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Meeting the Mental Health Needs of Minority Groups through Working with Similarity and Difference in the Counselling Relationship

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Portfolio for
Practitioner Doctorate in
Counselling Psychology

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THE FOLLOWING PARTS OF THIS THESIS HAS BEEN REDACTED FOR DATA PROTECTION REASONS:

LIST OF ILLUSTRATIONS

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INTRODUCTION TO PORTFOLIO

Year after year, the UK population grows increasingly diverse. Although UK mental health services prioritise the needs of individuals from minority groups, they experience challenges in meeting them (Department of Health: DoH, 2009). Inequalities exist for service users in terms of ethnicity, language, sexual orientation, culture, religious beliefs, and gender, and mental health services are tasked with developing strategies to readdress the balance (HM Government, 2009). Counselling psychologists are regularly found to work within settings which attempt to increase minority individuals' mental health service utilisation. As such, it is important that these, and other mental health practitioners, hold not only an understanding of the disadvantages faced by individuals from minority groups, but also practical knowledge about how to intervene effectively.

The theme of this portfolio is *meeting the mental health needs of minority groups through working with similarity and difference in the counselling relationship*. The items within the portfolio explore the disadvantages of minority groups, and the strategies employed by mental health services and the practitioners who work within them, to meet minority service users' needs.

The portfolio is comprised of three parts. Part One contains a critical literature review, Part Two presents an empirical research project, and Part Three provides an example of my clinical work. A detailed overview of each of the sections is given below.

Part One of the portfolio presents a critical review of recent literature and asks why Black people are disadvantaged within UK mental health services. The review draws from the current literature base exploring the beliefs and coping strategies of Black individuals, alongside data which investigates the presence of institutional racism within UK mental health services. The present literature suggests that coping strategies, distrust of mental health service providers, negative perceptions held by mental health practitioners, and complex routes into UK mental health systems, each contribute to Black service users' limited referrals to counselling and psychotherapy, and delays in help-seeking until the point of crisis (e.g. Ward, Clarke, & Hiedrich, 2009; Williams & Mohammed, 2009; Newbigging et al., 2008; Winterton, 2007a). The review concludes that ethnically diverse workforces with culturally competent practitioners, and the sharing of best practice

between voluntary sector and mainstream NHS mental health services, may better address Black people's mental health inequalities (e.g. McGuire & Miranda, 2008; Black Mental Health UK: BMHUK, 2009a). Furthermore, rather than generalising need on the basis of group membership, attending to individual differences and offering service users increased choices and input into the services they receive, may also be beneficial (e.g. HM Government, 2009; Williams et al., 2007; Patel et al., 2000).

Part Two of the portfolio explores counselling services' use of therapist-client matching as a way to meet the mental health needs of minority groups. As a phenomenon, therapist-client matching involves the allocation of clients to therapists on the basis of both parties sharing a certain aspect of identity. The research base highlights varied opinions concerning the utility of therapist-client matching. Evidence of the impact of matching on service user satisfaction and counselling outcomes (such as duration of therapy and premature termination of sessions), is mixed (e.g. Flaherty & Adams, 1998; Knipscheer & Kleber, 2004). Minority clients are identified as holding a variety of beliefs about working with 'similar' therapists (e.g. Farsimadin, Draghi-Lorenz, & Ellis, 2007; Liddle, 1997), whilst research exploring the experience of therapists in matched relationships is limited (e.g. Iwamasa, 1996; Maki, 1990), and a dearth of matching theory is evident.

How therapists work with similarity in the therapeutic 'triad' is the focus of the empirical research study within the second part of the portfolio. The narratives of thirteen therapists working in settings which match clients to therapists on various aspects of identity are explored. Charmaz's (2006, 2009) social constructivist adaptation of Grounded Theory is used to analyse those narratives. One core category and three interrelated central categories emerge explaining the processes underlying how therapists work with similar clients. The relationships between categories and sub-categories are presented in detail, and are supported by direct quotations taken from across the therapists' narratives. Examples of my own and the participating therapists' reflexivity are incorporated throughout the investigation.

The research study finds: (i) the ways in which similar therapists bring 'sameness' into the counselling room, (ii) how therapists encourage their 'similar' clients to work with difference, and (iii) how therapists are supported in their work with similarity, to be key processes underlying therapists' work with similar clients.

The true utility of similarity is found to be in its explicit use as material. The importance placed on therapists identifying and challenging their similar clients' assumptions confirms previous findings that increased assumptions are made by both therapists and clients in matched counselling relationships (Maki, 1990). Coping with the activation of personal material, avoiding over-identification, and making decisions about if, when, and how to purposefully self-disclose, are deemed key skills when working with similar clients. Working with difference is seen to provide clients with the therapeutic benefit of 'the need to explain'. Meanwhile, in line with Iwamasa's (1996) belief that issues of self-hatred can arise for clients working with similar therapists, a variety of negative client beliefs linked to working with similar therapists are explored. Treating each therapeutic encounter as unique is believed to reduce the risk of assumptions whilst fostering true human connections between therapists and clients. Supervision, personal therapy, peer support networks, and drawing on personal experiences, play key support roles for therapists working with similar clients. Furthermore, organisations are positioned as needing to make decisions about employing 'similar' or 'different' supervisors.

The research project findings are argued to be of relevance to counselling organisations for whom therapist-client matching is a present or future option, and also for counselling psychologists who wish to respond appropriately to clients who search for similar or different therapists. Further research exploring the experiences of therapists and clients in matched relationships will add meaningfully to the matching literature.

Part Three of the portfolio explores my clinical work with a Black male client suffering from depression. This work was completed during my final year placement within a secondary care HIV counselling service. My work with this client highlights the fact that the strategies employed by the therapists within my research project (such as explicitly incorporating similarity and difference as session material, identifying and challenging therapist and client assumptions, and using supervision and personal therapy to help the therapist cope with the activation of personal material), each held relevance when working in the presence of perceived similarities between myself (a Black, female therapist) and my client. Furthermore, these strategies contributed significantly to successful CBT by encouraging the client to challenge his negative beliefs about self, improve his social support, and take control of his depression.

Preparing each piece of work for this portfolio encouraged me to reflect on my own identity as a minority individual. Cutcliffe and McKenna (1999) acknowledge that research interests often manifest from professional or personal experiences. I was aware that my interest in exploring the mental health experiences of people from minority groups was influenced by my own identity as a Black female with Afro-Caribbean heritage. The topics under scrutiny were selected in response to my own curiosity about how minority therapists like myself managed their work with similar clients. Personal experiences of counselling relationships with Black, (and particularly with Black Caribbean) clients, had encouraged me to think about the complexities that could occur for therapists and their clients as a result of similarity.

Completing this portfolio has taught me about my own determination, inquisitiveness, and drive, and has reinforced the utility of reflecting on my work as a researcher-practitioner. The final year of the doctorate marked a significant shift for me, which mirrored certain experiences of working with similarity and difference highlighted by the therapists who participated in my research project. I realise now that I initially found comfort and a sense of belonging in deeming myself similar to my peers as we trained together to become counselling psychologists. However, the final year of our training increased my awareness of our differences. Following our diverse interests led us to each embark upon unique thesis research projects, allowing us to learn from each other. In addition, I was aware that following qualification, although we would all identify as counselling psychologists, we would pursue extremely varied career paths.

Through completing this portfolio, I have grown increasingly aware that ‘sameness’ is a complex concept from which researchers and practitioners alike can learn valuable lessons. I hope that the pieces of work that follow will help other mental health practitioners to become more informed about the mental health needs of minority groups, and more aware of potential ways of meeting them.

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CRITICAL LITERATURE REVIEW

"Why are Black people disadvantaged within UK mental health services: Self sabotage or institutional racism?"

Introduction

Diversification of the UK Population

Ethnic minorities account for almost 8 percent of the UK population (White, 2002) or in excess of 4.6 million people (DoH, 2007). HM Government (2009) figures suggest that 17 per cent of English people do not categorise their ethnic origins as 'White British', whilst most Black UK residents are now born in the UK (McMillian, 2003). The increasingly diverse UK population means that mental health services are under pressure to respond appropriately to the communities that they serve (DoH, 2009a, 2009b, 2008; Day-Vines et al., 2007; McMillan, 2003; Sue, Bingham, Porche-Burke, & Vasquez, 1999).

All individuals, irrelevant of ethnicity, should feel comfortable accessing mental health services without concern over the quality of treatment they will receive (HM Government, 2009). However, research states that mental health inequalities exist for members of the Black UK population, and that the label 'Black' has become synonymous with social disadvantage (Hall, 2001). For UK ethnic minorities, ethnicity, culture, faith, and language are observed to complicate mental health service utilisation (Shepherd, 2009). Furthermore, Black people, who are seen as vulnerable to prejudice and discrimination on the basis of ethnicity, are viewed as doubly stigmatised by mental illness (Gary, 2005). This can lead to avoidance of mental health services by those who would benefit from them the most.

Disadvantage of the Black Population

The Government acknowledges the existence of inequalities in Black people's access to, experience of, and outcomes of mental health care, and appears to be committed to promoting diversity and supporting race equality in mental health care provision (DoH,

2011, 2009a, 2009b, 2008, 2007, 2006a, 2006b, 2005, 2004, 2002; Care Services Improvement Partnership: CSIP, 2007; Seebohm, Henderson, Munn-Giddings, Thomas & Yasmeen, 2005; National Institute of Mental Health in England: NIMHE, 2003). However, how the Government's equality and diversity initiatives translate into improved practice is seen as a matter of great concern (BMHUK, 2009b; Shepherd, 2009; Sass, Moffat, Bhui, & McKenzie, 2009; Allen, 2005).

In comparison to White people, Black people are found to be disadvantaged in terms of having their mental health concerns accurately assessed by healthcare professionals (NIMHE, 2003; Bhui & Bhugra, 2002; Snowden, 2001; Trierweiler, Neighbors, Munday, Thompson, Binion, & Gomez, 2000), overrepresented in secure mental health units (Newbigging & McKeown, 2007; Bhui & Sashidharan, 2003; Bhui, Stansfeld, Hull, Priebe, Mole, & Feder, 2003; Narrow, Regier, Norquist, Rae, Kennedy, & Arons, 2000), overprescribed anti-depressant medication (Stockdale, Lagomasino, Siddique, McGuire, & Miranda, 2008), and underrepresented in counselling and psychotherapy (Stockdale et al., 2008; DoH, 2009a, 2009b, 2008, 2006a; Raleigh et al., 2007; Agoro, 2003; Fernando, 2003; Littlewood, 2000). The mental health needs of Black people are viewed as often unmet and misunderstood (Lago, 2007; Wang, Lane, Olfson, Pincus, Wells, & Kessler, 2005; Allen, 2004) due to prejudice, discrimination, fear, assumptions, and negative stereotypes (McGuire & Miranda, 2008; Das, Olfson, McCurtis, & Weissman, 2006; DoH, 2006b; Balsa & McGuire, 2003; van Ryn & Burke, 2000). These factors can jeopardise how well mental health practitioners understand and respond to their Black service users (Jackson et al., 2004), resulting in Black people not always receiving the quality of care experienced by their White counterparts (NIMHE, 2003). In addition, Black people's negative perceptions of mental health services are perceived to cause them further disadvantage (Day-Vines et al., 2007; Lee, Blando, Mizelle, & Orozco, 2007; Whaley, 2001). Fear and negative beliefs about mental health services can lead Black people to delay help-seeking until the point of crisis, and can also increase their likelihood of compulsory detainment through the Mental Health Act (Hollar et al., 2007; Lee et al., 2007; DoH, 2006a; Fernando, 2003; McMillan, 2003; Bhui & Bhugra, 2002; Littlewood, 2000).

Whilst Government policy promotes diversity and race equality, the following questions arise: Why don't Black people present to mental health services before the point of crisis? Why are Black people underrepresented within counselling and psychotherapy services? Does the responsibility lie with the service user, or the service providers and policy makers? What can be done to improve equality of access within mental health services?

Relevance to Counselling Psychology

It is of great importance that counselling psychologists and allied mental health professionals model open, accepting, and inclusive ways of relating with all clients (Lee et al., 2007; Lago, 2006). With their responsibility to be culturally competent (Sewell, 2009; Bhui, Warfa, Edonya, McKenzie, & Bhugra, 2007; Day-Vines et al., 2007; DoH, 2004; Agoro, 2003), counselling psychologists will be at an advantage if they are aware of the needs, fears, and potential barriers that minority groups face when accessing mental health services (McKenzie, & Bhugra, 2007; Cardemil, & Battle, 2003; Iwamasa, Sorocco, & Koonce, 2002; Patel et al., 2000). Counselling psychologists will then be equipped with the knowledge and understanding to help them respond appropriately to their minority clients. This will then lead to more accessible services, better uptake rates, improved outcomes, and lower rates of premature termination for minority service users.

What this Review Hopes to Achieve

This review seeks to address the questions raised above under the umbrella question of, *why are Black people disadvantaged within UK mental health services: Self sabotage or institutional racism?* So that this review is as current as possible, only research published between 1999 and 2011 is included. It is not the researcher's intention to suggest that research published prior to these dates is no longer relevant. Research studies conducted in the UK and US prior to 1999 posed the questions within this field that researchers are still struggling to answer (e.g. Iwamasa, 1996; Flaskerud, & Hu, 1992; Comas-Diaz & Jacobsen, 1991; Hu, Snowden, Jerrell, & Nguyen, 1991; Sue, Fujino, Hu, Takeuchi, & Zane, 1991; Sussman, Robins, & Earls, 1987; Neighbors, 1988, 1985, 1984).

The researcher hopes to provide insight into the perspectives of Black mental health service users and also service providers. Explanatory variables contributing to the experience of the Black service user include the following: (1) personal coping styles and social support, (2) attitudes towards and feelings of disadvantage that arise in relation to mental health services, and (3) the actual experience of mental health services. The service provider's perception of the Black service user can be seen as a function of the following: (1) stereotypes and beliefs about Black service users, (2) the Government's commitment to achieving race equality, (3) variations in pathways into mental health care, and (4) specialist mental health services. Research claims that each of the above may impact Black people's experiences of mental health services, however, there is no clear school of thought as to which, if any, are the most pertinent.

Whilst exploring the behaviour and perceptions of Black people accessing mental health services, the researcher will make comparisons with the experiences of White people, positioning them as representatives of the majority culture; the most frequently used comparison group within the literature. The researcher will also discuss the tendency within the current empirical research and also this review, to infer homogeneity within and across minority ethnic mental health service users, in order to emphasise the inequalities they face in relation to White individuals.

The researcher cites research conducted in the UK and the US. It is not her intention to suggest that the experiences of Black people within or across the UK and the US are equivalent, but rather to communicate that in the UK, lessons may be learnt from the experiences of Black people in US mental health services, and vice versa.

Clarification of Terminology

Within the mental health literature a variety of terminology is used. Below, the researcher explores a sample of the terms which will be drawn from within this review:

- When referring to mental health services the researcher includes primary-care, secondary-care, community, voluntary-sector, and in-patient services. This is because mental health services are believed to incorporate short- and long-term care across different settings.

- Service users are those who utilise, or could potentially utilise, mental health services.
- Service providers are those responsible for the provision of mental health services, be they mental health professionals, or policy makers.
- In terms of ethnic classifications, and with the awareness that terms such as ethnicity, culture, and race are often used interchangeably (Harrison, 2007; Domenech-Rodriguez & Wieling, 2005), the researcher moves beyond the terms 'non-White', 'people or clients of colour', or 'Black and Minority Ethnic' (BME). Rather, for the purpose of this exploration, and with the acknowledgement of individual differences and the fact that no one ethnic group is homogenous (Lee et al., 2007; Cardemil & Battle, 2003), the researcher focuses on the term 'Black' and describes the mental health experiences of adults of Caribbean or African heritage. In line with Pilgrim's definition (2005), the researcher refers to those residing in the UK or US, or those born in the UK or US whose parents or grandparents were born in Africa or the Caribbean.

EXPLORING THE EXPERIENCE OF THE BLACK SERVICE USER AND THE SERVICE PROVIDER'S PERCEPTION OF THE BLACK SERVICE USER

As introduced above, barriers faced by Black people accessing mental health services appear to fall within two main themes: (1) the experience of the Black service user, and (2) the service provider's perception of the Black service user. The researcher will provide a critical overview of research within these two areas. She will also incorporate in-depth scrutiny of a selection of studies, to provide a critical commentary not only of the research findings, but also of the research quality.

THE EXPERIENCE OF THE BLACK SERVICE USER

Research shows that Black people's experiences of mental health services are affected by (1) personal coping styles and social support, (2) attitudes towards and feelings of disadvantage that arise in relation to mental health services, and (3) the actual experience of mental health services.

(1) Personal Coping Styles and Social Support

Coping Strategies

Black people's coping strategies are described as markedly different to those employed by White people (Snowden, 2001). This difference is attributed to Black people's historical fight for equality which has led to self-reliance and mistrust becoming ingrained within the Black psyche (Lee et al., 2007). Seeking help within one's own community through turning to family, friends, prayer, and religious figures at times of crisis (Ward, Clarke, & Hiedrich, 2009; Bhui, King, Dein, & O'Connor, 2008; Lee et al., 2007; Matthews, Corrigan, Smith, & Rutherford, 2003; Bhui & Bhugra, 2002; Blank, Mahmood, Fox & Guterbock, 2002), and overcoming adversity by believing in one's own ability to solve problems independently (Anglin, Alberti, Link, & Phelan, 2008; Lee et al., 2007), are coping strategies observed within Black populations. Seeking external help via formal mental health services then, can be viewed as a sign of personal weakness (Hollar et al., 2007; Snowden, 2001; Wilson, 2001).

The Family

'The Family' plays a significant role within Black culture (Rastogi, & Wieling, 2005) with mental illness often viewed as private business (Carpenter-Song et al., 2010). The preference of caring for mentally ill relatives within the home often leads Black families to delay contact with formal mental health services until they can no longer cope independently (Hollar et al., 2007). Then, when inside the mental health system, Black families can be perceived by service providers as difficult or intrusive (Allen, 2004).

Often the stigma attached by Black people to mental illness is rooted in the Black family itself (Wachtel, 2007). Feelings of guilt and shame can arise for Black individuals who access assistance from 'strangers' outside of the family network (Pilgrim, 2005; Corrigan, 2004; Sue & Sue, 1999). Seeking formal mental health intervention can be viewed as something that 'crazy' people (Das et al., 2006; Taha, 2005), or those without good family support (Lee et al., 2007; Rabiee & Smith, 2007), do. This leaves those who access mental health services at risk of experiencing shame or family disapproval (Davis, Ressler, Schwartz, Stephens, & Bradley, 2008).

Black Males' Help-Seeking Behaviour

In comparison to Black women, Black men are characterised as significantly more resistant to help-seeking for psychological problems (Addis & Mahalik, 2003). Black men experience pressure to be resilient and to demonstrate emotional strength (Bhui & Bhugra, 2002). Accessing mental health services can be perceived as unmanly (Sue & Sue, 1999), and failure to cope independently can bring great personal and familial shame (Wachtel, 2007). Black males are observed to be fearful and sceptical of psychological services (Keating, 2007). This increases their likelihood of delaying help-seeking until the point of crisis (Newbigging et al., 2008; Keating, 2007). As a consequence, Black men are found to typically access mental health services as a result of compulsory Mental Health Act detainment, or via the criminal justice system, leading to their overrepresentation in secure units and prison populations (Newbigging et al., 2008; Keating, 2007; Pilgrim, 2005; Agoro, 2003; NIMHE, 2003; Bhui & Bhugra, 2002).

Circles of Fear and Trust

Fear and distrust of mental health professionals have been identified as explanatory variables for Black people's avoidance of (Winterton, 2007a; Day-Vines et al., 2007), delayed help-seeking from (Lee et al., 2007; Whaley, 2001), and negative attitudes towards, (Keating & Robertson, 2004) mental health services. Mental health services can be seen as synonymous with a rejecting, White society (Blank et al., 2002), and feelings of inferiority when working with majority culture service providers can reinforce the Black individual's perceived minority status (Fernando, 2005).

Researchers acknowledge a lack of Black mental health professionals in statutory services (Bhui & Sashidharan, 2003; Fernando, 2003; Sue & Sue, 1999). If so preferred by Black service users, the underrepresentation of Black mental health professionals may discourage service utilisation (Sue & Sue, 1999), whilst adding to Black people's feelings of inferiority and isolation (Clarke, 2003). Seeking mental health services provided by Black therapists can also be accompanied by the expectation of increased understanding and trustworthiness (Hollar et al., 2007; Fernando, 2005; Rastogi & Wieling, 2005; Blank et al., 2002; Hall, 2001; Littlewood, 2000; Patel et al., 2000). However, research states that shared ethnicity does not automatically equate to an

increased ability to assist (CSIP, 2007), and can potentially lead to over-identification (Eleftheriadou, 2003).

(2) Attitudes Towards and Feelings of Disadvantage that arise in Relation to Mental Health Services

In the US, Diala et al. (2000; 2001) used US National Comorbidity Survey data to explore attitudes towards mental health services and service utilisation patterns among 8098 American people aged 15-54 years. African Americans comprised 13.1% of the sample (59.8% female, 40.2% male) and White Americans 86.9% (51.8% female, 48.2% male). Using multiple logistic regression analysis, the researchers found that although in comparison to White Americans, African Americans generally held more positive attitudes towards mental health service utilisation, they were less likely to use such services. A lack of comfort seeking formalised help, and feelings of shame about their mental health difficulties, were cited as explanatory variables. Furthermore, African Americans who utilised mental health services were found to hold less positive attitudes towards them as a result, leaving them less likely than White Americans to utilise such services in the future, and potentially highlighting service failures.

Diala et al.'s (2001) use of the term 'African American' masks the heterogeneity in origins and individual mental healthcare experiences within their large, diverse sample. Furthermore, 'race/ethnicity' (which the researchers amalgamated into one variable) was defined as a 'social stratification variable' indicating economic, political, and cultural, discrimination. It could be argued that positioning race and ethnicity in this way could in itself evidence discrimination, due to attempts to extrapolate quality of life indices from race and ethnicity information.

Diala et al. (2000; 2001) stated that they used random selection, however, replication is hampered by the authors failing to explain how random selection was conducted. No information is given about the content of the diagnostic interviews used for the survey. Furthermore, the definition of service contact being 'at least one visit to a mental health professional' homogenises people for whom contact was one single visit and those undergoing regular treatment.

Language as a Barrier

The use of English as the standard means of communication within UK mental health services (Primm et al., 2010; Sentell, Shumway, Snowden, 2007; Patel et al., 2000) and the perceived limited availability of interpreters (Rabiee & Smith, 2007), are seen to disadvantage those unable to communicate fluently in English (Tribe, 2007; Fernando, 2003). The prioritisation of English language fluency is also believed to give the impression that mental health services are unwilling to tailor their services to the needs of ethnic minority groups (Sue & Sue, 1999).

Social Exclusion

Black people often feel marginalised in UK society (Hall, 2001). This is an experience that can be mirrored when they attempt to access mental health services (NIMHE, 2003). The expectation of exclusion can lead Black people to feel reluctant about engaging with mental health services due to concerns about the quality of treatment they will receive (Alegría et al., 2008).

In the UK, Bowl (2007) conducted research with 39 Black mental health service users (13 Black Caribbean: 9 male, 4 female, and 26 South Asian: 11 male, 15 female) to explore their perceptions of mental health services in the Midlands, and factors impacting their levels of engagement with them. Participants were mental health resource centre users, in-patients within a local psychiatric hospital, and individuals attending support groups for Black Caribbean or South Asian mental health service users and carers. Five African Caribbean, and 23 South Asian, participants took part in six, ninety minute focus groups. Eleven individual interviews (with 8 African Caribbean, and 3 South Asian, participants) were scheduled for those not wanting to participate in focus groups.

Key categories emerging from Bowl's (2007) analysis were (i) perceptions of socioeconomic exclusion (associations between poor mental health and unemployment, poverty, racism, and limited English-language ability), (ii) cultural exclusion (mental health services' lack of language interpreters, ignorance regarding religious and cultural needs, and standardised assessment tools), and (iii) institutional exclusion (mental health services' failure to acknowledge 'difference', perceived reluctance of White mental health

workers to work with ethnic minority service users, and service users' preferences for 'BME-specific' mental health services).

By referring to individuals of Black Caribbean and South Asian origins as 'Black', and reporting results collectively, Bowl (2007) infers homogeneity within and across the mental health experiences of individuals from different ethnic groups. The researcher alludes to this by stating that he applied the term 'South Asian' to *"people with diverse Bangladeshi, Indian, and Pakistani origins"* (pp. 205). Furthermore, participants are described as regular, long-term mental health service users and their carers, however, failing to provide information about individualised diagnoses, treatment programmes, or carer support, could be seen as Bowl (2007) assigning further homogeneity to heterozygous groups. In response to participants' reservations, tape-recording was replaced by note-taking throughout and directly after sessions. As a result, findings could have been biased by note-takers' recall and interpretations of events. Also, focus group facilitators prompting for particularly good or bad experiences, then exploring negative experiences in detail, could have polarised and biased responses. In addition to the lack of clarity about how many people participated in each focus group, Bowl (2007) fails to describe the composition of focus groups or describe those interviewed individually (e.g. carers' and/or service users' ethnic groupings, ages, and genders), and omits a description of the data analysis method(s) used.

Also in the UK, McLean, Campbell, and Cornish (2003) conducted qualitative research exploring African Caribbean community members' perceptions of mental health services in a town in the South of England. 30 purposively sampled individuals from, or working with, the local African Caribbean community, participated. The researchers conducted two focus groups for mental health service users, and individual interviews for: voluntary and statutory mental health service providers, community representatives, lay African-Caribbean community members, and carers. Interviews and focus groups lasted between 60-90 minutes and explored: treatment of mental illness, community consultation regarding mental health services, and mental health service utilisation. Sessions were tape-recorded and transcripts analysed qualitatively. The researchers found that expectations and experiences of racism, lack of community consultation, perceived negative treatment, and an inability to appreciate cultural differences, discouraged African Caribbean community members from utilising local mental health services.

McLean et al. (2003) omitted information about the number of participants within each ethnic group, the number of service users and different types of service providers within the overall sample, and also the composition of each focus group. They also failed to justify why they combined individual interviews with focus groups. Furthermore, although the researchers acknowledged that their qualitative research was limited in terms of generalisability, they did not describe the actual method(s) of analysis used. However, the researchers did make explicit their belief that variation between individuals in terms of age, gender, religious and cultural identities, type and severity of mental health conditions, and other individual differences, would make individuals' experiences within, and patterns of utilisation of, mental health services, unique.

(3) The Actual Experience of Mental Health Services

Black people's experiences of mental health services are viewed to be largely negative with those of African and Caribbean heritage overrepresented within severe mental health units in the UK and US (Sashidharan, 2001). Researchers state that there is no aspect of mental health service provision in which Black people are not disadvantaged (NIMHE, 2003; Sashidharan, 2001). This applies to experiences within mental health services and the outcomes of interventions received (NIMHE, 2003).

Service Users' Satisfaction with Mental Health Services and Service Providers' Multicultural Competence

Research studies have found Black people to be generally less satisfied than White people with the treatment they receive within the mental health system, especially within secure units (DoH, 2007; Bhui & Sashidharan, 2003; Bhui & Bhugra, 2002; Wang, Berglund, & Kessler, 2000). Mental health professionals' multicultural competence has been identified as a factor to which variations in service user satisfaction can be attributed (Constantine, 2002).

In the US, Constantine (2002) used quantitative methods to explore student counselling service users' satisfaction with counselling, and perceptions of counsellors' general and multicultural competence. 37 students (70.2% female, 29.8% male; age range 27-61 years) across five North Eastern US universities participated. 70% of the sample self-

identified as White American, 13.5% as Black American, 5.5% as Asian American, 5.5% as Latino American, and 5.5% as Biracial American. Service users were invited to participate by counselling service receptionists following their final counselling session. Confidentiality was assured and informed consent gained in advance of questionnaire completion. Responses were analysed using regression analysis, with satisfaction ratings as the criterion variable. Findings demonstrated that how student counselling service users perceived their counsellors' multicultural competence, accounted for variations in satisfaction ratings beyond those explained by general counselling competence.

Constantine's (2002) study posited itself as exploring ethnic minority student counselling service users' experiences, however, the majority of the sample (70 per cent) were categorised as 'White'. Despite different ethnic minority groups being identified in the remainder of the sample, the analysis treated all non-White participants as one group labelled 'clients of colour', giving the reader the inaccurate impression of all non-White individuals having homogenous mental healthcare experiences. 70% of the participants being White could be attributed to Constantine (2002) recruiting from university counselling services described as *"predominantly White"* (pp. 257). However, the client group under scrutiny being a minority within the sample could be seen to undermine both the research aims and the research credibility. This could be attributed to faulty sampling or flawed study inclusion criteria. As such, purposive sampling, a larger sampling frame, a qualitative data collection and analysis strategy, or research aims not restricted to ethnic minority students' experiences, may have been more appropriate. Receptionists, rather than therapists with whom participants had worked and presumably developed rapport, recruiting participants could have made the research appear less credible. However, this could also have minimised coercion to participate. Furthermore, questionnaires being presented to participants directly after final therapy sessions could have maximised recall, however, results could have been skewed by participants being in an emotionally vulnerable state due to the end of therapy.

Also in the US, Pope-Davis et al. (2002) sought to explore how multicultural competency was operationalised within the counselling relationship. 10 US psychology students utilising a counselling service at a large East Coast university, participated in the research. Nine participants were female and one male, all were aged 18-37 years, and each self-identified as White American (n=1), African American (n=3), White Jewish

(n=1), Multiracial American (n=1), Biracial American (n=1), Asian American - Indian (n=1: male), Asian American - Korean (n=1), or American Indian (n=1). Two 90 minute tape-recorded interviews were conducted with each participant to: (i) explore their experiences of working with a counsellor who was culturally different to them (in terms of race, gender, sexual orientation, or religion), and (ii) how cultural concerns were broached during counselling. The second interview confirmed original content and encouraged further detail. Transcripts were analysed using Grounded Theory.

Pope-Davis et al.'s (2002) research concluded that mental health professionals' multicultural counselling competence accounted for how well clients felt their unique needs were acknowledged and met, particularly when clients defined themselves or their presenting problems culturally. Clients actively managed the extent to which culture was broached, in reaction to the salience of culture to their explorations, the quality of the therapeutic alliance, and their perception of the counsellor's ability to respond appropriately.

To acknowledge the variation within their sample at an individual level, Pope-Davis et al. (2002) detailed each participant's age, ethnic origin, country of birth, number of years in the US, religion, sexual orientation, year of study, number of counselling sessions, and their presenting problems brought to therapy. They provided similar demographic details for the therapists seen by each participant. Furthermore, when reporting the results, each participant's narrative was presented as an individual case study to further highlight individuality within mental healthcare experiences. Generalisation of the research findings was limited by this style of presentation and also by the small sample size. Furthermore, sampling psychology students who gained course credit for participation may have meant that the sample was more psychologically-minded than the general population, with participation motivated by academic, rather than personal, rewards.

THE SERVICE PROVIDER'S PERCEPTION OF THE BLACK SERVICE USER

Service providers' perceptions of Black service users are observed to be a function of a number of different factors, including the following: (1) stereotypes and beliefs about Black service users, (2) the Government's commitment to achieving race equality, (3) variations in pathways into mental health care, and (4) specialist mental health services.

(1) Stereotypes and Beliefs about Black Service Users

Negative stereotyping and assumptions of homogeneity are perceived to act as barriers to equitable mental health treatment for Black people (Williams & Mohammed, 2009; Burgess, Ding, Hargreaves, van Ryn, & Phelan, 2008; Fernando, 2002). As a result, Black people as a group are often viewed by mental health professionals as delinquent, high risk (McGuire & Miranda, 2008; Winterton, 2007a, 2007b; Hollar et al., 2007; Pilgrim, 2005; Agoro, 2003; Fernando, 2003; Williams & Williams-Morris, 2000), uncooperative, and dangerous (NIMHE, 2003), especially within the context of severe mental health services (Sashidharan, 2001). Consequently, Black individuals are reportedly more vulnerable to schizophrenia diagnoses than their White counterparts, even in the absence of clear diagnostic markers (Allen, 2004). Furthermore, as a result of negative stereotypes and assumed homogeneity, Black people's in-patient care is believed to focus more on containment and control than responding to emotional needs (Stockdale et al., 2008; McMillan, 2003).

Negative racial and cultural stereotypes about Black people are found to be ingrained within mental health services (McGuire & Miranda, 2008; Desai, 2003; NIMHE, 2003). Institutional level prejudice and racism are believed to manifest through the use of standardised mental health assessment tools which are not sensitive to cultural differences (Anglin, Alberti, Link, & Phelan, 2008), westernised treatment models (DoH, 2009b), English language written information as standard (Primm et al., 2010), and a lack of interpreters and bi- and multi-lingual mental health service providers (Rabiee & Smith, 2007; Sue & Sue, 1999).

Mental health professionals' negative beliefs about working with Black people are thought to exist on both conscious and unconscious levels, and are attributed to their anxiety about working with difference (Lee et al., 2007; Agoro, 2003; Eleftheriadou, 2003), and a lack of understanding of Black people's needs and culture (DOH, 2011, 2009b, 2005, 2002). Over time, negative beliefs about Black individuals are perceived to lead to institutional racism (Allen, 2004) which can damage the therapeutic alliance without consciously 'entering' the therapy room (Day-Vines et al., 2007). Macpherson (1999) acknowledges that institutional racism, *"can be detected in processes, attitudes, and behaviour which amount to discrimination through unwitting prejudice, ignorance or thoughtlessness, and racist stereotyping"* (pp. 24). As such, the NIMHE (2003) asserts that anti-discriminatory practice will follow from, *"the eradication of discriminatory attitudes and practices amongst mental health practitioners"* (pp. 8).

(2) The Government's Commitment to Achieving Race Equality

A wealth of Government funded research has been commissioned to investigate the difficulties Black people face when accessing mental health services (e.g. DoH, 2011, 2009a, 2009b, 2008, 2007, 2006a, 2006b, 2005, 2004, 2002; HM Government, 2009; Healthcare Commission, 2008; Newbigging et al., 2008; Bennet, Kalathil, & Keating, 2007; CSIP, 2007; Chouhan & MacAttram, 2005; Seebohm et al., 2005; NIMHE, 2003). The recurring message appears to be that substandard treatment reinforces Black people's fear of mental health services, stigma, and stereotypes, whilst increasing the potential for poor outcomes, delayed access, or avoidance of mental health services altogether. The Government cites: more responsive, culturally appropriate services, better community involvement, comprehensive ethnicity monitoring, improved communication, and workforce training, as ways to reduce the fear and stigma that Black people associate with mental health service utilisation.

Delivering Race Equality (DRE: DoH, 2005) was a five-year action plan addressing the inequalities experienced by individuals from BME groups in English mental health services. DRE's goals were: (i) more responsive, appropriate services, (ii) better partnership between mental health services and local communities, and (iii) improved monitoring and dissemination of ethnicity data.

DRE's ability to bring about real change for service users was questioned, while its lack of clear targets was believed to prevent stakeholders from maximising their contributions to the programme (Sass, Moffat, Bhui, & Mckenzie, 2009; Clark, 2009). Difficulty providing high quality data was seen to inhibit effective performance evaluation (Aspinall, 2006). Furthermore, use of the term 'BME' was believed to apply assumptions of homogeneity to diverse individuals whilst overlooking ethnic minority individuals', *"unique cultural lifestyles"* (DoH, 2005: pp. 76).

In 2009, the Department of Health (2009b) acknowledged DRE's ambitious aims as well as continuing mental health inequalities for individuals from minority ethnic groups. Key lessons learnt were that, *"people do not experience mental ill-health in silos of race"* (DoH, 2009b: pp. 6), and that mental health services needed to, *"see the person, not the stereotype, [and] see the person, not the diagnosis"* (DoH, 2009b: p. 6). More recent initiatives (e.g. DoH 2011; HM Government, 2009) have sought to address the mental health inequalities faced by minority ethnic mental health service users through tackling general sources of inequality and discrimination (e.g. social deprivation and poverty) rather than focusing specifically on ethnicity or race. Time will demonstrate their effectiveness.

(3) Variations in Pathways into Mental Health Care

Primary Care

When approaching their GPs with mental health concerns, research has found that Black people are not always able to differentiate between physical and mental illness (Zuvekas & Fleishman, 2008; Hollar et al., 2007; Sue & Sue, 1999). Focusing on physical ailments and bodily symptoms associated with, for example, anxiety or depression, leads GPs to risk misattributing symptoms to physical, rather than mental health, aetiology (NIMHE, 2003; Bhui & Bhugra, 2002; Snowden, 2001; Trierweiler et al., 2000).

Bias in GPs' clinical judgement when working with Black individuals is cited as a possible reason for over-diagnosis of severe mental health conditions (such as schizophrenia), in Black individuals, and the under-diagnosis of affective disorders, and limited referrals to counselling and psychotherapy (Stockdale et al., 2008; McGuire & Miranda, 2008; Hollar

et al., 2007; Raleigh et al., 2007; Agoro, 2003; Fernando, 2003; McLean et al., 2003; McMillan, 2003; Snowden, 2001; Trierweiler et al., 2000). Health care professionals have been observed to hold the belief that those of African or Caribbean descent are at a higher risk of severe mental health disturbances than White people (Cantor-Graae, 2007; Fearon et al., 2006; Pilgrim, 2005), whilst the presence of real differences in severe mental health risk is disputed (Snowden, 2001).

Community-Based Projects in the Voluntary Sector

The voluntary sector often provides services run by ethnic minorities for ethnic minorities, acknowledging that for some Black people, the feeling of being understood may often be inferred through ethnic similarity (CSIP, 2007; Eleftheriadou, 2003). However, research finds that the voluntary sector is rarely taken into account in strategic mental health service development. Lack of NHS recognition and unstable sources of funding are seen to make voluntary sector services vulnerable to closure (Chouhan & MacAttram, 2005; Fernando, 2003).

Researchers suggest that the needs of Black individuals could be better met through consultation and partnership between mainstream mental health services and community-based voluntary sector organisations (BMHUK, 2009a; Sarwar, 2006; Chouhan & MacAttram, 2005; Taha, 2005; Seebohm et al., 2005; Bhui & Bhugra, 2002). However, Campbell and McLean (2002) cite fear about the consequences of help-seeking outside of the family network as preventing Black people from utilising mainstream and voluntary sector mental health services alike.

In the UK, Campbell and McLean (2002) explored African Caribbean individuals' utilisation of voluntary sector mental health services. Participants were 25 African Caribbean men and women aged 18-75 years, residing in two deprived wards in the south east of England. A convenience, purposive sampling strategy was used with participants drawn from local African Caribbean community organisations (church groups, Saturday schools, Black awareness and history groups, and youth clubs). Individual tape-recorded interviews, each lasting approximately three hours, were conducted with all participants. Interviews explored perceptions of mental health services, participants' life histories, and community life. Transcripts were analysed using NUD*IST; a qualitative

analysis computer software package. Low levels of mental health help-seeking were attributed to: participants seeking support from family and friends rather than formal services, fear of negative treatment, and previous experiences of racism within statutory services.

Although Campbell and McLean's (2002) participants self-identified as 'Jamaican', 'Barbadian', or 'West Indian' and were drawn from a range of different settings, this and further variation within mental healthcare experiences within the sample at an individual level, failed to be reflected in the exploration or discussion of results. Furthermore, although the researchers acknowledged that the views of 25 African Caribbean individuals could not be generalised to the population at large, presenting the results as a 'case study' attributed one collective African Caribbean voice to 25 unique individuals. The researchers failed to provide information about their qualitative method(s) or the gender split within their sample. Half of the participants were said to live in households with at least one person employed and half not, whilst half were involved in community projects, and half were not. However, the researchers failed to explain what they hoped to achieve by sampling in these ways. The researchers also stated that participants appreciated the interviewer being of African-Caribbean origin, but failed to explore how the interviewer's identity impacted the collected data and participation levels.

Compulsory Hospitalisation

It appears to be the general consensus within the literature that Black people are overrepresented in severe mental health units, face more complex routes into specialist care, and are underrepresented within counselling and psychotherapy services due to not being offered or deemed appropriate for talking therapies (Stockdale et al., 2008; Newbigging & McKeown, 2007; Cantor-Graae, 2007; Fearon et al., 2006; DoH, 2006b, 2006a; Pilgrim, 2005; NIMHE, 2003; Agoro, 2003; Bhui & Sashidharan, 2003; Bhui et al., 2003; Fernando, 2003; Bhui & Bhugra, 2002; Littlewood, 2000; Narrow et al., 2000). The Healthcare Commission (2008) conducted a 'Count Me In' national census of inpatients in mental health and learning disability services in England and Wales. The census found that compulsory detention rates for Black African and Black Caribbean communities were higher than those observed for any other ethnic group; figures that had risen year on year since 2005. The census also found that Black and mixed heritage individuals accounted

for ten per cent of the overall UK mental health inpatient population, and that rates of admission for Black people were ten times greater than the national average.

Black people's mental health needs are often only revealed at the point of crisis (Hollar et al., 2007; Lee et al., 2007; Newbigging & McKeown, 2007; DoH, 2006a; Fernando, 2003; McMillan, 2003; Bhui & Bhugra, 2002; Littlewood, 2000). In addition to the 'Count Me In' census, compulsory detainment in accordance with the Mental Health Act has been observed to occur up to four times more often for Black people than for White people (Snowden, Hastings, & Alvidrez 2009; Singh, Greenwood, White, & Churchill, 2007; Bhui et al., 2003). Black people have been found to be more regularly subjected to inappropriate use of forcible restraint and seclusion (Health Commission, 2008; Winterton, 2007b; DoH, 2006a, 2006b; Allen, 2004), with lengths of stay in, as well as rates of re-admission to, secure units observed to be greater than those of their White counterparts (DoH, 2007; NIMHE, 2003).

In the UK, Bhui et al. (2003) conducted a systematic review of 38 quantitative research studies exploring ethnic variations in mental health service utilisation for White, Black (African and Caribbean), and Asian individuals. The researchers assessed quality of sampling and ethnic group classification, adjustments for confounding variables, and appropriate analysis of ethnic groups separately. The review highlighted ethnic variation in pathways into UK mental health services. Increasingly complex routes were observed for Black individuals who saw more healthcare professionals before accessing appropriate specialist mental health services, and also had greater levels of continued contact with mental health services after initial treatment. Black people also demonstrated more frequent use of in-patient facilities, increased rates of compulsory admission to secure mental health units, and higher levels of police involvement.

Bhui et al. (2003) criticised existing research studies for failing to explain ethnic group classifications or to differentiate clearly, if at all, between ethnic groups. Furthermore, the researchers explained that individual variation on factors such as place of birth, religion, length of UK residency, education, and culture, made each service users' journey through UK mental health services unique, thus restricting the generalisability of all research findings.

(4) Specialist Mental Health Services

Acknowledging the ethnic inequalities that exist within access to mental health services, specialist services are often seen as the answer to reaching disenfranchised Black individuals (Bhui & Sashidharan, 2003; Clarke, 2003). However, it is argued that isolating Black people's mental health services may do more harm than good (Sue et al., 1999). Separation of mental health services can communicate that the mental health needs of Black people are somehow 'special' or 'different' to those of the majority population (Sashidharan, 2001). Furthermore, separate services can potentially send the message that mainstream services are unable to cope with Black people, and that culture is a problem that needs to be removed from mainstream psychological services and treated individually (Bhui & Sashidharan, 2003).

DISCUSSION

This review has indicated that many variables contribute to the complexity of answering the question, *"Why are Black people disadvantaged within UK mental health services: Self sabotage or institutional racism?"* This is a question that becomes more urgent as the UK population becomes increasingly diverse.

The question is answered in part by the coping strategies employed by potential service users, and also in terms of discriminatory perceptions of the Black service user held by service providers. Self-reliance appears to be important for Black individuals, and feelings of shame may be experienced when Black people, particularly Black men, consider seeking formal assistance. Black people's fears of negative treatment, misdiagnosis, and the overrepresentation of Black people in severe mental health units, all interact with service providers' fears about working with Black populations, leading to self-perpetuating circles of fear.

Service users' perceptions of social exclusion and language as a barrier, can marginalise the Black population. Research shows that service failures and a lack of multicultural competence, lead to a decline in Black people's positive attitudes towards, and satisfaction with, mental health services. The Government's commitment to eradicating

mental health inequalities for the Black population is clear, but negative stereotypes about Black individuals are still believed to exist.

Unconscious levels of institutional racism potentially lead GPs to misattribute Black people's symptoms to severe mental health conditions, whilst primary care referrals to counselling and psychotherapy remain limited. As a result, Black people fear presenting to their GPs with psychological concerns leading to increased levels of compulsory detainment under the Mental Health Act, and emergency hospitalisation at the point of crisis.

Although the voluntary sector is seen as a feasible source of support for Black people's mental health concerns, difficulty gaining and maintaining funding means that such services are limited and vulnerable to closure. Furthermore, specialist services, which often separate Black people's mental health services from the mainstream, potentially face criticism for treating the needs of Black individuals as somehow different or problematic. This reinforces the view that Black individuals' needs cannot be met by mainstream mental health services.

Research findings exploring Black people's current treatment within the mental health system are largely negative. However, whilst critiquing research exploring Black people's mental health experiences, the researcher has highlighted flaws in how research studies are conducted, and how clearly details regarding sampling, methods, results, and analysis, and the rationales underpinning each, have been identified. The researcher has endeavoured to draw attention to the ways in which some researchers (e.g. McLean et al., 2003; Pope-Davis et al., 2002; Bhui et al., 2003) have made attempts to emphasise the individuality of the Black and minority ethnic individuals who participated in their research. Other researchers (e.g. Diala et al., 2000, 2001; Bowl, 2007; Constantine, 2002; Campbell & McLean, 2002) have been found to homogenise individuals within and across minority ethnic groups. It could be that researchers (the present researcher included) feel under pressure to homogenise individuals within and/or across minority ethnic groups to, as Bowl (2007) suggests, "*draw attention to those experiencing discrimination and disadvantage arising from both skin colour and cultural difference"* (pp. 205). Bhui et al. (2003) also acknowledge this strategy as a way to successfully emphasise differences in experiences of ethnic minority and White mental health service

users. However, it could be that assigning homogeneity on the basis of ethnic group membership can encourage negative stereotypes and the inaccurate belief that mental health needs vary according to ethnic group membership (Bhui et al., 2003). Assumed homogeneity of mental health needs for all service users and the standardisation of tools, language provision, and treatment models (Anglin, Alberti, Link, & Phelan, 2008; DoH, 2009b; Primm et al., 2010; Rabiee & Smith, 2007; Sue & Sue, 1999) have been found to underlie minority ethnic users' perceptions of service provider inflexibility whilst being positioned as evidence of institutional racism (Macpherson, 1999). Furthermore, as was found within Bowl (2007) and McLean et al.'s (2003) research studies, being homogenised on the basis of skin colour, race, or ethnicity, led participants to feel misunderstood by, and excluded from, UK mental health services. Maybe then, actual or perceived homogenisation plays a major role in Black people's delayed help-seeking from, or avoidance of, UK mental health services. As such, rather than homogenising individuals on the basis of ethnic, or other, group membership, highlighting individuality will truly help researchers and service providers to overcome the mental health inequalities currently experienced by individuals from minority groups.

It shouldn't be assumed that mental health disadvantages are equivalent across ethnic minority groups, or are restricted to ethnic minority group membership (DoH, 2011). Similarly, it is in no way the researcher's intention to infer that only Black people face disadvantages within UK mental health services; this would not be a valid message. The challenges faced by Black people accessing the UK mental health system are shared by members of other minority groups who may perceive themselves to be discriminated against on the basis of age, gender, disability, sexual orientation, or religious beliefs (DoH, 2005; 2004). These groups then, risk further stigmatisation when they enter mental health care systems (Pilgrim, 2005).

Including US research may be questioned within a review investigating UK experiences. The researcher does not wish to give the impression that what works in the UK will work in the US, or vice versa. Although the histories of Black people in the UK and US are very different, UK researchers and mental health professionals should be open to learning from Black mental health service users' experiences across different cultures. Remaining mindful of individual differences, Black people in the UK and US face similar disadvantages in terms of the quality of care they receive when accessing mental health

services (e.g. Williams, Neighbors, & Jackson, 2008; Williams et al., 2007; Jackson et al., 2004). However, in the US, the lack of free health care, and individuals needing to pay for health insurance to utilise healthcare services, create additional barriers for those Black individuals with mental health concerns who are unemployed, or on low incomes (McWiliams, 2009; Copeland, 2005). Furthermore, although 'free' hospitals do exist in the US, their utilisation has become stigmatised and associated with poverty, creating additional obstacles for Black people requiring mental health assistance (Gruber, 2008).

So what can be done to make race equality within UK mental health services reality rather than ideology? The non-specific nature of Government recommendations makes them more difficult to translate into clear implementable strategies to bring about change for service users and mental health professionals alike.

More research into active outreach could be one way of challenging inequalities. This could help to raise awareness within Black communities and increase knowledge about what types of mental health services are available (Newbigging & McKeown, 2007; Snowden, 2001). Communicating directly with potential service users could also help to clarify the pathways into the UK mental health system, whilst acknowledging Black individuals' fears and anxieties to help them feel confident engaging with mental health services.

Ethnically diverse workforces may be better able to provide culturally appropriate treatment (McGuire and Miranda, 2008), whilst better meeting the language needs of ethnic minority service users (Fernando, 2003). The supervisory relationship, a dynamic within which ethnicity, shared or not, may play a role in the level of openness to tackle sensitive issues, could also be better promoted as a safe forum for therapists to explore racism, stereotypes, and prejudices (Lee et al., 2007; Kelly & Boyd-Franklin, 2005).

Increased collaboration and sharing of best practice between mainstream and voluntary services could more effectively serve Black populations (BMHUK, 2009a). Furthermore, inclusive policies which uphold the spiritual, racial, and cultural needs of service users and service providers alike (NIMHE, 2003), could potentially increase the focus on fostering productive relationships where service providers listen to, and learn from, their service users' experiences (Harrison, 2007).

Offering service users choices in terms of the mental health professionals that they interact with (Patel et al., 2000), could help service providers to respond more appropriately to individuals' needs. Service users' opinions on what for them constitutes best practice could be better sought, so that they could rest assured that their needs and preferences were truly taken into account. Mental wellbeing would then be assessed according to the service user's standards which may or may not be found to centre on ethnicity and culture (Fernando, 2005).

Treating the Black population as homogenous, which the researcher acknowledges has largely been the case within this review, could also contribute to inequalities observed within the UK mental health system (Williams et al., 2007). When researchers and policy makers talk about the 'needs of Black people' they start to attribute homogeneity on the basis of skin colour (Jackson et al., 2004). Whilst homogenisation may be facilitative in terms of drawing attention to the potential barriers faced by members of Black populations, researchers and policy makers alike may grow more knowledgeable about how to eliminate such mental health inequalities by treating each Black person as an individual in his or her own right with unique needs, fears, and expectations of the assistance he or she may gain when accessing UK mental health services (DoH, 2011, 2007; McMillan, 2003).

Perhaps then the true answer lies in refraining from making assumptions about individuals on the basis of group membership (HM Government, 2009; Harrison, 2007; Secker & Harding, 2002), and instead providing service users with culturally competent practitioners and individually tailored mental health services for all (Marrington-Mir & Rimmer, 2007). Mental health services could then, as Keating (2007) suggests, operate at an interpersonal level, treat all service users as unique, and as Netto (2006) suggests, provide culturally sensitive mental health services for all.

A commitment to providing best practice should underlie all service users' interactions with any aspect of the UK mental health system (DoH, 2007; Hollar et al., 2007). Perhaps putting ethnicity under the spotlight can attribute unfounded assumptions of homogeneity to diverse populations, which can potentially lead to UK mental health services failing the very groups they wish to help the most.

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EMPIRICAL RESEARCH STUDY

HOW THERAPISTS WORK WITH SIMILARITY IN THE THERAPEUTIC 'TRIAD'

RESEARCH ABSTRACT

This study investigates the processes underlying how therapists work with similarity in the counselling relationship. The current therapist-client matching literature focuses on minority clients' counselling outcomes (e.g. Flaherty & Adams, 1998) and satisfaction with therapy (e.g. Murphy et al., 2004). However, an absence of matching theory, and dated examinations of therapists' experiences, are observed. For therapists, the risk of making invalid assumptions (Maki, 1990), over-identification (Muñoz, 1981), and the need to sensitively respond to self-hatred which can manifest when minority clients work with similar therapists (Iwamasa, 1996), have been highlighted. Thirteen self-identified therapists from matched counselling organisations are interviewed and their narratives analysed using Charmaz's (2006, 2009) social constructivist adaptation of grounded theory. S*imilarity in the therapeutic 'triad'* emerges as the core category, supported by three central categories: *bringing 'sameness' into the room*, *encouraging the client to work with difference*, and *supporting therapists' work with similarity*. Relationships between categories and sub-categories are examined at length with quotations introduced from across therapists' narratives. Attention is paid to the researcher's and therapists' reflexivity. The research findings are explored in relation to existing psychological theory and positioned as guidance for organisations implementing therapist-client matching. The research implications are positioned within the current context of mental health service provision.

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INTRODUCTION TO RESEARCH

LITERATURE REVIEW

ATTENDING TO THE MENTAL HEALTH INEQUALITIES EXPERIENCED BY MINORITY SERVICE USERS: THE IMPACT OF THERAPIST-CLIENT MATCHING

Introduction

The Government is committed to promoting equality and diversity within the UK mental health system (DoH, 2011; HM Government, 2009). Nonetheless, individuals from minority groups experience mental health inequalities and discrimination on the basis of age, gender, ethnicity, culture, language, faith, sexual-orientation, and disability (DoH, 2011). Notably, mental health inequalities are believed to, at least in part, be the result of discrimination at an institutional level (DoH, 2009a) which manifests through biased mental health policies and inflexible practices (Primm et al., 2010; Anglin, Alberti, Link, & Phelan, 2008, Rabiee & Smith, 2007). It appears that individuals from minority groups are well represented within low level (Race for Health, 2007), semi-routine, routine, and middle management statutory mental health service roles (NHS Institute for Innovation and Improvement: NIII, 2009). However, they are found far less frequently within senior management (NIII, 2009) and strategic, mental health policy-driving positions (Race for Health, 2007). To target discrimination and mental health inequalities at an institutional level, it is essential that minority service users feel represented by those working at all levels of seniority throughout the UK mental health system (NHS Employers, 2010; NIII, 2009).

In addition to modifying the workforce composition at senior levels, statutory mental health services have a responsibility to recruit minority mental health professionals into areas such as talking therapies (Sharma, 2005; Scott, 2004) to reflect the diverse populations which they serve (DoH, 2005). As a consequence of this, the potential for 'therapist-client matching', believed by some to enhance minority individuals' utilisation of mental health services, will increase. Therapist-client matching occurs when clients from minority groups are assigned therapists who are in some way similar to them (for

example, in terms of sharing a non-English language, ethnicity, faith, gender, or sexual orientation)[1]. In response to minority service users' preferences and the perceived therapeutic benefits, voluntary-sector counselling organisations frequently incorporate therapist-client matching into their philosophies (Fernando, 2003; Armstrong, & McLeod, 2003; Netto, Gaag, Thanki, Bondi, & Munro, 2001). NHS mainstream services have also been observed to utilise therapist-client matching, but on a more adhoc basis (DoH, 2009b, CSIP, 2007).

Relevance to Counselling Psychology

As a phenomenon, therapist-client matching holds relevance for counselling psychologists who currently, or could potentially, find themselves working with minority clients. Whilst multicultural competence and the promotion of diversity and race equality are viewed as paramount within UK mental health service provision (DoH, 2011), therapist-client matching encourages interesting debates about how well majority culture therapists are able to empathise with the needs and experiences of minority mental health service users. By understanding more about therapist-client matching and its impact, positive or negative, on clients and therapists alike, counselling psychologists will be able to respond appropriately to minority clients who search for, or wish to avoid, similar therapists.

What this Literature Review Hopes to Achieve

This review aims to evaluate the existing literature examining therapist-client matching within the context of counselling relationships. It draws from research exploring therapist-client matching on the basis of ethnicity, language, religious beliefs and spirituality, sexual orientation, and gender. The review begins by introducing the debate surrounding therapist-client matching and then explores how therapists experience matched counselling dyads. Following from this, a number of reasons why individuals seek out, or wish to avoid, matched therapeutic relationships are presented. The review then questions whether therapist-client matching impacts client outcomes and evaluations of therapy and examines the impact of matching clients to therapists on more than one

[1] Definitions of similarity, sameness and difference, will be introduced within the Methodology section (see pages 95-99).

facet of identity. Following from this, research which suggests that the focus should be placed on therapists' general and multicultural counselling competence, rather than matching, is explored. The review concludes by reflecting on the existing matching literature and providing a rationale for the current study, before presenting the current research study's aims.

As explored in the earlier critical literature review (which begins on page 20), it is not the researcher's intention to suggest that the beliefs, experiences, needs, preferences, or outcomes of members of minority groups are homogenous. Rather, the researcher seeks to learn from research which explores how matching impacts clients and therapists alike.

Clarification of Terminology

Within this review and the reporting of the research study that follows, the terms 'matching', 'therapist-client matching', 'matched counselling', 'matched counselling dyads', 'similar dyads', 'matched dyads', 'matched counselling relationships', 'similar counselling dyads', and 'similar counselling relationships', will be used interchangeably to avoid repetition. These terms indicate counselling relationships between therapists and clients who have been allocated to work together because they share a specific facet of identity. A 'matching organisation', 'matched counselling organisation', or 'matched counselling service', refers to a counselling organisation that offers matching to service users as standard.

Introducing the debate surrounding therapist-client matching

Within the existing literature it appears that therapist-client matching is a contentious notion, with researchers expressing conflicting views regarding its appropriateness within the therapeutic context. The Care Services Improvement Partnership (CSIP: 2007) suggests that minority service users may find comfort in the visibility of, and opportunities to work with, minority mental health practitioners. Arguably, this sense of comfort could be attributed to matched service users believing that their therapists hold increased levels of understanding of their experiences (Rastogi & Wieling, 2005). This could also potentially explain why matching is believed to aid the development of safe, trusting relationships between therapists and their matched clients (Hollar et al., 2007;

Knipscheer & Kleber, 2004). Researchers have also found that when therapist-client matching occurs, empathy and client self-disclosures (Cashwell, C., Shcherbakova, & Cashwell, T., 2003; Alladin, 2002; Horvath, 2000; d'Ardenne & Mahtani, 1999), as well as rapport building and the client's willingness to commit to the therapeutic process (Hollar et al., 2007), may be facilitated.

By way of contrast to the above, the CSIP also (2007) cautions that therapist-client matching may not necessarily equate to heightened understanding between therapist and client. Furthermore, researchers have suggested that matching can encourage over-identification between therapist and client which can jeopardise the therapeutic alliance (Eleftheriadou, 2003; Maki, 1999; Iwamasa, 1996; Comas-Diaz & Jacobsen, 1991). Qureshi (2007) believes that implicit to the therapist-client matching concept, is the invalid notion that facets of identity, such as ethnicity, are static. Positioning identity as a fluid, constantly evolving phenomenon, Qureshi (2007) proposes that whether matched or not, therapists must be willing and able to explore the meaning that their clients attach to different facets of their identities in the moment, throughout the course of therapy.

Bhui and Sashidharan (2003) and Sashidharan (2001) suggest that organisations that incorporate therapist-client matching into their philosophies may risk reinforcing the view that the mental health needs of individuals from minority groups are qualitatively different to those of individuals from majority cultures. In fact, Sue et al. (1999) propose that therapist-client matching may imply that minority clients' needs cannot be met in the mainstream and that majority culture mental health practitioners are ill-equipped to understand and work with clients from minority groups. Sharing a potentially controversial yet thought-provoking perspective, Hollar et al. (2007) assert that therapist-client matching (and the segregation of services for minority individuals) may actually encourage majority culture therapists to avoid confronting their own implicit prejudices about working with minority clients, whilst operating under the guise of better meeting the mental health needs of service users from minority groups.

In summary, researchers are found to hold a variety of strong, conflicting views about the utility of therapist-client matching and a consensus is far from being reached. Whilst some researchers would argue that matching may help clients to feel understood, safe, and at ease within the therapeutic relationship, others maintain the position that matching

may lead to over-identification, reinforce a reductionist view of identity, and limit the development of majority therapists. Furthermore, therapist-client matching and the segregation of mental health services for minority clients, may unintentionally fuel institutional racism within the mental health system. Exploring how therapists experience matched counselling dyads may provide further meaningful insights to this stimulating debate.

How do therapists experience matched counselling dyads?

Research exploring how therapists experience matched counselling dyads is limited, with few studies focusing solely on the therapist's perspective. The following section presents four research studies exploring therapists' experiences of matching and also a study examining the role that supervision may play in supporting therapists in matched counselling settings.

In a rare example of quantitative research examining therapists' experiences of matching, Iwamasa (1996) gathered data regarding Asian American and African American behaviour therapists' experiences of working with ethnically-similar clients. 101 copies of a brief survey, that the researcher had developed herself, were posted to therapists participating in special interest groups ('African Americans in behaviour therapy' and 'Asian American issues in behaviour therapy and research'). 31 completed surveys were received (a response rate of 37 percent) from 13 female and 18 male therapists. 19 respondents self-identified as Asian American, 6 as African American, 4 as Hispanic American, and 2 as having mixed-ethnic heritage. The mean respondent age was 38 years and the average number of years in practice was 11. On average, responding therapists saw 12 clients each week, with 48 percent of their sessions conducted with ethnic minority clients. In comparison to their non-matched counselling relationships, participants reported increased levels of understanding, comfort, trust, and shared values with their matched clients. Furthermore, participants acknowledged the need to be sensitive and understanding to deal with the self-hatred that could manifest for ethnic minority clients in response to working with similar therapists. However, the research findings were hampered by the researcher failing to explain any attempts to validate her survey, leaving the reader to assume that no such attempts were made. Additionally, generalisation of the study findings was limited by the failure of the researcher to employ

a systematic sampling technique and also the fact that all participants identified as behaviour therapists. Furthermore, although as outlined above, a variety of demographic data was collected from therapists who responded to the survey, these individual differences were not incorporated into the reporting of findings.

A valuable, early contribution to the literature was made by Muñoz (1981), a Hispanic American psychotherapist. The researcher suggested that matching clients to therapists on the basis of ethnicity was vital to ensuring that Hispanic American clients' cultural values and ideals were understood and that their mental health treatment was effective. However, whilst exploring his clinical work with a Hispanic American client, Muñoz (1981) suggested that matched clients' explorations could activate therapists' own experiences, leaving them susceptible to over-identification and feelings of guilt and despair. Furthermore, the desire to 'save' matched clients could manifest through collusion and unquestioned assumptions. Notably, Muñoz (1981) highlighted the risk of therapists needlessly overemphasisng culture with matched clients, and cautioned that culture should only be broached during therapeutic work in line with client preferences.

Maki (1990), a Japanese American psychotherapist, conducted an interesting case-study exploring his experiences of working with a Japanese American client. The research positioned therapist-client matching as inherently challenging due to the potential for both therapist and client to apply stereotypes and make assumptions about the other's level of understanding, beliefs, culture, and experiences. For Maki (1990), this meant that individual differences and potential variations in cultural beliefs or practices (such as generational status, country of birth, number of years since migration, family upbringing, and socioeconomic status), were not clearly delineated during the course of therapy. The research concluded that ethnic-matching should be conducted with caution, due to its ability to potentially disrupt the working relationship.

Gowrisunkur, Burman, and Walker's (2006) research described language-matched individual psychotherapy conducted in Urdu by a psychoanalytic psychotherapist in training in the UK. The researchers suggested that language-matched counselling could potentially, but not universally, be accompanied by shared cultural and religious practices. However, Gowrisunkur et al. (2006) cautioned therapists against colluding with clients' assumptions of similarity, instead encouraging therapists to explore the

uniqueness of each party's religious and cultural beliefs and practices explicitly throughout the course of therapy.

Muñoz (1981), Maki (1990), and Gowrisunkur et al. (2006) provide compelling accounts of the challenges akin to psychotherapists' experiences of therapist-client matching in the context of ethnicity- and language-matching. However, the research studies are limited by a lack of information about the duration of each client's therapy, and in Gowrisunkur et al.'s (2006) case, the failure of the researchers to reflect on how being a trainee psychotherapist may have impacted the therapist's or client's experience of matched therapy. In addition to these limitations, it should be remembered that these were individual case studies, which restricts the generalisibility of findings beyond the unique temporal and cultural contexts within which each study was conducted.

Moving beyond the matched counselling relationship, Schwartz, Domenech-Rodríguez, Santiago-Rivera, Arredondo, and Field (2010) suggest that it is important to consider how therapists are supported in their work with similar clients. The researchers explained that complications could arise when therapists and clients worked in a mother-tongue language which was not shared by supervisors. Being unable to appreciate the cultural and linguistic intricacies within language-matched counselling was highlighted as a potential disadvantage for supervisors who did not speak the language(s) that their supervisees used within their clinical practice. Schwartz et al. (2010) proposed that supervisor training programmes could incorporate techniques to encourage bi- and multi-lingual therapists to explore the subtle nuances within their non-English language session material. Despite this, the research concluded that if supervisors did not speak the language used in therapy, they would be limited in terms of how effectively they could support therapists in their provision of non-English language counselling. However, it is important to consider that these researchers were reflecting on and drawing conclusion from their own clinical practice, which limits the validity and generalisability of their observations.

To summarise, when therapist-client matching on the basis of ethnicity or language occurs, there is potential for therapists to perceive that understanding and trust are improved. However, matching can lead clients and therapists to make invalid assumptions of each other, whilst there is a risk that therapists may over-identify, or

become over-involved with, their matched clients. Therapists need to be prepared to deal with clients' negative responses to being matched, whilst matching within supervisory relationships may have training and recruitment implications. Notably, the generalisability of existing research exploring therapists' experiences of matching is limited by non-validated measures and a reliance on case study data and therapists' anecdotal reflections on personal practice. Furthermore, a lack of research exploring the processes at play during therapist-client matching highlights an area where additional empirical research is needed. As matching is a relational phenomena involving both therapist and client, it is important that literature considering clients' beliefs about therapist-client matching and its impact on their evaluations and outcomes of therapy is also explored.

Why do individuals seek out or wish to avoid matched therapeutic relationships?

Different reasons are presented within the existing literature to explain why minority clients may wish to seek out, or avoid, matched therapeutic relationships. Jones, Botsko, and Gorman (2003) explored the therapist preferences of lesbian, gay, and bisexual counselling service users with a nationwide survey. Completed surveys were received from 600 individuals who had sought out privately-funded counselling, and these surveys were analysed using multi-linear regression. Respondents were observed to seek out therapists who were similar to them on the basis of their specific sexual-orientation and gender (e.g. bisexual female client-bisexual female therapist), due to the belief that clients could then feel most at ease discussing their own sexual-orientation and relationships. However, sampling individuals who paid for private therapy may limit the generalisability of findings to those seeking fee-free counselling. Obtaining similar results, Moran (1992) investigated participants' preferences for sexual-orientation matching using an analogue study. 40 homosexual men and 40 homosexual women were given pre-session written information about a homosexual female or homosexual male client (In line with their own identity) entering therapy with a presenting problem related or unrelated to sexuality. Participants then watched one of two 15-minute video-tapes of a same-sex counselling session, following which they were asked to complete Barak & LaCrosse's (1975) counsellor rating form. Participants deemed sexual-orientation matching to be important when the client's presenting therapeutic issue was in some way related to sexuality, or issues of a sexual nature. However, it is important to bear in mind

that these findings were gleaned from an analogue study, which potentially limited their validity and generalisability to clinical practice.

Hall (2001) proposes that ethnic minority clients' search for similar therapists can be attributed to the belief that they will not be fully understood by therapists who do not share their ethnicity, language, or cultural norms. Similarly, the client in Gowrisunkur et al.'s (2006) case study, was described as having sought out language-matched counselling due to the desire to work with a therapist who would understand and potentially share his cultural and religious beliefs. Interestingly, Littlewood (2000) suggests that ethnic minority therapists may not necessarily seek out matched counselling because they believe that there will be, *"some inherent racial understanding, some shared mystique of consciousness, [or] some hypostastised culture"* (pp. 13). Rather, ethnic minority clients may believe that, in comparison to majority culture therapists, ethnic minority therapists will have given more serious consideration to the issues (such as racism, discrimination, social exclusion, and perceived minority status) that ethnic minority clients may carry with them when they enter therapy (Littlewood, 2000).

Linking the search for, or avoidance of, matched counselling to psychological theory, researchers assert that Black clients' preferences for Black therapists may be based on their assertions that racial and cultural compatibility heighten professional competence. For Blank, Mahmood, Fox, and Guterbock (2002), Racial Identity Theory which is built upon, *"the client's recognition of their racial background and the impact of race on intrinsic and interpersonal development"* (pp. 1669), is believed to play a key role in ethnic minority clients' search for similar therapists. According to these researchers, an individual whose racial identity is strong is far more likely to seek out ethnically-matched counselling than an individual who does not define him or herself in terms of race, or ethnic group membership. Similarly, Hollar et al. (2007) propose that when ethnic minority clients hold negative beliefs about their ethnic origins, or value the majority racial identity more highly than their own, matched counselling can lead them to believe that they are receiving inferior treatment, resulting in premature termination of therapy.

In a valuable early contribution to the field, Parham and Helms (1981) investigated the relationship between African American clients' racial identity attitudes and their evaluations of ethnically-similar or dissimilar counsellors using Cross's (1971) model of nigresence. Cross's (1971) model explores the stages through which Black people may shift from holding negative beliefs about being Black, towards self-pride and comfort. The research concluded that African American clients' preferences for matched therapy were underpinned by positive racial identity attitudes. Parham (1989) further acknowledged that it was important to remember that the success of, or conflict within, ethnically-matched counselling, could be dependent on the racial identities of both client and therapist.

Moving beyond racial identity, other researchers have attributed ethnic minorities search for, or avoidance of, matched therapeutic relationships to their levels of 'cultural affiliation'. This term refers to the strength of an individual's sense of involvement and belonging to their culture (Toporek, 2009). Hollar et al. (2007) align cultural affiliation closely with acculturation which they define as, *"the extent to which an individual has integrated their own cultural traditions with those of the majority culture"* (pp. 41). For individuals with high cultural affiliation, culture is highly salient to how they identify themselves (Pope-Davis et al, 2002), and cultural norms, beliefs, customs, traditions, rituals, religious practices, language, and dialects, are followed closely (Sue, & Sue, 2008). Individuals with high cultural affiliation, or those who have not acculturated to mainstream European culture, may express a preference for ethnically-matched therapists who they believe will understand and share the significance which they place on their cultural beliefs, norms, and practices (Hollar et al., 2007; Gowrisunkur et al., 2006).

Sue and Sue (2008) suggest that minority individuals with low cultural affiliation do not identify themselves in cultural terms and may even reject the norms and practices of their own culture in favour of those of another culture. In addition, low levels of cultural affiliation may mean that a therapist's cultural background is of low priority in comparison to their general counselling competence (Coleman, Wampold, & Casali, 1995). Minority individuals with low cultural affiliation, or those who have acculturated to mainstream European culture, may express a preference for a therapist from the host culture, to distance themselves from their birth culture (Farsimadin et al., 2007; Hollar et al., 2007).

It follows then that if individuals with low cultural affiliation find themselves working with therapists from a similar culture, or if individuals with high cultural affiliation find themselves working with therapists of a different culture, negative consequences, such as a lack of engagement, or premature termination of therapy, could potentially ensue.

In a meta-analysis of ethnic minority clients' therapist preferences, Coleman, et al. (1995) accumulated evidence suggesting that ethnic minority service users tended to prefer ethnically-matched counsellors over European American counsellors. Furthermore, the researchers observed that ethnic minority clients' search for ethnic-matching was affected by strength of cultural affiliation. Service users with high levels of cultural affiliation were observed to seek out ethnically-matched therapists, whilst those with low levels of cultural affiliation deemed ethnic similarity less important than the therapist's attitude, education, personality, and maturity. The researchers acknowledged that comparisons across research studies were complicated by inconsistent measures of cultural affiliation, client preferences, and counsellor competence, and also the use of incompatible quantitative methods to analyse findings. Furthermore, the researchers criticised the reviewed research for failing to justify the strategies used during sampling, conducting research, and analysing findings.

Maintaining the focus on affiliation, the preference for therapist-client matching has been observed in individuals who identify themselves as closely following a religious faith. Ripley, Worthington, and Berry (2001) explored the therapist preferences of married couples who described themselves as 'highly religious Christians'. The researchers observed how participants ranked Christian therapists using Christian practices most highly, followed by Christian therapists using psychological practices only. Non-Christian therapists willing to integrate religion into their interventions were rated third, whilst non-Christian therapists using psychological practices only, received the lowest ratings. However the researchers acknowledged that their findings may be restricted to couple counselling with religious clients.

In summary, it has been seen that the desire to be understood may motivate the search for matched counselling. In addition, it is plausible that the extent to which minority clients identify themselves, or make sense of their presenting problems in terms of a certain facet of their identity, may account for whether or not they seek out matched therapy.

Furthermore, research drawing from psychological theories to explain why clients may seek out matched counselling, highlights the potential utility in investigating the theoretical foundations of therapist-client matching. In addition, whilst existing literature exploring clients' search for, or avoidance of, matched counselling, provides valuable insights, exploring empirical research focusing on the efficacy of therapist-client matching will contribute meaningfully to the debate.

Does therapist-client matching impact client outcomes and evaluations of therapy?

Whether or not therapist-client matching impacts client outcomes and evaluations of therapy is well debated within the existing matching literature. A number of studies appear to have identified a positive impact of matching on clients' therapy outcomes. For example, Flaherty and Adams (1998) conducted retrospective research to ascertain whether gender-matching was linked to service users' numbers of clinical encounters or rates of therapy dropout. The treatment records of 412 women and 285 men receiving therapy at a large outpatient psychiatry department in the mid west of America were examined. For women, gender-matched therapy led to decreased rates of dropout and increased treatment duration. However, the researchers observed that gender-matched therapy was associated with increased rates of dropout and decreased treatment duration for male service users. Although the study appeared to demonstrate a positive effect of gender-matching for women, the authors failed to offer an explanation for the gender differences that they reported in the efficacy of matching. Furthermore, it is important to acknowledge that measures of symptom improvement (which the researchers did not incorporate into their research) may have been more appropriate measures of therapy efficacy than increased treatment duration.

Farsimadin et al.'s (2007) research sought to explore whether ethnic-matching had an impact on ethnic minority clients' counselling outcomes. Participants were 100 individuals with Indian, Pakistani, Bangladeshi, Sri Lankan, Middle Eastern, Black African, and Black Caribbean ethnic origins. Participants received 6-12 sessions of humanistic counselling through one of five voluntary-sector agencies based in multiethnic areas in London, which worked exclusively with ethnic minority clients. The research utilised a between-participants design, with therapist-client ethnic-match as the independent variable. Dependent variables included clients' scores on Derogatis' (1993) Brief Symptom

Inventory, Atkinson and Wampold's (1982) Counsellor Effectiveness Rating Scale, and Horvath and Greenberg's (1989) Working Alliance Inventory. 50 participants were allocated to matched counselling dyads and 50 to non-matched counselling. The researchers reported that clients in matched therapeutic dyads performed more favourably across all outcome measures than those in non-matched counselling pairs. The researchers also found that matched counselling tended to be conducted in the clients' native non-English language, however, surprisingly the impact of language-match was not formally investigated. Participants in the matched counselling condition had expressed the desire to be matched, whilst those who had expressed the desire not to be matched (due to beliefs that ethnic majority therapists were more expert and trustworthy) were accommodated. This suggested that holding a preference for matching could have mediated the impact of matching on counselling outcomes. Furthermore, accommodating participants' preferences may have undermined the intended random allocation to the matched or non-matched condition. However, the researchers failed to acknowledge these issues and did not discuss how, or if, they ensured that the counselling provided within each condition was standardised.

Møllersen, Sexton, and Holte's (2005) research appeared to identify a negative impact of matching on client care. The researchers examined the impact of ethnic-matching for 347 Sami clients (and their 32 therapists) utilising community mental health services in northern Norway. The study demonstrated that even though clients rated the therapeutic alliance with matched therapists highly on Horvath and Greenberg's (1986) Working Alliance Inventory, matched clients were more frequently prescribed medication for their emotional difficulties rather than being referred for talking therapies. However, the researchers acknowledged that their study findings may have been grounded within the cultural context and health beliefs of the Sami population, limiting their generalisation to other populations.

In contrast to the above findings, other research studies have failed to observe a significant impact of matching on clients' counselling outcomes. For example, Karlsson's (2005) review of ethnic-matching research concluded that ethnic-matching in isolation did not lead to a reduction in drop-out rates or an increase in treatment duration for ethnic minorities. The existing ethnic-matching analogue, retrospective, archive, and process-outcome research was criticised for its low validity and the researcher acknowledged

limited studies drawing from actual psychotherapy. Additionally, Karlsson (2005) recognised that drawing conclusions across such varied data sources could limit the validity and generalisability of the review's findings.

Examining the relationship between ethnic-matching and client satisfaction, Murphy, Faulkner, and Behrens (2004) scrutinised retrospective data from a university counselling service in the south east of America. Clients and therapists self-identified as Black, White, or Hispanic, and data on 657 ethnically similar dyads and 184 unmatched dyads was obtained. The researchers found that ethnic-match made no significant difference to clients' perceptions of, or satisfaction with, counselling. However, the researchers did not appear to differentiate in any way between the different iterations of ethnic similarity and dissimilarity, and failed to acknowledge the impact of the imbalance between the number of matched and unmatched dyads. Furthermore, although demographic information was obtained from all participants on age, religiosity, presenting problems, and previous counselling experience, the mediating impact of these variables on matching and outcomes was not discussed. Similarly, Blow, Timm, and Cox (2008) observed that gender-matching did not have a significant effect on counselling service users' durations of therapy, rates of premature drop out, or the number of symptoms reported at the start and end of therapy. However, Blow et al. (2008) speculated that combining gender-matching with additional facets of therapist-client similarity had the potential to heighten the impact of gender-matching on the therapeutic process.

This section of the review demonstrates the presence of conflicting evidence regarding the impact of matching on client outcomes. Some researchers have highlighted potentially positive relationships between matching and: treatment duration, strength of the working alliance, rates of premature drop out, and the number of symptoms reported at the end of therapy. However, matching has also been found to increase the use of medication, rather than talking therapies, to treat emotional difficulties. Furthermore, other research has failed to identify any significant effects of matching on therapeutic outcomes. Researchers need to be cautious about drawing positive conclusions about therapist-client matching extending durations of therapy. Rather than indicating treatment efficacy, Hall (2001) suggests that extended therapy may indicate clients developing unhelpful attachments to their matched therapists that do not facilitate their psychological recovery. It could be that the impact of matching on therapeutic outcomes is mediated by

the context of counselling, the client's gender, or whether or not clients have expressed a preference for matching. Furthermore, as suggested by Blow et al. (2008), therapeutic outcomes may be further improved by matching on multiple facets of identity.

Does matching on more than one facet of identity impact client outcomes?

Researchers have identified how, in addition to matching clients to therapists on the basis of ethnicity, matching on additional facets of identity such as language or gender, can increase the potential for positive client outcomes. Wade and Bernstein (1991) conducted research with 80 Black female clients utilising a counselling centre attached to a large college in the mid-west of America. 40 participants received ethnic- and gender-matched counselling, whilst 40 participants formed a control group. Two counsellors saw clients in the matched counselling group for individual therapy, whilst a third therapist conducted individual therapy with clients in the control group. The researchers reported that clients who were matched to therapists on ethnicity and gender, demonstrated lower rates of attrition than clients in non-matched pairings. However, in addition to failing to explain how long the clients contracted to meet with therapists for, the researchers failed to explain the criteria for allocating clients to the matched, or control, group, as well as how they standardised the counselling received by clients within the two groups.

Sue, Fujino, Hu, Takeuchi, and Zane (1991) explored the impact of ethnicity- and language-matching on Asian-American, African-American, Mexican-American and White-American individuals' therapy outcomes. Participants had all utilised out-patient services within the Los Angeles community mental health system. The research found that ethnic-matching was related to decreased rates of premature drop-out from counselling for service users across all ethnic groups; an effect that was improved when non-English language-match was also provided. Ziguras, Klimidis, Lewis, and Stuart (2003) conducted a large retrospective analysis of the records of 2935 individuals who had received treatment within psychiatric services in western Melbourne, Australia between 1997 and 1999. The researchers found that matching on mother-tongue language, in addition to ethnic-matching, led ethnic minority service users to have less contact with severe mental health crisis teams and in-patient services, and greater incidences of successful therapy in community-based services. Similarly, Flaskerud and Liu (1991) conducted another large retrospective analysis to explore the effects of matching on the

mental health service utilisation and therapy outcomes of 1746 Asian American individuals using community mental health facilities in Los Angeles. Retrospective mental health service utilisation data collated between 1983 and 1988 was analysed using multiple regression. The researchers noted that matching on ethnicity and language led to a significant decrease in rates of dropout from community mental health services. However, the researchers noted that exploring gender- and ethnicity-matching simultaneously may have masked the degree to which each type of matching contributed to improved outcomes.

It could be argued that matching on multiple facets of identity does not impact client outcomes. In a review of research exploring the impact of matching on the therapeutic process and client outcomes, Flaskerud (1990) found that matching therapists and clients on language and ethnicity had no significant effect. However, the reviewers suggested that this could have been attributed to inconsistent methods of sampling, data collection, and analysis. Similarly, Sterling, Gottheil, Weinstein, and Serota's (2002) research explored the impact of ethnicity- and gender-matching on treatment retention. Retrospective data on 967 African American service users receiving counselling at a university-sponsored outpatient counselling centre in north east America, was analysed using a series of ANOVAs. The study concluded that matching was unrelated to premature drop out from therapy and as such may not be essential for improving client retention.

To summarise, it appears that whilst some studies find that matching on multiple facets of identity may have the potential to positively impact clients' therapy outcomes, other research refutes the premise that matching on multiple facets of identity impacts therapy at all. In addition, matching on multiple facets of identity simultaneously may mask the efficacy of individual forms of matching. Furthermore, research studies exploring the impact of matching on multiple facets of identity are limited, centred on ethnic-matching, and are now somewhat dated. So far this review has unearthed mixed findings regarding the efficacy and appropriateness of matching within the therapeutic context. However, a different school of thought highlighting the therapist's ability to foster effective working alliances with all clients, regardless of their identities, is yet to be explored.

Should the focus be placed on therapists' general and multicultural counselling competence rather than matching?

An alternative perspective found within the existing literature suggests that the therapist's ability to: (i) foster effective working alliances with clients irrelevant of their identities, and (ii) demonstrate general and multi-cultural counselling competence, should be upheld over therapist-client matching.

A key concept taught universally during counselling training is that the ability to develop effective therapeutic alliances across difference should be inherent to the therapist role (Bhui et al., 2007; Harrison, 2007; Sue & Sue, 1999). Within the existing matching literature, practitioners within mainstream and voluntary-sector counselling services have expressed the belief that a therapist's ability to empathise, understand, and foster a human connection with his or her clients should not be reduced to whether or not the relationship is matched (HM Government, 2009; DoH, 2009b; Eleftheriadou, 2003; Kareem, 1992).

Knipscheer and Kleber (2004) conducted qualitative research with 83 Turkish and 58 Moroccan individuals utilising community mental health services in The Netherlands. Although the majority of the sample expressed a preference for ethnic-matching, the therapist's ability to demonstrate empathy was seen as most important. Expressing a similar view, Redfern et al. (1993) reported that although ethnicity was seen by clients to play a role in establishing the initial therapeutic alliance, empathy was reported as equally pertinent to the overall counselling process.

Multicultural competence is seen as mental health professionals', *"willingness and ability to relate effectively to individuals from various groups and backgrounds, and respond to the unique needs of members of minority populations"* (Salzer, 2007). Furthermore, Salzer (2007) expresses the view that multicultural competence, *"recognises the broad scope of the dimensions that influence an individual's personal identity, including race, ethnicity, language, sexual-orientation, gender, age, religious/spiritual orientation, disability, class, socioeconomic status, and education."* As such, it is of utmost importance that therapists are willing and able to incorporate all elements of their clients' identities into their counselling interventions.

Bhui and Morgan (2007) suggest that racially-inclusive psychotherapy moves beyond ethnic-matching to equipping therapists, irrelevant of their ethnicity, with the knowledge and skills necessary to understand and explore their clients' racial and cultural identities. Similarly, Chun-Chung Chow and Wyatt (2003) propose that sharing aspects of identity does not automatically precede the building of trust between therapists and their clients. Rather, the researchers suggest that trust develops from the therapist's ability to work within the client's cultural context. For Mohr (2002) and Iwamasa (1996), this means that therapists must be able to acknowledge and work through their own beliefs, assumptions, prejudices, and stereotypes, to avoid them becoming barriers to effective practice.

Researchers have identified the importance of therapists respecting and sensitively incorporating their clients' identities into their counselling interventions, in response to client preferences (McCullough, 1999; Kelly & Strupp, 1992). Wade, Worthington, and Vogel (2007) sampled 220 clients and their 51 therapists from six Christian counselling agencies and one secular counselling agency in the US. The researchers found that, irrelevant of therapists' religious beliefs, when clients identified themselves in religious terms, counselling interventions tailored to their religious beliefs were deemed most appropriate. The study further concluded that therapists incorporating religiosity into their counselling interventions had a positive impact on clients' perceptions of the rate at which their presenting concerns improved. Drawing similar conclusions, Hickson, Housley, and Wages (2000) invited therapists in secular agencies to participate in a study exploring their attitudes towards spirituality in the therapeutic process. Of the 147 counsellors who responded to their questionnaires, 94 percent agreed that the counsellor's awareness of, and willingness to explore, clients' spiritual beliefs was of great importance.

Exploring the importance of therapists providing gay-affirmative therapy, Liddle (1996) investigated 392 lesbian and gay clients' therapist preferences using a quantitative national survey, with relative risk ratios utilised for analysis. The findings demonstrated that rather than seeking out therapists on the basis of their sexual orientation, clients actively sought therapists who they deemed competent in providing gay-affirmative therapy. However, gay, lesbian, and bisexual therapists of both genders, and heterosexual female therapists, were deemed more helpful than heterosexual male therapists. Liddle (1996) suggested that these preferences potentially evidenced

participants' negative stereotypes about heterosexual male therapists' tolerance for homosexual individuals, which would need to be addressed.

Exploring predictors of 112 ethnic minority university counselling service users' satisfaction with counselling, Constantine (2002) found that therapist multicultural competence was a greater predictor of satisfaction than ethnic-matching. Similarly, whilst Want, Parham, Baker, and Sherman (2004) observed that their 93 African American college students (63 female, 30 male) rated vignettes regarding therapists working with clients of the same ethnicity favourably, therapists with high racial consciousness, irrelevant of ethnic-match, were regarded most highly. However, the researchers acknowledged that an analogue study's findings may not translate to real clinical settings.

In addition to emphasising multicultural competence and expressing the belief that therapists should be able to empathise with their clients irrelevant of a therapist-client match, researchers appear to question whether clients can ever truly be matched to their therapists. Beyond sharing a certain facet of identity, it is suggested that therapists and clients may have little in common. Ricker, Nystul, and Waldo (1999) and Iwamasa (1996) propose that individual differences between therapists and their clients (for example, in terms of SES, class, background, upbringing, and life experiences) mean that true matching can never really be achieved. Focusing on ethnic-matching, Alvidrez, Azocar and Miranda (1996) acknowledge that differences in immigration history or experiences of discrimination may undermine ethnic-matching, whilst Sue et al. (1991) suggest that a therapist-client ethnic-match does not necessarily indicate a match on culture, generational status, acculturation, or language skills. Importantly, Sue (1998) observes that even though a therapist and client may share a non-English language and identify themselves as coming from the same ethnic group, variation in their levels of identification with a particular culture can emerge as sources of conflict rather than compatibility.

Rather than focusing on similarities between therapist and client, as typically is the case within the context of therapist-client matching, Fuertes, Mueller, Chauhan, Walker and Ladany (2002) propose that the therapist's ability to attend to differences between therapist and client is of greater importance. Similarly, Liggan and Kay (1999) suggest that the therapist's openness to the client's otherness promotes trust and participation

within the counselling relationship, whilst helping clients to position themselves as independent entities with the ability to take control of their emotional difficulties when therapy ends.

To summarise, many researchers contest therapist-client matching, instead expressing the belief that the ability to empathise with all clients should be inherent to the therapist role. Therapist multicultural competence is upheld as key for successful counselling relationships with minority clients. Additionally, the therapist's ability to work within the cultural context of the client is believed to underpin the development of trust, whilst priority is given to the therapist's willingness, and ability, to invite all facets of the client's identity into the counselling room. Individual differences are believed to negate the potential for establishing true matches between therapists and their clients, whilst the ability to emphasise differences rather than similarities between therapists and their clients, is believed to facilitate the shift towards independent coping.

Reflection on the literature and rationale for the current study

There appears to be little consensus within the existing literature regarding the appropriateness of matching within the therapeutic context and also its impact on clients' outcomes and evaluations of therapy. Furthermore, methodological limitations within the existing research (such as the use of inconsistent and non-validated outcome measures, drawing conclusions from anecdotal data sources, inadequately described samples, a lack of appropriately standardised experimental and control groups, and the use of study designs with low external validity), should not be overlooked. Similarly, the balance of research included within this review reflects the researcher's finding that the majority of the existing literature concentrates on ethnic-matching. Research investigating the impact of alternative forms of matching is found to be far less prevalent and the balance needs to be readdressed. In addition to these limitations, the researcher acknowledges that drawing conclusions across research studies conducted in different cultural contexts and counselling settings, with different types of service users, and therapists adopting a range of theoretical orientations, limits the validity of any comparisons made.

On the whole, it appears that therapist-client matching may positively impact the therapeutic alliance and client outcomes, particularly when clients actively seek out

matched therapy. However, the research scrutinised here has identified a significant number of challenges which are believed to accompany therapists' work with matched clients. Risks of over-identification, collusion, stereotyping, and making invalid assumptions, have been identified. In addition, the desire to rescue clients, the temptation to overemphasise culture, and the need to be willing to respond to clients' negative beliefs about the matched facet of identity, have been highlighted as potential consequences of therapist-client matching. Furthermore, matching or a lack there of, in the context of supervisory relationships is an area of practice requiring further research. Whether counselling dyads are matched or not, a convincing case is presented within the existing literature for: (i) focusing on therapists' general and multicultural competence, (ii) nurturing the therapist's ability to bring all facets of the client's identity into counselling, (iii) emphasising differences between therapists and their clients rather than similarities, and (iv) considering that individual differences between therapists and clients may challenge the case for therapist-client matching.

Therapeutic practice is constantly evolving. As such, it is important that research remains up-to-date and reflects the current dialogues surrounding talking therapies. However, it appears that the core matching literature is now somewhat dated and that qualitative research exploring therapists' experiences of therapist-client matching is limited (i.e. Gowrisunkur et al., 2006; Iwamasa, 1996; Maki, 1990, Muñoz, 1981). Additionally, theories explaining the processes underpinning therapist-client matching are absent from the existing literature.

The BPS code of ethics and conduct (2009) states that psychologists should, *"respect individual, cultural and role differences, including (but not exclusively) those involving age, disability, education, ethnicity, gender, language, national origin, race, religion, sexual orientation, marital or family status, and socioeconomic status."* (pp. 10). Furthermore, as a result of greater numbers of minority mental health practitioners being encouraged into the NHS mental health workforce to meet the needs of minority clients (DoH, 2011, 2005), the potential for therapists to work with similar clients will increase. To ensure that therapists' practice continues to meet ethical guidelines, it becomes increasingly necessary to fill the gaps within the existing matching literature. One way of achieving this will be by developing theories which focus on explaining the processes at play when therapist-client matching occurs.

It may be that: (i) the ways in which existing researchers make sense of therapist-client matching, (ii) the skills believed to be inherent to the therapist role, and (iii) multicultural competence, bear relevance to the processes at work when therapist-client matching occurs. Arguably, existing psychological theories including Racial Identity Theory, Cultural Affiliation Theory, and Acculturation Theory (which the researcher has introduced within this review), may also be pertinent. The presence of references to Cultural Affiliation Theory and Racial Identity Theory within the existing matching literature, sparked the researcher's curiosity regarding the commonalities across these theories. She felt that identity was a key feature of both, particularly in terms of the ways in which individuals drew a sense of personal fulfilment from certain attributes that made them, and others, members of certain groups. Pondering the themes of identity, group membership, and personal meaning, led the researcher's thinking to settle on Social Identity Theory. She wondered whether this theory and the ways in which Tajfel (1982) asserts that individuals derive emotional significance, self-worth, and validation from social group membership and differentiating themselves from dissimilar others, might bear relevance in the context of: (i) clients' search for similar therapists, and (ii) therapists desire to work within matched counselling settings. Furthermore, research studies have reported the finding that therapist-client matching may lead to extended treatment durations, positively. However, this is a finding which Hall (2001) interprets as an indication of clients developing unhelpful attachments to their matched therapists, that do not facilitate their psychological recovery. This finding, alongside the researcher's sense-making around the relational aspects of matched therapeutic dyads, led her to wonder whether Attachment Theory, and the search for a safe base, may at least in part, bear relevance to the processes underpinning therapist-client matching. The development of theories exploring the processes at play during therapist-client matching, will enable researchers to formally explore these tentative speculations.

As a trainee counselling psychologist with Black Caribbean ethnic origins, I felt curious about the lack of theory exploring how minority therapists worked with similar clients. I realised that I wanted to go further than reflecting in supervision on my personal experiences with clients who I deemed similar to me, or who deemed me similar to them. Iwamasa (1996) acknowledged the scarcity of research exploring therapists' experiences of being matched to their clients, and it seemed that 15 years later I was making the same observation.

Reflexivity: Introduction to Research

Throughout the grounded theory process, I strived to put my existing knowledge of psychological theory to one side. I hoped that by doing this that the grounded theory could be allowed to emerge afresh from the participants' narratives and the ways in which I made sense of them. However, this stance created challenges for me when I made the transition from collecting and analysing the data, to writing up the finalised grounded theory research project. I wanted to communicate my work in a way that stayed true to the tenets of the grounded theory approach. However, when introducing the research project, I also wanted to present enough background research and speculations about potentially relevant existing psychological theories to facilitate the reader's conceptualisation of the current matching research landscape. I also believed that introducing the research in this way would provide the reader with a clear understanding of the ways in which my research might fill the gaps within the current literature, whilst providing a strong foundation for the discussion of the results that would follow. I also hoped that this style of presentation would elicit the reader's own sense-making and speculations about the theory content (and its implications for current and future practice), whilst they perused the pages that follow.

The current research study aims

The research study that follows aims to explore *how therapists work with similarity in the counselling relationship.* To the best of the researcher's knowledge, this topic is neglected within the existing matching literature. Semi-structured interviews are used to explore the narratives of therapists working within voluntary-sector counselling services which match clients to therapists. The researcher aims to create a grounded theory from these narratives which provides practical guidance to organisations (and the mental health professionals working within them) which currently utilise therapist-client matching, as well as those services (and mental health professionals) which wish to offer matched-counselling to their service users. This will enable organisations and individuals to make informed choices about whether or not, and if so, how, to incorporate therapist-client matching into their service offerings.

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METHODOLOGY

Introduction to Methodology

Within this research project the researcher applied a social constructivist framework to qualitative research and gained an in-depth understanding of the under-researched concept of *how* therapists work with similarity in the counselling relationship. Glaser (1999) upholds that qualitative research prioritises depth over breadth of inquiry. He further asserts that qualitative research captures rich and meaningful observations of individuals' subjective experiences situated within the social context. The researcher explored therapists' narratives through semi-structured interviews, and analysed them using the Grounded Theory method, as adapted by Charmaz (2006).

Research Question Development

As Cutcliffe and McKenna (1999) acknowledge, research interests often manifest from professional or personal experiences. The researcher's interest in therapists' work with similarity stemmed from her own experiences of the phenomena in a professional capacity. Whilst working with clients also of West Indian heritage during her training to become a counselling psychologist, the researcher began to question whether the process of working with similarity was in some way qualitatively different from working with dissimilar clients; were there benefits for the client or the therapist? Did additional complexities arise? And if so, how, if at all, did the therapist approach these?

Within the 'therapist-client matching' literature (a review of which appears from page 61), little qualitative, experiential data, especially exploring the therapist's experience of similarity in the therapeutic relationship, was found.

The researcher met with research supervisors and members of the counselling psychology teaching staff at City University to fine tune the focus of the research question. As Pandit (1996) advocates, the researcher wanted the research question to be general enough to promote flexibility, but specific enough to focus attention on the phenomenon under scrutiny. Furthermore, the researcher refrained from taking on too

great in magnitude a project as financial and temporal resources were limited (Rawson, 2006).

As Glaser and Strauss (1967), and Corbin and Strauss (2008) both acknowledge, during the course of the research data collection, analysis, and the researcher's own reflective process, the research question became modified. The current research question, "how do therapists within specialist 'matching' counselling organisations work with similarity in the therapeutic relationship?" subsequently emerged.

Defining similarity, sameness, and difference

'Similarity' is conceptualised in a variety of ways within psychological theory and everyday parlance. In general, similarity is positioned as a relational concept, whereby comparisons are made across objects to assess the extent to which their actual or perceived external and/or internal qualities are aligned.

According to the Oxford English Dictionary (OED: 2011a), 'sameness' is defined as a, *"lack of variety" or "the quality of being the same".* Deeming two items 'similar' is seen to imply, *"a resemblance in appearance, character, or quantity, without being identical"* (OED 2011b), whilst 'similarity' is defined as, *"the state or fact of being similar"* (OED, 2011c).

In the context of Social Identity Theory, Hogg (2006) equates similarity with uniformity, stating that individuals make comparisons within social contexts to establish aspects of uniformity between themselves and others. Byrne (1969) describes similarity as individuals sharing attitudes, opinions, beliefs, and values, whilst Byrne, Griffitt and Stefaniak **(**1967) position similarity in terms of shared personality characteristics. Festinger (1975) views 'similarity assessment' as the tendency to, *"compare oneself to others to ascertain closeness in opinions and abilities"* (pp. 120) so that interpersonal, romantic, or reproductive compatibility can be maximised.

From a cognitive psychology perspective, Eysenck and Keane (1995) define similarity as, *"a convergence in mental representations, whereby two things become associated because they are alike"* (pp. 7), whilst Smith (1989) positions similarity assessment as the

exploration of the, *"partial resemblance in identity between two objects"* (pp. 152). Tversky (2004) defines similarity assessment as a, *"feature matching process"* (pp. 11) which focuses on the comparison of two objects' physical features, component parts, or attributes, to examine the extent to which 'a' is like 'b'. For Tversky (2004), similarity varies according to context and as a result the degree of similarity between two objects can increase with, *"the addition of common features and/or deletion of distinctive features"* (pp.11).

From an evolutionary viewpoint, organisms are believed to act in altruistic ways to members of their own or other species that they deem to be similar or closely aligned genetically, to optimise reproductive fitness and the probability of survival (Rushton, Russell, & Wells, 1984).

The researcher has found that in comparison to 'similarity', 'difference' is far less frequently defined outright within the psychology literature, but instead equated with a lack of similarity or, as Tversky (2004) suggests, *"a dearth of common features between two objects"* (pp. 11). In the context of Social Identity Theory, Tajfel (1982) aligns difference with 'distinctiveness' or 'separateness', suggesting that individuals' social comparisons focus on the ways in which the groups that they belong to (in groups), are distinct or separate from other groups (out groups), in terms of attitudes and behaviours.

According to the Oxford English Dictionary (2011d), to describe two objects as 'different' is to infer that they are, *"not the same as another, or each other", "unlike in nature, form, or quality*", or "distinct", and *"separate".* 'Difference' is upheld as, *"a point or way in which people or things are dissimilar",* or *"the state or condition of being dissimilar"* (OED 2011e), where 'difference' is equated with 'dissimilarity'. Furthermore, the OED (2011f) definition of 'dissimilar' being, *"not the same, different",* highlights the cyclical nature to these terms, whereby the dictionary definition of dissimilar returns full circle to the starting point of 'similarity' and 'sameness'.

The researcher's personal and professional experiences led her to enter the research process with the belief that 'similarity' in the therapeutic relationship was a subjective, interpersonal construct whereby therapist and client could perceive each other as sharing a variety of physical, genetic, cultural, or experiential attributes. For her, 'difference' was the focus on unique personal attributes, whilst 'sameness' was the overriding construct encapsulating both similarity and difference.

Reflexivity: Research Question

In this research project I was aware that I made an assumption and as such proposed the concept of 'similarity' within the research question as a universally defined concept, understood by all. However, as I interacted with the interviewees, their narratives helped me to realise that each was making sense of the concept of similarity within the context of where and with whom they worked; how they defined similarity, the impact that it had on their client relationships, as well as the conflicts between how therapists and clients interpreted similarity within the therapeutic context, all became more explicit as the data collection progressed.

All participants appeared to define similarity in interpersonal terms, which seemed apt for those whose work was of a relational nature. I observed how participants varied between defining similarity in general and increasingly specific terms, in line with the ways in which similarity emerged within their explorations.

Exploring similarity in general terms, Eleanor[2] defined similarity as, "a common bond between two people" (Eleanor, pp. 20), whilst Hayley and Alicia defined similarity as "common ground" (Hayley pp. 7, Alicia, pp. 16). Hayley and Danielle equated similarity with "sameness" (Hayley, pp. 7) or, *"the degree of sameness between two people" (Danielle, pp. 16), whilst Geraldine and Fiona described similarity as, "a connection between two people" (Geraldine, pp. 23, Fiona, pp. 36)...*

[2] See pages 120-121 for participants' demographic information and an explanation of the use of pseudonyms

Reflexivity: Research Question cont'd...

...I speculated that the general nature of these definitions demonstrated that these participants viewed similarity as an interpersonal concept which was applicable to relationships within and beyond their matched counselling settings.

Direct and indirect references to the facet of identity which counselling organisations matched therapists to clients on, manifested within participants' definitions of similarity. I speculated that this evidenced how attached therapists were to their matching organisations and also how in sync their sense-making was with their organisations' matching philosophies. For example, Geraldine defined similarity as "feeling that we're all part of the same; a sisterhood" (Geraldine, pp. 11), potentially drawing on the all female counselling environment in which she worked. Hayley defined similarity as "commonalities in two people's religious beliefs" (Hayley, pp. 9), seemingly positioning similarity within a religious context. Matthew defined similarity as, "the tangling of shared sexuality and histories" (Matthew, pp. 9). I speculated that in addition to referencing his work within a sexual-orientation matching service, the language Matthew used evidenced his perception of the complexities underpinning similarity within the counselling relationship.

Three therapists working in language-matching services and one therapist from an ethnicity-matching service incorporated 'culture' into their definitions of similarity. Christopher defined similarity as an, "affinity that comes with having a shared cultural background, a shared nationality, or histories that are entwined together" (Christopher, pp. 9). Danielle defined similarity as "the cultural connectedness between two people" (Danielle, pp. 26). Likewise, Isabella defined similarity as "two people sharing the same cultural value system" (Danielle, pp. 7), adding that similarity could "equip people with the tools to understand each other culturally" (Danielle, pp. 21). Leanne, a psychodynamic counsellor within a language-matching counselling service defined similarity as, "sharing something cultural with another person, like the loss of your home country" (Leanne, pp. 18). The fact that culture manifested across these definitions of similarity led me to speculate that culture was a highly salient concept within the counselling work of therapists working in language- and ethnicity-matched counselling organisations...

Reflexivity: Research Question cont'd...

...I speculated that for some participants, the theoretical orientations underpinning their client work were highly salient within their sense-making about similarity, and seemed to surface within their definitions. For example, it appeared that Christopher's belief that similarity meant, "connecting with someone at a very familiar level" (Christopher, pp. 7), might fit with the tenets of person centred theory which he drew from within his therapeutic work. Similarly, I speculated that Brenda defining similarity as, "an individual's phantasies about their 'fit' with another" (Brenda, pp. 17), may have evidenced her psychodynamic theoretical orientation. Likewise, Geraldine's definition of similarity being "the intimacy and attachment between two individuals" (Geraldine, pp. 6), could potentially have drawn on the psychodynamic elements of her integrative psychotherapy training.

The variety of ways in which each participant defined similarity demonstrated to me the importance of Charmaz's (2009) belief that in defining the research question, "the 'it' that we take apart is seldom something so concrete and tangible that everyone views it from the same starting point and standpoint" (p.146). I realise now that as Charmaz (2009) states, it is accepting this 'multiplicity' that assists the researcher in attending to the variation in how research participants and the researcher construct meaning, and thus adapting and amending the research question and focus accordingly.

Relevance to Counselling Psychology

This research project's findings hold relevance for counselling psychology practice. Through exploring *how* therapists work with similarity in the therapeutic relationship, novel insights into an under-researched area will be gained. Furthermore, exploring how therapists overcome the potential and actual challenges that arise within their therapeutic encounters with similar clients, will help those who currently work in settings where client-therapist similarity manifests, and those who aspire to develop services in which therapist-client matching is utilised.

Researcher-as-Instrument

In line with Madill, Jordan, and Shirley's (2000) writing, the researcher's identity as a 30 year old, Black British female doctoral research student (being similar or different to those interviewed), and assumptions held, were deemed to have an impact on: (i) the way in which interviewees verbalised the processes involved in working with similarity, and (ii) as Charmaz (2009) writes, the perspective from which the researcher constructed the resultant theory.

As Suddaby (2006) suggests, the researcher was perceived to play an active role throughout the research process. Furthermore, as Backman and Kyngäs (1999) express, the researcher identified as a social being involved in the collective processes under scrutiny.

Assumptions Made about the Nature of Knowledge

Ponterotto (2005) defines epistemology as the assumptions about: (i) how knowledge is studied and acquired, and (ii) the relationship between the research participant, viewed as the 'knower', and the researcher, the 'would-be-knower'.

On embarking on this research project, the researcher was aware of holding a range of assumptions about the nature of knowledge. As Ponterotto (2005) writes, by making these assumptions explicit the researcher wished to: (i) confirm that assumptions held fit with the epistemological stance taken, and (ii) acknowledge the potential impact of these assumptions on the planning, conducting, and analysing of research.

Within this research project, the researcher assumed that:

- therapists' definitions of similarity varied and were socially constructed through their interactions with others and the social environments in which they worked.

- those working with similarity in the therapeutic relationship (the researcher included) held their own subjective truths, meanings, and experiences of the processes involved.

- individuals were able and willing to explore verbally with the researcher, how they worked with similarity.

- the researcher's identity would impact how interviewees verbalised their experiences of working with similarity and the subsequent theory that emerged.

- the processes observed within the theory would be of interest and relevance to other therapists working, at the time that this theory was constructed, in settings which matched therapists to clients.

Reflexivity: Researcher-as-Instrument and Assumptions about Knowledge

I realise that the presented theory demonstrates my own individual analytic journey through the data collection and analysis. It is my own constructed interpretation of the interviewees' sense-making. The theory also explores how my own thinking and meaning-making on the topic of similarity in the therapeutic relationship, impacted the research process.

There were times within the research data collection and analysis where I was aware of my own identity, in particular my West Indian heritage, entering the examples interviewees' used within their narratives. It was clear to me that I was playing an active role in how knowledge and meaning were being communicated and as such I realised that removing myself from the collected data would be impossible.

The Researcher's Epistemological Stance

Within the context of this research project the researcher's assumptions were seen to run most in-line with a social constructivist view of how knowledge is generated by research participants and researchers alike. As Willig (2009) and Maly and Cott (2009) concur, this position is based on the tenets of relativism. As such, rather than focusing on finding one absolute truth, the social constructivist researcher looks to understand how individuals continually construct meaning, and as a result, constantly adjust their behaviour within the social interactions and situations they encounter.

According to Charmaz (2006), rather than viewing one ultimate version of reality that can be directly observed and described by numerous social actors, the social constructivist researcher believes in multiple realities constructed moment-to-moment and dependent on with whom and where the individual dwells. Willig (2008) positions the social constructivist researcher as also being interested in how his or her own identity impacts the ways in which individuals narrate the meaning underlying the social processes of interest.

The social constructivist perspective also draws from the tenets of symbolic interactionism, viewed by Blumer (1969) as assuming that language and communication are the tools through which people make sense of their social realities. Rather than simply responding to stimuli, individuals are viewed as active, reflective players within the realities they create (Charmaz, 2006, 2009).

Reflexivity: Epistemological Stance

My decision to take a social constructivist approach was in part the result of my belief that any social interaction was impacted not only by the subject matter being explored, but also by the identities and beliefs of the individuals involved. As such, I did not wish to remove my own identity and assumptions from the research. Instead, I felt that by using reflexivity, I could explicitly bring these elements of myself and my developmental learning process into the analytic journey.

In particular, coming from a counselling psychology background, the relationship is viewed as fundamental. The idea of coming together with another for an interview and adopting a separate, neutral, observational stance, rather than an active, relational position, did not sit congruently with me. I especially felt that this might risk the imposition of a power imbalance favouring the interviewer rather than as desired, the interviewee, as the expert.

Grounded Theory

Grounded Theory methodology was first introduced by Glaser and Strauss (1967) in radical contrast to the hypothesis-led, positivist claims of research designed to capture an objective truth. Grounded Theory is viewed as inductive in nature with, as Wilson, Hutchinson, and Holzemer (2002) state, theory emerging from data, rather than data being tested against established, pre-existing theories. The approach was positioned as applicable to both qualitative and quantitative data, its aim, as Glaser (1999) writes, being the discovery of meaningful theory specific to the context in which underlying data is collected. The term 'grounded' refers to the desire for theory to be steeped in the narratives of individuals with firsthand experience of the phenomenon under scrutiny.

Fassinger (2005) suggests that theory development be viewed as the result of the collection, coding, categorising, and constant comparison of data, led by purposive sampling. As Willig (2008) writes, a variety of flexible yet comprehensive techniques for conducting Grounded Theory have been set forth, (including those proposed by Glaser & Strauss, 1967, Corbin & Strauss, 2008, and Charmaz, 1990, 2006) to facilitate the identification and integration of meaning from data, its codes, and its categories. The researcher then, gains understanding of the phenomenon under scrutiny to develop explanatory frameworks which become Grounded Theories (Willig, 2008).

As Glaser and Strauss (1967) first stated, data collection and analysis are conducted simultaneously. The theory is constantly adapted and tested against new data until subsequent data collection brings no new insights into the emergent theory and so-termed 'saturation' is reached. Throughout data collection and data analysis, the researcher records written notes (or memos) which are amended on an ongoing basis and evolve into the finalised Grounded Theory.

Reflexivity: Grounded Theory

As a novice to Grounded Theory, I endeavoured to maintain an openness and flexibility to the content of interviewees' narratives. A key part of my reflective process was managing my own anxiety regarding whether I was doing Grounded Theory 'correctly'. The approach felt somewhat ambiguous to me in relation to the hypothesis-driven, positivist research that I had completed in the past. Glaser (1999) describes the successful Grounded Theory researcher as being able to make sense of data and cope with confusion, uncertainty, and regression. Pandit (1996) adds that confidence and creativity are qualities present in the successful Grounded Theorist. I had to learn to have faith in the uncertainty of the process and to allow the direction of the research to emerge organically from the data itself.

Suddaby (2006) states that it is especially important for those new to Grounded Theory research to be both patient and tolerant of uncertainty. At many times I was concerned that I wasn't yet generating theory. I now realise that from the moment that I began to collect data, the theory generation process had begun.

Rationale for Grounded Theory Methodology

Attending to a gap in the literature base: A review of the literature unearthed a small selection of case study data from the perspective of the therapist, and an abundance of studies examining the therapeutic outcomes for clients working with a similar or 'matched' therapist. To the researcher's knowledge, there was a dearth of theory-driven research exploring the process(es) underlying *how* therapists work with similarity in the therapeutic relationship. Therefore, as Glaser and Strauss (1967) state, developing a Grounded Theory attended to the absence of existing theory within the relevant literature.

Grounding theory in participants' narratives: Backman and Kyngäs (1999) position Grounded Theory as an approach able to capture the meanings attached by different individuals to a particular phenomenon. The researcher believed that a theory grounded in the narratives of therapists with firsthand experience of working with similarity, would explore their sense-making of the processes at work. Furthermore, as the Grounded

Theory method merges the data collection and data analysis processes, the resultant theory would be truly 'grounded' in the therapists' narratives. This would provide an example of what Glaser (1978) refers to as 'fit', where the categories of the theory connect directly with the data they represent.

Creation of novel theory of a complex phenomenon: As Wilson et al. (2002) suggest, the Grounded Theory method is suited to conceptualising complex areas of enquiry. Creswell (1998) proposes that by developing theory from practice, novel insights can be gained into complex, possibly taken from granted, social processes. According to Glaser (1978) grounded theories should 'work'. As such, the researcher aspired to create a theory with the ability to provide explanations of the phenomenon under scrutiny situated within the contexts which were being investigated (Glaser, 1978).

Exploring the here and now: As Glaser (1999) states, Grounded Theory methodology lets the researcher explore, "*what is, not what should, could, or ought to be*" (p.840). The researcher was therefore able to create a theory relevant to therapists currently working with similarity in their therapeutic relationships.

Social Constructivist Adaption of Grounded Theory

As previously stated, Grounded Theory methodology has been adapted and amended since its initial introduction by Glaser and Strauss (1967). To ensure fit and consistency with the researcher's epistemological stance, the techniques utilised for data collection and analysis within this research project were led by Charmaz's (1990, 2006) social constructivist adaptation of Grounded Theory.

Charmaz (2006, 2009) views knowledge as interactive and socially-produced. Furthermore, she acknowledges the multiple realities and subjectivities of both the researcher and research participants that enter the data collection, analysis, and theory construction.

As the researcher is viewed to play a significant role in the development of theory, Charmaz (2009) advocates the researcher attending to his or her own reflexivity throughout the investigation. This allows the researcher to acknowledge the impact of his

or her beliefs, emotions, assumptions, identity, and politics on the resultant Grounded Theory (Charmaz, 2009).

Hilderbrand (2007) writes that social constructivist Grounded Theory explores how individuals' actions impact their social worlds. From this viewpoint, data and its subsequent analysis are seen as socially constructed and situated within the local, temporal, cultural, and situational climates existent at the point of data collection and analysis (Hilderbrand, 2007).

In line with the social constructivist position, the reported Grounded Theory is viewed as a unique reflection of the researcher's individual sense-making of how research participants constructed meaning from, and interacted with, their social contexts (Charmaz, 2006, 2009).

An Abbreviated Approach to Grounded Theory

On embarking on this research project the researcher was aware that finite resources, especially in terms of time and money, would limit her ability to utilise the full Grounded Theory methodology. This meant that the researcher employed what Willig (2008) defines as an *'abbreviated version'* (pp. 38) of the Grounded Theory methodology, the end point of which was an artificial, imposed deadline, rather than true saturation as explored below in "Grounded Theory Method: Principles for Analysis". As Willig (2008) further writes, the research was also abbreviated by the researcher's desire to concentrate data collection purely on a semi-structured interview strategy. As such, the principles of Grounded Theory methodology were applied to the data resultant from a series of semi-structured interview transcripts.

Reflexivity: An Abbreviated Grounded Theory Approach

Throughout this research I was aware of the limitation of semi-structured interviews as the only source of data. This was particularly the case in terms of theoretical sampling which Glaser (1999) states as most robustly pursued when diverse forms of data are collected.

With a purely interview based data collection strategy, there were times in the context of data collection where opportunities to extend the reach of data collection were forgone. On occasion, participants provided me with written information reflecting the philosophies of their organisations. Also training sessions for therapists, which it may have been possible for me to attend, were mentioned. In addition, sessions run by organisation management for therapists to provide feedback on the positive and more challenging aspects of their work came up within the narratives. I was aware that these were opportunities to gather increasingly diverse data that I did not pursue.

I was also aware that additional time devoted to data collection and its analysis would have afforded further opportunities for theoretical sensitivity, theoretical sampling, and constant comparisons. This would have resulted in the emergence of a more robust, comprehensive theory concluding at the point of true saturation rather than an artificial deadline.

Data Collection Method: Selection of Semi-Structured Interviews

Once the researcher had established that the data would be collected using a qualitative method, a process of eliminating those methods deemed unsuitable for answering the research question, was embarked upon (Willig, 2001; Flick, 2009).

Direct observation was deemed inappropriate as the researcher saw being present within 'matched' therapeutic dyads as unethical (BPS, 2004). Listening to session recordings was deemed not to have the richness of firsthand accounts, and was therefore seen as leading the researcher to infer, rather than explore, meaning directly with research participants (Flick, 2009).

Focus groups were rejected as the researcher felt that these would lead to qualitatively different data where participants' individual narratives would be impacted by the presence of other therapists (Flick, 2009). This may have led to some individuals dominating the discussions and others, as Eisenhardt and Graebner (2007) acknowledge, censoring or limiting their exploration through impression management for fear of negative social judgement by peers.

Semi-structured interviews were perceived as the methodological aid of choice to retrieve what Flick (2009) terms individuals' '*subjective theories*' (p. 156); stories detailing the personal knowledge and meaning linked to events of which individuals hold first-hand experience. As Willig (2008) proposes, semi-structured interviews allowed the researcher to impose enough structure to maintain a sense of focus on the research enquiry, but also enough flexibility to allow the individual's narrative to take centre-stage and unfold naturally. Flick (2009) upholds that individual interviews are compatible with Grounded Theory methodology because both are concerned with exploring the meaning held within individual narratives.

Fylan (2005) views semi-structured interviews as allowing the researcher to answer the interviewees' questions about the research, reassure them that they do not have to answer any questions that made them feel uncomfortable, and to debrief them, in person. Using semi-structured interviews also enabled the researcher to monitor and respond, in the moment, to any changes in the interviewees' emotions and comfort levels (Fylan, 2005). As Morrow (2005) suggests, using semi-structured interviews enabled the researcher to utilise counselling skills to create an atmosphere of trust. This was done by explicitly explaining the purpose of the interview, reiterating that there were no right or wrong answers, and reassuring the interviewees of confidentiality and a lack of judgement.

Use of Interview Schedule

As Fylan (2005) advocates, an interview schedule (see Appendix 6 for interview questions) was used to guide the interviews and focus the participants' exploration. In line with Willig's (2008) assertion, the schedule included open-ended questions and refrained from using leading questions. In line with Charmaz's (2006) writing on

Grounded Theory data collection, the interview schedule was initially designed to be open and flexible but became far more structured, focused, and geared towards theoretical sampling (explored below in "Grounded Theory Method: Principles for Analysis") as the research process progressed.

Evidencing the protocol suggested by Fylan (2005), the interview schedule opened with a general question to build rapport, and moved increasingly towards more specific enquiry. As Hiller and DiLuzio (2004) advocate, the final question focused on interviewee reflexivity, exploring how interviewees had experienced the interview.

Often questions on the interview schedule were answered during the context of the interviewee's spontaneous narrative, as acknowledged by Fylan (2005). When this occurred, the researcher was able to react and reformulate the flow of the questions in the moment.

The researcher positioned herself as a 'naive researcher' as suggested by Willig (2008). This prevented her from making assumptions about the interviewees' meaning and encouraged full explanations with examples.

As the data collection and analysis process developed, questions were added to and also omitted from the interview schedule so that data collection could further develop the emergent theory. An example interview question was, "How, if at all, is similarity broached in your work with similar clients?" As Fylan (2005) suggests, verbal prompts as well as non-verbal prompts such as nodding, smiling, eye contact and silence were used to increase the detail of the interviewees' exploration. Verbal prompts such as, "could you provide an example of that from your practice?" or "when would you do that?" were also used to ground more abstract concepts in the interviewees' experiences.

During the course of data collection and analysis, the interview schedule questions, and also the overall research question, evolved in line with the search for new data and expansion of the emergent theory. In line with Morrow's (2005) writing, the researcher's openness to change in the interview schedule questions demonstrated sensitivity to the emerging theory.

Reflexivity: Conducting Interviews

I believe that the way in which the interviewees and I interacted impacted what, how, and why I asked, or refrained from asking, the questions that I did.

I was aware that my interview style was developmental and improved with practice. I was also aware that allowing the interviewee to lead whilst taking the position of 'naive researcher' helped to develop rapport, create a more relaxed and open conversational interview experience, and also enhanced the interviewees' ability to narrate their experiences in their own way. I feel that this positively impacted the credibility of the data and subsequent analysis.

Participants described the interviews as positive experiences where they were able to reflect on their practice and the rationale underlying their work with similarity in the therapeutic relationship. I felt that the level of self awareness, reflexivity, and critical evaluation within the interview narratives ran in line with the nature of the work of therapists. There was a real sense of community in sharing experiences with colleagues to promote learning across this group of professionals.

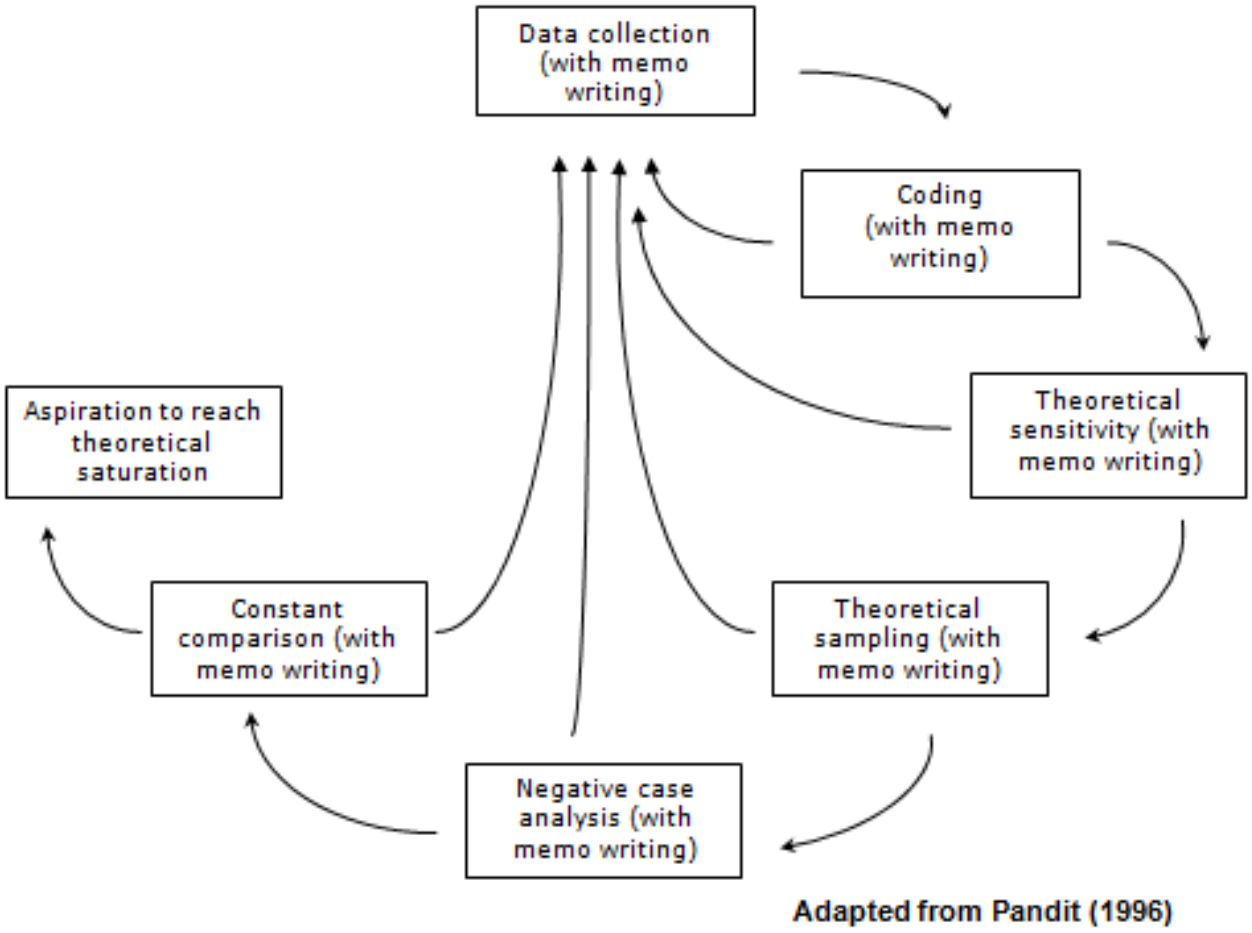
Haverkamp (2005) identifies the risk of the practitioner-researcher intervening from a therapeutic, rather than from an investigative, stance. This was a temptation that I did fall victim to in my earlier interviews. However, this had its pros and cons; I was increasingly likely to offer back to the interviewees summaries of their narratives. This not only demonstrated my active listening but often triggered further exploration. My summarising also helped to regain the interview focus when the content was moving far off topic. On the more challenging side I had to revise my responses from a, "how did you feel when that happened?" therapeutic questioning model, to a more process-led style of questioning more conducive with Grounded Theory methodology.

Grounded Theory Method: Principles for Analysis

This research project followed the Grounded Theory principles first explored by Glaser and Strauss (1967) and later adapted by Charmaz (2006) for the collection and analysis of data, outlined below. Their sequential presentation is not to suggest that data collection and analysis were conducted in a linear fashion. Rather, the principles that follow are explored in this way to optimise clarity.

In reality, the data collection and analysis procedures occurred in a cyclical manner as the researcher has attempted to illustrate in Figure I. Glaser and Strauss (1967) propose that analysis commence after the first data is collected, with subsequent data collection and analysis intertwined and led by theoretical sampling as outlined below.

Figure I: Cyclical Approach to Data Collection and Analysis



Coding

Coding played a fundamental role throughout the analysis and collection of data. Coding, seen by Willig (2008) as precluding category identification, involved naming or labelling small units of data with the goal of meaningfully minimising the data set. Coding was completed in phases.

Initial line-by-line coding: The first phase was initial line-by-line coding which meant naming, or labelling each line of the interviewees' transcripts to reflect content. An example of an open code developed was "*own anxieties triggered*." As advocated by Charmaz (2006), the researcher stayed close to the data by using the interviewees' own language as coding labels (defined by Charmaz, 2006, as 'in vivo coding'). In this way, the researcher stayed true to the research's social constructivist roots and refrained from applying preconceived theoretical constructs to the interviewees' narratives (Charmaz, 2006). This also ran in line with Willig's (2008) suggestion that when codes or categories are grounded in interviewees' narratives, they stay specific to the context and better ground new theory development.

Focused coding: Following from initial line-by-line coding, focused coding was introduced. As Charmaz (2006) proposes, focused coding involved sifting through the most significant and frequently occurring initial codes to guide their analytic categorisation. Focused coding led to the development of process-focused categories, viewed by Pandit (1996) as analytic connections between related initial codes. For instance, taking the above example, the initial codes "*own anxieties triggered* " and "*bracketing off own stuff*" were viewed as related to the initial code "*recollecting personal experiences,*" all of which through focused coding were seen as examples of the category "*activation of personal material.*" As Wilson et al. (2002) propose, this level of coding condensed data to develop more abstract, conceptually-based categories from clusters of initial codes. Again in-vivo labels taken from the content of interviewees' narratives were used.

Exploring category relationships: The final stage of coding looked to develop the explanatory properties of categories identified during focused coding. At this point, relationships between and across categories were explored and hierarchical relationships

developed, akin to Glaser's (1978) theoretical coding. Thus, the data was woven back together to create what Wilson et al. (2002) describe as an, *'integrated analytic schema'* (p.1313).

As Corbin and Strauss (2008) state, as categories and sub-categories began to emerge, the researcher moved towards the creation of a more established interrelated theory. For example, the category "*coping with the activation of therapist personal material and assumptions*" was seen as interrelating with the category "*self-disclosure decision-making*" of which "*establishing the purpose of self-disclosure*" was seen to be a sub-category, also related to the category "*coping with client curiosity.*" At this stage the core category deemed central to the emergent theory was identified as being *similarity in the therapeutic 'triad'.* This core category contained three sub-categories: *bringing 'sameness' into the room*, *encouraging the client to work with difference*, and *supporting therapists' work with similarity*.

Coding was not a linear process as described here. Rather, as Charmaz (2006) proposes, initial interviews led to the development of initial and focused codes which were then used to guide further data collection. The analysis of each new interview transcript led to further line-by-line coding which supplemented existing codes. The acquisition of new data also helped the researcher to, as Charmaz (2006) and Corbin and Strauss (2008) propose, (i) amend the questions used for subsequent data collection, and (ii) further explore the focused codes developed at various stages of the data analysis. A coded and categorised extract of interview data can be found in Appendix 10.

As Flick (2009) writes, the result of the full analysis was a theoretical model built on core categories with significant explanatory power positioned as key elements of the finalised theory (presented diagrammatically on page 138 and explored throughout the 'Results' section).

Memo Writing

Throughout the data collection and analysis process, Charmaz (2006), as well as the Grounded Theory researchers before her, advocates the writing of memos. The

researcher produced numerous memos whilst collecting and analysing the dataset. These memos detailed her thoughts about the data being collected and also the rationale underlying where, how, and to whom, the next stages of data collection would be directed through theoretical sampling.

As Willig (2008) acknowledges, memos ranged in length, detail, and depth, and were used to record in the moment discoveries in word or diagram form. Memos detailed the evolution of the research question, and also the content of newly emerging, as well as more established, categories. As such, as Willig (2008) writes, over time memos were returned to and built upon to allow more elaborate exploration of categories. In line with Charmaz's (2006) and Willig's (2008) writing, each memo was dated with the sources contributing to its production noted to help the researcher track progression within the analysis. Following Morrow's (2005) advice, memo writing in the form of a self-reflective journal was also completed throughout the research process to record the researcher's personal reflections. A selection of the memos exploring the development of codes and categories can be found in Appendix 12. Reflexivity memos developed over time, have been included in the form of text boxes interspersed throughout the research write up.

Theoretical Sensitivity

As Glaser and Strauss (1967) and Glaser (1978) both propose, demonstrating theoretical sensitivity involves the researcher striving to increase the depth of the emerging theory. This led the researcher to increase her level of insight into the emerging categories by asking questions of the data to move the analysis from a descriptive to an increasingly analytic level. In line with Charmaz's (2006) view of theoretical sensitivity, the researcher paused periodically during the data analysis and collection to explore the data from multiple perspectives, make comparisons, and build on existing ideas.

Theoretical Sampling

Theoretical sampling was used throughout the stages of theory development. As Yin (1989) proposes, theoretical sampling was used either to extend the existing theory with similar or different cases, or to test the robustness of the theory. Eisenhardt and Graebner (2007) view theoretical sampling as the selection of research participants due

to their deemed theoretical usefulness, or ability to increase understanding of categories and their interrelationships to extend the emerging theory.

Negative case analysis was incorporated into theoretical sampling. As Willig (2008) proposes, the researcher made a conscious effort to explore data that stood at odds with that previously collected and to actively direct sampling to recruiting interviewees whose narratives did not fit those already explored. As Corbin (2007) asserts, theoretical sampling enabled the researcher to more fully capture the complexity of meaning and variation of experiences within the data, to develop a more comprehensive theory.

Constant comparison accompanied theoretical sampling. As Pidgeon and Henwood (1996) state, constant comparison involved the researcher shifting backwards and forwards between exploring the similarities and differences of codes and categories thus allowing the researcher to identify relationships between codes and categories. This led to the development of both higher level categories and sub-categories. Through constant comparison the researcher questioned the existing data, looked for gaps in the emerging theory, and thus utilised theoretical sampling to guide further data collection to fill them (Willig, 2008). In line with constant comparison and as advocated by Partington (2002), the researcher transcribed the interviews personally and utilised an in-vivo coding strategy as proposed by Charmaz (2006). This helped the researcher stay close to the transcripts and the interviewees' intended meanings.

As the patterns and relationships between categories became more tangible, further evidence was sought to confirm or disconfirm these patterns, thus stimulating further theory development (Eisenhardt and Graebner, 2007). Pandit (1996) suggests that as the theory develops, theoretical sampling be used selectively. This is because some categories emerge as core whilst others are deemed to be of lesser importance within the analytic story. As such, the researcher sampled those with divergent, or confirmatory narratives in the hope of refining analytic categories and moving the process as closely towards the ideal end point of theoretical saturation as possible.

Saturation

Saturation is upheld as the ideal end phase of Grounded Theory analysis. As the term suggests, Glaser and Strauss (1967) define saturation as the stage of the research when: (i) all potential areas of coding, data collection, and theoretical sampling have been exhausted, (ii) no new codes or categories are found and, (iii) new avenues of exploration no longer add to the content of the theory.

In the context of this research project and with the awareness of finite resources (particularly in terms of time), the researcher was aware from the outset that saturation was more an ideal than an absolute certainty (Willig, 2001). Ideally data collection and analysis would have continued until saturation, however, due to the research having an artificial deadline, data collection and analysis became abbreviated (Willig, 2001). As Backman and Kyngäs (1999) suggest, the resultant theory was therefore a compromise between the demands of the Grounded Theory method and the available resources.

The Data Collection and Analysis Process

In total thirteen interviews were completed within this investigation. The first four interviews were conducted consecutively within the first month of data collection. The researcher, new to Grounded Theory, wanting to initially immerse herself in the data collection process to gain an insight into the diversity of narratives within this new area of potential theory generation (Backman & Kyngäs, 1999). As advocated by Fernández (2004), directly after each interview, memos were written detailing the themes emerging within each interviewee's narrative, and also the researcher's reflections on the interview process.

After this initial tranche of data collection, the researcher paused to transcribe each of the four transcripts verbatim (with all identifiable information omitted), before commencing a parallel process of coding and comparisons within the data. By handling the initial data in this way, the researcher gained confidence and familiarity with the data and developed her style for conducting interviews. This led to a more robust and informed approach to subsequent theoretical sampling.

Treating the initial interviews and data in this way also reflected the researcher's desire to keep the data collection broad in the early stages to: (i) refine the researcher's interview skills and overcome initial anxiety about utilising Grounded Theory methodology, (ii) gain insight into the diversity of experiences within the data before employing more focused theoretical sampling, and, (iii) obtain diverse insights into how therapists defined 'similarity' as a construct. This treatment of the data was aligned with Rennie's (2000) acknowledgement that after each interview and prior to transcription, the researcher holds knowledge and a sense of what is occurring within the data.

Following from this, the researcher paused after each interview to transcribe the audio-recordings verbatim (with all identifiable information omitted), and code their content. As advocated by Pidgeon and Henwood (1996), constant comparisons were performed with newly emerging codes compared to existing codes. As Bowers and Becker (1992) acknowledge, theoretical sampling led to an ongoing evolution of the interview schedule reflecting required changes in the direction of data collection. The researcher then returned to the field, approaching and recruiting further interviewees and collecting data guided by a systematic, theoretical sampling approach (Charmaz, 2006).

The full dataset of thirteen interviews was collected over the six-month period between September 2009 and February 2010. As Pandit (1996) and Glaser (1999) write, computer software is increasingly used to accompany qualitative research but should not, and cannot, be used to short cut or take the place of the researcher's close interaction and scrutiny of data. As such, and in line with Maly and Cott's (2009) utilisation of qualitative analysis software, NVivo: Version 8 (QSR, 2008) was utilised for data storage and to aid the handling of the raw data underlying the emergent codes and categories.

Reflexivity: Analysis of Data

In line with Charmaz's (2009) writing, I believed that reflectivity was the best way for me to acknowledge and utilise any assumptions held throughout the data collection and analysis process. Glaser (2002) expresses the view that the researcher can neutralise any biases or assumptions brought into the research process by optimising the amount of data comparisons and thus increasing the level of abstraction within the data. However, I believed that no matter how in-depth the level of data scrutiny, the way in which I interacted with the data, and conducted its analysis, would always be a reflection of my own subjectivity and identity as a researcher.

As Flick (2009) suggests, one area that was a challenge for me was negotiating the endless options for coding and subsequent comparisons between codes and categories. I had to trust in the fact that my choices during the analysis process were led by questions that arose directly from the data in the moment, and as such each choice was an appropriate construction, capturing the richness of the data at that particular point in time.

As I look back over the interviews I see how each played a significant role in the theory that I am now able to present. At the time I recall feeling anxious as I was unsure of how the final Grounded Theory would come together. I also remember questioning whether I was gaining rich enough data. However, as the data collection and analysis continued and I reflected on my assumptions held, I realised that my assumptions about the nature of 'relevant' or 'correct' data were blocking my ability to remain open to the variety of data gathered. Acknowledging these assumptions and beliefs allowed me to move beyond them. With time, theoretical sampling increased my openness and allowed me to scrutinise the emergent theory more closely and confidently. By increasing the demographic variation within the sample, I was also able to approach and fill the theoretical gaps with new data.

Pandit (1996) writes that, "thankfully there did come a time after much patience, persistence and perspiration when things became clearer" *(p. 11). Reflecting now on the data collection and analysis process, the openness of Grounded Theory which had originally been perceived as daunting and unboundaried, became an empowering, liberating shift beyond the positivist research paradigm...*

Reflexivity: Analysis of Data (cont'd...)

...I allowed myself to become submerged in the creative, iterative process of data collection and analysis, and am now able to reflect on this as having been a challenging but enjoyable experience. Although true saturation was not reached, data collection was concluded at a point when few new categories were emerging within the areas of exploration that I had, to that point, pursued.

Reflecting on the research in its completion, I would have liked, time allowing, to return to all the participants for follow-up interviews later into the research. This would have allowed me to gain additional data confirming or disconfirming the categories emerging within the Grounded Theory in its later stages and thus increasing the theoretical sensitivity of the piece. I realise however, that this is the compromise of any abbreviated Grounded Theory.

Research Participants: Sampling and Sample Characteristics

Participants were recruited using purposive sampling. As Morrow (2005) states, this sampling method meant that individuals with the ability to provide rich information relevant to the research enquiry, were deliberately selected. Sampling was therefore also criterion-based; as Maly and Cott (2009) write, the perspectives of those who could best answer the questions arising within the ongoing analysis were intentionally sought. In the case of this research project, this meant that therapists with varied elements of experience working specifically in settings where therapist-client matching was employed, were sampled. The organisations sampled matched clients to therapists primarily on one facet of identity (e.g. sexual orientation). However, it was possible that matching could occur on multiple facets of identity (e.g. language and ethnicity). The sample location was restricted to London and the home-counties. This was because financial resource restrictions limited more extensive travel.

In total thirteen individuals each participated in a one-off interview for this research project. Eleven participants were female and two were male. Inherent to the research question was the researcher's inclusion criteria that all participants need identify as

therapists. All participants were fluent and fully conversant in English and many spoke additional languages. Being over 18 years of age and able to read and write in English, were inclusion criterions to ensure that all participants were able to give informed consent (British Psychological Society: BPS, 2004). Limited financial resources meant that unfortunately materials were not available in languages others than English.

The first research participant was recruited via an organisation that matched therapists to clients on the basis of language spoken (other than English). Following from this theoretical sampling was employed and potential interviewees were invited from the same, as well as additional, counselling organisations whose philosophies incorporated the concept of matching therapists to clients. Within the final sample, the age range of participants was 26 years to 75 years. The final sample included research participants who worked in settings which 'matched' clients and therapists explicitly on the basis of language, ethnicity, gender, sexual orientation, and religious beliefs, but also in terms of experience and age.

Through theoretical sampling, individuals involved in a range of different functions linked to working with similarity in the therapeutic relationship were selected. As such, final stage trainees, new and experienced therapists, and members of service management and supervision functions were selected for inclusion. This reflected Eisenhardt and Graebner's (2007) belief that diverse theoretical sampling increases the level of possible abstraction within the resultant Grounded Theory. Figure II below provides demographic details for each of the individuals who participated in this research project.[3] Further background information for each of the participants can be found in Appendix 8.

[3] Please note that in the interest of confidentiality, the research participants' identities have been protected through use of the pseudonyms provided in Figure II on page 121. Pseudonyms have been assigned in ascending alphabetical order and bear no resemblance to the participants' actual first names. These pseudonyms will be used throughout the methodology, results, discussion and Appendix 8 when specific segments of participant narrative are included, or when references to specific participants are made.

Figure II: Participant Information

Participant number	Pseudonym	Gender	Age	Counselling experience
001	Alicia	Female	42	Practicing for 7 years, multilingual psychodynamic psychotherapist, currently working within a language-matched counselling service
002	Brenda	Female	75	Practising for 34 years, bilingual psychodynamic psychotherapist, managing a religion/ethnicity-matched counselling service
003	Christopher	Male	46	Practicing for 9 years, multilingual person-centred/existential counsellor, currently working within a language-matched counselling service
004	Danielle	Female	43	Practising for 5 years, bilingual integrative counselling psychologist, currently working within an ethnicity-matched counselling service
005	Eleanor	Female	55	Practising for 23 years, psychodynamic psychotherapist, currently managing and seeing clients within a language-matched counselling service (using interpreters)
006	Fiona	Female	52	Practising for 7 years, multilingual psychoanalytic psychotherapist, currently working within a language-matched counselling service
007	Geraldine	Female	48	Trainee psychodynamic psychotherapist in penultimate (3rd) year of training, currently on placement within a gender-matched counselling service
008	Hayley	Female	42	Practising for 12 years, humanistic psychotherapist currently managing, supervising, and seeing clients within a faith-based counselling service
009	Isabella	Female	48	Practising for 9 years, multilingual humanistic counsellor, currently working within a language-matched counselling service
010	Jennifer	Female	52	Practising for 21 years, multilingual humanistic counsellor and psychodramatist, currently managing, supervising, and seeing clients within a language-matched counselling service
011	Katherine	Female	49	Practising for 23 years, bilingual psychodynamic psychotherapist, currently counselling service coordinator, and seeing clients within a sexual orientation-matched counselling service
012	Leanne	Female	44	Practising for 5 years, bilingual psychodynamic counsellor, currently working within a language-matched counselling service
013	Matthew	Male	26	Trainee integrative counselling psychologist in penultimate (4^{th}) year of doctorate training, currently on placement within a sexual-orientation-matched counselling service

Research Participants: Recruitment

At each stage of the data collection, therapists were approached via the organisations that they worked with. The researcher used the internet search engine 'Google' to locate counselling organisations which might have been interested in participating, and then visited their websites. Initial contact was made by email (see Appendix 2 for introductory email) to the organisation's general contact email address, or a named contact managing the counselling function if one was listed on the organisation's website. The researcher stated that this first email would be followed up by telephone if no response was received within a fortnight of being sent. Typically an individual within the counselling team management or administration function contacted the researcher by telephone or email. This individual then acted as the main contact and filtered the researcher's invitation(s) to members of the counselling team. To uphold the voluntary nature of the research and avoid coercion, potential interviewees opted into the research by contacting the researcher by telephone or email (BPS, 2004).

Once contact was established with a potential interviewee, an invitation letter (see Appendix 3), an information sheet (which explained the informed consent process, the research purpose, the study procedures, ethical considerations, potential risks and how these were minimised, efforts made to maintain confidentiality, how interview data would be used, and the voluntary nature of participation, as seen in Appendix 4) and also a consent form (see Appendix 5), were sent to the potential interviewee by email. Once agreement to participate had been established, the researcher confirmed with the interviewee details of the actual interview including the location, time, date, and duration of the interview, and also availability of private room space.

Reflexivity: Recruitment

Eight out of the nineteen organisations that I approached participated. Those who did not participate tended not to respond at all to my initial contact and telephone follow-up was unsuccessful. There was, however, an extremely positive response to the research from the organisations that did participate. My invitation for organisations and subsequently individuals to participate pitched the research in terms of the benefits of participation. This seemed to be an extremely successful way of gaining interest as organisations were generally happy to pass the research invitations on to their counselling staff.

Interview Structure

At the beginning of each interview the researcher thanked the interviewee for their agreement to participate. The researcher gave the interviewee a copy of the information sheet to re-read. Once the researcher had invited and answered the interviewees' questions and signed consent for the audio-recorded interview to take place was gained (one copy of the signed consent form was retained by the researcher and a second kept by the interviewee), the interview, led by interview schedule, commenced. All interviews were conducted by the same researcher.

In-depth one-to-one semi-structured interviews were conducted, each lasting between approximately one hour and one and a half hours in length. All interviews took place at the interviewees' places of work. Although an interview schedule with set questions was used to guide the flow of the interview (see Appendix 6), typically these questions were incorporated gradually as the interviewee's subjective narrative took the lead (Fylan, 2005).

Before the close of each interview, as Fylan (2005) advocates, attention was paid to debriefing interviewees. All interviewees were invited to reflect on the interview experience following which a standardised debrief sheet (see Appendix 7) was read out and given to the interviewee to maintain. This debrief sheet explained the purpose of the interview in terms of theory generation aimed at exploring the processes underlying how

therapists work with similarity in the therapeutic relationship. All interviewees requested a copy of the results on completion of the research.

In line with Willig's (2008) stance, the researcher viewed taking notes within the interviews as a distraction from active listening. As such, interviews were audio-recorded. The writing of memos reflecting on the interview experience and key themes emergent within each interview, commenced immediately following the completion of each interview (see Appendix 9 for a selection of post-interview memos).

Research Participants: Contact Post-Interview

The interview transcripts were emailed back to the interviewees at the earliest opportunity. This was to ensure that interviewees agreed that the transcript was a true and accurate depiction of the interview experience before the data was incorporated into the dataset. When participants were forwarded the transcripts, additional contributions and questions were welcomed by the researcher. Two participants provided additional information after reviewing their transcripts.

Transferability of Results

As Drisko (1997) states, the transferability of qualitative findings is an area requiring attention, especially in terms of explaining the limitations to the reach of such findings. As previously stated, the researcher acknowledged that from a social constructivist viewpoint, the Grounded Theory presented herein was the result not only of the narratives of those who participated, but also the identity and beliefs of the researcher reporting it. As Madill et al. (2000) state, the subjectivity of knowledge and subsequent theory limit the transferability of a theory beyond the narratives of those who participated in its discovery. This is, however, not to say that the Grounded Theory will not be useful and transferable to the experiences of other therapists working at this current time with similarity in their therapeutic relationships. Like most theories there will be elements that resonate more clearly with some readers than others. The researcher hopes that at the very least, this Grounded Theory will stimulate conversations within the therapeutic community, both for those already working with similar clients and for those who are reviewing their service offerings.

Credibility and Trustworthiness

As Charmaz (2009) states, the social constructivist researcher aims to create a Grounded Theory that is both credible and relevant. The researcher understood that this Grounded Theory could not encapsulate all aspects of how therapists work with similarity in the therapeutic relationship. Inherent to the social constructivist viewpoint is the acknowledgement, communicated by Charmaz (2009), that a Grounded Theory can only hope to explain those processes experienced and narrated by those who have contributed to the Grounded Theory's development.

Pandit (1996) upholds the importance of examining the internal validity or truth value of Grounded Theory research, however, from a social constructivist perspective, the researcher was unsure of how to approach this. For example, as Madill et al. (2000) state, having the analysis reviewed or verified by a second researcher for validation purposes was dismissed, as the second researcher would bring their own identity, meaning, and subjective sense-making to all elements of analysis. As such, there would be little chance of resolution between the two researchers' versions of the analysis.

As Wilson et al. (2002) suggest, an audit trail was maintained throughout the research and observational memos were made directly after each interview to supplement the interview data and attend to the credibility and trustworthiness of the data.

In line with French, Reynolds, and Swain's (2001) writing, the analysis of interviews was supervised and emergent categories explored in supervision to uphold the quality and validity of data and its analysis. As the researchers further advocate, the research supervisor also oversaw the emerging theory, commenting on categories and their relationships as they emerged, to ensure the categories accurately reflected the data they proposed to represent.

Drisko (1997) upholds the involvement of research participants in assessing the credibility of qualitative research. As such, the researcher decided to return individual transcripts and the completed Grounded Theory to research participants. This was to allow participants to assess the theory's credibility and resonance with their experiences of working with similarity in therapeutic relationships. Furthermore, the extensive

inclusion of raw data to illustrate categories, as advocated by Drisko (1997), further upheld the credibility of the research.

Ethical Considerations

Before the research project commenced, the research proposal was reviewed and approved by City University, London's, Ethics Committee (see Appendix 1). Following from this all aspects of the research were supervised by an experienced practitioner-researcher at City University, London.

In line with the BPS *code of ethics and conduct* (2006) and the BPS *guidelines for minimum standards of ethical approval in psychological research* (2004), the following ethical considerations were taken into account in the planning, data collection, data analysis, and writing up of this research project.

Informed consent and right to withdraw: An information sheet (see Appendix 4) and consent form (see Appendix 5) were designed to explain the content of the research without coercion to participate. Potential interviewees were advised to take time before making a decision about participating in the research. Furthermore, the right to withdraw was explicitly explored within the information sheet and consent form. Interviewees were presented with additional copies of the information sheet and consent form directly prior to the interview to allow questions to be asked and discussion to take place between the researcher and interviewees. This was done to ensure that interviewees had adequate understanding of what the research involved.

Privacy and anonymity: The information sheet made clear the lengths that the researcher had gone to to ensure that all interviewee data was kept secure, protected, and accessible only by the researcher. The researcher protected against interviewees breaching any aspects of client confidentiality by ensuring that they were aware that they need not provide any identifiable information about themselves or their clients in the examples or recollections they shared within the interviews.

No deception: At no point during this research were interviewees deceived regarding the true nature of their participation. The researcher went to every effort to transparently communicate the purpose of the research and what participation would involve.

Debriefing: After each interview, a standardised debrief information sheet (see Appendix 7) was read out to the interviewee and a written copy given to them to take away if they so chose. All interviewees were encouraged to ask any questions they had about the research. At the end of the research, the Grounded Theory was forwarded to all interviewees as they had all communicated their interest in receiving a copy. All interviewees were given the opportunity to provide comments on the resultant Grounded Theory.

Protection against possible psychological harm: The researcher tried to be as transparent as possible about any potential risks of participation within the information sheet. In addition, interviewees were offered the opportunity to speak to an independent psychologist at some point following the interview if they felt emotional as a result of the interview exploration. No interviewees requested this. The inclusion criteria were also put in place to protect interviewees against any psychological harm and also from providing uninformed consent. During the interviews the researcher endeavoured to be sensitive to protecting the interviewees from embarking on any exploration that might have left them emotionally affected. Furthermore, interviewees were assured that they did not have to answer any questions they felt uncomfortable about.

Protection of data: Audio files of interviews were encrypted and stored in a password protected folder on the password protected laptop. Paper copies of consent forms were stored securely in a lockable cabinet. Participants were made aware of the fact that electronic files and hard copies of files would be maintained and then destroyed in line with City University, London's archiving policies for doctorate research material.

Safety for researcher and interviewees: The research was reviewed and approved by City University, London's Ethics Committee and continuously supervised to its completion by an experienced counselling psychology practitioner-researcher at City University, London. To ensure the safety of both interviewee and researcher, interviews took place at the interviewees' places of work. Interviews were only scheduled during the hours of

operation of the organisations involved. This was to ensure that, in the event of an emergency, there were additional staff present to intervene. In addition, the researcher contacted a trusted individual directly prior to arriving at, and directly after leaving, the premises where the interviews took place. This was to communicate a safe arrival and departure. In retrospect an additional safety measure may have been providing the research supervisor with a copy of all interview dates and locations, as well as the organisations' contact telephone numbers, so that intervention could be made in the event of an emergency.

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RESULTS

INTRODUCTION TO RESULTS AND GROUNDED THEORY MODEL

The Grounded Theory and Model

The grounded theory that follows explores *how therapists work with similarity in the therapeutic 'triad'*. For the therapists who participated, the therapeutic 'triad' was comprised of therapist, client, and supervisor(s), and each could be perceived as 'similar' or 'different'. The researcher believes that the therapists' own words best communicate the grounded theory story. As such, this grounded theory has been developed from the language and terminology therapists introduced when describing how they worked with similarity, and a significant number of direct quotations have been included. A graphical representation of the grounded theory model is presented in Figure III (see page 138) and is introduced periodically to signpost the reader through the results sections.

Similarity in the therapeutic 'triad' appeared across all therapists' narratives and subsequently emerged as the core category. Three interrelated central categories operated simultaneously throughout therapists' work with similarity. The first central category, ***bringing 'sameness' into the room,*** incorporated three substantial subcategories: identifying and challenging client assumptions by using 'similarity' as material, coping with the activation of therapist material and assumptions, and self-disclosure decision-making. Each subcategory is presented as a separate section within the results write up (sections 1-3). The second central category was ***encouraging the client to work with difference*** (section 4) and the third central category was titled ***supporting therapists' work with similarity*** (section 5).

The interrelated nature of the central categories meant that supporting therapists' work with similarity helped them to bring 'sameness' into the room, which consequently helped therapists to encourage their clients to work with difference.

Appendices 11-12 provide a synthesis of the full dataset (line-by-line codes, focused codes, and central categories) and memos from which this grounded theory has been constructed.

Summary of the Grounded Theory Model

For the therapists who participated in this study, the therapeutic utility of similarity was realised through its explicit use as material within client work. Bringing 'sameness' into the room was achieved in different ways. By actively using 'similarity' as material, therapists were able to identify and challenge the assumptions that their clients brought to similar counselling relationships. Therapists had to manage the activation of their own personal material and assumptions in response to their clients' narratives, whilst making decisions about the conditions under which self-disclosure was therapeutically appropriate. Therapists highlighted the need to explore their clients' negative beliefs about similarity. Additionally, encouraging clients to work with 'different' therapists and to appreciate the differences between themselves and their matched therapists, was perceived to provide therapeutic benefit through 'the need to explain'. Supervision, personal therapy, and continuous professional development (CPD) supported therapists' work with similarity and prevented their 'own stuff' from impacting negatively on their similar client work. Meanwhile, selecting an appropriate supervisory framework presented challenges for matching organisations and those working within them.

Writing Style within the Results Section

Presentation of Quotations

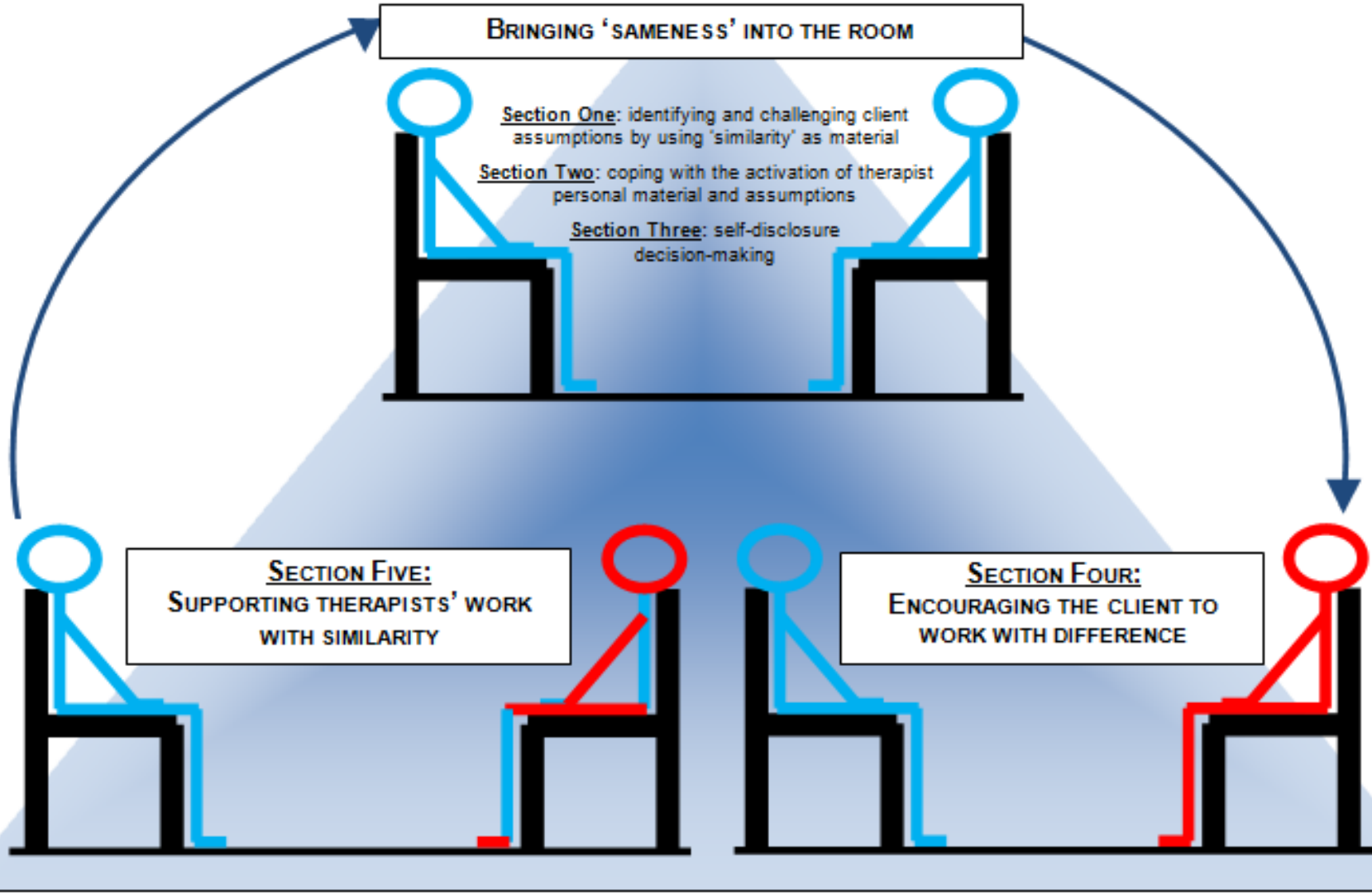
Each quotation included in the results section is accompanied by the participant's pseudonym and also the page number(s) on which the quoted text appears within the interview transcript, e.g. **(Alicia: 31)**. '...' has been used when the researcher has deemed it appropriate to amalgamate more than one portion of one interviewee's narrative from different locations within their interview transcript. In such instances all page numbers have been indicated e.g. **(Jennifer: 23, 45, 67)**.

Quotations are provided in *italics*. To facilitate the flow of each quotation whilst retaining the intended meaning, utterances such as 'umm', 'er', and 'erm', repetitions, and non-starting sentences, have been omitted. Within the quotations themselves, examples of the actual phrasings therapists reported using within their work with similarity have been provided in normal roman typography e.g. *"[As] part of the sort of the whole working alliance of building up the relationship as quickly as possible, I try to introduce ideas of difference; so if I'm working with a woman,* "what's it like to work with a man?*"*
(Matthew: 29)

Inclusion of Researcher Reflections

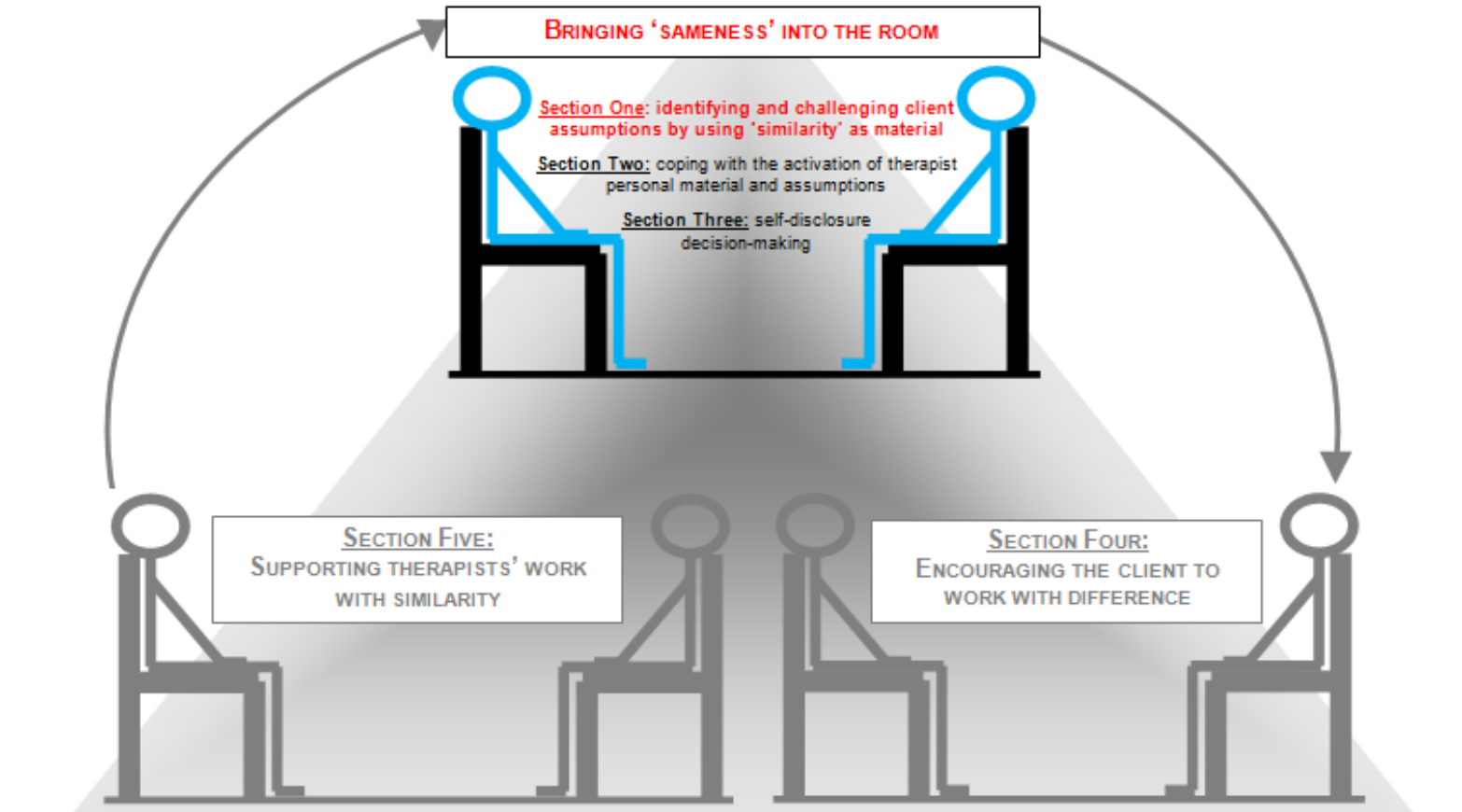
Throughout the results section, the researcher has included a number of reflections in italicised *Times New Roman* font. These observations are intended to provide the reader with insights into the researcher's processing and sense-making whilst constructing the results section and the finalised grounded theory.

Figure III: The Grounded Theory Model - How Therapists Work with Similarity in the Therapeutic 'Triad'



KEY: In the top image, the therapist, who sits on the left, and client, are both represented in the same colour, indicating similarity. In the bottom right image, the therapist, who sits on the left, and client, are shown in different colours, representing difference. In the bottom left image, the supervisor, who sits on the right, is colour coded to be in part similar and in part different to the therapist, who sits on the left. This represents therapists working within different and similar supervision frameworks.

SECTION ONE: IDENTIFYING AND CHALLENGING CLIENT ASSUMPTIONS BY USING 'SIMILARITY' AS MATERIAL



KEY: In the top image, the therapist, who sits on the left, and client, are both represented in the same colour, indicating similarity. In the bottom right image, the therapist, who sits on the left, and client, are shown in different colours, representing difference. In the bottom left image, the supervisor, who sits on the right, is colour coded to be in part similar and in part different to the therapist, who sits on the left. This represents therapists working within different and similar supervision frameworks.

Identifying and challenging client assumptions by using 'similarity' as material

Being able to identify assumptions within similar clients' narratives was perceived as imperative to successful matched therapeutic relationships. As an example, across different matched counselling contexts, clients were found to equate therapist-client similarity with knowing or shared understanding in a variety of different ways. Challenging client assumptions was deemed necessary to extract the subjective meaning that clients attached to particular facets of similarity. As a result: (i) potential misunderstandings between therapists and their clients were avoided, (ii) therapists grew better able to understand how their clients positioned themselves in relation to the therapist or therapeutic relationship, and (iii) explorations of the client's unhelpful beliefs about who or what the therapist might represent for the client, were facilitated.

To ensure that therapists were constantly working for the therapeutic benefit of their clients, choices had to be made about which client assumptions, if any, to challenge, as well as how and when to do so. In general, assumptions which were subliminally or unconsciously communicated by the client were noted, whilst assumptions which were concealed beneath clients' questions, or sensed as more conscious or explicit within the client's narrative, were challenged.

Client assumptions of shared understanding and knowing

Clients assuming that their therapists 'knew' or shared implicit understanding of their experiences, was identified as a challenge across a variety of matched counselling settings. Fiona and Alicia acknowledged that the individual cultural differences underpinning their language-matched relationships impacted not only the therapist's real ability to understand, but also the assumptions and sense-making that therapist and client brought to, and took from, the therapeutic relationship.

"I see how they [clients] might use a word that's Portuguese, it means what it means, but if it's a Brazilian using it, it's not the same thing as a Portuguese using it. So it's important to at least have [laughter], a little awareness of, "OK, fine, let's see what the context of this is." If you think of American words that Americans use, that are not quite the same for the English using it. It just doesn't bring up the same things. So in that sense, even if you are from the same [laughter] kind of culture, are people using

it [language] in one way or another? If you're not sensitive to that, you might be missing the point, or an important aspect of it." **(Fiona: 15)**

"I think the difference in language is the culture that underlies the language and that is the difficulty. Because you've got a set of assumptions of where your framework [is], that is sometimes very difficult to reconcile with another language, history, or culture." **(Alicia: 5)**

In line with Fiona and Alicia's observations, Danielle acknowledged that individual differences in the experiences of therapists and clients matched on ethnicity, undermined the client assumption that similarity equated with implicit understanding.

"I suppose maybe the assumptions that you will know everything about them [similar clients] and maybe what I know could be my own experience and not their experience; or their experience is their experience. I've been here [in the UK] since '93 and maybe there's an African, a Zimbabwean for instance, who came here in 2000 or 2005; things have changed, Zimbabwe has evolved...but definitely that fact that we are 'the same', doesn't mean that we will cover everything. But some clients come thinking "yes, there's a Zimbabwean so she will know everything," but you can't." **(Danielle: 14, 20)**

Similarly, Katherine highlighted the importance of challenging her sexual-orientation matched clients' assumptions and expectations that matched therapists held implicit knowledge of their experiences. For her, this was achieved by encouraging clients to explore their own experiences in depth.

"I think it [similarity] can pose a problem if clients think "oh you know what I'm talking about." I say, "no actually I don't, tell me about your experience," *because I think the similarity into ticking the same box of sexual orientation can raise expectations that you know about the gay scene, you know about STIs. And I say,* "well actually personally not much, so I'd rather you tell me." **(Katherine: 5)**

Whilst unpacking the different ways in which matched therapists identified and challenged client assumptions, I noted with interest the different ways in which the client assumption of

similarity as shared understanding and knowing manifested across a range of matched counselling settings. This observation led me to further wonder which additional aspects of how therapists worked with similarity in the therapeutic relationship might be shared across different settings and which might be context specific.

The rationale for challenging client assumptions of shared understanding and knowing

Within the context of language-matched counselling, Christopher and Leanne both acknowledged that their clients equating similarity with understanding and knowing, could limit exploration by challenging the boundaries of their roles. Christopher relayed an example from his practice where the assumption of shared understanding had led his client to hold expectations of him, beyond his therapeutic role. Meanwhile, Leanne explained how when confronted with an Iranian client whose actions challenged the boundaries of what was acceptable within the context of the therapeutic relationship, she would interpret and explore with the client what had compelled him or her to act in that way.

"Assumptions can be made about who I am and what the work is about. The immediacy of being able to say something and be understood and accepted can sometimes become quite a closed thing...boundaries can sometimes be issues I think. I am remembering a particular episode with someone who came from India who was picked up as a child bride from Punjab and she suffered a lot of domestic violence and abuse at the hands of her in-laws. And she left her home, didn't have a passport, she didn't have anything. And while she was struggling with some of those issues she came into counselling. Her expectation was, now that I understand her so much better, why can't I do something about it? "Can't you help me with benefits? Can't you go and talk to this person?" This doesn't necessarily have to happen only because someone is speaking the same language, but the way that she was expressing her expectation, I kind of wondered if that somewhat came from a place that I could speak her language." **(Christopher: 6, 11)**

"There actually is a bit of intrusion, as if because we are Iranian and we are a hospitable [people], "why don't you come and meet my family" [laughter] which is

very much unacceptable. Because I come from [a] psychodynamic background, we do sort of work with that, interpret and work with that well, "no, we can't do that" *[laughter]. What is going on right there and then? You might even say,* "you know I cannot do that, I wonder what's going on, what is it that you are afraid of?" *Because it's towards the ending [that] they usually do that. So it's that anxiety of the ending of the relationship; the sense of continuing the loss if you like [laughter]. This craving for, if you take something good in, you wanna carry it with you."* **(Leanne: 21)**

Further highlighting the heterogeneity of experiences within the context of language-matched counselling, Fiona acknowledged how clients assuming that the therapist understood could mask feelings of anxiety and shame linked to sharing their experiences openly with a similar therapist. Fiona described the utility of explicitly challenging this type of assumption by encouraging her clients to expand on what they believed the therapist would or should know.

"I had one [client], she used to say, "but [name of interviewee] you understand what this is," and I said, "no I don't. Maybe I do, but I'll tell you what I understand is that you're suggesting in your way of talking and your facial expression and your words that I understand so you don't have to say it. But what I'm understanding is that you're very anxious to go there. You don't want to go there, you might be ashamed because you think that this thing would bring a lot for anybody that's Portuguese. And I might not be feeling like that. I might not feel ashamed of these things if it was me, so what is it for you?" **(Fiona: 38)**

Meanwhile, Fiona's belief that language-matched therapists were well positioned to sensitively challenge clients' assumptions of what was culturally acceptable, was shared by Jennifer. Within the safety of their language-matched therapeutic relationships, both Fiona and Jennifer believed that their clients could explore taboo situations and feelings which, in the context of their culture, could never be feasible. Furthermore, although narrating the idea in different ways, Fiona and Jennifer both suggested that language-matched clients could then experiment with experiencing aspects of their life in different ways to others with the shared group identity within, and away from, the counselling room.

"Kind of allowing them [clients] to see also that we might be from the same, or similar, but we might actually experience things differently, and it's like giving them a go ahead to experience something differently as well." **(Fiona: 39)**

"To allow people the freedom in the counselling session to be able to actually put the culture to one side. And to be able to do something like, "I know you could never say this to your grandfather or whatever, but just for the moment what would it have been like if you had been able to?" *Something like that. For example,* "you're not gonna do it in real life, and I understand why, but what might it be, just get that feeling inside yourself." *And sometimes it's important, I think, to be able to do that and to be able to have the courage to say,* "I know culture is important, I know how important it is, let's just go somewhere else for a moment and then we'll come back to culture. If you could step outside of it..." **(Jennifer: 35)**

Fiona and Jennifer's narratives led me to wonder about their ability to sensitively encourage their similar clients to move beyond their cultural landscapes. I also speculated that these two language-matched therapists were well placed to positively impact their similar clients' assimilation processes. I wondered whether this meant that Acculturation Theory might be of relevance within the context of this grounded theory; an idea which I will return to within the 'Discussion of Results'.

Jennifer further highlighted how, when language-matched clients upheld similarity as knowing, their ability to integrate into the majority culture could be hindered. For her, the therapist's ability to identify and challenge the assumption that similarity equated with understanding, was an important tool to facilitate her clients' cultural integration. Interestingly, the ability of matched therapists to encourage their clients to integrate was not only broached by Jennifer. Brenda also inferred that initially utilising a matched-counselling service might well encourage clients to later integrate into the mainstream and work with therapists who were different, possibly from the majority culture.

"I think actually clients have been very appreciative of being able to speak in their own language. I don't know whether this is something that needs to go without challenge, but I think they've felt, "I will be understood here". So the implication is

that "if I'm not with someone who is the same as me, I won't be understood" and I think that perhaps often needs to be challenged. I mean it's good that they feel like that, but the negative of "I wouldn't be understood by somebody who wasn't [the same]" is something that needs to be challenged or people are not gonna be able to integrate." **(Jennifer: 26)**

"Hopefully going to a same colour therapist, or a Jewish therapist would help them [clients] to progress beyond that and later be able to go to someone different." **(Brenda: 17)**

I speculated that Jennifer and Brenda's references to integration here further evidenced the potential relevance of exploring this grounded theory's results in relation to Acculturation Theory. Furthermore, the individual differences within these two therapists' seemingly related narratives helped me to appreciate the heterogeneity underpinning therapists' outwardly common experiences across different matched counselling settings.

Further highlighting the complexity of therapists' rationales for challenging their similar clients' assumptions of shared understanding and knowing, Jennifer and Alicia both acknowledged the potential for colonial relationships to underlie their language-matched counselling dyads. In particular, Alicia described the potential for clients to make assumptions about, and therefore question, the therapist's ability to understand, help, or be trusted, based on these colonial relationships. For Alicia, this meant that she needed to be willing and prepared to sensitively challenge these types of assumptions, if and when they became apparent, to avoid unaddressed ruptures in the therapeutic alliance.

"There's also a colonial overtone as well, that's with it [language-matched counselling] too and whether that gets brought out or not. I'm only aware with one client where there was something about that, very subliminally...we have Portuguese speakers and they work with people from Mozambique and we have Spanish speakers as well so yes there is that potential there." **(Jennifer: 36, 37)**

"Latin American people assume that I'm Spanish and sometimes they establish this colonial relationship between the counsellor who knows it all because he is like the

Spaniard conqueror, and I am [the client is] here being held in. And they sort of reproduce that a lot. Male or female, older or younger, that adversarial element is always there...so although it may appear similar, it's a minefield...the clients, 90 percent of them, ask me where I'm from; I've got this Spanish-speaking accent but I don't pronounce the "th" sound. So they don't really know where to locate me. When I get asked I say, "well what purpose that serves? Do you think that would help you to trust me better if I was from certain parts of the world and not another?"*...I had this client, she thought that I was Brazilian, and as a Portuguese, she wouldn't see me; the colonial element. She wouldn't even engage in conversation, she'd just say, "fine fine fine" and then didn't want to come back. [The assumption was] that I wasn't going to be suitable; that I wouldn't be able to help her."* **(Alicia: 3, 20, 21)**

Jennifer and Alicia's reflections led me to speculate that: (i) reflecting on their own, and their family members' diverse experiences of difference and otherness within the UK context, and (ii) attempting to straddle home and UK culture (as further explored within Appendix 8), may each have heightened their awareness of the potential for colonial assumptions to manifest within their language-matched counselling dyads. This idea will be further elaborated upon within the 'Discussion of Results'.

Client assumptions of negative judgement

Clients assuming that they would receive negative judgement from their similar therapists was a challenge identified by Danielle and Hayley within the context of ethnicity- and also religion-matched counselling. Danielle acknowledged how homosexual and bisexual African male clients could assume that they would receive culturally-based negative judgement and rejection from an ethnically-similar therapist. Danielle viewed offering an accepting response as a way to challenge this type of negative assumption. Meanwhile, Hayley highlighted how her Christian clients could assume that negative judgement was implicit to her identifying as a Christian, overlooking the potential heterogeneity of Christian beliefs. Hayley stressed the importance of gently but explicitly challenging this type of assumption.

***"**[For] the homosexual African men, I think that to be seen by an 'African sister'...that is kind of a grey area, with our African men or the bi-sexual African men not really*

accessing the service effectively because of the limitations of possibly what they feel will be the cultural perception...someone who was open about that [his homosexuality] was so happy that an African sister would understand him. So it was really like for a change because his own sister had disowned him, so that was something very different. "This is my fellow person who is really understanding me so it's really good"...challenging their beliefs, for example, "my own sister maybe didn't understand, but this female does understand actually."
(Danielle: 37, 38, 39, 39)

"What can happen is the client can feel judged by me because they will assume that I have a certain Christian mindset. And it might not be in the conscious, it will be in the subconscious. And you can work for a long, long time until finally, you get to the place where it rises and you then realise that they have felt judged by you all the time, because they assumed you thought they were sinning. And that is really tough and that is when I think, "ah this flipping thing [similarity] gets in the way" [laughing]. But, so you work with that...I would just say, "You know, I'm really curious," *I might even say,* "do you know, I feel really sad that you sat here for three months all the time thinking that I'm judging you for what you do in your life and I'm wondering where that's coming from?" *Just pick it up, name it and say,* "Why would you think that?" *and I've even said to some clients,* "What have I said or done in the session that's led you to a place of thinking that?" *And sometimes they might be able to give you a sentence or something that I think, "*yeah actually that wasn't quite how I said it," *or* "I can see how you'd of picked that out of it," *but other times they will just say, "well, because you're a Christian" and that's it. They don't need any other reason, they just sort of look blankly and say, "Well you're a Christian, so of course you're gonna hold that view [laughing]." "*OK, we'll do a bit of work on that.*"* **(Hayley: 11, 12)**

I was curious to observe that the potential for clients to assume they would receive negative judgement from their matched therapists arose across Danielle and Hayley's reflections on their ethnicity- and religion-matched counselling practice. This helped me to appreciate that certain elements of how therapists worked with similarity in the therapeutic relationship might appear to be shared by therapists working within seemingly unrelated matched counselling contexts. However, I believed that it was also important for me to maintain an appreciation of the ways in which each therapist's practice was unique.

Faith-based client assumptions

Continuing with her narrative, Hayley also explained how, within the context of religion-matched counselling, clients' assumptions about: (i) their therapists sharing their religious beliefs, (ii) commonality within and across faiths, and (iii) faith equating with the doctrines of the Church, could make them feel safe, whilst presenting certain challenges. Hayley highlighted the importance of religion-matched therapists encouraging their clients to explore the beliefs or experiences that they assumed the therapist shared. For Hayley, failure to do so could negatively impact the therapeutic work and the client's progress.

"But you know what it's like", they'll say, "but you know that don't you?" Or, "of course you know this, of course you believe this." That one, I have to take a big deep breath to keep my hackles from rising [laughing]. Like, "how do you know I believe that?" Things like, "but you believe this" or, "I don't need to explain this 'cause we're both Christians" and they're off. And I'm like, "whoa, back you come, what don't you need to explain? Indulge me." *And I'll often say that,* "well indulge me on what you think it is or how you see it.*"...If you stay in the assumption that you are the same then you could have real problems. We're a faith-based organisation so all the therapists have a Christian faith, but those Christian faiths are incredibly broad. We work with people of all faiths and none. So we encounter people who also have a Christian faith and think we're the same and hold the same Christian faith. We encounter people who don't have a faith, who think that we hold a Christian faith that is promoted by the Church, therefore we're prejudiced, we have set rules, we have lots of you must not do's, we have lots of things that are called 'sin'; so we hit that. And then we will hit people who maybe have another faith and will be very keen to find the commonality in our two faiths and think that we both at some point have the same thought, which we may well have of course. And the one I find the most difficult to handle, the one that I find really tough, is the Christian who thinks I'm a Christian just like them. I find it really hard to encourage them to then think beyond their assumption of me. And often what happens is they wanna set you in that assumption because they feel safe thinking, "but you do think God's the same God as me." Whereas I think my God's probably completely different to your God."* **(Hayley: 10, 9)**

Hayley further stated that her clients' faith-based assumptions could result in the client scapegoating, or projecting their negativity towards God or the Church onto, the therapist. She highlighted how, to uphold the psychological wellbeing of both therapist and client, she needed to pause the client in his or her narrative to explore these assumptions and projections as part of the therapeutic work.

"I do think it [similarity] creates a challenge in the room. I also think that I sometimes get battered by my clients, almost like there's permission to batter me. And actually what they're really doing is battering their history with the Church, or with God, and I have become a target for that. And that's quite intriguing when that begins to happen. And how far do you go before you go, "OK listen [laughing], put down your baseball bat and let's just think about what's going on here." **(Hayley: 36)**

Moving from the Christian counselling context to Jewish counselling, Brenda highlighted how the ability to sensitively but explicitly challenge and question the client's phantasies surrounding similarity, was a key component of her counselling role.

"Clients have every right to ask, "I only want to see a non-Orthodox counsellor." Then that's explored in the assessment "what makes you feel that unless your counsellor is such and such?" *And that can be very fruitful...by far, more important is for the counsellor to explore,* "what does it mean to you whether I'm Orthodox, or not Orthodox, or practising or not practising?" *To explore what the phantasies of the client are. That's such an important part of the counselling."* **(Brenda: 13, 12)**

The specificity of Hayley and Brenda's reflections to their work with Christian and Jewish clients led me to believe that certain aspects of matched therapists' practice were indeed context-specific, demonstrating that the different types of matching could not be considered equivalent (further reflections on this subject will be provided in the 'Discussion of Results'). The intricate and diverse faith-based assumptions highlighted by Hayley and Brenda, led me to appreciate the potential for within-group, and individual level, variations in matched therapists' practice, to occur alongside certain commonalities in experiences within, and across, diverse matched counselling contexts.

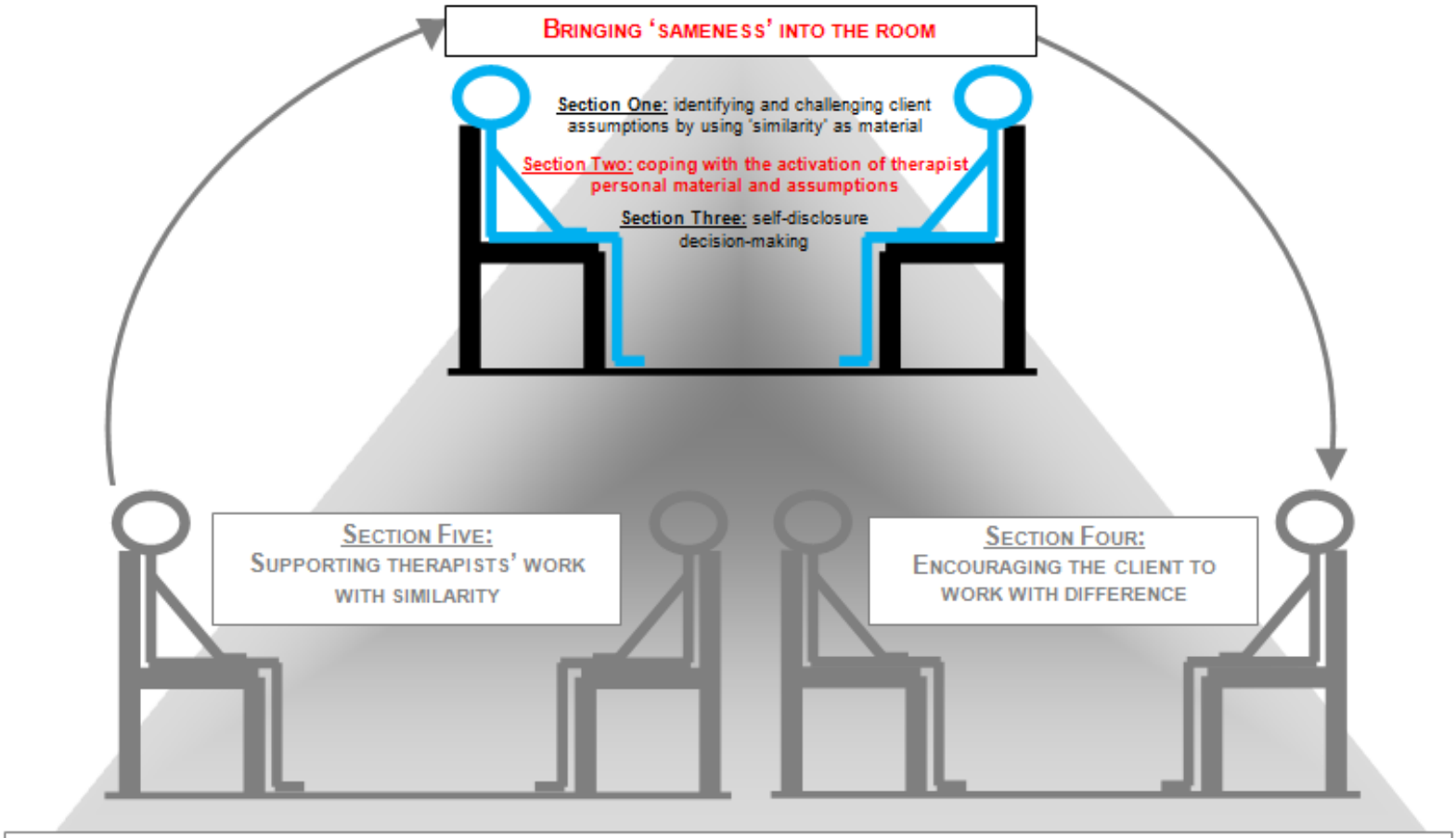
SECTION ONE SUMMARY

IDENTIFYING AND CHALLENGING CLIENT ASSUMPTIONS BY USING 'SIMILARITY' AS MATERIAL

Similarity acquired its true therapeutic utility when used explicitly as material within counselling sessions. Across matched counselling settings, therapist-client similarity could lead clients to hold assumptions about shared understanding or experiences, which could: limit the client's exploration, raise their expectations, and hinder their integration with the majority culture. Furthermore, client assumptions could evoke fears of negative judgement and shame, lead clients to question the therapist's ability, and also position the therapist as a scapegoat.

Challenging client assumptions helped to avoid potential misunderstandings between therapist and client. By making decisions about which assumptions to challenge, as well as why, how, and when to challenge them, therapists were able to use similarity to unpack the client's narrative, explore taboo subjects, and gain insight into the meanings and phantasies clients had attached to particular facets of similarity.

SECTION TWO: COPING WITH THE ACTIVATION OF THERAPIST PERSONAL MATERIAL AND ASSUMPTIONS



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Coping with the activation of therapist personal material and assumptions

Just as matched therapists had to be alert to the manifestation of their similar clients' assumptions, across the full range of matched-counselling settings, therapists had to be alert to incidences when their own material and assumptions were activated by the content of their similar clients' narratives. Furthermore, it was important that they had strategies in place to help them cope and respond appropriately if and when this occurred.

Drawing therapeutic utility from the activation of therapist personal material

Leanne and Isabella shared the view that being attuned to, and drawing on, their own experiences could help them to intervene appropriately with their language-matched clients. In addition, Isabella also acknowledged the need to listen closely to the client's experiences.

"We share something extra; the language. And we both maybe share the loss of our own home country, or our family. Or especially as a lot's going on in Iran [laughter] because of the political problems. So there are a lot of shared issues." **(Leanne: 22)**

"*With similar clients a lot of the times, and I think this is true with the Asian clients, we're not looking at just the client, it's the family, it's the culture, it's the social, it's the country where they come from, the history between different countries...it's understanding the importance of religion because I grew up with that...the social structure and the effects of migration coming to this country, the experiences; those are the similarities. What was it like coming here? What was it like coming here for me?...it's about how culturally you care for your parents and if she [the client] went to the mainstream [counselling service] it would be like, "well just get some help", and that just did not feel culturally right...a lot of the work is around loss with similar clients. Loss of country, loss of culture, and [that] can mean drawing on my personal experiences a lot; what are the losses I felt when I left? How did I deal with it? What was the impact that I saw?...the other thing is racism because of course that's gonna trigger off a lot of things in myself...it is I suppose, it is listening more to what their experience is."* **(Isabella: 10, 7, 22, 32, 32, 32, 37)**

Similarly, Danielle and Katherine believed that they each held some understanding of the general issues potentially faced by their ethnically-similar and sexual-orientation matched clients, which could bring therapeutic utility to their counselling practice. Danielle further highlighted how her perception that matched clients' actions did not fit with her own expectations, signalled the activation of her own assumptions. For Danielle, bracketing off her own experiences helped her to maintain her focus on the content of the client's narrative.

"I think I've got an understanding of the client's internal conflicts. As a group we homosexuals have suffered from, and we still suffer from discrimination and a lack of understanding. Being pathologised by our sexual orientation since the world [laughter] started. So I think that [similarity] promotes some kind of understanding of the client's conflicts." **(Katherine: 12)**

"Maybe there is some general ways of being in terms of mourning and grieving and how we [Africans] take pain or how the community's set up. And how we've got maybe some general issues but maybe it's the values differently...I have found for certain people I tend to see that maybe the pattern of immigration from West Africa or other parts of Africa could be different. But I've also seen the assumptions that I may have made. Because of who I am, I've been surprised by a Zimbabwean doing it [migrating] this way [illegally]. So maybe that has surprised me a bit...there will be some assumptions that maybe we will know, but we don't know everything. Anyway of course we will bracket what you know and just say work with what the client is bringing." **(Danielle: 7, 20, 11)**

It appeared that these therapists were able to draw some therapeutic utility from the activation of their own material. Furthermore, whilst maintaining a focus on their clients' narratives, Leanne, Isabella, Katherine, and Danielle's narratives led me to speculate that they each believed that they held some 'in-group' knowledge about their language-, ethnicity-, and sexual orientation matched clients' experiences, which could bring benefits to their matched counselling relationships. This potential reference to matched therapists' 'in-group' status led me to wonder whether Social Identity Theory might bear relevance to this grounded theory. This idea will be returned to in greater detail within the 'Discussion of Results'.

Challenges created by the closeness of client experiences

Brenda highlighted how, like their clients, the matched therapists working within the Jewish counselling service which she managed, were at risk of making assumptions about their similar clients, which could go unchallenged.

"I suspect that assumptions were sometimes not challenged. It goes both ways, I mean the counsellor would just as much assume they knew what the client was talking about, their seder, their whatever, and they might be making an entirely wrong assumption." **(Brenda: 23)**

Expressing a similar view, Alicia and Christopher explained how working with language-matched clients could lead them to make assumptions, which, if left unchallenged, could leave both therapist and client at risk of attributing unsubstantiated levels of knowledge to the other party.

"When the so-called similarities exist you [therapists] assume something. But more often than not the concept that each person has is totally different and you assume that it is the same and never check it, because it's just a taken thing." **(Alicia: 27)**

"*What someone might see as 'same' isn't necessarily 'same' for me [laughing]; assumptions can be made about similarities between two people; they might experience me as being very similar and I'm not and vice versa. I think it's a minefield, a very rich minefield [laughing]."* **(Christopher: 17)**

I was intrigued to observe the ways in which the above therapists described the need to identify and manage their own assumptions when working with religion/ethnicity-, and also language-matched clients. This alerted me to the fact that the ability of matched therapists to manage their own assumptions, as well as their similar clients' assumptions, underpinned effective practice within matched therapeutic relationships.

Within the context of gender-matched counselling, Geraldine explored how being a female therapist working with a woman whose child had died, activated her own identity as a mother with a fear of losing a child. Geraldine highlighted how, as a

result of this experience, she had needed to make decisions about how best to deal, and gain support, with the challenging emotions that her client's narrative had evoked.

"One of my clients, her daughter died at 23 months of Leukaemia, and I immediately was a mother with the fear of losing my child. So she brought this in and we talked about it on several occasions because here she was 17 years later still grieving this loss. It tapped into my anxiety that I remember my mother always telling me, it's OK if your father dies but I could never deal with one of you dying. And I never understood it until I had my own children. The babies come from your body and there's a sense of a blood connection, a possession; that they're part of you. And the loss of them is devastating. And it brings up the biggest anxiety a parent could have. So for me that was [exhales] very, very challenging, painful. And [I] had to deal with how it brought my emotions." **(Geraldine: 18)**

Geraldine further explored how another gender-matched client's health-related experiences had triggered her own coping mechanisms and motherly instincts. This led her to internally question the actions (or lack thereof) taken by her client, which could potentially have held negative consequences for her interventions and the therapeutic alliance. Geraldine highlighted the importance of disentangling her own material from her client's, to enable her to concentrate on the client's narrative.

"I have a client who took the pill non-stop for 20 years, got off the pill, nothing's happened to her body for over a year and a half now. Never had a period, did tests, everything seems fine. So I find that I have to withhold my own sense of, "well maybe you should be seeing more doctors and taking care." Because that's what I would do and that's addressing my own anxiety about how I deal with my own body. And instead saying, "OK no, this is her stuff," and "back off, don't say that, just enquire about what it is and let it drop," instead of pouring in my own anxieties. Just because it's a closeness; all women have had issues with our bodies. And how you go to a doctor or not or decide. So that for me is challenging. To hold back and say, "this is not your stuff," you know, "don't." *And I turn into a bit of a momma; "you should take care of yourself," [laughing] and it's like, "this is not your child - this is*

your client." So that's where I suffer with it [similarity], especially with health issues." **(Geraldine: 19)**

It appeared that Geraldine attributed her reflections here to her work with similar clients within a gender-matched counselling setting. However, her revelations led me to believe that the ways in which her own emotive material had been activated by the content of her clients' narratives, could also have occurred away from a matched therapeutic dyad, or a matched counselling setting.

Further highlighting the potential closeness of similar clients' narratives, Alicia described how her language-matched clients' issues could feel raw and closely aligned to her own experiences. She also explained how counselling similar clients in her first language could leave her feeling exposed, vulnerable, and personally impacted by the emotive material her clients brought. Reflecting on one particular piece of client work, Alicia highlighted how the closeness of the client's narrative had challenged her ability to remain objective, separate, and able to contain the client's emotion.

"I was doing an assessment about this woman who had been in this relationship where the partner was abusing her repeatedly over and over again in terms of cheating on her. He would go off for six months and come back and say, "oh I love you darling". "Oh I don't wanna take him in" but eventually she gives in. In my own family, and in my own community, it's something that you see very much, and you think, "why these things?" So that made me really angry in the assessment because it's a problem that I've seen and experienced and couldn't resolve or digest when I was in Mexico. And then I come and I see it, and I am the counsellor and I think, "fah, stupid woman can't you see"...I felt more me in Mexico seeing it as a child, rather than the counsellor who can take this distance and say "oh, what may be happening and going on for you?"*...I experienced it as not containing the client, but I've been with the client in this lostness...where [as] in English I feel much more distanced and I have this kind of thinking space where I can be more professional, in Spanish, some of the issues that came up were really raw and I felt as if I was the client, closer, you know [exhales]. I couldn't hide behind the language screen if you like."* **(Alicia: 17, 21, 21, 17)**

Katherine's awareness of how her sexual-orientation matched clients' narratives could activate her personal material, led her to acknowledge the utility of drawing on personal incidences of discrimination and keeping difficult personal experiences in mind. This helped Katherine to maintain an awareness of the themes within her clients' narratives that could 'rub' personally. She described how this helped her to cope effectively with the potential emotional impact of her similar client work.

"Hate crime and maybe domestic violence; some issues that perhaps you knew rubbed; personally you've been close to it. Or situations where you're just called names in the street. And people come in with anxiety attacks and with trauma. So there is this kind of similarity in situations that personally some of us have experienced." **(Katherine: 13)**

I was struck by the variety of ways in which working with similar clients brought challenges for these therapists across a range of different types of matched counselling settings. This led me to ponder how, in addition to identifying emotive material in advance (as highlighted by Katherine), matched therapists protected themselves emotionally, during their relationships with similar clients.

Matthew suggested that he needed to be attuned to the ways in which his strong emotional responses to the content of his sexual-orientation matched clients' narratives, could signal the activation of his own assumptions and over-identification. Matthew highlighted the importance of bracketing off his own feelings, experiences, and expectations regarding the direction the client's narrative might take, in order to stay with the client's frame of reference.

"It is spotting the similarities where those mistakes can happen and those assumptions come through...so it is when that sort of feeling of identifying comes up, that I think, "am I assuming too much here?"...if I identify with an experience, then the empathy's there but there is something deeper. If I'm perhaps a little bit excited about something, like they're coming out to their parents or I sort of think I might know what's coming next. There's an intuitive part, but there's something in that which sends off alarm bells I've learnt. Because is that my stuff or is that coming from their stuff? I suppose there is an excitement there, kind of, "oh, there's

something happening there," and I might just sometimes overstep the mark. So I've learnt to sort of step back from that and just hold that space open...the majority of people here are either coming out or they're querying their sexuality and I think what I have to be very careful about is to try and bracket my own feelings about coming out; my own counter-transference can really I think impact on the interventions...if people don't know where they are with their sexuality, it's often very useful to talk about treading water in a big lake and trying to work out which part of the shore line you want to swim towards. And I think it's really important that I'm not standing on the part of the shore line waving or holding a lantern [laughing]."
(Matthew: 28, 7, 4, 4, 10)

Staying with the theme of over-identification, Jennifer suggested that whilst similarity could facilitate the development of empathy, the 'homeliness' of language-matched counselling could encourage therapists to over-identify or assume that they and their clients shared experiences.

"I think it [similarity] has helped sometimes to form an empathy. I think it has sometimes been a kind of, "I need to watch my over-identification with this client." So it's partly around the homeliness, the, "oh my goodness, yes the same thing happened to me when I came from Venezuela" *or wherever. And it feels very, very similar."* **(Jennifer: 29)**

I observed with interest that the risk of over-identification, which had been highlighted in previous matching research, had been revisited within the context of this grounded theory. For me this demonstrated the continued relevance of earlier research findings within the current therapeutic context. Furthermore, over-identification manifesting in both Matthew and Jennifer's narratives, reinforced my awareness of the ways in which certain elements of how these therapists worked with similarity in the therapeutic relationship, appeared be shared by therapists working across different matched counselling contexts, but narrated in unique ways.

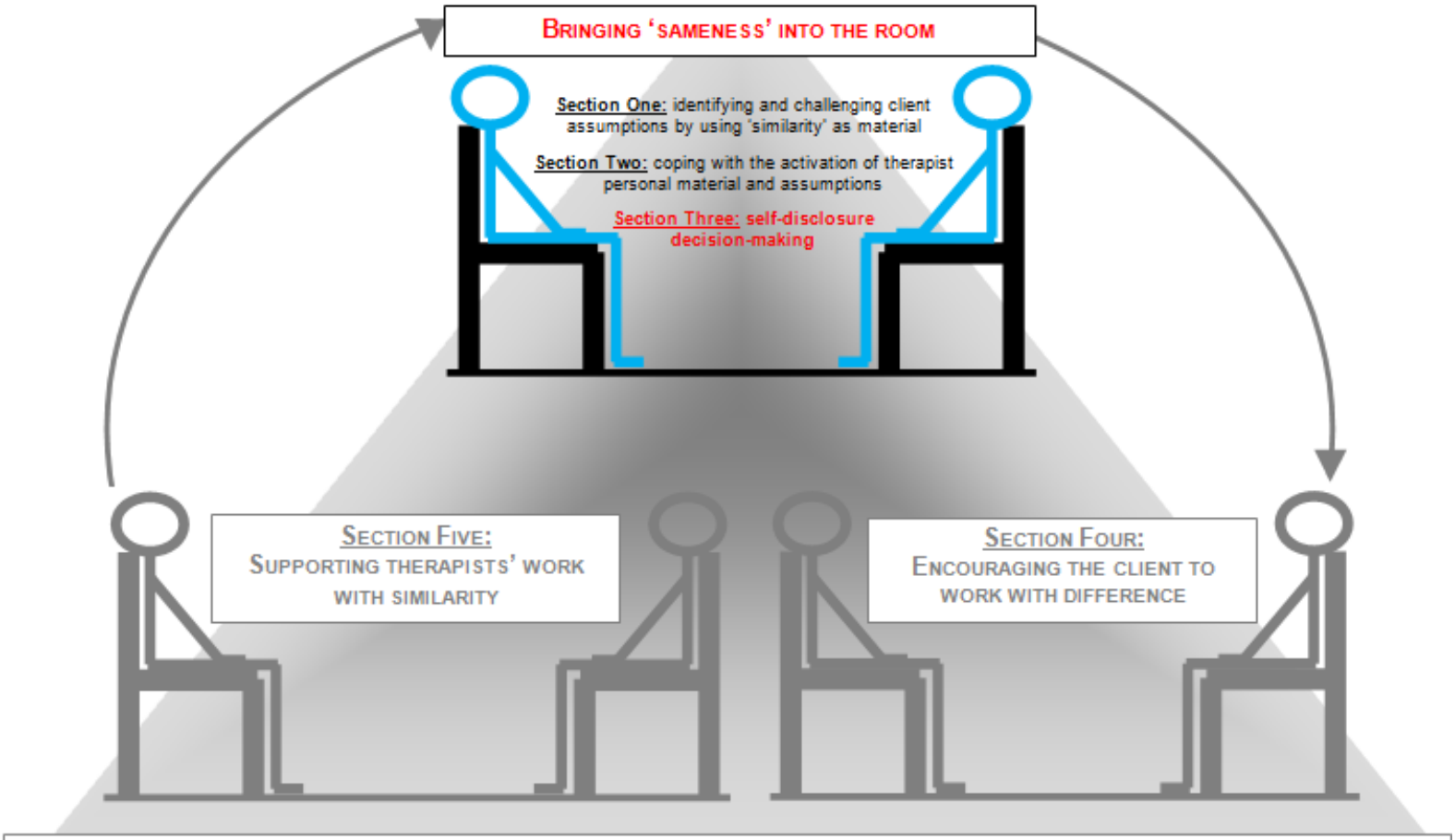
SECTION TWO SUMMARY

COPING WITH THE ACTIVATION OF THERAPIST PERSONAL MATERIAL AND ASSUMPTIONS

Working in similar dyads could lead therapist's personal material and assumptions to be activated. As a result, client issues could feel raw, close, and personally exposing. When therapist assumptions were left unchallenged, there was a risk of both therapist and client attributing an unsubstantiated level of knowledge to the other party. Over-identifying with, or making assumptions about, the client's experiences led therapists to question whether their own material, expectations, or experiences had been triggered by the content of their clients' narratives.

Identifying difficult or emotive subject matter that the client could potentially bring, in advance, and maintaining an awareness of personal indicators of their over-identification and assumptions, helped therapists feel equipped to respond appropriately when their personal material and assumptions were activated. The activation of therapist personal material and assumptions was also countered by therapists bracketing off their own stuff, listening actively to the client's narrative, and focusing on the client's experiences.

SECTION THREE: SELF-DISCLOSURE DECISION-MAKING



KEY: In the top image, the therapist, who sits on the left, and client, are both represented in the same colour, indicating similarity. In the bottom right image, the therapist, who sits on the left, and client, are shown in different colours, representing difference. In the bottom left image, the supervisor, who sits on the right, is colour coded to be in part similar and in part different to the therapist, who sits on the left. This represents therapists working within different and similar supervision frameworks.

Self-disclosure decision-making

Self-disclosure was a challenge that accompanied matched counselling work. Before the therapeutic relationship commenced, therapists had to cope with elements of their identities being automatically disclosed to their clients, particularly when this conflicted with their theoretical approaches. As a result of this automatic self-disclosure, clients were believed to be curious about their matched therapists. This meant that therapists had to make decisions about: (i) whether or not and how much to self-disclose, (ii) how comfortable they were disclosing to their clients, and (iii) the perceived therapeutic benefit of disclosure versus non-disclosure.

Organisational level self-disclosure

Within the context of sexual-orientation matched counselling, Katherine highlighted how the very nature of matched counselling meant that elements of her identity were disclosed to clients in advance of sessions.

"Working at [Name of Counselling Organisation] which originally was an LG organisation, then LGB, and then more recently we've turned into [an] LGBT organisation, we promote gay affirmative therapy and all counsellors identify positively as lesbian, gay, bisexual, or transgender. So therefore there is a disclosure already in place when the clients come to see you, so they know something about your sexual orientation." **(Katherine: 3)**

Similarly, Isabella described how matched counselling meant that information about her was automatically disclosed to her language-matched clients from the first session. Isabella also acknowledged how for her, self-disclosure adhered to cultural norms shared with her similar clients regarding the exchange of information. Although she had pre-established limits on the information she was willing to share with her matched clients, she explained that within the boundaries of Asian culture, a degree of self-disclosure or 'swapping' of information was expected and accepted by both parties. Furthermore, Isabella expressed the belief that self-disclosure helped to create a safe, trusting relationship, which balanced the power between therapist and client.

"A lot of times it's the first session, because straight away if we are going to be talking in the same language, as soon as they hear me talking, well our similarities are opened...the boundaries are quite different in my culture because it's very much, all out there. They'll ask you the most personal questions [laughing]...I will answer some of the questions, I'm not one of the, I suppose what are termed as a 'traditional counsellor' who doesn't reveal anything. I'm quite open actually. Working with similar clients and working with the Asians in particular, the culture is such that it's about if I ask them something, they feel they've got to ask me something personal, because that's how the culture is. And so if I ask you how many children you've got, they'll ask me in return how many children have I got [laughing]; swapping. I know what I will reveal and what I won't and I think personally I want to establish that bond. I don't want to be this aloof person who'll say, "And what is the reason you're asking me this question?" [laughing]. I think that would just put a barrier there. It wouldn't, and that's my personal opinion, allow a connection. For me working with the Asians, I feel that I need to make that connection, find the similarities to allow the work to happen. Because that's what makes them feel safe, puts them at ease. And of course there is that power, because as professionals you are gonna hold the power. They're gonna be disclosing their darkest most deepest secrets, so I want to make a safe environment for them." **(Isabella: 29, 20, 17)**

In line with Katherine and Isabella's shared belief that automatic self-disclosure accompanied their sexual-orientation and language-matched counselling practice, Hayley suggested that approaching a matched counselling organisation automatically granted clients permission to express the positive and negative attitudes they held towards elements of their own, or the therapist's, identity.

"I do wonder whether because we state ourselves as a Christian agency whether again that's more upfront. If you had a beef with God [laughing] and you go to a secular agency, you might not find it quite so easy to think that your counsellor's representing all that God ever did against you. Maybe that does again say well there's a door that you can push here...I think the clients who come here, because we're a Christian agency I think they believe that there's permission to talk about spiritual things. I have seen that and experienced that not just with Christian clients, but with people who would call themselves Atheists, with clients who might be

Muslim or Buddhist. Or I have seen a sense of, "well these guys understand this God concept, therefore it must be alright to talk about it, even if it's different." So I do think permission is given to explore spirituality...if this is a gay agency, therefore I can be open about my sexuality, [if] I'm female, it's OK to be female in this [women only] agency." **(Hayley: 38, 30, 31)**

Although organisational level disclosure appeared to manifest in the narratives of therapists working across different matched counselling settings, I was intrigued by the individual differences underpinning how this idea arose within Katherine, Isabella, and Hayley's narratives. Katherine's focus on the revelation of a 'hidden' aspect of her identity, Isabella's reflections on cultural norms, and Hayley's ponderings about permission giving, signalled the diverse experiences underpinning these therapists' seemingly similar reflections.

Managing the disconnect between unavoidable self-disclosure and theoretical orientation

Katherine and Alicia acknowledged the challenges created by the dissonance between their theoretical approaches and the unavoidable self-disclosure which accompanied matched counselling. In line with her training, Katherine expressed the belief that not self-disclosing was a therapeutic tool that she consciously used to encourage her similar clients to bring their own projections to the counselling relationship. For Alicia, refraining from self-disclosing promoted her similar clients' explorations through the therapeutic value of 'not-knowing'. Positioning working for the client's therapeutic benefit as her main priority, Alicia added that self-disclosure could also compromise the client's ability to use the therapist as an object in the therapeutic relationship.

"I was trained as a psychodynamic therapist and we're encouraged to not disclosing anything about ourselves really...I'd rather clients bring their own projections then me just answering their questions." **(Katherine: 3, 20)**

"*The fact that I choose not to reveal, I think is thinking that the client can use that difficulty in not knowing where I am [from], or why I'm there; using me as an object to frame me. It's more useful for the client to feel that, because of my training. Probably*

if I was humanistic, I'd say, "Oh I know what [you mean]..." *[laughing] or whatever...I think that keeping that distance is helpful for the client and I'm there for the client, not for me."* **(Alicia: 19, 20)**

In keeping with her theoretical orientation, and echoing the content of Katherine and Alicia's narratives, Brenda suggested that self-disclosure and answering personal questions, could limit her clients' exploration of potentially fruitful areas, whilst being destructive to the counselling potential.

"We never do divulge how Jewish the counsellor is, and we make it clear to clients that they have every right to ask for professional credentials of their counsellor, but personal questions won't be answered. And we reckon that the extent of Jewishness is personal. My personal view is that every personal question that a counsellor answers, closes a door to a fruitful area of exploration in the counselling. So I see it as quite destructive of the counselling potential." **(Brenda: 12)**

Although Katherine, Alicia, and Brenda each acknowledged the challenges created by the disconnect between their theoretical orientations and working within different types of matched counselling settings, my attention was drawn to the diversity in their accounts, their backgrounds, and types of counselling experience (as elaborated upon in Appendix 8). I was also curious about what motivated these matched therapists to remain employed within these specialist settings, despite the challenges created by this dissonance. I became inquisitive about the reasons why therapists in general might feel drawn to working in matched counselling settings and wondered about the relevance of existing psychological theories. Maybe Attachment Theory or Social Identity Theory could help me to better understand what was going on for therapists working within, and clients accessing, matched counselling services. The relevance of these and additional psychological theories to this grounded theory enquiry, will be explored within the 'Discussion of Results'.

Establishing the purpose of self-disclosure

When considering sharing personal material with language-matched clients, Jennifer believed that it was of utmost importance to consider the consequences of self-disclosure. Meanwhile Hayley felt that it was important to take time to carefully

establish whether or not self-disclosing was therapeutically purposeful for each of her religion-matched clients. Hayley further described her use of self-disclosure to normalise her similar clients' anxieties, or to bring stability to their experiences.

"One's thinking about what if one disclosed? What would it be like? Whose benefit is it for? What would the implications of that be?" **(Jennifer: 39)**

"There are times when I do provide personal information but I don't do it easily. And I would really have had to work out that that [self-disclosure] would be purposeful for the client before I do it...OK so maybe when would I do it? I suppose maybe in a sort of normalising is the way that I would do it. So maybe there's something that doesn't feel very stable and normal, and then I might say, "well, for instance *I* da, da, da, da." **(Hayley: 5, 5)**

Similarly, Matthew and Katherine each highlighted the importance of establishing the purpose of self-disclosure before choosing whether or not to disclose personal information to their sexual-orientation matched clients. Matthew explored how his clients' curiosity about him brought them directly into relationship and afforded him opportunities to explore their assumptions. He further suggested that rather than offering clients a 'how to' guide, his self-disclosures could help build rapport, establish the working alliance, and reassure clients that they could overcome their difficult experiences. Meanwhile, Katherine acknowledged how her sexual-orientation matched clients could be curious about a non-matched aspect of her identity. For her, therapists had to decide how comfortable they were self-disclosing and also whether their self-disclosures was pertinent to the therapeutic process.

"There are more questions I find asked by [matched] clients, because we've been through some of the same experiences. For example, they [matched clients] want more advice, "was it like this for you?" That kind of thing. And then I of course can ask about what their assumptions are, or what they think I might be thinking. So it brings us very much into relationship and into the work in the moment...I work with clients in a pretty authentic way and I do like to share some of my experiences. I think it helps build up the working alliance very quickly. I suppose, if they are feeling particularly shaky or unsure about something, I might talk about an experience that I

have had to just give them a little more stability. It's not necessarily, "do it like this," but, "it's doable". **(Matthew: 9, 11, 12)**

"I think it depends on how you are comfortable disclosing information to clients. I think, because I have an accent, clients are usually quite interested in finding out where I come from. So depending on if that's pertinent to the process, then yes I disclose that then." **(Katherine: 20)**

I was intrigued by Katherine highlighting how her matched clients' curiosity could extend beyond the matched facet of identity. This led me to wonder whether, whilst coping with the automatic disclosure of elements of their identities, matched therapists also had to consider the impact of other aspects of their identities on their relationships with similar clients.

Danielle acknowledged the temptation to self-disclose to her ethnicity-matched clients. She further described how, rather than self-disclosing explicitly, she would instead introduce the general concept of 'knowing' and not being surprised or shocked by the client's narrative, to normalise her similar clients' experiences. In addition, Danielle explored how, instead of self-disclosing, she might reframe the client's question to maintain the focus on his or her own experiences.

"There is a temptation to disclose but how I tend to work myself is "maybe I've heard something like that"*, or* "some people from..." *I mean, I can just compare say talking about others, rather than saying me...otherwise you will be sharing, "*I don't know, what is it like for you?" *But there is quite [a] temptation to divulge, for self disclosure. There is that understanding of saying,* "I kind of know what is expected of an African in generals terms" *like,* "I understand and I know it happens"*...but then of course saying,* "that's your experience, but this it doesn't surprise me, it's not like I've heard it for the first time.*"* **(Danielle: 28, 28)**

Geraldine expressed the belief that self-disclosure should only be undertaken after careful, cautious, in-the-moment decision-making. Echoing Danielle's narrative, she described the therapeutic utility of exploring general concepts with her gender-matched clients, which may or may not amount to actual therapist self-disclosure.

"It's a dangerous line so my sense is you use it [self-disclosure] very sparingly because if not, you're gonna make it a habit of yours. So I'm very cautious about it. While I have seen it be successful, it could also notoriously backfire. So I say with some trepidation and some conservatism yes, but I wouldn't do it [self-disclose] all the [time] kind of a thing...I think there are only very, moments. Like I talk about being a mother in terms of a general sense; I don't say, "because I'm a mother," I talk about it as 'the mother'. The mother that holds, the mother that is. And that can be because I am too, or because we all can have that essence in us of what that holding mother is like." **(Geraldine: 17, 14)**

Geraldine also described an instance where she had self-disclosed to her client about being a mother, in order to be perceived as legitimate and of professional value within the client's cultural context. Geraldine was keen to clarify that self-disclosure was not a typical aspect of her practice, but that instead unusual circumstances had led her to deem self-disclosure appropriate.

"When I met her [the client] for the first time there was concern. Since her English was very bad they didn't know how much she could engage actually in therapy because of the limited language and the fact that she was a practising Muslim. So they didn't know if therapy would actually fit with the culture. So there were some reservations which I understood. So I approached the first meeting with the possibility that maybe it wouldn't work for her. At the end I said, "I also want to know if this is OK for you, if you felt comfortable with it, if you wanna proceed" and she said "yes". And then she looked at me and she took off; she had two teenagers and there was a conflict, a real difficulty about the parenting. There was a silence and she looked at me and I said to her, "and I'm a mother too." *Her whole face lit up and she was fine. She says, "Yes, OK, I'll see you next week." She needed from her own culture, if I wasn't a mother, I wasn't valued. I never referred to my children again. I never told her about my private life. I had to be legitimate in some ways to be able to do the job I was doing. But other clients, I've never done that again."* **(Geraldine: 13)**

Across different types of matched counselling settings, the above therapists appeared to share the belief that self disclosure needed to be purposeful and well considered. However, I was struck by the individual level variation in these therapists' rationales for self disclosure and

their personal rules regarding the circumstances under which self-disclosure might be deemed therapeutically appropriate. I was also impressed by the creative methods used by Danielle and Geraldine to avoid full personal self disclosures. These observations each reinforced for me the individuality of each therapists' practice.

SECTION THREE SUMMARY

SELF-DISCLOSURE DECISION-MAKING

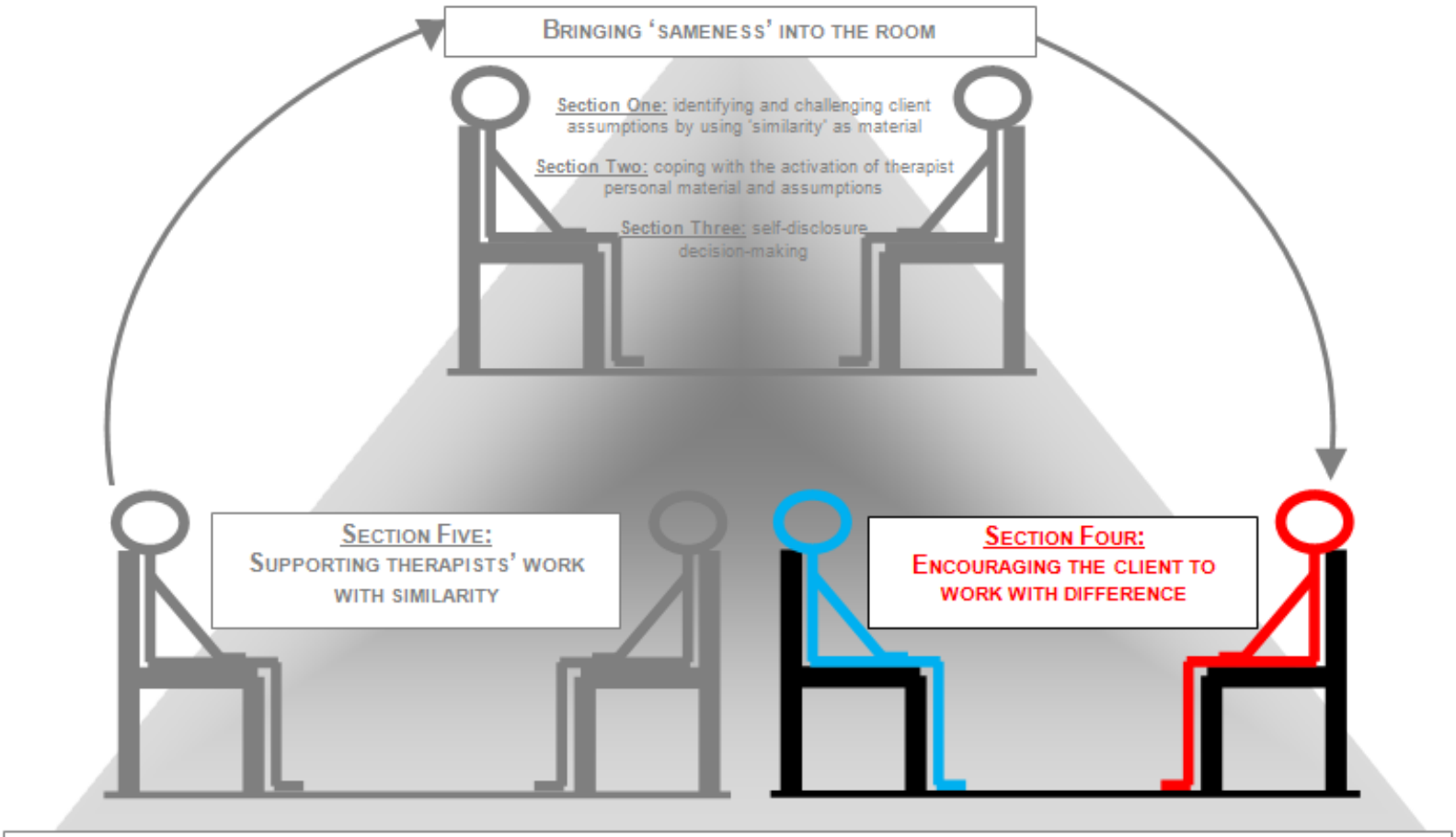
The presence of 'matching' within an organisation's philosophy meant that elements of therapists' identities were automatically disclosed to clients in advance of sessions. Matching was also believed to implicitly grant clients permission to explore their positive and negative beliefs about their identities.

Therapists had to manage the potential disconnect between their counselling organisations' matching philosophies and the tenets of their theoretical orientations. This was particularly the case when they believed that refraining from self-disclosing afforded clients the therapeutic value of 'not knowing' about the therapist, and opportunities to bring their own projections to the counselling relationship.

Therapist-client similarity meant that therapists had to manage their clients' curiosity about their own identities. As such, they had to embark on careful decision-making about whether or not to self-disclose, taking into account: how comfortable they were with self-disclosure, whether or not self-disclosure was pertinent to the therapeutic process, the perceived therapeutic purpose and benefit to the client of disclosing or not, and the level of detail they felt comfortable disclosing.

Self-disclosure could be used to: reassure the client, normalise their experiences, and to communicate the therapist's legitimacy and professional value to the client. Therapists could also self-disclose to establish the working alliance and build rapport. Furthermore, self-disclosure could evidence the therapist upholding the cultural norms they shared with their clients.

SECTION FOUR: ENCOURAGING THE CLIENT TO WORK WITH DIFFERENCE



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Encouraging the client to work with difference

The prospect of working with a similar therapist was not always perceived positively. It could lead clients to experience negative emotions and make negative assumptions that therapists needed to be willing, prepared, and able to respond to appropriately. Negativity towards similarity could emerge explicitly or it could be held unconsciously by clients. Because the desire to work with a 'different' therapist could emerge from negative beliefs about working with similarity, it was deemed important that therapists worked with their matched clients to unpack any negative beliefs that they might hold about working with similarity. This prevented such beliefs from leading to premature termination of therapy, or the avoidance of matched counselling services altogether.

Meanwhile, as was deemed effective with similarity, treating 'difference' within the therapeutic relationship explicitly as material, was believed to facilitate the work between therapist and client. Working with a therapist who was 'different' to the client, or encouraging the client to appreciate the differences between themselves and their matched therapists, afforded clients the therapeutic benefit of 'the need to explain', whilst facilitating the in-depth exploration of client material.

Unpacking clients' negative perceptions of similarity

In the context of language-matched counselling, Eleanor explained that when clients came from small, minority ethnic communities, they could feel suspicious and distrustful of similar therapists. She further suggested that unconscious envy of the 'successful' similar therapist, low self-worth, negative in-group experiences, inverted racism, and idealisation of the majority culture, could each challenge the success of language-matched therapy and as such, needed to be explored.

"I think there is a good deal of suspicion if you come from the same culture and so, as a therapist, you're the subject of a good number of the client's projections [laughter]. There's also issues around confidentiality. Many communities are really quite small and people know if they don't know each other, they know of each other. So you're having to get through a lot of suspicion often about whether you're

trustworthy as a therapist if you come from the same ethnic and cultural background as the client. So it's not always positive...there can be a great deal of envy; "well how come you're alright and I'm not alright?" I'm not saying that they're conscious thoughts, in fact I think it's very unconscious often, but it can affect the therapeutic relationship...don't forget so many of the clients come here and part of what they're battling with is very low self-worth. So if they feel lousy about themselves they're not gonna feel good about somebody who reflects where they are [and] who they are...some people's perception of 'their own kind' as it were, is very negative because they've had very bad experiences. So there's an idealisation of, say for example English people, that they would regard an English person as sort of better qualified and more skilled. I'm not saying it's real but there might be a phantasy that the English counsellor is better than the counsellor who comes from the same culture as the client; a kind of inverted racism if you like." **(Eleanor: 10, 12, 11, 11)**

Jennifer agreed with Eleanor. For her, in addition to negative projections, internalised racism, and fears regarding confidentiality, feelings of shame and the fear of being judged negatively could lead language-matched clients to respond negatively to, or actively avoid, working with therapists from the same background or culture. Jennifer deemed it important that therapists consider the impact of these beliefs within the therapeutic context.

"Some people actively don't want somebody from the same background or the same culture. For example, the community is very, very small and they may feel that I may be bumping into my auntie, or whoever it is, and I don't want to run that risk. There may be shame issues that they might feel that they may be judged, even though they're not going to be. And it's important to maybe once they're in, to be thinking through those kind[s] of projections and internalised racism and all the rest of it." **(Jennifer: 49)**

Similarly, Danielle acknowledged how matched counselling could activate ethnically-matched clients' fears regarding confidentiality, as well as feelings of shame and stigma. Danielle highlighted the importance of addressing these fears and negative beliefs as a part of matched counselling work.

"Interestingly you may find that maybe a West African may not want to see a West African; they want to see a South African so that's tricky. But then we assure them it's confidential. Or maybe they might just think, they may know me, they may come from the same village. Or the stigma, the shame I won't like my people to know. So possibly then we identify that they are the issues at stake, then work with that as well." **(Danielle: 17)**

In line with Eleanor, Jennifer, and Danielle's narratives within the context of language- and ethnicity-matched counselling, Brenda highlighted how fears regarding confidentially could lead non-Jewish individuals to search for 'difference' and approach her Jewish counselling service for support.

"We've had one or two Muslim and Sikh clients who deliberately sought something that would be right outside their community that wouldn't get back to the community, which we respected." **(Brenda: 5)**

Katherine brought a fresh perspective, highlighting how, once within a sexual-orientation matched counselling service, the unexpected prospect of having to work with a similar therapist could be interpreted negatively by younger clients questioning their sexuality. As a result, she believed that matching could act as a deterrent to, rather than a facilitator of, the client's engagement with therapy.

"It [similarity] can be a deterrent, especially, in my experience, with younger clients that come in questioning their sexuality. It seems even though they come to [Name of Counselling Organisation] and it's an LGBT organisation, sometimes they're quite surprised that all counsellors identify as LGBT. So I've had some clients saying to me, "oh I didn't know you were gay." In that sense it is as if for some clients coming to [Name of Counselling Organisation] to question their sexuality, then being seen by a gay counsellor, it's, "oh are you trying to convert me?" **(Katherine: 4)**

I was intrigued by how, across a range of different matched counselling settings, the above therapists believed working with a similar therapist could hold a variety of negative consequences for clients. I also wondered whether culture being a shared point of reference, underpinned the apparent commonalities across Eleanor, Jennifer, and Danielle's accounts

within the contexts of language- and ethnic-matching. Furthermore, Katherine's explanation of the way that similarity could be interpreted as a deterrent, was unexpected and surprising to me. Each of these therapists' accounts reaffirmed to me the importance of appreciating the unique and diverse experiences which underpinned seemingly shared aspects of therapists' work across different matched counselling contexts.

The therapeutic benefit of 'the need to explain'

Brenda expressed the belief that working with difference encouraged clients utilising the Jewish counselling service which she managed, to embark upon detailed explorations. She also believed that difference encouraged clarifications and explanations that facilitated both the client's and the therapist's awareness. Similarly, Hayley suggested that focusing on difference could bring energy to her religion-matched counselling relationships. However, at the same time, Hayley expressed the belief that the ability to work with difference, and also spirituality, should be core competencies implicit to the therapist role.

"I think in the long run, on the whole it's more helpful to have a therapist different to yourself so that you need to explain. The therapist, can then put you in touch with things that you wouldn't perhaps be in touch with if you simply assumed that the therapist knew." **(Brenda: 16)**

"There's times when our difference has actually been the real energy of our work...to be honest I believe any therapist worth their salt should be able to do that [work with difference]. I also think any therapist worth their salt should be able to encourage anyone of any spirituality to open up their thinking on spiritual matters."
(Hayley: 44, 30)

Although Katherine's clinical work took place within a sexual-orientation matched counselling service, she acknowledged that gender difference between therapists and their sexual-orientation matched clients could promote change by removing clients from their comfort zones. However, she also cautioned that clients should not feel forced to work with difference. Instead, Katherine felt that working with difference

should be presented as a suggestion which the client could accept or decline without negative consequences.

"I think in order to promote change you have to get people out of their comfort zone a little bit...it seems that male clients want to be seen by male counsellors and as a suggestion to clients I would say, "well why don't you try working with someone that looks a bit different"*...*"you've been relating with males your whole life, you've had male therapists before, why don't you try working with a female, maybe there's something there for you to work on." *But again, it's a suggestion, I don't sort of force the client [laughter] if they don't want to, I say,* "OK.*"* **(Katherine: 11, 10, 11)**

Also within the context of sexual-orientation matched counselling, Matthew highlighted the utility of asking matched clients directly about what it was like to work with a therapist of different gender. Matthew recalled an instance where he had questioned whether his ability to empathise with a female client had been limited by difference. Matthew also acknowledged the fear that he had misunderstood or 'missed' this client due to not having had a greater appreciation of her experiences.

"[As] part of the whole working alliance of building up the relationship as quickly as possible, I try to introduce ideas of difference; so if I'm working with a woman, "what's it like to work with a man?*"*...*I've seen one person who identifies as a lesbian woman; this is a good chance for me to reflect on it again. It didn't work out. I mean we met for three out of the twelve [sessions] and then it got quite sporadic. I do wonder about what that match was like for her. We talked about what it was like for her to work with a gay man, and had she asked for a gay man, did she want it? The place she was at, she didn't care; she just needed some help. But I do wonder, did I miss her on some level? Was there something that was so unspoken that neither of us could actually see it even, let alone actually say it? That something wasn't spotted? I don't know, there's a question mark there."* **(Matthew: 29, 17)**

Christopher suggested that similarity in the language-matched counselling relationship could create a blockage and risk moving the therapeutic relationship to an informal level. Furthermore, although Christopher acknowledged that similarity and difference were each accompanied by their own tensions, like Brenda, Hayley,

and Katherine, he highlighted how focusing on difference afforded clients the therapeutic benefit and intuitive focus of having to explain themselves. Meanwhile, in line with Katherine and Matthew's practice, Christopher also described the utility of addressing differences in gender in the context of his language-matched practice with female clients.

"It's [similarity is] like going to see a doctor because my head is hurting, but then the doctor and I kind of love the same movies and it's very satisfying to talk about the movies and then I forget about my headache [laughing]...tensions can arise out of similarity as much as difference; similarities really raise the bar of expectations [laughing] and disappointment can promote tension and conflict. Whereas the thing about difference is that there is a sharper focus intuitively to, "OK, alright what's gonna be possible here? ...it's really easy to say [to a language-matched female client], "well what is it like for you to talk to a man about this?" *Not as a rule, but I have done that at certain times in therapy when I've felt that there is a statement being made about men and it's too general, and I'm curious about the particular implication of my being a man in view of the statement they've just made."* **(Christopher: 9, 23, 18)**

Continuing the focus on unmatched facets of identity within the matched therapist-client dynamic, Fiona highlighted how beyond a language match, a non-White client might find themselves working with a White therapist. She suggested that therapists should ask themselves, and their clients if and when appropriate, questions about the impact of ethnicity differences within the therapeutic space. Fiona added that even if ethnicity was not explicitly addressed, holding an awareness of the potential impact of the concept contributed to her work with ethnically-dissimilar clients.

"Somebody might think like, "what does it mean being with a White therapist?" *It's good to be aware of that; we might go there, we might not, but if we don't go there, why? What does it say about the identity of the person? What is it that they weren't ready to do? So, at one level it is important to have it there in your mind. If the therapist holds it in their mind then it's already doing some work."* **(Fiona: 47)**

Across a range of matched counselling settings, I was able to acknowledge the individual level variation underpinning the ways that each therapist believed the therapeutic utility of 'difference' could manifest. I was also intrigued to observe the ways that Christopher, Katherine, Matthew, and Fiona each maintained an awareness of unmatched aspects of their own, and their clients', identities. This reaffirmed my belief that beyond the matched facet of identity, matched therapists had to remain mindful of the impact of additional aspects of therapist-client similarity and difference, and also the therapeutic utility of exploring them.

Seeing each client as unique

In addition to the utility derived from exploring clients' negative perceptions of similarity and encouraging clients to appreciate the differences between themselves and their similar therapists, viewing each client encounter as unique was positioned as a way to uphold the human connection between therapists and their matched clients.

Within the context of gender-matched therapy, Geraldine described the human connection between therapist and client as an intangible essence which underpinned successful therapeutic alliances between therapist and client.

"I think what makes you feel connected to somebody is an essence that's in the air kind of a thing. Somebody can come in and I've never met them and our gazes meet and I can sense I'm OK talking to this person and it can be just that...I don't mean to be romantic or anything, but it's a sense that you just get." **(Geraldine: 24, 25)**

Likewise, Fiona and Christopher explored the utility of establishing a unique human connection with each of their language-matched clients. For Christopher, treating each client as unique was aligned with his theoretical orientation and helped him to discover the client's 'otherness', whilst minimising the risk of making assumptions about his matched clients or their presenting problems.

"When I am with people from other countries, or other cultures, I'm not there with an Afghan woman, I'm not there with an Angolan man, I'm not there with an West Indian

girl that is in crisis, I am as well, but I'm there with a human being that's in crisis...you have a human being there never mind how he or she is dressed." **(Fiona: 23, 28)**

"I think my [person-centred/existential] approach encourages me to not make assumptions, which means that every incident, every event between two people is unique. If I worked with fifty people with certain kinds of presenting issues, the fifty-first person who walks in, I will be very tempted to make assumptions about them rather than say, "this is unique, this is a new person." Which means that our process of discovering the otherness, who they are, in what way is it similar, in what way is it different, has to be allowed to emerge afresh." **(Christopher: 16)**

Like Christopher, Hayley acknowledged how treating each of her religion-matched clients as unique prevented her from making assumptions about their presenting issues. Drawing on her early experiences in bereavement counselling, Hayley suggested that maintaining an awareness of the uniqueness of her own and her clients' experiences, and drawing utility from instances of 'common ground', helped her to navigate and unpack the events within her relationships with similar clients.

"I think I had this idea of 'I understand bereavement because I've been there'; OK quite naive but it was there. So I went into bereavement counselling believing I knew what grief was and what I realised was that actually I didn't [laughing]. What I knew was my grief; I knew that really well. Then I began to work with women who had lost mothers, a few around the same age as me and again thinking, well I'll have some handle on this and then realising, "oh my goodness maybe I don't," because their stories were so different to mine. But the more bereavement work I did, what I did come to understand was, there's what I call 'common ground'. And what I came to realise was, we all walk our own unique grief journey but at times we reach common ground with others and that common ground is often really useful and very supportive." **(Hayley: 7)**

I was impressed by the diverse ways in which Geraldine, Fiona, Christopher, and Hayley, working across a range of matched counselling settings, avoided inferring homogeneity to their similar clients by treating each of their clients as unique. I was also intrigued by

Christopher attributing this element of his practice to his theoretical orientation and I wondered whether there may have been some utility in exploring therapists' work with similarity in the therapeutic relationship, according to their different theoretical orientations. I was also curious about whether I was in fact the 'West Indian girl' referred to within Fiona's narrative, evidencing my impact on the data retrieved within this enquiry. Meanwhile, I was struck by how Hayley's personal experiences facilitated her understanding of the individual differences which could underpin seemingly surface level similarities. This led me to further appreciate the individuality of each of these therapists' practice.

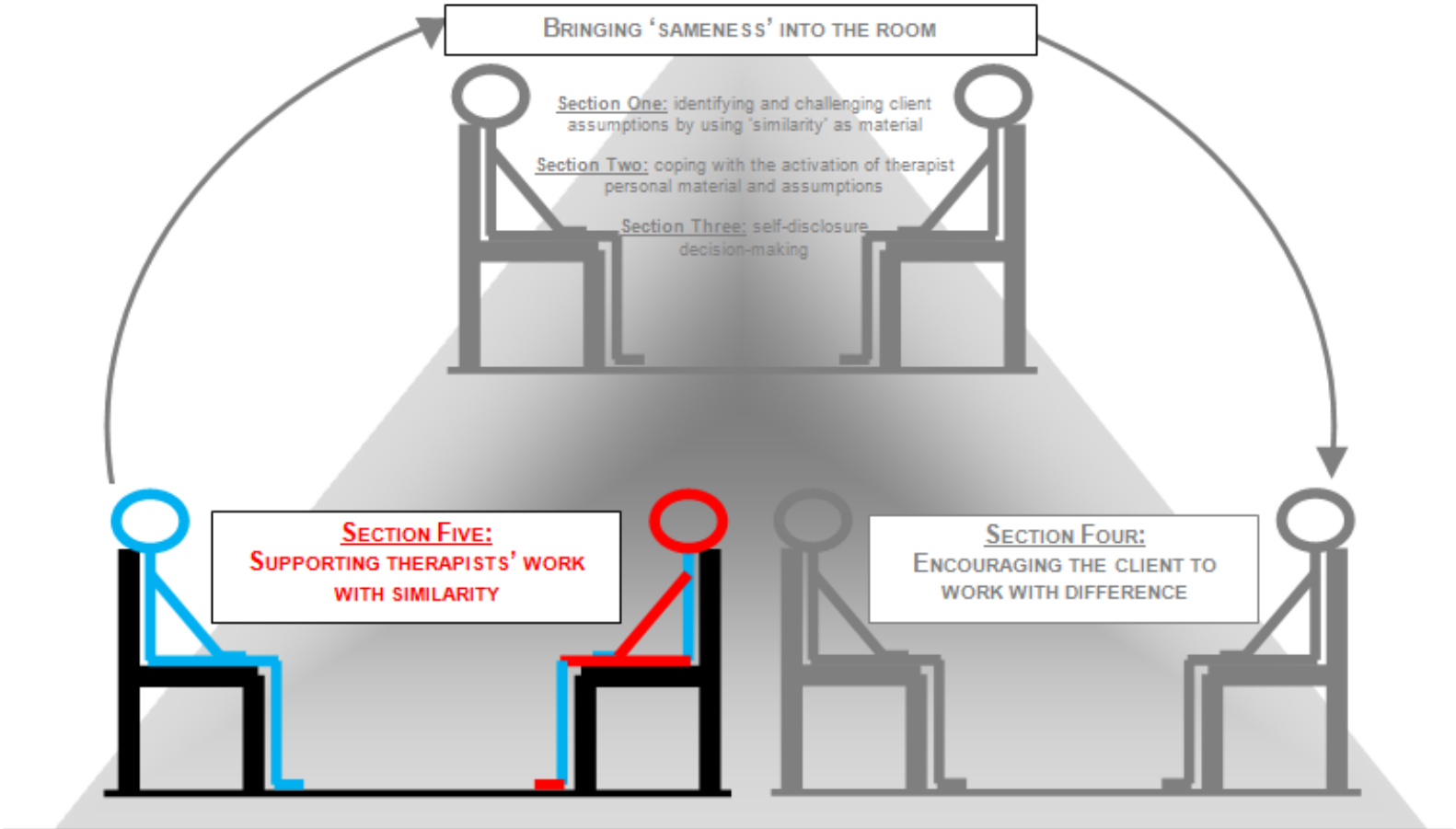
SECTION FOUR SUMMARY

ENCOURAGING THE CLIENT TO WORK WITH DIFFERENCE

Before encouraging the client to work with difference, it was deemed beneficial to unpack clients' negative perceptions of working with similarity. Clients' potential suspicion of, and the desire to distance themselves from, similar therapists was attributed to fears regarding confidentiality, shame, judgement, stigma, and negative experiences of similarity. In addition, the client's envy, low self-worth, inverted racism, and idealisation of the majority culture, had the potential to be projected onto the similar therapist and could underpin the client's search for difference. It was deemed important for therapists to sensitively question, explore, and unpack clients' negative beliefs about working with similarity if and when appropriate, to prevent them from impacting negatively on the matched counselling relationship.

Therapists described the importance of encouraging their clients to appreciate the differences between themselves and their matched therapists. Working explicitly with difference, or a 'different' therapist, could focus counselling work and provide clients with the therapeutic benefit of needing to explain themselves to their therapists. Furthermore, establishing a true human connection between therapist and client encouraged therapists to treat each client encounter as unique. This also minimised the risk of the therapist bringing assumptions about the client or their presenting problems, into the therapeutic space.

SECTION FIVE: SUPPORTING THERAPISTS' WORK WITH SIMILARITY



KEY: In the top image, the therapist, who sits on the left, and client, are both represented in the same colour, indicating similarity. In the bottom right image, the therapist, who sits on the left, and client, are shown in different colours, representing difference. In the bottom left image, the supervisor, who sits on the right, is colour coded to be in part similar and in part different to the therapist, who sits on the left. This represents therapists working within different and similar supervision frameworks.

Supporting therapists' work with similarity

Bespoke systems of support facilitated matched counselling work. In addition to supervision, Christopher and Isabella described how personal therapy, workshops, personal and professional development, CPD, conferences, peer support networks, and drawing on personal experiences, supported their work with similar clients.

"It is always an individual thing what kind of support one needs. And I feel that I need spaces for me to explore my own experiences, not just as a clinician but as a person. So it's a combination of those. I am in my own personal development and I participate in workshops and professional development and personal development and therapy and that sort of thing from time to time." **(Christopher: 26)**

"Supervision, plus talking to peers about it [similarity]. There's the CPD, going for conferences and things like that. Sort of listening to people with similar [experiences] and how they deal with that [working with similarity]. Yeah, those sort of things. And also personal experiences again, how did I deal with it? What was the impact that I saw?" **(Isabella: 35)**

I was aware that beyond supervision and personal therapy, I had not really considered that matched therapists' work would be supported in such diverse, tailored ways as those identified by Christopher and Isabella. This reinforced for me not only the complexity of matched counselling, but also the unique opportunities to reflect, and process their practice, which were necessary to support these therapists' language-matched counselling.

Within matched counselling services, supervision enabled therapists to share their experiences of working with similarity with others. However, each counselling service had to establish a suitable supervision framework.

Working within 'similar' supervisory relationships

For some matched counselling organisations, supervisors whose identities reflected the matched facet of the organisation (e.g. LGBT – lesbian, gay, bisexual, and transgender - supervisors working with LGBT therapists, who were working with LGBT clients) were intentionally selected. However, similarity within the supervision dynamic was accompanied by benefits and challenges for supervisees and supervisors alike.

The two therapists working within sexual-orientation matched counselling organisations highlighted how within their organisations, similar supervisors were employed as standard. Whilst acknowledging individual differences underpinning similarity, Matthew suggested that working with a similar supervisor meant that 'in-group' knowledge, such as having 'come out', was shared. However, he also explored how the desire for closeness to his similar supervisor could encourage informality within the supervision dynamic. This meant that his supervisor had to maintain firm boundaries and be alert to co-created informality that could heighten his curiosity about her.

"I do think it's got something to do with, not in-jokes, I think there is something fundamentally important about the supervisor knowing what it's like to come out and the whole narrative about coming out...I kind of want to get a bit closer to my supervisor and I wonder if it is because, of course we're from very different sexualities, but we share that level of difference. She, I think, maybe has to be a little bit more boundaried with me because I kind of [laughing] get informal. Compared to my other supervisors I ask more questions and I know more about her personal life. I think there's some co-creation there so she has given some of that, but I wonder if the sexuality thing comes in there, that we are kind of linked in that way."
(Matthew: 25, 21)

Matthew further explored how sexual-orientation matched supervision helped him to gain an awareness of his own assumptions, preventing them from informing his decision-making around how best to intervene in his client's therapeutic interest.

"I've found myself in supervision talking about him [the client] as a gay man and I've been very politely reminded by my supervisor that he doesn't identify as a gay man; he's questioning his sexuality. So there has been an assumption on my part in the past that he is sort of going in that direction. And in actual fact, a year later, he's been going in that direction and then back again, really experimenting with sex between men and women. So it's something about that intuition or that feeling that he might be gay, but holding it. I mean he hasn't said that, and not letting that [my assumption] inform my decisions and my thoughts around him, which is actually quite tricky." **(Matthew: 5)**

Contrary to her belief that the 'need to explain' held therapeutic benefit for clients, Katherine suggested that intentionally employing LGBT supervisors saved time and facilitated the work within supervisory relationships, by removing the need for explanations. Although Katherine acknowledged that similarity between supervisors and supervisees could lead to assumptions, she believed that this was countered by the valuable implicit knowledge that LGBT supervisors held regarding their LGBT supervisees' experiences. Katherine further added that 'matched' supervision was particularly important for trainees on placement within her service.

"The supervisors are all LGBT; they have to be. I think it facilitates the work. I think that when you work with difference [in supervision] it's as if you have to explain where you are coming from. When you work with similarity you don't, [laughter] even though there's the danger of making assumptions about experiences and what it is like to be gay for one person might be very different from the other person. But in a way, you don't have to explain. It's kind of an implicit knowledge that some experiences are shared so it saves time in a way as well [laughter]. So I really press that to make sure that all supervisors are LGBT; I think it's important. Because we have some trainee counsellors as well and we provide generic counselling but again in a gay affirmative way, so I think it's important for trainee counsellors to have experience of working with LGBT supervisors as well." **(Katherine: 24)**

As I reflected on these two therapists' narratives, I was particularly intrigued that their organisations enforced similarity within sexual-orientation matched supervisory relationships. However, I was also aware that Matthew and Katherine each communicated

unique rationales and benefits of sexual-orientation matched supervision. I was also interested to note the disparity between Katherine's beliefs about the utility of difference within the therapeutic relationship versus the benefits of similarity within the supervisory relationship. This led me to appreciate the differences between the therapeutic, and supervisory, dynamics and helped me to avoid inferring homogeneity across these two distinct contexts.

Geraldine highlighted her gender-matched supervision and personal therapy as forums for debriefing particularly challenging matched counselling sessions where her own material had been activated. Geraldine explored how these supportive spaces enabled her to explore her fears about: her ability to help, sustaining her personal resilience, and coping with the highly emotive and personally impacting nature of her similar clients' experiences.

"Because we're human and therefore they're [clients are] going to touch you somehow, if you are human in the experience. And if you are, they tap into some stuff that's unresolved for you. You have to look at it. And I do have an anxiety about losing my children; to me that's the most devastating thing that could happen to me, and I also know it's not a resolved thing. I've been around people whose family friends have lost their children and it's changed their lives in a non-reparative way...the client who had a child who died; I did take it to supervision and I did express my anxiety around it. I mean how it did raise my own anxieties. And I also took it to my own therapy about, am I strong enough to sustain these kinds of things, I'm gonna have more of this stuff, and the feeling, am I gonna get to a point where I can't do it anymore it's too much for me emotionally to sustain. So those questions I'm always asking myself about." **(Geraldine: 22, 21)**

I was particularly struck by how emotionally arduous matched counselling could be. Geraldine's narrative led me to wonder whether the personal impact of matched counselling could be in some way different to that of general counselling, and if so, whether additional levels of support might be required by therapists working in matched counselling settings.

Working within 'different' supervisory relationships

In other matched counselling organisations, opportunities for supervisees to work with difference within the supervisory dynamic were actively sought. Selecting 'different' supervisors could demonstrate the organisation's belief that differences between supervisors and supervisees promoted detailed exploration and allowed varied perspectives to be drawn from when discussing therapists' work with similarity. However, as was found within similar supervisory relationships, difference in the supervision dynamic could present benefits and challenges for both supervisors and supervisees.

Hayley questioned the concept of a 'similar supervisor', as well as her own ability to work with one, due to individual differences in religious beliefs and practices. She explored how differences between herself and her own supervisor helped her to challenge the assumptions she might make about her religion-matched clients. For Hayley, working with difference in supervision also introduced questions and a fresh perspective into the supervisory dynamic, which she believed facilitated in-depth exploration of client and therapist material. In addition, Hayley was keen to contest the assumption that similar supervision automatically elicited good supervision. Instead, she suggested that the supervisor's ability to respect the philosophy of the organisation, rather than to mirror the therapist's identity, was most important.

"If I'm honest I don't believe I could ever work with a supervisor who has the same faith as me, 'cause I don't think we do share the same faith...my supervisor isn't [of the same faith] and she throws up some very, very good questions, I find her very challenging on the whole faith front. She will look at things with a different eye, and she's a challenging supervisor anyway [laughing], so she's very good...I find it a real plus that she has a different faith to me. I find it very useful because we really do then get in there and sort of stamp around in the slush and work out what is that like, and what is going on, and why are you thinking that, and where is that assumption from. And actually I find that really very useful...what we actually want is good supervision and we don't think simply because you have a faith that you're gonna be any better a supervisor...but if we have new supervisors we make it very clear we're faith-based. We would show them our faith statement and our mission statement, our

vision, and we will say to them, "if actually you can't come alongside this then maybe we're not the right organisation for you." **(Hayley: 26, 25, 25, 24, 24)**

Similarly, Isabella explored how working with a supervisor from a different cultural background encouraged her to question her practice, particularly what was underlying the feelings of frustration which could surface during her language-matched counselling practice. Isabella also described how her 'different' supervisor helped her to separate her own material from her client's, enabling her to focus on the client's material and personal ways of coping.

"I sort of rebelled against everything [laughing] so I need to be careful [laughing]. I suppose when I first started, I used to get frustrated, and I'd think, "you need to stand up to it, you need to fight it." And then I'm thinking, and that's where supervision helps. Now I know that actually it's their [the client's] fight, it's not my fight. And they may want to fight or they may not want to fight, or whatever feels right for them, whether I agree, or not agree with it." **(Isabella: 9)**

Danielle described how difference and diversity within the context of group supervision encouraged the sharing of sub-group experiences which therapists could then integrate into their work with ethnically-matched, but culturally different, clients. Meanwhile, Leanne described the support that could be gained from working with a dissimilar supervisor and dissimilar supervisees.

"Within our supervision interestingly what comes up is we would talk about such things ['within-group' differences]. We may talk about the concept of, depending on the theme that comes in, how it's managed like in Nigeria. So we educate ourselves within core themes or, what is the model of a Nigerian woman generally, or a Muslim Nigerian, or a Christian Nigerian or what it is like, in general, but not specific. So some things come up so that we can just have an understanding of things that affect people. Like we've got a lot of female genital mutilation in some parts of Africa and that doesn't happen much in southern Africa, so we share that experience within our team and we can just learn from each other. And also helping each other understand the local contexts, the Nigerian, or the Ugandan, or the Zambian context from the person's [fellow supervisee's] experience." **(Danielle: 18)**

"We had an English supervisor but she lived in different countries actually. Interestingly enough, the rest of the therapists were from different cultures and I felt very much supported and appreciated [laughter]." **(Leanne: 39)**

Offering her experience as a supervisor, Jennifer also positioned difference within the supervisory context positively. She suggested that non-language-matched supervision could help therapists to effectively utilise the identification, transference, and projections which accompanied their work with language-matched clients. For Jennifer, the need to translate client work into English for supervision purposes, enabled therapists to emphasise the significance of, and meaning within, the client's narrative. Jennifer believed that this could increase both the supervisor's and supervisee's learning and awareness.

"On a supervision level we're looking at identification and we're looking at the transference and the projections that come up when you are working with somebody who is the same, from the same cultural background, who speaks the same language, who is the same colour, who has had the same kind of background experiences. And what that brings up for the therapist, and how to make use of it in the best way in the service of the client...sometimes people will say the words that they used in the session in their own language and just give me a flavour of it, and then kind of like talk around it to explain what it is. And to say, "it sounds like just a bowl or a dish, but actually, it's got much more of a meaning if you are both holding this dish", or whatever. So people can explain those references." **(Jennifer: 25, 31)**

I was intrigued by the variety of ways in which difference in the context of the supervisory relationship afforded Hayley, Isabella, Danielle, Leanne, and Jennifer the therapeutic benefit of the need to explain, alongside opportunities to question, gain support, and derive shared learning from their personal and similar client experiences. This sparked my curiosity about instances where difference may have presented challenges within the supervisory dynamic.

Three therapists working in language-matched counselling settings described the difficulties that could arise when supervisors did not speak the languages that their supervisees used within their counselling practice. Eleanor explored the challenges faced by bilingual therapists having to translate their training to their practice, and

their practice to their supervision. Similarly, although she felt that a dissimilar supervisor sharing the therapists' theoretical orientation was important, Alicia also highlighted the loss of meaning and context which could occur when therapists had to translate their clients' narratives out of their first language for supervision purposes. Leanne also highlighted the translation difficulties which could accompany difference within the language-matched supervisory relationship.

"Everybody's trained in English, so you're having to think, there's a theoretical understanding in one language, and your practice in another understanding, and your supervision back in English." **(Eleanor: 19)**

"The supervisor that I have is very good in the Psychodynamic perspective, however, a lot gets lost in language. Because I was relating something and she said, "but what word did she use when she said that?" and I said, "well there isn't a word for that." So it gets lost because I cannot really convey what exactly, and I say, "it's between anger and despair, but not quite." So I think having somebody that had that concept [the shared language] obviously would be helpful, but you make do." **(Alicia: 28)**

"You have to translate the [laughter] session in English; what happened and how you felt it went. And sometimes it's difficult to translate what was exactly said; you have to think of the equivalent [laughter] in your language." **(Leanne: 40)**

It was interesting to note the different ways in which Eleanor, Alicia, and Leanne each questioned the utility of difference within their language-matched supervisory relationships. This provided additional confirmation of the complexity of language-matched counselling, and also the individual level variation in beliefs about the supervision which supported therapists' matched counselling practice. I speculated that supervisors and supervisees holding different beliefs about the utility of difference or similarity in their supervisory relationships could limit the efficacy of the support matched therapists received. Meanwhile, Hayley questioning the concept of a 'similar supervisor' made me further doubt whether therapeutic and supervisory relationships could truly ever be matched. Furthermore, Hayley's belief that similar supervisors did not automatically elicit good supervision, helped me to appreciate that similarity in isolation did not and could not implicitly bring utility to therapeutic and supervisory relationships.

SECTION FIVE SUMMARY

SUPPORTING THERAPISTS' WORK WITH SIMILARITY

Supervision, personal therapy, peer support networks, CPD, and drawing on personal experiences, supported therapists in: separating their own material and assumptions from the client's narrative, identifying and challenging the assumptions they held about working with similar clients, and debriefing difficult sessions where their personal material had been activated.

Counselling organisations had to choose between 'similar' and 'different' supervisory relationships to support therapists' work with similar clients. Like similar therapeutic relationships, similar supervisory dynamics held potential for assumptions to manifest. Similar supervisors sharing certain experiences and implicit levels of understanding with their supervisees, could facilitate and save time in the supervision relationship, whilst supporting trainee therapists' learning. However, supervisors had to stay mindful of their boundaries with similar supervisees and be alert to co-created informality.

'Different' supervisory relationships could help therapists feel supported and appreciated. Furthermore, difference within the supervisory dynamic brought an additional perspective which facilitated the exploration of both client and therapist material. However, translation issues could present challenges when supervisees and supervisors did not speak the same language. The ability of 'different' supervisors to respect the organisation's philosophy was highlighted as being more important than their identities mirroring those of their supervisees. Meanwhile, difference and diversity in group supervision could promote the sharing of within-group experiences.

REFLEXIVITY ON RESULTS

INTERVIEWEE REFLEXIVITY

Reflecting on the interview experience

Many of the therapists who took part in the research described participation explicitly as a positive, enjoyable experience. This was reflected in Hayley and Katherine's comments below and in the quotations incorporated throughout the 'interviewee reflexivity' section.

"Oh great fun [laughing], great fun, I loved it [laughing] I loved it, it's great. It was good, that's one of my nicer afternoons [laughing]." **(Hayley: 45)**

"Thank you, it was brilliant, it was a pleasure." **(Katherine, 28)**

Danielle was keen to clarify that she was speaking from her own experiences, rather than inferring that all therapists within her service worked in the same way that she did.

"I am not representative of all the African emotional support workers, so possibly my colleagues will have their own way of being, but I have just talked from my own experience." **(Danielle: 41)**

Acknowledging assumptions about the researcher

Christopher acknowledged that he may have made assumptions about the researcher's identity prior to meeting her in person. Meanwhile expressing an entirely different form of assumption, Alicia suggested that: the interview may have been more challenging, its content more negative, and the interview experience more vulnerable to cultural in and out groups, if researcher and interviewee had shared aspects of identity.

"I hadn't made any assumptions and in that I had made an assumption, because for some reason it didn't occur to me that actually you could be coming from a different, a non-mainstream ethnic background. So I was surprised, I was pleasantly surprised. I've really enjoyed this conversation." **(Christopher: 27)**

"I think it would have been more difficult had you have been a Spanish speaker. Perhaps in the way that I tend to be more objective and had you been a Spanish speaker perhaps it would be like the, "we're similar but look all this world is different", and I dunno open up perhaps more negative sides I think, if you spoke Spanish." **(Alicia: 30)**

Rationale for participation

Although each of the participants had their own unique reasons for participating in this research project, a variety of themes were seen to emerge.

Interest in subject matter

For Hayley, Christopher, and Matthew, participation in the research had provided an opportunity to explore subject matter that they were interested in. For Matthew, participation had also provided him with an opportunity to gain a deeper insight into the research process and was legitimised by his matching organisation's favourable response to the project.

"I think loads has come up, my mind is absolutely buzzing [laughing] but we would need weeks to talk that through really [laughing]. I just think that it [therapists' work with similarity] is such a fascinating, fascinating area to think about, intriguing, absolutely intriguing...I was trying to trace back, thinking where did all my thoughts on sameness and difference come from, because when you emailed I was curious instantly." **(Hayley: 43, 6)**

"I'm fascinated by you picking similarity because that was one of my things. That there is so much emphasis on difference and diversity and assuming that similarity is therefore good and it's not [laughing]. So I'm very glad that you picked up similarity

and it is thrilling in a way, and I'm really looking forward to finding out about your project." **(Christopher: 28)**

"There is a question here, why did I volunteer to do this? Part of it is because I'm approaching my own research. There was something about the question itself about similarity. But also it was presented by the assessors here or the clinic managers in a very I guess you could say favourable light. It was part of the system; it was part of [name of counselling organisation]." **(Matthew: 34)**

Opportunity to reflect on practice

Jennifer, Eleanor, Leanne, and Danielle acknowledged that being interviewed had provided them with the valuable opportunity to reflect explicitly on the complexities of their work. Isabella, Fiona, and Matthew concurred.

"I've enjoyed talking about it [similarity] and reflecting back over what we do, and what we think about, and why we think about it, and what we could think about some more, that's just useful." **(Jennifer: 56)**

"It [the interview] just sort of brings home what a complicated business it is. It feels a bit like juggling an enormous amount of balls in the air at one time [laughing] and you do need to keep your eye on the ball I think in a set-up like this. It's not straight forward by any means, what we're trying to do is not straight forward." **(Eleanor: 38)**

"I like the experience because again it makes you think about things that you might have not thought about [laughter] or take for granted, or you get sloppy a bit [laughter]. Sometimes it's good to think all the time, [to] be reminded about the importance of the job and how sensitive it is." **(Leanne: 51)**

"It [the interview] was good I think. It also made me reflect more on my work and think a little bit more [about] some of the things I have never really thought about. But I felt it was really good." **(Danielle: 41)**

"It's made me think about things which I wouldn't think about, which I'm doing every day, but I don't think about. So it's really good actually to reflect on all that. So it's really useful and I'd be really interested in reading about it." **(Isabella: 38)**

"It's a bit of a luxury [laughter] to have a chat like this, to do it well, and to do it with somebody else. You are there, you are interacting. It's [the workplace is] a setting that doesn't allow the chit chat to go on but yeah it feels familiar, it's OK. It didn't feel like an interview." **(Fiona: 50)**

"I've really enjoyed it. I've enjoyed the challenges and the chance to reflect on some of those areas as well. It's actually been a little bit more difficult than I thought [laughing]. The questions are just really interesting questions and it's led me to explore things that I haven't really had a chance to explore, so in that way it's been really helpful." **(Matthew: 34)**

Improving future training experiences

Being involved in this research project had provided Hayley and Isabella with the opportunity to reflect on their training experiences. Hayley identified 'sameness' and spirituality as aspects of her training which could have been improved. Meanwhile, Isabella felt that more attention should have been paid to exploring the relevance of Western theory when working with ethnic minorities, alongside trainee counsellors' awareness of their own prejudices.

"One of my bug bares is I really think that the trainings in this country are very, very poor with spirituality and I do think that the training institutes have got to get their act together, and they have got to start teaching counsellors how to explore that spiritual realm...I'm aware as well in my training, doing lots of stuff on difference and hardly anything on sameness." **(Hayley: 30, 43)**

"Hopefully now the training courses offer more of that education about how do you work with ethnic minorities...I suppose looking at how does Western theory sit with Asians or ethnic minorities, how it may not apply to them...you know it doesn't fit in with the Eastern philosophy at all...the other important bit I feel is that in the training I

would include the counsellor's prejudices and racism and all that, because I think that wasn't explored enough a lot of times, almost like they [majority culture trainee counsellors] got away with it. They weren't challenged about it and I think that needs a bit more challenging; bit more personal work within the counsellors.
(Isabella: 25, 26, 27, 27)

Networking

For Brenda, participating in the research provided her with the opportunity to network.

"One of my strengths is I'm a networker. I like to meet new interesting people, so I've really enjoyed it." **(Brenda: 27)**

<u>Reflecting on the Grounded Theory</u>

On completion of the grounded theory, the researcher provided interviewees with the opportunity to explore, via email, how well the theory resonated with their experiences. This evidenced the researcher's efforts to allow the interviewees themselves to assess the credibility and trustworthiness of the theory in its completed form. Eleanor felt that the theory was clear, important, and relevant, whilst Jennifer described the theory as important and useful for practitioners working within the field. Christopher described the theory as pertinent to the profession. His feedback also highlighted his detailed examination of the theory content and his curiosity about potential relationships within the data.

"I have just read the summary of your thesis which all made sense and would seem to be a very relevant and important piece of research." **(Eleanor)**

"This looks wonderful. You got some very good answers from participants so you must have created a very safe environment. Well done. I think this is a very useful piece of work for us all." **(Jennifer)**

“Thank you for sending me your research papers. I've had a first look and it is apparent that you've put in an enormous effort to bring it all together. I am impressed! I think I've been able to identify myself and am happy with how you've made use of the interview material. I wondered if your findings uncovered any relationship between therapist responses and their theoretical model. Reading the variety of responses, it seemed to me that some practitioners were more actively exploring issues of similarity and difference, others were perhaps more led by what the client brought; this [is] just an observation. This is a fine piece of work, very pertinent to our profession, and I do hope you will find a suitable avenue for getting your work more widely known. Thank you for inviting me to take part in it.” **(Christopher)**

RESEARCHER REFLEXIVITY

Reflexivity: Results

As I reflect on the process of creating the results section, the first emotion that comes to mind is 'fear'! I had been worried about creating something that was novel, meaningful, and respectful of the interviewees' narratives. I also worried about creating a piece of work that was 'good enough'. This evidenced my underlying feelings of inadequacy that I was finally able to relinquish when my supervisor described my first draft of the results section as 'a very good piece of work'. These fears kept me from writing the results section for some time after I first declared myself 'ready to proceed'.

Writing up the results felt like a vast and unmanageable task. The wealth of data was overwhelming. Whilst reviewing the interview transcripts I was impressed by the quality of therapists' work with similar clients. I was also respectful of and grateful for their honesty and openness in exploring the challenges inherent to their work with similarity. However, I worried about doing justice to the rich data and allowing each of the interviewees' unique voices to be heard.

The shift from collecting and analysing the data, to writing up took time. I experienced writer's block each time I switched on my laptop! In retrospect, I realise that I had become so immersed in the dataset that I needed time to digest and process the information and review my memos. Although I was aware that the theory was emerging, I felt unclear about how to comprehensively and meaningfully translate it to the written page. I am now able to recognise that this so called 'paralysis' was part of my writing process. I was assimilating the new information and mentally consolidating the interviewees' narratives.

And one day I 'accidentally' started to write. As I reviewed the memos I had created along the journey of data collection and analysis, I realised that they already contained the key component parts of the theory. And then the idea for the grounded theory model came to me one day as I ran on the treadmill at the gym. All of a sudden I felt clear and prepared to communicate the model within which the interviewees' narratives could sit, enabling them to tell the real grounded theory story...

Researcher's Reflexivity: Results cont'd...

...From that point onwards, writing the results became an exercise of creativity; it was a joy. The theory came pouring out of me, evidencing the level of processing that I had unwittingly been undertaking. It was then that I realised how well I had come to know the dataset. Throughout the process of collecting, transcribing, and analysing the data, the intricacies of the theory had already started to emerge. I wrote with a real sense of the interconnectivity and hierarchy of the categories. I also held a strong awareness of which areas of the interviewees' narratives would best support the categories upon which the theory was constructed.

The ways in which the different participants responded to me as a researcher increased my awareness of how individuals may strive to seek out similarities or differences between themselves and others to make them feel safe. I speculated that each participant was searching for similarity or common ground across their, and my own, experiences in an attempt to foster a bond or a sense of shared understanding that would enable them to trust me with the content of their narratives. This acted as additional confirmation of the relevance of Social Identity Theory and Attachment Theory to this grounded theory. However, as each interview progressed, I became more attuned to the ways in which the interviewees and I were unique individuals (as highlighted in the participant profiles in Appendix 8).

I was intrigued by how elements of my own identity materialised within the therapists' narratives within and prior to the interviews. There were moments when therapists referred directly to me, my own practice, and elements of my identity. A number of examples stand out.

Prior to the commencement of our interview, Fiona had expressed her assumption that, having what she believed to be an Irish first name and a Scottish surname, I would be White. In an effort to begin building rapport I responded to Fiona's pre-interview enquiries about where my parents were from (The West Indies: Guyana and Barbados). I was then intrigued when this information seemed to surface within Fiona's interview narrative...

Researcher's Reflexivity: Results cont'd...

...Whilst exploring the cultural differences between Portuguese-speaking clients from Portugal and Brazil, Fiona switched her focus suddenly to the differences within West Indian cultures stating, "It's very different even for all the West Indians together, being from Barbados is not the same thing as being from elsewhere" (Fiona: 6). Then, when exploring the importance of therapists establishing human connections with their clients, Fiona observed that, "I'm not there with an Afghan woman, I'm not there with an Angolan man, I'm not there with a West Indian girl that is in crisis, I am as well, but I'm there with a human being that's in crisis" (Fiona: 22). Fiona pointed in my direction when narrating the example about the 'West Indian girl' and it seemed as if she was inadvertently bringing my identity into her narrative.

Leanne also appeared to respond to my being Black and to the origins of my name. She referred to me directly when exploring how clients could often, but not always, determine the ethnic origins of their therapists from their names. "When they say Erin, whatever, sorry [laughter] I forgot your surname, they [clients] don't know who they're gonna see. But when they say [Interviewee's first and last name], they know" (Leanne: 42). Furthermore, Leanne brought my being Black explicitly into her interview narrative to illustrate her belief that therapist-client matching was different for clients who searched consciously for similar therapists, and for those who were unexpectedly seen by similar therapists. "You are a Black counsellor. If somebody comes to you and they think, "because I'm Black they matched me?" You see? I think it's different to when it's [counselling is] specialised [matched] from the beginning." (Leanne: 45). As such, it seemed to me that I was very much a part of Leanne's narrative.

When exploring the use of self-disclosure to communicate professional legitimacy to the client, Geraldine brought me into her narrative by saying, "now, we could, me and you could argue about that but, thinking that I had to be of a professional value I also had to have been a mother" (Geraldine: 14)...

Researcher's Reflexivity: Results cont'd...

...I noted in a memo recorded directly after this interview how, by moving her finger between the two of us repeatedly whilst making this statement, Geraldine could have been responding to me as a fellow trainee therapist, potentially holding a conflicting view on the appropriateness of her self-disclosure, or as another woman who might also hold an understanding of what it meant to be a mother.

Whilst Brenda was exploring the importance of assessing the viability of matching, she interjected suddenly stating that, "there are Black Jews incidentally, but we don't have a Black Jewish counsellor [laughing], so that one would be a non-starter." I speculated that Brenda was responding to my being Black and that the same comment would not have arisen if she had been conversing with a non-Black, interviewer.

I felt that Matthew responded most strongly to my student identity. I speculated that he viewed his participation in my research project as a transaction; providing data for my study also presented an opportunity for him to be involved in, and to ask me questions about, the research process that he too would embark upon the following academic year (see page 190).

Each of these instances confirmed for me that this grounded theory truly was a version of the interviewees' experiences and narratives that was impacted by how they each related to me and my identity. As such, I believe that if elements of my identity had been different, the content of the emerging grounded theory would have been transformed.

I was fascinated by the parallel processes that surfaced during the interview process. Participants described the need to challenge their clients' assumptions of similarity as knowing, and supervisors too were identified as challenging therapists' assumptions of similarity as knowing. And then there was me; I too was challenging the therapists' assumptions of me, a fellow therapist who was potentially working with similar clients, as knowing...

Researcher's Reflexivity: Results cont'd...

...There were many instances when the interviewees would say to me, "you know what it is like," and I was unconsciously responding, "well, can you tell me a little bit more about what it is like for you?" And so the process of challenging assumptions, self-disclosure decision-making, and managing the activation of my own personal material, continued.

DISCUSSION OF RESULTS

This research study fulfils its aim of exploring the under-researched topic of *how therapists work with similarity in the counselling relationship.* It attends to the absence of theory, and also the therapists' perspective, within current therapist-client matching literature. Attention is drawn to complex processes underlying therapists' work with similar clients across matched counselling settings. Comprehensive examples of the challenges inherent to matched counselling relationships are accompanied by strategies therapists use to overcome them. Meanwhile, the incorporated narratives demonstrate the subjectivity of therapists' experiences.

Conclusions

In the counselling room, client assumptions about shared understanding, colonialism, culturally acceptable practices and negative judgement, can arise. These assumptions can limit exploration, heighten expectations, and lead to therapist scapegoating. Therapists actively use 'similarity' as material to identify and challenge these assumptions. This avoids misunderstandings and facilitates exploration of the meaning and phantasies attributed by clients to similarity.

Therapists develop strategies to cope with the heightened activation of their own material and assumptions which accompany their similar client work. Similarity risks therapists and clients attributing unsubstantiated levels of knowledge to each other, and therapists falling victim to over-identification. Therapists' coping strategies include listening actively to clients' experiences, bracketing off their own 'stuff', and identifying highly emotive subject matter in advance.

Working within 'matching' organisations automatically discloses certain elements of therapists' identities to clients, whilst some therapists believe they hold increased understanding of their similar clients' experiences. Utilising matched counselling services can implicitly grant clients permission to explore the matched facets of their identity, whilst leading clients to feel curious about their therapists. There can potentially be a disconnect between automatic self-disclosure and the therapist's

theoretical orientation, which therapists have to manage. Careful decisions are made about if, how, why, and how much, to purposefully self-disclose for the client's therapeutic benefit. Self-disclosure can normalise client experiences, communicate legitimacy, strengthen working alliances, and reflect cultural norms. Not self-disclosing can afford clients the therapeutic value of 'not knowing'.

Working explicitly with difference and encouraging clients to appreciate the differences between themselves and their matched therapists, can create focus and afford clients the therapeutic utility of 'needing to explain'. However, negative client emotions evoked by the prospect of working with similar therapists, also need to be sensitively explored and unpacked to avoid client disengagement, premature termination of sessions, or avoidance of matched counselling services altogether. Meanwhile, upholding each client encounter as unique minimises assumptions, and helps therapists establish true human connections with each of their similar clients.

Supervision, personal therapy, CPD, peer support, and drawing on personal experiences, each support therapists' work with similar clients. Furthermore, matched counselling organisations implement supervision arrangements that they believe best support their therapists' matched counselling work. Similarity in supervision can lead to assumptions, and the need for supervisors to stay mindful of boundaries. However, shared experiences and implicit understanding can facilitate the supervisory relationship. 'Different' supervisors can help therapists feel supported whilst encouraging questions and in-depth exploration of therapist, client, and sub-group experiences. However, translation issues can occur when supervisors do not speak the languages shared by therapists and their similar clients.

Comparison of Results to Existing Research

Whilst reflecting on the grounded theory findings, areas of overlap with existing research were found. For example, minority service users can find comfort in the visibility of, and opportunities to work with, minority mental health practitioners (The CSIP, 2007). This finding was supported by Isabella [see page 152] and Jennifer [see pages 144 and 158] who acknowledged the empathy and appreciation that matched clients could gain from working with similar therapists. Isabella [see page

152], Katherine [see page 153], and Danielle [see page 153] agreed with Rastogi and Wieling (2005) who believed that matched therapists held increased levels of understanding of their clients' experiences. Their narratives were also aligned with Littlewood (2000) who suggested that minority clients believed that, in comparison to majority culture therapists, minority therapists gave more serious consideration to the issues they might carry with them when they entered therapy. Gowrisunkur et al.'s (2006) belief that language-matched counselling could be accompanied by shared cultural and religious practices was supported by Isabella [see page 152], whilst Jennifer [see page 144] and Isabella [see page 152] agreed that minority clients' might not believe that they would be fully understood unless therapists shared their ethnicity, language, or cultural norms (Hall, 2001). However, Jennifer [see page 144] and Brenda [see page 145] added that these beliefs needed to be challenged to help minority clients integrate into the majority culture.

Although Hollar et al. (2007) and Knipscheer and Kleber (2004) noted that matching could aid the development of trust, the potential for colonial relationships to underpin language-matched dyads [see Alicia's narrative on page 145], and also clients' negative beliefs about working with similarity [see Eleanor, Jennifer, Danielle, Brenda, and Katherine's narratives on pages 170-172], could lead them to be distrustful of similar therapists. Researchers have also acknowledged how therapist-client matching can positively impact client self-disclosures and rapport-building (e.g. Cashwell et al., 2003; Alladin, 2002; Horvath, 2000; d'Ardenne & Mahtani, 1999; Hollar et al., 2007). Interestingly, in addition to matching, matched therapists' own self-disclosure could positively impact client disclosures [see Isabella page 162, and Geraldine page 167] and rapport [see Matthew page 165]. However, Leanne [see page 197] reiterates Knipscheer and Kleber (2004) and Farsimadin et al.'s (2007) belief that the experience of matching could differ for service users who expressed a preference for matching and those who unintentionally found themselves in matched therapeutic dyads.

Fiona [see page 140], Alicia [see page 141], Danielle [see page 141], Katherine [see page 141], Hayley [see page 148], and Matthew [see page 174] reinforced the belief that individual differences can undermine the presumption that therapist-client similarity automatically equates with shared experiences or heightened

understanding (e.g. The CSIP, 2007; Ricker et al., 1999; Sue, 1998; Iwamasa, 1996; Alvidrez et al., 1996; Sue et al., 1991). Furthermore, Matthew [see page 157] and Jennifer [see page 158] agreed with those researchers who believed that matching could lead therapists to over-identify with their clients' experiences (e.g. Eleftheriadou, 2003; Maki, 1999; Iwamasa, 1996; Comas-Diaz & Jacobsen, 1991; Muñoz, 1981).

Across settings, and in line with Muñoz's (1981) findings, observations were made about the ways in which similar clients' explorations could activate therapists' own experiences [see pages 152-159]. Similarly, as suggested by Maki (1990), participating therapists agreed that matching should be conducted with caution because they too were at risk of making assumptions about their similar clients [see pages 152-159]. Participants reiterated Mohr (2002) and Iwamasa's (1996) belief that therapists needed to acknowledge and work through their own beliefs, assumptions, prejudices, and stereotypes to avoid them becoming barriers to effective practice [see pages 152-159 and Isabella's narrative, page 192-193]. Meanwhile, participating therapists found that they also needed to identify and challenge a variety of client assumptions for effective practice [see pages 140-150]. In addition to Iwasama's (1996) finding that self-hatred could manifest for minority clients working with similar therapists being echoed within the current research [see Eleanor, Jennifer, and Danielle's narratives on pages 170-172], similar therapists could also potentially trigger suspicion, avoidance, and fears about confidentiality, shame, judgement, and stigma, for their matched clients [see pages 170-172]. Similarly, envy of 'successful' similar therapists, low self-worth, inverted racism, and idealisation of the majority culture, could each be projected onto similar therapists. These negative cognitions needed to be broached with clients if and when appropriate because they could negatively impact the counselling work and motivate clients to avoid similar therapists altogether [see pages 170-172].

Participants supported those researchers who believed that multicultural competence and the ability to work with difference (e.g. BPS, 2009; Bhui et al., 2007; Harrison, 2007; Salzer, 2007; Want et al., 2004; Fuertes et al., 2002; Constantine, 2002; Sue & Sue, 1999; Liddle, 1996), spirituality (Wade et al., 2007; Ripley, et al., 2001; Hickson et al., 2000), position oneself within the cultural context of the client

(Bhui & Morgan, 2007; Chun-Chung Chow & Wyatt, 2003; McCullough, 1999; Kelly & Strupp, 1992), and explore the meaning clients attach to different facets of their identity (Qureshi, 2007), should be implicit to the counselling role [see pages 173-175]. Similarly, researchers have expressed the belief that a therapist's ability to empathise, understand, and foster a human connection with clients should not be reduced to whether or not the counselling relationship is matched (HM Government, 2009; DoH, 2009; Bhui et al., 2007; Eleftheriadou, 2003; Sue & Sue, 1999; Liggan & Kay, 1999; Kareem, 1992). This view was reiterated across a variety of matched counselling settings by Geraldine, Fiona, Christopher, and Hayley [see pages 176-177]. Meanwhile, as was observed by Schwartz, et al. (2010), language-matched supervision was accompanied by challenges when supervisors did not speak the languages therapists used within their clinical practice [see page 186-187].

Reflecting on the Different Types of Matching

Reflecting on the completed grounded theory, the researcher concludes that the different types of matching are not equivalent. Ethnicity-, sexual-orientation- and gender-matched counselling link therapists and clients on specific characteristics, whilst in religion-matching services, therapists and clients are allocated to work together on the basis of beliefs. Furthermore, for those clients who do not speak English, language-matching of some sort, is essential to allow counselling to take place.

Certain issues highlighted within this research, such as the need to challenge clients' assumptions of similarity equating with shared understanding and knowing, and matching granting clients permission to explore the automatically disclosed facet of identity, were relevant across a variety of matched counselling settings. Other processes underpinning therapists' work with similarity were context-specific. For example, sexual-orientation matching was believed to afford clients, therapists, and their supervisors the in-group knowledge of the process of 'coming out', whilst religion-matched counselling could be accompanied by the client scapegoating the therapist due to their history with God or the Church. Language-matching was a particularly multifaceted form of therapist-client similarity through which intricate cultural complexities and cultural differences could complicate the experiences of

therapists and matched clients alike. For example, Jennifer and Alicia highlighted how knowing that colonial relationships could underpin language matched-therapeutic alliances, informed their work with similar clients [see pages 145-146]. Jennifer's awareness of colonial relationships was attributed to exploring such challenges with her supervisees. This awareness may also have been drawn from Jennifer and her family's own experiences of otherness in the UK (as captured within her participant profile in Appendix 8). Alicia's knowledge of colonial relationships came from her professional experiences as a Mexican-born therapist working in the UK with Spanish-speaking clients from Latin America and mainland Spain. Her knowledge of colonial relationships may also have been drawn from personal experiences gained growing up in the cultural landscape of Mexico (see Appendix 8). She may have potentially developed an awareness of the history of conflict between Latin America and mainland Spain and also the politicisation of Latin American populations before moving to the UK approximately 15 years ago. Furthermore, Alicia's awareness of the political plight faced by those within her country of birth may have been heightened during her own process of assimilation from Mexican, to UK, culture. Similarly, Isabella acknowledged how growing up in Kenya had helped her to develop an understanding of not only the cultural norms surrounding life as an Asian individual, but also the cultural relevance of self-disclosure [see pages 152 and 162]. Isabella believed that this 'insider' knowledge helped her to establish trusting alliances with her similar clients, in ways that mainstream therapists may not have been able to comprehend.

There appeared to be certain levels of overlap between language- and ethnicity-matched counselling, with one often, but not exclusively, accompanied by the other. As reported herewith, ethnicity-matching held its own cultural complexities, and in addition to language-matched counselling, could evoke a range of negative client beliefs that could jeopardise the success of matched therapeutic relationships.

The researcher believes that it is particularly important to acknowledge the potential for the processes highlighted within this enquiry to resonate with therapists' non-matched counselling practice. Furthermore, each explored form of matching could occur within mainstream counselling settings. In particular, it would not be at all unusual for female therapists and clients to work together in non-matched

counselling settings. Furthermore, although the issues that were explored by Geraldine [see pages 155, 167, and 183] (such as her health beliefs and behaviours, her fears regarding the death of her children, and her anxieties about her emotional resilience) may have been salient within the context of her gender-matched counselling and supervision, they could also have emerged within counselling and supervisory dyads in mainstream counselling services, between female and male clients, therapists, and supervisors. However, as suggested by Hayley [see page 162], it could perhaps be the case that in comparison to when therapist-client similarity manifests in the mainstream, the automatic disclosure implicit to matched counselling, grants clients permission to explore the perceived overlap between facets of their own, and their therapists', identities.

Beyond questioning the equivalence of the different types of matching, it is important to note that a simple glance through the participant profiles in Appendix 8 further demonstrates the individual level variation underlying the label of "matched therapist" which each participant identified as holding. The evident individual differences between the research participants further demonstrate the uniqueness of each individual's clinical practice, within and across the different types of matched counselling settings. As such, even within, for example, language-matched counselling, individual differences in therapists' practice and also the processes which each individual was aware could manifest, meant that even though there were commonalities across and within types of matching, each therapeutic encounter could not be described as anything but unique.

Comparison of Results to Existing Theory

Attachment Theory

As was speculated in the introduction to the research, the researcher now believes that the key premises of Attachment Theory bear relevance to this grounded theory. Bowlby's early work (e.g. Bowlby, 1969, 1973, 1980) uses the term 'attachment' to describe the emotional bonds, or lack thereof, between infants and their early caregivers. According to Eells (2001), a key premise of Attachment Theory is that interaction styles between children and their early caregivers create internal

templates which guide their expectations of, and behaviours within, adult relationships. According to Sonkin (2005), stable, consistent, predictable care encourages children to become secure, autonomous adults who not only value themselves, but trust that they can seek, and reliably receive, support from others. Conversely, unstable, inconsistent, unpredictable care leads children to develop insecure and anxious styles of attachment which can persist into adulthood.

For Bowlby (1969), attachment is a function of: (i) proximity maintenance - the individual's desire to be physically close to the attachment figure, (ii) separation distress - the individual's anxiety when separated from the attachment figure, (iii) the safe haven – the individual retreating to the caregiver when anxious or sensing danger, and (iv) the secure base – exploring the world whilst believing that the attachment figure will protect the individual from danger. Bowlby (1988) further suggests that therapists can act as attachment figures for their clients, whilst therapist-client relationships can reproduce features of the caregiver-child relationship. Meanwhile, Holmes (2001) believes that clients enter therapy to heal their early maladaptive attachment experiences, whilst searching for intimacy. For Holmes (2001), this intimacy can arise from perceived therapist-client attunement and empathy. Within the context of this research enquiry, clients may have perceived working with a similar therapist as providing a therapeutic relationship which was high in therapist-client attunement and empathy, leading them to believe that they could establish secure, reparative attachments with their matched therapists.

It may be that matched counselling services enable clients to attach to, and maintain close proximity with, therapists who they deem similar to themselves. Furthermore, the challenging assumptions and negative beliefs about working with similarity which clients can bring to matched counselling, could evidence their maladaptive early attachments. Similar therapists then are well-positioned to challenge such cognitions whilst helping their matched clients to establish adaptive, secure attachments.

Within this research, similarity was perceived to challenge the boundaries of the therapeutic relationship [see Christopher and Leanne's narratives on pages 142-143]. This may have been due to matched-counselling impacting the level of separation distress experienced by clients. Equating similarity with shared

understanding and knowing, may evidence clients positioning matched therapists as safe havens. However, perceiving therapists in this way could encourage clients to make assumptions which therapists needed to challenge, in part to encourage their similar clients to integrate into the majority culture [see Jennifer's narrative on page 144]. The potential for similar therapists to be positioned as safe havens could be supported by Isabella acknowledging that prior to accessing a matched counselling service, clients may have rejected mainstream counselling services due to the belief that their cultural context would not be understood [see page 152].

Matched counselling may provide a secure base from which clients can be encouraged to appreciate the differences between themselves and their similar therapists [see pages 173-175]. Furthermore, as acknowledged within this enquiry, the secure base provided by matched counselling relationships may also help clients to challenge their beliefs about what is culturally acceptable and begin to integrate into the majority UK culture [see Fiona, Jennifer, and Brenda's narratives on pages 144-145].

Self-disclosure could be a tool used consciously by therapists to strengthen the attachments between themselves and their similar clients [see pages 161-168]. Meanwhile, the activation of therapist assumptions and personal material, for example in the form of over-identification [see pages 157-158], could evidence therapists being at risk of forming maladaptive attachments with their similar clients [see pages 152-159]; an issue that could be conquered by therapists treating each therapeutic encounter as unique [see pages 176-177].

In the context of supervisory relationships, it appeared that both similarity and difference underpinned secure attachments between therapists, their fellow supervisees, and supervisors [see pages 180-188]. Furthermore, in the context of supervisory and counselling relationships, individual differences in participants' ways of working with similar clients and in supervision relationships, could be attributed to each individual's history of childhood and adult attachments.

To the best of the author's knowledge, the reasons why therapists are attracted to working within matching organisations are yet to be formally studied. However, the

desire to utilise elements of one's identity for the therapeutic benefit of others, could imply that the tenets of Attachment Theory bear further relevance to therapists' work with similarity. Further research could seek to substantiate these potential relationships.

Racial Identity Theory

The researcher believes that Racial Identity Theory holds relevance to this grounded theory, particularly in terms of minority clients' conscious search for, or avoidance of, similar therapists. Blank et al. (2002) suggest that perceived racial compatibility heightens clients' evaluations of therapist professional competence. Accordingly, Danielle believed that her position as an African therapist afforded her implicit understanding of her African clients' experiences which could have heightened her perceived professional competence [see page 153].

Blank et al. (2002) and Parham and Helms (1981) explain that when a client has a strong racial identity, it can significantly impact the success of his or her interpersonal relationships, and as such similar therapists will be actively sought. However, as suggested by Hollar et al. (2007), when clients do not define themselves in terms of race, have less salient racial identities, or value the majority racial identity more highly than their own, they are less likely to purposely seek out racially-similar therapists, and may actively avoid them. Eleanor, Jennifer, Danielle and Brenda explained that negative racial identity beliefs linked to confidentiality, stigma, and shame, could have a negative impact on the client's engagement with matched therapy and could lead them to avoid engaging with similar therapists altogether [see pages 170-172]. Furthermore, the tenets of Racial Identity Theory and therapists' holding highly salient racial identities, could go some way towards explaining why therapists are attracted to working in matching organisations. Future research would be needed to validate this speculation.

Cultural Affiliation Theory

Cultural Affiliation Theory was also found to be pertinent in the context of this investigation. As suggested by Toporek (2009) and Coleman, et al. (1995), the

therapists who participated within this study believed that their clients' sense of involvement and belonging to their culture impacted whether or not they sought out matched counselling organisations. As with Racial Identity Theory, therapists believed that their levels of understanding of their matched clients' cultural context appealed to those high in cultural affiliation [see the narratives of Leanne, Isabella, Katherine, and Danielle, on page 152-153]. Furthermore, as suggested by Sue and Sue (2008), Farsimadin et al. (2007), and Hollar et al. (2007), participants highlighted the ways in which low cultural affiliation could underpin minority clients' negative beliefs about those from similar cultures, potentially deterring them from seeking out matched therapy and prompting their search for majority culture therapists [see the narratives of Eleanor and Jennifer, on page 170-171].

This grounded theory also supports Wade et al. (2007) and Ripley et al.'s (2001) research which, closely aligned to Cultural Affiliation Theory, highlighted how clients high in religious affiliation would consciously seek out faith-based therapy. Hayley explained how matched counselling granted clients permission to openly explore the matched facet of identity and stated that clients might seek out religion-matched therapy even if their religious beliefs were not specifically reflected by the therapists they would work with [see page 162]. Future research could seek to validate the researcher's speculation that highly salient cultural identities could lead therapists to seek out employment within matched counselling services.

Acculturation Theory

Acculturation refers to the processes by which members of one cultural group adapt to the beliefs and behaviours of another. Berry (2005) conceptualises acculturation in terms of a 2 by 2 matrix where each outcome is a function of: 'cultural maintenance' (the extent to which individuals value and wish to maintain their original cultural identity), and 'contact-participation' (the extent to which individuals value and seek out contact with those outside of their own cultural group). When individuals wish to maintain their home culture, and distinguish themselves from the majority culture, they become *separated*. Meanwhile, participation in the majority culture, alongside the desire to maintain one's own culture, can lead to *integration*. When individuals reject their original culture and prioritise contact with the majority culture they

assimilate, whilst those who do not make contact with the new culture, and do not wish to maintain their culture of origin can become *marginalised*.

The potential for clients to hold negative beliefs about similarity was acknowledged within this grounded theory [see pages 170-172]. Furthermore, as was highlighted within the context of Cultural Affiliation Theory, and Racial Identity Theory, according to Berry's (2005) model, it could be inferred that if minority clients wished to reject elements of their own identity, and prioritise participation in the majority culture, they would avoid matched counselling services and assimilate to mainstream services. In terms of Berry's (2005) acculturation model and in the context of this research enquiry, it could be said that matched counselling organisations reinforce minority clients 'separated' status by allowing them to maintain their culture of origin and not participate in mainstream services. However, as was acknowledged by Fiona, Jennifer, and Brenda [see pages 144-145], to counter this, matched therapists were well positioned to act as 'cultural brokers' bridging the cultural gap between their minority clients and the majority culture. Matched therapists could then facilitate their minority clients' acculturation by helping them to uphold their own cultural beliefs and norms whilst encouraging their integration into the UK majority cultural context. Moving forward, research should consider ways for counselling services to engage *marginalised* individuals.

Social Identity Theory

Social Identity Theory is built upon the premise that individuals hold the awareness that they belong to certain social groups and that this in-group status affords them a sense of emotional significance, self-worth, and validation of their own beliefs and attitudes (Tajfel, 1982). Festinger (1975) and Hogg (2006) highlight how making comparisons between themselves and others within the social context, enables people to: (i) seek out similar individuals, (ii) establish aspects of uniformity and difference, (iii) reinforce the significance they attach to in-group membership, and (iv) deem themselves distinctive from members of 'out-groups'.

The researcher observed how the tenets of Social Identity Theory bore relevance to this grounded theory enquiry. Some therapists positioned themselves as holding in-

group knowledge, or holding in-group status which facilitated their ability to empathise, or form strong alliances, with their similar clients [for examples see the narratives of Leanne, Isabella, Katherine, and Danielle, on pages 152-153]. However, Jennifer and Alicia [see pages 145-146] highlighted how colonial assumptions could arise when clients did not believe that their therapists held absolute in-group status. Furthermore, whilst many clients sought out matched counselling because of the inference that therapists would be from their in-group [see the narratives of Leanne, Isabella, Katherine, and Danielle, on pages 152-153], Alicia [see page 156], Hayley [see pages 147 and 149], and Katherine [see page 172] explained that perceived in-group status did not always have a positive impact on therapists or their clients, and that clients' conscious search for difference could potentially evidence the value they placed on 'out-group' therapists [see Eleanor, Jennifer, Danielle, and Brenda's narratives on pages 170-172].

As suggested by Fiona and Jennifer [see page 144], matched therapists dual status as insider (belonging to the client's minority 'in-group') and outsider (having experience and awareness of the majority culture which their clients might perceive as the 'out-group'), afforded them the responsibility and intimacy to sensitively challenge their matched clients. Matched therapists could then encourage levels of in-depth exploration and reflection that clients may not have been able to gain within the context of their own culture. As highlighted within the 'Acculturation Theory' section, these dual roles also enabled therapists to facilitate their similar clients' integration into the majority culture. Meanwhile, in the context of supervisory relationships, the premises of Social Identity Theory may go some way towards explaining why some matched counselling organisations employed similar supervisors as standard [see Matthew and Katherine's narratives on pages 181-182 and also Eleanor, Alicia, and Leanne's narratives on page 187 regarding the translation difficulties resultant of working with out-group supervisors].

Did the Research go as Expected?

It is difficult to confirm or disconfirm whether the research process went as expected. At the start of the research, typical to grounded theory, the researcher was unaware of where the research would take her. The data collection and analysis process was

entered without knowledge of what the resultant theory would contain, or how, and via which participants, the data collection would proceed. The researcher was confident from the outset that the research would meet its aims, however, collecting and analysing data was both time-consuming and all-encompassing. This led the researcher to experience self-doubt and uncertainty about conducting grounded theory 'correctly'. Nonetheless, as acknowledged by Pandit (1996), as the theory started to take shape, self-doubt was replaced by a sense of satisfaction about the emerging theory which made all the hard work worthwhile. It follows then that the main change along the research journey was the researcher's increased confidence in using the grounded theory approach. As the data collection and analysis progressed, the researcher became increasingly at ease working with uncertainty, and able to trust that the narratives of the credible informants alongside the researcher's reflexivity, would underpin a novel, final theory.

Unexpected Findings

A surprising and unexpected research finding for the researcher was the sheer complexity of the processes underlying therapists work with similarity within, and away from, the counselling room. The perceived therapeutic utility of working with difference, and the ways in which this was achieved, also surprised the researcher. Therapists recalled vivid examples of the actual phrasings used when working with similar clients. This was pleasantly surprisingly to the researcher and demonstrated the care and consideration taken by therapists in their similar client work. However, the researcher was most surprised by the impact of similar client work on therapists' emotional resources. Dealing with negative scapegoating, the often painful activation of personal material, and questioning one's own resilience to cope with the emotional demands of similar client work, were each unexpected challenges identified by participating therapists. Similarly, therapists positioning the interview space as a rare opportunity to reflect on practice and clarify the rationale underpinning their work, was an intriguing finding. This highlighted the need to prioritise regular opportunities to reflect on practice, and the need for extensive self-care when working with similar clients.

Reflecting on Participants

The researcher noted considerable within-group, between-group, and individual level variation within the seemingly similar processes underpinning how the therapists who participated in this research enquiry worked with similarity in the therapeutic relationship. As can be seen from the participant profiles in Appendix 8, the participant group was extremely diverse with each individual bringing their own unique personal histories and personal experiences of otherness and difference within the UK context, to the research process. Beyond individual differences in age, gender, sexual orientation, disability, languages spoken, religious beliefs and culture, diverse migration patterns underpinned many of the participants' presence in the UK. Individual differences were evident in terms of the private practice, voluntary, and statutory settings in which the participants worked. Variations in experience, education, and training routes were observed, alongside individual differences in the occupations that participants had been employed in before embarking on their training in different therapeutic orientations and therapeutic roles. Furthermore, diverse levels of service and community involvement, loss, and personal and familial circumstances were also observed to underpin the uniqueness of each individual who participated in the research, and the ways in which they responded to the research and the researcher.

Therapists from language-matched counselling organisations were in the majority within the sample, with fewer therapists from other types of matched counselling services. This reflected the researcher's findings regarding the balance of matching services within London and the Home Counties and also those organisations, and individual therapists, who were willing to participate in this research.

The research participants were credible, knowledgeable informants whose interest in the subject matter was evidenced by their participation. Participants' humour, enthusiasm, and lengthy explorations, signalled trust, collaborative alliances between interviewer and interviewee, and enjoyment of the interview process. Participants honestly and openly shared difficult elements of their practice. At times this challenged the researcher's ability to maintain her position as researcher, rather than adopting a more therapeutic stance. On completion of the interviews, all

interviewees expressed positive feelings about participation and the researcher felt privileged to have worked with, and learnt from, each of them.

As acknowledged within the methodology section (which begins on page 94), there was a gender imbalance amongst the participants; 11 were female and 2 were male. The under-representation of males within the sample may have been perceived to indicate that the experiences of male therapists were underreported. However, the researcher does not believe that the gender imbalance within the sample had a negative impact on the data obtained. In defining the focus of the research study, the researcher did not intend to explore gender differences within therapists' experiences, and as such, as Morse (2007) acknowledges, did not intentionally recruit individuals on the basis of gender. Grounded theories are by definition steeped within participants' subjective narratives and the researcher's sense-making. Furthermore, Charmaz (2009) states that when sampling participants, grounded theory researchers focus on gaining diverse accounts from knowledgeable informants with experience of the phenomenon under scrutiny. Flick (2009) acknowledges that grounded theory sampling is centred on elaborating on the knowledge that has been gleaned from previous sources of data, rather than satisfying sampling quotas. Therefore, attempting to gain a balance across participant demographics, or suggesting that therapists' experiences varied on the basis of gender, may have overlooked the subjectivity and heterogeneity of experiences underpinning this social constructivist research enquiry, and may have been more fitting within a positivist framework. Furthermore, the gender imbalance observed within the sample may have been indicative of the composition of the counselling organisation workforces from which participants were drawn and, as Willyard (2011) suggests, the gender balance wthin the psychology workforce in general. The gender imbalance may also reflect Woodall et al.'s (2010) assertion that men may be less willing than women to participate in psychological research.

Reflecting on Use of Semi-Structured Interviews

As proposed by Flick (2009), the semi-structured interviews complemented grounded theory methodology and effectively elicited the data underpinning the resulting theory. The researcher's minimal questioning and prompts facilitated

lengthy interviewee narratives, whilst semi-structured interviews allowed the researcher to amend and focus questions and prompts in line with theoretical sampling (Charmaz, 2006). All posed questions were answered, signalling participants' engagement and the researcher's sensitive use of questioning. Although, the participants were confident relaying their experiences, as acknowledged by Flick (2009) and Eisenhardt and Graebner (2007), alternative data collection methods, such as focus groups or questionnaires, may have jeopardised the acquisition of rich, honest, and open narratives achieved within this enquiry.

Parallel processes are well documented between counselling and supervision relationships (e.g. Friedlander, Siegal, & Brenock, 1989). During this study, the researcher was aware of parallel processes manifesting across therapists' practice and within the interview process. The ways in which therapists addressed similarity in the counselling room were replicated in their supervision relationships, but also within the interview space. Assumptions arose about similarity signalling shared understanding and experiences and needed to be challenged across all settings. Throughout the interviews the researcher sought clarifications by gently encouraging participants to explore their own unique experiences at depth. This helped them to move beyond an inferred shared sense of knowing.

As acknowledged by Madill et al. (2000) and explored from page 196, the researcher's identity was seen to play a significant role. The researcher being a Black, female, trainee therapist, interviewing therapists from minority groups, could have, as inferred by Campbell and McLean (2002), facilitated exploration and positioned the researcher as legitimate in the eyes of the participants. However, the researcher acknowledges that these hypotheses were not broached with the research participants, and could, as such, simply be assumptions on her part.

Suitability of Social Constructivist Grounded Theory

Social constructivist grounded theory methodology allowed the researcher to create a novel theory steeped in the narratives and context of the participating therapists (Hilderbrand, 2007; Glaser, 1999). Grounded theory suited exploration of the under-researched phenomenon under scrutiny (Glaser & Strauss, 1967), and the

researcher's belief that her own identity and the participants' narratives each contributed to the research findings (Charmaz, 2006, 2009). In line with Willig (2008) and Suddaby's (2006) work, the researcher observed herself as playing an active role in the research process, the content of therapists' narratives, and the resultant theory. This confirmed her belief that an alternative researcher would have impacted the research process and theory construction in entirely different ways.

The techniques set forth by Charmaz (2006) for social constructivist grounded theory were flexible yet comprehensive. This gave the researcher enough of a framework to work within and also the freedom to spontaneously move back and forth between data collection and data analysis in response to the codes, categories, and relationships that emerged within the data. Social constructivist grounded theory ensured that the analysis stayed true to the participants' subjective voices (Backman & Kyngäs, 1999). It also allowed naturally diverse categories to emerge without interpretation or, as prioritised by Strauss and Corbin (1998), fitting the data to pre-established coding structures.

A vast amount of data was retrieved from the interviews. As such, the researcher had to make challenging decisions about what content to include in the write-up. In line with Charmaz's (2006) writing, decision-making was based on novelty of the findings, and clear demonstration of the processes underlying how therapists worked with similarity.

Charmaz's (2006) social constructivist grounded theory fit the researcher's assumptions about knowledge which, following Ponterotto's (2005) guidance, were made explicit before embarking upon the research process. Participants were observed to hold subjective truths about the processes underlying similarity in the therapeutic relationship, which they were able and willing to explore verbally with the researcher. The research write up also reflects Charmaz's (2006, 2009) beliefs about the importance of reflexivity, evidenced by the extensive incorporation of the researcher's and therapists' reflexivity throughout this enquiry.

Transferability of Results

In line with Madill et al.'s (2000) writing, the researcher acknowledges that this grounded theory is not generalisable beyond the participants' subjective narratives, which were specific to the time and context within which the research was conducted. However, due to sampling across a variety of settings, counselling and related roles, and representing a range of theoretical orientations, the researcher hopes that the highlighted processes may resonate for other therapists currently working with similar clients. Furthermore, the researcher believes that the findings evidence best practice within matched counselling. As such, the practical guidance offered within these findings could be helpful to organisations and therapists to inform their current therapist-client matching practice, or to help them make informed choices about whether or not, and if so, how, to incorporate matching into their service offerings.

Credibility and Trustworthiness of the Model

The researcher believes she was successful in creating a social constructivist grounded theory that, as upheld by Charmaz (2009), was both credible and relevant to those who participated in the research. Following Pandit's (1996) recommendation, the researcher endeavoured to examine the internal validity of the resultant theory. As Drisko (1997) encourages, the researcher sought feedback on the credibility and trustworthiness of the theory from each research participant. A summary and full version of the theory was sent by email to all participants.

Comments were received from three of the thirteen participants and were incorporated into the results section. The theory was described as meaningfully representing therapists' practice whilst being of importance and utility to others working within the field. Although this feedback positioned the theory in a favourable light, the researcher believes that it would be inappropriate to base an assessment of the theory's trustworthiness and credibility on this limited number of responses. Although all participants requested a copy of the final theory, the low response rate could have been due to a number of factors including: (i) a reduction in the salience of the research due to the time lag between being interviewed and receiving the

finalised theory, (ii) an inability to prioritise reviewing the theory due to other commitments, (iii) participants gaining a sense of closure on the research process from confirming the accuracy of their interview transcripts content after being interviewed or, (iv) participants reviewing the final theory for personal interest, rather than with the intention to critique it. An attempt could have been made to follow up with those participants who did not feedback on the final theory. However, the researcher refrained from making additional contact. This was due to her interpreting non-response as participants opting out from providing feedback, and also her desire that any feedback on the theory be provided voluntarily, rather than as a result of perceived coercion.

Impact of Research Findings for Counselling Psychology Practice

Training Therapists to Work with Minority Clients

This study has demonstrated that therapists' work with similar clients is both complex and considered. Careful decision-making processes underlie the ways in which therapists choose to, or not to intervene when working with similar clients. Although working with difference and diversity is a key component of psychologist training and practice (BPS, 2009), counselling psychologists do not formally explore the intricacies of working with similar clients as part of their training. This could, in part, be attributable to a lack of perceived need resultant of the lack of diversity acknowledged within psychology training cohorts (Turpin & Fensom, 2004).

Creating increasingly diverse workforces within mental health service provision, will require increased attention to the needs of minority service mental health practitioners (Bhui & Sashidharan, 2003; Fernando, 2003; Sue & Sue, 1999) and minority trainees (Turpin & Fensom, 2004). As was suggested by the research participants, opportunities to reflect on practice can be rare. The results of this study and others like it could be incorporated into counselling psychology training to stimulate conversations about the issues that may arise in intentionally or unintentionally matched therapeutic relationships.

This study suggests that therapists with experience of working in matched counselling settings are valuable resources. Sharing their experiences could be beneficial to those involved in meeting the mental health needs of minority service users, whilst providing valuable training and CPD opportunities for trainees, counselling psychologists, and other mental health practitioners.

Meeting the Emotional Needs of Therapists who Work with Similar Clients

The researcher was surprised by the emotional impact of therapists' work with similar clients. Working with minority clients may or may not be more emotionally arduous for minority therapists. As standard, personal therapy and supervision relationships should be positioned as safe spaces for practitioners to critically explore the impact of matching on therapists and clients. Although therapist-client matching is presented as one way to meet the mental health needs of minority clients (DoH, 2009), it is important that this is not done at the expense of attending to the needs and self-care of therapists who work in matched counselling services.

Reflexivity: Implications for the Researcher's Clinical Practice

Conducting this research had a marked impact on my clinical work. I was aware that I was attending more frequently to the processes underpinning my work with similar and dissimilar clients. I was more attuned to my own feelings and increasingly confident in my decision-making about if, how, and when, to introduce similarity and difference into my client work. I also became more conscious of exploring similarity and difference in supervision, and found myself paying more attention to the differences and similarities between myself and my supervisors. As acknowledged by the research participants, implementing the techniques highlighted within this research project had a positive impact on the quality of my relationships with clients and supervisors alike. I hope that reviewing this research project might have a similar impact for other readers.

Limitations and Suggestions for Future Research

The researcher completed one interview with each research participant. Follow up interviews with all consenting participants would have provided an opportunity for therapists to verify, and elaborate upon, their original narratives, and comment on the emerging categories. Although all participants had asked to review the finalised theory, only three provided feedback on the theory content. Rather than corresponding by email due to time restrictions, further interviews could have enabled participants to reflect on the content of the final grounded theory with the researcher, in person. Further interviews may also have better assessed the trustworthiness and credibility of the research (Utley-Smith et al., 2006).

Although the researcher felt that adequate attention was paid to exploring the codes, categories, and relationships between the two, further time to reflect on coding between each interview could have improved theoretical sampling, theoretical sensitivity, and constant comparisons (Charmaz, 2006). The grounded theory was abbreviated by focusing solely on data obtained through semi-structured interviews and also by the imposition of an artificial deadline. Both of these limitations compromised the study's ability to reach true saturation (Willig, 2008). Increased resources could have facilitated the exploration of a more comprehensive range of data sources. For example, the researcher attending training sessions, supervision sessions, and service meetings, could have brought value. Furthermore, reviewing annual reports and the marketing literature utilised by matching organisations, could have provided additional sources of valuable data.

As highlighted by Glaser (1999), utilising a qualitative research paradigm allowed the researcher to study participants' subjective experiences at depth, whilst capturing rich and meaningful observations within the social context. Detailed accounts of the processes underlying matched therapists' work, enabled the researcher to develop a theory which contributes meaningfully to an under-researched area of counselling practice. However, employing quantitative, or mixed, methods may enable future researchers to investigate the potential relationships explored herewith.

It appeared that service managers considered matching from a strategic level, whilst supervisors focused on helping their supervisees to maintain ethical practice. Therapists appeared to be most attuned to the strategies they used when working with similarity in the therapeutic relationship. However, the researcher is aware that she did not formally explore these relationships or the impact of having multiple roles (such as therapist, supervisor, and service manager), on therapists' ways of working with similarity. Similarly, the researcher is aware that although demographic information (such as years of experience, age, gender, and job functions) was collected and reported, matching was not formally considered in the context of this information. Furthermore, as was highlighted by Christopher [see page 194], it appeared that participants utilising psychodynamic and psychoanalytic approaches worked with similarity in different ways to those employing humanistic and integrative approaches. However, these relationships were not formally investigated. In addition, as previous researchers have suggested (e.g. Wade & Bernstein, 1991; Sue et al., 1991; Ziguras et al., 2003; Flaskerud & Liu, 1991), it could have been that the participating therapists being matched intentionally or unintentionally to their clients on multiple facets of identity (for example, gender, ethnicity, and language) had an impact on the quality of the therapeutic alliance and client outcomes. Although the researcher acknowledges that addressing these speculations was not within the remit of the current research project, further research could seek to clarify potential relationships between this demographic data and the ways in which therapists work with similarity in the therapeutic relationship.

Comparative quantitative research simultaneously exploring how therapists work with similar clients, alongside clients' responses to working with similar therapists, could add to the current matching literature. Similarly, further investigation of minority clients' negative beliefs about similar and different mental health professionals, and vice versa, may underpin more effective mental health service provision for individuals from minority groups. Furthermore, it could be that focusing on one facet of similarity, rather than broaching a variety of different facets concurrently, positively impacts findings.

Further research exploring the emotional impact on therapists of working with similar clients, could potentially highlight the need for improved training, supervision, and

compulsory personal therapy. Similarly, comparing the emotional impact of matched counselling for those working in matched and non-matched settings, could provide further insights into this under-researched area of clinical practice.

This research study could be viewed in part as suggesting that in-group differences impact the success of matched counselling. For example, the issues highlighted by participating therapists in relation to matching lesbian clients to lesbian, rather than homosexual male, therapists, or matching Brazilian clients to Brazilian, rather than Portuguese, therapists, might suggest that within group differences limit how well therapists are able to empathise with minority clients' experiences. This suggestion could tentatively challenge the ability of therapists to empathise with the experiences of all their clients. Further mixed methods empirical research should seek to compare and contrast clients' and therapists' perceptions of empathy and working alliances in various forms of matched and non-matched pairings.

This study offered a conceptualisation of the processes underpinning therapists' work with similarity in the therapeutic relationship. It could be that comparable issues arise within, for example, medical consultative relationships, teacher-student relationships, or interactions between service providers and service users in general when similarities are present. Further qualitative and quantitative research exploring the impact of practitioner-client matching beyond the counselling relationship, could examine whether the issues highlighted within this research enquiry are observed within, or applicable to, different settings.

Locating Therapist-Client Matching within the Current Context

Whilst reflecting on this grounded theory investigation, the impact of its findings, and the future avenues of research explored above, it is important to consider the profession, societal, and financial contexts within which this enquiry falls. Concerns arising within each context will impact not only the types of matching research that might be conducted moving forward, but also the future of specialist matched counselling organisations in general.

Focusing on society, it is emphasised throughout this portfolio, that year on year, the UK population becomes increasingly diverse with growing numbers of individuals from minority groups. The disparities faced by individuals from minority groups accessing UK mental health services remain and as a result, mental health services are tasked with becoming more creative to attract and retain service users from minority groups (DoH, 2011).

Within the current field of mental health service provision, one of the strategies prioritised to meet the mental health needs of service users from minority groups, is the recruitment of a more diverse mental health workforce (DoH, 2011; NHS Employers, 2010). However, in line with this, the potential for unintentional therapist-client matching in mainstream counselling services will increase. This means that in addition to researching therapist-client matching in specialist settings, it will be important for future researchers to explore therapists' and service users' experiences of unintentional therapist-client matching in the mainstream. However, from a financial perspective, within the current economic climate NHS and voluntary sector services are highly vulnerable to losing their Government funding, meaning that new recruitment may plateau and redundancies may be wide spread. Organisations are having to present strong cases to minimise the cuts to their current service offerings and specialist matching services may be perceived to be a luxury, rather than essential, making them vulnerable to closure.

Third sector counselling organisations in particular, which are essentially funded through charitable contributions from individuals and organisations, and Government contributions, are extremely vulnerable within the current climate. The personal impact of cuts in Government funding were highlighted by both Eleanor and Katherine and incorporated into their participant profiles (see Appendix 8). Furthermore, due to the difficult economic situation at present, individuals and organisations are less willing and able to make the charitable contributions that in the past they may have been better placed to provide (Bryant, 2011). At present, tax incentives are cited as one way to re-ignite growth within charitable giving (Bryant, 2011). However, whilst the Government is under great pressure to make significant cuts and justify all areas of its spending, it could be that the third sector is de-prioritised due to alternative public sector services being deemed more critical, of

greater utility, with increasingly quantifiable outcomes. It could also be that the merging of existing third sector services may lead to redundancies or organisations experiencing less flexibility and autonomy about use of creative methods, such as therapist-client matching, to attract mental health service users from minority groups.

Focusing on the mental health profession in general, the question still remains as to whether specialist matching organisations help or hinder [see Hollar et al., 2007; Bhui & Sashidharan, 2003; Sashidharan, 2001; Sue et al., 1999). Future research should explore practitioners' and service users' beliefs about whether specialist matching organisations undermine the general professional competencies that all therapists are expected to bring to their work, whether matched or not, as standard. Furthermore, in line with the writing of Hollar et al. (2007), Bhui and Sashidharan (2003), Sashidharan (2001), and Sue et al. (1999), future studies should question whether or not specialist matching organisations do in fact reinforce the belief that minority clients' mental health needs cannot be met in the mainstream.

Final Thoughts

So, to conclude, what key message would the researcher like readers to take from this grounded theory enquiry? Overall, it would seem that whether therapists work in intentionally or unintentionally matched relationships, or whether or not they work with clients whom they deem similar to themselves, the potential for overlap in therapists' and clients' lived experiences will always exist and will always need to be managed. As summarised beautifully by Christopher in the quote below, it could be that similarity, difference, or something else completely, is therapeutic in the context of each unique encounter between therapist and client. As therapists, we can empathise with our clients' experiences, but we will never truly know what life is like for each of them. However, by: (i) asking ourselves questions about what the agent of change is in each unique therapeutic encounter, (ii) sitting on the 'edge of uncertainty' and, (iii) equipping ourselves with knowledge and awareness of the issues that could potentially arise when we work with perceived similarity in therapeutic or supervisory relationships, we will all feel more confident in our abilities to respond appropriately and meet the mental health needs of our clients, should such issues arise:

“I think Satre said, “Everything has been worked out, excepting how to live” and I think that feels like a very important position to sit in. I don’t know. With all the training and knowledge and experience that I have, it’s not been worked out. What is gonna be therapeutic here? It could be similarity, it could be difference, it could be something totally different. So, I think that edge of uncertainty seems like a good place to hang out [laughing].” **(Christopher: 27)**

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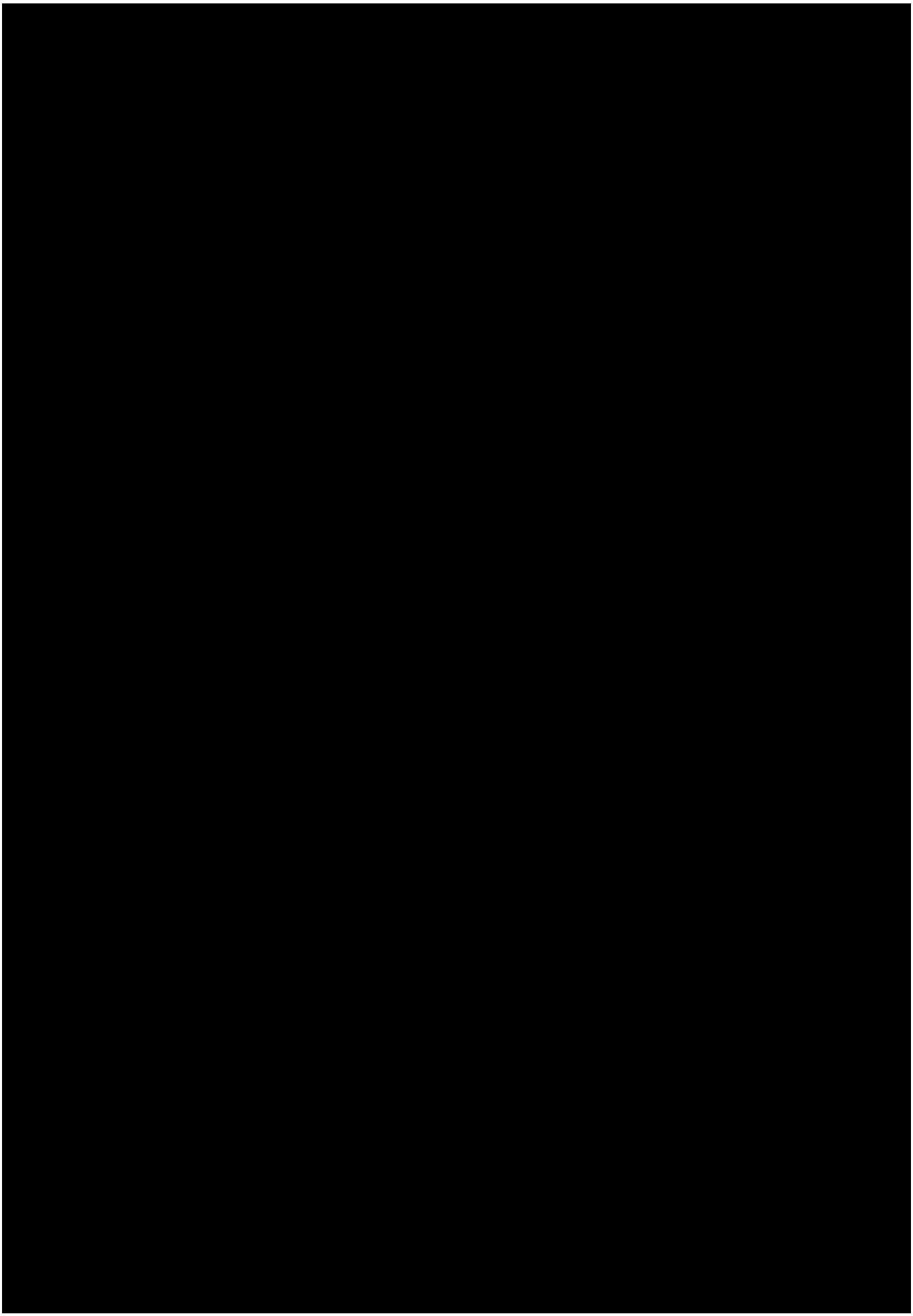

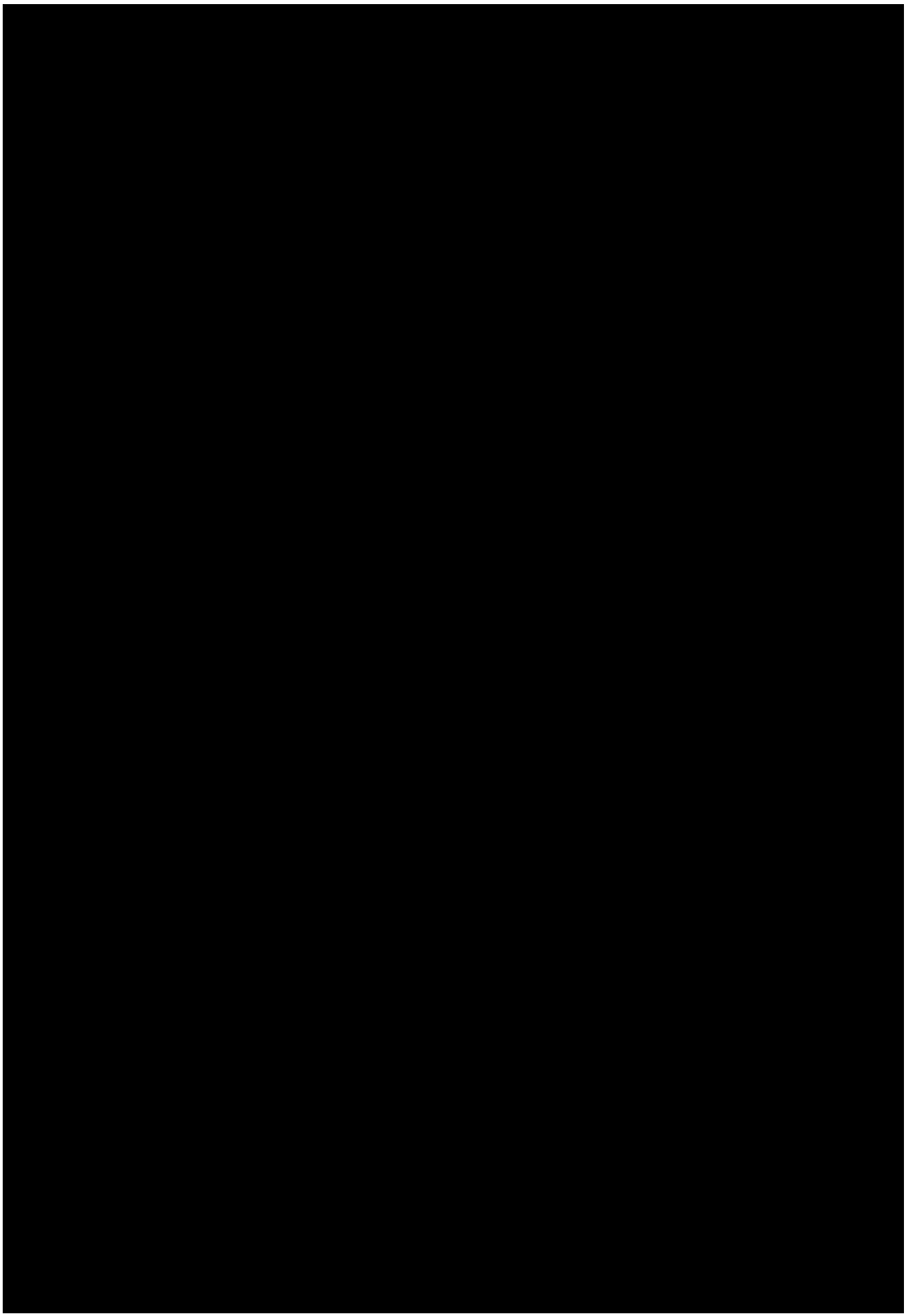

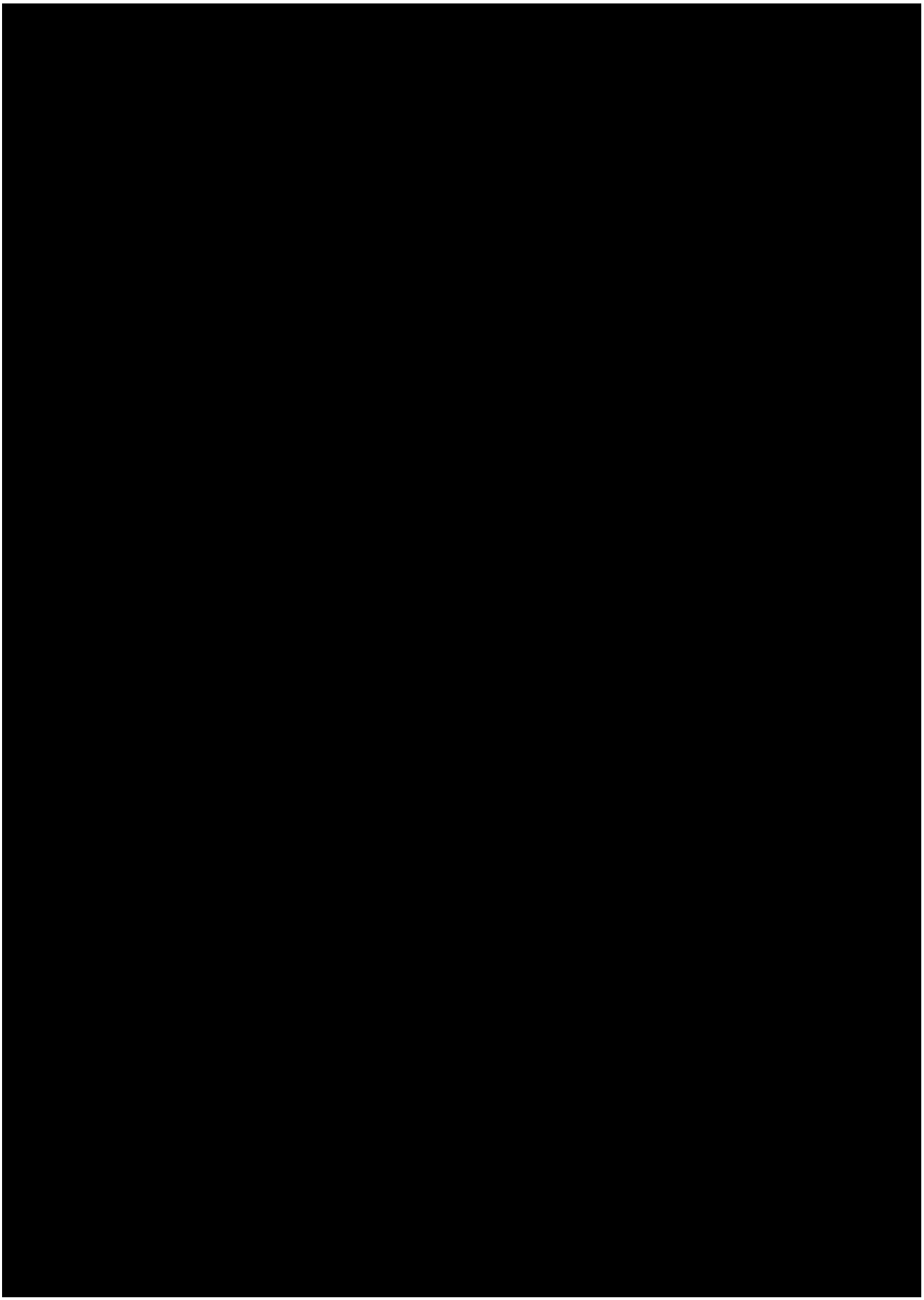

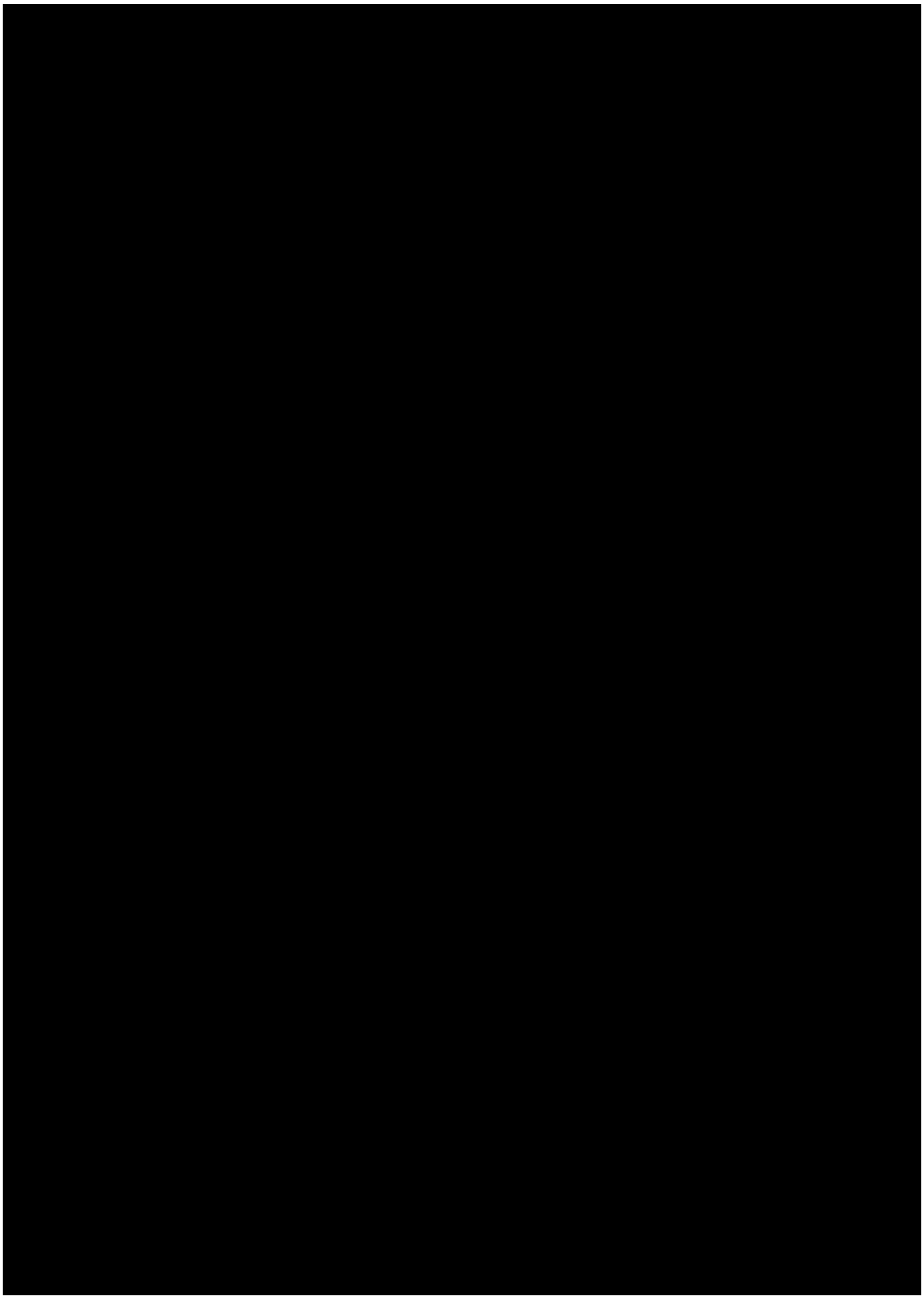

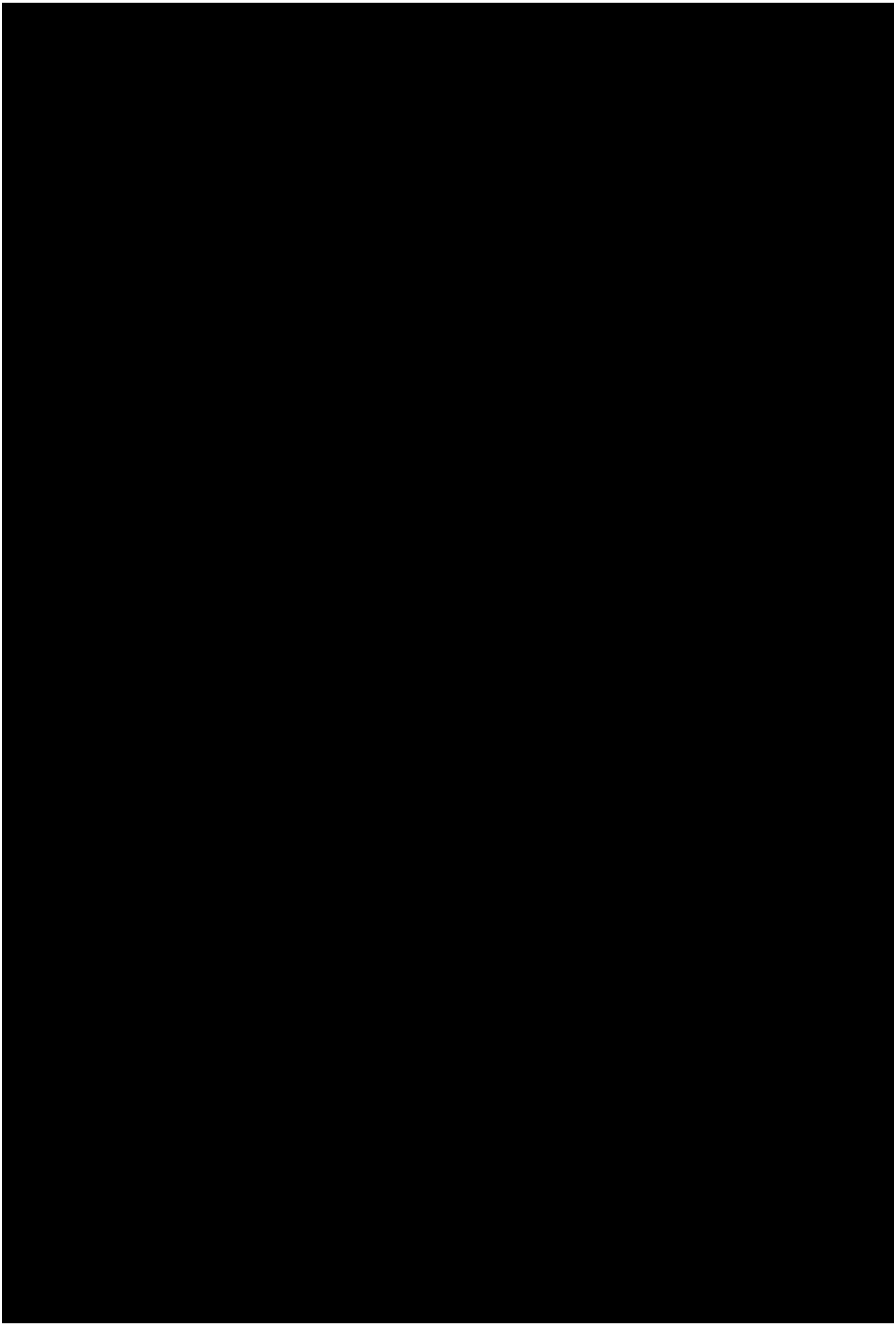

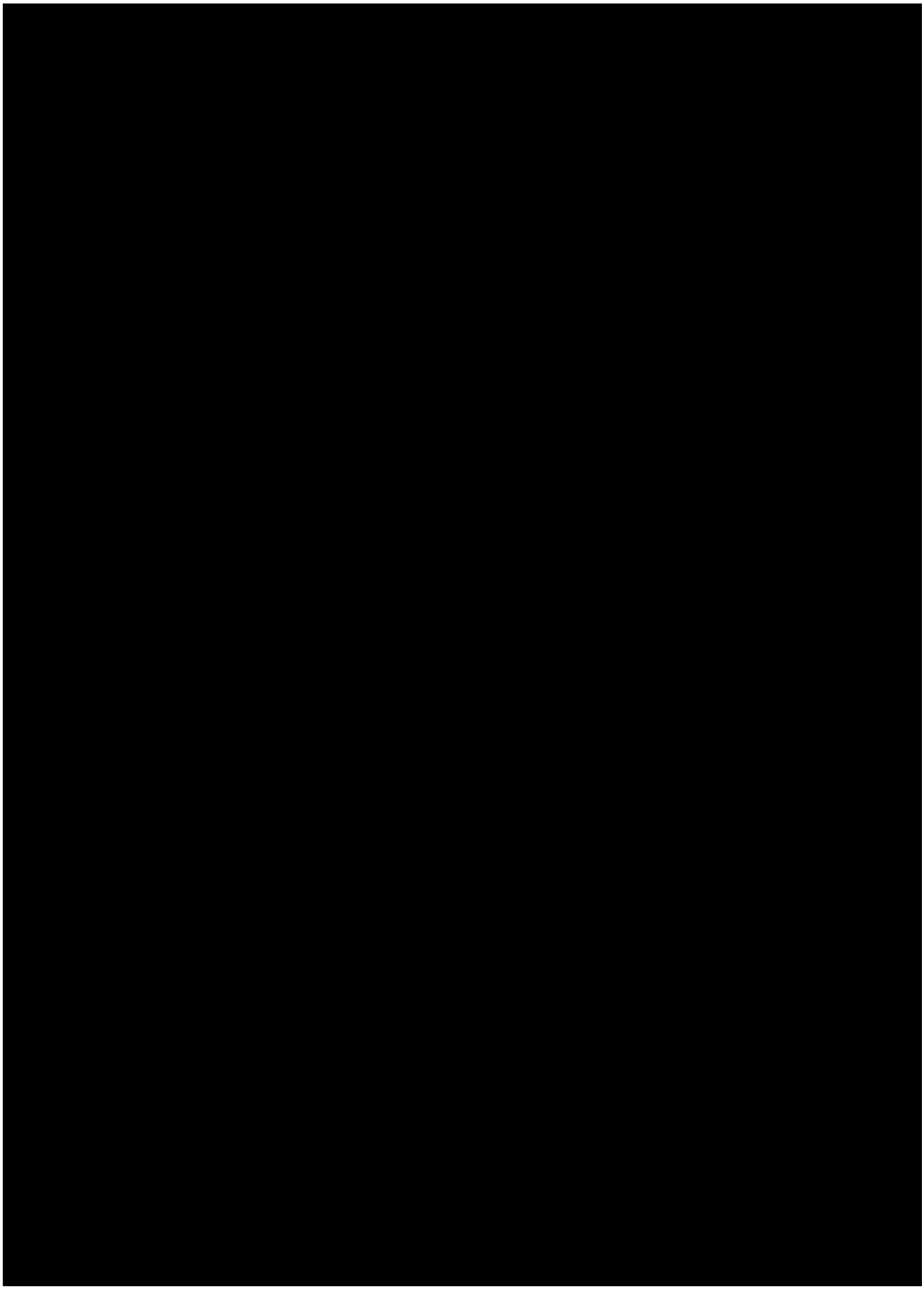

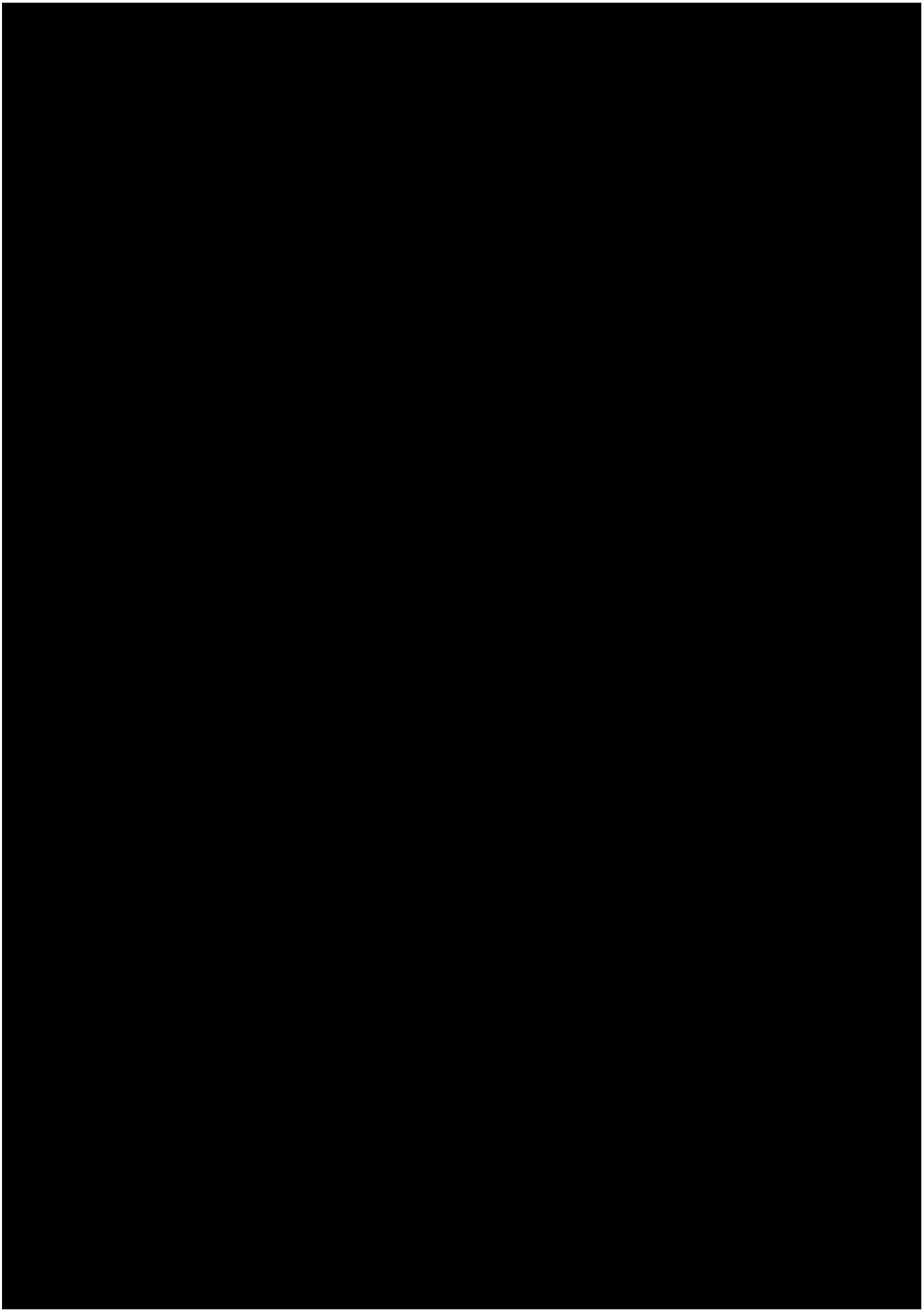

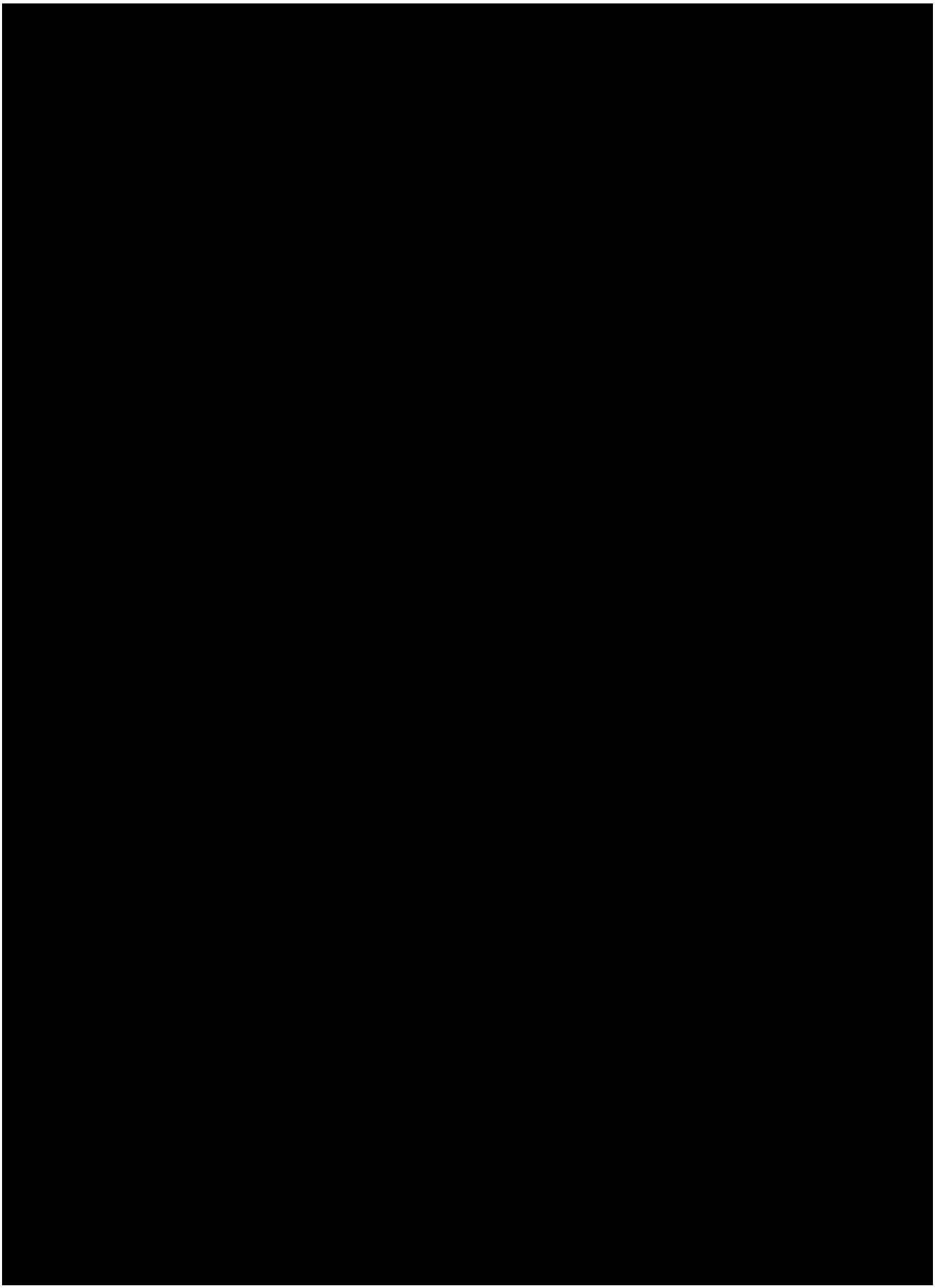

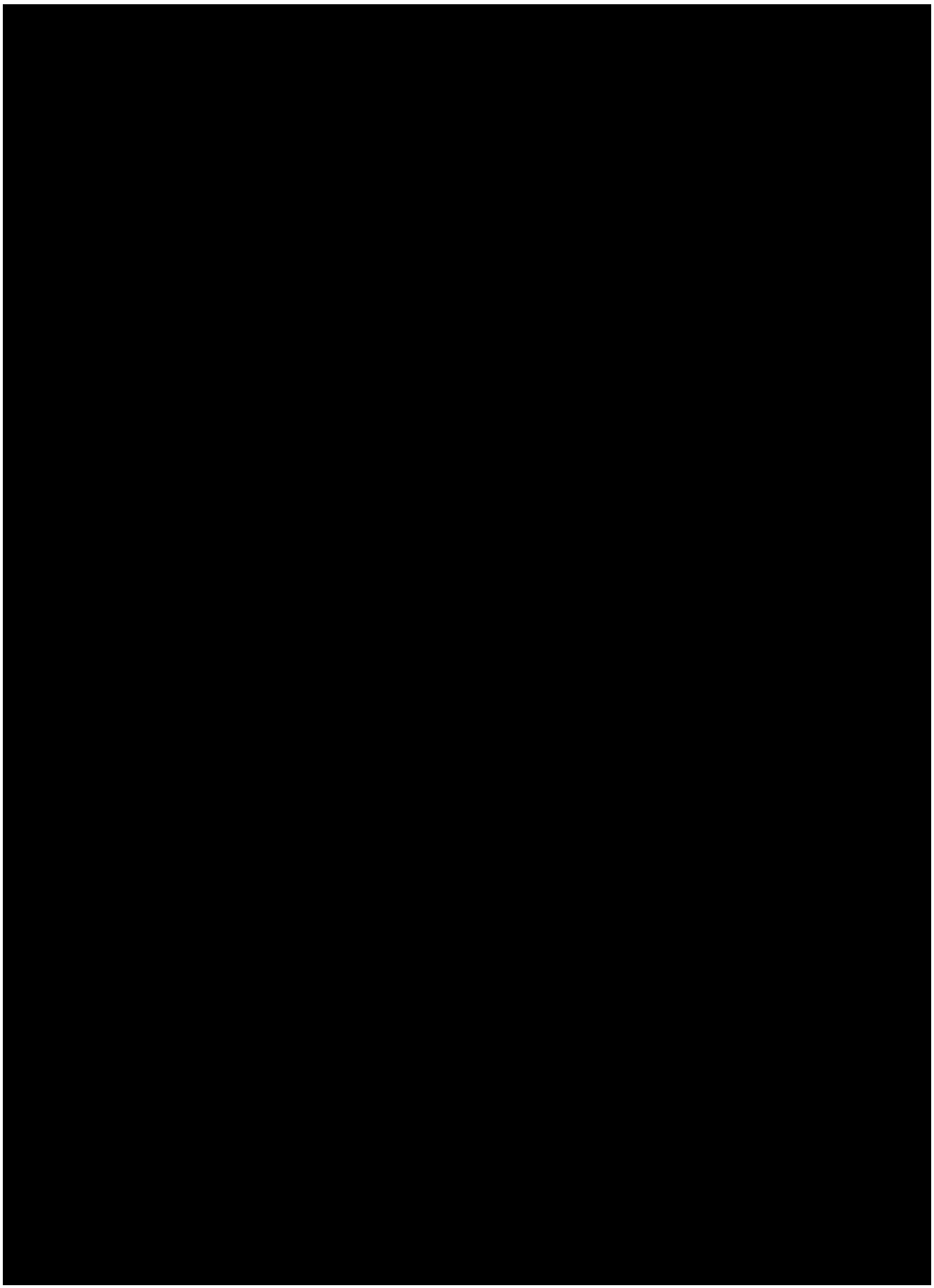

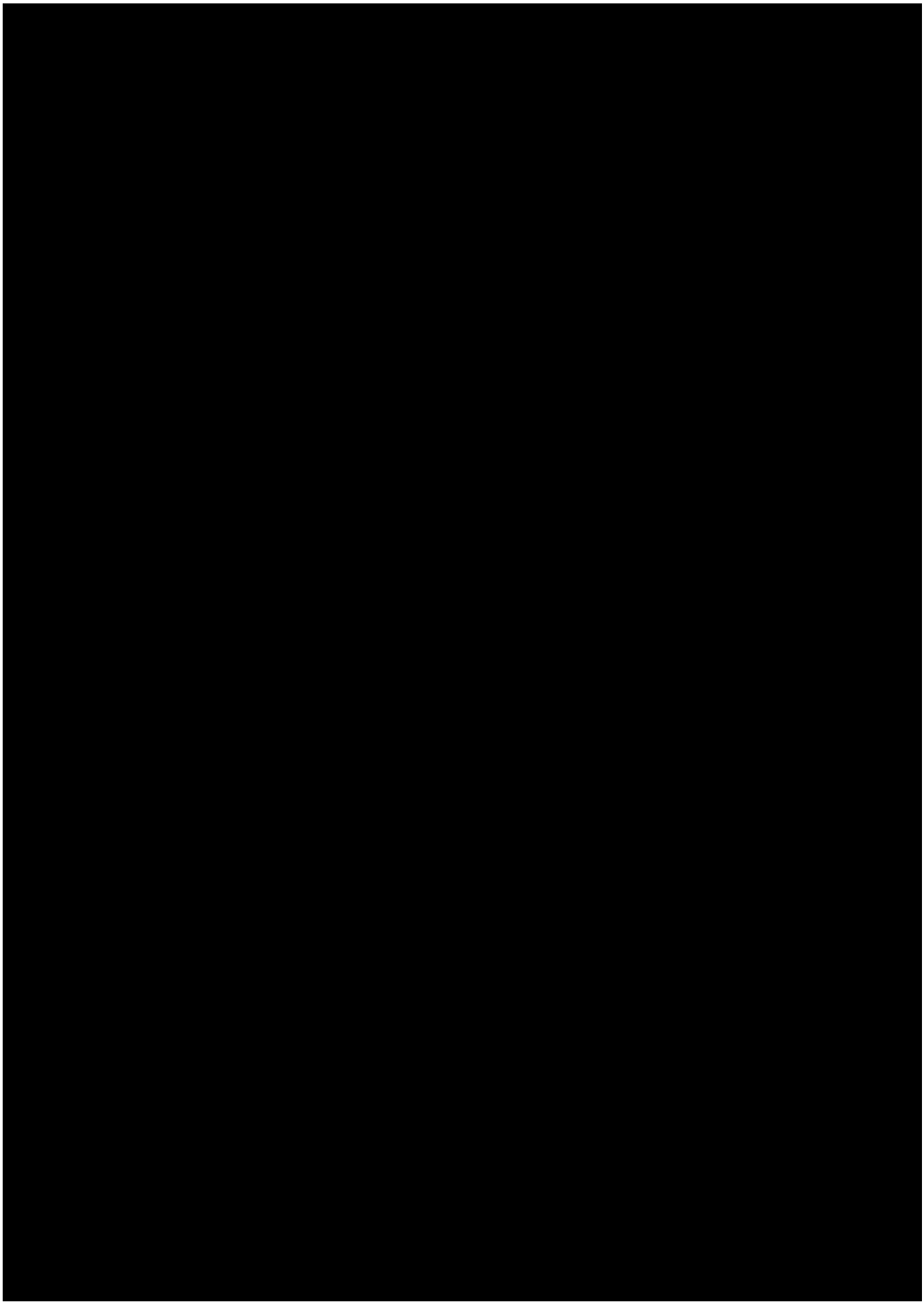

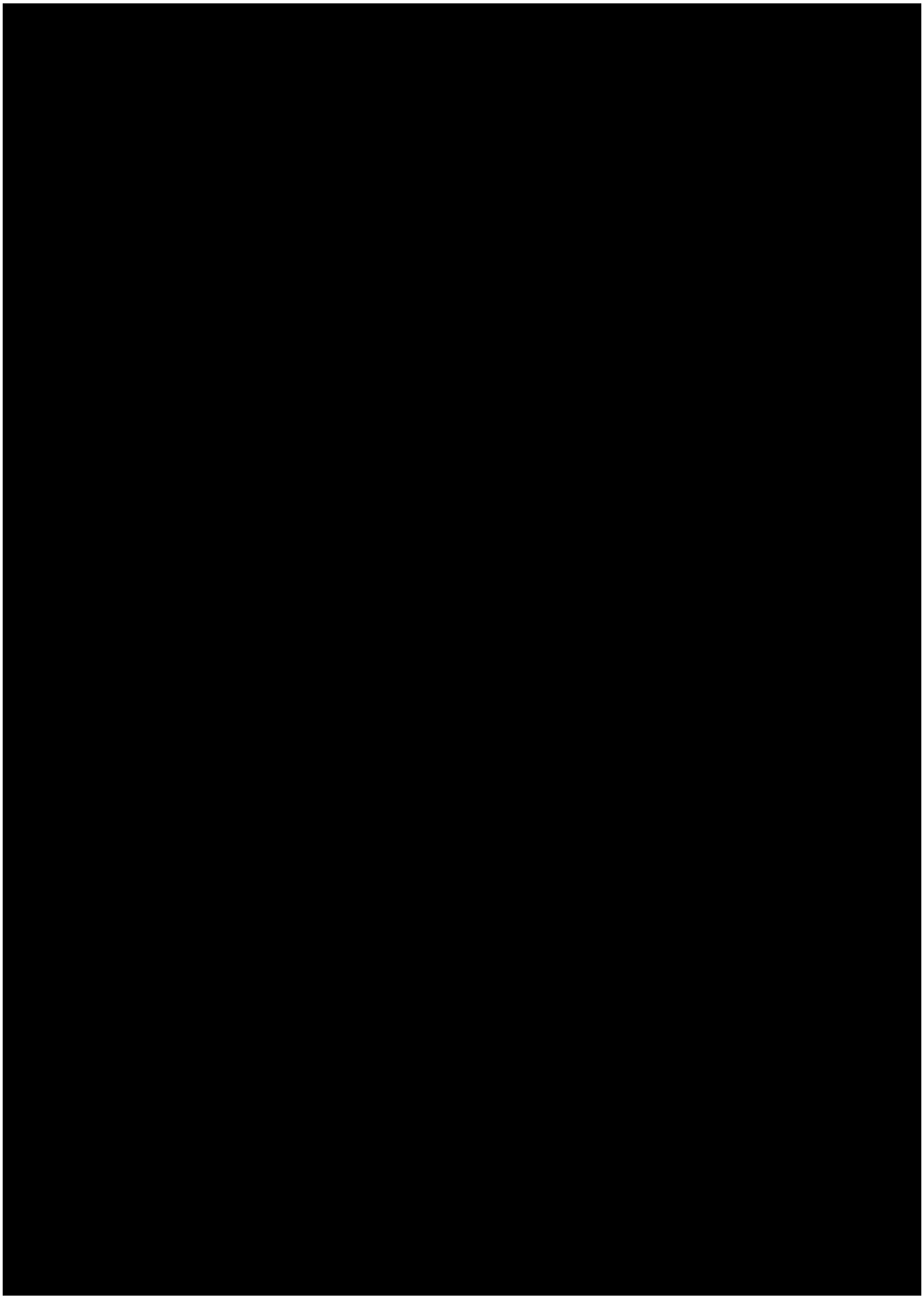

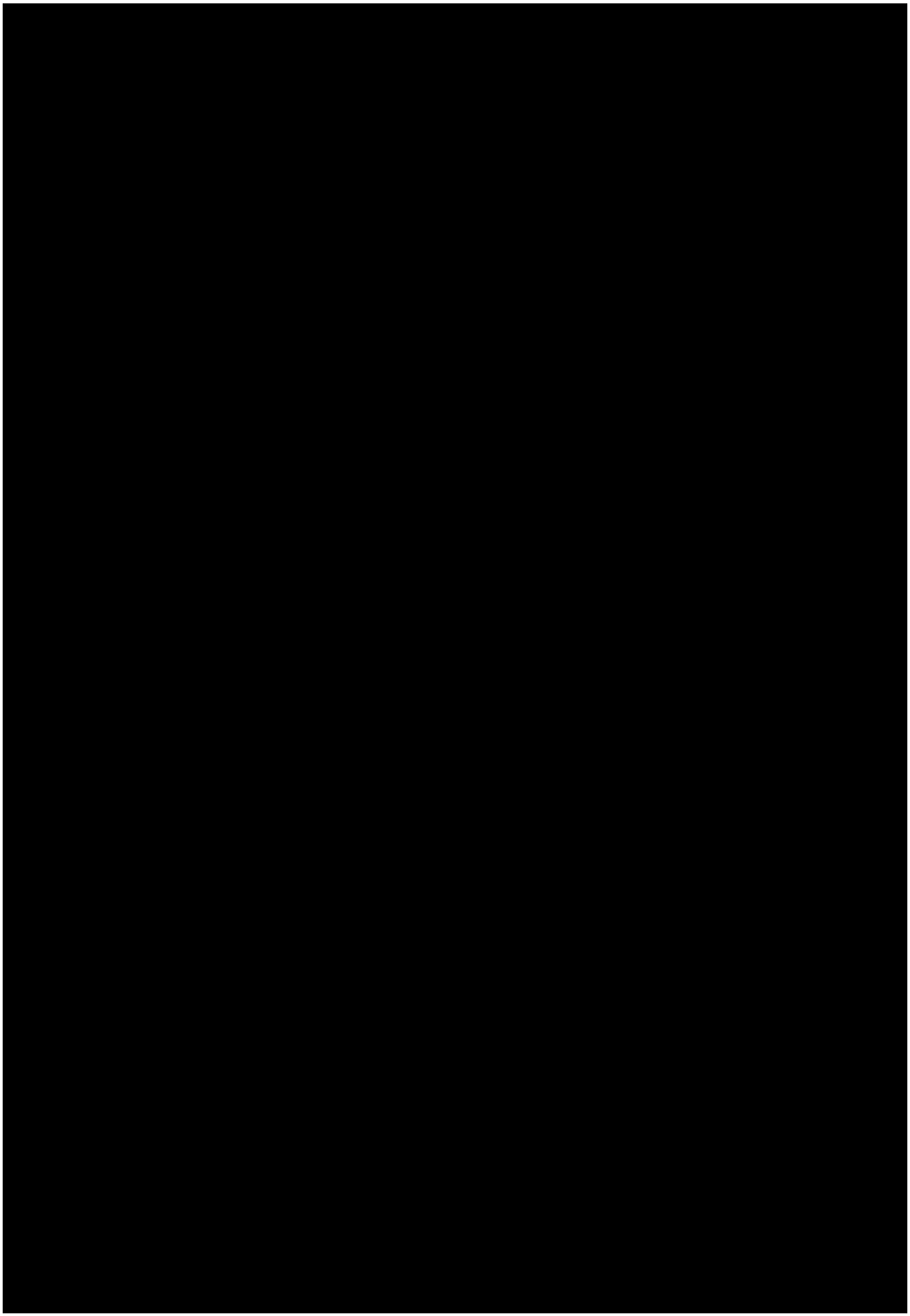

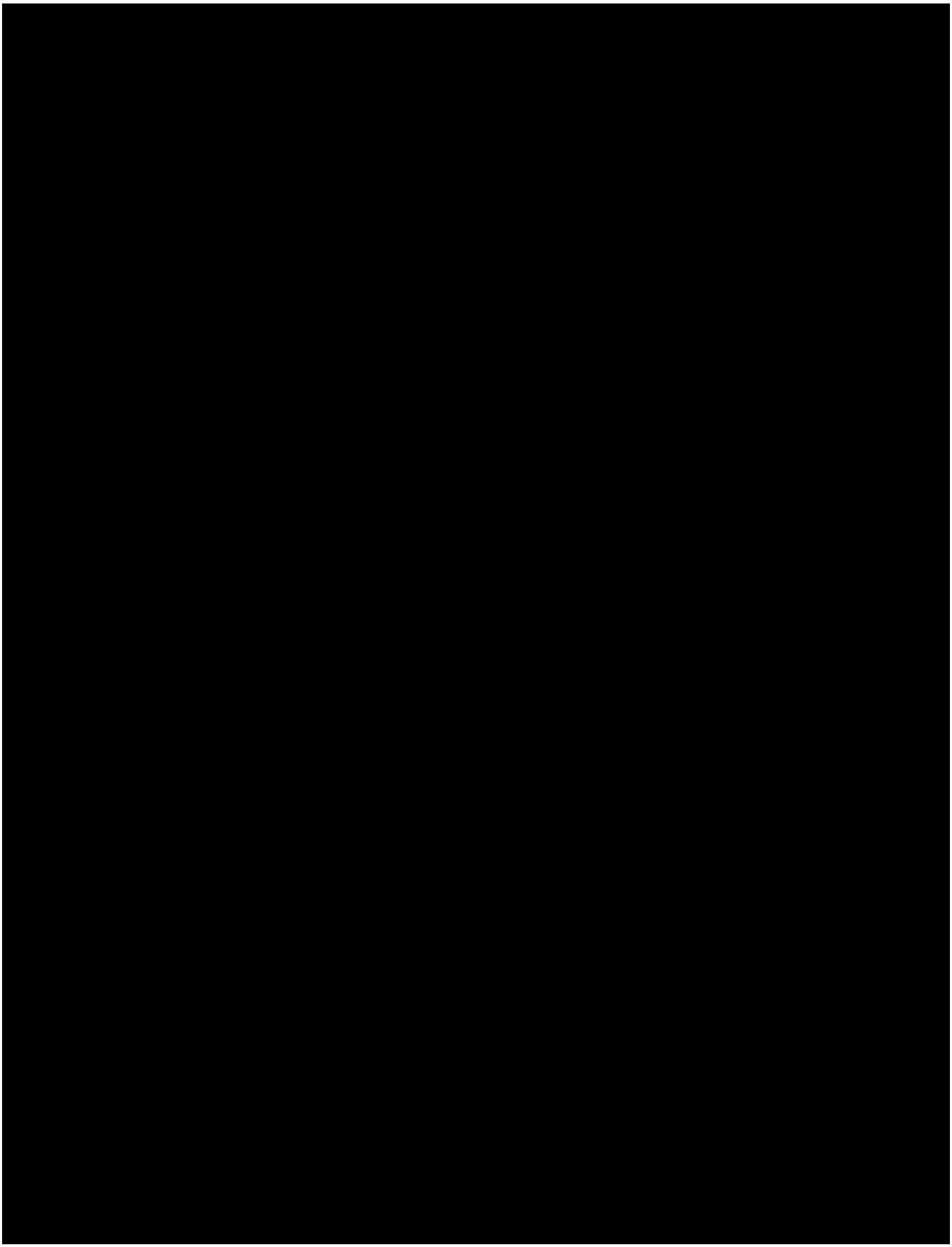

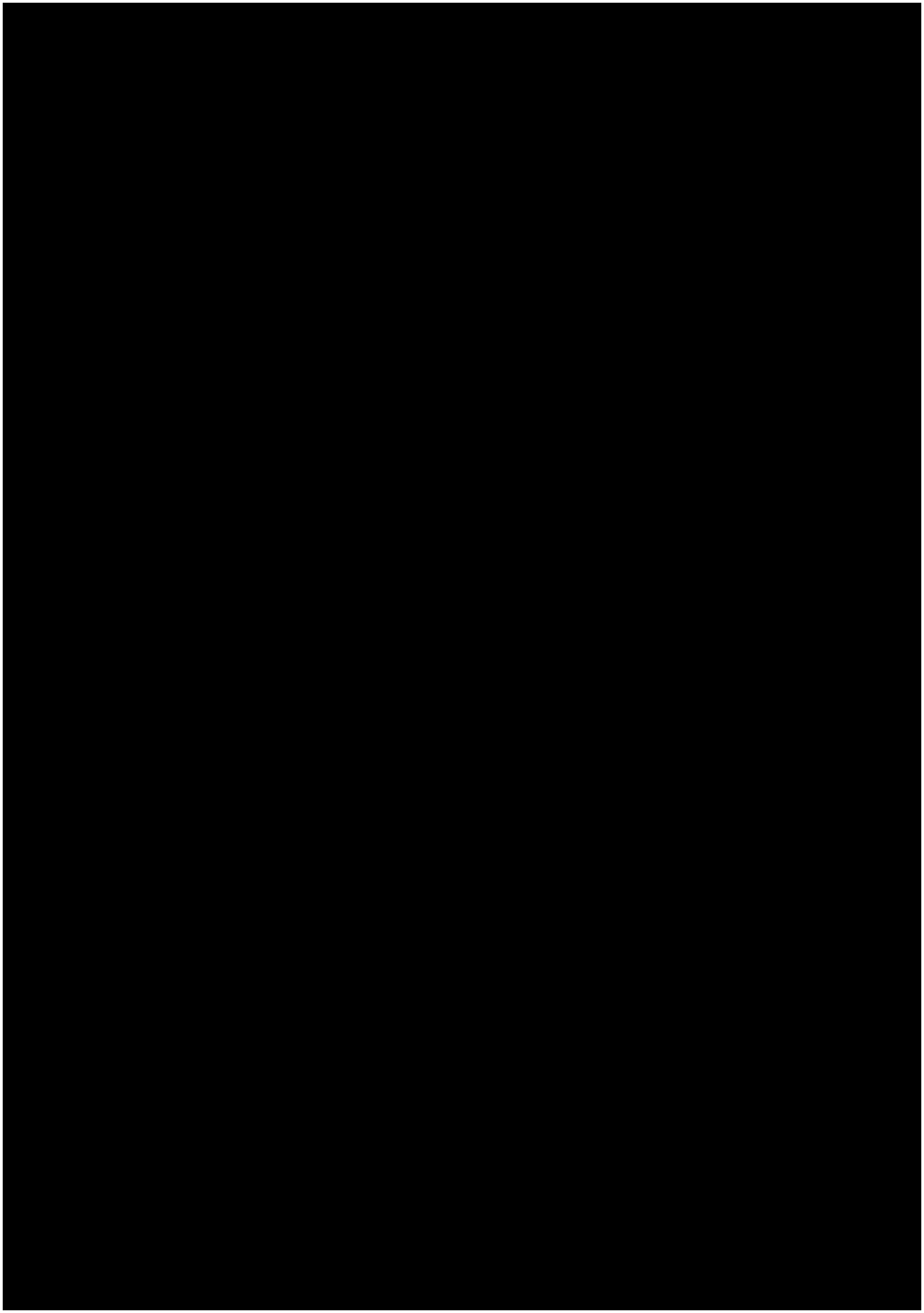

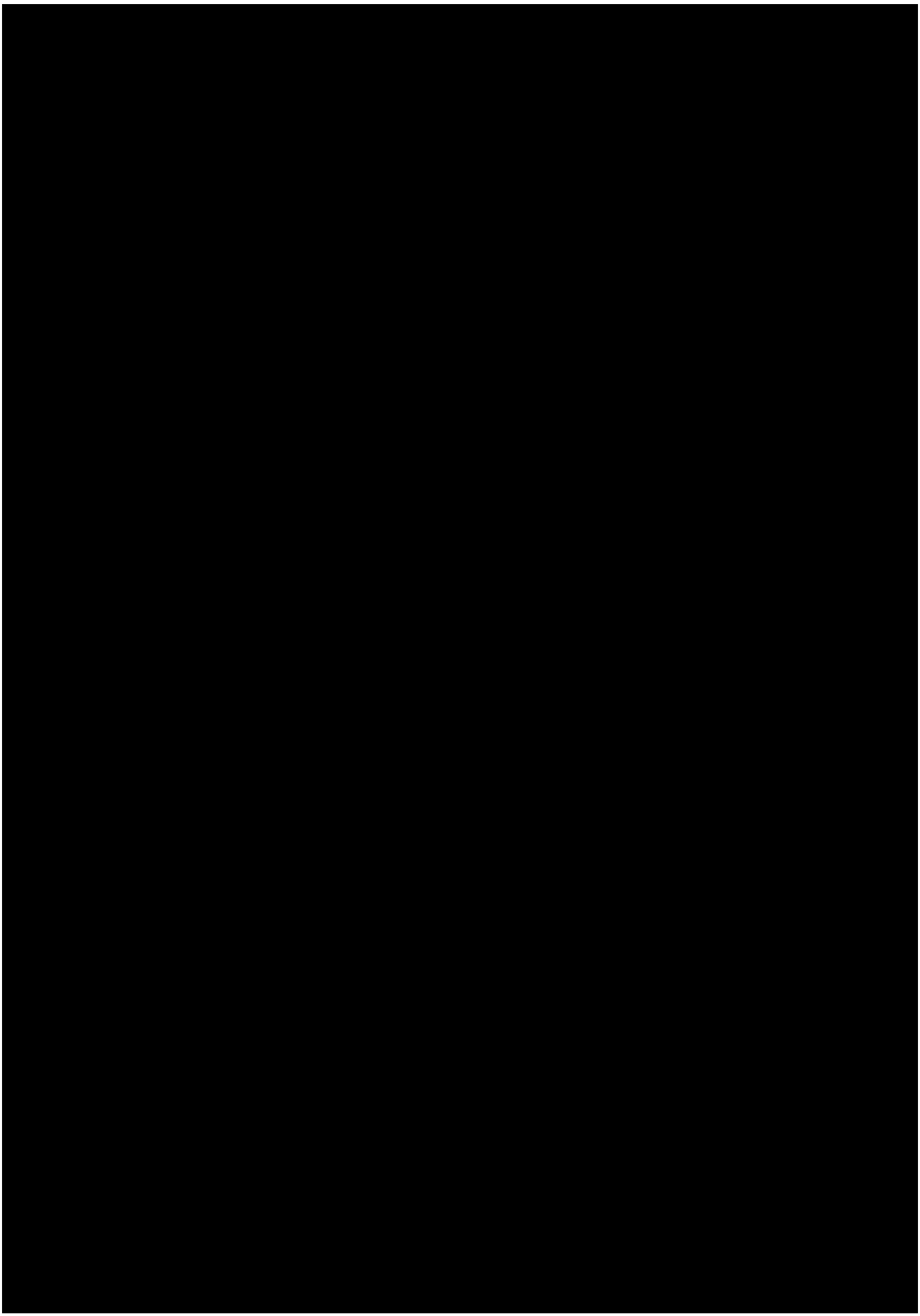

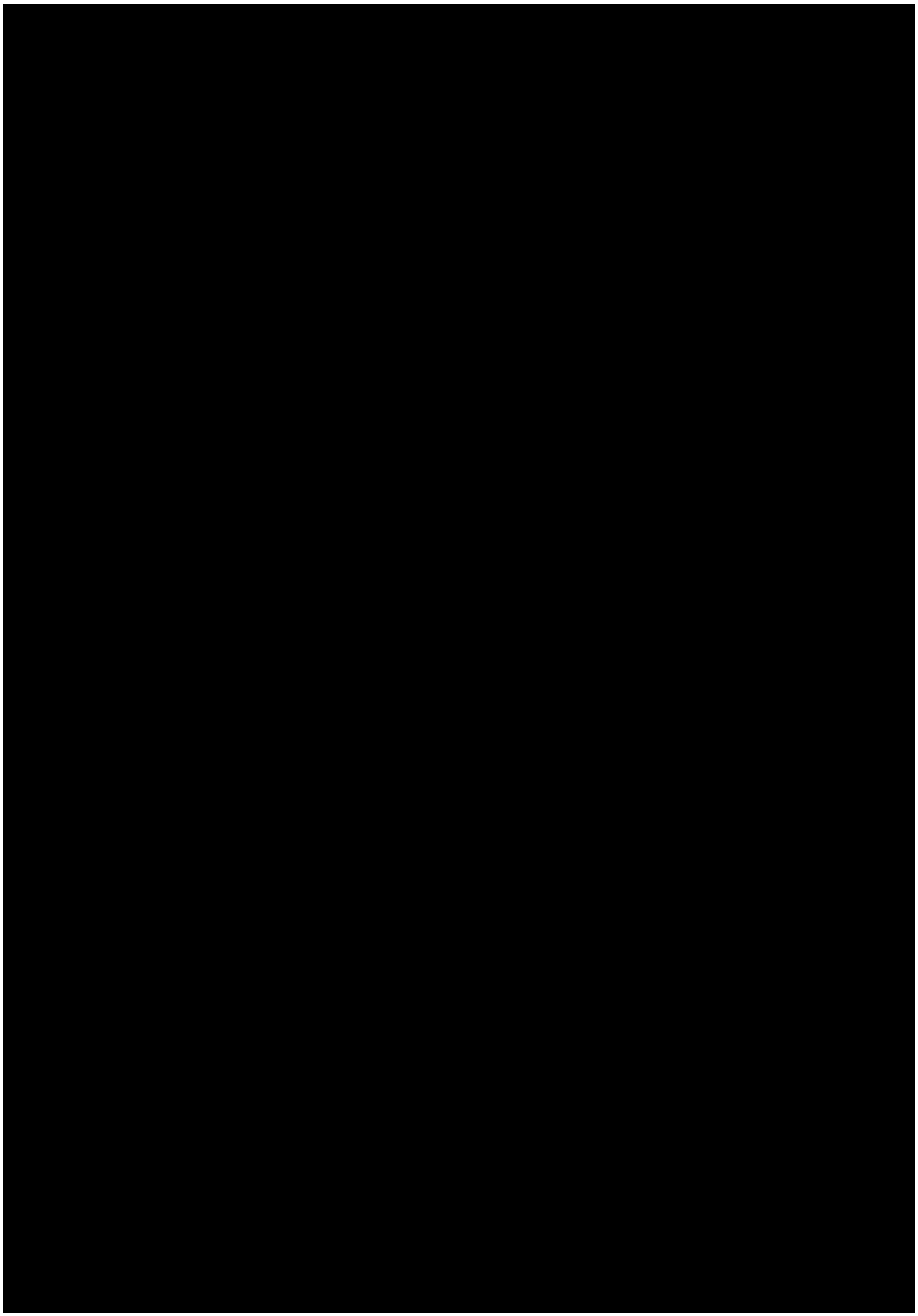

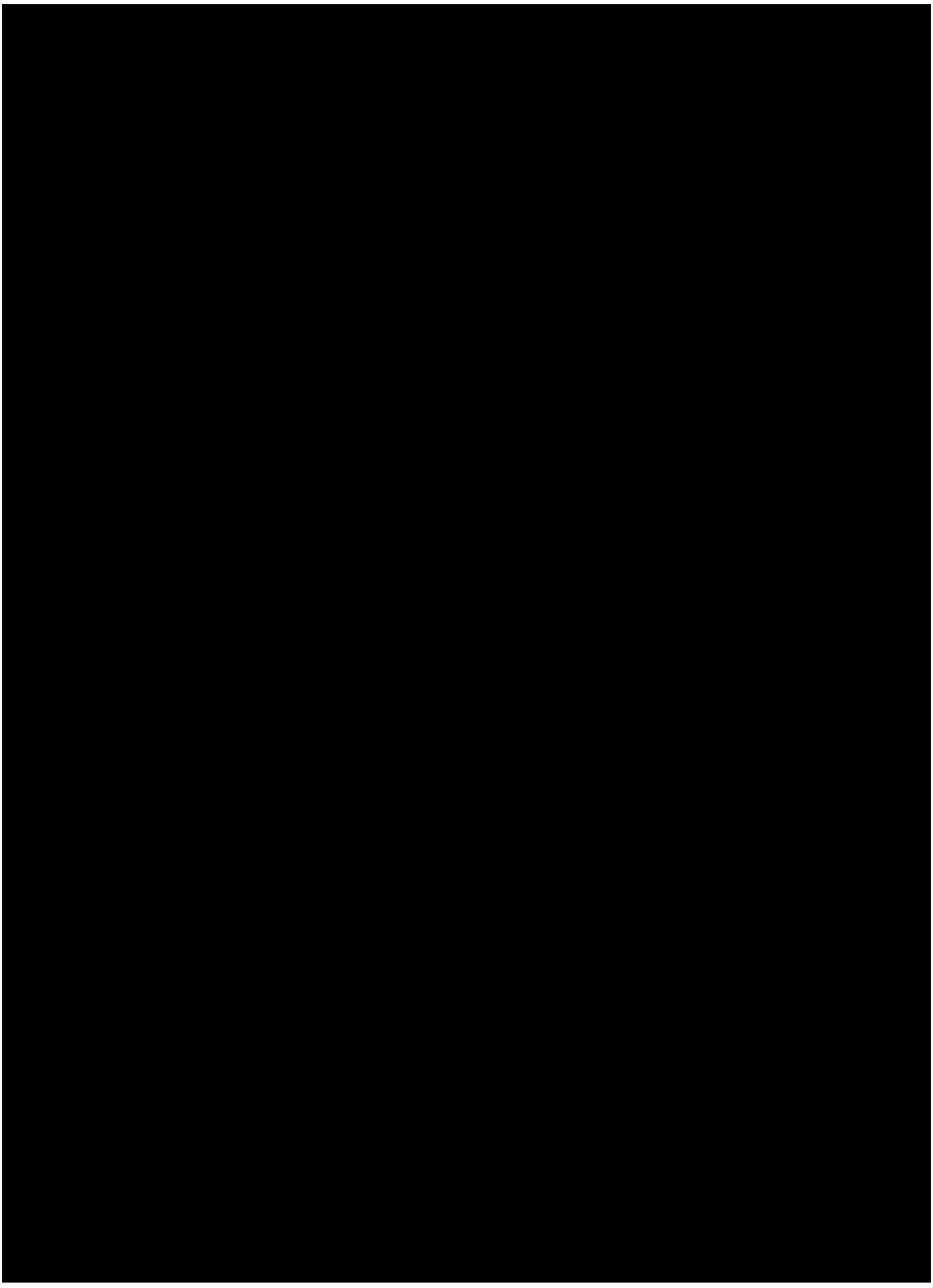

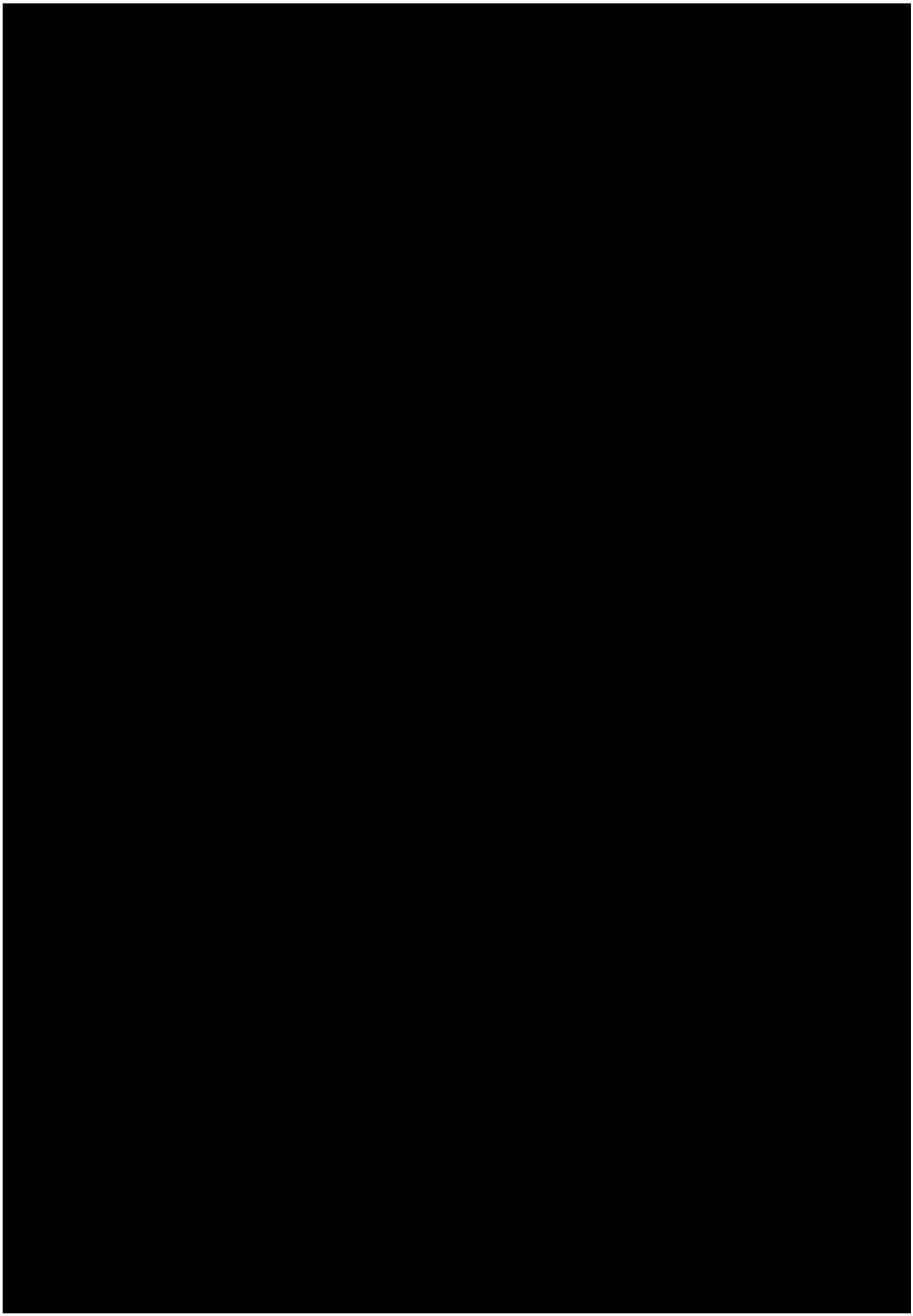

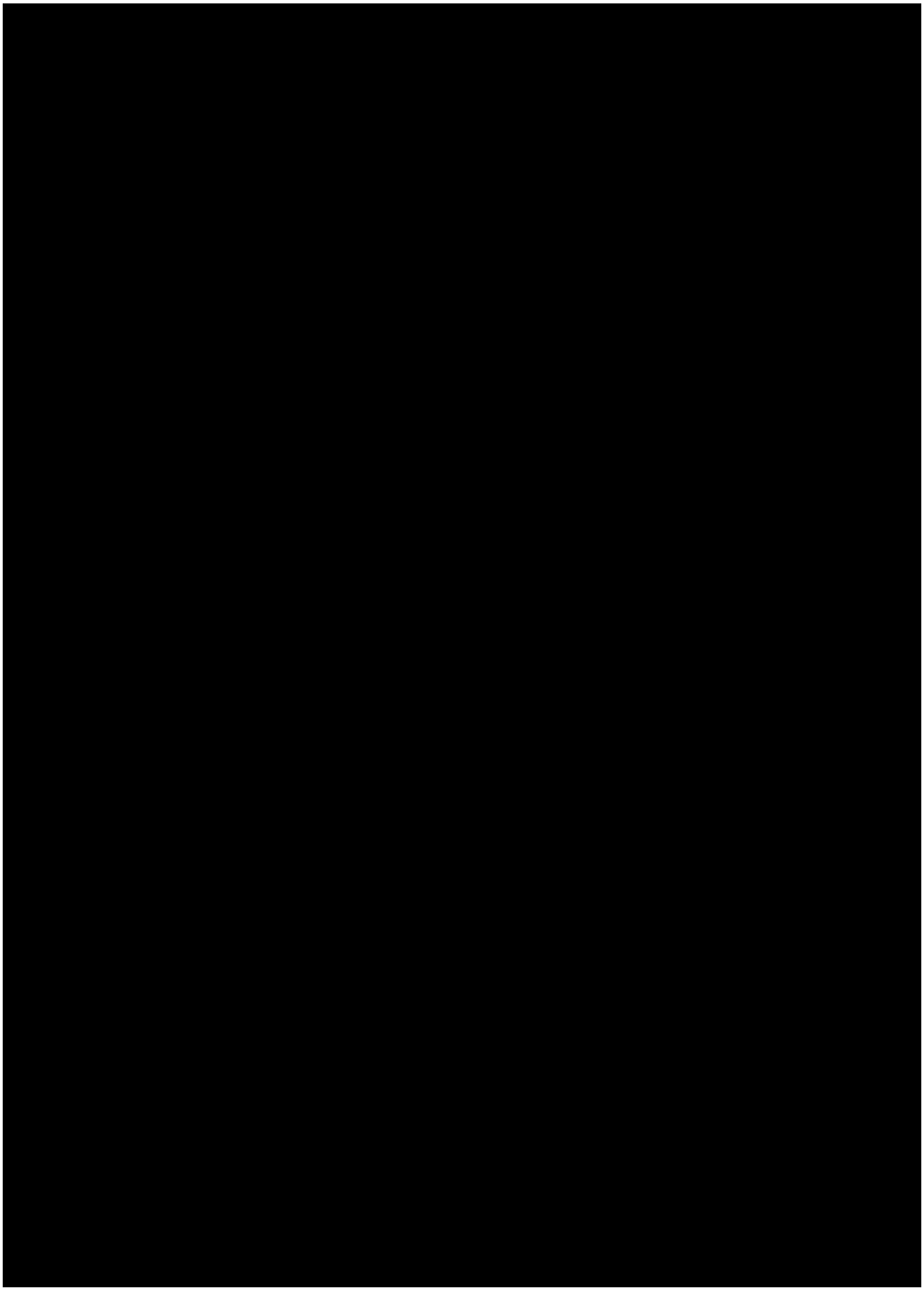

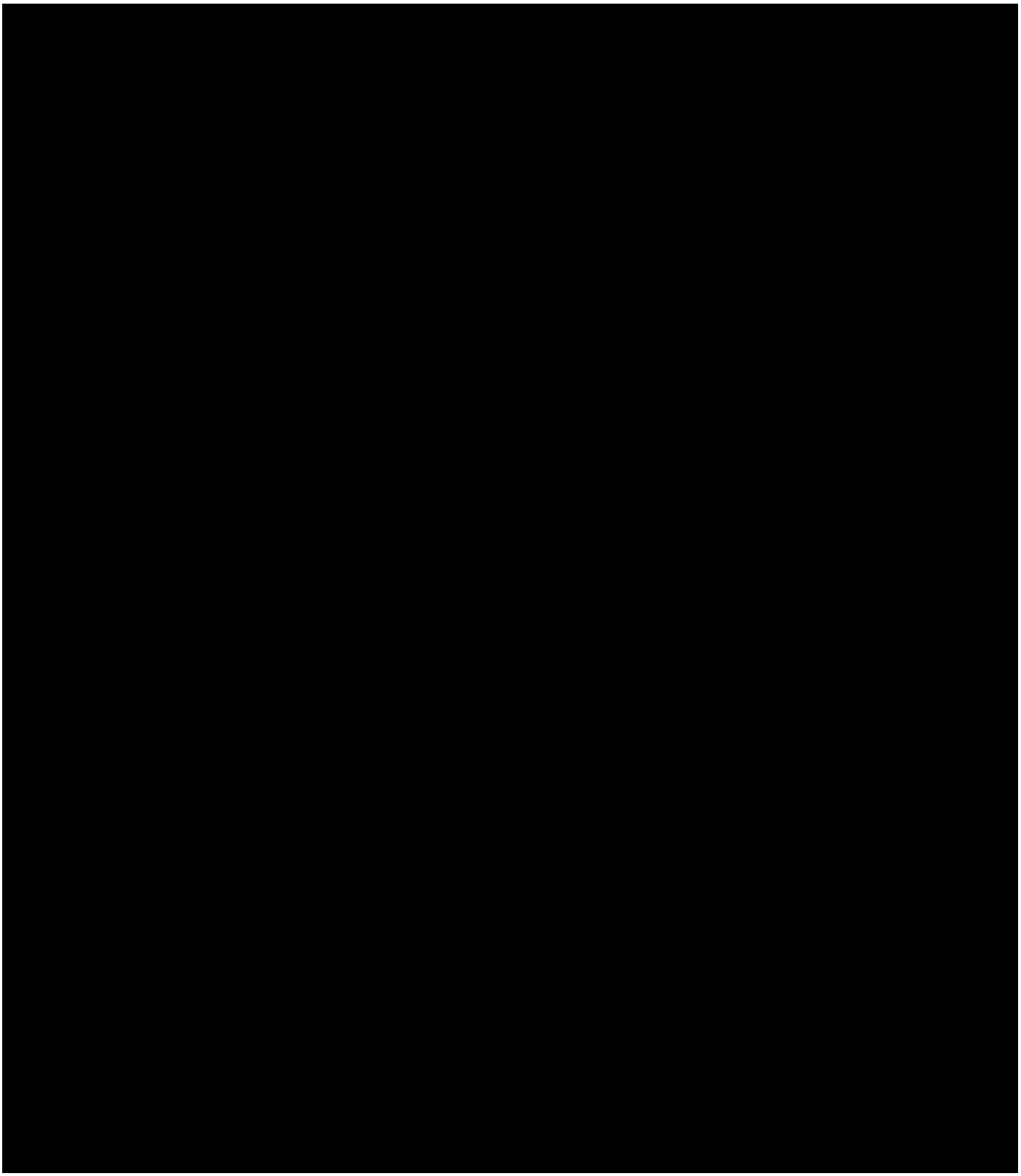

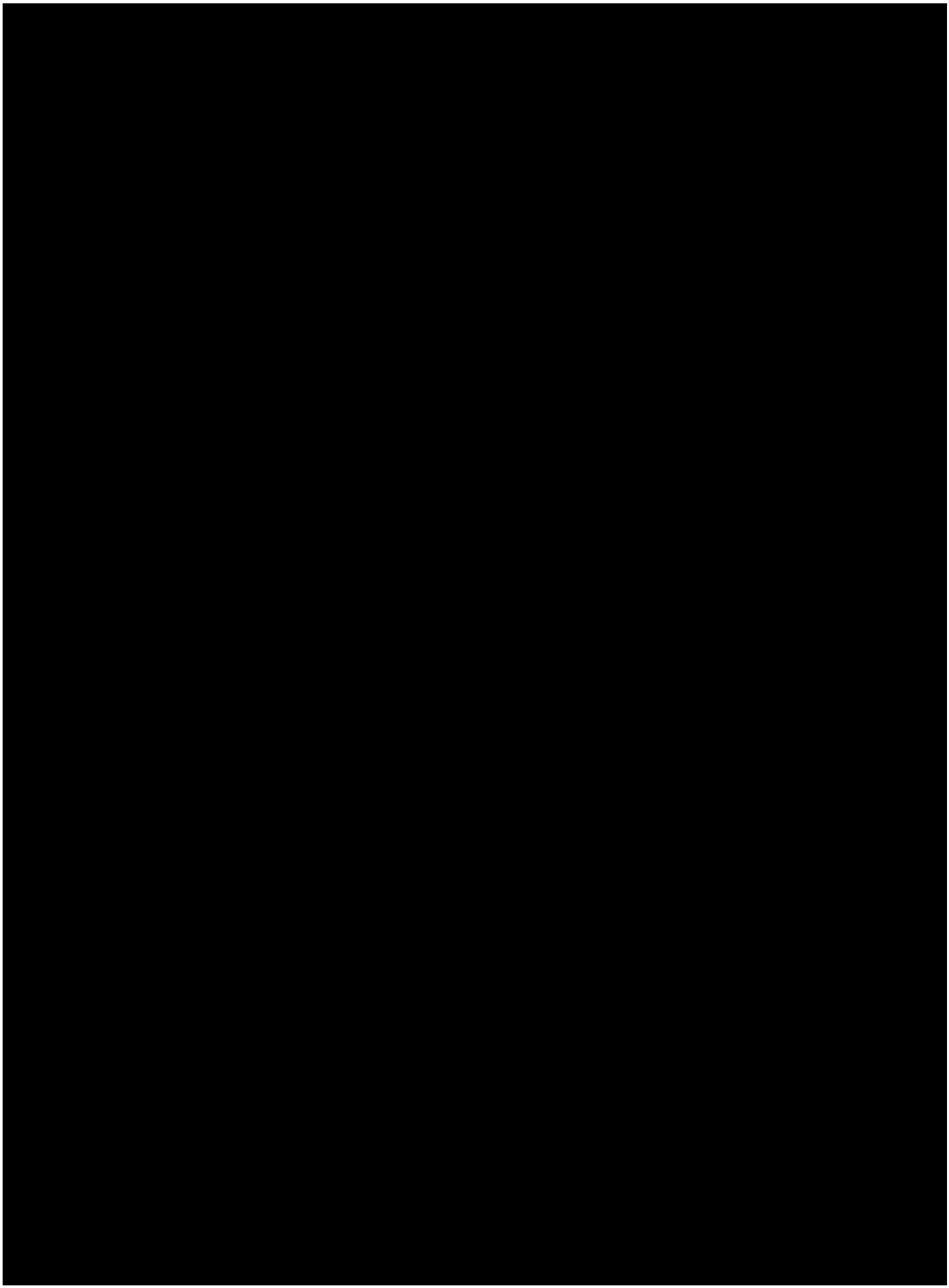

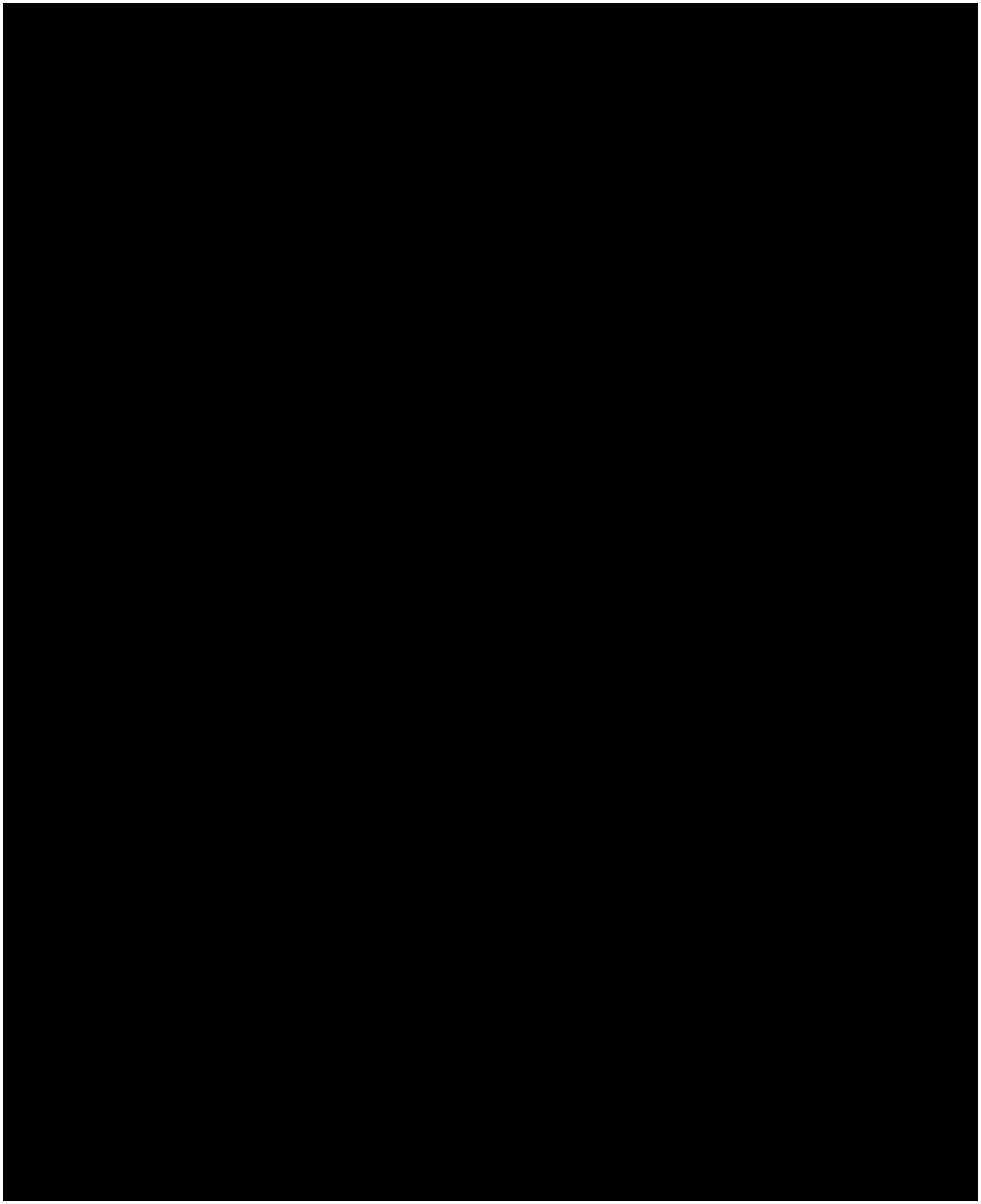

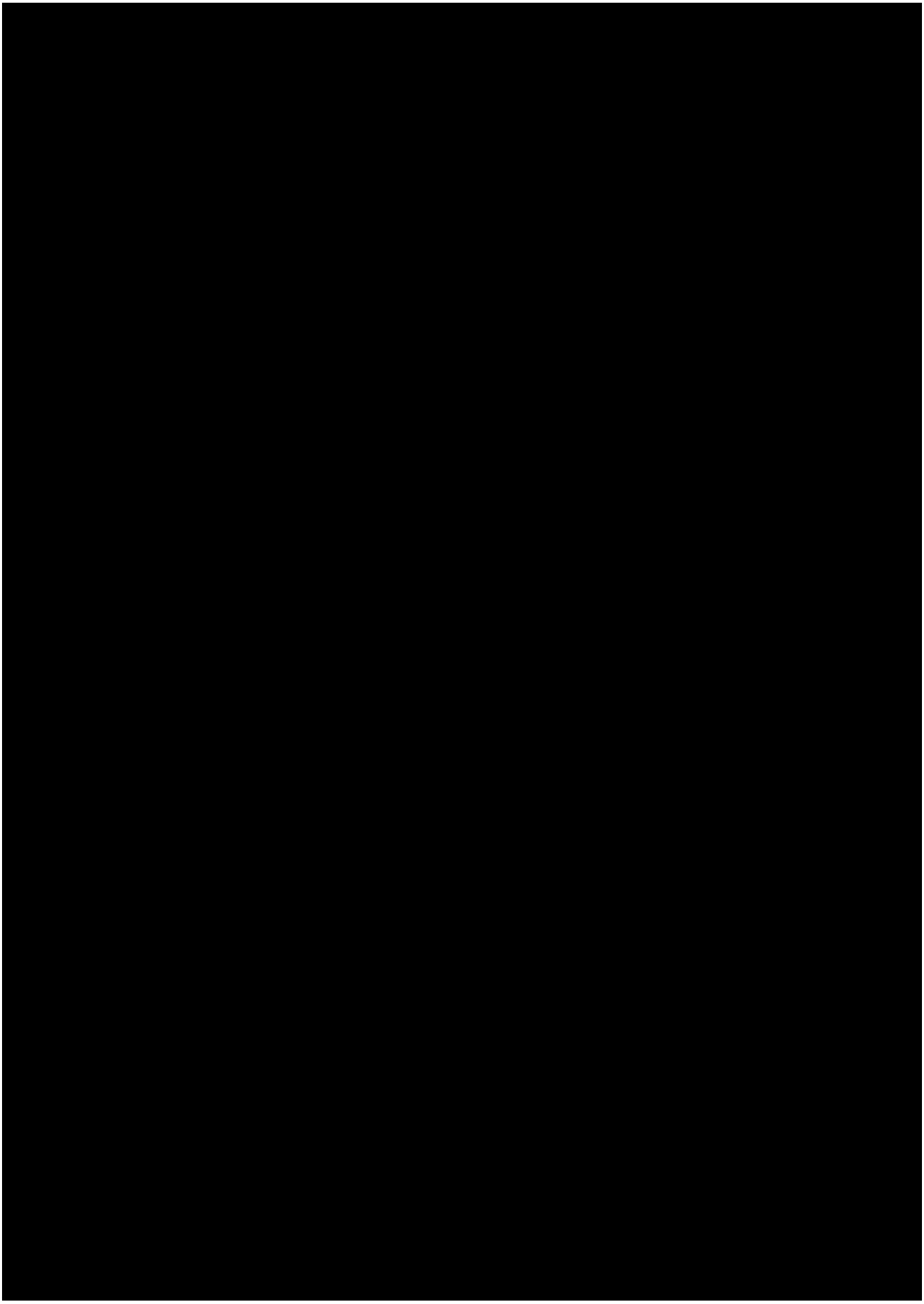

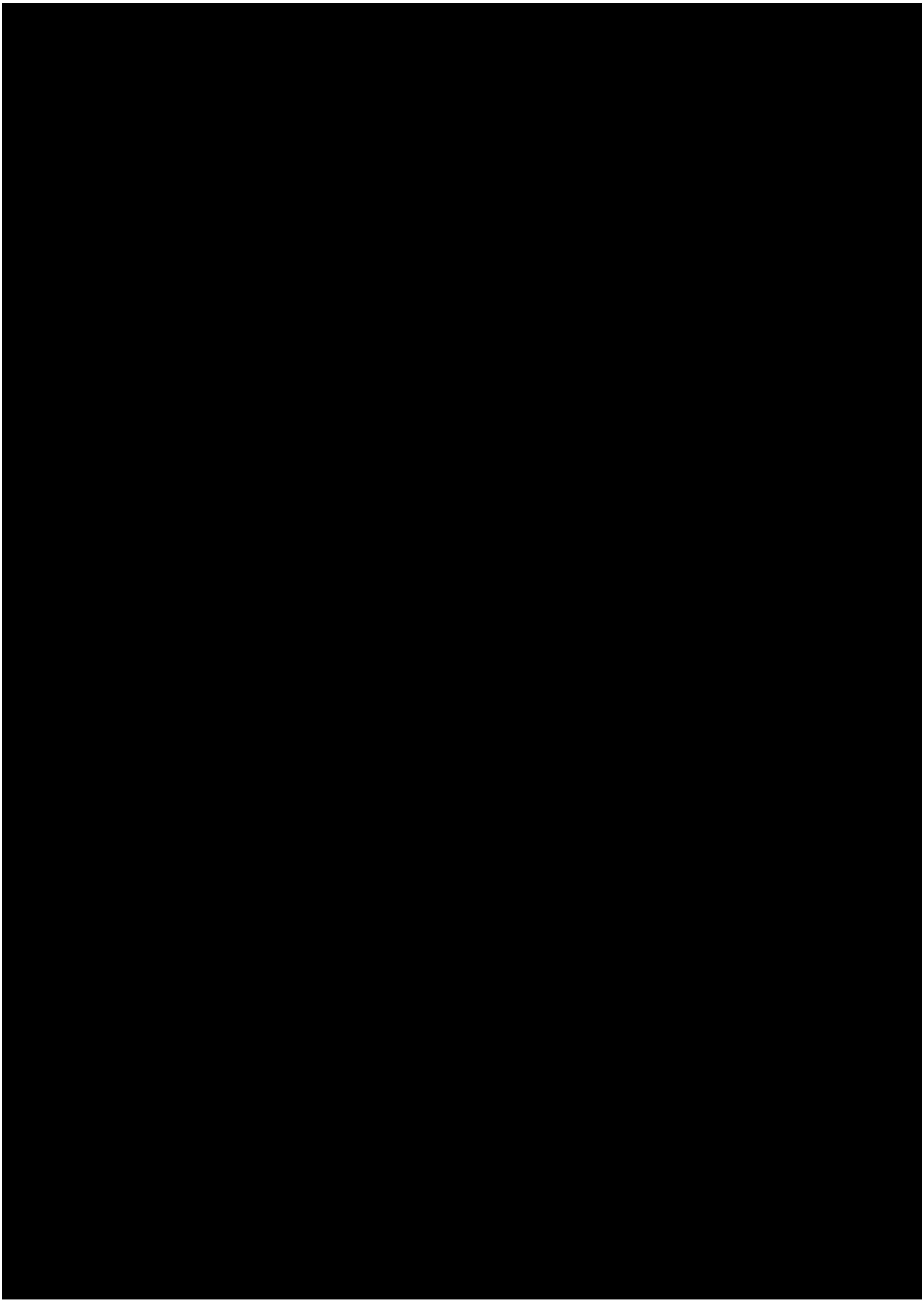

RESEARCH STUDY APPENDICES

Appendix 1: City University Ethics Form

Appendix 2: Introductory Invite Email to Organisations to Participate

Appendix 3: Research Invitation Letter

Appendix 4: Information Sheet

Appendix 5: Consent Form

Appendix 6: Interview Questions

Appendix 7: Debrief Information

Appendix 8: Participant Profiles

Appendix 9: Sample of Interview Memos

Appendix 10: Exemplar (Worked Example of Data Analysis from Transcript Extract)

Appendix 11: Sample of Database Detailing all Line Codes, Focused Codes, Categories, and Central Categories

Appendix 12: Sample of Memos on Emerging Categories

- **Focused codes emerging after 7 interviews 28/01/2010**
- **Processes identified so far 14/03/2010**
- **Novel focused codes emerging across interviews 01/04/2010**
- **Central category: Bringing 'sameness' into the therapeutic 'triad' 04/06/2010**
- **Strategies for working with similarity 07/06/2010**
- **Bringing 'sameness' into the room 13/06/2010**
- **Unpacking therapist assumptions 27/06/2010**

Appendix 1: City University Ethics Form

Ethics Release Form for Psychology Research Projects

All trainees planning to undertake any research activity in the Department of Psychology are required to complete this Ethics Release Form and to submit it to their Research Supervisor**, together with their research proposal**, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department of Psychology does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM
- Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2004) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
- **Trainees are not permitted to begin their research work until approval has been received and this form has been signed by 2 members of Department of Psychology staff.**

Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

BSc ☐ MPhil ☐ MSc ☐ PhD ☐ **DPsych ☐**
N/a ☐

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

How therapists work with similar clients

2. Name of student researcher (please include contact address and telephone number)

Erin Reid, Address and contact telephone number provided

3. Name of research supervisor

[Name of Supervisor]

4. Is a research proposal appended to this ethics release form? **Yes**
No

5. Does the research involve the use of human subjects/participants? **Yes**
No

If yes,

a. Approximately how many are planned to be involved?

Semi-structured interviews will be conducted with 8-12 participants

b. How will you recruit them?

Participants will be recruited through the services that they work for. These will be specialist counselling services that match therapists to clients on the basis of similarity.

c. What are your recruitment criteria?

(*Please append your recruitment material/advertisement/flyer)*

The inclusion criteria are as follows:

Participants will be:

- over 18 years of age
- able to give personal consent
- able to read and write in English (to ensure that they are able to give informed consent, unfortunately due to limited financial resources materials will not be available in languages other than English)
- Qualified therapists (counsellors, therapists, psychologists, psychotherapists etc) working within a specialist counselling service as detailed above, with experience of working with similar clients

The interest of the service in participating in the research will firstly be ascertained by telephone/email. Approaching therapists within the service will be done via service management. Potential participants will review the information sheet and consent form and will opt in to the research by contacting the researcher by telephone or email.

d. Will the research involve the participation of minors (under 16 years of age) or those unable to give informed consent? Yes **No**

e. If yes, will signed parental/carer consent be obtained? **NA**

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? ***(If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification).***

Participants will be asked to be interviewed about their experiences of working with similar clients. Interviews will be held in a private room on their service premises and will last for approximately one hour. Interviews will be conducted within the service's normal working hours and the time will be arranged in advance with the participant by telephone/email.

A service management representative will be aware of the time and location of interviews.

7. Is there any risk of physical or psychological harm to the subjects/ participants?

Yes No

If yes,

a. Please detail the possible harm?

Individuals may become emotional recalling experiences when counselling similar clients went well or did not go so well.

b. How can this be justified?

The researcher has tried to be as transparent as possible about this potential risk in the information sheet. In addition, the information sheet outlines the option for participants to withdraw at any time from the interview or to not answer any questions they feel uncomfortable with.

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

Yes No

An information sheet has been produced for the research and this will be made available to all potential interviewees and also the service management.

(*Please append the information sheet which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)*

9. Will any person's treatment/care be in any way compromised if they choose not to participate in the research?

Yes **No**

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

Yes No

A consent form has been developed for the research participants to review prior to the research. In addition to the copy of the consent form and information sheet sent in advance to potential interviewees, at the time of interviewee, interviewees will be

asked to re-read a copy of the information sheet, have any questions answered, and sign the consent form before embarking on the interview.

(*Please append the informed consent form which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)*

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

- Audio files for interviews
- Excel database of organisation/therapist contact details and notes regarding each interaction
- Paper copies of therapist consent forms
- Interview transcripts (hard/electronic copies)

12. What provision will there be for the safe-keeping of these records?

- Interview audio files and transcripts contained in word documents will be encrypted and stored in a password protected folder on the password protected laptop belonging to the researcher and stored in a locked cabinet.
- Excel database with contact details will be encrypted and stored in a password protected folder on the password protected laptop.
- Paper copies of therapist consent forms and interview transcripts will be stored securely in a locked cabinet.

Only I, the researcher, will have access to this data, however my supervisor, who is also bound by confidentiality, may require access to the anonymised interview data purely to assist with data analysis.

None of the participant data will be passed on and it will not be used irresponsibly. It will only be used for the purposes of this research project.

13. What will happen to the records at the end of the project?

On completion of the research project all electronic data files and hard copies will be destroyed.

14. How will you protect the anonymity of the subjects/participants?

Names and contact details will be stored in a password protected excel database on a password secured laptop which will be stored in a locked filing cabinet. This is the only place that names and contact details will be kept. No named or identifiable data will be taken from this laptop and no data will be transported or transferred electronically or manually. Audio file names will be coded by participant number and will correspond with the data held only in the excel database. Although quotations may be used in the write-up of the research, no participant identities will be revealed.

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?

After each interview, standardised debrief information will be read out to each interviewee and a written copy given to them to take away. All participants will be invited to ask any questions they may have about the research and will be asked if they would like to receive the results of the research.

Appendix 2: Introductory Invite Email to Organisations to Participate

Dear [name of counselling organisation], I hope that you are well.

My name is Erin Reid and I am entering the final year of my Doctorate in Counselling Psychology at City University, London. I would like to invite one or two of your therapists to be interviewed for my final year research project exploring the experiences of therapists working with clients who are similar to them.

I hope that the results of this research will help your organisation to better understand the issues that arise when organisations match clients and therapists.

I have attached to this email a document containing an invitation letter, information sheet, and consent form for those therapists who might consider participating. My contact details are provided and I would be hugely grateful if you would consider circulating this invitation.

I hope that it will be OK for me to follow up on this email by telephone in the coming weeks if I have received no response by then.

Thank you very much in advance for your time and help.

Best wishes,

Erin Reid

Tel:
Email:

Appendix 3: Research Invitation Letter

Similarity Matters Doctoral Research Project
Lead Researcher: Erin Reid
Tel:
Email:
Postal Address:
Research Supervisor:

[DATE]

Dear Therapist,

Subject: Exploring therapist-client similarity

I am writing to you to invite you to participate in research exploring therapist-client similarity. This research aims to capture the experiences of therapists from a variety of UK specialist counselling services which match clients to therapists, to gain a better understanding of how therapists work within these settings.

The research would involve you being interviewed about your experiences and the entire process should take approximately one hour and would take place in normal working hours at your organisation's offices.

To help you to decide if you would like to be take part I have enclosed:

- **A participant information sheet about this research:** for you to read through before you decide whether you would like to take part.

- **A consent form:** Please read through the consent form. If you are happy to take part you will be asked to sign two copies of the consent form at the interview, one for you to keep and one for the researcher to keep.

If you would like to take part or have any questions about the research or the enclosed information, please contact me at [email address] or on [telephone number].

Thank you very much for taking the time to think about taking part in this research. I look forward to hearing from you soon.

Best wishes

Erin Reid
Researcher, City University London

Appendix 4: Information Sheet

Similarity Matters Doctoral Research Project
Lead Researcher: Erin Reid
Tel:
Email:
Postal Address:
Research Supervisor:

Exploring therapist-client similarity

Information about the Research

I would like to invite you to be interviewed about your experiences of working in an organisation where therapists and clients are similar. This information sheet explores the research and what it would involve for you. Please take time to read the information before deciding whether or not you wish to take part.

Please feel free to contact me, the researcher, Erin Reid on [telephone number] or at [email address] if you would like to take part in the research or if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

I am interviewing therapists from a variety of different services in the UK which match therapists and clients.

I hope that this research will generate findings which will be helpful to services that currently match or wish to match their clients to their therapists, so that these services can better support their therapists to assist the clients within their care.

Do I have to take part?

It is up to you to decide if you would like to take part or not. If you change your mind about participating you are free to withdraw at any time, without giving a reason and you will not be contacted again.

What will I have to do if I agree to take part?

If you are happy to participate you will be interviewed to explore your experiences of working within your service. At the start of the interview you will be asked to read and sign two copies of a consent form (one for you to keep and one for you to return to me, the researcher) to show that you understand what is involved in the research and are happy to take part. The whole experience should last approximately one hour and will typically take place at your place of work at a time convenient to you within the normal working hours of your organisation. The interview will be tape recorded so that I can compare your experiences to others who work in similar settings. The consent form will ask you to consent to the interview being recorded.

What are the possible disadvantages and risks of taking part?

Recalling your experiences may make you feel emotional. Should you feel any discomfort at any time during the interview, or should you wish not to answer any of the questions that I ask, you are free to withdraw from the research at any time.

What are the possible benefits of taking part?

I hope that you will be happy to share your experiences. It is my desire to share results of the study with the organisations that take part so that they can improve the way that their services meet the needs of clients and therapists alike. Although quotes from your interview may be used, your identity will not be revealed.

What happens when the research finishes?

I am happy to contact you and provide you and your organisation with the results of this research once it is finished in 2010. You can let me know if you would like to receive this information by ticking the box on the consent form and I will send this information to you. The results of the study will also be submitted to conferences and journals so that the research can be shared with others interested in the therapeutic relationships between therapists and similar clients.

Will my taking part in the study be kept confidential?

Yes. All information about you will be handled in confidence. The interview data that you provide will be stored securely, and although quotations may be included in the write-up of the research, your identity will not be revealed. Your contact details will only be stored in a password protected file on a secure laptop computer and any paperwork that you provide will be kept in a locked filing cabinet at all times. Only I, the researcher, will have access to this data, however my supervisor, who is also bound by confidentiality, may require access to the anonymised interview data purely to assist with data analysis. Your information will not be passed on and will not be used irresponsibly. On completion of the research all information that you have provided will be destroyed.

What if there is a problem?

If you have any problems or are worried about any part of the research, please contact me, on [telephone number] or at [email address].

Who has reviewed the study?

This research has been reviewed by [name of supervisor], Research Supervisor who can be contacted at [supervisor telephone number] or at City University, School of Social Sciences, Northampton Square, London, EC1V 0HB. The research has also passed the City University, London Ethics Review Process.

What do I have to do if I want to take part?

If you would like to take part in the research, please contact me on [telephone number] or at [email address] and I will get in contact with you to arrange a mutually convenient time for us to meet.

Thank you for reading this information

Appendix 5: Consent Form

Similarity Matters Doctoral Research Project
Lead Researcher: Erin Reid
Tel:
Email:
Postal Address:
Research Supervisor:

Exploring the experiences of therapists working with similar clients

Interview Consent Form

Date of interview: Participant Identification Number:

Please initial each box if you are happy to take part in this research

1. I confirm that I have read and understood the information sheet for the above study. I have had the opportunity to consider the information, ask questions, and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to withdraw from the research at any time without giving any reason. ☐

3. I am happy for the researcher to interview me to explore my experiences of working with similar clients. ☐

4. I am happy for the interview to be audio-recorded. I am also aware that the recording will be retained and transcribed by the researcher and then destroyed once the research is completed. ☐

5. I am aware that although quotations from this interview may be used in the write up of the research, my identity will not be revealed. ☐

6. I would/would not **[delete as appropriate]** like to receive a copy of the research results when the research is completed in 2010.

_____	_____	_____
Your Name	**Your Signature**	**Date**
_____	_____	_____
Name of Researcher taking consent	**Signature of Researcher taking consent**	**Date**

Appendix 6: Interview Questions

Opening question (rapport): general enquiry about counselling experience and background

Provisional interview questions

1. Many counselling services see similarity between clients and therapists as important - What do you think?

2. What attracted you to working for this particularly service?

3. How does your work in a matched-counselling setting, compare to your work in other settings?

4. How does similarity impact your counselling work (positive/challenging impact?) What issues arise?

5. How do you work with the issues that you have highlighted? Can you provide any specific anonymised examples?

6. How, if at all, is similarity broached in your work with similar clients?

7. How does your theoretical orientation impact your work with similar clients?

8. What supports/facilitates your work with similar clients? What role does supervision play?

9. We have talked about a lot of things today. Is there anything else that you would like to add that we haven't explored?

10. How has it felt to be interviewed on this subject today?

Prompts:

- Can you tell me more about that?
- Can you tell me more about how you do/achieve that?
- How do you manage/work with that?
- When would you do that?
- What happened next?
- What led you to do that?
- Could you provide an example of that from your practice?

Later interview questions (introduced due to theoretical sampling)

1. Can you talk to me about specific occasions where similarity had a particularly positive impact on your counselling work with a client? What did you learn from this?

2. Can you talk to me about specific occasions where similarity had a particularly negative/challenging impact on your counselling work with a client? How did you cope with this? What did you learn from this?

3. Can you talk to me about specific occasions where similarity had a particularly unexpected or surprising impact on your counselling work with a client? What did you learn from this?

4. How do you cope with client curiosity?

5. How does similarity impact your self-disclosure?

6. How would you describe your organisation's philosophy?

7. How are clients allocated to therapists?

8. Was similarity covered in your counselling training?

9. What are your thoughts on the impact of your identity/gender on your work with similar clients?

10. What type of support/training do you receive/would you like to receive, for your work with similar clients?

11. What is the impact of working with similar/different supervisors?

12. What are your thoughts on the presence of difference within similarity? How do you work with that?

Appendix 7: Debrief Information

Today's interview was aimed at exploring your experiences as a therapist working within a service which matches therapists and clients.

Research states that therapist-client similarity can have both positive and negative effects on the client's experience of counselling, however, little research exists looking into the therapist's experience of being matched to the client. With this in mind, I was particularly interested in hearing about how you work with similar clients and the ways that you find this work a positive or a challenging experience.

I am interviewing therapists who are working in specialist counselling services and have been recruited particularly because of their similarities to their clients.

By exploring the experiences of therapists like yourself working in specialist counselling settings, I hope to gain insights into what it is like for therapists working with clients who are similar to them to share with others within the therapeutic community.

I hope that the research findings will add to the under-researched area of therapist experiences of client-matching. It is also my hope that the findings will help organisations to better support the therapists that they employ to assist the clients within their care.

If you would like to receive information about the full results of the study when the data collection, data analysis, and writing up of the research is complete in 2010, you can leave your name and email address with Erin Reid, the researcher, now, or contact her later with this information on [telephone number] or at [email address].

Thank you for being a part of the research

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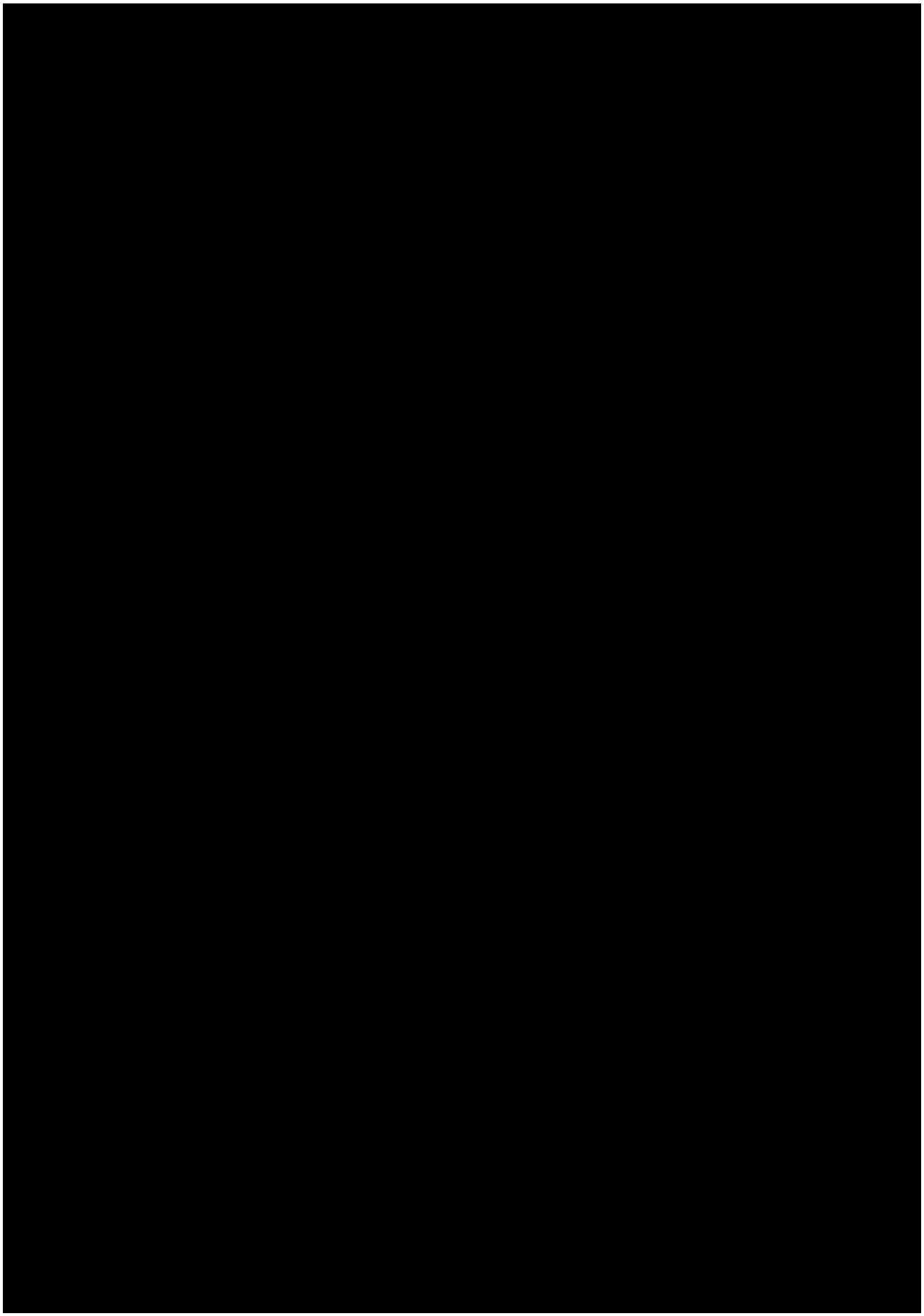

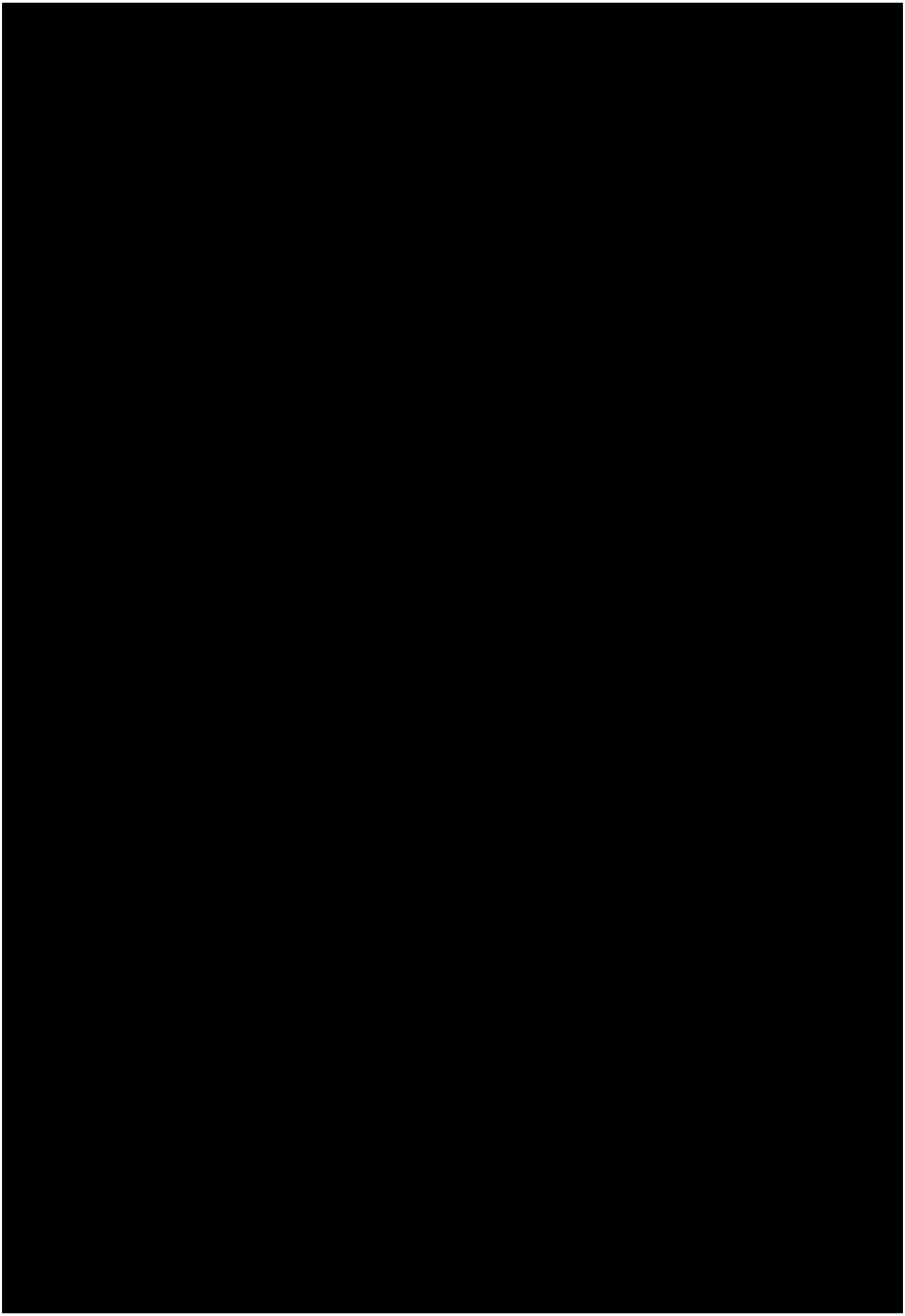

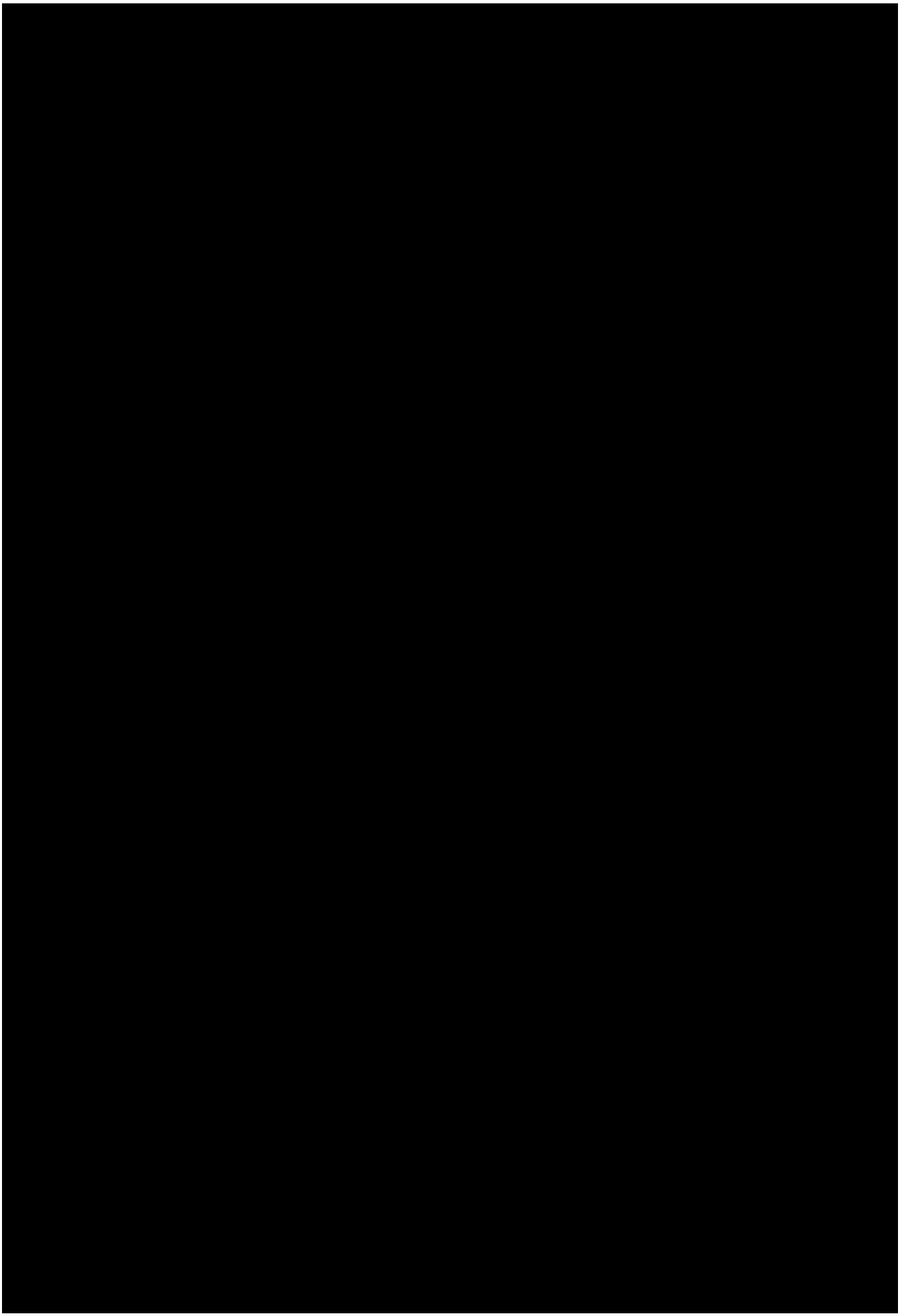

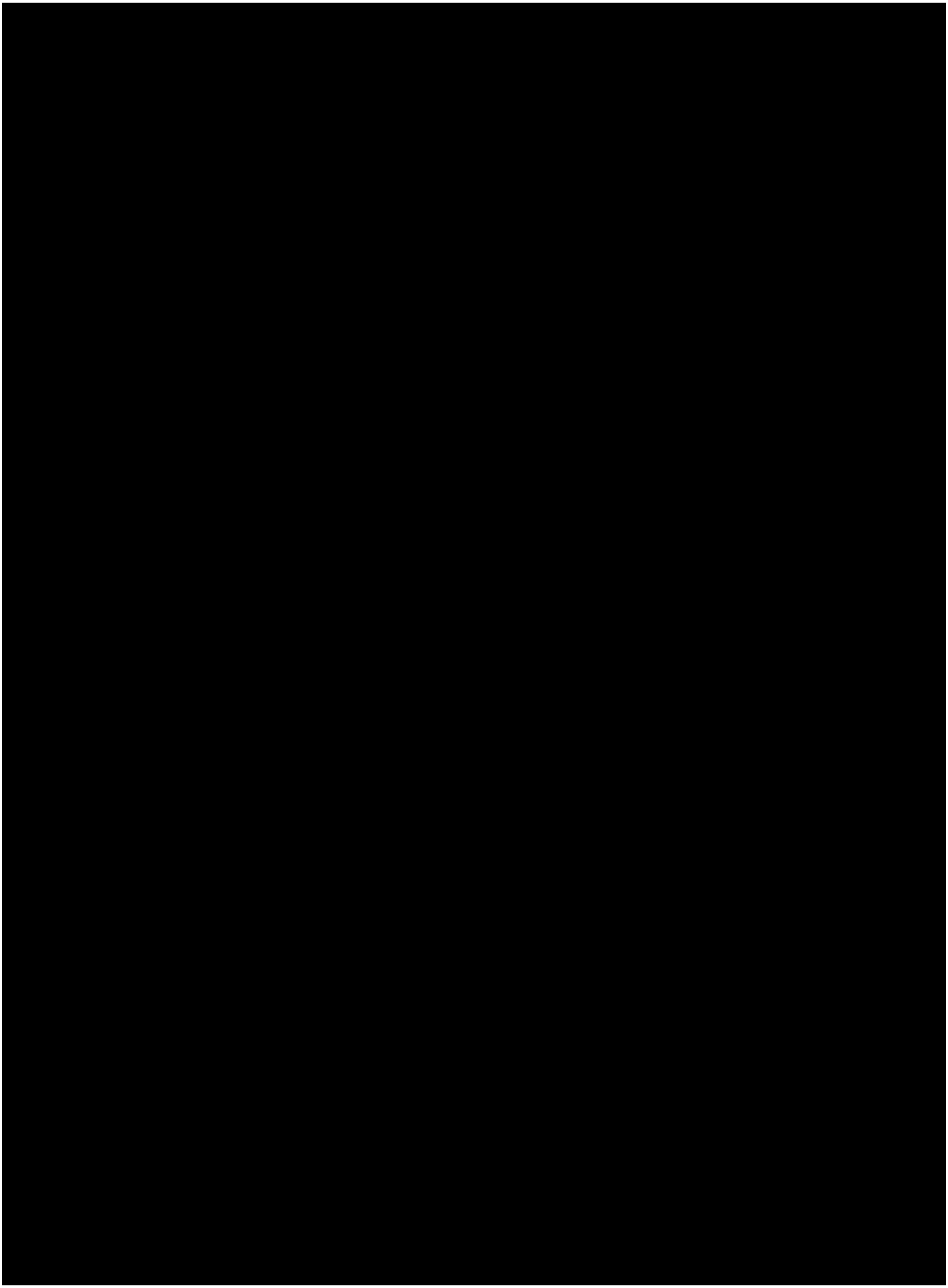

Appendix 9: Sample of Interview Memos

These memos were handwritten at the first opportunity after completing each interview.

Interview 002

Service manager perspective: also interesting perspective re holocaust victim underlying attraction to similar counselling work, and self-defined expert status on Jewish/Holocaust survivor issues

Matriarchical model of organisation. Team players, open door policy

I felt like the quality of this interview wasn't as good as the first – why? My assumption? Realise all data is data. Difficult maintaining interviewee focus.

Intriguing response to reflexivity question - Networking, maybe didn't personally connect with me? Would have been interesting to ask what it would have been like if I was Jewish

Examples used: a Black person, Blackness, Black Jews: was this her attempt to connect with me, was this due to my identity? Would this have differed if I was White/Jewish, i.e. not Black???

Interview 005

Again, the after the tape goes off moments!
Frustration – the real titbits?! Counselling as use of metaphor, the language = key understanding, My need to ''unpack the issues", infers complexity

Many services are only now – including NHS – favouring the employment of similar therapists

Key themes
Attraction to service: multi-cultural teams, practitioner/manager

Interpreters in the counselling relationship -Training and supporting them
Finance and funding – the implications of resources

Similarity as multi-faceted concept – ethnicity, gender, language, age, skin colour – the clients explicit request to work with/not with similarity

The organisation's philosophy: serving the hard to reach groups – providing counselling to those with low income.

The 'relief' clients feel when can be understood in own language, niche market; serving that which the NHS can't

Language competency – language of learning different to language of practice

Interview 008

Really enjoyed the interview experience. Some pre-concerns re suitability of interview – i.e. faith-based not specifically matching, but soon overcome – Christianity as a rationale/motivation for low cost counselling offering, rather than matching, feels spirituality lacking from training

Interviewee mentioned running a training session on "in the therapeutic relationship, what is important?" and get the group to debate sameness or difference

Similarity as permission giving* - feels like key concept! maybe general counselling is too broad for similarity-seeking clients, however, strong feelings re gay counselling services

Coping with client projections – challenge, encouraging a broader appreciation of Christianity. The supervision relationships – difference as good, challenging

Interview 010

Request annual report?
History of setting up organisation from scratch - own roots – bi-cultural parentage outside host culture

Interpreter difficulties: workshops/training interpreters to work with therapists/ therapists to work with interpreters, supervising interpreters, the therapist as the 'third party' when working with interpreters

Over-identification and 'own stuff'. Supervision – dealing with personal material, comparing different culture/ same culture supervision, learning from the supervisee

Sameness – needs to be offered, client needs the choice. Similarity helps client – empathy, understanding

Therapist – training in English, then practising in own language leads to informality – "language of their youth, not profession"

Philosophy – equity of access, prioritising the needs of the client base. Valuing bi/multi-lingualism

Project constantly developing, identity: charity-funding, research, multiple services, user-involvement

Interview 012

Post-interview chat again! Over-identification and asylum seekers/refugee council – quest for legal status, mirroring and envy

Conscious quest for similarity, or enforced? Learning – increasing vocabulary, negative projections leading to supervision.

Depth of being understood due to similarity as leading to an increase in expectation, engaged beyond language – use of metaphor in Farsi – cultural

Endings in the relationship – complicated by similarity, clients desire to continue the bond

Working with interpreters – training, debriefing

Impact of working psychodynamically – and attraction to service – practical reasons and reputation

Depth of being understood due to similarity as leading to an increase in expectations, but similarity does not mean 'same'

Interview 013

Aware of repetition in subject matter explored – less new categories emerging now

The trainee perspective – own reasons for participation – own research and organisation's buy-in

Lesbian client-gay male therapist – impact and misunderstandings present – working with organisation as exploring own sexuality through similar client work, increased community involvement

Bracketing off own feelings, counter-transference as information, also over-identification – similarity triggering own information and experience, use of metaphor

Self-disclosure as normalising experiences and building working alliances quickly

Increased informality with similar supervision due to sharing identity on some levels

Challenges of similar client-work: attraction to clients, mirroring the client's appearance, mannerisms, increase in questions with similar clients – need to use similarity as material for it to be helpful

Appendix 10: Exemplar - Worked Example of Data Analysis from Transcript Extract

This appendix contains a worked example of the research analysis. It provides a step-by-step overview of how the researcher moved from the raw data within the interview transcripts through to the phases of coding and the creation of categories.

Step 1: Interviews were transcribed from audio-files into Microsoft Word

Step 2: Line numbers were applied to each interview transcript to facilitate line-by-line coding and grouping and tracking of coded data into categories

Step 3: An initial in-vivo code was assigned to each line of each interview transcript

Step 4: Relationships between initial codes were explored and the most significant and frequently occurring initial codes became focused codes

Step 5: Further exploration of the relationships between focused codes led those focused codes with explanatory properties to be upgraded to category status. Categories were found to be hierarchical in nature with interrelated categories and sub-categories identified.

Step 6: The core and central categories were identified and the sub-categories were organised. Sections of the interview narratives supporting each category were selected. This led to the generation of a cohesive Grounded Theory supported by direct quotations taken from the therapists' narratives, and using the language and terminology therapists introduced when describing how they worked with similarity.

The pages that follow demonstrate visually the processes outlined above.

Interviewee 001 - Interview transcript

	Initial line-by-line coding	Focused codes and Categories
Interviewer: So just to kind of start with I thought, would it be ok to talk just generally about your counselling experience?		
Interviewee: Erm, let's see, I am... at [Name of Training Institution], erm and I...did my placement at [Name of trainee counselling placement]	Recollecting training	(Re)establishing how similarity might help or hinder Constructing sameness Pressure to accept unsuitable clients
Interviewer: OK		
Interviewee: And...the first client I was given, I was given umm a Columbian speak, er Spanish speaking Columbian client	Inter-language differences	
Interviewer: Mmmhmm mmmhmm		
Interviewee: And I accepted him because I didn't have a clue about what I was getting into	Pressure to accept unsuitable clients	
Interviewer: OK		
Interviewee: Um, what I...what I found difficult, umm, thinking about it because I was training in English	Difficulty translating training from English	(Re)establishing how similarity might help or hinder Constructing sameness Translating theory to different language/culture
Interviewer: OK		
Interviewee: So the language, umm, was a difficult thing	Difficulty working in mother-tongue	
Interviewer: mmmhmm		
Interviewee: because I tend to...the concepts and the theories and whatever I dunno how in neuro...sort of science words, but I think it was in a different brain cell...storage, and I found very difficult to marry the theoretical understanding with words culturally and language-wise that a person was presenting to me	Difficulty retrieving concepts/theories Marrying theory, culture and language	
Interviewer: OK so the the fact that your training was being given in English but then the work that you were doing was in Spanish...		
Interviewee: was very challenging yes	Challenge translating training from English	
Interviewer: OK, mmmhmm		
Interviewee: Umm, then it was my only experience umm with clients, in umm, in Spanish, then it was English-speaking clients, and that was fine until umm, I joined [Name of counselling organisation] umm...six years later	Limited language matching experience English-speaking clients fine	
Interviewer: Was that whilst you were training or was that after?		
Interviewee: [Name of counselling organisation]?		
Interviewer: yeah, that was after?		
Interviewee: Yean, no absolute...I, sorry, umm this is, I graduated in 2004	Recalling qualification	
Interviewer: mmmhmm mmmhmm		
Interviewee: umm... and then work in another in [area of London], counselling centre, in that centre for about three to four years	Early counselling experiences	

	Initial line-by-line coding	Focused codes and Categories
Interviewer: mmmhmm		
Interviewee: maybe four years, and then I've been here in [Name of counselling organisation] since March this year	Duration at similar-client job	
Interviewer: OK uh huh		
Interviewee: So, my counselling experience I think amounts to three years at [Name of trainee counselling placement], four years at [area of London], and nearly a year here	Matched-counselling experience	
Interviewer: Mmmhmm		
Interviewee: About seven years	Total counselling experience	
Interviewer: mmmhmm		
Interviewee: umm counselling of which, only this experience at [Name of counselling organisation] and that specific client has been in Spanish	Matched-counselling experience	
Interviewer: OK		
Interviewee: I also speak Portuguese	Multi-lingualism	Encouraging the client to work with difference Working explicitly with difference in the therapeutic relationship Encouraging understanding through difference Acknowledging differences within similarity - language
Interviewer: mmmhmm		
Interviewee: umm, good enough as to hold a counselling session in Portuguese	Good enough language ability	
Interviewer: Mmmhmm		
Interviewee: Umm, and I wanted to have Portuguese speaking clients but what I have experienced is that the similarity is very very difficult. I am Mexican	Desire for third language clients Similarity as difficult	
Interviewer: mmmhmm		
Interviewee: and my Spanish is Latin American...should be actually Latin American Spanish but it's not	Differentiating between European and Latin-American Spanish	
Interviewer: OK		
Interviewee: because...the only people I've been talking to are Spaniards...in Europe. So my accent has changed and that has been created, is creating umm, a lot of...that instils a lot of things in a lot of people, umm, because of the colonial relationship between Latin America and Spaniards	Socialisation of language Change/impact of accent Accent instilling Colonial relationships	
Interviewer: OK, OK		
Interviewee: So, although it may appear similar, it's is is, full of, it's a minefield	Deception/minefield of similarity	
Interviewer: mmmhmm		

	Initial line-by-line coding	Focused codes and Categories
Interviewee: it's full of umm very difficult umm, presumptions and assumptions umm, when you are with clients. I, I'll give you an example...	Difficulty of presumptions and assumptions in similarity	Bringing 'sameness' into the room Identifying and challenging client assumptions by using 'similarity' as material Unpacking client assumptions Unpacking client assumptions – trust
Interviewer: Umm		
Interviewee: I've got a Spanish-speaking Spanish client who...wants to know where I am from because that will give her, umm, obviously, umm, a package for me, to, to locate me	Spanish-speaking clients' desire to locate therapist	
Interviewer: mmmhmm		
Interviewee: and and then...therefore she could decide whether to trust me or not. Umm, but, of course, we explore, why would she want to know that etcetera, as part of the work	Curiosity as trust Curiosity as material	
Interviewer: mmmhmm		
Interviewee: as part of, of these issues about trusting etcetera. But it's been very difficult for her to be able to, because my, obviously my accent umm, is Spanish but there is...difference between Spanish speakers; In Latin America we don't pronounce the "th" that Spaniards do. So, so it's very mixing for her, she doesn't know where to locate me	Exploring trust Difficulty placing accent Pronunciation differences Mix up in locating therapist	
Interviewer: OK		
Interviewee: and umm... so that's one thing, umm, and then Latin American people assume that I'm Spanish and sometimes they establish these colonial or adversarial element, a colonial relationship between the counsellor who knows it all because he is like the Spaniard er, Conqueror and I am here being held in in, and they sort of reproduce that a lot	Client assumptions re language Establishing colonial relationships in therapy Reproducing colonial relationships in therapy	Bringing 'sameness' into the room Identifying and challenging client assumptions by using 'similarity' as material Unpacking client assumptions Unpacking client assumptions – colonialism
Interviewer: right, mmm, mmm		
Interviewee: and if somebody goes, you know, it doesn't matter umm, male or female, older or younger, that's a, adversarial element that is always there.	Universal adversarial element	
Interviewer: OK, OK, and how do you work with that?		
Interviewee: Well, I when it's rele, I mean many many times it's not relevant to what, because you know that this service, eighteen sessions, so it's very very kind of umm focal on the problem that is brought	Assessing relevance of exploring colonial element Restricted exploration due to time-limited therapy	
Interviewer: mmmhmm		
Interviewee: when it's relevant I have brought it up, but it can end up loose, that's kind of creates difficulties for the client because it opens up a very very difficult umm area about, what are they in this country? I am not the same; I don't experience what they experience. Because obviously, if I'm Spaniard...umm, in some of their minds	Assessing relevance of exploring colonial element Difficulties for client identity Client assumptions re therapist	

Reorganisation of quotes for inclusion in results section

As explained in the results section, to facilitate the flow of each quotation whilst retaining the intended meaning, utterances such as 'umm', 'er', and 'erm', repetitions and non-starting sentences, were omitted. Below the researcher provides an example of a piece of narrative in its original and reorganised forms:

Original form

Interviewee: it's full of umm very difficult umm, presumptions and assumptions umm, when you are with clients. I, I'll give you an example...

Interviewer: Umm

Interviewee: I've got a Spanish-speaking Spanish client who...wants to know where I am from because that will give her, umm, obviously, umm, a package for me, to, to locate me

Interviewer: mmmhmm

Interviewee: and and then...therefore she could decide whether to trust me or not. Umm, but, of course, we explore, why would she want to know that etcetera, as part of the work

Interviewer: mmmhmm

Interviewee: as part of, of these issues about trusting etcetera. But it's been very difficult for her to be able to, because my, obviously my accent umm, is Spanish but there is...difference between Spanish speakers; In Latin America we don't pronounce the "th" that Spaniards do. So, so it's very mixing for her, she doesn't know where to locate me

Reorganised form

Identifying and challenging client assumptions by using similarity and difference as material – Client assumptions related to trust

"It's full of very difficult presumptions and assumptions, when you are with [similar] clients. I'll give you an example. I've got a Spanish-speaking Spanish client who wants to know where I am from because that will give her obviously a package for me, to locate me and then, therefore she could decide whether to trust me or not. But of course we explore, why would she want to know that etcetera, as part of the work, as part of these issues about trusting etcetera. But it's been very difficult for her because my accent is Spanish but there is [a] difference between Spanish speakers; in Latin America we don't pronounce the "th" that Spaniards do. So it's very mixing for her, she doesn't know where to locate me." **(001: 4)**

Appendix 11: Sample of Database Detailing all Line Codes, Focused Codes, Categories, and Central Categories

Job role	Matching type	interviewee, line numbers	Line code	Focused code	category
Therapist	Gender	007, 739	a one off	understanding through being	Activation and disclosure of personal material
Therapist	Gender	007, 739	a one off	self-disclosure decision making	self-disclosure decision making
Therapist	Religion	008, 279-80	a tool for normalising	purposeful self-disclosure	self-disclosure decision making
Therapist	Language	003, 327	ability to be understood	Unpacking client assumptions - understanding	Identifying and challenging client assumptions
Therapist	Language	003, 327	ability to be understood	Identifying similarity traps	The therapeutic benefit of the need to explain
Therapist	Language	003, 326	ability to communicate	Unpacking client assumptions - understanding	Identifying and challenging client assumptions
Therapist	Language	003, 326	ability to communicate	Identifying similarity traps	The therapeutic benefit of the need to explain
Therapist	Language	006, 625-35	ability to convey emotional content, maturity, self/other awareness	working with interpreters - Identifying similarity traps	Working with interpreters
Therapist	Language	001, 1574	accent and language as a twisted concept	Acknowledging unavoidable self-disclosure	self-disclosure decision making
therapist/manager	sexual orientation	011, 962-3	accent as form of disclosure	acknowledging unavoidable self-disclosure	self-disclosure decision making
therapist/manager	sexual orientation	011, 962-3	accent as form of disclosure	self-disclosure decision making	self-disclosure decision making
Therapist	Ethnicity/language	004, 427-8	accepting optimism	Unpacking client assumptions - understanding	Identifying and challenging client assumptions
Manager/ Supervisor	Language	010, 2056-76	accessibility as working with client's limited english	Finding understanding in difference	Novel ways of findings understanding in difference
Therapist	Language	003, 175-6	accessing familiar parts of language	Attraction to similarity work	Activation and disclosure of personal material
Manager	Religion/Ethnicity	002, 1209-10	accessing issues beneath labels	Unpacking client assumptions - trust	Identifying and challenging client assumptions
Therapist	Language	003, 168-9	accessing language of childhood	Attraction to similarity work	Activation and disclosure of personal material

Job role	Matching type	interviewee, line numbers	Line code	Focused code	category
Therapist	Language	003, 317	closed exploration	Identifying similarity traps	The therapeutic benefit of the need to explain
Therapist	Language	006, 797-8	closeness as readiness	Finding understanding in difference	The therapeutic benefit of the need to explain
Therapist	Language	006, 784	closeness in absence of similarity	Finding understanding in difference	The therapeutic benefit of the need to explain
Therapist	Language	003, 333	closing down relationship	Unpacking client assumptions - understanding	Identifying and challenging client assumptions
Therapist	Language	003, 333	closing down relationship	Identifying similarity traps	The therapeutic benefit of the need to explain
Therapist	Language	009, 1406-15	colectivism - ethnic minority, cultural context	Understanding cultural norms	Activation and disclosure of personal material
Therapist	Language	009, 1256-7	collectivism	Understanding cultural norms	Activation and disclosure of personal material
Therapist	Religion	008, 491	colluding with sameness assumptions	unpacking client assumptions - similarity	Identifying and challenging client assumptions
Therapist	Language	003, 1498-9	combining sources of support	Sources of support	Using supervision and personal therapy to manage activation of personal material
Therapist	Ethnicity/language	004, 2431-32	comfort exploring similarity	Interviewee reflexivity	Interviewee reflexivity
Therapist	Language	006, 2031-2034	comfort of assumed similarity	using similarity or difference as material - language	using similarity or difference as material
Therapist	Religion	008, 1157-9	comfort referring client on to more appropriate services	acknowledging difference in similarity	Working explicitly with difference in the therapeutic relationship
Therapist	Gender	007, 1281	comfort relating	upholding the human connection	Seeing the client as unique
Therapist	Ethnicity/language	004, 880-1	coming from different backgrounds	Unpacking client assumptions - understanding migration	Identifying and challenging client assumptions
Therapist	Language	001, 948	Common ground	Finding understanding in difference	The therapeutic benefit of the need to explain
Therapist	Gender	007, 544-546	common struggles	understanding through being	Activation and disclosure of personal material
Manager	Language	005, 704-17	communicated unconsciously leads to effect on relationship	Respecting client's search for difference	Respecting the client's search for difference

Appendix 12: Sample of Memos on Emerging Categories

28/01/2010

Focused codes emerging after 7 interviews
Interviews: language (3), gender (1), sexual orientation (1), religious beliefs (2)

1. Establishing therapist-organisation 'fit'
2. Clarifying the organisation's philosophy
3. Exploring the therapist's meaning of similarity – good, bad, indifferent
4. Responding to client preferences at assessment
5. Onward and internal referrals
6. Matching clients to therapists – client allocations
7. Coping with client curiosity and self-disclosure
8. Managing the activation of personal material
9. Working with client assumptions
10. Coping with language issues (interpreters)
11. Using similarity as 'material'
12. Acknowledging difference within similarity
13. Establishing 'common ground' within difference
14. Utilising supervision and additional support
15. Coping with endings and client engagement issues
16. Acknowledging cultural relativism
17. Highlighting the relationship
18. Reflecting on the interview experience
19. Observing my own 'presence' in the interview process

14/03/2010

Processes identified so far: How do therapists work with similarity in the counselling relationship?

- By attending more to boundaries
- By exploring the client's meaning of being similar or different instead of self-disclosing
- By explicitly exploring similarity as part of the work – if poignant to the work
- By making good use of supervision
- By appreciating difference within similarity and similarity within difference
- By trying to find common ground beyond the surface similarity
- By aligning themselves with the organisation's philosophy
- By being open to client projections
- By operationalising their theoretical orientations
- By trying not to make assumptions but being aware that this happens on both sides
- By constantly checking understanding with the client, especially in the light of, "you know how it is" statements
- By educating the client and being open to the client teaching them
- By understanding the client as a product of their community/environment/culture
- By using knowledge of the client group to inform practice
- By translating training into practice

01/04/2010

Novel focused codes emerging across interviews

Interviewee 001
Accepting unsuitable clients
Positioning theory within culture and language
Acknowledging differences within similarity – language and culture
Unpacking client assumptions – trust
Unpacking client assumptions – colonialism
Unpacking client assumptions – understanding
Unpacking client assumptions – understanding migration
Unpacking client assumptions – Messiah problem resolution
Unpacking client assumptions – collaboration
Unpacking therapist assumptions - similarity
Therapist's perception of similarity
Attraction to similarity work
Feeding back on client allocations
Using similarity or difference as material – sexuality
Using similarity or difference as material – ethnicity
Using similarity or difference as material – language
Finding understanding in difference
Activation of personal material
Self-disclosure decision-making
Acknowledging unavoidable self-disclosure
Learning from 'similar' peers
Negotiating supervision relationships
Upholding the working alliance
Interviewee reflexivity

Interviewee 002
Establishing the organisation's philosophy
Responding to the client - search for difference
Assessing viability of matching
'Me in the data'
Unpacking therapist's assumptions – understanding

Interviewee 003
Accelerated rapport-building
Similarity facilitating client exploration
Client approval/validation seeking
Similarity as safety
Similarity blocking exploration
Sharing cultural artefacts
Similarity increasing client expectations
Cultural collusion
Increasing accessibility
What is therapeutic?

Interviewee 004
Responding to the client – search for understanding
Understanding cultural norms
Responding to the client – assessing needs
Setting boundaries
Acknowledging similarity within difference – migration
Learning from peers – supervision
Understanding complexity of client group
Understanding cultural norms – collectivism
Responding to the client – search for cultural connectedness
Self disclosure – communicating understanding of cultural norms
Unpacking client assumptions – shame/rejection

Interviewee 005
Identifying layers to matching – experience
Identifying layers to matching – availability
Identifying layers to matching – language
Identifying layers to matching – age
Identifying layers to matching – gender
Working with interpreters

Interviewee 006
Upholding the human connection
Translation difficulties

Interviewee 007
Understanding through being
Unpacking therapist assumptions – client allocation

Interviewee 008
Acknowledging difference within similarity – sexual orientation
Self-disclosure – purposeful
Unpacking client assumptions – judgement
Permission giving
Therapist as scapegoat

Interviewee 009
Understanding cultural norms - loss
Understanding cultural norms – religion
Understanding cultural norms – impact of immigration
Activation of personal material - migration
Activation of personal material - racism

Interviewee 010
Over-identification
Similarity leading to informality
Ability to offer similarity

Interviewee 011
Responding to the client – preferences

Interviewee 012
Combining similarity with capability
Unpacking client assumptions – ability to help
Understanding cultural norms – class systems
Client's conscious search for similarity

Interviewee 013
Avoiding leading the client

04/06/2010

Central category: Bringing 'sameness' into the therapeutic 'triad'

	Central categories
Constructing 'sameness'	Establishing how similarity might help and hinder
Unpacking therapist and client assumptions	Bringing 'sameness' into the room
Activation and disclosure of personal material	
Using similarity as material	
Encouraging understanding through difference	Exploring how difference might be therapeutic

Q1: Where does supporting therapists' work fit? Separate central category?? Need to explore further...

Q2: Is "Establishing how similarity might help and hinder (constructing 'sameness') really a process-led category to include in the research project ??

07/06/2010

Strategies for working with similarity

Similarity = issues much closer, raw, decision to/not to self-disclosure, activation of personal experience/cultural norms, need for different forms of support in supervision, guessing/predicting client's experiences, bracketing own stuff
↓
Challenging client's assumptions of knowing
↓
How? What are the strategies used?
↓
Questioning directly/tentatively
Normalising anxiety/shame/fear of rejection and negative judgement
Using metaphor
Expressing curiosity
Communicating differences
Addressing head on/not shying away from exploration
Distancing/separating self from client's experience

13/06/2010

Bringing 'sameness' into the room

Therapists described a range of ways in which they brought 'sameness' into the counselling room. By actively using similarity and difference as material, therapists were able to challenge their clients' and their own assumptions which they described as manifesting due to 'sameness' in the counselling relationship. In bringing sameness into the counselling room, therapists were aware of having to make decisions about how and when to self-disclosure purposefully, and about how best to manage the activation of their personal material. Supervisors were acknowledged as playing a key supportive role, whilst at the same time supervisory relationships presented their own challenges when working in services which employed therapist-client matching.

Identifying and challenging client assumptions

WHAT? Therapists positioned unpacking client assumptions as an important aspect of their work with similar clients. Such assumptions occurred on many different levels leading therapists to have to make choices about which assumptions, if any, to challenge. In addition, decisions about how and when to challenge such assumptions had to be made. These decision-making processes were further complicated by therapists' knowledge that challenging assumptions could potentially lead to self-disclosures; a topic about which therapists expressed mixed beliefs. Therapists had to evaluate the value of purposeful self-disclosure besides the belief that allowing the client to sit with uncertainty regarding who or what the therapist might represent, could in itself, be therapeutic.

WHY? Unpacking client assumptions was used primarily as a therapeutic tool to avoid potential misunderstandings. Therapists believed that by encouraging their

clients to explore at length, clients were able to maximise the clarity of their narratives for their own as well as for the therapist's benefit. Unpacking client assumptions was also used as a technique to minimise and challenge unhelpful beliefs held by clients about who the therapist might be as a person, as well as what or whom the therapist might consciously or unconsciously represent for the client. Again, therapists reported that careful decision-making around self-disclosure was evoked here.

HOW?

Colonial – i.e. Latin American clients assuming therapist Spanish, leading to messiah-disciple complex – therapist as active, client as passive recipient. Or colonial relationship making the client question the therapist's ability to help, assumptions re being "snobbish colonial bitch" (003)

Class and power – being attuned to nuances in language used by clients which leak power

Religious judgement – similarity as getting in the way because of client perceiving judgement

Rejection – client questioning whether he is going to be understood due to received negative treatment from family and assumes that the therapist, who is a 'mirror image' of family members, will reject him in the same way

Similarity – i.e. we have the same faith – i.e. we share the same experience, narrowing, reductionist. In terms of the therapist's actual role in the relationship, it was deemed necessary to explore clients' beliefs/assumptions about what counselling actually involved. A therapist working in a setting matching on language explored the need to challenge clients' assumptions about counselling as the therapist doing something practical to the client to resolve their emotional problems. This was likened to a messiah-disciple relationship. In addition, inaccurate beliefs about the therapist's country of birth can also add colonial undertones to the complexity of the client's assumptions which therapists acknowledge needing to then help the client unpack.

27/06/2010

Unpacking therapist assumptions

The danger of leaving assumptions unchallenged
When assumptions were left unchallenged both client and therapist were viewed to be at risk of attributing an unsubstantiated level of knowledge to the other party.

Identifying with the client's experience
The therapist's experience of strong emotions in reaction to the content of their similar clients' narratives was treated with caution. Therapists perceived strong emotional reactions as signalling the activation of their own assumptions about the direction the client's narrative might take, or the behaviours they may have positioned as acceptable for the client to make. These assumptions and

expectations were perceived as triggered in reaction to the similarity between therapist and client. The experience of over-identifying with the client's experience due to similarity was used as a warning signal leading the therapist to question whether their assumptions had been triggered.

Assumption of client suspicion

The cultural complexities underlying therapists' practice within language-matching services were identified as vulnerable to the therapist's assumptions. When therapist and client belonged to groups with complex histories of opposition, the therapist fell subject to assumptions about how he or she might potentially be perceived by the client. However maintaining an optimism to being able to work with celebrations or challenges from the client to the therapist's actual or assumed identity was positioned as key.

Use of supervision to unpack therapist assumptions

Holding assumptions about the client was acknowledged to have the potential to impact therapists' work with similar clients. Supervisors were identified as playing an important role in helping therapists identify and challenge the assumptions they held about their clients. Therapists could then hold an awareness of their own assumptions whilst preventing such assumptions from informing their decision-making around how best to intervene in the client's therapeutic interest.