ingredients that may contribute to successful therapy for ethnic minority clients, and, in particular, clients with an Asian background or identity. The research project reported in this thesis is concerned with ethnic minority therapists' perspectives and not with the client, yet the research literature on cultural competence and ethnic matching is useful background for understanding the kinds of concerns and issues that may come up for my participants as they ponder these matters.

## 2.3 Ethnic Minority Therapists' Experiences of Identity and Culture in their Professional Lives

I now turn to a review of research on the accounts of ethnic minority therapists as they discuss and make sense of their working lives. Ethnic minority therapists face a variety of challenges in the profession and in workplaces such as racism and marginalisation along with the demands of acculturation. They may have to negotiate identities built around multiple cultural worldviews or systems. Asian therapists, for example, may be attempting to straddle dominant Western perspectives as well more marginalised identities. Yet, there are also positive possibilities as this group of therapists develops their own strategies for working with difference and contributes a wider multicultural lens to the profession. Research on this topic is sparse, some of the studies I discuss involve first person accounts or unpublished theses, and many cover areas that are

quite broad in scope and include minority therapists from hetereogenous backgrounds. My review will look first at more negative and troubling experiences of racism and marginalisation, then at the demands to acculturate and the challenges of fitting in, and finally at the positive possibilities and emergent strategies of ethnic minority therapists.

### *2.3.1 Experiences of Racism and Marginalisation*

In her survey of ethnic minority therapists from African American, Asian American, Latino and mixed heritage backgrounds in the United States, Iwamasa (1996) found about three quarters of participants reported that their ethnicity affected their work. They reported both positive and negative effects. I will discuss their positive points in a later subsection. The negative aspects reported related to experiences of discrimination, being exposed to slurs about one's own or other minority groups, having one's credibility questioned or not being trusted by clients, and clients refusing treatment or recommendations because of the therapist's ethnicity. Participants also reported feeling they were being treated differently in the professional context: their achievements were minimised, they were viewed as less competent, and treated as knowledgeable only on issues of ethnic diversity. Iwamasa's study suggests that for ethnic minority therapists, issues of race, ethnicity and culture become salient and visible at work, unlike for those from a dominant majority group. In another study also conducted in the USA, Davis and Gelsomino (1994) compared the experiences of White, Black and Native American counsellors, and found that Black or Native American counsellors reported more experiences of racism from clients.

Several researchers have commented on ethnicity in relation to issues of power (e.g. Tang & Gardner, 1999). The dyad of a minority therapist and white client can pose

challenges to the ‘normal’ dynamic background (Comas-Díaz & Jacobsen, 1995), which may result in clients responding with feelings of superiority, disdain, fear, or alternatively comfort (Gelso & Mohr, 2001). Lee (2004), an American-born Chinese therapist noted that being part of a group with little power which is stereotypically perceived as quiet, yet simultaneously being in a position of power in the therapist-client relationship, generates an unfamiliar dynamic for white clients. Lee described being told by a white client, "Don't you interrupt me when I'm speaking. I don't need your help. [...] You know, I really don't know if you are really qualified to help us. I work with a lot of Asians and see that we're different." (pp. 95). Lee described feeling ineffectual, invalidated, hurt, confusion, shame, loneliness, and anger. He notes that therapists may walk away from such an encounter feeling the frustration, or even shame in “silently [colluding] to their own oppression.” (pp. 96). The dilemma is how to address these dynamics: whether to speak up or stay silent. According to Tang and Gardner (1999), racial stereotypes could be in terms of physical traits, personality traits, or based on cultural assumptions such as values and behaviours. In Tang’s case, stereotypes of the Chinese American included being viewed as physically weak, traits of industriousness or sneakiness, assumptions of close family values, and being perceived as passive or compliant. These may have an influence on clients whose presenting problems, for example, may involve estrangement or conflicts with one’s family (Gelso & Mohr, 2001).

Therapists’ experiences of racism in the workplace, and how they are affected by or respond to overt or covert stereotyping from clients is an understudied research area; the issues involved in dealing with racism from clients, supervisees or supervisors are also overlooked in training (Lee, 2004). Tinsley-Jones’ (2001) qualitative study in the USA found psychologists of colour more often reported anticipated or covert experiences of racism rather than overt experiences. While some participants in this study were positive

about the willingness of majority group colleagues to engage with issues around race and ethnicity, participants more commonly described negative experiences related to being viewed by others as representatives of their race or ethnicity, being perceived on the basis of group stereotypes, and feeling that their individuality was being dismissed. Experiences of racism can be subtle, such as in the form of micro-aggressions, which can range from everyday derogatory actions to invalidation of another's experience. One study on micro-aggressions focused on Asian American therapists identified eight themes. These included being regarded as alien and second-class citizens in their own land, having their experiences of being made invisible, invalidating or pathologising of cultural differences, and denial of racism as a reality (Sue, Bucceri, Lin, Nadal, & Torino, 2007). Additionally, discrimination based on language has also been reported by psychologists of colour (Wieling & Rastogi, 2004). These perceptions also apply to immigrant therapists, such as on their perceptions of their competency. One study in America by Kissil, Davey and Davey (2015) found that immigrant therapists' perceived clinical self-efficacy significantly correlated with perceived prejudice but not with their level of acculturation or language usage, suggesting that their sense of clinical self-efficacy was related to experiences of prejudice rather than how closely connected they felt to American culture or their English language proficiency. This highlights the importance of considering the societal context and the presence of issues such as discrimination, and expectations of immigrant professionals by host societies, beyond considering therapist's ability or cultural characteristics.

Minority therapists may also face negative perceptions or assumptions, particular expectations, or even rejection from their own or similar minority group members. Lee (2004), for example, described feelings of being "culturally and psychologically homeless" (pp. 93) as an American born Chinese – on one hand, he is derogatively considered by

Chinese relatives as "jooksing" yet he is also seen as different or excluded by white clients. Sharma (2004), who identifies as an Asian Indian, writes of her experiences in her clinical training where she realised despite her own belief that she was fully assimilated into the USA, people still viewed her as a member of an ethnic minority. She also described her feelings of self-consciousness around an Indian instructor due to the expectations she perceived the instructor to have based on their shared ethnicity.

Ethnic minority therapists may encounter challenges in their profession that are typically experienced by minorities more generally such as personal and professional isolation, and the marginalisation of cultural and diversity issues (Yoshida, 2013). In Tinsley-Jones' (2001) study, psychologists of colour stressed the need to redefine psychological theories to become more inclusive, the importance of studying ethnic minorities' resilience and re-evaluating narrow views of what counts as acceptable research methods, along with naming and challenging racism and racist ideology. In Wieling and Rastogi (2004)'s survey, therapists of colour identified a variety of concerns regarding the inadequacy of training on multicultural issues, lack of sensitivity to multicultural issues in the profession, need to increase knowledge of different cultures, general lack of diversity from therapists, mentors and role models as well as experiences of isolation at practicum. Some participants suggested the need for the field to develop a multicultural knowledge base including research on how current approaches work or fail with minority populations and develop appropriate models for working clinically with minority populations. They also called for increased research on cross-cultural communication as well as research on racism and internalised racism.

### *2.3.2 Fitting In: Expectations of Acculturation, Adaptation to Western Norms and Evolving Identities*

One further challenge likely to be faced by Asian therapists, especially those who are also migrants, involves responding to psychological theories and models of therapy developed in monocultural Western contexts. Christodoulidi (2010) studied therapists with experience practising in a foreign country. One theme of the study described by research participants concerned the dominance of Western ways of thinking within therapy. A study of Southeast Asian counselling psychologists trained in the USA and practising in their own countries or in the states similarly noted their struggles with the individualistic focus in North American counselling psychology on self advancement over the needs of others (Duan et al., 2011).

There seems to be pressure within some professional training programmes to adopt American or Western values and ways. For example, Interiano and Lim's (2018) study, based on immigrant and international students studying counselling in the States, found the invisible presence of European American norms in counselling education created significant dilemmas for their students. They felt that to succeed and to survive professionally they had to adopt dominant values such as individualism and emphases on autonomy, self-actualisation and assertiveness. It became a challenge to maintain both their cultural and their professional identity, and led to feelings of grief about the potential loss of identity and a sense that it might prove impossible to maintain their heritage culture. This acculturation stress lessened over time and when there was support, however experiences of discrimination or tension between their country of origin and America appeared to influence their experience. Interiano and Lim also note that residency status may have helped some participants with these dilemmas. Acculturation to a new culture is a lengthy process that often involves ongoing negotiation. One study in

America note that immigrant therapists initially experienced feelings of loss and then, over periods of years to a decade, adopted a more open approach to the host culture, and then over two decades, became more comfortable and flexible having developed bicultural identities (Isaacson, 2001 as cited in K. Kissil, Niño, & Davey, 2013). Turkish immigrant therapist Akyil (2011), reflecting on the transitions in her professional life, notes that although she still maintains some of the values of her country of origin, over her time training and living in the United States, she has also adopted Western values or 'lenses'.

It seems likely that many therapists from ethnic minority backgrounds especially those who are also migrants will be engaged in complex negotiations of their cultural and professional identities. They may develop bicultural or hybrid identities in order to move across multicultural contexts, or even compartmentalise their identity in order to be able to manage their professional lives. In some studies, therapists have described developing a "chameleonic" identity, adopting the practices and values of both cultures (Interiano & Lim, 2018; Shah, 2010). Shah (2010) explored the experiences of Black and Minority Ethnic (BME) trainee clinical psychologists in the British context. This study found that while versatility and the ability to negotiate different value systems and cultures was valued, trainees' accounts also showed that cultural identity was subjugated or rendered invisible compared to their professional identity. Participants highlighted the emotional burdens involved, due to what Shah summarised as dilemmas involving the visibility and permanence of being different and the challenges of not being white and having to negotiate multiple cultural systems.

Wieling and Rastogi (2004), in a survey conducted in the USA, found nearly two thirds of their sample of therapists described a profound impact of their cultural heritage

on their sense of self along with a sense of pride in their culture. The process, then, of developing a professional identity which might be orthogonal to this sense of self must be considered. Kim (2015) explored East Asian clinicians' experiences of these issues, also in the USA. The clinicians from the 1.5 immigrant generation (born elsewhere, schooled in the USA) described how their immigration experiences and own negotiation between cultures helped them to become more aware of people of diverse backgrounds and to have a deeper sense of empathy and understanding of the universality of human experience. Clinicians who were second generation migrants, on the other hand, spoke of how their experiences increased their respect for their own parents' immigration history. Many of these concerns with the challenges of negotiating new identities and adapting to what can seem a monocultural profession will be relevant perhaps also to the participants in my New Zealand study.

### *2.3.3 Compensatory Strategies and Positive Possibilities*

Alongside – or perhaps in response to – the challenges of racism, marginalisation, adaptation and identity juggling, research with ethnic minority therapists also finds they attribute benefits to their position, ranging from increased personal growth and awareness to developing positive strategies for working with clients as well as opportunities to draw on their strengths when it comes to understanding others' cultural backgrounds. The participants in Iwamasa's (1996) investigation, for example, described the advantages of being more empathetic and sensitive to ethnic identity issues, being able to use the client's first language when sharing the same ethnicity, and clients being more comfortable in the room or seeking them out for their ethnicity. For example, counsellors who can speak more than one language have also noted the positive benefits of this for

clients being able to express and access emotions in their own language and for their awareness of what meanings or emotions may get lost in the process of responding in another language (Costa, 2010). Other research suggests that therapists who are not 'from here' (Kissil et al., 2013) take fewer things for granted, engage in genuine curiosity, listen attentively, become open to the new, respect differences, have the ability to understand life in different contexts, and have increased self- and cultural-awareness (Barreto, 2013; Kissil, Davey, & Davey, 2013). Therapists also benefit from developing a 'meta-perspective' or in other words, an ability to look at cultures from an 'external' standpoint and be aware of the cultural impact on individuals and the therapeutic relationship (Kissil et al., 2013). The therapist's unfamiliarity with local culture and language use can also advance their ability to tolerate anxiety and misunderstandings (Costa, 2010), reduce power inequalities inherent in therapeutic work (Barreto, 2013; Kitron, 1992), and slow the pace of the session down to encourage reflection and clarification of meaning (Georgiadou, 2015).

One study of foreign-born couple and family therapists practising in the USA noted the unique challenges in being different, such as dealing with stereotypes and perceptions of not being clinically competent, and having to work harder or engage in efforts to build rapport with clients through compensatory strategies. But therapists in this study also described using strategies which drew on ethnic similarities and differences to build rapport, for example using language difficulties to invite curiosity or engage in jokes or to show therapist vulnerability. They also felt that due to the challenges they had personally faced they had greater flexibility when trying to understand the clients' preconceptions. The sample of thirteen came from countries across Europe, South America, Western Africa and Asia. I note, however, that only one participant identified as Asian although three were born in Eastern and Southern Asia (Niño, Kissil, & Davey, 2016).

Georgiadou's (2015) study of international counselling trainees in the UK also elicited similar positive points about their difference as a foreigner, for example as a way of finding commonality with non-British clients, allowing clients to feel a sense of anonymity in therapy, and enhancing clients' capacities to become more aware of diverse viewpoints and more pro-active in communicating their thoughts and feelings.

Working with ethnically similar clients can also present unique experiences of process for Asian therapists. Yoshida (2013) interviewed East or Southeast Asian therapists in America about how they work with Asian clients and non-Asian clients of colour. Therapists in this study described having a shared history, trust and connection to ethnically similar clients on an ethnic identity level. These therapists also talked about managing issues of boundaries, countertransference and role clarity with those clients, as well as attending to differences and not just similarities. In terms of conducting therapy with ethnically different Asian clients, the participants highlighted the need for learning about different Asian clients' cultural histories and being aware of clients' responses to their ethenicity. These therapists felt that ethnic differences could be an obstacle as well as opportunity for healing in the therapeutic relationship. Finally, for non-Asian clients of colour, the therapists interviewed also reported both positives and challenges. One positive aspect was the shared commonality with clients of being an outsider. Challenges, on the other hand, concerned dealing with interethnic dynamics, model minority stereotypes and ambivalence from clients or from therapists themselves about Asians as people of colour.

Kim's (2015) study of East Asian clinicians' perspectives on psychotherapy with ethnically similar clients in the USA found they reported having unique insights into the problems East Asian communities face and advantages in being able to process

countertransference phenomena with East Asian clients, developing awareness and knowledge on issues including stigma, building language proficiency, while not making assumptions or overgeneralising. This sample of psychotherapists also emphasised some particular characteristics of their clients: themes around stigma and lack of understanding of Western concepts of mental health treatment, particular expectations of therapists and treatment, the importance of family relationships to the client and these factors to presenting problems and therapy process, lack of buy-in, language/translation issues, and intergenerational/cultural issues including the individuation of a child in the child-parent relationship and migration/acculturation processes.

A further positive possibility is the potential for therapists to creatively develop cultural adaptations of therapies as well as indigenous strategies in Asian countries and being able to apply these in Western or Asian contexts in order to develop new or hybrid approaches to treatment. I now review the few studies on Asian therapists in particular, which are mostly based in the USA. Ito and Maramba (2002) examined Asian American therapists' working in an ethnic-specific service with Asian clients. They found that the therapists made accommodations both to clients and their families' needs, beliefs and expectations of therapy, whether they engaged with the service for cultural, therapeutic or practical reasons. Ito and Maramba found many participants talked about drawing on directive styles, such as coaching or lecturing, or focusing on more practical problem solving rather than rely on insight-based therapies. Participants also discussed examples of their approaches with Asian clients included using personal self-disclosure, doing more psychoeducation about mental health. They also perceived a greater role of the therapist to interpret what clients may not be directly verbalising. Finally, participants' discussion of clients also included themes of interdependence of self in social relationships, for instance viewing clients as more dependent on their relationships with families or

therapists and that their feelings depend on others rather than being internal to the individual. Therapists in Ito and Maramba's study found themselves more at home in these ways of working and interacting, compared to previous experiences of other settings.

One benefit is the opportunity for thinking more creatively about developing therapy strategies that are congruent with Asian cultural worldviews relating to the interdependent rather than independent self-construal, collectivism, and high-low context communication (Hall, Hong, Zane, & Meyer, 2012; Leong & Kalibatseva, 2011). One study, for instance, found that counsellors practising in China reported a variety of strategies for indigenising their practice, for example upholding a position of authority, attending to implicit communication from clients, and integrating traditional healing and rituals (Wu, Huang, Jackson, Su, & Morrow, 2016). In America, Kim-Goh, Choi and Yoon's (2015) study found Asian American or Pacific Islander counsellors reported approaches with Asian American clients such as including families in treatment, therapeutic use of the hierarchical structure in the counsellor-client relationship and describing barriers such as stigma and shame of mental illness, suppression of emotion and language difficulties.

It is important, however, when considering these accounts of positive possibilities to keep a critical perspective. The failure, for instance, to find strong evidence for the benefits of ethnic matching discussed earlier suggests that a nuanced and relative approach acknowledging the complexities of the therapy process is needed. It is also important to stress the heterogeneity of Asian cultures and the layering of identity through migration and globalisation, avoiding caricatures of cultural difference and over-generalisation. The dilemma of developing new approaches, of course, is that there is not a one size fits all approach to culture and cultural practices. Instead, the focus is on the

therapist to flexibly draw on practices in different contexts. In their discussion of the use of cultural knowledge and culture-specific techniques in therapy Sue and Zane (1987) give the example that recommendations simply to be culturally sensitive are not helpful, instead suggesting that applying cultural knowledge, such as being directive and structured with Asian clients, may be considered distal to the goal of improving client outcomes. As Dewell and Owen (2015) notes, "competent practice likely does not involve the assumption that a particular set of therapeutic approaches (e.g. directive) will be helpful simply because of a client's race/ethnicity" (pp. 85). Lastly, it is important to be cautious as the focus of the study is on the therapists' accounts and that what may be salient for therapists and their perceived approaches to culture may be different to what clients perceive as most salient about their approaches to culture.

## 3. Conclusion

Tseng (2004, pp. 159) astutely observes that "all psychotherapy is intercultural," a quote that not only signals the presence of culture defined in the broadest possible sense in all psychotherapy but also speaks to the complexity of the therapeutic encounter between the therapist and client and their particular contexts. In New Zealand, Asian therapists navigate a tricky cultural terrain, negotiating the issues of biculturalism, colonisation and inequities evident in the indigenous-settler relationship, while also as a group, making sense of issues like discrimination, marginalisation and fitting in as minorities to a Pākehā/bicultural society. To date there has been no previous study on the experiences of Asian psychologists in New Zealand and it is not known how they view issues of culture and and how ethnic differences play out in their working lives and in their practice with clients. Thus, I chose to conduct a piece of qualitative, critical and exploratory work, based on the research questions I outlined in the Introduction.

Examining ethnic minority therapists' accounts, as situated in a specific context and from a critical perspective, might contributes to a more nuanced understanding of cultural competence in practice. My review of literature suggests that instantiating cultural competence in the clinical context is a highly complicated challenge,and there is an argument for beginning with a more open-ended exploration rather than reducing the complexities to a few variables.

# CHAPTER TWO: THEORETICAL BACKGROUND TO THE RESEARCH AND METHODOLOGY

I start with describing some key aspects of the theoretical background to my study and then move on to my methodological choices, explaining in detail the sample and the procedures I followed.

## 1. Some Theoretical Commitments

### 1.1 A Non-Essentialist and Dialogical Approach to Culture and Ethnicity

In recent years there has been much discussion of concepts of culture and ethnicity and critique of essentialist perspectives and these issues are central to this investigation. As Bottomley (1992) notes, ethnic categories often become conflated with notions of culture assuming a simple symmetry. The risk here is the homogenising of heterogenous people (Ndlovu-Gatsheni, 2012), and the reification of differences (Bottomley, 1992; Narayan, 1998). Morris, Chiu and Li (2015) advocate instead taking a more 'polycultural' psychological approach which views the individual's relationships with culture as plural and dynamic rather than determined by ethnic categorisations and this type of approach has guided this project. Brubaker (2002), similarly, argues against what he calls groupism or the assumption that ethnic and cultural groups can be treated as internally bounded entities. He suggests instead that we need to study dynamic group-making events and processes, such as cognitive or discursive frames, cultural idioms, institutional activities and political projects. In his view ethnicisation, racialisation and nationalisation are outcomes of political, social and psychological processes rather than descriptions of natural features of human life. As Berg and Signona (2013) argue, this kind of approach

places more emphasis, too, on the relational scenes of social life which organise group categorisations.

These emphases on relationality, dynamic plurality and the contingent process of categorisation are particularly important when the research participants are migrants and also in the transnational and globalised times in which we live. Migrants often have to negotiate multiple, often contradictory identities while moving across increasingly globalised and changing transnational and cultural contexts (Bhatia & Ram, 2004). In this respect, I view acculturation as a dynamic and situated process (Howarth, Wagner, Magnusson, & Sammut, 2013) involving an ongoing negotiation of the multiple positions and voices of the self (Bhatia & Ram, 2004). Further complexity accrues as we begin to consider the interactions and intersections with other relevant identity markers such as religion, gender, family, political orientation and position in economic and social hierarchies (Ozer, Bertelsen, Singla, & Schwartz, 2017), although, unfortunately, the relatively small sample in my study entails that I will not be able to do justice to these intersections. The main focus will be on ethnicity and cultural affiliations.

My adoption of a dialogical approach to the negotiation of self, culture and identity is a further central plank in this research project. A dialogical approach does not see the self or identity as singular but as plural and multi-voiced, often including a number of 'I-positions' and 'other-positions' in interaction with the other (Aveling, Gillespie, & Cornish, 2015). This perspective argues that identity is relational. Defining the 'self,' or positioning an 'I,' typically involves defining the selves and identities of others (Wetherell, 2010). Overall in this project I view identity as contradictory, fleeting, incoherent, fragmented rather than necessarily coherent and consistent, static and homogeneous (Wetherell, 2010). In line with this dialogical thinking, my aim is to attend to the range of identities in play for my participants in their working lives rather than, for

example, trying to find one constant and consistent formulation of each participant's professional and cultural identity.

## 1.2 A Critical Qualitative and Social Constructionist Approach

For all the reasons just described I chose to conduct an interview based qualitative study. Qualitative research is more attentive to the nuances of language and meaning, and supports a bottom-up approach for building theory through the lens of minority therapists. It fits with my emphasis on attending to the complexity of diverse background and experiences of Asian therapists as well as to the situational complexity of cultural competence which I highlighted in my review of the last chapter. Equally, I adopt a critical social constructionist epistemological position. A social constructionist epistemology is particularly appropriate when questions of culture, ethnicity and identity are the focus. This assumes that people's experiences do not directly reflect objective, physical reality but are mediated by historical, cultural and linguistic constructions (Willig, 2001). A social constructionist approach is concerned with socio-politico-historical constructions of culture, race and ethnicity and is open to, and expects, inconsistencies, contradictions and tensions in people's positions and views. My goal is to understand my participants' accounts and to consider the implications of what they have to say rather than test the verity of their accounts.

A critical standpoint does rather more than give voice to participants from marginalised groups. It also encourages "critically appreciating" privileged groups and their positions and relations with the more marginalised (Schwalbe, 1996 as cited in Stein & Mankowski, 2004). A critical analytical approach considers the way in which discourses may broadly reflect issues of power relations in a particular society. As

Fairclough (2001) argues: “hegemonies are sustained ideologically, in the ‘common sense’ assumptions of everyday life” (pp. 232). The effects of power on social group relations, societal hierarchical structures and social processes including economic and class structures can be considered in the analysis, including how these play out in the research process (McDowell & Fang, 2007; Nylund, Msw, & Nylund, 2006). It is especially important to take a critical approach in a research project on the experiences of ethnic minorities in a multicultural society. A critical approach to multiculturalism involves exploring the degree of acceptance of difference and diversity, and considering the privileging of some cultural knowledges and traditions (McDowell & Fang, 2007). Nylund (2006) argues that such research needs to be sensitive to different histories, culture, language and values and not treat these in essentialist or reifying ways. We need to critique race and ethnicity as sociohistorical constructs while also making their effects visible.

### 1.3 A Reflexive Approach

Reflexivity involves attention to the back and forth of one’s experience and continuous awareness (Finlay, 2002). It is a methodological tool in the research process for questioning one’s own interpretations (Pillow, 2003). This includes thinking about the positions, subjectivities and power I bring to the practice of doing research (Arzubiaga, Artiles, King, & Harris-Murri, 2008). Positionality is another important concept. Traditionally the researcher’s position, such as their ethnic identity, has been discussed in relation to whether one is an insider or outsider in relation to the group being studied. This dichotomous view has been challenged as simplistic, however (Chavez, 2008; Dwyer & Buckle, 2009; Nowicka & Ryan, 2015; Wray & Bartholomew, 2010). One

concern is that it essentialises and reifies ethnicity and culture as categorical, static and fixed (Carter, 2004; Wray & Bartholomew, 2010). At the same time, it ignores the link to other social identities (Carter, 2004). For example, culture, ethnicity, language, national identity, religion, generation, and class, all contribute to the complexity of the dynamics between the researcher and the participant. Thus, I regard the identities of both researcher and participants as fragmented, polyvocal and occupying multiple, shifting, and dynamic positions. The researcher may have multiple shared identities with the participant as a full insider, or share only a single or few identities as a partial insider, or not share any identities and remain a full outsider. The 'insiderness' of a researcher in relation to the participant may fall on continuums with multiple axes. (Chavez, 2008). Given these possibilities, the dynamics between the researcher and participant will be multilayered (Egharevba, 2001).

In terms of my own personal history and identifications, I identify as a Hong Kong Chinese New Zealander, and I migrated to New Zealand as a young child. Culturally, my schooling has been in New Zealand and I am fluent in English with a moderate level of Cantonese and Mandarin. My participants varied in their Asian ethnicities and thus I was aware of the need for constant reflection on similarities and differences, since some participants seemed much more culturally familiar while the backgrounds of others were much more divergent. While I am in a position of power as a researcher, I also acknowledge that as a clinical psychology trainee I possess much less clinical experience than my participants as well as much less experience of different professional settings. I seek to not just gather, understand and discuss my participants' accounts of their working lives as therapists but also to learn from them.

### 1.4 A Key Informant Approach

In effect, I regard the therapists participating in this investigation as more like key informants. Key informants are expert sources of information or experts in an area, consulting them in a research project, usually at the initial stage, can be considered time saving (Marshall, 1996). In this case, I regarded my participants as expert clinicians, and experts too in working with culturally diverse clients. The questions I posed engaged this expertise. However, I saw my research as more than an initial consultation with experts preparatory to a main study, or as a summary report of their knowledge. My research also aims to add other dimensions and to place their accounts in a broader social research context. My focus on the social construction of identity, clinical psychology and culture is what I brought to the analysis of their interviews. I also saw the interviews as a moment for my participants to be able to reflect on aspects of their working lives that they may not routinely consider or articulate. My approach leaves open the possibility of presenting less developed, more open-ended ruminations rather than, for example, the kind of polished, evidence-based testimony one might find in a courtroom or a policy submission. While key informants may assist in areas of knowledge about cultures for which the researcher is unfamiliar, Arzubiaga and colleagues (2008) note that the concept of key informants may assume an idea of culture as cohesive and homogenous and that was not my attention in this investigation. My aim was to recognise my participants' expertise and discuss the import of their working assumptions.

# 2. Methodology

## 2.1 Recruitment

An advertisement (Appendix A), asking for volunteers for a study on Asian mental health professionals' experiences and perspectives on working in the profession and working with cultures similar and different to their own, were placed in the email newsletters of the New Zealand Psychological Society and also distributed by email to the members on the mailing list of the New Zealand College of Clinical Psychologists. I also sent the advertisement through the electronic mailing list of an Asian Mental Health and Addictions Staff network. This group has a physical presence based in South Auckland but those included in the electronic mailing list reflect a network of Asian professionals less limited by geographical distance. I also distributed advertisements for the study in an Asian health forum event. These recruiting methods enabled information about the study to be passed on by word of mouth, hard copy fliers and circulated by email. Potential volunteers were asked to approach myself, the researcher, directly if they were interested. I then sent them by e-mail an information pack including a consent form and a Participant Information Sheet (Appendix B) with a request to organise an interview. In New Zealand, the usage of the term "Asian" can vary depending on context. It may mean East and Southeast Asians in media and popular discourse as a racialised term. In health and statistics, however, the term more broadly includes people from countries in East, South and Southeast Asia, but excluding countries from Central Asia and Middle East (Rasanathan et al., 2006). In the advert and participant information sheet, I did not state a specific criteria for "Asian" but left it open-ended for people to culturally self-identify. Compensation in the form of an option of grocery or petrol vouchers was given to participants at the interview or sent by post.

## 2.2 Ethical Issues

Ethical approval of the study was obtained from the University of Auckland Human Participants Ethics Committee. One delicate ethical issue was preserving the anonymity of participants given the small pool of mental health professionals with an Asian background and particularly to reduce the risk of potential harm to their professional reputation or in relation to their workplaces. Participants were informed of who may have access to their information (limited to the researcher, doctoral thesis supervisor and two professional transcribers who have signed a confidentiality agreement).

Demographical data was collected separately from the transcript and used only for describing the sample as a whole. Participants were sent a copy of the transcript to review under a pseudonym. I also ensured identifying details were removed from the transcript and consulted with participants by email if I had any concerns.

## 2.3 Sample Demographics

In total, fifteen participants were interviewed, including one who later withdrew from the study. The characteristics of the fourteen participants in the sample are broadly summarised in Table 1. This Table has been compiled using a brief half-page demographic questionnaire completed by the participant at the beginning of the interview, asking about age, gender, cultural affiliations, migration history and professional background (Appendix C). Note that in the Table below, participants have not been identifed by their pseudonyms. Rather it gives a general summary of the sample demographics to further minimise the possibility that a participant might become identifiable despite being given a pseudonym.

All the participants excepting one were born outside of New Zealand. Participants ranged quite widely in years in the profession, countries lived and worked (or migration history), years in New Zealand, country (or countries) of training and ethnic identity. All participants but one were registered psychologists. Approximately two-thirds identified as female. The majority had spent at least five years or more in New Zealand and the majority migrated as adults (some had multiple migration histories not recorded here). Just over half lived in Auckland (New Zealand's largest city).

The participants were also asked on the demographic questionnaire under the heading 'Cultural Identity' how they identified themselves. It was left up to them to decide what affliations they wished to mention. The majority responded with ethnic identities although one participant also mentioned their religion and some noted their national or citizenship identities which may or may not also count as cultural affiliations. Table One first reports the numbers mentioning just one single affiliation and the numbers describing multiple or hybrid identities. About half the sample referred to just one identity and half referred to multiple identities. The most common single identities were Indian and Chinese. The next item in Table One then summarises all the identities mentioned, whether single or as part of a multiple list. The complexity of Asian heritage in New Zealand is clear and the range including very different Asian countries of origin (Japan, China, India, Sri Lanka) and mixed nationality affiliations (e.g. American and New Zealand), some of which are also meaningful cultural affiliations as well as places of residence. I did not aim for too much precision in recording the details of people's ethnic or national identifications or their training histories. In part, this is because identity is not precise, but also in some cases too much detail on hybrid identities and career patterns might make a participant identifiable to readers given the small number of Asian minority therapists working in New Zealand.

Table 1.

*Summary of sample demographics (n=14)*

| Demographical Information | Number of participants |
|---|---|
| Gender *(n=14)* | |
| Female | 10 |
| Male | 4 |
| Self Described Cultural Affiliations *(n=14)* | |
| Did not specify an identity | 1 |
| Single identity reported | 8 |
| Multiple or hybrid identities reported | 5 |
| Self Described Cultural Affiliations (*multiple or hybrid identities are coded more than once)* | |
| Indian | 7 |
| New Zealander | 3 |
| American | 2 |
| Chinese | 3 |
| Japanese | 1 |
| Sri Lankan | 1 |
| Muslim | 1 |
| Years in New Zealand *(n=14)* | |
| 0-2 years | 1 |
| 2-5 years | 1 |
| 5-10 years | 5 |
| 10-20 years | 4 |
| 20+ years | 3 |

| | |
|---|---|
| Age of Migration to New Zealand *(n=14)* | |
| New Zealand born | 1 |
| Migrated as children or adolescence up to 18 years | 2 |
| Migrated as adult over 18 years | 11 |
| Country completed tertiary level psychology training (*training in multiple countries coded more than once)* | |
| New Zealand | 7 |
| India | 8 |
| America | 2 |
| Geographical Region *(n=14)* | |
| Auckland | 8 |
| Waikato | 2 |
| Bay of Plenty | 1 |
| Canterbury | 1 |
| Otago | 2 |
| Age Range *(n=14)* | |
| 20-30 | 1 |
| 30-35 | 4 |
| 36-49 | 3 |
| 50+ | 6 |
| Profession/Areas *(multiple scopes coded more than once)* | |
| Registered Psychologist | |
| Clinical scope | 8 |
| Counselling scope | 1 |
| General scope | 3 |
| Health psychology (part of general scope) | 2 |
| Not registered but working in applied psychology | 1 |

## 2.4 Data Collection

Data collection consisted of semi-structured individual interviews lasting approximately an hour to an hour and a half hour long. Face-to-face interviews took place either at the university or at an alternative venue suggested by the participants which ranged from the participants' home, the participant's workplace, a public outdoor venue, and, in one case, at my home. Due to travel constraints, four interviews were also conducted through Skype and phone. Audio recording equipment or software was used to record the interviews, including Skype interviews.

A schedule (Appendix D) consisting of topics to cover, and prompts, was developed for use during the interviews. The interview covered five broad areas: a) experiences of the profession and psychology workplaces, b) experiences of training and supports, c) working with clients from one's own culture and from different cultures, d) views on culture and psychology more generally, and e) experiences of working in New Zealand. In line with the more open-ended nature of the research, questions were not always asked using the same words or in the same order. I also checked that there was nothing further the participant wanted to add from time to time by sometimes asking the same questions again, but worded in different ways. I tried also to check out my understanding by summarising the point I thought was being made. This semi-structured style meant that a more natural, conversational back and forth ensued.

Interviews were transcribed verbatim either by myself or a professional transcribing service who had signed a confidentiality agreement (Appendix E). Transcripts were sent to the participant and they were given an opportunity to review or make changes. If I had any concerns about any potentially identifying information in the transcript I mentioned this either at the end of the interview or when I returned the transcript and asked how they

would like me to handle this. Less than one third sent back changes mostly relating to removing identifying information or proof reading with only one participant requesting more substantial removal of details about organisations, universities and clients. One participant also withdrew at this point.

I also consulted the participants on an appropriate pseudonym to use. As all but one did not have any preferences for their pseudonyms, as a starting point, I chose ones that matched the participant's own naming practice and the culture and language of the given name that they had used with me (in New Zealand, Chinese names, for example, are sometimes anglicised or new English names chosen to ease interactions with English speakers). I included my suggested pseudonym in an e-mail along with an invitation to choose an alternative name that better reflected their identity or origin if they wished.

The study was primarily conducted in the English language, which is the most commonly spoken language in New Zealand. To open up space for reflecting cross-linguistically, and therefore potentially cross-culturally, participants were encouraged to refer to words in their own language or languages if they felt it appropriate and explain the meaning of these words. Where words not commonly used in the English language were referred to by participants and not explained in the interview, translations in brackets were included in the transcript sent back to participants for checking and approval.

### 2.5 Data Analysis

The data were analysed using thematic analysis, a theoretically flexible method of looking for patterns of meaning in qualitative data. I took the position that the researcher

does not naively "give voice" (Braun & Clarke, 2006) to the data. Rather than being a process of objective discovery, the researcher, through their decisions in selecting and interpreting the data, is also actively constructing their sense of the main patterns (Braun & Clarke, 2006, 2016).

As part of the process for generating themes, the data were initially coded through handwritten annotation and then later using NVivo software for efficiency. A roughly one page written summary of key ideas was developed for each participant. The themes discussed in the following chapters were developed through examining patterns for both individuals and the broader sample in a back-and-forth manner. These themes were reviewed and checked against the transcripts. As previously noted, in common with discursive approaches, I assume people's accounts draw on the broader discourses available to them, and reflect "underlying systems of meaning" (Taylor & Ussher, 2001, pp. 297) which influence participants' repertoire of responses. The themes discussed in the following chapters, therefore, can be seen in these terms.

# CHAPTER THREE: WORKING LIVES: THE ACCOUNTS OF ASIAN ETHNIC MINORITY THERAPISTS IN NEW ZEALAND

Asian ethnic minority therapists, both immigrants and New Zealand born, work in a wide range of contexts but overall their activity takes place in a society where Pākehā New Zealanders remain the dominant majority group. What do participants have to say about their work experiences as members of ethnic minority groups? What do they report about social relations in the workplace and describe as the positive and negative features of their working lives? How do they come to terms with adjusting to the different cultural contexts of New Zealand? I start firstly with what participants report as having helped their experiences of work in New Zealand, followed by accounts of more potentially troubled situations and dilemmas. It is important to note that given the small sample size and wide diversity of backgrounds and experiences I am not making claims about the experiences of specific cultural groups, rather I am highlighting broader themes for those who share a minority, Asian identity. I am also not claiming these findings are generalisable to all Asian therapists. These discussions occurred in a flexible, semi-structured interview context and thus constitute an in-depth snapshot for this sample at a particular period of time rather than a systematic survey.

## 1. What Helps Their Work: Participants' Accounts of Personal Resilience and Individual Supports

For the majority of participants, particularly if they were recent migrants, accounts of aspects of their experiences in the workplace concerned their own personal qualities and sources of personal resilience along with practical support received from individual co-workers. These emphases on the personal and the individual may reflect few

expectations that the host society and workplaces would accommodate specifically to Asian or immigrant therapists and their cultural needs - the responsibility was placed on the Asian therapist to adapt and construct a positive environment.

### 1.1 Personal Resilience and Strengths

Participants described past experiences of cultural diversity in their country of origin or acquired from living in multiple countries alongside sources of personal resilience such as personal qualities, strengths, values and even faith, as having helped them to adjust to working in the New Zealand cultural context, as in Extracts One and Two below.

Extract One

Radhika: I am very grateful about the awareness it has brought out about other cultures. I think that […] when I came here I kind of felt like I was grateful for my experiences in India, because India is so multicultural and so you automatically learn to accept and automatically make the effort to try and learn about people's different cultures. It's easier in a way to do that.

Extract Two

Charlotte: The place where I did my training from, we actually had to cater to clients from different regions of India. So even within India there is a lot of cultural diversity as well, the languages that they would speak and the traditions that they would follow as well. So we are already exposed to that. So we are mindful to different cultures as well from the start.

Some emphasised qualities such as being adaptable and being willing to observe, learn and ask questions. In Extract Three, Raj notes these skills, particularly highlighting the similarities between his culture and Māori culture.

Extract Three

Raj: I adapted quite quickly and I think I observe people quite well. So say, for example, working with Māori was much easier for me, they're much closer to my own culture. And then, because work, you know, my colleagues were all Pākehā so they, learning from them, you know, going to their homes, talking to them, talking about their family, that oriented me to that cultural makeup for the, say, mainstream New Zealander.

A few participants brought up values or affirmations acquired through their particular personal faith or from their families. In Extract Four, Reya emphasises that her

cultural values and identity ground her wherever she goes and through the places she travels.

Extract Four

Reya: My mum was quite straightforward. She said look, those are [host country the participant has previously lived in but was not originally from] values but you are not [ethnicity of previous host country]. We are going back to Sri Lanka one day, these are your values, this is who you are, and that was it. (laugh) So I think that helped a lot. It grounded me. Whatever happens, I am this. There was no, oh I can pick and choose this or that. I didn't have to worry about that.

**1.2 Supportive Others**

In their accounts of workplace adjustment, some participants identified support from specific individuals such as a colleague, professor, or manager around practical issues such as help with finding work, dealing with administration, case reallocation and understanding New Zealand culture. In Extract Five, Charlotte speaks positively of the welcome she received because of what she could offer as a psychologist.

Extract Five

Charlotte: Relationships with colleagues, they have been really warm and they have been extremely welcoming as well and probably that was the reason why I have had quite a positive transition from India to here because my team members were extremely receptive to having a psychologist, also because they didn't have a psychologist for a very long period of time so they were quite looking forward to having a psychologist on board.

In general, participants did not tend to bring up examples of institutional or organised forms of support in the workplace for their cultural identity or in terms of the adjustment to working in New Zealand and many did not regard this as impacting their work. Extract Six illustrates some of the practical challenges and an example of individualistic support.

Extract Six

Aalia: And then one of the Kiwi psychologists who was a bit friendly and was a bit annoyed that I had been somewhere, she was very good, sweet to me. She said "where is your receipt?" I said, "it is at home." "Come back and fill in the form and ask for reimbursement." And I said, "are we supposed to?" "Yeah." "They are supposed to give it. They have already given it to this lady. Why can't they give it to you? Because you have never tried." If I don't know… so yes, I went to a couple of those things. And then when she became friendly, I said "what is the salary" and she said "this is a range. So

they have negotiated with you from the lower part. But there is a higher part as well." So these things, initially I had, but now it's fine. Now I know.

Raj's experience of being supported and mentored by an organization in Extract Seven was one exception, which he attributes to working in a Non-Governmental Organisation (NGO).

Extract Seven

Raj: When I was a support worker, it was more about the training, orientations, and you know, I was just keeping my mind open and listening. A lot of it was about the culture and you know, because NGO sector places huge emphasis on cultural issues. And so that gave my, oriented my mind towards it. And maybe I would, might have missed it if I was a psychologist and didn't get oriented that way. And doing Treaty training was important. You know, I was put through a few days of Treaty training by my NGO and they had a separate department, Māori mental health. So that sort of was a good learning ground for me, yeah.

[…]

For me I think journey was good because I was lucky I got a – the organisation I worked for, you know, my manager, her manager, CEO, they were quite, like, mentoring me and they knew I'm new here. […] I knew I needed to register as a psychologist, so they sort of facilitated a lot of that,

and mentored me. Ok, go and do this training. Go, you know, work with Māori services, go and do this, you need to learn that a bit more. I think that sort of nurturing, mentoring, sort of supported me to be where I am.

Raj's description of being "lucky" might suggest that such support is not expected or usual. In Extract Eight, Ami emphasises her positive experiences with clients whom she emphasises as “kind.”

Extract Eight

Ami: However I also found many clients, vulnerable clients, they can be really actually kind. I have heard from many clients, many clients told me for example my specialist didn’t hear what I was trying to say. My orthopaedic specialist is not interested in my pain. Nobody's interested. And if I listened, even if my English is not good with an accent, clients realise if I was really listening then in the end it’s not really the language. So you can still have good relationships with many clients regardless of the language. I hear from my clients, even same Kiwi, same native English speaking people but they still have some issues. So that's that. And yeah, so at times, it hurts personally [when she comes across clients who takes issue with her language] (laugh) but I take it

Several points emerge, then, from these participants’ more positive accounts of migrating and working in New Zealand. First, support appears to be mostly quite practical,

reliant on the good will of individuals, not connected to institutions themselves, and, second, perhaps as a result, participants stress their personal resources and strengths which lead to positive outcomes. Certainly, it would seem future discussions within the profession around developing flexible, supportive and culturally nuanced workplaces need to consider to what more systemic and institutional forms of support might offer.

## 2. Difficult Experiences: Participants' Accounts of Dilemmas and Troubled Encounters

I now examine the sample's accounts of more troubled situations where ethnic difference affected encounters with clients, other professionals, and in the workplace. This section of the chapter summarises the challenges participants reported in relation to three main areas: (i) negative experiences perceived as related to race or racism, (ii) issues of marginalisation and minority identity, and (iii) challenges of acculturation and adjustment to the New Zealand workplace. Then, in the final section of the chapter, I go on to describe participants' strategies for navigating these difficult experiences.

### 2.1 Challenge One: Making Sense of Race and Racism

In total, about half of the participants reported troubled encounters or situations due to ethnic or racial difference in the work context, including witnessing racism towards others. About one third of the sample reported direct negative experiences where ethnic difference was perceived as salient or at least a possible factor. The experiences brought up by participants were varied, and included overt negative comments as well as more ambiguous, indirect or even inadvertent examples. Some examples of more subtle interactions included eye rolling, discussions of Asian immigration in the workplace or in

media, and negative comments made about an ethnic group without realising the participant had connections to that ethnic group. In general, participants' accounts illustrated the difficulty and sensitivity in asserting claims of racism. Most accounts of negative encounters, therefore, as the examples below demonstrate, were qualified in some way as, for example, not personal, minor, joking, or from people who are also well-meaning. Adnan, in Extract Nine describes racism, for instance, as on a continuum.

Extract Nine

Adnan: I think New Zealand people are very subtle in terms of their racism. I haven't had racist experiences at work. I have had racist experiences when I have gone to the shops or the supermarkets where people are like this is not an Indian shop and things like that. I guess I've had probably two or three experiences so I think it would be unfair to generalise and say people are racist. At work, people I think, people use humour to tell things. So again they use humour to have stereotypical jokes about dairies or being stingy etc. So I think there is a, it's on a continuum. There is a point where it is funny but there is a point when you know they are actually this is in their head and that's what they are saying.

One potential dilemma participants reported was dealing with negative perceptions and stereotypes about Asian cultures in general. Emma, in Extract Ten, gives an example of how hard it can be to grasp the effects when encountering these stereotypes, if one is not seen as a 'typical' member of the ethnic group.

Extract Ten

Emma: Now when people from outside view Indians they clump the two together and that's where I think the stereotype gets formed. Like the fact that Indians are dark skinned, Indians have thick accents. I think Indians do have thick accents, even Indians from back home when they come here some of them do. Indians look a particular way… So for example clients who might sometimes be liking me as a person, go so where are you from. 'From India.' 'Oh, you're from India. Oh…' So (laugh) and it's ... whereas if you think you are from some exotic place like South America, because I can easily get passed along as being South American, not Spanish or something, the way they approach you is slightly different.

Int: So the attitude changed when they thought you were from South America?

Emma: Versus Indian. I am not saying it's a very distinct change but it's like, 'oh, really.'

In Extract Eleven, Reya describes more general attitudes towards difference.

Extract Eleven

Reya: Now I have to say New Zealand is a bit more different. I mean I don't feel any different or anything, but they are not so ... they are not so open to newcomers as much as I think in the States people are. I am not sure whether it is a New Zealand thing or whether it is because where I work,

there are a lot of people from South Africa and a lot of people from England. Kiwi itself I think they can be open, but maybe because they are from other countries I have found some people to be a bit more closed in their network, not that open to new people. But then again, I have never been directly discriminated although I have seen my colleagues be discriminated so yeah. Which is interesting because I never saw the discrimination, I never came across discrimination when I worked in the States or when I studied. But here I have witnessed colleagues being treated differently, or you know, yeah.

Int: How do you describe that discrimination? I guess there can be all different kinds of things.

Reya: Well it was more like you know "hey Colombian come here."

Int: Okay.

Reya: Very disrespectful. I mean yeah she's a nurse. There is another nurse calling her...so that's…. Then about like food, the very pompous arrogant attitude that any other foods that is different, you know, it smells, it stinks, you need to open the window and that kind of attitude. Meanwhile, you know, British food can also be equally smelly. Sardines can be quite smelly, but it's accepted because that is something they eat. So those are two situations that come up in my mind, yeah.

As the extracts from Emma and Reya suggest, it seemed easier to name racism when directed at others or discussed in a more general sense (such as commenting on

society in the abstract) than when directly experienced by oneself. This is especially when the intent and beliefs of others are more uncertain and less accessible. As I note later on in the chapter, other explanations are preferred by participants. Like Reya above, several participants described witnessing acts of discrimination that were not intended to be directed at them or their ethnic group but that influenced them on a personal level or how they felt about their workplaces. This witnessing of racism towards others is a kind of inadvertent and 'invisible' encounter often overlooked in accounts of racism.

In Extract Twelve, Anne describes the difficulties of responding to casual racism from well-meaning colleagues.

Extract Twelve

Anne: I still don't know what to do about them. They're not, they're from people who are well-meaning, good people who I like and respect and then they'll tell a story about, I don't know, nearly running over an Asian man in the park and he didn't hear the bell and then he got, didn't get out of the way and then I fell off my bicycle. And the fact that he's Asian has got nothing to do with this story actually. It's just that trying to, it's a reinforcement of Asian stereotype. Or same happens for Māori stereotypes like you'll hear people say, oh and there was this Māori family and they didn't have enough money for heating […] and it's a story that tells, it's putting Māori in a bad light but actually that, it's not important the person was Māori, if they'd, if you'd said that there was a poverty stricken family, that would've been more appropriate in that particular story. I've had a couple of examples of that recently and I'm still grappling with how to deal with that. I, you know, I don't quite,

especially when it's educated, well-meaning professionals who are not intending to cause offence, in fact would probably be a bit horrified if they thought they were causing offence. I think partly because people forget that I've got a Chinese background, I do hear Chinese stories. I get stories about you know the Asians or the Asian property investors or whatever.

Int: So how do you normally deal with that? I'm, do you-

Anne: Well up till recently I've been remaining, usually remaining quiet about it if I can. But I'm starting to, my conscience is starting to poke me a bit. I'm trying to work out a way of saying something.

[…]

Int: Is that sort of racist assumption or comment something that you've always been aware of, or

Anne: I think I have and I've stayed silent. There's a sort of, a little quiet cringe when you hear it mentioned and I'm not quite sure what to say.

Anne's puzzling over how to speak up rather than staying silent with work colleagues contrasts with Adnan's view in Extract Thirteen below when it comes to clients. Adnan reports adopting what he describes as a "neutral" stance, maintaining a professional focus on the client's problem.This perhaps reflects an expectation that the therapist engages in emotional labour in the therapist-client context to preserve the therapeutic relationship, even in the face of racism, compared to workplace relations with colleagues where racism might be acknowledged.

Extract Thirteen

Int: And any subtle experiences of racism with families and people you have worked with?

Adnan: Yeah I mean some families, "oh yeah an Indian won't understand." I don't think that is subtle. That is quite in your face.

Int: How do you respond to that?

Adnan: I am quite neutral to that. I mean if somebody said that, "you are an Indian, you won't understand," so I say, "what do you think about me being an Indian is that I won't understand? Is there something we can work on that, or is there something else I can help you with in that area, or somebody else can help you with?" Mostly 99% of the time I have not had any racial experiences from families. I think people might have it but they don't show it.

Some participants described negative experiences involving other professionals as well as clients, such as cases where they felt their professional abilities were being challenged or doubted. Emma (Extract Fourteen) and Ami (Extract Fifteen) report two examples.

Extract Fourteen

Emma: And then that's white supremacy. Things have changed a lot over the years, but I think it's still, when you think about it, there is a bit of it still there. For example, yesterday I called up the New Zealand College of Clinical Psychologists. They are supposed to be a little snooty and I know that (laugh), in terms of giving you a thing. I said "instead of me getting it all the way back again, can you have the [Psychologists] Board give you my transcripts for me to become a member." They asked me, "so where are you trained from." I said "I trained in India." This person goes, "oh then we definitely need to look at your transcripts, if it was from America or the UK we might still consider it." I was like, excuse me, you don't have to add that. You can be a little more polished about it.

Extract Fifteen

Ami: Then the physiotherapist, who hadn't even met me before, but only heard from the client. Clients tell you "the physio is no good, the doctor is not good…" They may tell others it's no good, but we don't really tell you that it is really concerning. But the physiotherapist actually reported to the company. [details of the complaint edited out to preserve confidentiality]. I thought, should I take this to the Human Rights Commission. I thought it was seriously racist because the physiotherapist had never met me before, never heard my English. And I thought if my English was so bad, I couldn't have passed the exam. I shouldn't be a registered psychologist. But I passed the exam. I did study. The New Zealand Psychologist's Board, three psychologists came and

examined me, so I thought I shouldn't be so bad. But I really doubted myself. I got really quite depressed for two weeks and got quite resentful as well.

Overall, these examples indicate a diverse range of difficult encounters relating to issues of race and ethnic difference and suggest a number of potential dilemmas for Asian minority therapists. In the final section of the chapter I will explore in more detail participants' strategies for dealing with these negative encounters.

### 2.2 Challenge Two: Marginalisation

Another area concerns issues that arise simply from being a member of a minority group. These processes of marginalisation often seemed for the participants to have the effect of over-emphasising cultural homogeneity, and neglecting individual differences and diversity within cultural groups. About two-thirds noted issues related to a lack of understanding of minority cultures, navigating preconceptions and assumptions around them, or their ethnic group, and the need for better understanding of Asian cultures. Participants stressed the diversity of Asian cultures, challenged assumptions of homogeneity among Fiji Indians and Indians from the sub-continent, for example, and the assumption that there is just one Chinese or Indian culture. Extract Sixteen gives an illustration.

Extract Sixteen

Adnan: I personally find it really hard to actually just look at New Zealanders as just Māori and Pākehā. There is so many cultures going on, persons of Asians, Chinese, Indian… so for me I think it's, the way I try to understand Māori would be very similar to me trying to understand Chinese or Indian culture or whatever it is. And I think the only way people can understand culture is, they need more information around the culture of people or what it is, and that information you can get only by asking. Because most people the common error, common statement Indians get over here is asking, "are you Punjabi?" It's like Punjabi is just a very small state in India on the northern part of India. India is not Punjab. Indian has got 26 different states and we have 26 different languages and thousands of dialects. So I think a lot is just educating people around that. I guess it's when people are more open to understanding that.

Int: Do you think there is a lot of knowledge around Asian cultures among the health professionals?

Adnan: I don't think so. When people say Asian cultures I find it quite hard because India is Asian culture. We always heard ourselves as Asians. And then you come to New Zealand and you are considered as Indian and then others are Asians. I think there is some kind of some understanding but I don't think there is a lot of understanding.

In Extract Seventeen, Reya takes a neutral stance to clients' lack of understanding of her place of origin and attributes this to disinterest. Her account suggests that she does not expect people to be knowledgeable about her culture.

Extract Seventeen

Reya: In my experiences, I mean Sri Lanka means nothing to them. I don't think most of my patients know where Sri Lanka is. Sometimes they've asked me where it is and I kept pointing to this island, you know, south of India and it all means really nothing to them. But the moment I say New York it's like oh gang, what are the gangs like. Can you tell me more about it? Did you know any gang members? Did you know this rapper? Did you know so and so. But it's again from a more interest point of view rather than anything else.

These expectations somewhat exonerate or mitigate New Zealanders' failures to be familiar with and knowledgeable about difference. Andy below extrapolates on the enormity of the task of accommodating to every culture in the world (Extract Eighteen).

Extract Eighteen

Andy: The current workforce of psychology itself is multicultural. Finding the right person to fit the right role is the key because culture is culture. It's too diversified and its diversity is something that we celebrate, and we do not try to cater for every culture in the world. It's like getting one health professional to learn 50 different languages. […] So not necessarily training, but the workforce in itself is already very diversified and to accommodate for cultural differences, these people need to be in the right roles to actually be able to spread the knowledge and, you know, do anything. Because if you look at it this way, and I do look at it this way, culture and cultural practice

is like language. And you try and pick up a new language and everyone knows that picking up a new language after the age of 12 is going to be difficult. It goes the same, culture and cultural values, traditional beliefs and all of that, even practices, they are a set of languages themselves.

On the other hand, Radhika (Extract Nineteen) attributes problems of marginalisation and feelings of inferiority to emphases in her own culture. She notes how assumptions of Western superiority undermine her, turning her into someone who stutters and stammers, increasing her anxiety.

Extract Nineteen

Radhika: When I came here like we all, I think we talked about this quite a bit, and we have all had this feeling that the Western cultures are smarter, you know. So I think that in part, a lot of the feelings of inferiority and self-esteem is, in part, based on that belief and that's how it is in India. If you see someone who is white you are like "oh he's awesome, and he's good looking." It's drummed in your head, certain biases that we are being brought up with as a culture. So things like if you are fair, you are pretty. If you are fair, you are intelligent. You get everything if you are fair. It's a big push. Not that it was so much in our family but usually you hear all that. And so I think a part of it is that, you know. And then that's when you start stuttering and stammering because you are just so nervous and, yeah, you just know that it's not them, it's you, your views

These examples illustrate the pains of marginalisation as differences go unrecognised, home cultures become strange to those around, and the implications of the diversity of Asian societies are neglected in the responses of others and in the workplace.

### 2.3 Challenge Three: Acculturation and Workplace Adjustment

Participants came from diverse backgrounds in terms of country of origin, and their cultural histories also varied with some participants born or trained in New Zealand while others migrated as adults and as already trained professionals. Some had experiences of living in more than one country prior to their experience in New Zealand. As a consequence acculturation experiences varied. In this brief sub-section I focus primarily on the experiences of those who migrated. These experiences varied from descriptions of cultural shock to noting no major problems with the adjustment. Some participants reported that their work with clients was not in itself particularly different, although noting some initial concerns or anxieties about cultural differences. In Extract Twenty, Raj gives an example of an initial anxiety of this kind.

Extract Twenty

Raj: I think beginning it was challenging, like, I remember thinking, my, I don't even know what they eat, or how they cook. Man, that's really horrible now, you know?

Int: I get it, yeah.

Raj: I remember telling my wife, I can't be a psychologist here. I don't even know what people cook in their homes.

Other examples of challenges with acculturation varied from not knowing about New Zealand culture, to lack of familiarity with local colloquialism or accents, to workplace processes such as the emphasis on documentation and use of non-brand medication names, to workplace cultures that reflected egalitarian rather than hierarchical values, and having to make decisions such as not to wear a sari and bindi, or head covering. Radhika reflects on the pains of adjustment in the extract below and her dilemma of how to maintain her cultural allegiances while living in a new situation.

Extract Twenty One

Radhika: A lot of what you, like, I felt the same way because when, say, something happens about my accent, I once made a phone call, some random phone call and this person hung up on me because she couldn't understand me and she actually made it a point to tell me that. And I felt extremely angry. Angry at myself, angry at why I had spoken in such a way, and a lot of it came from feelings of inferiority and feelings of low self-esteem. And the lack of support around you makes it worse, things like that. So I think to be able to think about it and work through it and having that emotional knowledge that it's not you. And I am a strong believer of not having to leave your culture just because you are in another country. I think it's important that I keep my culture. I still have very strong values in terms of

> what I cook, and what I eat, and how I respect my elders and my teachers, it's all still the same. And, for example, we used to call our teachers "Sir" and "Ma'am" back home. We would never call them by name. It's quite disrespectful. I still find it hard to call my supervisors by name. And I don't think that's something I want to give up you know I clearly respect them for whatever they are, so much knowledge. Those kinds of things I still value and I don't want to give it up just because I am in a different country.

Acculturation experiences can be widely varied. However, it would seem useful for workplaces to consider the challenges of adjustment for new migrant staff and how to support new staff to develop a more welcoming and inclusive multicultural workplace.

### 3. Participants' Accounts of Strategies For Navigating Difficult Encounters: Responding Professionally

Having described the kinds of challenges and dilemmas reported by Asian ethnic minority therapists, I now describe five themes summarizing participants' strategies for navigating more difficult experiences. These are (i) normalising, (ii) the framing of problems through a clinical lens, (iii) emphasising therapists' responsibility to negotiate and manage issues, (iv) respecting the client's rights, and (v) processing one's own emotions and perspectives. I suggest that, in general, these strategies involve the minority therapist in considerable emotional labour as they attempt to maintain therapeutic ideals of empathy and a non-judgemental standpoint.

### 3.1 Normalising

Some participants talked about difficult encounters with others in ways that sought to contextualise, normalise and even deflect problems. Extract Twelve, in the previous section, is an example. It shows Anne discussing the comments made by “well-meaning” colleagues in a way that suggests a desire to minimize any ill-intent on their part. In Extract Twenty Two, below, Miriam reports developing a range of strategies to convey an empathetic stance to those she has difficulties with. She carefully avoids describing exactly what is meant by perceptions of India as a “not loved country.” She reframes issues in terms of the others’ anxiety to understand her and notes other circumstances contributing to their attitude not solely related to attitudes towards Indians. She emphasises her other more positive experiences with Europeans, and that those who had preconceptions were "a couple, not many.” Finally, she normalises staff feelings of discomfort about working for her as a superior, describing this as a human trait which occurs in India as well.

Extract Twenty Two

Int: Can you talk about it with colleagues then because I actually hear that quite commonly that sometimes, the challenge isn’t with clients but it’s with the workplace, the colleagues? I suppose it’s been different then with colleagues.

Miriam: Yeah, not everybody of course, but some. When they see a different skin colour and things like that, some of them, not every one of them, some of them are lovely, they accept you from a different country, and some are

like, maybe it's their own anxiety what this person is going to bring and things like that. And so it's hard to understand them and they just say once and if you don't understand then ... the manner they conduct themselves, maybe it is their own anxiety to understand me because I am from a different place. But then as days went by like I became more friendly and I would say the English, "I may make a mistake and what did you say," "if I don't understand, can I ask you again" and things like this. So that made it a bit easier.

[...]

Without judging, I found it's like, it's kind of like there is a kind of… they have their own idea about a particular group of people and so they already have like maybe some notions about Indians and things like that. And so it may be subconsciously playing, Indian, oh kind of like that, not the loved country kind of a thing, you know. So maybe like a couple, not many. There are a lot of lovely European people here and I have still friends with them. Even I have moved from [city removed]. There is one or two like strongly opinionated.

Int: Has your experience of them, is that quite a subtle difference in their attitude or have they said anything to you?

Miriam: No. I think probably like it's more subtle and it just comes across as kind of a rolling of the eyes. Quite subtle. But then like it didn't impact me much. But then even initially, it was like that and there was one person who had a strong idea about the people from India and things like that. And then after some, you know, like months of working in the same place

and I was the [leadership role]. That is another thing, like I took the leadership role when I came and in [area removed] my first job was a leadership role. So they had to report to me and maybe that also might have, I don't know. And so I followed the open door policy for everyone. Anyone could come in. But maybe like one or two found it a bit hard, like someone from India coming, we have to report to that person. It might have been that is the reason. But then also like other Europeans, they were very, very nice, didn't have any problems. I think that is something which I find even in India, yeah it's not only here, like in India also. We have people reporting to somebody, you know, not everybody is comfortable about that. So I think that is basically it is the human traits.

Adnan also considers racist attitudes as universal (Extract Twenty Three).

Extract Twenty Three

Adnan: I think people in India are also extremely racist because India has got 26 different states and people from one state are quite racist to the other state. When Indians come here, they kind of forget that, that people in India can be quite racist among each other. So it is strange because they don't realise as part of, because you always consider yourself to be of the superior state than the other person. I personally think it is everywhere.

### 3.2 Contextualising and Framing Through a Clinical Lens

Another way of making sense of potentially difficult encounters was through applying clinical or individual explanations to make sense of what was happening. Examples include noting the highly distressed or disinhibited nature of clients, the complexity of presentations and diagnoses, or client readiness for therapy, as well as simply differences of individual personality. In Extract Twenty Four, Radhika places her negative experiences in the context of working with a population with mental health issues. Then in Extract Twenty Five she gives an example of working with a client with racist views describing this as a "behavioural experiment" that became part of the therapy.

Extract Twenty Four

Int: Is that something that often happens, that people would make sort of overtly or maybe like covertly racist comments?

Radhika: Yeah, mostly covertly, but it wouldn't happen very often. But the mental health population, it does happen a bit more than normal with the adult mental health population because most of the clients we see are quite disinhibited because of their disorder or something, and so things will come out. But it wouldn't be as bad as turning me down because I was Indian, things like that. That was probably the worst case scenario.

Extract Twenty Five

Int: It sounded like there were some people who just straight out didn't want to see you kind of that was the first bit, but then sometimes people still made their way to you.

Radhika: Oh yeah, there are some people who are on the caseload, but I wouldn't address it, especially if they are really difficult. I had a client who was extremely difficult. Had a borderline personality disorder, eating disorder, OCD and sessions with her were really hard for me because things like she would just walk out of the room in the middle of it, threatening to commit suicide, those kind of very intense sessions. There were points... we had a good working relationship eventually. There were obviously ups and downs. But then her view of Indians was quite racist and she herself, actually we talked about how she used to be very racist towards Indians in the past and how her experience with me has changed her a bit, you know, things like that, and we took it as a behavioural experiment about something that she is capable of doing, of changing her opinion with her experience and with exposure.

This way of framing allows therapists to either ignore or construct challenging or difficult experiences in terms of clinical process, rather than take offence or challenge the racism as the private citizen might feel free to do. This example highlights the kinds of dilemmas involved in the practice of therapy and the need for reflecting on the policies and practices in the profession as a whole when it comes to racism and prejudice.

### 3.3 The Therapist's Role to Anticipate and Manage Issues

In some accounts, participants articulated strategies for working around client's perceptions, pre-empting potential problems or misunderstandings, reflecting on cultural aspects, for example, as part of the initial assessment. These create the expectation that it is the responsibility of therapists to manage potential negative reactions to difference. In Extract Twenty Six, Miriam's response deflects and dismisses the salience of racism, focusing instead on moving past negative preconceptions to establish the client's safety and comfort in the therapeutic relationship.

Extract Twenty Six

Int: Have you had racism or stereotypes, had to deal with racism or stereotypes from clients or things like that?

Miriam: No. Because once the comfort level is reached for the clients, to talk about their mental health issues, then after that, the flow is rather smooth, because then we both focus on what is going to help them and they become the prime importance, which they naturally have to be.

Some participants explicitly brought up with clients their visibly different appearance or accent. In the following extract Ami details her strategies.

Extract Twenty Seven

Int: I am wondering when you work with clients, then does that mean it's an advantage that you say you come from an Asian, Japanese culture? Is that an advantage when it comes to working with clients?

Ami: Um, plus and minus. I just honestly am so visible so they immediately realise that I am Asian, but some clients or many clients may not be able to tell if I am Chinese, Japanese, Korean or other Asian, so I do roughly briefly introduce myself. Then it depends on the clients. I have had a few interesting experiences. When we meet face to face, it's easier for our clients but it's very difficult for many Kiwi clients if I initially talk on the phone because they cannot see me, and just the accent, then sometimes no. I had a few cases, a client immediately presumed, I am Asian, I don't know New Zealand culture, then one clearly said "oh no you don't understand New Zealand culture." Then I text back and I say "I have been living in New Zealand for over 13 years," then the client accepted to meet with me. Then other cases, no. There have been maybe one or two after I contacted with the client, requested to [service removed] to change. Only a few. The majority, usually clients agree to meet, and once they meet, most of them do not have any issues. But a couple, a few cases, even before meeting, you know just realise it's an Asian psychologist, then just decline. I cannot be sure the reason. So plus and minus. Not always an advantage.

Andy describes similar dilemmas he faces as an Asian professional in the New Zealand context (Extract Twenty Eight).

Extract Twenty Eight

Andy: I think one thing about being somebody who is coming from a different cultural background is that when you are working with Kiwi families, the first impression, that really counts. And then the second thing is your accent. If you look Asian but you don't have much of an accent then people are less judgemental about you.

[…]

But my biggest issue with Chinese professionals and as I have said before is that how you develop your first impression in the Kiwi context and how do you get rid of your accent. People lose interest when they can't understand what you are saying and it's the same for Chinese families if you are speaking too fast and they can't understand you and they are doing a comprehension check.

Int: And what about that first one with the context, the first one that you mentioned, the first was the accent.

Andy: The first impression. So first impression I guess would be if you are looking into working with people from a Kiwi background, obviously there is a disease called "Asian Baby Face" and that every time you go in as a professional, you look like you have just dropped out of high school. Yes, so that is where first impression really counts, it is that you know what you are talking about because you already look young anyway, and that is a huge disadvantage in a health professional.

Miriam's approach in Extract Twenty Nine highlights the ways she also actively communicates and tries to pre-empt issues arising from the beginning.

Extract Twenty Nine

Miriam: To be honest I think the clients are so much more better than the colleagues. That is my experience because with clients, I always make it a point to first communicate my limitations. So I would tell them, the European clients, I would tell them that English is my fourth language. And they say, "wow you speak other languages." "Yeah they are all Indian languages and so English is not my first language. And so I might struggle to understand a particular word that you speak, and hope you don't mind asking for clarification. And then for you, my accent may sound different and so please feel free enough to stop me and ask me. Because the thing like coming to meet another person is a very hard thing and it is not easy. And so you have taken a courageous step in coming to meet with me and the time that we spend here should not be wasted and so we need to understand each other and that's where I come in". I would explain that always as the beginning part of my session.

Int: That's an incredibly valuable skill that you have

Miriam: Also when I am speaking, when I am telling them English is not my first language so I may make mistakes. I feel a bit better because I am not starting with "oh I can do everything." And by telling the client, this is my

fourth language, and so, they are kind enough not to judge me and they say, "okay."

One strategy Radhika utilizes is to joke about her accent with her client to lessen the tension of the therapeutic encounter. In Extract Thirty, she discusses further her ways of responding to overt versus covert racism in response to a question about how she deals with a client who is racist.

Extract Thirty

Radhika: Most times I find humour is the best way. So if the client is overtly negatively racist, it would be harder. It would be treated just as any verbal abuse. But if the client has been covertly jokingly racist, I think that could be dealt with humour, and in such a way that you address the situation as well and say it's not appropriate. I think we have a policy that any kind of abuse is not allowed, it is not, you know, not tolerated and so I think racism should be treated equally.

Overall, these accounts pick up one of the unusual features of the clinical workplace compared to other workplaces. Participants saw it as the therapist's responsibility to manage issues of difference when working with clients, and described actively developing strategies to this end.

### 3.4 Respecting the Client's Right to Choice

One point raised by a number of participants centred around the clients' right to choice. These responses gave priority to clients' views and experiences, such as their safety and comfort in the therapeutic relationship, and their rights to disengage from the therapist. In Extract Thirty One, Aalia emphasises the importance of the client's right to feel comfortable with the therapist.

Extract Thirty One

Aalia: I remember one place when I was working with [organisation removed]. One of the mothers came to me. I had approached the school and it was the first day and the child must have gone, I met the child and the child must have gone home, told mum that I met so-and-so. By evening four o'clock, my manager had already got a call to say that my child is intimidated. Please send like any Euro psychologist but not an Asian.

Int: Okay.

Aalia: My manager was British. He laughed at that point. He said, "that will be safe." I will just take away the file from you. Don't mind it. I said "no I'm fine, in fact I should not be." If the person is not comfortable I have no right to be there.

The theme of choice also comes up in Extract Thirty Two when Aalia reports that it is her own decision to not wear her headscarf to work as she does not want to make already stressed clients uncomfortable.

Extract Thirty Two

Int: Absolutely. We didn't talk much about you being Muslim and whether is that something that you also bring to work with you and is it part of...?

Aalia: I don't bring it to work. I do cover my head when I am at home but when I am in my profession I don't, so I just go normally as everything else.

Int: Is there a particular reason why?

Aalia: I don't know. But I feel after that incident [described in Extract Thirty]. I wasn't covering at that time also, still, that incident happened when they said that my son gets intimidated. And I want my clients to be comfortable when they are in therapy and I don't want to bring anything which can stress them out. They are already stressed when they come to you. So it's my own decision to do that.

Aalia emphasises her own agency in prioritising her clients' needs, due to their stress when they come to therapy and that her head covering may be a source of stress for clients. In Extract Thirty Three, Radhika similarly emphasises her respect for a client's request to see a therapist who is white. She also somewhat defuses the situation by noting that other variables like her age and her youthful appearance might be relevant.

Extract Thirty Three

Int: And how about now with your nervousness of working with clients from any culture?

Radhika: It's gone down a lot. I've had a few bad experiences and I think probably that's why I used to be a lot more anxious in the beginning – that I had a potential client turn me down because I was Indian and she insisted on having somebody white, things like that.

Int: So she was European herself?

Radhika: Yeah and so I completely respected that. I gave her the pros and cons of having... she was older, so a lot of times I will also get a lot of comments because I look so young that I might be inexperienced, you know, things like that.

Miriam's response, in Extract Thirty Four, further expands on this philosophy in relation to client well-being.

Extract Thirty Four

Miriam: I did tell them, like every single client, I tell them in addition to my language, I will tell them like, you know, that's my policy that I use, "though we are here together, it doesn't mean that you are compelled to work with me. By the end of this hour you make your decision. You think

you feel comfortable here, is someone I can work with and I am happy to see you. But if you think like I don't feel comfortable, I would welcome you to tell me and I would organise another person."

### 3.5 Processing One's Emotions

A few participants discussed developing a broader and balanced perspective on difficult situations, accepting their own limitations, and not taking difficult encounters personally (for example by attributing a client's racist attitude to the client's own difficulties). These kinds of rationalisations and acceptance strategies place emphasis on the therapist's internal processes and coping. Ami presents one example (Extract Thirty Five) of the work she does on herself to accept.

Extract Thirty Five

Ami: So at times, it hurts personally (laugh) but I take it. I have had some clients who stopped at the Kiwi psychologist's therapy and changed to me. And I also had a few clients who cancelled my sessions and left for another psychologist. But I used to think, what did I do wrong, what didn't I do better, why, but I just stopped that. My supervisor told me whatever happens, the universe helps you. There is no good reason. You were saved. So I just decided not to ask. You cannot please everyone.

In Extract Thirty Six, Radhika also stresses taking situations lightly.

Extract Thirty Six

Radhika: I think the biggest quality would be being able to, um, not internalise everything. I think it's really easy to do that, to immediately attribute everything that is going on to yourself. The other one is communication, to be able to talk about it openly and discuss it, and use humour and things like that to lighten the situation that could potentially be quite laden, you know, emotionally laden and things like that.

These accounts further highlight the kind of emotional labour involved as clinical and therapeutic work with its very particular demands and often tacit requirements and priorities intersects with ethnic minority group membership in a society where negative attitudes to that minority are relatively commonplace.

## 4. Conclusion

Although many of the participants were at pains to minimize the difficulties they faced, the themes presented in this chapter suggest that Asian ethnic minority therapists working in New Zealand do not have an easy or untroubled time. The examples of potentially racist and marginalising reactions from colleagues and clients were sufficiently numerous to suggest an occupational hazard. There was little evidence from participants' accounts that their workplaces dealt with this on anything other than an individual basis. Participants' accounts of what helps them at work demonstrated the expectation falls back on them to utilize their own skills to manage, and in some cases rely on individual colleagues for support, especially, on less racially charged or more

practical matters of the workplace. Institutional supports considering the therapists' particular cultural or migrant background and their challenges appear to be absent. Themes from participants' accounts also highlight discussions of issues related to the therapist's culture and race/ethnicity were either avoided or rendered invisible through broader, markedly neutral lens. One obvious conclusion is that more work is needed at the institutional and professional levels to engage with and formulate on the kinds of issues described in this chapter and the effects of these systems on minority therapists and their cultural identities, and to create more inclusive and welcoming multicultural workplaces.

Intriguingly, what also emerged in this chapter was the ways in which the delivery of therapy and the status of therapist complicates the workplace habitus and the principles normally applied to workplace relations. While racism is clearly something no worker should have to put up with, what happens when the offence comes from a vulnerable client? To what extent is it the therapist's responsibility to develop strategies to deflect negative reactions to their ethnicity? The strong impression gained from the accounts considered in this chapter is that therapists are expected to rise above the considerations other citizens might apply. The personal consequences of this emotional labour need further discussion. At what point does a client's racism cease to become an opportunity for a behavioural experiment and become abusive? It is unlikely that clear rules could ever be formulated but the paradoxes and double binds that arise for Asian ethnic minority therapists as the politics of identity meet the activities of therapy need airing and much wider debate.

# CHAPTER FOUR: DE-EMPHASISING CULTURE: UNIVERSALISM, INDIVIDUAL DIFFERENCES AND COMMON HUMANITY

In the previous chapter, I discussed participants' accounts of their experiences in the work-place, positive and negative relations with colleagues and clients, and the challenges facing the ethnic minority therapist. In their interviews, participants discussed not just relations in the work place but also their broader clinical philosophies and perspectives on delivering therapy. I address their themes around these topics in the following two chapters. What role do ethnicity and cultural background play in participants' work with their clients? Do they see these aspects of identity as important in therapeutic interventions? How do they understand the contribution of culture and difference?

This first, much briefer, chapter will focus on a coherent linked set of themes articulated consistently and in more detail by about a third of the participants only. Interestingly, these responses minimize the importance and relevance of difference and cultural diversity for clinical work. This emphasis is commensurate with the thrust of more biological and behavioural areas of clinical psychology, and with a focus on psychology as a science developing general principles that would apply to everyone. But, as I will also demonstrate, it reflects, too, more humanistic threads in clinical psychology stressing the importance of building relationships, shared life challenges and the possibilities of empathy across difference. For some it also reflects scepticism about the value of cultural difference as a determinant of life trajectories in a world where cultures can be highly heterogeneous and where cultural homogeneity can be over-emphasised. This chapter works through themes highlighting the universality of human psychology and life dilemmas, the primacy of the individual, the determining role of individual

circumstances, and human capacities to connect and share regardless of social and group differences.

## 1. We Are All Human: Connecting Across Cultures

This first section describes a set of three linked themes based on universal principles, common and shared human experiences and the capacity to connect and understand the other person. Participants use these themes to suggest how therapists and clients can build a therapeutic alliance across difference and to suggest some principles and justifications for applying the same kinds of therapies to clients from very different cultural backgrounds.

### 1.1 Psychological Universalism

This theme develops the view that people have essentially the same psychology and thus people's needs, problems and experiences will be universal. It highlights the general applicability of psychological ideas, models or approaches to all. In Extract One, Reya concludes, for example, that underlying symptomatology (such as hearing voices) is universal and culture only affects the superficial manifestation of the symptom.

Extract One

Int: Something I am quite interested in is, when you come into especially something like abnormal psychology, I guess you start sort of thinking about what's normal, what's not normal and that is quite in terms of culture and

what that means. Did you have any sort of challenges at the time in making sense of that?

Reya: Not really, no. I mean, I could see in different cultures, things manifested differently, but at the end of the day, the symptoms were the same. So in a Western culture you might say "I can hear God's voice," whereas in Indian culture, you might hear, you know, Shiva talking. So manifestation may be different but the symptomatology was the same. So I didn't really have too much of a problem with that.

Int: Do you mean that like how it presents as different but what would be the same?

Reya: Yeah how it presents may be different but the root symptoms are the same. So are they hearing voices, yes, human voices, yes? Like yeah.

Int: So you found similarities it sounds like in people in general. Have there been differences say with clients that you've worked with here versus in other countries?

Reya: Not really, no, no, everyone's the same pretty much. When you actually peel off the superficial layers and you get the core, we are all the same at the end of the day. Yeah.

Int: That really interesting because I think sometimes there can be lots of emphasis of differences but less so on sameness, yeah.

Reya: I think that's why you know, most principles of psychology can be applied to anyone in any culture or setting because at the end of, you know, our core values and what we want are more or less the same – most of us, yeah.

Reya relegates cultural difference to a minor role and suggests that psychological principles can be applied to anyone in any culture. While she adds a few qualifiers of "most principles," "most of us" and "more or less" at the end of the extract to soften her claim, her stance is one that emphasises universalism.

In Extract Two, Andy constructs behaviour as a universal concept, applicable across points of difference based on class, ethnicity and nationality, and this sets up the framework for his therapeutic practice.

Extract Two

Int: Did you find when you were studying did it mesh with your own cultural or personal beliefs and did it seem like radically different. I wondered if there was a gap between that you kind of had to bridge when you came into ABA [Applied Behavioural Analysis]?

Andy: You know how nearly all of theories and strategies developed around psychology as a whole, is developed around middle class white European style ... I am off track a little bit. I would say ABA focuses predominantly on behaviour and behaviour is without a nation, without a culture in some way. Behaviour has its own triggers and its own consequences and in itself

> that's all you need to know. Obviously culture plays into the history of reinforcement and development for the individual, but if we look at it that way ABA actually caters for all cultures. However... I am trying to envision myself working with, let's say something I haven't worked with, like Indian culture for example… then I would be doubtful that things that I have learned or experienced in the past might not be helpful or effective due to this culture. So I might be doubtful, but it doesn't really skew the way that I would approach any referral in any way.

Andy begins here with a cultural critique of psychology and then changes track to describe principles of behaviour as acultural. While he considers culture as influencing an individual's history, this does not change his general approach but rather posits that the approach caters to all cultures. Culture is considered as a variable within a broader general psychological framework. His account here illustrates a central tension and dilemma of psychological science to find universal facts and laws of psychology, while also acknowledging variability due to social and contextual factors.

### 1.2 Shared Human Experiences, Dilemmas and Needs

A second theme emphasised that people share common experiences, existential dilemmas and needs regardless of culture. Whereas the first theme posited a core universality in human psychology, this second theme highlights commonalities in shared tasks and challenges. In Extract Three, for example, Ami describes searching for the meaning of life as an imperative for everyone.

Extract Three

Ami: For example, I find the more clients you work with, regardless of the age, gender or culture, everyone matters. And also then, you know the meaning of life matters for everyone; and the meaning of life is not one answer for everyone. Everyone is different. Then the meaning of life is pretty much a philosophical question, and, also, people who have any spiritual beliefs connect with their beliefs, and some people may have religion, and that is alright. So I do not force any beliefs or religion but I just ask people and I just try to connect with each one's beliefs.

Ami's account balances the commonalities shared by clients as they struggle with making sense of their lives while also acknowledging that people might have different takes on this central human challenge. She sees her role as not "[forcing] any beliefs or religion" and instead trying to connect with each person's views, building an alliance around what is shared and through empathy with clients' attempts to invigorate their human potential.

### 1.3 Capacity for Connection

The third, related, theme emphasises the capacity for people to connect, empathise and build relationships with each other, despite cultural differences, language and communication barriers. In Extract Four, Jun acknowledges potential difficulties in working across cultural difference, however she emphasises the capacity and desire to connect as one human to another and sees this as more important than any barriers raised

by difference. Here the focus is not so much on challenges and dilemmas shared by virtue of being human and more on general human capacities for empathy and connection.

Extract Four

Int: Have you noticed that there is a difference in either the client's response depending on kind of their own culture and values, or do you connect with them differently, or…

Jun: Yeah, definitely connect with them differently, sort of an understanding... I think the beauty of psychology is that assessment is done on, you know, what got them to that point. So a lay person will look at this person… I had this presentation, it was really strange, really weird. But then as a psychologist you get to know them. You understand them and you are looking at all the things that has happened to them, how they have coped with it and you go, "oh it's not so weird given all of these things that happened" and that applies with all different cultures. I have worked with, as part of my work, I have worked with refugees in the past. So you are talking about people from Colombia, Burma, Sri Lanka, Syria, Bhutan. You just can't really say which culture and the majority of the time I have worked with people who don't even speak English. So in a refugee context we had an interpreter. So I think initially when I was first working with this group, I thought a lot about culture and stuff, but gradually you realise you are just connecting with human beings and the only thing that is getting in the way of your communication was language. And that is a really profound realisation, I think.

Jun highlights the importance of the relationship and understanding the client and their journey and story to mitigate any effects of difference and language barriers. In Extract Five, she again focuses on the relationship as an alternative to prioritising ethnic differences. Her stance fits with an approach based on listening and understanding the person and forming a working relationship with the client through the framework of a typical psychological assessment.

Extract Five

Jun: But I personally don't like to sort of categorise people by their ethnicity. I think that relationship comes from your ability to listen, ability to form the relationship with that person, understand where they come from and that is not just understanding that person's background but understanding, you know, you do a psychological assessment: understanding what factors, perpetuating factors, pre-disclosing factors, and that applies to everyone. So you can actually, I think, form a relationship with people regardless which cultural background they are from.

Overall, this theme emphasises the capacity for the therapist and the client to connect across difference and supports a view that the therapist's relational and listening skills are key to effective therapy. This first section, overall, emphasises what we have in common and on our capacity to connect regardless of ethnic or cultural differences.

## 2. Everyone Is Different: Prioritising Individual Circumstances and Psychological Expertise

This second section, based on the accounts of four participants, centres on individual differences. The themes here emphasise the importance of clients' individual circumstances and sees these, rather than cultural context and identity, as the primary focus of therapy. Participants suggest that the role of therapists is to work with individuals rather than with systems and institutions.

### 2.1 Culture as Background To Therapeutic Matters and as Secondary to Psychological Explanations

This theme articulates a notion that was implicit also in some of the extracts in Section One above. Culture is positioned as the background or context to what is seen as a more important professional focus on the presenting difficulties and the goals of therapy. While culture may be relevant, this relevance is secondary while psychological formulations of the problem are primary. In Extract Six, Charlotte develops this perspective.

Extract Six

Charlotte: I would say in a way yes, yes [clients] do identify themselves as belonging to a specific culture, but there is really nothing much so to speak that actually comes in therapy as such. […] There have been times. There have been times where they do bring that in.

[…]

> I was more worried because I was thinking before I came here [to New Zealand] how different would it be culturally and what will be the differences. But what I have actually found out is that there are more similarities than there are differences and that something that I mentioned to you before as well. At the end of the day, when people start talking about their problems and you start having that relationship you don't really see one or the other belonging to a different culture as much. There will be elements that will come up time and again and it's important to address that, but by and large it is within the domain of psychotherapy that we do that and that becomes the mainstay, and culture becomes an add on element to it rather than culture being in the forefront. It sits quietly somewhere in the background and you work alongside that. That's how I would describe culture.

Charlotte's account emphasises the relationship between the therapist and client as outweighing difference and diversity. She emphasises similarities which convey a sense of connectedness and empathy. Although she acknowledges culture as having a role at times, culture is regarded as an add-on element in her acccount, "sit(ting) quietly somewhere in the background," whereas psychotherapy is the "mainstay."

This theme was also evident in participants' responses that focused primarily on psychological explanations such as attributing difficulties with clients to their diagnostic presentation rather than other factors. Participants drew on explanations of psychopathology, diagnosis or formulation, the client's problems or goals and other

therapeutic matters from their professional standpoint. What is salient here is clinical psychological expertise, the one-to-one relationship and professional psychological discourses. Extract Seven, from Reya, illustrates this emphasis, using as an example traumatic childhood backgrounds and experiences of abuse as transcending cultural determinants.

Extract Seven

Int: Do you think culture comes into it?

Reya: No, I don't think culture has anything to do with that. It's more the individual and what the individual's needs are and how vulnerable or how unwell they are.

Int: I guess I am quite curious to get your views. I mean some of the things you said were kind of like behaviourism doesn't work for some people, like they seem to resonate with sort of maybe different cultural values or different values in general, like.

Reya: No, I don't think it has anything to do with the values. Again it's like behaviour management plans and things like that doesn't work with someone with borderline diagnosis. It's really about the diagnosis aspect rather than cultural, where adjustment issues and attachment issues override any reward they can gain. It's mitigated. So it's really more from a diagnosis perspective or what are the issues for the patient more than anything else.

[…]

Int: Have you had times when you have kind of worked with clients and had to kind of do more education?

Reya: Yes, uh, yes and it's not necessarily it's not necessarily because of cultural issues, it's more because of their childhood background because they have been neglected, or they have been physically and sexually abused, and things like that, so given their traumatic background more than cultural issue. And you know that kind of childhood abuse, it happens in any culture, so it transcends culture, so, yeah.

Like Theme One, this theme constructs general frameworks or approaches that are described as applicable to people across cultures. Rather than making universal claims of sameness and dismissing differences, however, this theme reconstructs culture as relevant or irrelevant depending on therapeutic issues, rationales and aims. In other words, the focus of the work is on psychotherapy and not on culture.

### 2.2 Professional Focus On Individuals and Their Circumstances

Rather than emphasising similarities and commonalities as per previous themes, this theme acknowledges and emphasises differences but relegates these to individuals rather than to groups sharing common affiliations and experiences. This theme highlights the view that every individual is different and working psychologically depends on the individual and their uniquely different circumstances. It is emphasised that the professional focus is on the individual, as Extract Eight, illustrates.

Extract Eight

Int: Can you talk a bit about what working with Pākehā clients are like?

Reya: Uh- (laugh) It's like working with anyone else really, not any different. I think it's about getting to know each individual person.

It is interesting to note that this point arises in reference to Pākehā (New Zealand European) clients. In general, inside and outside the therapy room, Pākehā are more likely perhaps to be understood as distinctive individuals, rather than members of a cultural group with shared characteristics attributed to that group. Reya's approach in her work is to tailor therapeutic approaches to individuals and their particular needs. In Extract Nine, she describes how her training in clinical psychology led her to this way of working.

Extract Nine

Int: Were you taught to work with Indian culture in particular?

Reya: No. There was never really a cultural aspect. It was, this is the patient and that's it. You work with the patient. You were not really working with a culture, you work with the patient. So what the patient brought in, we worked with the patient. So I think what came thoroughly strongly to us was to respect the patient and their beliefs. And if you need to challenge then there is a way to challenge it and how do you challenge it. I think those are the things that we got taught and not necessarily cultural based but it's about the patient

and what the patient holds, if it's coming into conflict with what is happening to them then yeah.

Here, the individuality of each client is emphasised while approaches based on generalisations about groups or cultures are downplayed. This strategy supports awareness of individual differences, but may risk minimising systemic issues or meaning making based on common experiences of groups and their social positions.

### 2.3 Individual Differences Outweigh Culture In Importance

Like the previous theme, this theme also effectively emphasises the importance of individual differences but does so through challenging the view that members of a culture or cultural group are the same or homogenous. In doing so, culture or ethnicity in broad terms is regarded as less relevant compared to understanding the very particular micro-context or environment of the individual or person. In Extract Ten, Jun is sceptical about the relevance of culture to understanding Chinese clients given the great diversity of cultural groups in China. She shifts the focus to trying to understand the specific environment and upbringing of the client, forming their individual character.

Extract Ten

Jun: […] sort of how much a person connects with their own culture. I mean if you look at Chinese culture if you go to China, China is huge. There isn't even a

Chinese culture. So I think sort of trying to get people sort of right on the acculturation scale is not really going to help you that much.

Int: So not so much the Chinese culture itself, it's more the scales and the method that we use, is that what you mean?

Jun: I think the more people that we come across and the more we are able to understand where they come from the more we are able to work in a way that make our work therapy relevant to their culture. Because I mean culture, usually people think about culture as just sort of country ethnicity, but at the end of the day culture is the environment that you grow up in and even if you are from China your environment could be very, very different from someone else from China. So at the end of the day it is someone understanding the environment that they came from.

In Extract Eleven, Ami puts cultural similarities and differences in the context of other bases for similarity and difference such as gender. Her preference also in her work, like Jun, is to try and pay attention to each client as an individual, responding to individual differences. She notes that she enjoys getting to know clients as individuals and finding points of commonality.

Extract Eleven

Int: We talked a lot about working with Māori clients and Japanese clients. European clients - is there anything else that you want to say about what it's like for you working?

Ami: There are different types of European people and you can always find similarities. Just being a woman, same gender, you can establish, you know, you can see how they might be suffering. Then even men, just being a human, you can always find similarities. So just because you are European, still the have a different background, you can ask, their accent might be from a European country, South Africa, different. So yeah I try to find who each client is. So culture is a large part but I enjoy getting to know each one.

This approach again highlights the uniqueness of individuals.

## 3. Conclusion

This chapter focused on themes relating to shared and common humanity as well as individual differences. The participants' responses reflected the tension between acknowledging culture at times, yet minimising its significance at other times, although in general for the third of participants who drew consistently on these themes difference and culture were placed firmly in the background. A focus on universal and individual explanations de-emphasises explanations at the level of cultural and social differences, and thus there is a risk of obscuring and neglecting the role of broader social relations and

issues. In the next chapter, I will discuss the ways the participants actively engaged in ideas about what culture might offer in the therapeutic context.

# CHAPTER FIVE: STRATEGIES FOR WORKING WITH DIFFERENCE AND CULTURAL COMPLEXITY: BUILDING COMMONALITY, DISCOVERING DIFFERENCE

In the previous chapter I discussed participants' clinical perspectives which position ethnicity and cultural background as secondary to emphases on what people share in common and the importance of working with the individual. In this chapter, in contrast, I explore how participants in their interviews actively engaged with discourses of culture and diversity. How do participants make sense of culture and the role of difference in their work with their clients? What do they see as the possibilities for therapy grounded in alternative Asian cultural contexts? I take up these questions as follows: Section One looks at how participants negotiate between more fixed and homogenising views of culture and counter-views stressing the complexities of diversity; Section Two examine themes in participants' accounts of what's involved in becoming a skilled practitioner in culturally diverse contexts; and Section Three develops three case studies looking in more detail at participants' accounts of developing new, hybrid forms of therapy grounded in alternative, culturally inflected worldviews.

## 1. Conceptualising Culture: East meets West and the Complexities of Difference

Traditional concepts of culture are often totalising in nature, suggesting stable frameworks of beliefs, values and habits shared by all members of the cultural group in all contexts. Discussions of culture are often tied also to singular and categorical notions of ethnicity (Bottomley, 1987). In recent times culture has been understood more as an ongoing constitutive process where individuals are not engaged in passive reproduction

but actively producing, reconstructing and resisting discourses around culture in complex ways (Bottomley, 1987). Social researchers (Ang, 2014; Anthias, 2011; Brubaker, 2002; Meissner, 2015; Narayan, 1998; Owen et al., 2016) have challenged simplistic and categorical notions, and instead stress the complexity of diversity and the ways in which people simultaneously straddle multiple, intersecting sources of difference. Global mobility and migration challenge the monolithic picture of stable cultural groups, as new hybrid forms of identity emerge (Berg & Sigona, 2013; Karim, 2007; Vertovec, 2007). Yet, cultural groups do still share some characteristics in common and so the challenge is how to talk about a flexible and dynamic – yet still patterned – scene.

Many of the participants in this project shared this dual focus and challenge. On one hand, they considered culture to be significant and described what they saw as overarching trends and differences in experiences of people, comparing a Western lens on their work with an Eastern one. On the other hand, participants were also concerned about over-generalising and the rigidities involved in stereotyping; they challenged simplistic accounts of culture and emphasised complexity and the heterogeneity of people's experiences. First, I look briefly at traditional conceptualisations of Eastern and Western cultures in their accounts and then, second, examine how they qualified these to produce more heterogenous accounts of cultural complexity. In doing so, I demonstrate the varied ways in which participants both reproduce yet resist homogenising accounts of culture.

### 1.1 East Meets West

Extensive bodies of literature report on cultural differences between Eastern and Western societies. These vary from cross-cultural comparisons between ethnic groups to theories about Eastern-based epistemologies and cultural worldviews (Nisbett, Choi, Peng,

& Norenzayan, 2001; Peng, Spencer-Rodgers, & Nian, 2006; Spencer-Rodgers, Boucher, Mori, Wang, & Peng, 2009). In this sub-section, I highlight how the majority of participants' accounts of Asian cultures fitted with traditional comparisons of Eastern and Western cultures. For example, participants generally characterised Eastern cultures as having a greater emphasis on family and relationships, holism and respect for social hierarchy, compared to what was seen as the individualism and egalitarianism of Western cultures. Julia, for example, frames this difference positively as a cultural strength.

Extract One

Int: I am quite wondering do you think when we look at therapies and psychology […] do you think it comes from a Western perspective at all or is it more multicultural.

Julia: I think it comes from a more Western perspective. We were just talking about it yesterday there is not, I wouldn't say a hundred per cent because even in CBT [Cognitive Behavioural Therapy], you've heard of acceptance commitment therapy and DBT [Dialectical Behavioural Therapy], where to me relationships define our world, whether it's a relationship with ourselves, our identity, relationship with friends, partners, family of origin or our family sort of children, grandchildren, that sort of thing. So in that of course Western people are no different from Chinese people, but as far as that culture that we talk about, collectiveness and individual, I think it's something that actually has a positive side to it because when we were studying about how the Māori people treat whānau it's important, I just understand it's just like that.

Int: It relates yeah.

Julia: Whereas for some Western people who might not have been exposed to that training, they would have to say oh I have to take a second, why do I need to look after my parents, you know, they are separate from me. Because a lot of Western people think like that, especially I think my generation. Not because of anything. It's not because of their fault but just the way society is, because the media encourages it.

In Extract Two, Emma characterises New Zealand society as highly individualistic.

Extract Two

Emma: In terms of culture, the rude shock was how individuated the Western culture is. I mean I've come from a generation in India which is quite individualised to an extent. It's much more progressive. I was in an urban city for most of it. So it's quite individualised. When you come here it is like the extreme opposite in a lot of sense.

[…]

Int: And then when you came here I mean what kind of makes you see this as more sort of individualised?

Emma: For example in India you will have like cousins play a big role. You have someone or the other you can turn to. There are a lot of protective factors

also. Here, like when I work in the prison for example if someone were to come out of prison they have no one. So I was like they are better off in prison where they have a structure and people looking after them. They go out. They will decompensate. They have no family to go back to or the family is quite unstable.

By noting the differences in urban versus rural parts of India and changes over time, Emma's account also builds a more complex and less homogenous picture of India. On the other hand, Ami's account in Extract Three below contrasts the worldviews and values of Western and Asian cultures in general, somewhat homogenous ways; however, she emphasises the value of holding both viewpoints biculturally and flexibly.

Extract Three

Ami: With clients as well. Well, with them, Eastern culture, we have similarities and differences but in Western society, like in psychology practice as well, we may at times teach assertiveness. Assertiveness is more of a Western idea. In Asia we don't really teach children to be assertive. We were taught to suppress our own needs, empathise and put others first. So I think you know a combination, sometimes we need to be assertive because if we want to be compassionate towards ourselves we realise we deserve, and so being assertive is good. But also I try to teach compassion, empathy, because you know resent- anything anger, resentment, you know, do not really help my clients.

On the other hand, Anne in Extract Four questions the appropriateness of assertiveness training in traditional Asian households.

Extract Four

Anne: Again I think it probably depends an awful lot on the client. I can remember seeing a Chinese client who was going to go back to China, go back to mainland China and it, there was some things about CBT and assertiveness training which is what I would've given a Pākehā client who's a Kiwi client, would've been very appropriate but completely inappropriate for her. Like she was going back into a traditional situation where she would be expected to defer to her husband and her mother-in-law. And it would've been, I don't know, just like it would've been very destructive, I think, to encourage her to be more assertive and think of her own individual rights. So I can, I think assertiveness training for women is something I would almost routinely do for women who are in difficult relationships if they're living in New Zealand with and identify as Kiwi or New Zealand European but I would really question whether, I'd have to be, you know, have to have some discussions with the client whether that would even be considered reasonable in a more traditional Asian household.

About one-third of participants described cultural differences in terms of views on social hierarchy, for example in respect to health professionals, or in relation to the roles appropriate for different genders and generations. In Extract Five, Reya highlights some

of those differing cultural expectations and norms and the consequences for immigrant families. Yet, she also qualifies these generalisations by noting exceptions and states that it differs depending on the family.

Extract Five

Reya: I think there are instances, a lot of times especially with Muslim patients and the concept of living, or you know, some of the Sri Lankan patients also when you do the Adaptives, like a Vineland or ABAS [Adaptive Behaviour Assessment System]. They find it shocking that people live with their parents, they are teenagers or they are 23 year olds or they are 25 year olds and they are living with their parents and you kind of have to say that is usually the norm in our culture. We do not leave our family until we get married. It's an insult if children leave. I only left my parents to go to another country or to get married. You are expected and the whole concept that after 18 we still continue to support our children and we have a say in our children's lives. So I think that is where cultural differences come in. Here the Kiwi culture or the American, more the Kiwi culture I think, that whole strong belief that - I didn't come across that so much in the States - when you're 18 you know you leave the house and you make your own life. You are no longer depending on your parents. But then again it differs. I have Kiwi friends who have support their kids you know, beyond Uni level. But in general, it is expected that at 18 you are independent and your parents don't have a say in your life etc. etc. Whereas that is not the norm in our part of the world or even in Middle

> Eastern societies parents do have a strong say. Elders in the community have a strong say in what happens in your life

These descriptions of cultural differences tend to suggest more homogeneous and traditional notions of cultural difference and involve making general statements regarding a group with a common ethnicity. This mode of making meaning carries the risk of over-generalisation, but we can also see participants resisting simplification and emphasising change and exceptions. I will show, in later sections, that aspects of culture and difference are formulated almost as a form of discursive currency which the culturally skilled practitioner uses to negotiate and understand their clients as similar or different to them.

### 1.2 The Complexities of Difference: Resisting Simple Accounts of Difference

I discussed in Section Two of the previous chapter, participants' attempts to resist applying homogenous assumptions of culture to their clients through emphasising individual differences. One further strategy and central theme for a majority of participants was to emphasise the heterogeneity and internal diversity of cultural groups when describing Asian cultures and other cultures. Participants noted, for instance, differences between Fiji Indian and Indian cultures, and challenged perceptions of there being one Chinese or Indian culture. In Extract Six, Radhika presents an account of India as composed of great diversity in contrast to a society like New Zealand.

Extract Six

Radhika: I think diversity is relative. So in India diversity is so many different religions, languages, you go to different states, you can't speak, you have to speak in their language because they won't follow you and stuff like that. But over here you know things like language you manage because you know English. So it's not as difficult or as diverse as India

The need for recognition of this type of diversity was highlighted in some suggestions for raising awareness of different cultures in the workplace. Reya describes the need for cultural education, beyond stereotypes or one-dimensional views of a culture, in Extract Seven.

Extract Seven

Reya: I think more education from each ... because we have that cultural education but it's kind of an overall general cultural education. Um… It will be nice to have different people from different parts of the world coming and they make the assumption, okay China, all of China is going to be like that but that's not the case. There are different parts of China, different aspects and different things are practiced. And not all Chinese are believing in Confucius or Communist, you know that whole generalisation again. So having different people, a group of, panel of people coming through and talking about what it means for them to be Indian or Chinese or Sri Lankan or Middle Eastern. You know, that will give a broader aspect and that will

broaden people's knowledge. So I think that is a gap in our cultural education system within the agency or what a government will… so yeah.

In Extract Eight, Miles' account stresses the potential insensitivity of adapting one's approach based just on assumptions about a client's race and culture. In common with some of the reasoning from the previous chapter, he repositions culture and ethnic difference as not necessarily relevant in standard psychological practice.

Extract Eight

Miles: I don't necessarily make extra effort to adapt to each one per se because unless there is a conflict I think it is straight forward. Like it's a kind of thing of how I approach other races you know like I don't go oh my friend John is black so I've got to talk to him this way, oh you know or my friend Amy is Chinese so I've got to make sure I behave this way. It's the same thing, unless something comes up and something gets in the way I don't really, you know ... it's kind of like insensitive but I also don't go oh he's Māori so I must do this and that. You don't know how their culture is either. Just because someone is Māori that doesn't mean they believe in everything.

Overall, these extracts suggest the potentially difficult balancing acts involved for therapists as they try to be attentive to and articulate about the value of cultural difference, without making assumptions about the identities and values of clients. Julia, below,

makes a distinction between knowing the client's relationship to culture versus knowledge of the culture, again highlighting the delicacy of this dance.

Extract Nine

Julia: And really it's about, you know, getting a little bit of knowledge about their culture, but almost sort of knowing the individual and what their relation to their culture is because some of them just don't want to trace their roots. Just because they are Polynesian they don't want to trace their roots or they are Māori. So I think it's quite complex, identity.

Overall, then, participants draw upon standard and conventional notions of Asian, Polynesian and Western cultural groups and find them relevant to their practice to some extent, but also are wary about over-generalising and applying frameworks insensitively. They are acutely conscious of the diversity of their own countries of origin. In the next section, I describe how this standpoint - acknowledging similarity while respecting complexity and difference - manifests in participants' therapy practice and the skills they bring to the conduct of therapy.

## 2. The Skilled Cultural Practitioner: The Art Of Drawing On Similarities While Being Alert To Difference

The notion of the culturally skilled practitioner emerging in the data requires therapists to be able to make sense of claims about culture as well as be alert to internal

diversity within cultures, and also to be aware of clients' potentially variable standpoints on their cultures and ethnicities of origin. In this complicated landscape, the challenge for clinicians is to avoid reductionist views of culture and of the unique person while expanding therapy practice and psychological theories and perspectives to include the social context and social difference. In this section I discuss three themes which indicate the strategies here most often mentioned by participants: (i) asking questions rather than assuming and keeping an open mind, (ii) skilfully using one's own cultural background, and (iii) acting as a cultural translator. Overall, these strategies allow participants to dance between positions of sameness and difference as they see appropriate.

### 2.1 Asking Questions And Keeping An Open Mind

For the participants in general, culture is not one size fits all. Not only is every person individually unique but for every person culture can also mean something different to them. About half of the participants described approaches for considering each client and their particular experiences of culture, reflecting on assumptions and being alert to difference. Radhika, in Extract Ten, describes her strategy of directly asking the client.

Extract Ten

Radhika: But I would rather ask rather than assuming. If I have an Asian looking person in front of me I wouldn't assume this person is from somewhere or this person identifies with something, so I will ask questions directly.

Radhika's account distinguishes between a person's visible ethnicity and their identity, acknowledging that one might not predict the other. In Extract Eleven Miriam describes her approach to this dilemma, maintaining an attitude of openness and curiosity towards other cultures.

Extract Eleven

Miriam: I think psychologists should be ... it will be helpful if a psychologist builds up a mindset or an outlook that no matter what the culture the person is from, I will show more interest in learning about that culture so that I can give in a better way. And if it is somehow, kind of like, ingrained or taught or brought in, for the person as a psychologist it would definitely be kind of helpful as it is not something that you know about the other culture. Getting familiar with the other culture, getting educated about the other culture will make you a little more at ease with working with that person and which you can do by either talking to other friends or colleagues of that culture, or by reading or asking the client "am I doing it the right way?" Sometimes I ask my clients "am I doing it the right way? Is there anything which I am doing which is different, or making you uncomfortable?" The attitude, what I am saying is the attitude. It's quite natural for us to be more at ease with our own culture. Other psychologists, if I see an Indian colleague then I am more at ease with an Indian colleague than a European colleague. It can happen subconsciously. But then consciously making an effort to engage with all the different cultures would be quite helpful in giving to the community requiring psychological help.

Reya, in Extract Twelve, describes a process of self-reflection to avoid stereotyping.

Extract Twelve

Reya: Sometimes yeah, sometimes I needed to check myself.

Int: Can you give some examples?

Reya: Oh that's typical within that kind of a culture kind of thing, so I need to double check on that and pull that back and say, hold on a second, you are stereotyping (laugh), and then go in with a more open mind.

In Extract Thirteen, Adnan reflects on his process for working with Pākehā families. He sees the challenge of not making assumptions as relevant to the majority group in New Zealand also. His account describes a shift from culture as referring to non-white or non-Pākehā groups and where the dominant majority culture is rendered invisible, acultured and 'normal', to a more inclusive definition.

Extract Thirteen

Adnan: I think I can give an example when it's gone completely wrong. I worked with a Pākehā family based in [area removed]. Went to an assessment, tried to find out what works for them, what they like, what they don't like etc. As the conversation went on I realised there are questions I haven't asked the family just because they are white. And I thought oh that's a bit of a bias

> from my part. So then I asked them questions, what is important for you as a family, what are your values. So as soon as I started asking the same questions I would ask a non-Pākehā family, this family had very, very strong values. They valued being around the table and discussing about what is important for the family for the day. If there is anything bothering them they discuss that at the table. So those are all actually good different practices, like how any family would follow. But just because they are a white family you can't kind of say oh we don't have to do a cultural assessment with them because they are not culturally very different, they don't have a cultural kind of a thing.

Overall, the task of finding out more about the client and reflexively questioning one's understanding is seen as crucial.

### 2.2 Using Own Cultural Background As A Tool

Participants also described drawing skilfully on their own cultural background and experiences of being marked as different to help them relate to clients and to engage in active work with a client's cultural context and worldview. About half of the participants reported bringing up their own experiences of culture and difference when working with clients from similar cultural contexts, and thus working as cultural insiders. These participants discussed how their own background helps them to have a better understanding and connection with their clients' experiences. In Extract Fourteen, Reya describes drawing on her experiences of having lived in a third world country.

Extract Fourteen

Int: Do you find that especially coming from having been to so many places where does culture come into the work that you do? Has it an influence?

Reya: I think that yes, it does have an influence because it makes me much more tolerant, more open, especially I think more aware of the difficulties especially the migrant population have. Sometimes we do have you know people who come through the refugee status coming through and being aware of what actually their experience would have entailed, perhaps more than the general psychologist who has grown up and been here. Just being a bit more aware of it, yeah. What poverty really means because I have seen poverty and, you know, even though I may not have personally experienced it, seeing what it is. Uh, so, coming from a third world country I can relate to some of the patients, yeah.

Some participants described how their experiences in culturally different or diverse environments helped them to adapt and flexibly navigate diverse cultural contexts in New Zealand. In Extract Fifteen, Emma described the advantages of her experience of holding two worldviews rather than one.

Extract Fifteen

Emma: We have two worldviews going on at the same time versus a person who has been in one culture will have one world view. They might have world

views of the other place as well but they would be more based on stereotypes and not lived experience.

In Extract Sixteen, Anne similarly highlights how her experiences of growing up with two cultures influenced her awareness of different value systems and norms.

Extract Sixteen

Anne: I think it's helpful because it's been clearer to me that there are different cultures and different value systems for different cultures. I think if you grow up surrounded and immersed in just one culture, you can just assume that that's the way everybody does things. If you have experience and exposure to more than one culture, whether it be a parent or living in a different country or… I think one of the biggest advantages it gives you is that you know that there's more than one way. All those unspoken social rules vary from place to place and the way you do things is not normal for everybody else necessarily.

Furthermore, participants highlighted specific issues relevant to Asian populations. These varied from noting the challenges of acculturation and cultural conflict for immigrant families in New Zealand to noting particular social issues such as the social impact of China's one child policy on families. Emma, in Extract Seventeen, describes the patriarchal contexts which are likely to affect the experiences of Indian and Muslim

women in particular. She discusses how knowledge of cultural context can lead to more nuanced understandings of Indian, Asian and Middle Eastern cultures and families.

Extract Seventeen

Int: Anything in particular that you want to bring into training?

Emma: Things like say I think for example if you look at India – I'm not sure about China so I won't comment – in India as you go towards the Middle East it gets more and more patriarchal. Have you realised that? Muslims are even more patriarchal than Hindu's, but actually if you think of it, my part of the society is not as patriarchal but by the time we reach theirs it's quite patriarchal. Now it's a little thing but still, on a general level it's not. By the time you reach Pakistan and everywhere it's very patriarchal and then you go to Middle East, it's like 'oh (exhale)' [inaudible]. So in India you have that but here.

Int: So kind of more knowledge about the differences.

Emma: Yeah and how it plays out probably and what it does to women for mental health. For example, I know a lot of the Indian women, especially the Muslim women, are chronically dysthymic. What do you expect for a person who has no control or say in their own lives. And I think the more you go to that side, it keeps getting worse.

In Extract Eighteen, Aalia works from an insider viewpoint of her own identity as a Muslim. She draws on her knowledge about Islamic scriptures to encourage a client to develop more flexibility in their Islamic beliefs.

Extract Eighteen

Aalia: At that time, and the mother, they must have been to some - she was referred to this [service], some counsellor. And they said oh if you are feeling depressed, and she was on antidepressant and then she was sent for, she can go to a pub, or something like that. And the mother thought, "my God, no." So that was one girl that had started coming to me. Then I also educated parents about how they can give her a little bit of freedom and how Islam doesn't try and push you. It's a very flexible religion. So it's almost like educating the mum to be more flexible about Islam because I did Islamic scriptures so I can talk from that point of view to the mum. At the same time talk to the girl about some of the things.

In Extract Nineteen, Miles emphasises the ability to connect to clients through shared background and preferred language.

Extract Nineteen

Miles: I've had a few referrals who actually went through [type of service removed] and they had, they weren't comfortable and then they transferred to me and

then the clients are very relieved that they can actually talk in their native language. There are some things that you just can't express, like any language, there are certain thoughts or expressions that don't translate. There is a nuance to things. So especially when you're talking about feelings I mean that is full of nuances that you cannot, especially with a second language that you cannot express it correctly. It might be interpreted as this person is depressed or this person is suicidal and then you find out when they express it in their language you are like, oh they're not suicidal, they are just feeling stuck, they're not feeling suicidal per se. And then you find out that way because they can express them better. You know where they're coming from.

Raj, below, also describes an ease of engagement due to a shared cultural origin. His account demonstrates his ability to interpret the client's behaviour when the cultural context is familiar and even influence the client's response.

Extract Twenty

Raj: Yeah I think there, that's where the need probably is, educating Pākehā psychologists. For example, I had a colleague here and she said, she's seeing this Indian, and she couldn't tell what is going on with him because the way he talks, the mannerism and all those sort of things was really very difficult for her to decipher. And she thought, is he psychotic? Or you know, is something else going on with him? So she transferred him to me. And then she rang him and told, look, you're now – I'm going to transfer you to this Indian psychologist.

So the first thing that happened, he turned up, much better dressed than he had turned up before. He came with his wife. And when he came, there was a straight engagement, like for me, it was like, so clear, there was no problem because I understood his context, even though he's a Fijian Indian, but I understood where is he coming from, we understood each other, we made great lengths.

In Extract Twenty One, Andy reflects on how he manages the relationship with Asian or Chinese clients so he can build close rapport yet have his advice given weight.

Extract Twenty One

Andy: Hierarchy is something you preserve, oh for Asian cultures. Hierarchy, social hierarchy for example is something you preserve quite subconsciously. You would want to be able to get as close as you can to the client, on a professional level of course, but still preserve the standard of social hierarchy in the sense that you are given volume to things that you talk about. If you were... and I think this is more or less a Chinese ideology and I think everything revolves around this whole way of thinking called Confucianism, but yes, you're trying to be as close as possible so you are kind of like píngqǐpíngzuò 平起平坐 *[Cantonese: at equal status or standing (lit. "equally standing and sitting"), implies harmony as well as equality]* but you still want to preserve some form of social hierarchy, so that what I have told

you is opinions you can work on, opinions and advice and not just beer talk and that kind of thing.

Andy's account highlights the complexity of working in a bicultural environment, through balancing concerns for respecting and preserving social hierarchy that are part of the client's context, while also establishing an effective professional-client relationship in the New Zealand context.

As Asian therapists working in the New Zealand context, participants often navigate more than one set of cultural norms or ways of being. This section shows that one perspective they can take is that of working with culturally similar clients as cultural insiders through drawing on and making links between their own and the clients' experiences of culture. They can, for instance, build rapport and form a connection on the basis of shared ethnic or cultural background. They can also draw on their general understanding of the social and cultural contexts to formulate the client's presenting problems or speak to some level of experience regarding cultural issues pertinent to Asian populations.

### 2.3 Acting as a Cultural Translator

While acting as a cultural insider is one route, another route to incorporating and working with culture and difference is to act as a cultural translator helping clients to work through cross-cultural difficulties. To me, the idea of translation refers to the process of reconstituting ideas from one cultural context to another. Many participants, for instance, noted shared similarities between Asian cultures and Māori and Pacific

cultures on aspects such as the importance of family and respect for elders. Raj (Extract Twenty Two) and Ami (Extract Twenty Three), below, present their personal examples of how the capacity to translate cultural knowledge might be helpful.

Extract Twenty Two

Raj: I grew up in a small village, so that whole collective, like a big family, you know, like whanau, so to speak, was very similar to what I experienced in India, you know, my uncles, and I grew up in a big family so my uncles, auntie, grandparent, were quite, you know, we lived in the same house and my extended family was around, you know, we had in a big compound. So when Māori talk about whanau, I immediately, you know, hook onto my own experience. So it wasn't different for me. So whatever was different they did, I accepted that.

Extract Twenty Three

Ami: […] from my Japanese culture I can quite relate to Māori culture. Māori people talk to ancestors and in Japan in the morning we burn incense, we have furniture where we keep ancestor's picture, then I can burn incense, pray to ancestors, talk to ancestors, so then Māori people do talk to ancestors. They believe their ancestors are watching over them. So sometimes I say to my Māori client do you talk to your ancestors, then I introduce about Japanese culture. Then some Māori people are aware, I think it's a good way to establish

rapport and they feel culturally safe to talk because they find similarities you know.

Radhika, in Extract Twenty Four, describes utilising culturally relevant clinical experience from India to help a Pakistani Muslim migrant client in New Zealand.

Extract Twenty Four

Int: Can you talk about any particularly positive experiences that you've had with working with clients of different cultures?

Radhika: Like I said about the Pakistani client, she has OCD [Obsessive Compulsive Disorder] and a lot of her OCD is driven by religious. She is a Muslim lady and it is all about having a shower and cleaning herself quite a bit, as a part of her religion is it normal but it goes one step ahead. She is also quite an intelligent lady. She is well educated and stuff. So working with her was a lot easier because I have worked with Muslim people in India who have OCD and it is quite similar to her presentation. And so talking with her and sharing those experiences with her broke the ice, made it easier for her to understand the problem, for her to understand the formulation and for her to know that I was culturally sensitive to what she was, the knowledge of her culture was probably something that made her feel more comfortable.

Int: Did she bring it up or you brought it up?

Radhika: She brought it up but not direct to me. She was quite embarrassed about it which happens quite a lot and lots of guilt about it and she was also somebody who came to New Zealand five years ago and so those things are very common. We talk about things like that. So she found it easier to talk about those things and because I know how it felt like.

The accounts of participants like Reya (Extract Twenty Five) also show how a skilled cultural practitioner can sensitively work with migrant clients for whom culture is complicated by the demands of bicultural life.

Extract Twenty Five

Reya: Where there has been a cultural difference or say for example, with the Iranian families, um, educating the parents that it is a normal transition or progression for their child to question and want to experiment with the new culture or the way things are in the country they have now adopted is quite normal. And sometimes reassuring the parents that as long as they have grounded their child in the values and also kind of normalising that it's not just their child, every child across cultures, across all over the world will challenge the parents. It is part of the teenage growing up. It's not that they are being defiant. So, you know, I think that education with the parents is important and then with the child, reminding them to be respectful. Reminding them of what their culture is and keeping, you know what is

important to them, well, guiding them towards exploring what is important to them so this way, yeah,

Raj reflects on his own acculturation and its dilemmas in New Zealand in Extract Twenty Six, and the importance he ascribes to being open to hybridity and cultural change.

Extract Twenty Six

Raj: I think if we didn't adapt, then that'll be a problem. And because my children are not Indian children anymore. They are New Zealander of Indian heritage and they have to be like that. And I see some families trying to raise Indian children in New Zealand and there are gonna be problems. They have to keep rigid rules around them and, you know, rigid rules means, yeah.

Int: Yeah, yeah, so you've had to adapt to that, to really in-

Raj: Yeah, and for me, it's adapting and being flexible.

One final example illustrates the potential value of the minority therapist as a skilled cultural translator in a wide range of situations. In Extract Twenty Seven, Ami describes tailoring her explanations of mindfulness to suit different clients and their different philosophies.

Extract Twenty Seven

Int: I am also wondering because you talked quite a lot about working from a mindfulness and integrating perspective. When you have worked with European clients do you sometimes, do you kind of have to bridge their Western perspective and educate them or does it feel quite natural and easy to work with European clients?

Ami: Yeah, I am trying to engage them in their best language. If someone is really knowledgeable and scientific, I could explain mindfulness more from a neuroscience perspective. I may talk about the brain physiology. But if someone is not really into that area and more like emotional or at times I work with people who have had brain injuries, their memory is just, then more really practical, simple, short technique. Anyone is more interested in Eastern philosophy then I can talk more than practical.

Int: How do you work out what they might be interested in I wonder? Do you usually ask them or just sort of guess?

Ami: Yeah, actually you already know what they talk. Some clients might start to say, oh, I have been writing journals and my best friend told me she is very spiritual, so journal. Then I find, oh spiritual, more spiritual. Then yeah, easier to discuss about meditation. But someone who is not very spiritual who don't know anything about it, then I will tell them mindfulness originates from Eastern philosophy but this has become a more popular scientific method today so I just make sure clients do not misunderstand I am not trying to teach Eastern philosophy or anything. I just tell them this is the mainstream therapeutic technique used in hospitals, even business workshops.

The participants' accounts show the flexibility with which participants apply their experiences to clients from other cultural groups. They can appreciate, for instance, how issues of migration might generate distress and help clients navigate these problems. The participants report that their own backgrounds mean that they can recognise how, why and when cultural difference matters, and they can draw on their experiences of multiple contexts to address the occasions when cultural difference matters for clients.

## 3. Rethinking Culture and Therapy: Culture as a Therapeutic Resource

In this final section of the chapter, I focus on the accounts of three participants and their creative attempts to generate newer, more hybrid ways of working therapeutically by rethinking notions and practices of conventional therapy and culture, and developing psychological viewpoints situated within Eastern worldviews. These can be seen as brief case study examples of how ethnic minority therapists might take the lead in developing and extending therapeutic resources. The three participants are Jun who identified as Chinese and who came to New Zealand in her childhood years; Raj who identified as Indian and is a first generation migrant; and Ami who identified as Japanese and is also a first generation migrant.

### 3.1 Rethinking Assumptions About Culture and Therapy

I will first briefly discuss some instances of how these three participants drew on Eastern worldviews and Asian cultural differences to re-negotiate and re-evaluate Western paradigms. This allowed them to present alternative cultural views and psychologies and reframe them as strengths. Raj, in Extract Twenty Eight, critiques

Western theories through an Eastern lens and in particular the lack of attention paid to Eastern notions of enlightenment.

Extract Twenty Eight

Raj: [regarding Maslow's hierarchy of needs] So you know how self-actualisation sit at the top, and [a professor] was questioning him, well, where was the enlightenment? It sits in there. So I know all these talks were there, but I don't think they have ever been researched or brought into the study of psychology.

Int: Yeah, that's interesting, because actually I just read recently something around Maslow's work and how even, from a Eastern perspective, it's still very individualist.

Raj: Yeah, that's right.

Int: I don't know if that's what you've sort of found as well or thought

Raj: Yeah it is individualist, and because, from an Eastern, it's, the need is not always individual. But enlightenment is, enlightenment is always in there. India, Eastern psychology is quite paradoxical. You know, you're seeking individual enlightenment with within a collective context.

In Extract Twenty Nine, Jun focuses on the connections between body and mind found in Chinese culture. She sees the focus on the integrated body, understood as a whole, as a strength. Her account constructs Chinese culture as inherently resourceful and

she argues that Chinese perspectives on body/mind challenge the negative stigma often assigned to emotional distress.

Extract Twenty Nine

Int: I guess with Chinese culture there is a really strong emphasis on the physical health. Do you want to talk a bit about how does it match your values at work?

Jun: I think the Chinese culture always sees the body as a whole. People talk about stigma with mental health which is true, but on the other hand I think Chinese culture is quite good at identifying the physical manifestation of emotions. You know, people say I am feeling quite sad and I have chest pain. That is quite normal. Um, and so I think it's always been underlying understanding of the connection between the body and the mind for thousands of years in Chinese culture.

Ami, in Extract Thirty, makes the point that Cognitive Behavioural Therapy (CBT) is not a particularly Western idea, though often presented in that way. For Ami, a CBT perspective is simply natural. She suggests that in teaching CBT, one needs to begin with the principles of mindfulness before attention can be given to the content of thought.

Extract Thirty

Ami: It does because I think CBT was created as Western, actually it's natural and it is natural if you want to teach a client CBT, actually you have to start from mindfulness because if you are not mindful, you do not realise you have a thought, what your thought is, you know.

In the next sub-section I look at how this critical engagement with Western therapy leads these three participants to draw on their own cultural resources to develop new ways of working.

### 3.2 Culture as a Therapeutic Resource

For all three participants, mindfulness is central to their practice and represents for them an example of a beneficial integration of Asian/Eastern and Western approaches, especially as one with increasing professional recognition. Other cultural examples mentioned by these participants include using related language, metaphors, beliefs, values and including other practices such as sayings, Buddhist stories or yoga. In Extract Thirty One, Ami emphasises the advantages of familiarity with Eastern worldviews for understanding mindfulness.

Extract Thirty One

Ami: And also what I found another thing is that coming from Japan or other countries, coming from Asia, it's good for us because today, mindfulness has

become so popular. Actually I think mindfulness has become more popular than CBT today and you know and many mindfulness European practitioners may not mention, but it originates from Eastern philosophy. And for us and coming from Asia, mindfulness has always been part of our everyday life, living, of our culture, so it's quite natural. And mindfulness I use and there are so many different mindfulness teachings in the books, but I like mindfulness of Dr Rick Hanson. Rick Hanson is American or English, European neuroscientist. He is an expert of the study of the brain, neuroscientist, neuropsychologist, but he teaches mindfulness and he draws largely upon Eastern philosophy, so he uses pictures of Buddha and more Eastern things. He emphasises on compassion and self-love, non-judgement. So it is pretty much the Eastern philosophy of teaching. And values we were brought up in Asian countries nicely align. Now, I find I don't need to hide my Asian background. Actually there is so much to offer.

In Extract Thirty Two, Jun describes bridging Eastern and Western ideas, explaining how her knowledge and integration of both re-shapes and re-negotiates her view of her role as a therapist and clinician.

Extract Thirty Two

Jun: Personally, I have practiced mindfulness for over six years now, maintaining a daily meditation practice and I go to a retreat in China. I have a Zen Master, so a lot of things that were what he has written, I kind of take that with my

understanding of psychology and also sort of scientific knowledge of mindfulness. I kind of combine the two. And that's what I love doing is bridging the East and the West.

Jun's account is grounded in the view that knowledge, understanding and what she referred to in her interview as wisdom is already inherent in Eastern culture. She gives an example from Chinese language of a key therapeutic point.

Extract Thirty Three

Jun: Mindfulness is quite different because mindfulness actually originated from Buddhism and actually originally from East and sort of Westerners made it more prevalent and popular. So it's not so much a direct translation of the Western theory, it's actually being able to go to the origin and like one example for example that the ... do you know how to write Chinese?

Int: Yeah.

Jun: You know how do you write busyness in Chinese?

Int: *Máng* [忙]?

Jun: Yeah so the left hand side is "heart" and what is the right hand side?

Int: Like, um I can't think of an English word for it. I know what you mean though.

Jun: So “dead.” So if you write busy in Chinese it actually means “dead heart.” And yes we will be able to give that kind of impression to Westerners but when you talk about mindfulness and yet you are bringing Chinese characters into it, it is already there. You go so what stops us from being mindful? Busy, busyness is one of the biggest enemies of us being mindful and you can see that when you are busy your heart is dead. How can you be mindful when your heart is dead? And these kinds of things like without you trying to explain it’s already there in your culture.

In Extract Thirty Four, Jun describes her role as digesting and re-presenting older mindfulness practices, clarifying their relevance to clients’ lives. She describes her role as not inventing new therapies but retrieving and re-valuing two thousand years of knowledge.

Extract Thirty Four

Jun: I guess the process is like ... through practice even though the knowledge was there before you go back you understand it at a different level. And through your own practice because of your own understanding you are able to then digest and present it in a way that makes sense to other people. So I think I see my role as just bridging. And usually people read about mindfulness, doesn’t matter in what language. It is just so vague. And sometimes it connects to a spiritual sense which is like real vague. And I like to make it more relevant to ordinary life and you see how mindfulness could be incorporated into daily

living. I run a mindful hydration course now for people as well, through organic tea, and people sit there and actually understand how they can just focus on a [mindful] hydration experience and bring mindfulness into it. And I didn't invent that because there is a saying in Chinese for more than 2,000 years that*, Chán chá yīwèi [*禅茶一味*]*, 'Zen and tea are one flavour'. I didn't invent that. That has always been there. It's I think through understanding and then see how you could actually bring that practice and through that practice people gain the knowledge.

Ami, similarly, draws on the Japanese language in order to emphasise the holistic integration of physical and emotional experiences (Extract Thirty Five).

Extract Thirty Five

Ami: We do have traditional saying: physical illness is from your, you know, mind, or, saying that the connection between the mind and the body. And also pain: The word pain is also interesting because by the time when injury or pain sensation reaches the brain, different parts of the brain try to interpret pain, every pain or physical sensation actually causes your emotional response to it, reaction to it. So English word "pain" always implies physical sensation and emotional pain. And Japanese language, Japanese word pain, also, you know implies both physical and emotional, you know, then language similarities. And, then when I treat chronic pain I can only help emotional pain, you know. Lots of people who do not realise it's actually that when they say pain,

actually they are suffering emotional pain and they are not realising they are only blaming physical pain. But when they work on their emotional pain their physical pain is easier to be relieved. So in English, Japanese, yeah similar, so there are similarities as well."

In Extract Thirty Six, Raj articulates the value cultural practices have as therapeutic interventions. He draws parallels in this respect between mindfulness and tikanga [Māori customs or practices], both can be used in this way..

Extract Thirty Six

Raj: Yeah, it's a lot of, I think psychology is a lot of learning curve, just to give an example, say working in Māori and learning their tikanga and sometimes I think the tikanga values are actually therapeutic interventions.

Int: Ah, oh yeah.

Raj: Are interventions and which we don't see them as. And I think that that's what we need to glean more of. Say for example mindfulness. Mindfulness was a Eastern sort of way of living, or practice. Now that has become a therapeutic intervention. And I'm sure there are other cultures have similar things. And we have to be very mindful and aware of those.

In the following extracts, Raj gives two examples of how he incorporates Eastern approaches and methods into his practice. Firstly, he reflects on the role of stories, and then on the role of yoga and breathing exercises.

Extract Thirty Seven

Raj: I use a lot of stories, and the stories have been the Eastern way of changing cognitions. So you hear about Zen stories or Buddhist stories or… So those stories are all about bringing your attention to critical thinking.

Extract Thirty Eight

Raj: And now, breathing exercises, I use my yoga knowledge, you know, of breathing. *Pranayama* is a, you know, different ways of breathing, so is the exercise of the *prana*, or the breath. So I use that, this technique called *Sudarshan Kriya*, which I have used quite a lot, which is no different from the diaphragmic, but I think it's slightly better… So this *prana*, *Sudarshan Kriya*, that breathing I teach, is a gentle, slow, deep, controlled breath, which people can do in public.

I have highlighted in this last section the accounts of three participants. These three were chosen because they offered detailed examples of how they incorporate knowledge from their own cultural backgrounds into their therapy practice. A sense emerges here of the benefits and value of hybrid therapies and the ways in which cultural knowledge can

become a highly developed practical resource not just a mode of translation or a way of developing better rapport with clients and improved understanding of their lives and dilemmas.

## 4. Conclusion

In this chapter, I have highlighted the ways in which participants construct yet also resist and qualify conceptualisations of culture. The lens of East and West proved an important discursive currency for the participants and comparisons in terms of cultural attributes such as individualism contrasted with collectivism, respect for hierarchy versus egalitarianism, and holism versus atomism. But they were wary, too, of over-generalisation and neglecting the complexities of difference. I described participants' strategies for being skilful cultural practitioners in their work. These included asking questions and keeping an open mind, using one's cultural background to take a cultural insider position, and acting as a cultural translator to aid work with other minority groups and to aid understanding of issues arising from migration experiences. From a clinical viewpoint, these strategies seem likely to help to build rapport and commonality. Finally, I focused on the accounts of three participants who offered a vision of a hybrid therapy practice, distilling older practices such as mindfulness and yoga and bringing them to life afresh in New Zealand. In comparison to the accounts in the last chapter which minimised and downplayed the relevance of culture, identity and ethnicity to therapeutic work, the themes considered here more positively locate therapy in broader social and relational contexts.

# CHAPTER SIX: DISCUSSION

This thesis explored Asian ethnic minority therapists' accounts of their working lives and their views on the role of cultural and ethnic difference in their work with clients. To my knowledge, this study is the first to focus on Asian therapists in New Zealand and for this reason I took an open-ended and inductive approach, treating my participants as, in effect, like key informants. The majority of the participants were migrants and heterogenous in terms of their countries of origin, training backgrounds, experiences and perspectives. But as my literature review stressed, heterogeneity is often the norm when focusing on ethnic and cultural categorisations and too reductive an approach can miss the complexity of people's affiliations and the dynamic and flexible ways difference is made relevant and meaningful. My aim in this final chapter is to make some connections between my findings and international research on ethnic minority therapists and to consider some implications of the participants' accounts. In the first section of the chapter, I return to participants' experiences of their workplaces, while the second section focuses on the role of culture and ethnicity in work with clients, and I then conclude with some final comments.

## 1. Trouble at Work? Asian Therapists' Experiences of Workplace

Chapter Three described the main themes in the sample's accounts of their working lives. Although participants emphasised the positive ways in which their ethnic and cultural backgrounds contributed to their work and the role of specific individual supports, their accounts also highlighted problems such as a lack of recognition and understanding of cultural difference. For some participants, issues of adjustment and acculturation were challenging while others reported that the transition to working in New Zealand was less

demanding than they expected. Experiences of culture shock varied depending on therapists' previous cultural background and current experiences of New Zealand. Issues around racism and marginalisation also came up as salient for participants. Interestingly, participants as a whole were at pains to soften, minimise or underplay what seemed to have been some quite troubling encounters with clients and colleagues. Participants' descriptions of these encounters were of often quite covert or subtle, rather than overtly hostile, responses to their ethnicity, to the extent it sometimes seemed unclear whether racism was the right attribution. Participants detailed strategies for mitigating the impacts of these more difficult encounters. They stressed things they could do through work on themselves or through adopting particular strategies with clients.

In general, my findings echo the themes in the international research on the experiences of ethnic minority therapists. This research also finds that immigrant or ethnic minority therapists perceive that their ethnic or cultural background contributes positively to their work (e.g. Iwamasa, 1996; Kissil et al., 2013; Wieling & Rastogi, 2004) while also reporting sometimes challenging processes of acculturation and adaptation to Western approaches and norms (e.g. Barreto, 2013; Christodoulidi, 2010; Interiano & Lim, 2018; Isaacson, 2001 as cited in Kissil et al., 2013). Equally, the kinds of troubling and marginalising experiences evident in my study are reported in international research too (e.g. Iwamasa, 1996; Tinsley-Jones, 2001; Wieling & Rastogi, 2004). Both here in New Zealand and in other Western countries, ethnic minority therapists are faced with negative reactions from clients to their visible difference, with clients' reacting also to characteristics such as accent, and making, often stereotypical and prejudicial, assumptions about their ethnic group. Overall, the similarity between my research findings and previous research suggests that my study did tap into pervasive themes for

ethnic minority therapists in general, and that both locally and globally there is a lot that workplaces need to address.

What might explain the tendency to minimise or soften accounts of negative encounters and to respond by developing strategies to modify the therapist's own behaviour? One possible explanation is that the majority of my participants were immigrants who arrived either as adults or as children. For first generation and newly arrived migrants, pressures to 'fit in' are perhaps seen as more legitimate and expected. Niño and colleagues (2016) found that foreign born therapists in the States engaged in similar strategies to anticipate and manage issues of difference with their clients to those described by many of my participants. It might also have made a difference, too, that all but one of my participants were registered psychologists and were thus in a more powerful, in demand and legally protected position in New Zealand compared to therapists in other countries. I cannot rule out the possibility, however, that my own status as an ethnic minority clinical psychology trainee might have led to participants downplaying negative experiences in the interview possibly not wanting to put me off my future profession. On some occasions, visible differences between myself and the interviewee also may have hindered discussions of racism. My ethnic background and light skin constitute me as the member of a 'model minority' in New Zealand, while my language fluency indicates I am not a recent migrant. I am curious, too, about whether the norms of the psychology profession make it difficult to recognise and complain about racism and make it difficult also to properly articulate and communicate the unacceptability of prejudice. Unlike other professions, therapy is one with a strong protective duty of care to clients and a strong presumption, too, of therapist responsibility, along with reliance on individual based solutions such as work on the self to produce a stance of acceptance. Arguably, these features mean that this is a profession where ethnic

minority therapists might be more isolated and vulnerable, as well as more accepting of working conditions that are not acceptable elsewhere.

The findings reported in Chapter Three suggest several implications for workplaces and other organisations. Firstly, given the accounts of negative experiences, clearly more work needs to be done to ensure there are adequate processes for issues relevant to therapists from Asian and/or minority backgrounds to emerge, and spaces for discussion. Experiences of marginalisation and racism need to become more visible and able to be openly discussed in workplaces, in training and in professional organisations. Developing networks of support for psychologists from ethnic minority backgrounds would seem a crucial step. Workplaces could also provide a mentor, for example, for newly arrived psychologists. If anti-racist policies are not already in place in workplaces, they need to be so, along with clear processes for dealing with verbally abusive clients, providing appropriate support and debriefing. Workplace and organisations could also actively develop identity affirming practices, such as supporting positive attitudes towards difference and diversity in the workplace, encouraging an environment of reciprocal knowledge exchange about cultures and recognizing the strengths of "othered" cultures and their normal, natural and varied character. Finally, more visibility and education about the heterogeneity of Asian cultures is also important, including critical awareness regarding representations in media. Nairn and colleagues (2011) have highlighted the role of the mass media in presenting the dominant culture as normal and natural, and for shaping negative narratives about indigenous people and minorities. They also stress the importance of combating this 'common sense' when developing cultural competence programmes for health practitioners.

## 2. What Role do Culture and Ethnic Difference Play in Therapy? Learning From Asian Therapists

Chapters Four and Five presented the main themes in participants' accounts of the role of culture and cultural difference in the conduct of therapy. My participants were divided on the importance of culture and ethnic difference and its relevance to therapy, along with the extent to which it might become a resource for building a strong therapeutic alliance, and improving treatment outcomes. For some, as Chapter Four showed, universal and shared psychological processes were seen as more crucial, or individual differences that would apply regardless of culture, or, alternatively, they stressed the human connection across difference. For most of the participants, however, culture and ethnic difference played a significant role in their practice. Chapter Five described how they drew on their own experiences of cultural identities to negotiate positions of similarity and difference with clients both from their own and other ethnic groups. Participants, for instance, observed that values of family and collectivism in Asian cultures were shared also by those from Māori and Pacific cultures. I showed how their accounts managed the tension between emphasising cultural difference and resisting over-simplistic or stereotypical representations of cultural groups. Participants' descriptions of their therapy practices highlighted the cautious and judicial ways in which they drew from and translated their own lived experience of culture. They described the strategies they used, and how they listened sensitively and asked questions to explore the particular relevance of their client's cultural context. Chapter Five also presented examples, too, of how some participants were integrating their thinking about therapy with Asian culture, developing hybrid approaches.

These findings match the patterns found in international research. Previous research also finds that ethnic minority participants are varied in the extent to which they emphasise cultural difference and cultural identities in their practice. Like some of my participants for instance, the participants in Niño and colleagues' (2016) study also drew attention to themes of human connection and therapeutic factors such as emotional attunement, and regarded their 'foreignness' or cultural differences as secondary. Niño and colleagues' sample emphasised the importance of the therapeutic relationship with clients despite having dissimilar backgrounds. The strategies my participants described for making use of culture and difference in their therapy practice also fit with previous research such as the use of self-disclosure (Ito & Maramba, 2002; Kim, 2015; Yoshida, 2013), for instance, and connecting around cultural similarities (e.g. Niño et al., 2016). Yoshida (2013) found that her sample of Asian therapists, like my participants, reported ease of connection with clients due to shared ethnic minority background, and they also stressed differences between different Asian cultures and the importance of not over-generalising.

Overall, what have I learnt about cultural competence from my research? Rather than a rule-based process, I have come to see cultural competence as a dynamic negotiation with the client to understand the complexities of their context. It involves an interaction between the therapist and the client in each of the three areas – awareness, knowledge and skills – Sue and colleagues (described, for instance, by Sue, 2001; Sue & Sue, 2013) identify. This dynamic process is also situated within a wider sociocultural context. With these points in mind, I note the following key messages from my participants. Firstly, culture is an important tool for connecting and relating to clients through shared commonalities and a way of raising and addressing differences, and thus, a method for building therapeutic rapport. Secondly, my participants' emphasis on

resisting oversimplifications and overly neat categorisations seems particularly. relevant for Asian cultures, or "othered" groups in relation to Pākehā, as it is often these groups that have "culture" put upon them and are expected to exemplify it while the dominant European group is seen in some way as beyond culture. Finally, my participants were persuasive that the task of bringing cultural identities into therapy work might vary in significance depending on the situation. At times it might be a case of working with cultural similarity and difference as just one strategy in addition to universally applicable psychological theories. On other occasions, the ethnic and cultural identities of the therapist and the client, and the negotiation of these, might be deeply pertinent to diagnosis and the development of treatment plans, taking centre stage.

Perhaps surprisingly, although this was a theme in the international research and in indigeneous critiques of psychology in New Zealand, my participants in general tended not to dwell on the potentially monocultural nature of psychological theories and therapies and their implicit cultural biases. They tended to treat psychological knowledge and cultural perspectives as separate from each other and boundaried. Given my constructionist standpoint, I would want to add a critical interrogation of the Western organisation of psychological knowledge to the messages I took from the participants about using culture strategically. To what extent could we develop Asian therapies and psychological perspectives? Would these involve different understandings of psychopathology and suggest different routes to wellbeing? The brief case studies in the final section of Chapter Five offered some pointers for the future in this respect.

What lessons can I take away from my findings in terms of training, for example? Firstly, my participants' accounts suggest educating non-Asian clinicians so that they become familiar with the diversity of perspectives, norms and life experiences Asian

clients might articulate. Professional development should include gaining a wider understanding of a range of cultures as well as the ability to think critically about norms of therapy in relation to different groups**.** Second**,** while there is value in stressing the individual level and individual differences, I suggest an important criterion in evaluating the success of clinical work with Asian groups is whether therapy enhances and affirms the person's relationship with their culture and identity. A strengths and values based approach affirming people's identities would avoid problems of othering, marginalising and pathologising difference. Finally, there is the very real issue of resources. The small number of Asian ethnic minority therapists in New Zealand means there are few people available to offer training to non-Asian clinicians and few who who can offer support to Asian clinicians, let alone be able to research and think through the particular clinical implications of work with Asian groups. Interestingly, a few participants mentioned the importance of their clinical training in their country of origin for developing strategies for working with difference, and a few mentioned taking additional university courses in Asian studies or acquiring training in traditional practices outside New Zealand. One participant, for example, maintains a connections to a Zen master outside New Zealand. Could more be done to build global networks of Asian therapists, so that a larger critical mass can emerge for national actions and conversations?

## 4. Final Comments

*"Don't you interrupt me when I'm speaking. I don't need your help. [...] You know, I really don't know if you are really qualified to help us. I work with a lot of Asians and see that we're different." (Lee, 2004, pp. 95)*

*"I'd rather not see an Asian doctor. My experience with them is that they are cold and unfeeling. You never know what they're thinking. But you, you're okay. – A client." (Lee, 2004, pp. 91)*

*"As a therapist, I had been doctrinated to bypass issues of oppression and race as presenting problems. I had learned to perceive such issues as completely discrete from my role as a psychotherapist. Social workers and therapists are instructed to focus on individuals and their presenting symptoms, not to change societal phenomena such as racism and intolerance… However, I discovered that absorbing those disturbing and hurtful statements and accepting them in passive silence began to take their toll on my use of self and authenticity with clients… My silent collusion with these racially tinged innuendos aroused in me a growing sense of shame that I was somehow betraying myself and what I believed was sound ethical and socially just practice." (Lee, 2004, pp. 91-92)*

*"There continues to be an investment in not naming racism… This historical bias within our profession and in the larger context of this country reinforces our collective denial and unconsciousness around racial legacies of pain" (Lee, 2004, pp. 96)*

These quotes from Lee's description of his work as an Asian therapist in the States are a reminder of the human dimension to the issues I have been discussing in this thesis. It is a privilege to be a therapist, but when the provision of therapy takes place in a society where the therapist is seen as 'other' and subjected to racism and discrimination, then inevitably those inequities also enter the consulting room. My participants have

described the difficult things they have to deal with and the kind of flexible and deep thinking required to work with difference and turn it into a set of positives.

Asian communities in New Zealand occupy a strange middle ground. On the one hand, we are not the indigenous people of Aotearoa and so, as settlers, we participate in the often tense and ongoing negotiations between Māori and incomers of all ethnicities. Our duty as health professionals is to understand and respect the bicultural organisation of Aotearoa New Zealand and the principles of the Treaty of Waitangi. We have a responsibility to work equitably with Māori, to share power, and to address issues of social injustice and disparities. This is particularly important given the ongoing inequalities and injustices Māori experience and the disparities in health, education, socioeconomic status, criminal justice and other areas. For a newly arrived migrant therapist, there is the challenge of adjusting to a new society which still has a lot of work to do to address structural inequalities. On the other hand, Asian communities are not the dominant ethnic group in New Zealand either and share with Māori a second hand status compared to privileged, European origin Pākehā. Historically, attitudes towards Asian immigration have varied, but still frequently manifest in racism and exclusion.

As I reflect, then, as an Asian clinical psychology intern about my situation and what I have learnt from this research project, I'm aware of the complexity of my position. I want to be able to stand alongside Māori groups and Māori therapists. Asian psychologists can contribute to the development of more critical, decolonising perspectives on Pākehā systems and institutions and on the automatic utilisation of Pākehā or Western based knowledges. I would like to see much less emphasis on "fitting in" and much more focus on critical interrogation. My participants have demonstrated the value of multiple cultural perspectives and the richness diversity brings. However,

diversity can not be used to undercut the very specific rights of Māori as tāngata whenua. I would like our voices to be heard, not as a whisper, but also not as a shout that drowns out others.

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# APPENDIX A

## RECRUITMENT ADVERTS

Are you a professional with an Asian background working in mental health and/or addictions? You are invited to participate in a doctoral project on **your unique perspectives and experiences as an Asian mental health professional working in New Zealand.** How does your background influence your encounters with various clients? How do you work with clients from your own culture and across other cultures? What are the personal and professional challenges? How do you see cultural competence in relation to you? This study encourages you to reflect on your experiences of working with your own and others' cultures (including the dominant culture). To date there has been no research on the views of Asian mental health professionals and their experiences in New Zealand and yet this is vital for professionals developing cultural competence in a diverse society.

The study involves individual interviews around 1-2 hours in length conducted at a time and place that suits you alongside the completion of a brief questionnaire at the start of the interview.
If you live outside of Auckland, please do not hesitate to get in touch as I can travel to you or conduct an interview by Skype or telephone.

Anyone who relates to having with an Asian background or identity (including Chinese, Korean, Indian, Southeast Asian…) and works directly with clients can participate. You will receive a $20 grocery or petrol voucher as a thank you for your participation.

If you are interested or have any questions about the study, please contact me at jliu189@aucklanduni.ac.nz.

Approved by the University of Auckland Human Participants Ethics Committee on …30-11-15… for three years, Reference Number …016477…

**Are you a psychologist who identifies with an Asian background?**

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND
Te Whare Wānanga o Tāmaki Makaurau

You are invited to participate in doctoral research on your unique experiences and perspectives as an Asian mental health professional working in New Zealand.

- How does your background influence your encounters with clients?
- How do you work with clients from your own culture and across other cultures?
- What personal and professional challenges have you experienced?
- How do you see cultural competence in relation to you?

This study encourages you to reflect on your experiences of working with your own and others' cultures (including the dominant culture). To date there has been no research on the views of Asian mental health professionals and their experiences in New Zealand. Yet, this is vital for professionals to develop cultural competence in a diverse society.

hool of Psychology
man Sciences
ilding Floor 6
Symonds Street
ephone 64 9 373 7599
csimile 64 9 373 7450
vate Bag 92019
ckland, New Zealand

ıe University of Auckland
rivate Bag 92019
uckland, New Zealand

The study involves individual interviews of approximately 1-2 hours conducted at a time and place that suits you, and a brief questionnaire completed at the start of the interview. You will receive a $20 grocery or petrol voucher as a thank you for your participation.

Any psychologist who self-identifies with having an Asian background or identity can participate (e.g. Chinese, Korean, Indian, Southeast Asian…). If you live outside of Auckland, please do not hesitate to get in touch as I can travel or interview by Skype or phone.

If you are interested or have any questions about the study, please contact Jennifer Liu at:
jliu189@aucklanduni.ac.nz

Approved by the University of Auckland Human Participants Ethics Committee on 30-11-15 for 3 years, reference number 016477

# APPENDIX B

# PARTICIPANT INFORMATION SHEET /CONSENT FORM

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND
Te Whare Wānanga o Tāmaki Makaurau
**School of Psychology**
Human Sciences Building
Floor 6, 10 Symonds Street
Telephone 64 9 373 7599
Facsimile 64 9 373 7450
Private Bag 92019
Auckland, New Zealand

**PARTICIPANT INFORMATION SHEET**

The University of Auckland
Private Bag 92019
Auckland, New Zealand

*Research Project:* Asian clinicians' accounts of navigating across and within cultures

*Researcher:* Jennifer Liu

*Supervisors:* Professor Margaret Wetherell and Dr Claire Cartwright

Kia ora, I am Jennifer Liu and I am studying for a Doctorate in Clinical Psychology. I would like to invite you to participate in my research project which explores the perspectives of Asian mental health professionals working therapeutically with clients from different cultures in New Zealand. My primary supervisor is Professor Margaret Wetherell who will be overseeing this research project. Professor Claire Cartwright will provide advice from a clinical perspective and will assist with the initial recruitment. Only myself and Professor Wetherell will know of your participation or have access to your personal information.

**What is the topic and aim of this research?**

The aim of the project is to explore the perspectives of Asian mental health professionals and the ways they talk about and make sense of culture in their profession and work with clients from their own and others' cultures.

How do you view your culture/s in relation to your work? How has your cultural background influenced your experiences with clients and/or colleagues? How do you approach working with clients from the same and different cultures to your own? How do 'learnt' knowledge about culture and/or cultural competencies relate to your own experiences? How has your cultural background(s) affected your experiences of training or in the profession? Where do you think Asian cultures fit in the context of working in culturally competent ways in New Zealand?

To date there has been no research on the views and experiences of Asian mental health professionals in New Zealand and yet this is vital for building mental health provision in a diverse society.

**Who may participate in this research?**

As a practising professional, your experiences and expertise are valuable to understanding these topics. Anyone who self identifies as Asian (which could include Chinese, Indian, Southeast Asian, migrants and Kiwis) and perceives developing therapeutic relationships with clients as a significant part of their work is invited to take part.

**What will the study involve?**

The study will involve a 1-2 hour individual interview. The interview can be arranged for any time that suits you. For Auckland participants, this can take place in a room at the university (City or Tamaki campus) or somewhere else that is convenient for you (such as at your workplace or at home). If you are based out of Auckland, interviews can be conducted by Skype or by telephone, or I will travel to meet you. You will receive a $20 grocery or petrol voucher as compensation for your participation which you can keep even if you decided later to withdraw from the study.

Prior the interview, you will be given a brief questionnaire to complete which will ask for your age, cultural identity, broad area/field of work, and years of training and experience (including the country if relevant).

At a later stage, there may be opportunities to participate in further follow up research or workshops. You can write down your email address in the space provided on the consent form if you would like to be contacted about these opportunities.

Participation is voluntary and you do not need to answer any questions (either written or verbally) if you do not want to. You can withdraw from the interview at any time without giving a reason. You will be sent a transcript of your interview and you can alter or remove any parts or the whole interview from the data-set up to two weeks after receiving the transcript.

**For what purposes will the data be used?**

The data will be used for the purposes of writing my Doctorate thesis and for further research publications or conference presentations which may arise from this research. All uses of data will be under pseudonym and your identity will be kept confidential.

**Will this research be recorded and stored? How will I ensure confidentiality of the data?**

I would like to audio record our interview. If you agree to the interview being recorded, you may choose to have the recorder turned off at any time during the interview. The audio-recording will then be transcribed into a written record either by myself or by a professional transcriber who will sign a confidentiality agreement. Pseudonyms will be used on the transcripts and I will check and remove any other potentially identifying details. Your data will be kept confidential between myself, Professor Margaret Wetherell. Only my main supervisor, Professor Margaret Wetherell, and I will know you participated, and what was said in the interview.

Because the mental health profession is a reasonably small field, particularly for those who are from ethnic minority backgrounds, I will take particular care to remove any details from the interview transcript (such as extended examples) which might identify you. I will discuss this with you at the end of the interview so you can note any concerns you might have regarding confidentiality and any topics where protecting your confidentiality will need particular care. You will also have the opportunity to review the transcript and further edit or delete any parts that you feel might identify you.

I will be arranging, conducting and analysing the interview. My supervisor Professor Margaret Wetherell and I are the only people who will have access to the consent forms, the original audio files and any background information you provide through the questionnaire. Any material identifying you such as consent forms, questionnaire responses and audio recordings will be stored in a locked cabinet in the university and treated as confidential documents. These will be kept separately from transcript data. Electronic copies of the data and the transcripts will be kept securely and password protected. Extracts from the anonymised transcripts with pseudonyms will be included in publications, conference and research group presentations and in my doctoral thesis. All data collected will be stored for a period of up to six years for the purpose of developing the research for further publication. After this, all digital and written copies will be destroyed.

**Am I able to receive a copy of the results?**

You can request to receive a summary report of the main findings of the research study from the researcher once it is completed. This can be by verbal request or by email, or noted in the space provided in the consent form.

I would like to thank you for considering sharing your knowledge and experiences on this topic. If you have any questions regarding this research, please do not hesitate to contact me or my supervisor at any time.

The contact details for myself, my supervisors and other key people can be found as

follows: Jennifer Liu (Clinical Psychology Student)
jliu189@aucklanduni.ac.nz
School of Psychology
University of Auckland
Private Bag 90219, Auckland 1142

Professor Margaret
Wetherell
m.wetherell@auckland.ac.
nz School of Psychology
University of Auckland
Private Bag 90219, Auckland 1142

For any concerns regarding ethical issues you may contact the Chair at:
UAHPEC Chair
The University of Auckland Human Participants Ethics Committee
The University of Auckland, Research Office
Private Bag 92019
Auckland 1142.
Ph: 09 373-7599 ext. 83711
Email: ro-ethics@auckland.ac.nz

THE UNIVERSITY OF AUCKLAND
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Auckland, New Zealand

The University of Auckland
Private Bag 92019
Auckland, New Zealand

**Individual Consent Form**

*THIS FORM WILL BE HELD FOR SIX YEARS*

Please read this carefully and sign this form prior to or at the start of the interview.

**Researcher:** Jennifer Liu

**Supervisors:** Professor Margaret Wetherell (primary supervisor overseeing this research project) and
Dr Claire Cartwright (providing clinical advice and assisting with initial recruitment)

**Topic:** Asian clinicians' accounts of navigating across and within cultures

I, _____, have read the Participant Information Sheet and understand the nature of the research. I have had the opportunity to ask any questions in relation to the research project and have had them answered to my satisfaction.

I agree to take part in the research:

- I understand the nature of the study and give consent to participate.
- I understand that my participation will be confidential, and it will not affect any relationship/s with the University or professionally.
- I understand that I am free to withdraw from the study at any time and/or decline to answer any verbal or written questions I feel uncomfortable answering without being asked to give a reason.
- I agree to be digitally voice recorded, and understand that I can request to stop the recording at any point without giving any reason.
- I understand that I will receive a copy of the transcript (Email: ……..)
- I understand that I am free to edit, remove or withdraw any data traceable to me within 14 days after the transcript has been sent to me by email.
- I understand that a third party who has signed a confidentiality agreement may transcribe audio recordings.

- I understand that electronic and hardcopy data will be kept for up to 6 years or until such time as the researcher is no longer working in this area of research, after which time they will be destroyed.
- I understand that only the student researcher and primary supervisor (Prof. Margaret Wetherell) will have access to material which identifies me such as the audio recording, consent form and questionnaire.
- I understand that what is discussed in the interview will be kept confidential between myself, the student researcher and primary supervisor (Prof. Margaret Wetherell).• I understand that identifying details will be removed from the transcripts and a pseudonym will be assigned to my transcript.
- I understand that I will be able to have a discussion with the researcher about how to protect the confidentiality of the data and that I will have a say in deciding on, changing or removing any details that may inadvertently identify me.
- I understand that material from the transcript may be reproduced in the researcher's doctoral thesis and in any possible research publications or presentations arising from this project
- I understand that I am welcome to contact the researcher for an update on the research.
- I acknowledge that I have received a voucher for participating and I am able to keep the voucher even if I subsequently decide to withdraw from the study.
- I wish / do not wish to receive the summary of findings (Email: ……..)
- I wish / do not wish to be contacted about any opportunities for follow up research or workshops. (Email: ……..)

**Name:** _____

**Date:** _____

**Signature:** _____

*Approved by the University of Auckland Human Participants Ethics Committee on …30-11-15… for three years, Reference Number …016477…*

## APPENDIX C

## BRIEF DEMOGRAPHICS QUESTIONNAIRE

**Brief demographics questionnaire**

*This will be kept in a locked drawer and treated as a confidential document. Only the student researcher(Jennifer Liu) and research supervisor(Professor Margaret Wetherell) will have access to this document.*

Name:

Gender:

Age:

**Cultural Identity:**

How do you identify yourself?

Country of origin:

Personal migration history:

**Professional Background:**

Area/field/speciality (if any):

Background experience(include years and/or country, types of settings or groups worked):

Relevant training (include years and/or country if relevant):

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*To be completed by the participant/researcher at the end of the interview.*

Pseudonym:

Comments on alterations to be made in the transcribing process:

*You will also have the opportunity to review the final transcript to alter and remove any further details without any questions asked.*

## APPENDIX D

## INTERVIEW SCHEDULE/GUIDE

Experiences of the profession

- Would you say things like your culture of origin, ethnicity or faith are central to your everyday identity and at your work, or are other aspects more important? How important are they in your work? Are there parts of your identity that you bring to work versus check at the door?
- Can you talk about how you came to work in your profession and do you think culture has had an influence on your experiences of working in this profession? Has your cultural background helped or hindered your experiences of working in this profession or with clients?
- How does your cultural identity affect your work? Do you think there are any ways your experience of the profession might be different because of your cultural identity?
- Has the way you think about your culture or your identity changed over time, perhaps as a result of working in this profession? Can you talk to any learning or personal reflections about the way you think about your own or other cultures through your work?
- What about your working relationships with colleagues, supervisors or other agencies? Were there any issues or difficulties with them, and do you think culture had anything to do with it?
- Can you talk about how you find working as a professional from a minority background? Have you had any negative experiences that you think might be because of your culture or ethnicity? Have there been expectations or assumptions made of you because of your [Asian background]? Have you had any experiences of anxiety, shame, or embarrassment about your own cultural identity?
- Have you had any experiences of racism? How did it affect you? How did you cope?
- What do you think Asian mental health professionals in particular bring to this work? Do you think they may bring something that is different?

Experiences of training and/or supports

- How did you find the experience of training as someone from your cultural background? Did you find the training fit with you and your culture? Did you feel your training helped you to know how to work with clients from your own culture and others' cultures? Did you find it was oriented to Western cultures or for people from Western cultures?
- How do you find the training or support for dealing with issues of culture, if you had any? Would you like to have had more training, supervision or support on working with clients from your cultural group or from another cultural group? Have you been consulted on issues relating to culture?
- Do you think there are any ways your particular experiences may differ from another professional from a different cultural background (e.g. non-Asian, majority group…)? Were there any aspects of psychology or psychological work you found easier or harder to pick up because of your culture or cultural background?

Working with clients across similar or different cultures

- How does culture play into the dynamic for you and the client? Can you describe any positive or negative experiences you have had based on your culture? How do other people view you and your culture, and how does that affect your work?
- Can you talk to me about your experiences of working with clients from your own culture (or if you haven't worked with any, what it might be like or what your approach would take)? Would you see it as an easy or difficult experience? Have you conducted therapy in other languages? What was that like?
- How do you find working with people from [Pākehā European, Māori, other minorities etc]? How do you approach the work with them? Do you find any easier or more difficult?
- Can you talk about any issues or difficulties with clients from your culture (or another culture) that have come up for you personally?
- Is there any advice you would give Asian trainees (or yourself back in time)? What about to other professionals working with Asian cultures/your culture?

Views of culture and psychology

- How do you find working as an Asian therapist in a Western tradition? Does the way your culture is talked about or understood professionally or in psychology always match with your experiences? Have you ever noticed any gaps, for instance, between professional talk and what it is really like for you personally?
- Do you consider current approaches of psychology to be multicultural, or is it dominated by one particular set of cultural assumptions? Do you think clinical psychology adequately accounts for difference and diversity? What would a more inclusive and multicultural vision of this work look like?
- How relevant do you think these approaches are for Asian cultures? How well do you feel the profession engages with culture, particularly Asian cultures? Do you think psychology in general can do more to incorporate Asian perspectives?

Working in New Zealand

- How have you found working in New Zealand? What was it like adjusting to working here, and have you found the work to be different? Have you experienced any issues or difficulties due to differences? Do you think there are differences in the way we do things in New Zealand compared to other countries? If so, how?
- What do you think are key issues, challenges or gaps for Asian MH professionals in New Zealand? What change would you like to see in terms of these issues?
- How would you describe an Asian [mental health profession] who works effectively with and across cultures? What qualities or skills would they have? Is there any advice that you give to psychology trainees or professionals new to New Zealand from an Asian background that you wish you had known?
- Is there anything else on these topics that I haven't asked, that might be important to you?

# APPENDIX E

# TRANSCRIPTION AGREEMENT

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND
Te Whare Wānanga o Tāmaki Makaurau

**School of Psychology**
Human Sciences Building
Floor 6, 10 Symonds Street
Telephone 64 9 373 7599
Facsimile 64 9 373 7450
Private Bag 92019
Auckland, New Zealand

The University of Auckland
Private Bag 92019
Auckland, New Zealand

**CONFIDENTIALITY AGREEMENT – TRANSCRIPTION**

**Confidentiality agreement with the University of Auckland**

I hereby declare that all information obtained from or used in the transcription services rendered by myself, will remain strictly confidential. The resulting transcriptions and/or related communications will not be transferred to any persons other than to the researcher, Jennifer Liu.

Upon confirmation by the researcher of the completion of the services rendered, I agree to erase all physical and soft copies of the material directly related to the research (i.e. audio files and transcripts).

Any update to this agreement will be communicated in writing to me by the researcher mentioned above, at which point I will update the agreement, if necessary.

**Signed:**

**Name (Please print clearly):**

**Date:**

**APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN ETHICS COMMITTEE ON 30/11/15 for 6 years, Reference Number …016477..**