City Research Online

City, University of London Institutional Repository

Citation: Padilla-Leon, Maria Amparo (2017). Interpretative phenomenological study of the counselling/therapy experiences of Hispanic/Latino clients with English-speaking therapists. (Unpublished Doctoral thesis, City, University of London)

This is the accepted version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: https://openaccess.city.ac.uk/id/eprint/19288/

Link to published version:

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

City Research Online: http://openaccess.city.ac.uk/ publications@city.ac.uk

Part B: The Journal Article

Research paper (Counselling Psychology Review: Appendix N Guidelines)

Maria Amparo Padilla

Culturally Responsive Counselling/Therapy with Hispanic/Latino Clients

Background/Aims: *The underutilization of mental health services by ethnic minorities has been a growing concern in research and clinical practice. This has become increasingly important for Hispanic/Latinos in the United Kingdom (UK) as their population is rapidly growing and research about their mental health needs is scarce. In response, this study explored the counselling/therapy experiences of ten Hispanic/Latino clients with English- speaking therapists.*

Methodology: *A qualitative approach was used to collect data through individual, semi-structured interviews with ten Hispanic/Latino clients living in London who had undergone therapy with English-speaking therapists. Interviews were analysed using Interpretative Phenomenological Analysis* (IPA Smith, Flowers & Larking, 2009).

Findings: *Results revealed four master themes related to cultural values that participants experienced as influencing their therapeutic encounters with English-speaking therapists. However, for the purpose of this paper, only one master theme titled 'The healing presence', will be presented. It refers to participants cultural expectations for therapist's attitudes that they considered fundamental to foster communication, emotional expression and a good therapeutic relationship irrespective of the therapeutic approach.*

Discussion: *The key themes identified add to existing literature with implications and recommendations for mental health professionals. The aim is to help enhance counselling/therapy practices with Hispanic/Latino clients, as well as to inform counselling psychology research.*

Keywords: counselling psychology; Hispanic/Latinos; therapist's attitudes; cultural awareness and sensitivity, therapeutic relationship.

Background and literature review

In the UK the underutilization of mental health services by ethnic minorities has been a growing concern in research and clinical practice (Mental Health Foundation, 2015). Latin Americans make up a significant and growing proportion of the population in the UK today. In 2016 McIlwaine and Bunge following the 2011 Census and the project "No Longer Invisible (NLI)", suggested that an estimate of 250,000 Latin Americans live in the UK, of which around 145,000 live in the London area (Cenus 2011; McIlwaine et al., 2011; McIlwaine, 2012). However, the number of Latin Americans in the UK was estimated at 700.000 to 1,000,000, significantly more than any census figure of Latin American-born in the UK has shown (McIlwaine et al., 2011).

In their project 'Towards Visibility', McIlwaine & Bunge (2016) indicated that Latin Americans in the UK receive fewer mental health services and their access to mental health support is lower than other groups, even though the prevalence of mental illness in this population is similar to that of other groups. Nevertheless, there seems to be a paucity of research about the mental health needs and service utilization by Hispanic/Latinos in the UK (Mental health Foundation, 2015). This is therefore the first qualitative study aimed at investigating the counselling psychology experiences of Hispanic/Latino clients with English-speaking therapists in the UK. Since most of the research on Hispanics/Latinos' mental

health has been conducted in the United States, the background literature covered in this paper will thus mainly be US based.

Identified Barriers to Mental Health Services Among Hispanic/Latinos in the U.S.

Although Hispanic/Latino groups have been identified as more likely to experience mental health problems than Caucasians, research shows that they have considerably poorer mental health outcomes and poorer experience of services and are more likely to experience significant disparities when accessing mental health care pathways (U.S Department of Health & Human Services (USDHHS), 2001).

Some of the barriers faced by Hispanic/Latinos to access and adhere to the mental health system include language barriers (Santiago-Rivera & Altarriba 2002; Santiago-Rivera et al., 2002), stigma (Ojeda & McGuire 2006), discrimination (Sullivan & Rehm, 2005), low socio-economic status (SES Dobalian & Rivers, 2008) and communication problems due to cultural differences (Pope-Davis et al., 2001). Many of these factors are said to contribute to misdiagnosis, though its extent is not known (Zalaquett et al., 2008). Similarly, such disparities in quality of care does not fully explain whether they reflect variation in actual mental health needs or are the result of cultural, socio-economic/demographic or institutional factors which disadvantage this population (Vega, Karno, Alegria et al., 2007).

These challenges shed light on potential limitations of traditional theories and interventions developed under a culture bound value system – value systems that are inconsistent with ethnocultural group values (Hill, 2003). It is therefore important to shift service delivery models to account for cultural differences.

Efforts to Increase Cultural Awareness and Competence

Research suggests that most therapeutic approaches are rooted in White individualistic Western Eurocentric societies "ethnocentric" (Orlans & Van Scoyoc, 2009; Eleftheriadou, 2006). Also, Asian, African, Hispanic and other non-Western cultures and collectivistic ideas are typically not addressed either in current models or in actual therapy (Sue et al, 1996; Waldegrave et al, 2003). Therefore, considering the growing Hispanic/Latino population in the UK, it is important to identify and disseminate effective culturally relevant techniques/interventions to increase clinicians' cultural responsiveness (Comas-Diaz, 2006; Falicov 1998, 2009; Ho, Rasheed, & Rasheed, 2004).

Key characteristics of a culturally competent therapist include self-awareness of their own cultural background, experiences, attitudes, and biases that can influence clinical work with culturally diverse populations (Sue, 1998; Helms & Cook, 1999; Whaley & Davis, 2007). Also the need to acquire relevant knowledge about individuals from diverse ethnic, linguistic and cultural groups (British Psychological Society (BPS), 2005; American Psychological Association (APA), 1993). To be prepared to respond to the needs of Hispanic/Latino groups requires a shift from a ***content model*** of cultural responsiveness, which emphasizes cultural characteristics that are salient for this group, to a ***process model***, which is less prone to cultural stereotypes (Lopez et al., 2002).

Therefore, apart from being culturally sensitive, mental health professionals are encouraged to approach their work with cultural humility and cultural empathy (Gallardo, 2013). This is in accordance with literature suggesting that diverse clients consider a therapist's cultural responsiveness and understanding of their world-view as more pertinent than ethnic-matching (Ancis 2004; Knipscheer & Kleber 2004).

Furthermore, when working with Hispanic/Latinos, clinicians must consider their heterogeneity (i.e., place of origin, socio-economic status, cultural values, English-language competency), shared characteristics and significance within and between-group variability (Kouyoumdjian, Zamboanga, & Hansen, 2003). Professionals also need to be familiar with and knowledgeable of the historical, cultural and political experiences of different Latino ethnic groups (Arredondo & Perez, 2003; Gloria, Ruiz, & Castillo, 2004). It is also important to consider the differences in values between the ***individualistic*** perspectives of the dominant culture and the ***collectivisti****c* perspective that Latinos maintain (Comas-Diaz, 2006).

Latinos also attempt to make sense of illness through the use of non-medical explanation, such as supernatural perspectives and ***religious and spiritual*** exploration (La Roche, 2002; Velásquez & Burton, 2004). Catholicism has a powerful influence among Latinos and is regarded as a source of relief for emotional distress. Since religion plays an important role in the lives of Latinos, they often seek support for medical and mental health needs from their own cultural healing traditions, such as priests and folk healers, together with standard forms of medical-models (Delgado & Humm-Delgado, 1984; Rogler & Cortes, 1993; Mezzich et al.,1999).

A study demonstrated that Latinos who endorse this collectivist perspective are less likely to utilize mental health services (Alvidrez, 1999). Clinicians are, however, encouraged to not to adhere so rigidly to the medical model of mental illness as this perspective may not be well received by many Latinos (Arredondo & Perez, 2003).

Familismo **(familism)** is one manifestation of Latino collectivism, which demonstrates the divergence from Anglo or European American culture. Familism

is defined as the interdependence of close family members and is considered by some to be the most important factor influencing the lives of Latinos (Coohey, 2001; Zayas & Palleja, 1988). As a cultural value, familism emphasizes 'the obligations and duties of family members to one another (Nolle, Gulbas, Kuhlberg, & Zayas, 2012; Zayas & Palleja, 1988).' In Latino culture, families include both the nuclear and extended members, as well as friendship, who are regarded as significant supportive influences when health care decisions are to be taken. Hence, family members become intrinsically involved in each other's affairs and assume active roles in the lives of kinship (Añez et al., 2005).

Latinos also have a ***hierarchical communication style*** within the family that defines boundaries between authority figures and others (Santiago-Rivera, Arredondo & Gallardo- Cooper, 2002). Consequently, Latinos with strong dependency on their families during times of psychological distress may not see the value of using mental health services, which in turn contributes to their underutilisation of services (Cabassa & Zayas, 2007). However, not much attention has been given to the role of family in the mental help-seeking process among Latinos.

The Latino value of ***Personalismo*** *(personalism/being personable)* is defined as a preference for personal over institutional relationships (Antshel, 2002). This personal relationship places more emphasis on trust, warmth and physical contact. Research suggests that ***personalismo*** and ***respeto*** (respect) are crucial values to improving Latino's quality of care (Aguilar- Gaxiola et al., 2012). Since these cultural values refer respectively to the importance of close relationships and the mutual regard desired in a relationship, they have been recognised as of significant relevance for the development of effective therapeutic relationships. For example, for Hispanics in the therapeutic setting, *personalism* refers to their

preference for interpersonal contact that promotes getting to know the therapist as a person (Meyer, 2015). Therefore, when the opportunity to establish interpersonal connections is hindered by professionals and/or organizational channels, Hispanic clients are more likely to view professionals with distrust and disapproval (Añez et al., 2005). Clinicians are therefore encouraged to include cultural values that are relevant for Hispanic/Latino individuals if they want to be culturally responsive/sensitive (Lopez et al. 2002).

To bridge this gap in research, the present study investigated the counselling experiences of Hispanic/Latino clients with English-speaking therapists. The results provided insight into possible interventions to better serve this ethnic minority group.

Methodology

Design

The study used a qualitative design and data was collected through semi-structured interviews.

Participants

The sample consisted of ten Hispanic/Latino female clients whose ages ranged between 25 to 45 and were mainly from the North, South and Central America. All participants spoke Spanish as their first language and had undergone therapy with English-speaking therapists within five months prior to the interview. Whilst this investigation was open to both male and females, only females responded to the invitations. The participants are identified by pseudonyms throughout the analysis and discussion in this paper in order to maintain their anonymity.

Interview schedule

A semi-structured interview schedule, consisting of eight open-ended questions that focused on meaning and process as recommended by Smith & Osborn, (2003), and Willig (2008). The interview schedule was designed in Spanish and the interview process itself was conducted in Spanish. The interviews were then sent, with the consent of the participants, to a professional translator to be translated from Spanish into English.

Procedure

Eight participants were interviewed at City University of London and two participants requested to be interview in a quiet room within their local churches. The interviews lasted between 50 to 60 minutes and questions focused on overall counselling experiences, significant moments, expectations from therapy and goal attainment. The interviews were audio recorded and later transcribed verbatim with all the personal identifying information removed.

Data analysis

The interviews were analysed using Interpretative Phenomenological Analysis (IPA Smith, Flowers & Larking, 2009). The method of IPA was chosen as it provides the researcher with an 'insider's perspective' (Conrad,1987) into the participants' personal world and acknowledges the dynamic, interpretative interplay between the researcher's and the participant's subjective worlds in the process of meaning making (Smith & Eatough, 2006; Smith & Osborn, 2003). Moreover, because the present research relates to cross-cultural issues, qualitative methodologies were considered most appropriate as they deal with 'the question of subjective experience and situational/contextual meaning' (Liamputtong, 2010).

Ethics considerations

Ethical approval for conducting the research was also granted from City University of London Research and Ethics Committee.

Findings

The master theme ‘The healing presence’ and its respective super-ordinate themes ‘Therapist as interpersonal’ and ‘Therapist as impersonal’ emerged from the IPA analysis of all ten participants.

Master theme: The healing presence

This theme relates to participants’ cultural expectations for therapists’ attitudes that they considered fundamental qualities to foster communication and a good therapeutic relationship, irrespective of therapeutic orientation. In particular, participants placed emphasis on the therapists’ ability to be interpersonal or impersonal.

Super-ordinate theme 1: Therapists as interpersonal

Some participants considered their therapist as being interpersonal when they conveyed a warmth, genuine, supportive, understanding and non-judgmental. Reporting such attitudes as fostering the therapeutic relationship and their progress throughout. Other participants suggested experiencing their therapists as impersonal when they conveyed a lack of empathy, care and sensitivity. Also, when conveying a judgemental and distant attitude, and when failing to create a welcoming environment. Identifying these variables as hampering the therapeutic alliance and their therapeutic process.

Participants Carolina and Anne conveyed an experienced opportunity to express and process their emotions within a non-judgemental, validating, culturally accepting and empathic therapeutic relationship:

Carolina stated:

"At the beginning I thought that he might be cold because our difference in cultures, emm, you know that we tend to be warmer, but in reality he was very warm and kind and gave me the space and the confidence to express myself...I always felt comfortable when talking to him" (Carolina: 7. 46-50).

Anne expressed:

"I found a companion, someone to be with me during a very difficult process in my life. A person who was there with me unconditionally, processing with me anything that was happening around me. It also helps that it is a place where no one judges you, but accompanying you in your humanity ermm (R: Hmm). *He was a therapist who was very human, very tender, not very rigid in his approach…his attitudes helped me a lot to trust him, consequently to freely express my thoughts and feelings"(Anne: 2,3. 25-32).*

Carolina and Anne further stated a perceived empathy and engagement from their therapists, permitting a sense of mutuality and understanding across the differences in value expectations within their cross-cultural interchange. Consequently, increasing their trust, self- disclosure and understanding of their issues, which in turn, aided change within an accepting, collaborative and non-judgemental therapeutic encounter.

Likewise, Marysela expressed an experienced therapeutic encounter of containment, validation and respect for her individual and cultural differences:

"I was sceptical before I went to therapy about her attitudes towards me or my problem, you know that I was looking for help from the English, so I did not know what to expect from her...but in reality she treated me like another of her clients. Hmm.. We worked well together (R: Mmm) I felt that throughout the

sessions her behaviours towards me were always good...I felt that she cared for me regardless of my cultural background....She did not judge me, she helped me to understand that I was not the only one going through that situation...she helped me to increased my confidence, she understood me, she was warm" (Marysela: 4. 49-57).

Marysela further suggested that she entered counselling with a perception of an English therapist as rejecting of Latino clients and a fear of being stigmatized. However, implied that she experienced her therapist as being accepting, respectful and creating a welcoming environment. Somebody willing to see things from her perspective, normalising her experience whilst assisting her to deconstruct her difficulties and worldviews. Consequently, increasing self-awareness and encouraging self-growth.

Super-ordinate theme 2: Therapists as impersonal

Other participants, however, expressed that dissatisfaction with their therapists and counselling processes was associated with a perceived disregard from their therapists in reflecting emotional understanding, a lack of interest, care and sensitivity about their shared difficulties and cultural differences, and not providing a welcoming environment.

Participants Sonia and Chava reported the mentioned therapists' attitudes as being associated with their difficulty communicating and emotionally expressing:

Sonia conveyed:

"*As a Latina I wanted to feel ..mmm, not that my therapists likes me, but that she cares for me... but she was very cold, so she made it difficult for me to tell her how concerned I was feeling...I felt that she had her own agenda..."* (Sonia: 16. 189-192).

Similarly, Chava stated:

> *"I remember that when I cried, I felt as if I was humiliating myself (R: Mmm)...I think that she was a very strict woman, a woman with very little compassion. I do not know if this is a cultural thing, but I work with a lot of English people and they have that understanding, sometimes they care for you...but my therapist was very cold...I felt sad because we always tend to make people feel more welcome, we are kind and smile, we try to listen, ask questions, but with her this connection was not possible" (Chava: 10,11. 135-149).*

Both Sonia and Chava implied bringing cultural expectations for an empathic relationship to the therapeutic dyad. However, they suggested that they felt disappointed by the perceived lack of empathy and acknowledgement of such cultural transference on the part of their therapists. That as a result, their opportunity to emotionally express, share their inner struggles and reduce their emotional distress was hindered. They also expressed that the perceived distance from their therapists refrained them from opening up and hampered their opportunity to achieve a sense of closeness in the therapeutic relationship.

Moreover, Chava seemed to turn to social comparison as a way of understanding her therapist's attitudes, suggesting that as opposed to other English people, she perceived her therapist as an individual who liked to exercise power and emotionally invalidating. Consequently, that she felt discriminated and emotionally disempowered within the counselling encounter.

Camila and Monica indicated that they felt unable to express, explore and reframe their feelings and problems due to a perceived lack of care, effort and empathy from their therapists. Also, a perceived inability from their therapists to fully

engage, validate and understand their problems, emotions and different cultural perspectives:

> *"She could not understand or help me with my painful feelings, so I felt that it was best to stay quiet...emm.. at this moment I felt like the English were very cold, that they did not care much about any feelings, as if they were very self-centred. Also I thought that because I was as from another country, that they did not care about what was happening to me" (Monica: 16,17. 149- 152)*.

Camila felt:

> *"It was more about them rather than understanding my case in particular, to understand me as a Latina, from my cultural point of view* **(***R: How did you cope with this?) I would come out very upset, sometimes crying a lot. I felt very sad because I was not given the opportunity to be myself, they did not make me feel welcome in that environment..."(Camila: 7. 93-97)*

Monica conveyed that the experienced lack of care, interest/engagement, empathy and understanding from her therapist changed her perception of British people in general, perceiving them as culturally non empathic and detached. In her last two lines, Monica also implied that she experienced the cultural differences between her and her therapist as a barrier to empathy and feelings of rejection and/or discrimination within the counselling relationship. Similarly, Camila suggested that the lack of understanding from her therapists led her to experience a loss of identity, that she felt rejected, and that her emotional discomfort was heightened.

Chava and Luz shared similar views regarding their therapists as being unable to connect and showing no sensitivity to the issues at hand. Therefore, suggesting that their therapists were more concerned with and/or overlooked environmental

variables interfering in their therapeutic process. Therefore, that their feelings and problems were being disregarded and exacerbated.

> *"She was looking at the clock constantly, like every 5 or 10 minutes...that made me lose confidence, it made me feel more insecure...I thought that she was not interested in what I was saying... Then I started to make assumptions of what was she thinking about me because I was coming from a different culture ermm I think she was not happy with me..." (Chava: 9. 118-127).*

> *"My therapist often arrived very late...we would sit in a very small space, which did not even have a door but she would put a provisional one ermm then I thought what importance were they giving to my problem?...I think they were treating me like that because I was a foreigner and this made me feel more worry and depressed" (Luz: 7,8. 98-104).*

Chava asserted that she experienced her therapist as having an excessive preoccupation with time instead of focusing upon the therapeutic process, which led her to believe that her therapist might hold prejudicial views towards her for being culturally different. As such, her feelings of anxiety were heightened and she felt undermined. Chava and Luz also implied that their therapists' attitudes led them to feel discriminated against due to their cultural differences. By using the word "they", Luz suggested that the lack of cultural sensitivity she experienced from her therapist made her feel let down by the whole care system rather than by her therapist alone.

In this theme, all participants demonstrated a general preference for a therapist with a culturally sensitive approach. Someone who could connect and empathise with them and their experiences and show willingness and commitment to support them during the counselling process.

Discussion

Findings are consistent with the multicultural literature associated with Hispanic/Latinos (Gallardo, 2012). Results confirm the critical nature of mental health professionals' attitudes in providing culturally competent services (Norcross, 2010; Sue & Sue, 2003; Sue, Arredondo, & McDavis, 1992). All participants considered that the therapists' attitudes towards them and their unique experiences were a critical factor in determining the development of a therapeutic bond and their overall counselling experiences. Participant's experiences were reported as being influenced by their cultural values, interpersonal communication styles and the unique challenges they faced as immigrants.

Some participants experienced their therapists as being ***interpersonal*** when they conveyed empathy and respect, as well as a genuine, supportive, flexible, and validating attitude towards them and their problems. This finding is in accordance with research that acknowledges empathy, rapport and positive regard as fundamental elements of an effective therapeutic relationship, which in turn makes significant contributions to psychotherapeutic outcomes (Ardito & Rabellino, 2011; Norcross, 2010).

Furthermore, according to these participants, a therapist that can convey warmth, develop rapport and sustain a respectful and culturally sensitive approach, which was in itself, a sign of professionalism, will be able to engage clients and earn their trust. Indeed, for Hispanic/Latino clients the foundations of a positive therapeutic relationship includes elements of **mutuality** and **reciprocity**. Such interaction therefore brings expectations of mutual behaviours such **as "*respeto*" (respect), "*confianza*"** (trust that takes time to develop) and "***dignidad***" (dignity) and **"*personalismo*"** (personalism), as the fundaments facilitating rapport and positive therapeutic outcome (Avieria, 2015).

As such, the Latino value of ***respeto*** has been acknowledged as the mutual regard that Latinos hoped for in positive interpersonal relationships and as an essential component for a trusting and helpful therapeutic relationship (Aguilar-Gaxiola et al., 2012; Abdullah & Brown, 2011; Garza and Watts, 2010; Ho et al., 2004). The value of respect has also been regarded as crucial for the development of ***confianza***, or trustworthiness needed by Latinos in relationships to discuss intimate personal issues, for treatment adherence, success and outcome (Garza & Watts, 2010; Ho et al., 2004).

Most participants considered an open and validating attitude towards their presenting concerns, their feelings/emotions, cultural values and perspectives, to be an important indicator of respect towards them as individuals. Overall, increasing trust, communication, emotional expression and rapport within their therapeutic encounters.

The study findings are therefore in line with what Ho, Rasheed and Rasheed (2004) documented as effective approaches to Latino clients. Accordingly, a lenient approach to the Latino family is coherent with the value of ***personalismo*** which reflects the collectivistic world-view embraced by Hispanic/Latinos (Garza & Watts, 2010; Comas-Díaz,2006). Emphasis is placed on their preference for close, personal, warm, genuine and reliable interactions/relationships over formal ones, or status and personal gain (Moitinho et al., 2015; Comas-Diaz, 2006; Delagado, 1995).

Personalismo therefore, often foster the expectation that clinicians will interact in a caring manner, remaining more present on immediacy and offering unconditional support regardless of client's cultural background (Barona & Santos de Barona, 2003). In this way, personalismo transcends into ***confianza,*** that once earned by

providers and institutions, to enhance Hispanic/Latinos' therapeutic alliance, treatment engagement, participation and compliance (Garza & Watts, 2010).

Furthermore, experiences not previously addressed in the research with Latinos related to interpersonal attitudes from a therapist and shared by some participants. Were, in particular, the participants preference for an empathic, genuine, warm, involved professional rather than a professional with a particular cultural background. Also, a professional with a none directive/rigid approach or exercising power within the therapeutic encounter, instead a flexible professional, embracing the client's unique needs in a congruent manner and regardless of cultural differences.

Whilst this can be true for other ethnic minority clients and clients in general, this was experienced as a significant factor during the counselling encounters of this particular group. For those participants who experienced their therapists as empathic, reliable, present on immediacy/responding to their immediate concerns, this was a sign of therapist's interest, care, sensitivity and respect towards them and their individual/unique needs. Thus, increasing their trust and their opportunities to more openly discuss their issues and express their feelings. In turn, enabling their progress and strengthening the therapeutic alliance. This finding is in line with research that suggest that *personalism* is a Hispanic/Latino value orientation where human interactions are prioritise over a routine schedule or any task at hand (Santiago-Rivera et al., 2002 p. 112).

Conversely, other participants experienced their therapists as *impersonal* when they exhibited a lack of empathy, care and sensitivity. Accordingly, by showing a lack of involvement, understanding, care and sensitivity about their unique difficulties and during vital moments. Also, by conveying a cold, distance and judgemental attitude throughout their processes.

Furthermore, by showing a constant preoccupation with, and/or dismissing environmental variables interfering with their processes. Such therapist's attitudes were perceived/experienced by participants as critical factors for their communication, emotional expression. Also, for their engagement, participation in their counselling processes and as indicators of not being valued as culturally different clients.

Findings from these participants therefore support research indicating that the absence of fundamental factors such as empathy, positive regard and rapport, negatively impact the therapeutic outcome (Norcross, 2010; Horvath & Luborsky, 1993).

Results also support research into how Hispanics/Latinos are sensitive to the recognition of their value as human beings, leading them to feel an inner ***dignidad*** (dignity) and expecting others to show respect for that dignity (Avieria, 2015). Consequently, a therapist's lack of empathy, care and sensitivity does not mirror these values for Hispanics/Latinos.

Findings are also in line with research suggesting that for Latinos, **interpersonal warmth** is significant in relationships, so when a therapist is perceived/experienced as "cold", "distant" or failing to approach them in a "respectful" manner, do not inspire confianza and often leads to client drop out (Machado, 2014, Ho et al., 2004; Bean, Perry & Bedell, 2001; Paniagua,2005).

Moreover, the numerous accounts provided by participants support the notion that different from other clients, Latinos could be even more susceptible to the quality of the therapeutic relationship, which is considered fundamental for a successful therapeutic outcome (Ardito & Rabillino, 2011; Norcross, 2010), and which has

been demonstrated throughout the different participants' accounts within this theme.

Clinical implications

Clinicians are encouraged to integrate a more personal style of relating to others and to display behaviours that foster personal relationships (i.e., building sense of personal closeness by using titles such as *Señor (Sr)and Señora (Mrs);* facial expressions of attentiveness and concern; increase proximity such as siting closer, hand shake or hand on the shoulder to demonstrate kindness and concern; to include content in conversations about family that does not include health care concerns) rather than taking a neutral, anonymous or impersonal stance when working with Hispanic/Latino clients (Aguilar-Gaxiola, et al. 2012; Flores, Abreu, Schwartz, and Hill, 2000; Zayas et al.,1997; Canive & Castillo, 1997).

In addition, to enhance a positive and trusting therapeutic relationship with Hispanic/Latino clients, mental health professionals are encouraged to build interpersonal relationships that include elements **of mutuality** and **reciprocity** such as ***confianza*/trust**, ***respeto*/respect** and ***personalism*/**being personable (Avieria, 2015). These behaviours have been identified as culturally based and not evidence of dependency or lack of boundaries (Sue & Sue, 2013).

By adhering to this cultural value, clinicians are more likely to increase confianza/trust, self-disclosure, closer and mutual respectful interactions with Hispanic/Latinos (Avieria 2015; Landreth, 2002), whilst maintaining professional boundaries to encourage change and strengthen the therapeutic relationship (Bernal, Bonil- la, Padilla-Cotto, & Perez- Prado, 1998). This theme has the potential to shed light on a Latino cultural value that has been discussed before in a broader context, rather than within the therapeutic interaction/context presented in this paper.

Methodological limitations and future research

Limitations of the present study include the sample inclusion. Although the sample included participants from five different Latino countries, perspectives shared could been richer if composed by participants representing a wider sector of Latino American population (i.e., those from the North, South and Central America, and those from Spanish-speaking countries from the Caribbean). Another limitation of the sample was that only female participants took part in this study, hence, limiting the findings to a certain extent by not having male perspectives. However, it is difficult to speculate possible reasons in the UK, although research in the US suggests a lack of participation from Latino males in mental health relates to the machismo and self-reliant attitudes that Latino male usually present, as well as fear of stigma (Organista, 2007; Vega, Rodriguez & Ang, 2010; Berdahl, 2009, Vega et al., 2001). Another possible limitation is being myself a Latina (I could have been a participant), my own counselling experiences, being a counselling psychologist and influence from previous literature.

Despite my acknowledgment and attempts to “bracket” existing knowledge and preconceptions when conducting the analysis, such experiences may have influenced and/or led to possible bias during the interpretative process (Smith et al., 2009; Golsworthy & Coyle, 2001). Similarly, was my desire to conduct research with Latino population, from my position as a researcher to make them more “visible” in a country that is composed of many cultures. These reasons influenced my motivation to carry out this project, which represents my own attempt to contribute in some way to the well-being of an underrepresented ethnic minority group in mental health in the UK. More qualitative studies representing a wider sector of Latino population that investigate Hispanic/Latinos counselling/therapy experiences with monolingual therapists will be an important focus for future research.

Conclusion

The present study constitutes the first qualitative study in the UK that aimed to gain understanding into the counselling experiences of Hispanic/Latinos with English-speaking therapists. The presented theme demonstrated that the participants' counselling experiences were strongly determined by their unique cultural values and expectations, as well as the therapists' attitudes and ability to meet their individual needs and foster a helpful/collaborative therapeutic alliance.

Whilst this study does not offer conclusive data about mental health among Hispanic/Latino individual/groups/communities in the UK, it is meant to serve a blue print for practitioners in understanding the cultural values/expectations to be considered in the design, evaluation and implementation of evidence-base culturally effective and competent interventions/treatment for Hispanic/Latinos.

References

1. Abdullah, T. & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values and norms: An integrative review. Clinical Psychology Review, 31(6), 934-948. doi: 10.1016/j.cpr.
2. Aguilar-Gaxiola, S., Loera, G., Mendez, L., Sala, M., Latino mental Health Concilio, & Nakamoto, J. (2012). Latino Mental Health. Community-Defined solutions for Latino mental healthcare disparities: California reducing disparities project. Latino Strategic Planning Workgroup Population Report. Sacramento, CA: UC Davis.
3. Avieria, A. (2015). Culturally sensitive and creative therapy with Latino clients. *American Psychological Association* , 1-2.
4. Alvidrez, J. (1999). Ethnic variations in mental health attitudes and service use among low-income African American, Latina, and European American young women. Community Mental Health Journal, 35, 515-530.
5. American Psychological Association APA (1993). Guidelines for the provision of psychological services to ethnic, linguistic, and culturally diverse populations. In F. A. Villarruel, G. Carlo, J. M. Grau, M. Azmitia, N. Cabrera, & T.J. Chahin (Eds.), *Handbook of Latino Psychology* (pp. 329- 345). Thousand Oaks, CA: Sage Publications.
6. Ancis, J. R. (2004). Culturally responsive interventions: Innovative approaches to working with diverse populations. New York: Brunner- Routledge.
7. Antshel, K. (2002). Integrating culture as a means of improving treatment adherence in the Latino population. In Y. Garza., & R, E. Watts (Eds) Filial Therapy and Hispanic Values: Common Ground for Culturally Sensitive Helping. *Journal of Counselling & Development*, Volume 88. American Counselling Association.

8. Añez, L. M., Paris. M., Bedregal, L. D. Davinson. L., Grillo, C.M. (2005). Application of Cultural Constructs in the Care of First Generation Latino Clients in a Community Mental Health Setting. Journal of Psychiatric Practice Vol. 11, No. (4.)
9. Ardito, R. B., & Rabellino, D. (2011). Therapeutic Alliance and Outcome of Psychotherapy: Historical Excursus, Measurements, and Prospects for Research. *Frontiers in Psychology*, *2*, 270. http://doi.org/10.3389/fpsyg.
10. Arredondo, P., & Perez, P. (2003). Counseling paradigms and Latina/o Americans: Contemporary considerations. In F. A. Villarruel, G. Carlo, J. M. Grau, M. Azmitia, N. Cabrera, & T.J. Chahin (Eds.), *Handbook of Latino Psychology* (pp. 329-345). Thousand Oaks, CA: Sage Publications.
11. Barona A, Santos Barona M. *Council of National Psychological Associations for the Advancement of Ethnic Minority Interests (Ed.), Psychological treatment of ethnic minority populations.* Washington, DC: Association of Black Psychologists; 2003. Recommendations for the psychological treatment of Latino/Hispanic populations; pp. 19–23.
12. Bean, R. A., Perry, B.J., & Bedell, T.M. (2001). Developing culturally competent marriage and family therapists: Guidelines for working with Hispanic families. *Journal of Marital & Family Therapy* 27(1):43–54.
13. British Psychological Society (2005) *Division of Counselling Psychology: Professional Practice Guidelines*. Leicester: BPS.
14. Bernal, G., Bonilla, J., Padilla-Cotto, L., & Perez-Prado, E. M. (1998). Factors associated to outcome in psycho- therapy: An effectiveness study in Puerto Rico. *Journal of Clinical Psychology, **54**,* 329-342.
15. Berdahl, T.A., & Torres Stone, R. A. (2009). Examining Latino differences in mental healthcare use: The roles of acculturation and attitudes toward healthcare. *Community Mental Health Journal*, 45(5), 393-403. doi: 10.1007/s10597-009-9231-6.

16. Cabassa, L. J., & Zayas, L. H. (2007). Latino immigrants' intentions to seek depression care. American Journal of Orthopsychiatry, 77, 231-242.

17. Canive J. M. & Castillo D. (1997) Hispanic veterans diagnosed with PTSD: Assessment and treatment issues. *NCPTSD Clin Quarterly* ;7:1:1–9.

18. Census (2011): Glossary of terms, ONS: London. In: C. McIlwaine.; J. C. Cock; B. Linneker. (Eds). *No Longer Invisible*: The Latin American Community in London. Queen Mary University of London, Trust for London, Latin American Women's Rights. London. U.K.

19. Comas-Diaz, L. (2006). Latino healing: The integration of ethnic psychology into psychotherapy. Psychotherapy: Theory, Research. Practice, Training, 43(4) 436-453.

20. Conrad, P. (1987). The experience of illness: Recent and new directions. In: S. Charlick., J. Pincombe., L. McKellar., & A. Fielder. (Eds). Making sense of participant experiences: Interpretative phenomenological analysis in midwifery research. *International Journal of Doctoral Studies, 11,* 205- 216. Retrieved from http://www.informingscience.org/Publications/3486.

21. Coohey, C. (2001). The relationship between familism and child maltreatment in Latino and Anglo families. In: A. J. Romero., L. S. Edwards., & S. Corkery. (Eds). Assessing and Treating Latinos: Overview of Mental Health Research. Handbook of Multicultural Mental Health, Chapter 17, ps 327-343. Elsevier Inc.

22. Delgado., J. L. (1995) "Meeting the health promotion needs of Hispanic communities," American Journal of Health Promotion 9, no.4 : 300-11.

23. Delgado,M., & Humm-Delgado, D. (1984). Hispanics and group work: A review of the literature. In F. A. Villarruel, G. Carlo, J. M. Grau, M. Azmitia, N. Cabrera,& T.J. Chahin (Eds.), *Handbook of Latino Psychology* (pp. 329-345). Thousand Oaks, CA: Sage Publications.

24. Dobalian. A., Rivers, P. A. (2008). Racial and Ethnic Disparities in the Use of Mental Health Services. *The Journal of Behavioural Health Services & Research* 35:2.
25. Eleftheriadou, Z. (2006) Cross Cultural Counselling Psychology. In R. Woolfe, W. Dryden & S. Strawbridge (Eds.) *Handbook of Counselling Psychology*. London: Sage.
26. Falicov, C. J. (2009). Commentary: On the wisdom and challenges of culturally attuned treatments for Latinos. Family Process, 48(2), 292-309.
27. Falicov, C. J. (1998). Latino families in therapy: A guide to multicultural practice. NewYork: Guilford Press.
28. Flores, G., Abreu, M., Schwartz, I., & Hill, M. (2000). The importance of language and culture in pédiatrie care: Case studies from the Latino community. In: Y. Garza & R, E. Watts (Eds) Filial Therapy and Hispanic Values: Common Ground for Culturally Sensitive Helping. *Journal of Counselling & Development*, Vol 88, 108-113.
29. Gallardo, M. E. (2012). Context and Culture: The Initial Clinical Interview with the Latina/o Client. *Journal of Contemporary Psychotherapy*. On the Cutting Edge of Modern Developments in Psychotherapy. Vol 39 (3).
30. Gallardo, M. E (2013). Developing Cultural Humility: Embracing Race, Privilege and Power. U.S.A.: SAGE Publications, Inc.
31. Garza. Y, & Watts. R, E (2010). Filial Therapy and Hispanic Values: Common Ground for Culturally Sensitive Helping. *Journal of Counselling & Development,* Vol 88, 108-113. American Counselling Association.
32. Gloria, A.M., Ruiz, E. L., & Castillo, E.M. (2004). Counseling and psychotherapy with Latino and Latina clients. In T. B. Smith (Ed.), Practicing multiculturalism: Affirming diversity in counseling and psychology (pp. 167–189). Boston: Allyn & Bacon.

33. Golsworthy, R., & Coyle, A. (2001). Practitioners Accounts of Religious and Spiritual Dimensions in Bereavement Therapy. In: A. Hayton (Eds) Who am I and what do I want?. Using Interpretative Phenomenological Analysis to Investigate the Experiences of young Men Growing Up in a Rural Community. Reflections on Identity and Aspirations. Thesis, New Castle University Library.
34. Helms, J. E., & Cook, D. A. (1999). Using race and culture in counselling and psychotherapy. In: E. V. Cardemil., & I. Sarmiento. (*Eds.*). Clinical approaches to working with Latino adults. In F. A. Villarruel, G. Carlo, J. M. Grau, M. Azmitia, N. Cabrera, & T.J. Chahin (Eds.), *Handbook of Latino Psychology* (pp. 329-345). Thousand Oaks, CA: Sage Publications.
35. Hill, N. R. (2003). Promoting and celebrating multicultural competence in counsellor trainees. In: M, E. Gallardo (Eds) Context and Culture: The Initial Clinical Interview with the Latina/o Client. *Journal of Contemporary Psychotherapy* 43:43–52.
36. Ho, M. K., Rasheed, J. M., & Rasheed, M. N. (2004). Family therapy with ethnic minorities 2nd Ed. Thousand Oaks, CA: Sage.
37. Horvath A. O., Luborsky L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal. Consulting Clinical Psychology*. 61, 561–57310.1037/0022-006X.61.4.561.
38. Knipscheer, J. W., & Kleber, R. J. (2004). A need for ethnic similarity in the patient-therapist interaction?. . In: M, E. Gallardo. (Eds) Context and Culture: The Initial Clinical Interview with the Latina/o Client. *Journal of Contemporary Psychotherapy*. 43:43–52.
39. Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. J. (2003). Barriers to community mental health services for Latinos: Treatment considerations. Clinical Psychology Science and Practice,10 (4),394-422.
40. Landreth, G. L. (2002). Play therapy: The art of the relationship. In: Y. Garza & R. E. Watts (Eds) Filial Therapy and Hispanic Values: Common Ground for

Culturally Sensitive Helping. *Journal of Counselling & Development*, Vol. 88 : 108-113.

41. La Roche, M. J. (2002). Psychotherapeutic considerations in treating Latinos. Cross-Cultural Psychiatry, 10, 115–122.
42. Liamputtong, P. (2010). Performing Qualitative Cross-Cultural Research. Cambridge University Press.
43. Lopez, S. R., Kopelowicz, A., & Canive, J. M. (2002). Strategies in developing culturally congruent family interventions for schizophrenia: The case of Hispanics. In H. P. Lefley & D. L. Johnson (Eds.), Family interventions in mental illness: International perspectives (pp. 61–90). Westport, CT: Praeger.
44. Machado, A. (2014). "Why Many Latinos Dread Going to the Doctor: How cultural barriers can be more important than income," The Atlantic.
45. McIlwaine, C. & Bunge, D. (2016). Towards Visibility: The Latin American Community in London. Queen Mary, university of London; Trust for London: London, Latin American Women's Rights. London. U.K.
46. McIlwaine, C. (2012) Constructing transnational social spaces among Latin American migrants in Europe: perspectives from the UK, Cambridge Journal of Regions, Economy and Society, 5: 2, 271-288.
47. Mcllwaine. C; Cock, J. C; Linneker, B. (2011). *No Longer Invisible*: The Latin American Community in London. Queen Mary University of London, Trust for London, Latin American Women's Rights. London. U.K.
48. Mental Health Foundation (2015). Fundamental Facts about Mental Health: Mental Health Foundation: London.
49. Meyer, B. (2015). Culturally Competent Therapy: The Value of Personalismo. Good Therapy.org. At: https://www.goodtherapy.org/blog/culturally-competent-therapy- personalismo-0915155.

50. Mezzich, J. E., Ruiz, P., & Muñoz, R. A. (1999). Mental health care for Hispanic Americans: A current perspective. Cultural Diversity and Ethnic Minority Psychology, 5, 91–102.
51. Moitinho, E., Garzon, F., Freyre, F., & Davila, Z. (2015). Best Practices for Counselling Hispanic/Latino Clients. Presentation at the American Association of Christian Counselling World Conference, Nashville, TN.
52. Nolle, A. P., Gulbas, L., Kuhlberg, J .A., & Zayas, L. H (2012). Sacrifice for the Sake of the Family: Expressions of Familism by Latina Teens in the Context of Suicide. *American Journal of Psychiatry.* Vol.82, No.3,319–327.
53. Norcross, J.C. (2010). The therapeutic relationship. In: M, J. La Roche (Eds) Cultural Psychotherapy: Theory, Methods and Practice. U.S. SAGE Publications. NC.
54. Ojeda, V. D., & McGuire, T. G. (2006). Gender and racial/ethnic differences in use of outpatient mental health and substance use services by depressed adults. Psychiatric Quarterly, 77, 211–222.
55. Organista, K. C. (2007). Solving Latino Psychological and Health Problems: Theory, Practice and Populations. Hoboken, New Jersey: Wiley & Sons, Inc.
56. Orlans, V. & Van Scoyoc, S. (2009) A Short Introduction to Counselling Psychology. (Short Introduction to the Therapy Professions) London: Sage.
57. Paniagua, F. (2005). *Assessing and treating culturally diverse clients:* In Barrera I. & Longoria, D.(2018). Examining Cultural Mental Health Care Barriers Among Latinos. *CLEARvoz Journal, Vol 4, (1).*
58. Pope-Davis, D. B., Liu, W.M., Toporek, R. L., & Brittan-Powell, C. S. (2001). What's missing from multicultural competency research: Review, introspection, and recommendations. Cultural Diversity and Ethnic Minority Psychology, 7, 121-138.
59. Rogler, L. H., & Cortes, D. E. (1993). Help-seeking pathways: A unifying concept in mental health care. In: A. Villarruel., J, M. Grau., M. Azmitia., N, J.

Cabrera., T, J. Chahin (Eds). Handbook of U.S Latino Psychology; Developmental and Community-Based Perspectives. In: E, V. Cardemil & I, A. Sarmiento (Eds). Clinical Approaches to Working with Latino Adults. Chapter 19.

60. Santiago-Rivera, A. L., & Altarriba, J. (2002). The role of language in therapy with the Spanish-English bilingual client. *Professional Psychology: Research and Practice, 33,* 30–38.
61. Santiago-Rivera A. L, Arredondo P , Gallardo-Cooper M. (2002). Counselling Latinos and la Familia. Thousand Oaks: Sage Publications.
62. Smith, J.A. & Eatough, V. (2006) 'Interpretative phenomenological analysis', In: G. Breakwell, C. Fife-Schaw, S. Hammond and J.A. Smith (eds) Research Methods in Psychology, (3rd edn). London: Sage.
63. Smith, J. A., Flowers, P ., & Larkin, M. (2009). Interpretative Phenomenological Analysis: Theory Method and Research. (2nd ed.). London: SAGE.
64. Smith, J. A., & Osborn, M. (2003). In Smith, J.A. (ed). Qualitative Psychology: A Practical Guide to Research Methods, (2nd end). (pp. 53-80) London: SAGE.
65. Sue, D.W., Ivey, A. E. & Pedersen, P.B. (1996) *A Theory of Multicultural Counselling and Therapy.* Pacific Grove: Brooks/Cole Publishing Company.
66. Sue, D. W., & Sue, D. (2003). *Counselling the culturally diverse: Theory and practice*. New York: John Wiley & Sons, Inc.
67. Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. In F. A. Villarruel, G. Carlo, J. M. Grau, M. Azmitia, N. Cabrera, & T.J. Chahin (Eds.), *Handbook of Latino Psychology* (pp. 329-345). Thousand Oaks, CA: Sage Publications.

68. Sue, D. W. Arredondo. P., McDavis. R. J. (1992). Multicultural Counselling Competencies and Standards: A Call to the Profession. *Journal of Counselling & Psychology Development*, Vol 70, (4), 477–486.

69. Sullivan, M. and Rehm, R. (2005) Mental health of undocumented Mexican immigrants: A review of the literature. In: M. Shattell., D. Hamilton., S. Starr., C. Jenkins., & N. Hinderliter. (Ed). Mental health service needs of a Latino population: A community-based participatory research project. *Issues in Mental Health Nursing, 29*(4), 351-370.

70. U.S. Department of Health & Human Services (2001). In S. E. Kuneman. (Ed). Enhancing Group Cognitive Behavioural Therapy. For Hispanic/Latino Clients with Depression. Recommendations for Cultural Sensitive Practice. *Dissertations Paper 77*. https://digitalcommons.pcom.edu/psychology_dissertations/77/.

71. Vega, W. A., Kolody, B., & Aguilar-Gaxiola, S. (2001). Help seeking for mental health problems among Mexican Americans. Journal of Immigrant Health, 3, 133.

72. Vega, W. A., Rodriguez, M. A., & Ang, A. (2010). Addressing stigma of depression in Latino primary care patients. In Sue, D. W., & Sue, D. (Eds.). Counseling the cultural diverse: Theory and practice (6th Ed.). New Jersey: John Wiley and Sons, Inc.

73. Vega, W. A., Karno, M., Alegria, M., Alvidez, J. et al., (2007). Research Issues for Improving Treatment of U.S. Hispanics With Persistent Mental Disorders. Psychological.Psychiatryonline.org, Vol 58 No. 3. 385-394.

74. Velásquez, R. J., & Burton,M. P. (2004). Psychotherapy of Chicano men. In F. A. Villarruel, G. Carlo, J. M. Grau, M. Azmitia, N. Cabrera, & T.J. Chahin (Eds.), *Handbook of Latino Psychology* (pp. 329-345). Thousand Oaks, CA: Sage Publications.

75. Waldegrave, C., Tamasese, K., Tuhaka, F. & Campbell, W. (2003) *Just Therapy – a journey. A collection of Papers from the Just Therapy Team, New Zealand.* Adelaide, South Australia: Dulwich Centre Publications.
76. Whaley A, Davis K. (2007). Cultural competence and evidence-based practice in mental health services: a complementary perspective. American Psychology; 62:563–574.
77. Willig, C. (2008). Introducing Qualitative Research in Psychology. Second Edition. Maidenhead: McGraw-Hill/Open University press.
78. Zalaquett, C. P., Fuerth, K. M., Stein, C., Ivey, A. E., & Ivey, M. B. (2008). Reframing the DSM-IV-TR from a multicultural perspective/social justice perspective. In: M, E. Gallardo. (Eds) Context and Culture: The Initial Clinical Interview with the Latina/o Client. *Journal of Contemporary Psychotherapy*. 43:43–52.
79. Zayas, L. H., & Palleja. J. (1997). Puerto Rican Familism: Considerations for Family Therapy. Family Relations, Vol. 37 (3) 260-64.