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Exploring Trainee Person-Centred Therapists Experiences of Working with Diverse Clients

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Abstract

Background: Historically, within the counselling and psychotherapy profession, counsellors, psychotherapists, and their clients originate from a White and privileged background. However, due to the rise in racial and cultural diversity within the United Kingdom, the likelihood of diverse clients accessing counselling and psychotherapy is increased. Theoretically, the person-centred approach to therapy is deemed as a universal approach and is applicable to every individual. However, the suitability of the person-centred approach to clients originating from diverse cultures and backgrounds has been questioned. Nonetheless, the experiences of trainee person-centred therapists working with diverse clients must be taken into consideration

Aim: As there is a shortage of research literature, this research study explored trainee person-centred therapists' experiences of cross-cultural therapeutic relationships, focusing on experiences with clients who originate from diverse backgrounds.

Method: Four trainee person-centred therapists took part in this study offering their experiences of cross-cultural therapeutic relationships with diverse clients. This was conducted through one-one semi-structured interviews. The research data was analysed using thematic analysis.

Results: Five main themes were formed, alongside several subthemes. These include 'Cultural block,' 'I don't know how to be,' 'It's enough,' 'Fear of stereotypes' and 'Limited experience.'

Conclusion: The research findings revealed the significance of cultural factors influencing the therapeutic relationship. Although the trainee therapists were able to experience Rogers' (1959) core conditions, they expressed conflict with the experiencing of congruence, due to a cultural block. Consequently, this emphasises the importance of cultural awareness within cross-cultural dyads. Therefore, the results indicate that further training regarding cultural competency and sensitivity would aid trainees in developing and maintaining positive cross-cultural therapeutic relationships.

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Introduction

The United Kingdom is continuing to become racially and culturally diverse. Within England and Wales, statistics have shown a growth in population of individuals originating from a Black, Asian, and Minority Ethnic (BAME) background (Office for National Statistics, 2011). The government data regarding the United Kingdom's ethnic groups reinforces the vast cultural diversity. It has been found that thirteen percent of the population originate from BAME groups. This is significantly high in areas across England, such as London (2011 Census data).

Despite this, individuals originating from BAME communities are more likely to face disadvantages in society. For example, poverty, poor education, poor health outcomes, higher unemployment and are more likely to face difficulty gaining access to healthcare when compared to other groups in society (Memon et al., 2016). As a result of this, accessing mental health services can be a cause of concern. It has been argued that within Britain, individuals who come from an African or Asian background are likely to experience oppression and racism (Mckenzie-Mavinga, 2009). The experiences of racism can lead to the onset of mental health difficulties (Gibbons, O'Hare & Stock et al., 2012). This indicates the necessity, yet also the challenges for BAME individuals accessing mental health services.

Person-centred therapy is a notable and reputable approach to counselling and psychotherapy. According to the theoretical principles of person-centred therapy, it is deemed as a universal approach, emphasising that it is sufficient to working with each unique individual. Some have described the approach as being 'simple, elegant and universal' (Tolan, 2003). The focus for person-centred therapists during their client work is to truly understand and accept their clients, within the client's perspective and frame of reference.

However, the applicability of the person-centred approach to clients originating from diverse cultures and backgrounds has been questioned. Theoretically, Rogers' (1959) person-centred approach is deemed as being an applicable approach for each individual client. Although Rogers' concepts, specifically his core conditions, have been allied with positive therapeutic outcomes (Coma & Quentin, 2018) and found to be facilitative, it has been argued that it is not enough (Wachtel, 2007), especially within cross-cultural therapeutic dyads. It has been claimed that person-centred therapists following

Rogers' principles could potentially become rigid within their experiencing of Rogers' (1959) core conditions. Therefore, forming a one-size-fits- all framework within therapy, which fails to recognise cultural differences (MacDougall, 2002). Consequently, the therapist could negatively assess cultural differences within therapy.

Furthermore, it has been stated that the person-centred theoretical view of focusing entirely on the individual misses client's societal and cultural context within the therapeutic relationship (Chantler, 2005). Thus, this reinforces the demand for a theoretical development to include a focus on clients' racial and cultural context.

Historically, within the counselling and psychotherapy profession, counsellors and psychotherapists originate from a White background. Yet, because of the increase of cultural diversity, with the likelihood of clients originating from several backgrounds, it has been suggested that there could be a risk of White bias that may impact the therapeutic relationship (Sue, Arreedondo & McDavis, 1992). Counselling approaches that stem from Western origins are claimed as being culture specific (Pedersen, 1987, as cited in MacDougall, 2002) as they focus on White, Individualistic beliefs (MacDougall, 2002). It is believed that the person-centred approach takes a monocultural Western perspective of oneself, as being an independent and autonomous individual (Holdstock, 2005). Therefore, this results in questioning the competency of the person-centred approach when working with diverse clients, specifically whether a therapist from a dominant group can therapeutically understand an ethnic minority client's experience.

Consequently, further thought must be taken into consideration regarding the universal application of the person-centred approach, specifically regarding the efficacy of offering person-centred therapy to clients from diverse backgrounds. Therefore, the issues surroundings therapeutic relationships, including aspects such as race, ethnicity and culture must be considered within the counselling and psychotherapy profession.

As a trainee person-centred therapist coming from a British Pakistani background, I recognise the importance of factors, such as race and culture, within therapeutic relationships. This is because I can

recognise my personal experiences of counselling and my training as a therapist from a racial and cultural perspective. My training as a person-centred therapist involved a cross-cultural dynamic due to my background. This was a beneficial learning experience which aided my awareness of cross-cultural therapeutic relationships, more specifically, identifying and understanding that therapeutic conflict can occur. Thus, I feel it is imperative that diverse clients are given attention within counselling and psychotherapy.

This research study aimed to explore trainee person-centred therapists experience of cross-cultural therapeutic relationships, with especial attention to working with clients originating from diverse backgrounds. This study involved exploring the experiencing of Rogers' (1959) necessary and sufficient conditions and core conditions within the therapeutic relationships. It looked at whether the trainee therapists were able to experience effective therapeutic relationships with clients from diverse backgrounds and investigated the ways in which race and culture impacted the therapeutic relationship.

To begin with, a contextual background of research literature surrounding person-centred therapy and working with diverse clients within therapeutic relationships will be provided. This will be followed by the research methodology the research study used. Results and findings will be described and analysed. Lastly the implications and limitations will be outlined.

Literature Review

Definitions of Key Terms

It is fundamental to identify the key terminologies used within this study, especially race, culture, and ethnicity. This is mostly because these terminologies are used interchangeably and are continually changing within research literature (Meyer & Zane, 2013). Therefore, a list of definitions has been listed:

Race: relates to individuals' biological characteristics which is portrayed within their physical appearance (Helms, Jernigan & Mascher, 2006), such as skin colour (Carter, 1995 as cited in Lago, 2005).

Ethnicity: refers to groups that are categorised according to a shared nationality and language (Betancourt & López. 1993)

Culture: relates to mutual beliefs, values, and behaviours within a group (Matsumoto, 1996).

Ethnic Minority: is described as a group within society which differs in their views, beliefs, and traditions from the dominant population group (Lago, 2005).

Racism: involves the belief that a racial or ethnic group holds dominance compared to other groups in society, such as ethnic minorities (Van Dijk, 2012) that leads to rejection or discrimination (Lago, 2005).

Person-Centred Theoretical Approach

The concept of 'the actualising tendency,' which refers to the development of the self, is a key construct within the person-centred approach. According to Rogers (1959), humans have an innate ability for growth, development, and autonomy. This enables them to strive towards achieving their full potential, which is acknowledged as becoming a fully functioning being. Individuals who have become fully functioning beings self-actualise towards their actualising tendency, which is deemed as the motive

force (Pescitelli, 1996). Individuals live by their organismic valuing process. Here, they assess their actions according to their actualising tendency. However, Rogers (1959) enforced that individuals are at risk of their organismic valuing process becoming thwarted, because of the interference of conditions of worth. Conditions of worth develop when one receives conditional positive regard from their significant others as opposed to unconditional positive regard. Consequently, their organismic valuing process is impacted as they are no longer driven to working towards their self-actualising tendency. Instead, their actions become reliant on the development of the condition of worth.

Rogers believed that offering person centred therapy can aid in diminishing the conditions of worth, allowing individuals to become congruent with their self-actualising tendency. This is achieved by person-centred therapists providing a growth promoting environment whilst experiencing Rogers' (1957) six necessary and sufficient conditions.

1. Psychological contact occurs between client and therapist.
2. The client is incongruent, being vulnerable or feeling anxious.
3. The therapist is congruent within the therapeutic relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist communicates an empathic understanding of the client's frame of reference.
6. The client acknowledges the therapist's experiencing of empathy and unconditional positive regard.

Through offering Rogers' (1957) necessary and sufficient conditions, person-centred therapists enable the climate for personality development to occur. Clients are facilitated by their therapists to work towards their actualising tendency. According to Rogers, (1957) there is no other requirement for personality change to occur, apart from the existence of these six conditions over some time.

Person-centred therapists also incorporate Rogers' (1957) three core conditions within their practice: congruence, unconditional positive regard, and empathy. When these core conditions are offered to clients, it increases the likelihood for trust and deep rapport to occur within therapeutic relationships (Mearns & Cooper, 2005).

Diversity Within Therapeutic Relationships

Research evidence has found that individuals who are considered as being ‘different’ or ‘diverse’ are subject to experiencing oppression and discrimination, mainly by the majority groups within society. Within the United Kingdom, social groups exist that are described as being privileged. This is made evident within many aspects of society, such as education and employment (Cooper et al., 2013).

It is essential to consider the difference between those who are perceived as privileged to those who are seen as disadvantaged. Those who are advantaged include White, heterosexual people and both men and women coming from a middle working class. On the other hand, disadvantaged or different people are identified as coming from Black, minority ethnic groups, gay, lesbian, bisexual and disabled people (Cooper et al., 2013).

The therapeutic relationship between clients and their therapists has been found to be highly significant regarding the growth of clients (Lambert, 1992), reinforcing the importance that therapeutic relationships hold within therapy. It has been argued that White therapists belong to the larger society groups, thus it is almost inevitable that they develop racial biases that arise from their ancestors, peers, and social groups (Burkard & Knox, 2004). As a result of this, there is a risk that these individuals may develop a conditioned cultural process that instils biases or prejudices, which could influence their therapeutic practice with diverse clients, for example discrimination (Abelson, Dasgupta, Park, & Banaji, 1998, as cited in Sue et al., 2007). This raises concerns within the counselling and psychotherapy field, specifically preventing discriminatory behaviours occurring within the practice of therapy with clients originating from minority racial and ethnic groups.

Research evidence has emphasised that White therapists within their training are rarely aware of their own biases regarding their own racial and ethnic self, as well as others (Dhillon-Stevens, 2004, as cited in Cooper et al, 2007). Furthermore, it has also been discovered that within training, White therapists may not ever discover their beliefs towards clients who are recognised as being diverse (Cooper et al, 2007). Thus, therapists who fail to recognise their own biases and prejudices within their therapeutic

work could unconsciously develop impasses when working with diverse clients, leading to underutilisation of therapy services, and even ending therapy (Burkard & Knox, 2004 as cited in Sue et al., 2007).

There has been a patent demand for cultural competence within counselling and psychotherapy (APA, 2003). Sue, Arredondo and McDavis (1992) argued that there are specific counsellor characteristics that are linked with successful therapeutic relationships with racial and ethnic minority clients. These include the acknowledgement of an individual's race and culture which involves the awareness of their assumptions or stereotypes that impact their view. Additionally, this also incorporates recognising the views of clients who are culturally diverse. However, the issue results in when White therapists are unable to notice the ways in which race can impact the therapeutic relationship as well as the effect of racism to those diverse clients (Richardson & Molinaro, 1996, as cited in Sue et al., 2007). The impact of therapists that do not recognise their biases could results in diverse clients terminating their therapy (Burkard & Knox, 2004).

Person-Centred Therapy and Diversity

Person-centred therapy has theoretically been perceived as being a sufficient and suitable theoretical approach to clients from all populations (Cooper et al., 2013). It is believed that the person-centred approach can be applied to every context (Raskin & Rogers, 1995).

Conversely, the applicability of the person-centred approach to diverse clients has been challenged (Sue & Sue, 1999). The person-centred approach has been critiqued with regards to its cultural relevance. Rogers' views have been claimed as being culturally biased (MacDougall, 2002). According to Rogers (1961), the belief of independence, autonomy and self-direction are imperative, as it allows self-growth to occur. Yet, it has been claimed that these beliefs are associated with Western values (Kim, 2018). Therefore, this insinuates that the approach does not consider the beliefs of those from minority groups. For example, the person-centred concept of working towards becoming a fully functioning being may not be acknowledged with diverse clients, especially those from an Eastern origin. Research evidence has found that this is mainly due to the idea that these clients have pre-

conceived expectations and outcomes of their therapeutic relationship. These include the offering of advice, skills, and direction (Kim, 2018). Here, the counsellor is viewed as being 'the expert' as opposed to Rogers' (1959) belief that the client is the expert.

Furthermore, it has been argued when working with clients who originate from diverse or different backgrounds, the person-centred approach does not consider some factors. It has been stated the person-centred theory does not consider the clients experience of working with a therapist who originates from a majority society group, or even from a background that a client may not be from (Cooper et al., 2013). This leaves the questioning of whether a person-centred therapist originating from a 'majority' group can empathically understand the experiences of clients who come minority groups and their perception of society, specifically if it is unfamiliar to the therapist. Moreover, is the therapist able to create a safe and trusting relationship for the client to feel safe and allow the therapeutic relationship to work? Or will the therapist unknowingly reiterate behaviours that have damagingly impacted clients?

Despite this argument, the person-centred theory adopts a two-person approach between the client and the therapist. Both the client and therapist are actively involved. According to Rogers' (1959) necessary and sufficient conditions, it is believed that clients access therapy when they are in a place of distress, caused by their incongruence. In therapy, clients must be in psychological contact with their therapist for therapy to progress. In response to this, Rogers (1959) believed that person-centred therapists offer an empathic attitude, genuineness and unconditionally accept each unique client. Consequently, the person-centred approach is based upon relational factors, (Cooper et al., 2013) which prepares person-centred therapists to work with clients from all backgrounds.

The effectiveness of the person-centred approach when working with culturally diverse populations has been supported through modern research studies. These diverse populations include countries such as Iran, Brazil, and Malaysia. Nevertheless, the reliability of these research studies was limited because of probable researcher allegiance (Quinn, 2012). Consequently, this provides evidence that there is a lack of reliable research studies, thus questioning the efficacy of the person-centred approach to diverse clients.

Chantler (2005) has argued that the key focus of solely focusing on the individual within the person-centred philosophy limits the involvement of aspects such as cultural values. The view of regarding all clients as the same has been perceived as 'culturally encapsulated' counselling, arguing that little to no attention has been considered to the demand for clients from minority populations (Wrenn, 1962 as cited in Cooper et al., 2013).

On the other hand, in argument to Chantler's (2005) claim, Rogers (1951) identified the significance of person-centred therapists viewing their clients according to their frame of reference, highlighting that the sole focus must be on the client and their growth and the effectiveness of this. Thus, person-centred therapists aim to understand their clients as a unique individual (Cooper & McLeod, 2011). Due to the increase in client diversity, it is vital for counsellors and therapists to prioritise clients' frame of reference (Tuckwell, 2006). Therefore, this reinforces the applicability of the approach to each unique individual.

However, Rogers himself has been subject to criticism within his demonstration videos: "On Anger and Hurt" and "The Right to Be Desperate." It has been argued when he was working with an African American male client, his responses displayed race avoidance, by not recognising the client's references to race (Lago, 2011). Therefore, this highlights the issue of therapist silence, especially regarding racism (Chantler, 2005). Thus, it could be argued whether Rogers himself was in fact race avoidant, rather than criticising the person-centred approach as being not relevant.

The experiencing of Rogers' (1959) core conditions has been questioned when working with diverse clients. It is argued that they may experience some challenges understanding the core conditions within the therapeutic relationship. With regards to congruence, which promotes individuals to be self-aware regarding their thoughts, feelings and beliefs, diverse clients may find this challenging as they tend not to value concepts such as self-awareness or subjective experiences (MacDougall, 2002). Furthermore, the experiencing of empathy and empathic understanding within therapeutic relationships, which refers to the therapist entering the client's perspective, may be offensive. This is because values, such as reservation and inhibition are prioritised within diverse populations (Usher, 1989). However, if a person-centred therapist is truly experiencing empathic understanding, then it is more than likely that the

therapist would recognise the offense that could potentially be caused. Thus, this aspect could be questioned as it seems that Usher's (1989) criticism does not depict the difference between offering and experiencing empathic understanding.

Race, Culture and Ethnicity Within Therapeutic Relationships

As a result of the increase in diverse clients accessing counselling and psychotherapy services, it has been found that both race and ethnicity can impact the development and outcome of therapy. However, within person centred therapy, there is a lack of research literature focusing on race, culture and ethnicity in cross-cultural therapeutic relationships. In its place, current research literature that exists will be explored.

Matching clients and therapists according to their race and ethnicity has become a commonly used practice, known as racial matching (Kim & Kang, 2018). The significance that clients hold regarding the race and ethnicity of their therapists has been discovered through research studies. Research has found that therapist ethnicity is a key factor that is considered by clients, especially at the beginning of therapy (Meyer, & Zayne, 2013). Research evidence has also found that clients prioritise the race and ethnicity of their therapists as opposed to their age or gender (Ward, 2005).

Furthermore, clients are more likely to attend therapy and complete their sessions when they are matched with a counsellor who originates from the same race or ethnicity as opposed those clients who are matched to therapists from a different background (Sue, Fujino, Hu, Takeuchi, and Zane, 1991; Wintersteen et al., 2005).

A research study explored the impact of ethnic matching within ethnic minority groups, focusing on two variables. These included working alliance and perceived therapist credibility. The variables had shown to be significantly higher for the clients who preferred ethnic matching dyads (Farsimaden, Draghi-Lorenze and Ellis, 2007). Thus, reinforcing that clients having the opportunity to choose ethnic matching could influence the therapeutic outcome positively.

However, when looking at a meta-analysis on seven research studies which focuses on racial and ethnic matching in therapy, it was found that racial and ethnic matching does not predict the likelihood or the period of clients attending therapy. Instead, clients assigned with therapists from the same racial or ethnic background were more likely to attend counselling and not as likely to terminate their counselling sessions (Maramba & Hall, 2002). Thus, reinforcing that racial and ethnic matching is not sufficient in increasing the likelihood of clients attending therapy sessions and improving the therapeutic relationship between the client and therapist.

Additionally, a meta-analysis was conducted on ten research studies, which also explored ethnic and racial matching within therapy. The research findings established that there was no significant difference concerning clients accessing therapy or regarding the improvement of client functioning when comparing clients and therapists who were matched according to their race and ethnicity to those who were not matched (Shin et al., 2005).

A research study assessed the perceptions of race within therapy between ethnic minority clients with a White therapist (Chang & Yoon, 2011). The results found that White therapists were unable to understand the key components of the ethnic minority clients' experiences, leading to broaching racial and cultural concerns. Despite this, the clients expressed that racial differences were reduced if therapists had shown to be compassionate or accepting whilst communicating racial or cultural issues. This highlights the benefits of experiencing person-centred skills, such as empathic understanding and unconditional acceptance within cross-cultural therapeutic relationships.

La Roche & Maxie (2003) distinguished cultural differences through three philosophical viewpoints. These include universalism, particularism and transcendism. Through the universalist perspective, research has found that shared factors, such as understanding and warmth, facilitates successful outcomes in therapy. According to this view, it is argued that cultural differences between client and therapist does not need to be focussed upon, providing that the differences do not significantly impact the therapeutic process outcome. Conversely, the particularist approach suggests that race, culture, and ethnicity have a substantial influence upon an individual's experience. Consequently, individuals from differing cultural backgrounds are unable to understand each other. Thus, cultural differences

become barriers, which becomes challenging for clients and therapist to work effectively together. Finally, the transcendist perspective suggests that individuals that differ in race and ethnicity are psychologically different, yet the variances can be transcended.

According to Sue, (1998) therapists have to ability to develop cultural competencies when working with diverse clients. Once these competencies have been attained, the efficacy of therapy with diverse clients is increased. It has been claimed that most therapists work towards the transcendist model (Segall, 1998).

Research studies regarding the efficacy of identifying cultural differences in therapeutic relationships is scarce, (Pope-Davis et al., 2001) especially regarding person centred therapy.

Research Aims

Previous literature has reinforced the challenges that are faced when working within racially and culturally diverse therapeutic relationships. Research has indicated that therapists that are aware of their own and their clients' racial and cultural positioning within the therapeutic relationship are more likely to experience a positive therapeutic relationship and outcome.

However, there has been a lack of research focusing on therapeutic relationships with diverse clients within the person-centred approach. Therefore, this research study investigated how factors such as race and culture influence the therapeutic relationship. It offered trainee person centred therapists the chance to reflect upon their experiences of working within diverse cross-cultural therapeutic relationships whilst experiencing Rogers' (1959) necessary and sufficient conditions and core conditions.

The research question was:

What are trainee person-centred therapists' experiences of working with diverse clients?

Research Methodology

Though race has been defined as a social construct (Lago, 2005), this research study focused on the influence of race and culture within therapeutic dyads. Thus, the study used a phenomenological approach, which concentrates on understanding the lived experiences (Creswell, 2007) of trainee therapists working with diverse clients. By doing so, the study was also well-suited to using a qualitative approach. Qualitative research methods aim to focus on the development of a specific area of concern, whereas quantitative research methods are based on numerical representativity (Almeida, Faria & Queiró, 2017). As this research study explores the experiences of factors such as race and culture within therapeutic relationships, it uses a qualitative approach.

Participants

A sample of four trainee therapists participated within this study: three females and one male. The participants originated from different backgrounds, which was fitting to the research aims of the study. Two described themselves as White British, one as White Greek and one as Black (Caribbean) British.

The participants were all post-graduate students studying at University for a Master's degree in Person-Centred Experiential Psychotherapy and Counselling. These participants were selected to allow the focus on person-centred therapists experiences of diverse client work to commence.

All participants were recruited from a counselling organisation known as 'The Human Flourishing Project' that provides placements to trainee person-centred therapists. The Human Flourishing Project is a Community Interest Company (CIC). The organisation offers up to 40 sessions of Person-Centred Therapy. The participants all worked at the same placement. They became aware of this research study through the placement agency and volunteered to take part. This was communicated via WhatsApp, where both staff and trainees are within a group chat. Here, they were given a brief outline of the research study, including the research question, and were given the opportunity to voluntarily participate. If they were interested, they were sent over an Information Sheet (Appendix 1) and Consent Form (Appendix 2) through email. The Information Sheet went into depth of the nature of the research study, including the reasoning behind why it was being conducted and what the participants were being

asked to do. They all felt that the research study allowed them to reflect on their practice and offered them an opportunity to voice their learning from their practice.

The researcher had a short discussion with each participant to ensure that they would be suitable for the study. For example, the researcher checked to see whether the participant had experience of client work with ethnic and racially diverse clients.

Table 1: Participant Characteristics (Self-reported)

Pseudonym	**Age**	**Gender**	**Nationality**	**Racial and Ethnic Background**
Faye	26	Female	British	Black Caribbean
Alex	54	Female	British	White
Jake	24	Male	Greek	White
Amy	33	Female	British	White

Data Collation

Within this research study, research data was collated through one-to-one semi structured interviews. This provided participants with the opportunity to reflect upon their experiences. According to the aims of the research study, conducting individual interviews seemed the most appropriate method of collecting the data. The participants were emailed over the Information Sheet and Consent form. The interviews did not commence until the participants emailed over a signed copy of the consent form, providing consent to take part within the study.

Due to the Coronavirus-19 restrictions, face-to-face interviews were not able to take place. Instead, the interviews were held online using Microsoft Teams and were recorded virtually using a recording facility within Microsoft Teams. Once the interviews were recorded, they were stored on OneDrive, which will be stored for 7 years following the completion of the project. The recordings were only able to be accessed by the researcher and the supervisor. The interviews ranged from 13 minutes to 53 minutes. The mean length was 28 minutes. The interviews took place within a private and safe space within the researcher's home. Each participant was provided with a pseudonym reinforcing participant

confidentiality and anonymity was maintained throughout the study. Once the interviews were conducted and data had been collected, each interview was carefully transcribed by the researcher.

The interviews consisted of initially asking four questions. The researcher created a plan (Appendix 3) for the interviews to ensure that the participants experience of working with diverse clients was fully covered. This allowed the research data to be beneficial to the study. The researcher worked alongside their supervisor to create interview questions that were relevant to the study. The interview questions started by gaining an overall idea of the participants experience at their placement. This was followed by gaining an understanding of the participants' experiencing of Rogers' (1959) necessary and sufficient conditions in diverse cross-cultural and racial therapeutic relationships. This was achieved by using open-ended questions. Using open-ended questions encourages the participants to provide a more in depth and informative response and to explore their feelings (Labuschagne, 2003). By offering the opportunity for participants to explore certain attitudes and beliefs, it is more likely to gain an understanding of the subject matter (Willig., 2008). The researcher then used follow up empathic responses to help facilitate the discussion surrounding the experience. This allowed the participants to go into more depth to provide a description of rich details such as their thoughts, memories, and feelings of the specific experience.

Data Analysis

Thematic analysis was selected to analyse the research data. Thematic analysis is a qualitative process for data analysis. It involves identifying, analysing, and interpreting patterns of meaning within qualitative data, which are created into 'themes.' Themes refer to shared patterns that have been identified within a set of data (Braun & Clarke, 2006). Thematic analysis allows the understanding of trainee therapists experiences working with diverse clients to occur. This data analysis method is a theoretically flexible approach which can be utilised to assess both small and large data sets (Braun and Clarke, 2006). Conducting interviews as a means of gathering research is fitting with thematic analysis (Braun & Clarke, 2006). Thus, this reinforces the suitability of this data analysis method for this specific research study.

Braun and Clarke's (2006) phases were followed when analysing the data set. This included familiarisation, coding, generating themes, reviewing themes, defining, and naming themes and lastly a written account.

Primarily, once each interview had been conducted, they were carefully listened to and transcribed, allowing the first stage of familiarisation to take place (Pitt, 2002). Next, the interviews were read several times which allowed the creation of ideas to be discovered regarding the research aims. Several notes were made. The notes were then collected and formed into codes, which allowed the coding process to occur. The codes that were similar were grouped together. During the coding process, excerpts from the data set were also highlighted. Penultimately, the codes that were created were then converted into themes. To envisage the chosen themes, they were written down, including the extracts from the data set. Lastly, the created themes were repeatedly evaluated to ensure the results were represented accurately, which enabled the write up to take place.

Ethical Considerations

When conducting research studies, it is imperative to consider ethical issues that may arise and how it can be managed. The use of qualitative research studies can generate ethical issues (Sanjari et al., 2014).

This research study gained ethical approval by the University's Ethics Committee. The research study was conducted in line with the British Association for Counselling and Psychotherapy Ethical Framework for the Counselling Professions (BACP, 2018).

Ethical concerns that may arise include anonymity, confidentiality, and informed consent (Sanjari et al., 2014). Within this research study, participants were given an information sheet, as mentioned previously (Appendix 1). This included all the relevant details for the research study. The participants were also told that the results would always remain confidential. They were informed that the only people to gain access to the data would be the researcher and supervisor only. Participants were also sent a consent form (Appendix 2). They were asked to sign and email over the completed consent form

to the researcher prior to the interview. Additionally, the interviews took place within a private and safe space within the researcher's home. The researcher also used headphones whilst the interviews took place to ensure confidentiality was maintained for each participant. The recordings of the interviews have been stored on OneDrive that is accessible by the researcher and supervisor only. The data will be stored on here for 7 years after the completion of the project. Each participant was given a pseudonym to ensure participant anonymity was maintained.

Researcher Reflexivity

Within qualitative research studies, the researcher is directly involved within the study (Sanjari et al., 2014). As a result, it is imperative to consider my positioning as the researcher within the study, especially coming from a cross-cultural perspective, which could influence the understanding of each participant's experience.

Throughout the study, it was fundamental that each trainee therapist was treated the same. However, as a researcher coming from a cross-cultural BAME background, it is probable that I may share similar feelings or experiences to the trainee therapist who also originated from a cross-cultural BAME origin, in comparison to trainees from a White background. As a result, I may prioritise these experiences and not pay enough attention to the White trainee experiences.

As a postgraduate student myself under training to become a person-centred therapist, I had a considerable amount of familiarity to the participants of the research study, as well as experiences of cross-cultural therapeutic dyads with diverse clients. Thus, this could be translated within the exploration of the study. I may unknowingly include my own understanding or awareness, interfering with the analysis of the data. Furthermore, my positioning, as a trainee therapist, may impact the degree of honesty and transparency of the trainee therapists' experiences which the study aimed to reveal.

Results

Within each interview, the participants provided an in-depth description of their experiences within their practice of working with cross-cultural therapeutic relationships and diverse clients. Through the analysis of the data, five themes have emerged. These include:

1. Cultural Block
2. I don't know how to be
3. It's enough
4. Fear of Stereotypes
5. Limited Experience

Below is a table (table 2) which provides a list of the themes and sub-themes that have arisen.

Table 2: Themes and Sub-themes

Themes	**Sub-themes**
1. Cultural Block	1.1 Completely different worlds 1.2 Feeling stuck
2. I don't know how to be	2.1 Inner Conflict with Congruence 2.2 Challenge in Authenticity
3. It's enough	3.1 No difference 3.2 It's real
4. Fear of Stereotypes	4.1 I haven't experienced it
5. Limited Experience	5.1 Lack of understanding 5.2 Increase in Awareness

Most participants reviewed the experiences of one cross-cultural relationship, whereas some referred to more than one.

Table 3: Origins

Pseudonym	**Counsellors Background**	**Clients Background**
Faye	Black British Caribbean	White European (Lithuanian), Black African
Alex	White British	Black British Jamaican, Mixed Race (Half White, Half Caribbean)
Jake	White Greek	British Asian Chinese
Amy	White British	Black Kenyan

1. Cultural Block

The theme 'Cultural Block' refers to the trainee therapist's difficulty of working with clients from different cultures within their therapeutic relationship due to cultural differences acting as a barrier.

1.1 Completely different worlds

With regards to client practice, some trainee therapists felt that their cultures impacted their understanding within their therapeutic relationship as they felt far apart from each other.

One trainee, Jake, explained the complexity of his therapeutic relationship with his diverse client. He indicates that culture influenced the therapeutic process. *"It was a difficult relationship...it didn't work out… my client didn't feel understood from the start which could possibly be to do with his cultural background and my cultural background."*

Similarly, another trainee, Faye felt that she had trouble because of cultural differences. *"…. My client's culture was completely different to not only mine but to the British culture and she'd often bring that up in session and bring up how difficult she found that…because she found it so opposing."*

Faye also said that *"culture did play a big part in talking about feelings emotions and being honest with these emotions… the cultural difference really did play a big role."* This impacted her practice with her client as she went on to say that *"it became a block at some point… A block as in this client was very hesitant to talk about her emotions really kind of let herself go and bring herself fully."*

1.2 Feeling stuck

Some trainee therapists described that due to the cultural block, they were left feeling stuck in their therapeutic relationship.

Faye described her positioning exactly as this, *"I feel we are stuck in our relationship."* She explained that her client would *"…bring herself halfway and stop at a point and refer back to the fact that her culture is different.*" Faye felt that her client also felt stuck due to the cultural differences, *"…with the British culture, this Westernised culture… she was struggling with that."* This provides evidence that that the cultural differences played a part within therapy.

Jake also felt that due to the cultural differences between his client and himself, he was left feeling unsure of where he was at, *"where am I now and how difficult is this."* This emphasised the challenge that he was facing.

2. I don't know how to be

This theme raises awareness of the trainee therapists' experiences of offering Rogers' (1959) necessary and sufficient and core conditions. Here, the participants described their challenges

when working with diverse clients, especially recognising their own positioning within the therapeutic relationship.

2.1 Inner Conflict with Congruence

Participants highlighted that due to cultural influences, their offering of Rogers' core conditions, specifically congruence, was most challenging when working with diverse clients.

Jake was open and honest with his experience with his client, especially regarding the core conditions. Jake felt that offering congruence was his biggest struggle. Jake stated, *"I wasn't congruent"* and *"it wasn't genuine."*

Faye was also open with her client experiences. She felt like Jake*, "it was a challenge for me to be congruent."*

2.2 Challenge in authenticity

Some trainee therapists had recognised that they were also challenged in authenticity and became unsure of how to be in the therapeutic relationship.

Jake expressed that he experienced struggles in being authentic as he said, *"my real significant issue was in authenticity or being afraid to be authentic."* Jake felt that his struggle of authenticity impacted his experience as he said, *"I don't feel comfortable"* and explained the impact this had. Jake displayed honesty in expressing his experience as he explained that his challenge in authenticity led him to neglect his client. He stated, *"I didn't want to engage with him… I was rejecting him."*

Faye also expressed that she felt that being her authentic self was a struggle within her therapeutic relationship, *"we worked on authenticity."* She felt impacted by the dynamics of the relationship with her client. "*The client … trying to control the sessions and control what was being spoken about, kind of shutting down what I'd say or cutting off what I'd say."*

3. It's enough

Both White trainees found that their experiences of working with clients from diverse backgrounds had been found to be therapeutically thriving through the experiencing of the person-centred approach. They described that their therapeutic relationships with diverse clients was found to be like their other clients' experiences.

3.1 No difference

It was found that some participants felt that there was no difference in their therapeutic relationship with diverse clients than any other therapeutic relationship that they had encountered.

Alex felt passionate about this when discussing her experiences. She said, *'I experience it in the same way as I do with all my other clients...I don't feel any different being my authentic self with them than I do with any other clients. So, to me, it feels the same."*

However, Alex recognised that there were some contextual variances, *"if I can be honest, the content can be a bit different."*

Alex also stated, *"I have no trouble offering the conditions for any of my clients,"* implying that she perceives her experiences similarly regardless of client race or culture.

Another trainee, Amy, also felt similarly to Alex. She said, "*I don't see any difference."* She recognised that the focus is on the individual, "*you're looking at the unique person and their unique experience than each person, it doesn't matter if they're from the same race or not, they're going to have a unique experience…I just treat them like any other person if I was working with a white person or a black person or an Asian person"*

However, it is essential to recognise that Amy and Alex, being White therapists, could unknowingly be displaying colour-blind attitudes, by not acknowledging the racial and cultural makeup of their diverse clients. Colour-blindness refers to a racial ideology that views race as irrelevant. Thus, holding the view that treating everyone the same, disregarding race, culture, or ethnicity, can be perceived as a strategy to terminate discrimination (Annamma, Jackson & Morrison, 2016). However, it is probable that by demonstrating this attitude, their therapeutic relationships could have been impacted, especially the clients' ability to describe their personal experiences of racial or cultural discrimination.

3.2 It's real

Both White trainee therapists felt that their experiencing of a person-centred therapeutic relationship was sufficient whilst working with diverse clients.

Amy described her own and her clients racial background, *"the relationship it's just so real, that trust is there and I'm White and he's Black."*

Amy reflected on her experiencing of the core conditions. She expressed that the person-centred tools provided her client with a safe therapeutic environment*, "I just kind of be myself, experience the core conditions, and don't just act either. Those core conditions are actually there. And I do feel that they create that kind of safety whatever race or background."*

Alex described that her clients felt positive towards the therapy they received. Alex stated that her clients are *"most grateful for the empathy. They love it and they tell me how much they love it."* She also described it as *"powerful."*

She felt that the diverse clients were able to connect with empathy the most. *"They recognise it, and they recognise the value of it."*

Overall, Rogers' (1957) core conditions were received by Alex's clients, *"they really do that kind of stunned at how good the core conditions make them, it makes them feel nice. It feels good to be listened to and heard properly and empathised with"*

Faye also reinforced the significance of empathy, even though she was experiencing some challenges. She stated, *"I still offered empathy because I genuinely cared about the client."*

4. Fear of Stereotypes

Most trainee therapists described being influenced by stereotypes at some point in their therapeutic relationships and felt afraid of how this may impact their client practice. These trainees recognised the consequences of making stereotypical assumptions through self-reflection.

4.1 I haven't experienced it

The trainee therapists felt that during their client work with diverse clients they struggled to relate to their clients, due to a lack of experience.

Alex explained that she was worried and feared that she was relating to her client from a stereotypical view. She said, *"but she talks about things, and then I wonder if I'm putting a spin on it based on stereotypes."* She also later went on to say, *"maybe I'm adding in a stereotypical… a stereotype which that's not there. You know that you are making it up. I did think that."*

Jake specifically expressed that he found it difficult to understand the severity of his client's experience, regarding experiencing stereotypical views. He said*, "maybe I haven't experienced that what he experienced … of the experience of stereotypes."* Jake questioned whether his assumptions reflected within his client work *"am I racist against him and am I racially discriminating him do I think less of him… which I did to a degree consciously."*

Faye touched on her experiencing of working with a client from the same racial background, *"this client was of the same racial background. But then she would talk about culture and as we are from the same racial background, but our cultures are different."* She explained that her client felt that still *"people don't understand."* This experience reinforces the downfalls of racial and ethnic matching as a method to aid the development and outcome of therapy.

5. Limited Experience

It is important to recognise that most of the trainee therapists felt that they had limited experience of working with diverse clients. Thus, their client practice was based on either one or two therapeutic relationships.

5.1 Lack of understanding

Some trainees felt that they were more likely to have a lack of understanding regarding the context of the clients' experiences.

Jake explained that when he was working with his client, he required more knowledge. He stated, *"I went on to read about this"* referring to gaining additional understanding regarding his client's context. Jake explained that he *"was in initial stages of working with a real client."* Therefore, this shows that this could have occurred due to him being a trainee.

Alex also explained that she experienced a lack of understanding regarding the content of her clients' experiences. She stated that this was her main challenge, *"I've struggled to understand what he is telling me."* Consequently, she explained that her diverse client often described the context of his experiences, which left her feeling apprehensive. *"I do sometimes think to myself I wonder if he's fed up with explaining this, still educating me."*

However, it is imperative to recognise that most trainees felt they had limited experiences with diverse clients. Alex felt she did not have much experience with diverse clients as she said, *"so I haven't got much to really compare it with.* She also recognised this and said*, "it's obviously very limited experience."*

Amy recognised that she has not experienced any challenges with diverse clients. However, she identified that this does not mean it may not ever happen. She said, *"I don't feel that I've had any problems up to now. But then it could be in the future. I'm not saying there might not be."*

5.2 Increase in Awareness

Most trainee therapists felt that their diverse client therapeutic experiences allowed them to recognise the disparities between the therapist and the client, especially the importance of cultural differences. Therefore, they recognised the value of gaining additional understanding to aid them in their client practice.

Faye explained that it *"encouraged me to learn more about cultures and how important they are too for a therapist and the differences in cultures," "I learnt a lot about it"* and *"I'd reinforce the importance of understanding cultures."*

Amy also reflected on her self-development through her work with diverse clients as she said, *"I have been working on myself."*

Jake explained that he also felt it was not all down to culture, he felt that other factors were involved. He said, *"he was my first male client who was around my age, and I think I found it really difficult to be with a person who is so similar to me, similar in the sense that he probably knows the same things I know around the same things culturally or mainstream."* Thus, raising awareness to other similarities, including gender and age, between the client and therapist impacting their therapeutic relationship. As a result of this, Jake also felt concerned regarding his professionalism as a trainee therapist, *"what if this is not professional or me like that is not professional enough."*

Discussion

The current study aimed to explore trainee person-centred therapists' experiences of cross-cultural therapeutic relationships with diverse clients, whilst focusing on the ways in which the trainee person-centred therapists experienced Rogers' (1959) necessary and sufficient conditions and core conditions.

Within this study, five main themes along with subthemes were successfully formed regarding the experiences of trainee person-centred therapists working with diverse clients. All trainees were open and transparent when describing their experiences.

The research findings indicate that cultural differences between client and therapist impacted the therapeutic relationship, creating a cultural block over racial disparities. Most trainee therapists indicated the importance of cultural awareness within cross-cultural therapeutic relationships, particularly when working with diverse clients.

According to the experiencing of Rogers' (1959) core conditions, some participants expressed that their experiencing of congruence was mostly impacted in comparison to their experiencing of empathy and unconditional positive regard with their diverse clients. The participants reflected on these challenging experiences, showing that they were self-aware, however they faced difficulty in expressing this to their clients.

Person Centred Therapy & Diversity

Traditionally, the person-centred philosophy is theoretically viewed as being a universal approach to therapy (Tolan, 2003) and is suitable for all clients.

The research findings indicate that the trainee therapists felt that they were able to therapeutically connect with their diverse clients, despite of their race or culture. All participants described that they were able to experience most of Rogers' (1959) core conditions. They described that their experiencing of empathy and unconditional positive regard was beneficial to developing and maintaining effective cross-cultural therapeutic relationships.

Some trainee therapists went on to describe their experiences, particularly the power of empathy within their therapeutic relationships. They suggested that their diverse clients greatly appreciated and valued empathy more than their other clients, proving that this core condition was momentously received. This provides evidence of the significance of Rogers' notion of empathy. Rogers (1995, p.134) believed that "we think we listen, but very rarely do we listen with real understanding, true empathy. Yet listening, of this very special kind, is one of the most potent forces for change that I know." Therefore, proving that these core conditions provided a safe environment for cross-cultural therapeutic relationships to occur with diverse clients.

However, some trainee therapists expressed a degree of difficulty when experiencing congruence with diverse clients. This highlights the struggle to meet the third condition of Rogers' (1957) necessary and sufficient conditions. This was mainly due to the cultural differences between the client and therapist, which acted as a cultural block within their therapeutic relationship, leaving the trainees feeling stuck. Trainees voiced that their lack of experience which impacted their understanding within cross-cultural relationships contributed to this factor. Some trainees highlighted the importance of culture within their cross-cultural therapeutic relationship.

It has been claimed that in fact congruence is the most complex out of Rogers' (1959) core conditions for therapists to experience and is also the least explained (Greenberg & Geller, 2001). Rogers believed that experiencing congruence facilitates the development of trust to occur within therapeutic relationships. Rogers (1961) reinforced the importance of being 'real' and the impact of this which allows the trust and rapport to develop. However, in this, the idea of being real is also complicated. One trainee within the study referred to this concept and described his experience of finding it difficult to be himself within the therapeutic relationship. Yet, this difficulty intensified when working with his diverse client. The trainees proved to be self-aware and transparent of their struggles which permitted the awareness of cultural barriers to occur.

Consequently, some trainee therapists suggested that further training regarding cultural awareness and sensitivity could aid their proficiency as trainee person-centred therapists working with diverse clients. In doing so, this could facilitate therapists to gain understanding of their challenges whilst promoting both cultural and racial awareness within cross-cultural therapeutic relationships.

Cultural Significance

Chantler (2005) claimed that the person-centred theoretical view of focusing entirely on the individual misses client's societal and cultural context within the therapeutic relationship. Yet, Rogers (1951) highlighted the need for person centred therapists to gain knowledge of individuals, incorporating their cultural setting, to truly understand others.

The current research findings indicated that cultural differences proved to impact the cross-cultural therapeutic relationship significantly when compared to racial disparities. Cultural differences, including differences in language and disparities in societal beliefs, which created a cultural block, led to the development of therapist incongruence. One trainee, Faye, also expressed a difference in religious beliefs between herself and her diverse client which impacted her therapeutic relationship.

Sue & Sue (2013) argued that a lack of cultural knowledge can lead to the formation of a therapeutic relationship which relies on stereotypical views of cultural groups within society. The trainee therapists expressed a fear of stereotypical views interfering within their client work. However, this steered the trainees to engage in gaining additional knowledge and understanding regarding cultural and racial worldwide beliefs. Both Faye and Jake stated that by educating themselves, they felt this aided them in their cultural awareness. This supports Sue, Arrendono & McDavis (1992) beliefs. The trainees displayed the counsellor characteristics, specifically the acknowledgement of race and culture which is associated with positive therapeutic dyads with ethnic minority clients. Therefore, reinforcing that the trainee therapists had shown to be self-aware, in which they were working towards developing cultural competence within their client practice.

Therapist Awareness

As the trainees within this study originated from different backgrounds, it was found that there were differences between the White British, the Black British and White Greek trainee experiences of cross-cultural therapeutic relationships.

It was found that both White British trainees experienced race and culture as being less of an issue within their therapeutic relationship in comparison to the therapist from a Black British origin. Both White British participants felt that culture and race did not significantly impact their client practice when working

with diverse clients. Instead, they both felt they were able to recognise their clients' value and significance through the person-centred concepts when working with diverse clients. One recognised that within their therapeutic relationship, their diverse client had minimal and limited experiences of empathy and truly being understood within their lives, proving the value of Rogers' (1959) of empathy. Therefore, reinforcing the suitability of the person-centred skills to diverse clients.

However, previous research claimed that White therapists within their training are rarely aware of their own biases regarding their own racial and ethnic self as well as others (Dhillon-Stevens, 2004, as cited in Cooper et al, 2007). As a result, awareness of race is vital, particularly for White trainee therapists' who originate from the majority social group.

The current research findings are in line with Dhillon-Stevens (2004) claim. Both White British trainees stated that they experienced their diverse cross-cultural therapeutic relationships as being the same as any other client experience. One participant, Amy, expressed that the sole focus was upon the client and not reliant on their culture or race. Consequently, there could unintentionally be a risk of colour-blindness impacting the trainee's competency of developing and maintaining positive therapeutic dyads within diverse client work. Research has found that colour-blind attitudes regarding race can impact the experiencing of empathy within therapists (Burkard & Knox, 2004). One White British trainee, Alex, reported that her experiencing of Rogers' (1959) conditions was not impacted, yet she went on to explain that she did experience some struggles. She explained that her difficulty was mainly due to a lack of understanding between her and her client. This research finding is in line with the results of Chang & Yoon (2011), where White therapists were unable to understand the key components of the ethnic minority clients' experiences. However, this research finding from the current study can be questioned as it is possible that the trainee demonstrated a lack of awareness in recognising how race impacted her empathic understanding. Therefore, it is imperative that White therapists become aware of their privileges in society to be able to be congruent and experience empathic understanding regarding race within the therapeutic relationship.

On the other hand, the trainee originating from a cross-cultural BAME background found her experience to be challenging. She reported her struggles, specifically that she became stuck with her client. She reinforced the significance of both racial and cultural barriers impacting the therapeutic relationship. It has been argued that White individuals demonstrate colour-blind attitudes more than people of colour

(Neville et al., 2000). Therefore, this fits with the notion that individuals from ethnic minority groups tend to be more aware of issues of race and culture in comparison to White people (Kim, 2006).

Implications

The research findings of the current study prove the development of the person-centred philosophy since Rogers' time. The results show that Rogers' (1959) necessary and sufficient and core conditions were beneficial for maintaining effective cross-cultural dyads with diverse clients.

Research findings established that racial factors, such as skin colour, were less likely to impact the therapeutic relationship. Thus, the notion of racial matching, in which clients and therapists were matched was shown to be unrelated. Instead, cultural differences were a significant factor that trainees felt impacted by within their client practice.

As cultural differences played a role in the experiencing of cross-cultural therapeutic relationships, it was found that some trainees felt that their experiencing of congruence was significantly influenced, due to a cultural block. Therefore, some consideration into the importance of culture and its impact within therapy could be developed within training to aid trainees in these experiences. For example, incorporating cultural awareness and competence modules within student training programmes could be beneficial to aid the development of therapist congruence.

Theoretically, the research findings revealed that the person-centred approach offered trainee therapists with valuable skills to developing and maintaining effective cross-cultural therapeutic relationships. For example, the person-centred skills including empathic understanding and unconditional acceptance facilitated trainees in developing cultural competence. However, the results encourage the person-centred approach to identify clients' and therapists' external societal background within its practice to ensure positive therapeutic dyads are maintained, particularly when working with diverse clients.

Limitations

The research study had a small sample size. Some have argued that a small-scale study could potentially result in having limited reliability (Faber & Fonseca, 2014). Despite this, the results have not

been conducted to generalise to all populations as each counselling experience is unique. Yet, the study evaluates each interview individually allowing an in-depth evaluation and analysis to occur. Thus, it offers a further understanding into cross-cultural therapeutic relationships experiencing Rogers' principles of the person-centred approach. Therefore, the results offer great significance, particularly to trainee therapists.

It is imperative to consider the recruitment strategy used within the research study. As the participants were from the same placement organisation as the researcher, the possibility for researcher bias must also be acknowledged. The researcher's position may have influenced the results of the study. Yet, each participant had shown to be transparent and unique throughout their interviews.

Similarly, the participants all ranged from different stages within their training to becoming qualified therapists. Thus, some participants were able to reflect on their experiences more deeply compared to others.

The current study was limited to the experiences of therapists' originating from White backgrounds. Therefore, the experiences of BAME therapists were not completely acknowledged, as only one therapist originated from an ethnic minority background.

Future Research

Race and culture have not received enough attention within counselling and psychotherapy, especially with regards to the experiencing of the person-centred approach. Therefore, future research will further enhance person-centred therapy as an applicable approach for working with racial and cultural variances. The current research only provided some awareness of this matter.

With regards to future research, the sample size being increased would offer more depth regarding trainee therapists experiences. Additionally, research exploring diverse clients' perspective and experiences of cross-cultural therapeutic relationship would provide more understanding.

Participants coming from more varied backgrounds, specifically BAME backgrounds would offer more understanding of the experiencing of cross-cultural therapeutic relationships.

Conclusion

In conclusion, the research study gained understanding of trainee person-centred therapists experiencing cross-cultural therapeutic relationships, particularly working with diverse clients. The research findings portray the significance and consequence of factors, such as cultural influences, within society and its impact within therapeutic dyads.

Despite the limited generalisability of the research findings, the trainee therapists have provided awareness of the complexity of cross-cultural therapy.

The trainee therapists revealed that the person-centred approach was an applicable model to cross-cultural therapy, working with diversity. Rogers' (1957) core conditions (empathy, unconditional positive regard) assisted trainee therapists to facilitate clients towards constructive personality change. Yet, some trainee therapists expressed conflict regarding the experiencing of congruence due to cultural differences.

The research findings highlighted that cultural differences between client-therapist dyads demonstrated to be a therapeutic block, in comparison to racial disparities. Thus, consideration must be given to the efficacy of research focusing on racial matching as a factor alone.

The current research study aimed to be a helpful source in raising awareness of cultural disparities within cross-cultural therapy with diverse clients, with attention to the experiencing of the person-centred approach.

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Appendices

Appendix 1 - Participant Information Sheet

Exploring Trainee Person-Centred Therapists Experiences of Working with Clients from Diverse Cultures and Ethnicities

Thank you for your interest in this research study. Before we begin, it is essential that you understand why the research study is taking place and what you are being asked to do.

If there is anything you are unsure of or do not understand then please do not hesitate to ask.

What is the research study about?

This study will explore trainee person-centred therapists' experiences of working with diverse clients.

What are the aims of the research?

This study will investigate the ways in which racial or cultural factors influence the therapeutic relationship. It will offer the opportunity for trainee person centred therapists to reflect on their experiences of working with diverse clients whilst offering Rogers' core conditions. It will aim to look at the ways in which trainee therapists offer the core conditions in cross-cultural dyads and how these relationships are experienced.

What sorts of methods are being used?

Data will be collected virtually via a Microsoft Teams call.

What are you being asked to do?

You are being asked to participate in an interview. It will last for approximately thirty to forty-five minutes. The discussion will be recorded. You will be asked questions regarding your experience of working with diverse clients.

Will my taking part in this study be kept confidential?

Yes, the interview will always remain confidential. A private space will be provided for all participants when the interview will be conducted. The interview will be stored on OneDrive that will be strictly confidential. The researcher and supervisor will only have access. Your name will not appear on any database or any information which is then published. Instead, a pseudonym will be used as an identifier on all data associated with you. The research will ensure that the results will be reported anonymously to ensure all participants will not be identifiable.

What will happen to the results of the research study?

The results of study will be used my dissertation.

Do you have to take part?

No, it is entirely the participants choice whether they want to take part voluntarily.

Can I Withdraw?

Yes, the participant can withdraw at any point.

If you want to take part in this study, you will not start before consent is given. You will be asked to keep hold of this information sheet and to sign a consent form gaining permission to take part before you begin.

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Appendix 2 - Participant Consent Form

Exploring Trainee Person-Centred Therapists Experiences of Working with Clients from Diverse Cultures and Ethnicities

Taniya Khan

Dr. David Murphy

- I have been provided with a Participant Information Sheet and have read it.
- I am aware of the aims and the purpose of the research study.
- I am willing to take part in this research study.
- I am aware of what it being asked of me as a participant.
- I am aware that I can withdraw from the study at any point.
- I am aware that my details will be kept confidential and will be anonymised by being given a pseudonym.
- I am aware that I will be recorded during the interview.

- I am aware that my interview will be stored on OneDrive.

- I am aware that that I able to contact the researcher or supervisor at any point and I am able to contact the Research Ethics Committee of the School of Education, University of Nottingham, if I feel dissatisfied with this research study.

Signed …… (participant)

Print name …… **Date** ……

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Appendix 3 - Interview Schedule

Research Question:

- What are Trainee Person-Centred Therapists' experiences of working with diverse clients?

Interview Questions:

1. How long have you been working as a trainee therapist at your placement and how has your experience been so far?
2. What has your experience been like with clients at your placement whilst experiencing Rogers' necessary and sufficient conditions?
3. Can you tell me a little bit about your experiencing of the therapeutic attitudes/conditions in relationships with clients from different racial ethnic identities to you?
4. Are there are other experiences that you would like to share regarding counselling clients from diverse racial ethnic backgrounds?

Probes:

1. How do you experience empathy/congruence/UPR with clients from diverse cultural and racial backgrounds?
2. Have there been any experiences when you may have noticed a difference when working with diverse clients?
3. Have there been any experiences where your experiencing of the core conditions has been challenged?
4. What was that like for you? I'd really like to know how you felt.
5. Can you say more about that?