How Do Turkish Clients Make Sense of Their Experience of Counselling in the UK?

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Portfolio submitted in fulfilment of the requirements for the Professional Doctorate in Psychology (DPsych)

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Acknowledgments

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This portfolio is dedicated to all of you.

Declaration of Powers of Discretion

I hereby declare that the work presented in this portfolio is entirely my own, under the supervision of Dr Julianna Challenor.

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Preface

In the following three sections I shall provide an overview of what the reader can expect to find in this portfolio, each representing a different aspect of my training. Part I begins with a doctoral research project which explores how Turkish clients make sense of their psychological therapy experiences. Part II follows by presenting a Client Study and process Report undertaken as part of my clinical training. Part III closes with a publishable Journal Article written for planned submission to BACP journal to disseminate the research findings.

PART A: Doctoral Research

This first section presents the doctoral research titled *"How Turkish Clients Make Sense of Their Psychotherapy Experiences in the United Kingdom."* This research project investigates how Turkish clients residing in the UK make sense of their psychotherapy experiences. The study is grounded in an interpretative framework, utilising six in-depth semi-structured interviews with individuals who have undergone psychological intervention in the UK. The data generated from these interviews were analysed using Interpretative Phenomenological Analysis (IPA), leading to the emergence of four key themes (GETs). These themes are critically examined within the context of existing literature and theoretical frameworks, offering new insights into the intersection of culture and therapy. This research is not only significant in its contribution to the understanding of the therapeutic experiences of a specific cultural group but also has broader implications for the field of Counselling Psychology. It highlights the necessity for culturally sensitive approaches and offers practical recommendations for enhancing therapeutic practices with diverse populations.

On a personal level, this research has provided an invaluable opportunity to delve into the cultural dimensions that influence the perception and lived experiences of Turkish-speaking individuals in psychological therapy within the UK. By employing IPA as the methodological approach, I was able to engage deeply with the data while also reflecting on my own cultural, generational, and societal biases. This reflexive process was crucial in ensuring that I could authentically understand and represent the participants' experiences and meaning-making processes. This research not only contributes to the academic discourse on culturally informed therapy but also offers

practical implications for practitioners working with culturally diverse populations, particularly within the context of Turkish clients in the UK.

PART B: Client Study

This section presents a detailed study of clinical work conducted with a service user referred for the treatment of Generalised Anxiety Disorder (GAD) within a charity organisation that specialises in providing bilingual and culturally sensitive counselling services to the Kurdish, Turkish, Turkish Cypriot, and Eastern European Turkish immigrant, asylum seeker, and refugee populations. Although the initial referral was for the treatment of GAD, the assessment process revealed that the client also exhibited symptoms of depression. The organisation predominantly employs a person-cantered therapeutic approach, which is well-suited to the needs of the client population it serves. However, the service is also flexible in adapting its therapeutic framework to meet the unique needs of each client. Recognising the complexity of the client's presentation and the importance of cultural competence in therapy, I adopted a pluralistic approach. This approach allowed for the integration of various therapeutic modalities tailored to address the client's comorbid diagnosis and cultural context.

This case study underscores the importance of working in a culturally competent manner, particularly when addressing the nuanced beliefs and cultural expectations that influence a client’s therapeutic journey. By aligning the therapeutic process with the client's cultural values and goals, I was able to facilitate meaningful progress in addressing both anxiety and depression. Furthermore, this client study highlights key aspects of my professional development as a Pluralistic Counselling Psychologist. It demonstrates my ability to navigate the complexities of comorbid diagnoses while maintaining a culturally informed therapeutic stance. Through this experience, I gained valuable insights into the importance of cultural sensitivity in clinical practice and further refined my skills in delivering effective, client-centred care within a pluralistic framework.

PART C: Publishable Paper

I present, in this final section, a publishable paper which explores the findings from my research project on how Turkish clients living in the UK make sense of their counselling experiences. My aim is to have it published in the BACP journal for counsellors and psychotherapists (see appendix one for BACP journal author guidelines). I decided upon this journal because the BACP journal specifically targets practitioners in the field of counselling and psychotherapy. Given that my research offers insights into the experiences of a specific cultural group within a UK context, it provides valuable information that can directly inform and enhance the practice of counsellors working with diverse populations. Furthermore, publishing in the BACP journal aligns with my goal of contributing to the development of cultural competence among counsellors. The findings from my research can serve as a resource for practitioners seeking to improve their understanding of cultural dynamics and effectively engage with clients from diverse backgrounds.

I believe that the objectives and aims of the BACP journal align closely with my personal and professional values, as well as with the overarching goals of this research. The journal's commitment to advancing practical, culturally informed practices in counselling psychology resonates with my ethos and the intentions of my study, making it an ideal platform for disseminating my findings. By selecting the BACP journal as the platform for my research, I seek to ensure that my findings reach and impact those who are actively involved in counselling practice and who can benefit from and apply the insights derived from my study.

I hope the publication of the findings can provide meaningful contribution to the field by enhancing clinical practices, informing policy and training, promoting cultural competence, expanding research horizons and strengthening community connections to better meet individual needs, therefore increasing access of black and ethnic minority groups to effective psychological therapy treatments. The alignment with the BACP journal's focus ensures that these impacts are directed towards professionals who can directly apply and benefit from these insights.

These three pieces of work collectively underscore the critical role that culture plays in psychological therapy, particularly through the lenses of cultural awareness, cultural competence, and the identification and navigation of cultural barriers. As I advance in my career, I will remain committed to the principle of culturally appropriate practice, recognising the profound impact that cultural considerations have on the therapeutic process. Working with clients from ethnic minority backgrounds requires an ongoing dedication to understanding and respecting their unique cultural contexts, ensuring that therapeutic interventions are both relevant and effective. This commitment will guide my professional development and practice, as I strive to provide culturally sensitive and competent care to all clients.

PART A: Doctoral Research

How Do Turkish Clients Make Sense of Their Experience of Counselling in the UK?

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Supervised by Dr Julianna Challenor

Abstract:

The underutilisation of mental health services within the Turkish population is a well-documented issue, with low access rates often attributed to barriers in accepting psychological help. It has been argued that Western approaches to treating mental illness, grounded in Western beliefs and philosophies, may be culturally incongruent for individuals from Eastern cultures. This cultural mismatch can create significant discrepancies between the needs and expectations of immigrant patients and the therapeutic approaches employed by clinicians, thereby hindering communication, reducing the effectiveness of treatment, and contributing to high dropout rates. To ensure the continued provision of culturally sensitive, high-quality, evidence-based mental health care, it is essential to advance research exploring the sociocultural differences between patients' and clinicians' notions of mental health. Despite this need, there is a notable lack of research into the psychological therapy experiences of ethnic minorities in the UK. This paper presents findings from a qualitative study that explored the psychological therapy experiences of Turkish clients residing in the UK. The study employed a qualitative approach to understand how these clients make sense of their therapy experiences. Six participants were recruited, and semi-structured interviews were conducted to gather in-depth narratives. The data were analysed using Interpretative Phenomenological Analysis (IPA), leading to the identification of four key emergent Group Experiential Themes (GETs): The journey to psychology, Challenges in working with emotions, Language barriers, and the therapeutic relationship. Each theme was further divided into subthemes that detailed the participants' experiences. The findings from this study indicated various difficulties and barriers experienced by participants during their psychological therapy experiences. How they made sense of their experiences is explored. The findings of this study have important implications for the provision of culturally sensitive therapies. By deepening our understanding of cultural differences, mental health services can be better tailored to meet the needs of individuals from diverse ethnic backgrounds, ultimately improving the accessibility and effectiveness of psychological interventions.

Chapter 1. Introduction

"Culture is not a static entity, but a dynamic process, constantly evolving as it interacts with external influences and internal developments." (Fernando, 2010, p.16)

An estimated 56 million foreign immigrants have made Europe their home during the past few decades. With 8.4 million individuals in England deriving from ethnic minorities, the United Kingdom is a multicultural society (Office for National Statistics, 2011). Studies have indicated that members of ethnic minority groups have an increased risk of developing a mental health disorder as a result of the challenges and societal pressures they face. Furthermore, mainstream mental health services that are tailored to the needs of black and ethnic minority populations continue to be inadequate (King, Coker, Leavey, Hoare, & Johnson-Sabine, 1994). Studies have indicated that Turkish immigrants, who make up one of the largest immigrant populations in Europe, have greater rates of anxiety and depression than the general population (Bengi, Verhulst & Crijnen, 2002; Razum & Zeeb, 2004; Yilmaz & Riecher-Rossler, 2012; Levecque, Lodewyckx & Vranken, 2007). However, it has also well demonstrated that compared to their native counterparts, this specific patient group has poorer rates, and is more likely to stop therapy early (Haasen, Lambert &Yagdiran et al, 1997; Calliess, Schmid & Akguel et al, 2007; Mosko, Scheider, Koch & Schulz, 2008). People from non-Western ethno-cultural backgrounds (such as Turkey) frequently have a different idea of mental health and illness than those from Western societies, which may contribute to this reluctance for service utilisation (Koc & Kafa, 2019). Such mismatch often results in discrepancies between the needs and expectations of immigrant patients and clinicians, which attenuate communication, reduces treatment effectiveness, and results in high dropout rates that are not explained.

The Turkish immigrant population is well known for underutilising mental health services in Europe, including in the UK, where low rates of access to these services can be explained by various barriers to seeking psychological support (Lindert, Schouler-Ocak, Heinz & Priebe, 2008; Fassaert, Hesselink, & Verhoeff, 2009; Bocker & Balkir, 2012). Language and cultural barriers are thought to be the primary barriers to mental health services for Turkish people (Mullersdorf, Zander &

Eriksson, 2011; Jensen, Nielsen & Krasnik, 2010). An additional layer of difficulties arises from the stigma associated with mental health disorders in Turkish culture, which puts their family at risk of social disgrace and embarrassment in the community (Akar, 2010; Rassool, 2018). Furthermore, research suggests that there is a different understanding of mental health, which can make it difficult for individuals to seek professional help. Parker et al. (2001), suggest that individuals are often reluctant to disclose mental health concerns due to fears that others may not understand them, further compounding barriers to accessing mental health services.

The underutilisation of mental health services in the Turkish immigrant population has been attributed, in part, to cultural differences in therapy. Some have stated that western ideologies and beliefs, which are acknowledged as culturally inappropriate for people from eastern cultures, form the foundation of western approaches to treating mental illness (Koc & Kafa, 2019). There are cultural differences between eastern and western cultures in relation to what they believed to be the most beneficial way in receiving emotional support from others. Turkish people are less inclined to ask for help from others and to share their personal distress because they feel that it is their responsibility to preserve the social harmony of the group. Regarding the aforementioned, research indicates that Turkish people are less likely to seek out psychiatric assistance due to a desire to preserve their family's reputation. Their collectivist beliefs-which emphasise the need of preserving the unity within the family group-reinforce this behaviour (Mocan-Aydin, 2000). As a result, Turkish people frequently repress their emotions, which manifest as somatisation or physical symptoms (Mösko, Schneider, Koch et al, 2012). Given the foregoing, treatment models have been modified to accommodate the requirements of various cultural groups (Bernal, Jimenez-Chafey, & Domenech Roddriguez, 2009). There is limited and conflicting information about the preferences and needs of Turkish immigrants, as well as how they express, experience and understand mental health difficulties. The literature on symptom presentation and the cause attributions of mental health difficulties frequently highlights this debate. This is an essential and significant area to research because Turkish immigrants may face real-life effects as a result of contradictory information.

For this reason, this chapter focuses on understanding how Turkish culture influences perceptions of mental health and shapes the ways in which Turkish individuals interpret their psychotherapy experiences.

Throughout this study, the term “therapist” refers to psychological professionals, including counselling psychologists, clinical psychologists, and other therapists who provide psychological interventions to service users. While there are differences in the training and accreditation of these professions, I believe that all psychological practitioners are trained to understand the complexity of human behaviour. Additionally, the term “therapy” is used to describe the therapeutic process of applying psychological theory to practice with the aim of reducing psychological distress (McLeod, 2010). I have also used the term “participants” throughout the study to refer to individuals who have experienced psychological therapy. Although I considered terminology, such as “client”, “service user”, or “patient”, I found that the way participants presented themselves during the research process differed from how they did during therapy sessions. All participants reported feeling more at ease and honest in their disclosures during the research interviews. For this reason, I believe that “participants” is the most accurate term to describe their involvement in the study. Further discussion on this can be found in the analysis and discussion chapters.

Chapter 2. Literature review:

This chapter will present a critical review of the literature and the empirical findings relevant to the topic of research with particular attention paid to issues in cross-cultural research in psychology. Discussion regarding the suitability of adaptation of psychotherapies of western origin to non-western societies is offered. A brief overview of statistics and the impact of acculturation and its impact on mental health is outlined with consideration given to the Turkish speaking culture’s perception and experience. The cultural differences between British and Turkish cultures is identified with discussion around the beliefs of mental illnesses, along with implications for understanding the mental health needs of the population are explored. Discussion then turns to the research in intersectionality and identifying gaps in knowledge.

In this section, I will review a selection of published papers that are thought to be most pertinent to the current area of research. The reader should be made aware of the lack

of research coming from the UK, since most of the research emanates from other parts of the world, mainly the US and Western Europe. Although international research sheds light on the cultural aspects influencing the psychotherapy experiences of immigrants, direct comparisons may not be feasible due to the UK's unique healthcare system. In addition, many papers reviewed focused on the following key words: ‘the experience of Turkish-immigrants’, ‘psychological therapy’, ‘and qualitative research’. However, as there aren't many research using qualitative methodologies to investigate the cultural factors influencing ethnic minority groups' psychotherapy experiences, only a small percentage of papers covered every key word. The majority of the reviewed research is notably quantitative.

Literature Search Strategy

I searched for qualitative studies in, SCOPUS, PUBMED, Science Direct, JSTOR, APA PsychArticles, APA PsychInfo, SAGE, and Web of Science via City University Library Databases and Cochrane Review. After this systematic search, the reference lists of journals were reviewed in order to broaden the search. The following criteria was used to identify potential articles.

Selection Criteria: Review articles, research articles, mini articles with early to open access

Publication date: All articles that matched the search terms published between 1968-2024 were included, as the history of migration for Turkish immigrants started in the early 1960’s with the labour migration agreements with Western European countries (Kilberg, 2014).

Key words used:

‘the experience of Turkish-immigrants’, ‘psychological therapy’, race’, ‘ethnicity’, ‘culture’ ‘cross-cultural psychology’ and qualitative research’ ‘migration’ ‘acculturation’ ‘social identity’ ‘Turkish immigrants and psychotherapy’

Criteria for considering studies for literature review:

I included qualitative studies that explored the experiences of psychological interventions. No criteria were given for type of psychological therapy. Studies were included if they:

- Were available as a full publication

- Had design that considered psychological treatment for Turkish immigrants
- Published in different countries or with different ethnic backgrounds

Articles that were not published in English language were excluded.

Issues in cross-cultural therapy:

Due to the historical background, countless definitions and connotations of the term culture exist in both academic literature and everyday use (Kroeber & Kluckhohn, 1952). For the purposes of this research, Tang & Gardner's (1999) definition, that culture encapsulates those values and behaviours that are conveyed by conscious and unconscious means through parenting, modelling and teaching will be used. "Race" has been described as a biological concept based on distinctive sets of genetic phenotypical features that distinguish varieties of individuals (Smith, 2001).

As this definition of culture suggests, people from different cultures can and will see the world from different perspectives, this will lead to different interpretations of behavioural norms and the structure of the human mind. Definitions of abnormality will also be shaped by the standards that different cultures determine for normality (Avasthi, 2011; Draguns & Tanaka-Matsumi, 2003; Scharff, 2013; Sodi & Bojuwoye, 2011; Tseng, 2004). Therefore, it is crucial to look into how cultural factors contribute to the development and maintenance of mental illnesses (Adebayo & Ilori, 2013; Bojuwoye & Sodi, 2010). Cultural background not only affects the development of mental illnesses but also shapes the patterns of behaviour that lead to the diagnosis of psychological disorders in the end; therefore, disorder symptoms, behavioural reaction levels, frequency with which illness occurs, perceptions and reactions toward illness (Viswanath & Chaturvedi, 2012), and willingness to receive psychotherapy (Yalvac, Kotan, & Unal, 2015) can all be affected.

The population of Europe is significantly more diverse than it has ever been in terms of demographics today. The modern demographic variety has been attributed in large part to the growing influx of immigrants. According to previous and current figures, there are an estimated 56 million international immigrants living in Western Europe, and this number has been steadily increasing. According to Eurostat's Migration and migrant population statistics (2015), there were 19.6 million citizens of non-EU

countries residing in the EU-28 in 2014, and 33.5 million persons who were born outside of the EU. The importance of cross-cultural therapy has been identified to be relevant within the counselling psychology field due to the increase in migration to the United Kingdom (UK) (Bhugra & Becker, 2005; Migration Observatory, 2014). In the UK, statistics indicate that rates of migration have doubled from 3.8 million to 7.8 million between the years 1993-2013 (Labour Force Survey, 2014). With the increase in statistics, ethnic and racial disparities in mental health care also remain a significant issue. The Department of Health's "No Health Without Mental Health" strategy (Tomlinson & Swartz, 2011) acknowledges these disparities, citing barriers such as systemic discrimination and cultural stigma.

The multicultural environment of the UK offers special opportunities and challenges for the psychology profession. The need for culturally appropriate mental health care is growing as globalisation and migration expand. In psychology, addressing cross-cultural concerns is crucial to delivering efficient mental health services. Important elements of culturally responsive practice include cultural competence, awareness of racial and ethnic disparities, language support, integration of diverse healing practices, socioeconomic consideration, sensitivity to gender and sexual orientation, and respect for religious and spiritual beliefs(Ohema & Yetunde 2020; Fernando, 2010; Bhui, Stansfeld, McKenzie et al, 2005; Papadopoulos & Lees, 2002; Szczepura, 2005; Marmot, Allen & Bell et al, 2012; Hines, 2007). As the field of psychology continue to evolve, these concerns must be given top priority in order to suit the needs of a diverse and global populace, ensuring that all individuals receive the treatment and assistance they require. Therefore, in order to promote a healthier society, it is imperative that the efficacy and quality of mental health care services for ethnic minorities be suitably supported.

A number of American-Asain reserachers have suggested that race, culture and ethnicity play an importat role in all therapeutic work for reasons such as therapists being impacted negatively by their lack of knowledge regarding the meaning of the symptom presentation (Kirmayer, Groleau & Guzder, 2003; Bhui, Ascoli & Nuamh, 2012; Marger, 2003; Flaskerud & Hu, 1992). Accordingly, Flaskerud and Hu (1992) conducted a quantitative study examining treatment participation and outcomes among Asian American clients (Chinese, Japanese, and Korean) diagnosed with

major depressive disorder according to DSM-III criteria. The study explored four aspects of psychiatric treatment: medication use, client-therapist ethnic match, treatment in an Asian-specific clinic, and the involvement of professional therapists. They found that clients attending an Asian-specific clinic or receiving therapy from an ethnically matched therapist attended more sessions. However, these factors did not correlate with improved treatment outcomes. Notably, the majority of clients (81%) had ten or fewer sessions, with a median of 3.63, often spread out over monthly intervals, suggesting insufficient treatment duration for reliable conclusions. The study's data was collected through an automated system whose reliability was not systematically validated, raising concerns about the overall validity of the findings. Additionally, while the study offers insights into ethnic matching in therapy, its relevance to Turkish immigrants in the UK is limited due to the different cultural and demographic context. The study did not explore the underlying reasons for the apparent benefits of ethnic matching, particularly in light of the lack of corresponding improvement in outcomes. The present study aims to explore the experiences of Turkish immigrants in psychotherapy through qualitative exploration. This will address the identified gap in research and may provide a basis on which to investigate this topic in a more targeted way.

Cross-cultural therapists believe that understanding cultural and racial group knowledge such as different customs, values and communication patterns would help reduce and control for cultural and racial mental health disparities (Sue, 1999). Regardless of the rise in acknowledgment of multicultural issues (Sue, 2003), western contemporary psychotherapy continues to reflect the values of Western culture, remarkably a continuous bias toward individualism (Carter, 1995; Marsella & Pedersen, 2004; Smith, 2004). This may have a direct impact on Turkish immigrants as they have been identified to be on the collectivistic end of the individualism/collectivism spectrum (Mocan-Aydin, 2000), with remarkable cultural differences with western cultures (Schwartz, 1994). Therefore, specifically from the perspective of Turkish immigrants living in the UK, it appears vital to initially understand the psychotherapy experiences and attitudes of these clients in order to understand their unique experiences, then facilitate services according to their cultural values.

Numerous studies have also demonstrated that cultural competence training enhances the effectiveness of mental health interventions (Griner & Smith, 2006; Hwang, Wood & Cheung, 2006; Kim & Zane, 2016; Moodley & West, 2005; Sue, Capodilupo &Torino et al 2019; Sue & Sue, 2012). These studies underscore the complexities and necessities of culturally competent therapy practices, indicating a growing awareness and need for tailored therapeutic approaches to effectively address the diverse needs of individuals from various cultural backgrounds.

For instance, Vahdaninia, Simkhada, Van Teijlingen et al (2020) investigated the intersection of migration and health within the UK. The study conducted an extensive review of existing literature to identify common health issues among Black, Asian, and Minority Ethnic (BAME) populations in the UK, focusing on both established communities and refugee/asylum-seekers and the factors contributing to these issues. The review used an integrated approach, including both quantitative and qualitative studies to provide a stronger evidence-base, incorporating qualitative data from interviews and focus groups with migrants and healthcare providers to gain deeper insights. A total of 13 papers were identified, mostly non-randomised community based. Their findings indicated that migrants often experience higher rates of infectious diseases, mental health issues, and non-communicable diseases. The researchers highlighted barriers such as language difficulties, cultural differences, and discrimination hinder access to healthcare services. It was also emphasised that health issues were made worse by socioeconomic circumstances, such as homelessness, poor housing conditions and unemployment. The study includes a detailed overview of previous research in the report, which offers a strong basis for comprehending the health issues that migrant communities experience. This thorough approach ensures that the framework proposed is supported by existing evidence. It could therefore be argued for the importance of the need of ongoing research to monitor health outcomes among migrants and evaluate the effectiveness of implemented interventions. These findings are meaningful because it can help us understand the health challenges faced by migrant populations in the UK, as well as the cultural conflict situations amongst the Turkish community, suggesting this group may have unique experiences and needs.

While the findings of this review make significant contributions to the understanding of cross-cultural issues in mental health services available to BAME populations in the UK, it is not without its limitations. One of the key limitations of the review is the significant heterogeneity among the included studies, both in terms of sample and characteristics and the nature of the services provided. This diversity complicates the comparison of findings across studies and may weaken the strength of the review's conclusions. The review also predominantly included non-randomised, community-based studies. The absence of RCT's, which are considered the gold standard in clinical research, limits the ability to draw casual inferences about the effectiveness of the interventions reviewed. Generalisability of the findings is also limited because of the small scale of studies and wide range of designed services, raising more questions about the reliability and validity of their findings. Furthermore, although the review identifies that mental health services tailored for BAME populations are beneficial, it does not delve deeply into how these services can be effectively integrated into mainstream mental health services. This gap is crucial for translating the findings into practical policy recommendations. Future research could benefit from more rigorous study designs, such as RCT's and a deeper exploration of how to effectively integrate culturally tailored services into broader health systems. It seems essential to first comprehend the psychotherapeutic experiences and attitudes of these clients, particularly from the perspective of Turkish immigrants residing in the UK, in order to facilitate services in accordance with their cultural needs and values.

In line with the findings and recommendations of the above review, Smith and Grinder et al. (2018) also found that culturally adapted psychotherapies significantly improved outcomes compared to non-adapted interventions. Their study included a meta-analysis of 25 clinical trials conducted in various locations across the United States and Europe, involving over 3,000 participants from diverse cultural backgrounds. These findings underscore the importance of culturally tailored approaches in mental health treatment, as they are more effective in improving patient outcomes than standard, non-adapted interventions. The effectiveness of culturally sensitive psychotherapy has been examined across a range of cultural groups, and the results of these studies have been synthesised in this meta-analytic study. Important topics covered include cultural competence, tailoring interventions for certain cultural contexts, and results associated with therapeutic success. This

study is crucial for understanding how cultural adaptations impact psychotherapeutic outcomes and addresses important issues such as therapist-client cultural matching, adaptation of treatment modalities, and the implications for training and practice in cross-cultural settings. The findings underscore the importance of cultural competence in psychotherapy practice. They suggest that therapists should consider cultural adaptations to enhance treatment outcomes for diverse client populations. This study provided a robust overview of the effectiveness of cultural adaptations across a wide range of studies, as well as offering practical insights for therapists and clinicians on how to adapt psychotherapeutic interventions to better meet the needs of culturally diverse clients. Nevertheless, the findings of this study are not directly applicable to the Turkish immigrant population, the present study is focused on the experiences of Turkish immigrants in the UK. The findings of the current study will address the identified gap in research and may provide a basis on which to investigate this topic in a more targeted way.

Overall, empirical evidence on cross-cultural issues in psychology reveals significant findings that highlight the importance as well as the complexities and challenges in delivering culturally competent care. The most common empirical evidence related to cultural competence, racial and ethnic disparities, language barriers, integration of diverse psychological approaches, socioeconomic factors, gender and sexual orientation, and religious and spiritual beliefs (Ohema & Yetunde 2020; Fernando, 2010; Bhui, Stansfeld, McKenzie et al, 2005; Papadopoulos & Lees, 2002; Szczepura, 2005; Marmot, Allen & Bell et al, 2012; Hines, 2007). Although psychotherapy theories and applications are becoming more popular worldwide, the lack of consideration regarding adaptations to the cultures they interact with and inadequacy with which these theories and applications address regional needs may cause substantial problems (Adair & Kagitcibasi, 1995). Under these circumstances, people's acceptance of psychotherapy applications may be hindered (Avasthi, 2011; Haque & Masuan, 2002; Kumaraswamy, 2007; Marsella & Yamada, 2010), and ethnic minorities in multicultural countries might not benefit from psychotherapy services sufficiently resulting to early dropout rates increasing (Rathod, Kingdon, Phiri, & Gobbi, 2010; Vasquez, 2007; Vicary & Bishop, 2005). Due in part to the issues in America regarding cultural relations, research in this area is far more substantial than in the UK. However, when considering the differences in US and UK culture, the

studies outlined above cannot be directly generalised to the Turkish immigrant population in the UK. However, when reflecting back to the paucity of research in this area these studies provide context of further exploration for the psychotherapeutic experiences of Turkish immigrants in the UK. Therefore, a study looking specifically at Turkish immigrants experiences of accessing therapeutic services may help better understand the psychological needs and cultural values of this population and address the identified gap in research.

Contemporary Approaches to Cultural Sensitivity and Therapy

The increasing cultural diversity within therapeutic settings has necessitated a re-evaluation of traditional therapeutic models, which often originate from Eurocentric frameworks. While these models have provided a foundation for modern therapeutic practices, they have been critiqued for their limited applicability to individuals from non-Western cultural backgrounds. Contemporary approaches place greater emphasis on cultural humility, the decolonisation of mental health practices, and the integration of indigenous healing traditions. These approaches offer a more inclusive and contextually relevant foundation for cross-cultural therapy.

Cultural humility, as opposed to cultural competence, represents a shift in focus from mastering knowledge about other cultures to cultivating an ongoing process of self-reflection and openness (Hook, Davies & Owen et al., 2017). Unlike cultural competence, which risks fostering overgeneralisation and stereotyping, cultural humility encourages therapists to approach each client as a unique individual shaped by their cultural, social, and personal contexts. Cultural humility has gained increasing recognition as a pivotal framework for promoting equitable and effective therapeutic relationships with culturally diverse clients. Hook et al (2017) conceptualised cultural humility as a dynamic, relational quality that prioritises openness, respect, and a willingness to engage with the cultural identities of clients. Unlike traditional models of cultural competence, which focus on acquiring fixed knowledge about cultural norms and practices, cultural humility shifts the emphasis to the therapist's ongoing process of self-reflection, critical examination of biases, and adaptability to the client's unique cultural context. This approach challenges the

notion of a static cultural knowledge base, advocating instead for a fluid understanding of culture that is co-constructed through the therapeutic alliance.

The study by Hook et al. (2013) was instrumental in operationalising cultural humility through the development and validation of the Cultural Humility Scale (CHS), a robust tool that measures therapists' capacity to engage effectively with cultural differences. Their research highlighted two primary dimensions of cultural humility. The first dimension pertains to maintaining a respectful and open stance towards clients' cultural identities. This requires therapists to demonstrate an attitude of genuine curiosity and willingness to learn from clients about their lived experiences, recognising that cultural identity is complex and shaped by individual, familial, and societal factors. The second dimension focuses on the therapist's ability to address power imbalances inherent in the therapeutic relationship. Cultural humility entails acknowledging the structural inequities that may affect clients' experiences within and outside of therapy. Therapists are encouraged to share power and collaborate with clients to co-create goals and interventions that are culturally relevant and meaningful. These dynamic fosters an egalitarian therapeutic alliance, wherein the therapist's cultural authority is de-centred, and the client's cultural expertise is prioritised.

Empirical findings from Hook et al. (2013) demonstrated that higher levels of cultural humility in therapists were significantly associated with better client outcomes, including increased perceptions of the therapist's multicultural competence, stronger therapeutic alliances, and greater client satisfaction. These findings underscore the value of cultural humility as a relational construct that goes beyond competence, encouraging therapists to continually interrogate their own cultural assumptions and adapt their practice to meet the needs of diverse populations. The framework of cultural humility aligns with broader calls for decolonised approaches to therapy, which emphasise the importance of dismantling Eurocentric paradigms and integrating culturally relevant practices that honour clients' unique worldviews and traditions. By fostering a collaborative and culturally attuned therapeutic process, cultural humility represents a promising avenue for addressing the disparities and challenges faced by marginalised populations in accessing and benefiting from mental health services.

Myira Khan (2023), a leading advocate for cultural humility in therapy, emphasises the importance of maintaining a position of “not-knowing” and engaging collaboratively with clients to understand their lived experiences (Khan, 2023). This approach is particularly relevant in the context of Turkish clients, where therapists must navigate the complexities of cultural values, familial dynamics, and migration experiences without imposing Western assumptions about mental health. In this study, cultural humility provided a guiding framework for exploring participants’ experiences. It highlighted the need for therapists to actively listen, remain flexible, and adapt interventions to align with clients’ values and beliefs. For example, small but meaningful gestures, such as demonstrating an understanding of Turkish cultural norms, were identified as critical to fostering trust and rapport. These findings align with broader literature that underscores the transformative potential of cultural humility in enhancing therapeutic alliances with clients from diverse backgrounds (Hook et al., 2017).

Furthermore, decolonising approaches to mental health challenge the dominance of Western-centric paradigms and advocate for the inclusion of diverse epistemologies and practices. Roy Moodley & Divine Charura (2023) argue that Eurocentric models of therapy often pathologise non-Western experiences, perpetuating a form of cultural imperialism. By contrast, decolonising approaches seek to validate and incorporate the cultural knowledge and practices of marginalised groups. This involves recognising the historical and socio-political contexts that shape individuals’ experiences of mental health and therapy. Their work emphasises that traditional Western models of therapy, which often assume universality, may inadequately address the complexities of working with culturally diverse populations. Instead, they propose a paradigm shift towards integrating culturally congruent therapeutic frameworks, which are grounded in the recognition of cultural diversity as an asset rather than a barrier in the therapeutic process. Moodley & Charura (2023) stress that cultural responsiveness requires therapists to move beyond surface-level cultural awareness to engage deeply with the lived realities of their clients. Central to their argument is the importance of therapists adopting a position of cultural humility, wherein they critically examine their own biases and cultural positioning while creating a space that validates the cultural experiences of their clients. They argue that therapy should not merely accommodate cultural differences but actively

integrate culturally relevant practices, such as the use of metaphors, rituals, and storytelling, which resonate with clients' worldviews.

Decolonising approaches provide an opportunity to reframe therapeutic engagement. For example, the emphasis on family dynamics and community in Turkish culture may clash with therapeutic models that prioritise individual autonomy and self-disclosure. This framework underscores the importance of therapists adopting a flexible and adaptive approach that is sensitive to these cultural nuances. Decolonising practices would encourage therapists to engage with these factors, integrating culturally congruent practices such as family involvement, spirituality, or traditional healing methods. Moreover, decolonisation extends beyond individual therapy to the structural level, challenging institutions to dismantle systemic barriers that exclude or marginalise non-Western populations. This aligns with calls for culturally responsive training programmes and policies that prioritise inclusivity and equity in the delivery of mental health care.

Indigenous approaches to mental health offer an alternative paradigm that emphasises community, spirituality, and the interconnectedness of mind, body, and environment. These approaches, which are deeply rooted in cultural traditions, challenge the dichotomised and reductionist models prevalent in Western psychology. For example, indigenous practices often frame mental health as a communal rather than an individual concern, emphasising collective healing through rituals, storytelling, and shared activities (Moodley & West, 2005). In the context of this research, the integration of indigenous approaches highlights the importance of recognising and respecting clients' cultural heritage. Participants noted that therapeutic interventions that aligned with their cultural values such as acknowledging the significance of family or incorporating culturally familiar metaphors were more impactful than interventions that relied solely on Western diagnostic and treatment models. This underscores the need for therapists to draw upon culturally relevant practices and to co-create therapeutic processes that resonate with clients' lived experiences.

The inclusion of contemporary approaches, cultural humility, decolonising practices, and indigenous frameworks reframes the notion of cross-cultural engagement in

therapy. Rather than viewing culture as a static variable to be “addressed,” these approaches position culture as a dynamic and integral aspect of the therapeutic process. This perspective aligns with the findings of this study, which highlight the importance of therapists’ cultural sensitivity in fostering meaningful therapeutic connections with Turkish clients. By integrating these approaches, this research contributes to the growing body of literature advocating for a more inclusive and contextually aware practice of therapy. It challenges therapists to critically examine their assumptions, adapt their practices, and engage with clients in ways that honour their cultural identities and lived experiences. These reflections not only enhance the therapeutic process but also contribute to the broader goal of creating equitable and culturally responsive mental health services.

Theory and Application of Psychotherapy in Non-Western Cultures

Depending on their intellectual and academic backgrounds, different nations have different theoretical philosophies when it comes to psychotherapy (Rehm, 2007). For instance, cognitive-behavioural psychotherapy techniques are generally preferred in countries such as Spain (Caballo & Irurtia, 2007), Australia (Kavanagh, Littlefield, Dooley, & O'Donovan, 2007), and Turkey (Bilican & Soygut-Pekak, 2015), whereas psychodynamic psychotherapy approaches are predominantly favoured in countries like Argentina (Muller, 2008) and Mexico (Sanchez-Sosa, 2007). In China, the Chinese have long developed their own deeply rooted holistic approaches to address the physical, psychological, and social needs of individuals in managing various mental and physical disorders. This is because, before Western medicine was introduced to the nation, the Chinese had already developed their own deeply ingrained holistic approaches to address the physical, psychological, and social needs of the populace for managing a variety of mental and physical disorders (Ng et al., 2016).

As previously stated, psychotherapy and counselling psychology, traditionally rooted in Western cultural contexts, face unique challenges and opportunities when applied to non-Western cultures. The application of psychotherapy in non-Western cultures requires a deep understanding of cultural contexts and the flexibility to adapt Western therapeutic approaches to fit these contexts. There has been a growing interest in finding ways to adjust and adapt various models to meet the needs of various ethnic groups (Bernal et al, 2009). Therapists are aware of how important it is to create

individualised formulations and treatment plans and formulations that take the client's needs and circumstances into account (Ade-Serrano & Nkansa-Dwamena, 2020). Multicultural research and the creation of culturally sensitive treatment modalities have surged in reaction to globalisation (Hays, 2009). Some have argued that, multiculturalism is the fourth wave in contemporary psychology (Pederson, Draguns, Lonner & Trimble, 2002). According to Sue & Sue (2003), multicultural counselling is characterised as a supporting role that formulates therapeutic goals while taking the client's life experiences and cultural values into account. Integrating culture-specific treatments into therapeutic practice is emphasised in multicultural counselling. The knowledge and understanding of individualism and collectivism is also important during patient assessment, diagnosis and treatment (Sue & Sue, 2003). There has been a debate amongst practitioners in whether they should adopt an etic or emic perspective when working with their clients. According to the etic approach, there is little need to alter western therapy models and procedures because the western approach to treating psychological distress can be applied across cultures. In comparison, the emic approach values the how different cultural values and lifestyles can shed light on how one experiences their psychological distress (Sue & Sue, 2003). Both etic and emic perspectives have their strengths, and the therapists should be aware and mindful of which human behaviours can be applied to universally and which are impacted by cultural norms and values (Sue & Sue, 2003).

Accordingly, Griner & Smith (2006) aimed to gather empirical literature of outcomes associated with culturally adapted mental health interventions using a meta-analytic methodology in America. Griner & Smith specifically explored factors such as client characteristics, research characteristics, types of cultural adaptations made to the interventions provided and types of outcomes that were associated with the greatest benefits to clients across 76 studies, with a total of 25,225 participants. Their findings indicated that culturally tailored mental health services were significantly more effective than interventions that did not make changes for cultural context when working with ethnic minority clients. Findings also indicated that interventions that were designed to suit the needs of a particular cultural group were four times more effective in comparison to those aimed at numerous minority cultures. Though the findings cannot be directly linked to the Turkish immigrant population, these findings add credence to the importance of specifically looking at the experiences of the

Turkish immigrant population in the UK. Interestingly however, although this meta-analysis reported an overall positive effect across 69 of the 76 studies, not all participants were found to improve from the culturally adapted interventions received. A qualitative study could further highlight the reasons behind the varying experiences whereas quantitative research cannot do this. Furthermore, the majority (82%) of research studies included in this meta-analysis involved experimental or quasi-experimental research designs. These research designs are subject to limitations that may affect the generalisability, validity and reliability of the study's findings. Regardless of its methodological flaws, the findings are noteworthy considering that previous psychotherapy outcome research has demonstrated very minimal differences, typically ranging from *d* 0 to *d* .21 (Wampold, Mondin & Moody, 1997). These figures indicate a small effect size, suggesting that the intervention had a minor impact on the outcome variable. Experimenters suggest that future research would benefit from documenting clients' trust of culturally adapted interventions; this could be captured via the use of qualitative interviews.

Turkish-speaking immigrants in London, United Kingdom

Various researchers have indicated a correlation between migration and an increased prevalence in mental health difficulties among migrant populations (Bhugra & Gupta, 2010; Bhugra, 2003; Desjarlais, Eisenberg & Good, 1995). According to Home Affairs Committee (2011), there was a total of about 500,000 people of Turkish origin in UK, with 200,000 in London alone (Home Office estimates, 2011). Little is known about many of Britain's smaller minority communities such as the Turkish population who have been found to be underrepresented within both academic debates regarding race relations (Enneli, Modood & Bradley, 2005) and mental health services (Sohtorik & McWilliams, 2011). Turkish speakers in London include Turkish, Kurdish, and Turkish Cypriot immigrants. The cause and pattern of immigration have varied for each. The immigration of Turkish Cypriots began in the 1950s, during the war for Cypriot independence, following World War II. Due to economic factors, emigration from Turkey began in the middle of the 1970s. Men who were seeking better lives by moving away from their family made up the majority of those who immigrated to the UK. Although they managed to bring families later, they experienced extended periods of time apart from their loved ones, financial struggles, the strain of living abroad,

linguistic barriers, and racism. The second wave of immigration occurred during Turkey's military coup in 1980's. The majority of these were intellectuals and professionals who fled as political refugees. They faced the uncertainty of living as refugees, the dread of being deported, and the restriction of access to intellectual life due to having to take up unskilled labour. Since the majority of immigrant families came from Turkey's historically rural districts, parents were concerned that their children would become overly "westernised" (Kandiyoti, 1998).

Prevalence of mental illnesses amongst Turkish immigrants:

Germany is home to the greatest concentration of Turkish immigrant workers, followed by France, the Netherlands, Austria, Belgium, Switzerland, the United Kingdom, Sweden, Denmark, Italy, and Norway (Nefci & Barnow, 2016). While there is not a specific figure regarding the prevalence of mental illnesses among Turkish immigrants living in the UK, the mental health issues of this population in specific European countries have been well documented in several studies (Bengi, Verhulst & Crijnen, 2002; Razum & Zeeb, 2004; Yilmaz & Riecher- Rossler, 2012; Levecque, Lodewyckx & Vranken, 2007).

There is research indicating that migration can be a factor contributing to susceptibility to developing mental health difficulties such as depression, anxiety and somatisation disorders (Bhugra, 2003; Foo, Tam & Ho et al, 2018). In particular, various studies have shown that Turkish immigrants have worse mental health presentation in host countries in comparison to host populations and/or other immigrant groups. Commonly reported issues include depression, anxiety, and somatisation disorders (Celik & Karaca, 2020).

Accordingly, Levecque et al (2007) assessed whether region of origin is a significant risk factor for developing depression and generalised anxiety in Belgium on a sample from immigrant populations, (Greece, Italy Spain, Turkey and Morrocco) (N=7224) using a quantitative methodology. Along with region of origin the researchers also looked at additional risk factors such as socio-demographic factors, age, household type, educational attainment, labour market position and household income. Data was collated via the Belgian Health Interview Survey 2001. The results indicated that Turkish immigrants in Belgium were found to suffer from more anxiety, suicidal

ideation, depression and low self-esteem in comparison to other immigrant groups (4.19% to 10.17%). These results indicate that perhaps, the strong clash of values of Turkish immigrants confronts them with a higher risk of psychological distress and social isolation compared with immigrants from other parts of Europe. These findings are meaningful because it can explain the presence of social and cultural conflict situations amongst the Turkish community, suggesting that this group may have unique experiences and mental health care needs which need to be further explored. However, the findings of this study are based on a self-report instrument. Self-reported answers could be exaggerated, and various biases may have affected the results, such as social desirability bias, hence questioning the validity and reliability of the findings. Nevertheless, an interesting aspect of this study is that it intended to provide generalisable data basing immigrant status on information regarding nationality in addition to country of birth. However, due to the cultural differences between Belgium and the UK this study cannot be directly linked to the Turkish immigrant population in the UK. Nevertheless, this study is useful in showing the high prevalence of depression, anxiety and suicidal ideation in the Turkish immigrant population in Belgium, which may also be the case for the Turkish population in the UK. The findings of this study raise the question as to why the Turkish immigrant population in the UK have not been systematically studied within this area, as it would be useful to understand the unique needs of this population, fill the gap in literature, and clarify the cultural issues that need to be considered by mental health organizations when working with this client group.

Acculturation and its Impacts on Mental Health:

Acculturation refers to the psychological changes and subsequent outcomes that result from the contact between two or more cultural groups (Berry, 1997; 2006). While migration could be an advantageous experience for immigrants and come with its acculturation benefits such as assimilation and integration (Baker, 1999; Bayram, Thornburn & Demirhan, 2007) research also indicates it to be a stressful process (Fassaert, de Wit & Tuinebreijer, 2011). Many cultural aspects, including values, beliefs, language use and preference, food habits, customs, and identity, might alter as a result of acculturation. While descendants of immigrants typically grow up in a hybrid culture and "learn" their heritage culture from the family, immigrants have

internalised their heritage culture and must "learn" the new culture of the target nation. As a result, they fluctuate between the poles of two or more cultures, each of which has a distinct particular cultural orientation, or whether a person identifies more with one culture than the other. The needs of two cultures, which may contradict, are the sources of stress within this context are based in the potentially conflicting demands of both cultures.

Several factors influence acculturation, including age, education, language proficiency, length of stay, and social support (Morawa & Erim, 2014). Research indicates that the immigration and its related acculturation stress are associated with a higher risk of mental disorders, such as anxiety and depression (Bhugra, 2003). This might be especially true for immigrants with a Turkish background because they are one of the largest as well as one of the least integrated immigrant groups. The strong clash of values confronts Turkish immigrants with a particularly high risk of social isolation and psychological distress compared with that associated with immigrants from other parts of Europe and the background population (Bengi-Arslan, Verhulst & Crijnen, 2002; Levecque, Lodewyckx & Vranken, 2007).

Fassaert et al (2011) aimed to explore the relationship between acculturation and psychological distress among first-generation Muslim migrants from Turkey and Morocco in the Netherlands using a quantitative research method using a cross-sectional survey design. The sample consisted of 1306 participants in the first wave, and 721 participants in the second wave of the study. The findings of this study indicated that lack of skills for living in the Dutch society, mainly related to lack of language proficiency was associated with more psychological distress among Turkish and Moroccan subjects. The authors of this study assert that research focused on Muslim migrants have been neglected, however they compare the paucity of research in this area with the apparent abundance of research among Hispanic and Asian migrant populations. Perhaps assumptions of the researchers that Muslim migrants have the same cultural/ethnic background could have resulted in raising questions regarding validity and reliability of the findings when the two cultures are conflated. The researchers of this study also assert that “Moroccan migrants are supposed to be more conservative” (p.134) which further indicates biased generalisations. However, research that aims to evoke the double hermeneutic could provide illuminating

information from a group whose voices are often not heard. This would provide an opportunity to attempt to understand each individual's world from their own perspective, hence providing context of further exploration for the psychotherapeutic experiences of Turkish immigrants whose voices have not been heard in the UK. Furthermore, the level of acculturation in this study was measured with the Lowlands Acculturation Scale (LAS), and psychological distress with the Kessler Psychological Distress Scale (K10). A strength of this study is that the researchers made use of well validated measures to investigate psychological distress (Hides, Lubman & Devlin, 2007). However, while the LAS is a well-established and well validated scale for various measures of acculturation (Arends-Toth & van de Vijver, 2006), researchers have addressed the limitations of the use of Likert scales for cross cultural research (Patricia, 1997; Heine, Lehman & Peng, 2000). The use of Likert scales has been criticised for not providing the why of the phenomenon (Garland, 1991). Looking at the meaning that a client attaches to their experiences instead could provide a basis on which to do the work. Therefore, a further qualitative exploration focusing only on Turkish immigrants in the UK may provide valuable information, help in-depth analyses, encourage understanding of the meanings Turkish individuals attach to their experiences, as well as address the gap in research.

Collectivism and Individualism:

An important topic in cross-cultural psychology is understanding the dimensions of cross-cultural variation, in particularly the dimensions of individualism and collectivism (Triandis, 1995). Therapist have divided cultures into two types: individualistic and collectivist (Triandis 1988). From a cross-cultural perspective, individualism and collectivism are constructs that summarise important differentiations in how the relationship concerning societies and individuals is understood and whether groups or individuals are seen as the fundamental unit of analyses (Oyserman, Coon & Kemmelmeier, 2002). Members of individualist cultures see themselves as individual agents driven by their own preferences and goals (Hofstede, 1980). On the other hand, collectivist cultures encourage strong links among members of a social group, who subordinate personal needs for the benefit of the group (Hui & Triandis, 1986).

Several important cultural differences between Turkey and the UK have been identified that may have a bearing on the effectiveness of therapeutic services

delivered to this community (Hofstede, 1980; Schwartz 1994). For example, Hofstede (1994) reports higher individualism in the UK than in Turkey. Additionally, From the viewpoint of autonomy and relatedness, the Turkish culture has frequently been identified as a culture of relatedness (Kagitcibasi, 1996), and the British culture as a culture of autonomy (Razi, 1993), therefore justifying that the distinct characteristics of this culture need to be better understood in order to assess and understand their psychological needs to avoid possible assumptions such as professionals mismatching client needs and expectations.

More importantly, scholars have also explored how western and eastern cultural values could have an impact on individual's experience of talking therapy. Results have suggested that western cultures are more likely to adopt active coping strategies in order to cope with their problems. On the other hand, individuals from eastern culture have been found to accept their reality as a way to control the impact the event has on their daily functioning (Weisz, Rothbaum & Blackburn, 1984). Interestingly, Turkish immigrant inpatients where found to have lower motivation for psychotherapy in comparison to native German participants and were found to have strong beliefs in supernatural causes of illness and higher fatalistic-external illness-related locus of control (Reich, Bockel & Mewes, 2015). Moreover, research studies also suggest variation in communication style between cultures. Individuals from eastern cultures have been reported to adopt an implicit way of communication with one another, and strong emotions are usually suppressed to maintain group harmony (Butler, Lee & Gross, 2007). Therefore, exploring these cultural differences can broaden our understanding of how Turkish people experience the process of receiving emotional support from professionals in the field of counselling psychology.

Several important cultural differences between Turkey and the UK have been identified that may have a bearing on the effectiveness of therapeutic services delivered to this community (Hofstede, 1980; Schwartz 1994, 2012). Schwartz (1994) study looked at the collectivistic and individualistic tendencies of a number of cultures aiming to give insight into cultural differences. His quantitative study used a value survey to gather data with which was analysed with the Guttman-Lingoes smallest space analysis. Data were drawn from 87 samples from 41 cultural groups in 38 nations including Turkey. The findings indicated that Turkish participants were found

to be above the mean for harmony and embeddedness and below the mean for affective autonomy while analysis identified that British participants were the opposite. This strong clash of differences and values confronts Turkish immigrants with a particularly high risk of social isolation and psychological distress compared with that associated with immigrants from other parts of Europe and the background population.

There are a number of theoretical perspectives that can provide a context within which to make sense of findings such as the one identified above. Social identity theory proposes that social groups are internalised into an individual's social identity (Tajfel, 1974). When group members do not conform to the group values, they are prone to be rejected by in-group members (Ojala & Nesdale, 2004). From this vantage point, and considering that the Turkish culture fit the description of culture of relatedness, this may explain why Turkish individuals reject to adopt cultural values of the new culture when migrating to a country, which arguably result to psychological distress within individuals from this community (Ataca & Berry, 2002).

The preceding paragraphs highlight a number of cultural differences between British and Turkish cultures. These differences can have enormous implications for understanding the mental health needs of Turkish immigrants. Research also indicate that although the Turkish culture can be defined as collectivist, it does not embrace all the characteristics of that orientation (Goregenli, 1997). For example, Goregenli's (1997) study indicated that Turkish participants were found to show strong collectivist tendencies on categories such as sharing of nonmaterial sources, meaning individuals would sacrifice on pleasurable activities in order to save time and money for others, as well as strong individualistic tendencies, such as susceptibility of social influence. Interestingly however, Goregenli (1997) claimed that the dimensions of collectivism and individualism are not satisfactory in understanding cultures such as the Turkish culture that are going through significant social changes. Nevertheless, these studies justify that the distinct characteristics of this culture need to be better understood in order to assess and understand their psychological needs to avoid potential problems such as professionals mismatching client needs and expectations and improve services delivered to them.

Beliefs About Mental Illness Among Turkish immigrants:

It is essential to understand the beliefs of mental illnesses within Turkish immigrants' in order to provide culturally competent mental health care. Turkish immigrants' views towards mental illness are influenced by a complex interplay of social, religious, and cultural factors. Their contacts with mental health services, attitudes towards mental health, activities related to seeking treatment, and stigma are all influenced by these beliefs (Rassool, 2018; Dundes, 1992). People's understandings of their mental health difficulties might be fundamental in regard to engaging them with interventions (Stolzenburg, Freitag, S., Evans-Lacko et al., 2019). The model of understanding what people use to make sense of their psychological distress potentially leads them to seek treatment in accordance with the perceived causes of distress. For instance, people might seek assistance from a spiritual healer if they believe that supernatural forces are to blame for their condition.

Mental illnesses are often seen through the lens of cultural beliefs within the Turkish culture. Studies show that some Turkish immigrants believe that supernatural factors such jinn possession or the evil eye (nazar) are to blame for mental health problems. Turkish immigrants hold a strong belief in the evil eye, which is said to bring about a variety of misfortunes, including problems with one's physical and mental health. This belief contends that envy or jealousy from others might be detrimental to one's health. These ideas may affect how symptoms are viewed and the kinds of therapies that are pursued (Rassool, 2018). Turkish immigrants' views on mental health are also greatly influenced by religion. Many believe that mental health issues can be a sign from God or a sign of a weak faith (Reich, Bockel & Mewes, 2015). As a result, religious rituals like prayer and seeking guidance from religious authorities are frequently seen as common practice to treating mental health issues within the Turkish culture.

Furthermore, stigma associated with mental illness is a serious obstacle to accessing and using the right mental health services. The Turkish immigrant community frequently stigmatises mental illness, which causes emotions of embarrassment and shame. This stigma can prevent individuals from acknowledging their mental health issues and seeking professional help. Cultural stigma around mental health remains a significant barrier for Turkish immigrants. In the Turkish culture, mental illness is frequently linked to weakness and humiliation, which deters people from seeking

treatment (Akar, 2010). This stigma can prevent early intervention and exacerbate mental health issues. Furthermore, the concept of family honor (namus) is also deeply ingrained in the Turkish culture. Families may fear that having a member with a mental illness could bring shame to the family, leading to a preference for keeping mental health issues private and untreated.

The study by Reich, Bockel, and Mewes (2015) explores the motivations for psychotherapy and the illness beliefs among Turkish immigrant inpatients in Germany. This research is significant in understanding the unique cultural and psychological dynamics that influence mental health treatment among Turkish immigrants, a group often underrepresented in psychiatric research. The researchers used a sample of Turkish immigrant inpatients (N=100) in a psychiatric hospital in Germany. Data were collected using structured interviews and standardised questionnaires that assessed various aspects of their motivations and beliefs regarding mental illness. The study found that motivations for seeking psychotherapy among Turkish immigrants were largely influenced by social and familial factors. Many participants reported seeking treatment due to pressure from family members or significant others. Cultural stigma around mental illness played a significant role in shaping these motivations. For instance, the fear of being labelled as 'crazy' or weak was prevalent, affecting their willingness to engage in psychotherapy. Findings of this study indicate that despite a higher symptom burden, motivation for psychotherapy was lower in Turkish immigrant inpatients than in inpatients without a migration background (d=0.54). This was likely to be explained that two of the possible explanations were supernatural causes and external locus of control in the Turkish immigrant sample (mediation analysis; R^2=0.27). These findings can have enormous implications for understanding the mental health needs and beliefs of Turkish immigrants. Although the use of structured interviews and standardised questionnaires ensured a systematic approach to data collection, therefore enhancing the reliability and validity of the findings, the study also comes with its limitations. The sample size was relatively small and limited to inpatients in a single psychiatric hospital. This limits the generalisability of the findings to the broader Turkish immigrant population in Germany or other contexts, therefore raising questions regarding validity and reliability of the findings. In addition, the study's cross-sectional design limits the ability to draw causal inferences. Longitudinal

studies are needed to understand how motivations and beliefs change over time and influence long-term engagement with psychotherapy. Nevertheless, the study provides valuable insights into the motivations and beliefs of Turkish immigrant inpatients regarding psychotherapy and mental illness. While the study emphasises the need for culturally competent care and the existence of considerable cultural barriers, it also creates opportunities for additional research and useful interventions targeted at enhancing the mental health outcomes of this community. The study's findings are useful in highlighting the significance of providing Turkish immigrants with culturally competent mental health care that respects and integrates their religious and cultural beliefs, as these beliefs can impact their engagement and satisfaction with therapy. Turkish immigrants frequently hold distinct beliefs about the causes of mental illness. Training for mental health professionals in cultural competence is essential. This study was conducted on Turkish immigrant inpatients in Germany, this present study is focused on the experiences of Turkish immigrants in the UK, therefore direct links cannot be made, hence, further qualitative exploration focusing only on Turkish immigrants in the UK may provide valuable information. Addressing the identified barriers and incorporating cultural beliefs into treatment approaches can potentially enhance the efficacy of mental health services for Turkish immigrants.

Intersectionality Barriers in the Experience of Psychological Therapy:

The term "intersectionality," which was first used by Kimberlé Crenshaw in 1989, describes how social categories like gender, class, and race are interrelated and can result in overlapping systems of disadvantage or discrimination. Intersectionality plays an important role in examining the experiences of Turkish immigrants in psychological therapy in the United Kingdom. Research indicates that the therapeutic experiences of Turkish immigrants are influenced by numerous overlapping identities, including gender, religion, socioeconomic class, and ethnicity (Vallejo, 2019; Ciftci, Jones, & Corrigan, 2013). These crossing identities have a distinctive impact on the lives of Turkish immigrants in the UK, and psychological therapy needs to take this into account.

Cultural identification and ethnicity are important aspects of the therapeutic process. Maintaining their cultural heritage and adjusting to new cultural norms are frequent obstacles for Turkish immigrants. Research has demonstrated that cultural identity

influences help-seeking behaviours, attitudes about mental health, and the therapeutic relationship (Kaya & Karaca, 2020). Research further indicates that Turkish immigrants may prioritise the welfare of their family and community before their own mental health, impacting their engagement in therapy (Ince, 2018). Gender adds another layer of complexity to the therapeutic experiences of Turkish immigrants. Psychological therapy might be viewed and used differently by men and women in the Turkish culture due to traditional gender roles. For example, societal expectations of stoicism and self-reliance may discourage Turkish men from seeking therapy, while women may encounter additional obstacles because of gender-based discrimination and limited autonomy (Akar, 2010). Turkish immigrant women are more likely to seek psychological therapy compared to their male counterparts (Akar, 2010). A contributing factor in this disparity is partly due to the societal stigma associated with mental health issues, which is especially pronounced for men. Help seeking behaviours may be seen by men as a sign of weakness, which goes against the stereotype of the traditional masculine ideal. In contrast, women, who are often primary caregivers, may feel more justified in seeking help for stress, depression, and anxiety, which are common among immigrant populations facing acculturation challenges. Understanding these gender differences is crucial for developing culturally sensitive therapeutic interventions that can effectively address the unique needs of Turkish immigrant men and women. Future research should continue to explore these differences taking into account the evolving cultural dynamics and the diverse contexts within which Turkish immigrants live. The observed differences between men and women in terms of help seeking behaviour experience and response cannot be explained purely through the lens of sex and gender- biological differences. It is essential to recognize the intersectionality of gender with other factors such as age, socioeconomic status, and length of stay in the host country. Younger Turkish immigrant women, for instance, may have different experiences compared to older women due to generational shifts in cultural attitudes towards mental health. Similarly, men who have been in the host country longer may be more acculturated and thus more open to psychological therapy compared to recent arrivals.

Similarly, to how ethnicity and gender cannot provide a pure and direct explanation to differences in the experience of psychotherapy, being an immigrant or belonging to an ethnic group may not always be the cause of the observed variances in perception

and experience, as socioeconomic position (SES) and educational attainment can also have an impact on and explain these discrepancies. According to research, a person's socioeconomic status significantly impacts access to and experiences in psychological therapy. Lower SES Turkish immigrants may face more stress and instability, financial difficulties, and restricted access to high-quality mental health care (Celik, 2020). These factors can exacerbate mental health issues and hinder effective therapeutic outcomes.

Furthermore, religion and spirituality are integral to the cultural fabric of many Turkish immigrants. Islam, which is prevalent among the Turkish culture, can influence attitudes towards mental health and therapy. Religious beliefs may provide coping mechanisms and support networks, but they can also lead to conflicts with Western therapeutic practices that do not incorporate spiritual elements (Ciftci, 2011). For example, Haque and Masuan (2002) argued that Muslims have no confidence in the science of psychology because they fear their beliefs will be analysed and taken away from them, and because psychology is perceived as a secular science that ignores the spiritual dimension of human nature. Furthermore, in the world of Muslim psychology, most of the misunderstandings in the field of psychology are believed to stem from incorrect assumptions regarding human nature, ranging from Darwinian view of human nature to the model of information processing units. Similarly, Rogers-Sirin, Yanar & Yuksekbas et al. (2017) found that religious Muslims in Turkey have negative attitudes toward seeking psychological therapy. These attitudes are mediated by hierarchical family values, but they are also undermined by independent self-construal. This suggests that the negative sentiments indicated before are largely caused by the cultural values of Turkey and psychotherapy not being compatible.

Therefore, perception and experience of psychological therapy in addition to how individuals cope can be affected by a wide range of intersectional factors which needs to be considered when conducting research for this participant group- for this research Turkish immigrants in the UK. Culturally competent care involves understanding and respecting the cultural backgrounds and intersecting identities of clients. For Turkish immigrants, this means recognising the importance of cultural identity, gender roles, socioeconomic challenges, and religious beliefs in therapy (Sue et al., 2022).

Summary of Debates and Implications for the Current Study

Overall, Turkish immigrants are considered as a vulnerable group since they can be affected by wide range of factors which makes it difficult to access healthcare in host countries. Culturally competent care involves understanding and respecting the cultural backgrounds and intersecting identities of clients. For Turkish immigrants, this means recognising the importance of cultural identity, gender roles, socioeconomic challenges, and religious beliefs in therapy (Sue et al., 2022). Therapists should receive training in cultural competence to address these diverse needs effectively.

Based on the current literature increased attention has been given to the need to adapt psychotherapy to clients' cultural values and contexts. Having identified some of the cultural issues related to counselling psychology, the difficulties immigrants experience from the process of acculturation, the concepts of individualism and collectivism and its impact on delivering psychotherapeutic services to the Turkish minority population and the mental health prevalence, findings provide evidence of the need to further study this population in the UK in order to fill in the gaps in current knowledge. The findings clearly present the significance of collectivistic values amongst the Turkish population. This directs attention to the possible need of the individualistic approach of Western psychotherapy being extended to encompass collectivist principles when working with Turkish immigrants. Though there have been several studies based on ethnic minority populations in the cross-cultural psychology literature, there is a clear gap regarding the psychotherapeutic experiences of Turkish immigrants living in the UK. It is therefore fundamental to further study this population in order to explore to what extent their needs are being met taking into consideration their cultural values. Further qualitative research, with a focus on in-depth analyses will encourage understanding of the meaning's individuals attach to their experiences, through a more humanistic, Counselling Psychology lens.

Research Aim and Research Question:

The primary research question guiding this study is: **How do Turkish clients make sense of their experience of counselling in the UK?**

Research aims: To explore how Turkish clients, perceive and interpret their experiences with counselling services in the UK.

Chapter 3. Methodology and Methods:

This chapter outlines the methods used, as well as the methodological concerns of the study. Despite their frequent interchangeability, the terms 'methodology' and 'method' refer to distinct aspects of research practice (Finlay, 2006). 'Methodology' refers to the specific procedures or techniques used to guide the development of the research question, whereas 'method' describes the specific research techniques employed. This chapter begins by setting out the research question and aims of the current study, followed by an exploration of the philosophical underpinnings, perceptions, and values that guided the research development. I then discuss the methodological approach chosen to answer the research question-Interpretative Phenomenological Analysis (IPA)- and why it was deemed the most appropriate fit. Following this, I discuss the methods used in the research, including participant recruitment and the procedures undertaken for data collection and analysis. The inclusion and exclusion criteria for participant recruitment are also summarised. The chapter concludes by addressing ethical considerations, the importance of reflexivity, and how subjectivity and bias were managed during the research process.

Research Aim and Research Question:

Overall research question: How do Turkish clients make sense of their experience of counselling in the UK?

Research Aim

To investigate how Turkish clients, perceive and interpret their experiences with counselling services in the UK.

Research Design:

In keeping with the goals and objectives of the study, a qualitative research approach from a hermeneutic phenomenological perspective was employed to investigate the meaning and account for the complexity of participants' worldviews by describing the phenomenon in the participants' own words (Taylor & Bogdan, 1998, cited in Ponterotto, 2005). A qualitative research approach was chosen to gain an in-depth understanding of the specific experiences of the participants (Morrow,

2007), with participants selected based on their familiarity with the interview topic and their ability to describe their experiences.

Rationale for Adopting Qualitative Research Methodology:

A qualitative study was considered a suitable methodological approach due to its ability to access participants' subjective experiences and make sense of the chosen phenomenon (Morrow, 2007). Furthermore, a qualitative approach facilitated a process where participants could disclose and share their experiences of working with emotions in therapy. Using a qualitative methodology also provided an opportunity to attempt to understand each Turkish individual's world from their own perspective, hence offering a context for further exploration of the psychotherapeutic experiences of Turkish clients, whose voices have seldom been heard in the UK. This approach also enabled the research to address issues faced by the Turkish minority within this specific area of study. The focus was less on establishing a cause-and-effect relationship and more on exploring the depth and richness of the participants' psychological therapy experiences (Willig & Stain-Rogers, 2017).

Individual narratives are related to their own context, which then becomes part of the total meaning based on the subjective experience of the individual. According to Langdridge (2007), these contexts can be used to link an individual's experience with their social, cultural, and structural surroundings. Qualitative research offers contextual descriptions or interpretations based on personal lived experiences, which were best suited to the type of research question posed in this study. As previously mentioned, existing research in the field is limited, so using a qualitative methodology allowed the provision of knowledge that included novel and unexpected insights into the individual, social, and institutional components of the psychological therapy experiences of Turkish-speaking individuals who have received psychological services in the UK. It also provided an opportunity to 'give a voice' to an underrepresented and unheard population. The emphasis on researcher reflexivity within a qualitative approach was another key attraction. In comparison to quantitative research, qualitative approaches acknowledge, rather than deny, how a researcher's personal characteristics influence the attention given to various aspects of their work (Willig, 2008). A qualitative approach was seen as particularly suitable

for evaluating these aspects as they applied to the study, especially considering that the researcher's own experiences as a Turkish-speaking individual prompted the pursuit of research in this area.

Epistemological Framework and Research Paradigm:

The philosophical bases of qualitative research can influence everything from the research question to how the data is collated and analysed, and therefore, it is considered a significant factor in research. Research suggests that it is vital for researchers to identify their epistemological stance, research paradigm, and ontology because, to evaluate research meaningfully, one must clearly state what knowledge their research aims to produce (Willig, 2013). These philosophies describe the nature of reality, truth, beliefs, and assumptions, which play a crucial role in guiding the research process (Larkin, Watts, & Clifton, 2006). Epistemology has been described as the philosophy of knowledge and concerns the relationship between the "knower" and the "would-be knower." Ontology, on the other hand, is described as the philosophy of being and is concerned with the nature of reality and how we engage with it (Willig, 2013). There are several ontological positions that aim to conceptualise research knowledge.

The phenomenological paradigm is interested in the subjective experience of individuals, rather than seeking the universal truth about a phenomenon (Langdridge, 2007). Additionally, a study design must be consistent with the researcher's understanding and belief about the nature of reality and the information that may be created because of that understanding and belief to be effective (Willig, 2008). In light of this, careful consideration has been given to the researcher's epistemological stance and how it should influence the study design. As a Counselling Psychologist, the goal has always been to help others explore the personal meanings they attribute to their experiences, as opposed to finding a single "truth" that "explains" their lives to them. As a researcher, the awareness that personal experiences and cultural perspectives shape the perception and understanding of the study's subject is acknowledged (Madill, Jordan, & Shirley, 2000). The researcher-participant interaction will play a role in the findings about the participants' realities and experiences (Larkin, Watts, & Clifton, 2006), making this an

especially vital area to investigate. Reflexivity will be used to examine the relationship with the subjects throughout the research process to avoid issues with credibility.

This study adopts a critical realist ontological position with a slight inclination towards a moderate social constructionist position. As Smith, Flowers, and Larkin (2009) suggest, IPA subscribes to a less robust form of social constructionism. The approach could be described as moderately social constructionist due to its assumption that reality is not entirely constructed through social interactions and conversations. Instead, while assuming that a real world exists, it posits that each person constructs their version of it through communication and observation (Eatough, Smith, & Shaw, 2008). Furthermore, as Willig (2012) proposes, by not assuming that the individual's version of their experience directly reflects reality, this can be seen as aligning with a critical realist position. Therefore, this position places great emphasis on the specific context within which the individual attempts to understand their experience. This aligns with the phenomenological position, where the experience is viewed as occurring at a specific time, in a specific situation, and within a specific cultural context (Larkin, Watts, & Clifton, 2006). A critical realist acknowledges that mental states and attributes are part of the real world, even though they are not directly observable (Bhaskar, 1975). Thus, the disparities attached to individuals' interpretations of their experiences are seen as credible because they experience different aspects of reality.

This study aims to produce phenomenological knowledge through the implementation of IPA analysis. This approach assumes no claims regarding objective truth and attempts to capture the nature of the individual's subjective experience of the area of research (Willig, 2013). Hermeneutic phenomenology emphasises the subjective experiences of individuals and groups, attempting to unveil the world as experienced by the subject through their life-world stories. According to this approach, interpretations are all we have, and description itself is an interpretive process (Heidegger, 1962). With realist claims, the data gained from participants is considered as reality. In contrast, with relativist claims, comprehending the participant's reality involves an interpretative process (Madill et al., 2000) through the relationship between the participant and the researcher. It is

acknowledged that, to access the experiences of the participants, the focus will be on the "person-in-context," who is embedded in the social, cultural, and historical context, and these factors should be investigated through reflexivity during the research to access participants' experiences of how they make sense of their psychological therapy experiences.

Overview of Interpretative Phenomenological Analysis:

This section provides a brief overview of IPA before examining in detail why it was the preferred choice over alternative qualitative methodologies.

IPA emerged in the UK in the mid-1990s as a qualitative approach in psychological research that is committed to examining how people make sense of major life experiences. It draws on three main branches of the philosophy of knowledge: phenomenology, hermeneutics, and idiography (Smith et al., 2009). IPA was developed to introduce a more pluralistic approach, allowing for the capture of subjective and experiential accounts pertinent to psychological research. Typically, the IPA researcher invites participants to share stories about significant life experiences. The researcher then records, transcribes, and analyses these narratives, with the results based on both the participants' interpretations of their experiences and the researcher's interpretation of the data. This illustrates a two-fold component of meaning-making, termed the "double hermeneutic" by Smith and Osborn (2015).

IPA's intellectual roots can be traced back to phenomenology and hermeneutics (Smith, Flowers, & Larkin, 2009). The main theoretical underpinnings of IPA will now be explored in detail:

Phenomenology:

Phenomenology is described as the 'study of human experience' (Langdridge, 2017). IPA is linked to a phenomenological epistemology in that there is a commitment to studying an individual's lived experience (Smith, 2004). IPA's theoretical foundations are rooted in the phenomenology initiated by Husserl's (1999) approach. Transcendental phenomenology was the name given to Husserl's approach, as it

involved the process of epoche, which is defined as “bracketing” out the natural attitude of the researcher (Giorgi, 1992), to directly access the experience as it naturally occurs in a particular time and context (Bernet, Kern, & Marbach, 1993). Husserl’s phenomenological method entails a sequence of ‘reductions’ termed ‘imaginative variation’ and ‘eidetic reduction’ to capture the essence of experience (Smith, Flowers, & Larkin, 2009). Later, theorists such as Heidegger (1962) reformed the phenomenological approach, moving away from a philosophical discipline towards focusing on existential and hermeneutic dimensions (Finlay, 2009). Heidegger’s approach is termed the existential approach to phenomenology, and it encourages working with the researcher’s assumptions and interpretations rather than ‘bracketing’ to understand the lived experience of the individual (Eatough & Smith, 2008). IPA recognises that the researcher’s engagement with the data has an interpretative component and invokes a lived process, an unfurling of perspectives and meanings unique to the person’s embodied and situated relationship with the world. The IPA used in this study will adhere to Jonathan Smith’s (1990s) existential phenomenological approach, which was devised by Heidegger in 1962.

Hermeneutics:

The second major theoretical underpinning of IPA comes from hermeneutics, the theory of interpretation. Hermeneutics is an important part of intellectual history and offers significant theoretical insights for IPA. Hermeneutics incorporates the study of written texts or descriptions alongside the researcher’s attempts to make sense of individuals’ narratives. Proposals from hermeneutic theorists refer to Heidegger’s influential ‘double hermeneutic circle,’ which illustrates the dynamic relationship between the ‘part’ and the ‘whole.’ In IPA, this is demonstrated by the researcher’s active role in making sense of the participant’s attempts to make sense of the experience under study (Smith & Osborn, 2008). Hence, IPA findings acknowledge the co-production between researcher and participant, as interpretations are recognised as being dependent on the participant’s ability to articulate the experience and the researcher’s ability and skills in analysing the data within the double hermeneutic circle (Osborn & Smith, 1998). Ricoeur (1970), Schleiermacher (1998), Gadamer (1989), and Heidegger are the prominent hermeneutic theorists whose ideas will be utilised during the analysis stage.

Idiography:

The third major influence upon IPA is idiography-concerned with the particular. Idiography is focused on making claims at the group or population level and establishing general laws of human behaviour. Idiography advocates for a focus on the particular, which also leads to a re-evaluation of the importance of the single case study. IPA achieves this through detailed, thorough, and systematic in-depth analysis.

Rationale for IPA:

Interpretative Phenomenological Analysis (IPA) was deemed an appropriate methodology for several reasons. Firstly, its phenomenological foundations were particularly compelling as they enable the production of an account of lived experience distinct from pre-existing theoretical conceptions. This approach allows the researcher to develop an "insider's view" through a thorough investigation of experience and meaning-making (Smith, 2010; Smith & Osborn, 2015). Compared to other methods, such as discourse analysis, IPA assumes an epistemological stance whereby, through cautious and precise interpretative methodology, it is possible to gain access to an individual's cognitive inner world (Potter, 1996). Consequently, a phenomenological perspective offers counselling psychologists an in-depth understanding of the lived experiences of a group of participants, which can help define the essence of a phenomenon where the researcher's engagement with the data has an interpretative component.

Furthermore, Smith (2004) suggests that IPA is appropriate when the research topic is subjective, relatively under-studied, dynamic, and contextual, especially where issues related to identity and sense-making are significant. These principles are particularly relevant to the current research aim, as little is known about the Turkish community living in the UK, particularly regarding the experiences of how Turkish clients make sense of their psychotherapy and counselling experiences.

The rationale for using the chosen analytic strategy is based on the research aims to explore how Turkish clients make sense of their therapy experiences. This study will employ IPA as a method for data analysis due to its ability to elicit detailed, rich, and

first-person accounts of individual experiences, rather than attempting to produce an objective statement of the object or event itself (Pietkiewicz & Smith, 2014). Therefore, IPA is considered the most appropriate method for the research phenomenon. Experience is the subject that IPA seeks to understand within the context of the concrete and meaningful world of human beings. Moreover, it can be argued that IPA aligns well with counselling psychology. Founded in existential and humanistic psychology, counselling psychology is concerned with examining subjective experience, meaning, values, beliefs, understanding, and behavioural science. The skills expected, as well as the process of undertaking IPA research, are similar to the clinical work of counselling psychologists, as both involve forming relationships and engaging with the client's and participant's narratives (Morrow, 2007). Based on these principles, IPA was considered the most appropriate approach for this research.

Consideration of Alternative Qualitative Approaches:

Careful consideration was given to other qualitative approaches before selecting IPA as the appropriate methodology for this research study. Both grounded theory and discourse analysis were considered as potential approaches. Various similarities have been noted between IPA and grounded theory, as both approaches aim to capture the individual's view of the research area (Willig, 2013). However, grounded theory would arguably have been an appropriate method if the study aimed to construct a theory explaining how Turkish clients make sense of their psychotherapy experiences in counselling or psychotherapy. Instead, this study adopted an exploratory approach, focusing on the lived experience of what it is like for Turkish clients to make sense of their therapy experiences, rather than attempting to develop a theory. Originally, grounded theory was developed for studying social processes that account for certain phenomena, making it more appropriate for sociological research (Glaser & Strauss, 1967).

Discourse analysis was also considered as an alternative method. Like IPA, discourse analysis acknowledges the significance of language within qualitative analysis (Potter & Wetherell, 1987). Discourse analysis would have been suitable if the study aimed to explore how Turkish individuals use discursive resources to

construct their experience of therapy. However, the aim of this study was to explore the subjective experience of how clients make sense of their counselling or psychotherapy experiences, suggesting that IPA was the most appropriate approach. IPA facilitates access to participants' subjective experiences and how they make meaning of this process, rather than drawing out social constructions from their narratives.

Challenges and limitations of IPA:

IPA has been criticised for the generalisability of its findings, with arguments suggesting that the results cannot generate generalisable conclusions due to the small sample sizes typically used. However, research suggests that using a limited number of participants allows for more in-depth analysis (Smith et al., 2009), offering a new perspective on the experience and opening new research possibilities. Smith et al. (2009) argue that IPA does not have "stand-alone integrity," implying that it does not guarantee quality. The success of IPA, therefore, depends on the researcher's reflexivity in attending to their assumptions during the data analysis and application, which are key concerns within IPA.

Another challenge with IPA is that participants must be able to communicate the depth of their experience in sufficient detail. Language and health literacy can be common challenges for individuals who are immigrants in a foreign country. Additionally, limitations in the methods used, such as IPA not being inclusive or culturally applicable, can further challenge participants' opportunities to fully articulate themselves.

Analytic process:

Interpretative Phenomenological Analysis (IPA) does not adhere to a single method for data analysis; instead, it emphasises the importance of analytic focus in qualitative research (Smith et al., 2009). IPA requires researchers to fully engage with participants' accounts to make sense of their experiences. This process involves various levels of interpretation, often described using the concept of the hermeneutic circle, which moves from understanding the 'part' to the 'whole' (Smith et al., 2009).

Recent updates to IPA have refined some of the terminology used in the analytic process. Specifically, "emergent themes" are now referred to as "experiential statements," a term that better captures the initial phase of analysis (Smith et al., 2022). Additionally, there is now a clearer distinction in the use of the term "theme." A collection of related experiential statements is now termed a Personal Experiential Theme (PET) (Smith et al., 2022). Thus, while previous terminology involved clustering emergent themes to form superordinate themes, the updated approach clusters experiential statements to create PETs.

As a novice researcher, I followed the updated seven-stage analysis strategy outlined by Smith et al. (2022). Below, I describe my approach to these analytic stages:

1. **Transcription and Initial Reading**: Upon collecting the data, I transcribed the interviews and began by reading and re-reading each transcript several times.
2. **Exploratory noting**: The second stage involved generating comprehensive, detailed, and unfocused comments in the margins of the transcripts. I noted my reactions and reflections of the data directly onto the transcript. These exploratory notes included anything that struck me, thoughts I had about experiences and exploratory analyses. I distinguished between descriptive, conceptual, and linguistic comments. This stage included analysing the participants' language, considering the context of their statements, and identifying abstract concepts that helped clarify their meaning patterns. These exploratory notes were recorded in one margin of the transcript (Appendix two). These serve as the basis for the **Experiential Statements**, maintaining a strong phenomenological emphasis by staying closely aligned with the participants' explicit meanings and highlighting what is important to them.
3. **Constructing Experiential Statements**: The third stage involved constructing experiential statements from the exploratory notes (Appendix two). At this stage, I had a substantial amount of data, including the transcript and detailed exploratory notes. I then made an analytical shift, working to reduce the data volume while preserving its complexity, focusing on identifying the most important aspects of the exploratory notes, which were closely linked to the transcript (Smith et al., 2022). My goal was to concisely convey my understanding of the participant's experience in specific parts of the text, demonstrating the double hermeneutic and analytic process in action

(Nizza et al., 2021). As a researcher, I played an active role in determining which elements to highlight (Smith et al., 2022). Each experiential statement represents a conceptual synthesis of my exploratory notes, grounded in the data, and reflects both the participant's psychological processes and the context in which they occur (Smith & Nizza, 2022). These statements incorporate both the participants' original thoughts and words, as well as my interpretation (Smith et al., 2022). This process required summarising the key points from the notes into concise statements, which were then inserted into another margin of the transcript.

4. **Searching for Connections Across Experiential Statements**: In the fourth stage, I maintained one annotated copy of the transcript and used another copy to cut out each experiential statement. I broke down the extensive list of experiential statements from the transcript, seeking for patterns and connections between them. To gain a broader perspective, I separated and spread out the statements, allowing me to view them as a whole. By rearranging and grouping those that resonated or aligned with each other, I formed clusters that highlighted potential interconnections. This process was repeated until coherent clusters of experiential statements emerged, reflecting these connections (Smith et al., 2022). Each cluster was then given a title summarising its key features, transforming them into Personal Experiential Themes (Smith et al., 2022).
5. **Naming Personal Experiential Themes (PETS):** The clusters of Experiential Statements from step 4 were assigned titles to capture their defining features, with each cluster representing a participants' personal experiential themes (Smith et al., 2022). I proceeded by analysing each case individually, and then used the Personal Experiential Themes to develop Group Experiential Themes (GETs) that spanned across all the cases.
6. **Repeating Analysis**: The above process was repeated for each participant's transcript.
7. **Developing Group Experiential Themes**: The final stage involved examining the PETs across cases to develop Group Experiential Themes. This step aimed to identify patterns of similarity and difference among the PETs, thereby creating a set of Group Experiential Themes. This stage focused on understanding both shared and unique aspects of participants' experiences

and exploring points of convergence and divergence. A table of GETs was created to illustrate the commonalities in participants' experiences, while also highlighting the distinctive ways in which each individual participant embodies a shared characteristic (Smith et al., 2022).

This analysis was conducted individually for each interview. While the findings of this small-scale research cannot be generalised to the entire Turkish population, they are expected to contribute to a deeper understanding of how Turkish clients make sense of their therapy experiences.

Data Collection and Procedures:

IPA studies often use single-case studies to maintain an idiographic focus (Bramley & Eatough, 2005). Single-case studies provide unique, detailed insights into participants' experiences (Smith et al., 2009). IPA necessitates a data collection method that allows participants to offer rich, first-person accounts of their experiences. Semi-structured, one-to-one interviews are commonly used for this purpose, as they facilitate an in-depth exploration of participants' subjective experiences (Atkinson & Delamont, 2003).

To account for individual differences in storytelling, I employed semi-structured interviews using an interview schedule (Appendix three). Each interview lasted approximately 60 minutes and was conducted at City University of London. This method allows for a broad range of experiences to be gathered while maintaining focus, as compared to more informal approaches (Turner, 2010). Additionally, it enables the collection of varied types of information without limiting the scope of responses (Pietkiewicz & Smith, 2014; Acocella, 2012). Despite being somewhat time-consuming, this approach allowed participants to disclose confidential information comfortably, which they might be reluctant to share in focus groups. Open-ended questions are recommended in qualitative research to elicit naturally unfolding descriptions of participants' experiences (Lincoln & Guba, 1985; Suzuki, Ahluwalia & Arora, 2007). Interviews were audio-recorded, transcribed verbatim, and stored with strict confidentiality (Suzuki et al., 2007). Following Willig (2013), the interview schedule included a few open-ended questions focusing on the participants' subjective experiences of how participants made sense of their therapy

experiences. The interview schedule (Appendix three) began with a broad question about the participant's motivation for participating in the study to ease them into the interview and encourage reflection on the research topic. Subsequent questions explored personal experiences and beliefs about therapy, including the therapeutic relationship and the impact of language on their experience. The final question, "Is there anything else you would like to add?" aimed to capture additional relevant information.

Sampling Considerations:

In IPA studies, participants are selected purposively based on their relevance to the research question (Patton, 2005). IPA studies benefit from an intensive focus on a small number of participants, emphasising quality over quantity (Larkin, Flowers, & Smith, 2021). For this research, I collaborated with six Turkish individuals (four females and two males) who had experienced therapy in the UK to explore their experiences. This sample size aligns with the higher end of the recommended range for IPA studies (Smith, Jarman, & Osborn, 1999).

Recruitment Strategies:

Participants were recruited from a counselling service in London. A flyer was used to invite volunteers (Appendix four). The flyer also mentioned the reimbursement of travel expenses as an incentive to show appreciation for participants' time and effort. As I was already a trainee at the service, there were no significant challenges or delays in recruiting participants. To prevent any conflicts of interest, I avoided recruiting current or former clients with whom I had worked. Additionally, clinic staff were kindly asked to inform and encourage potential participants who appeared interested to contact the researcher via email or phone. Clinical staff also provided me with the names and contact details of Turkish-speaking individuals who expressed an interest in participating in the study. I contacted these potential participants to discuss the study in detail and answer any questions they had. The conversation concluded with an agreement to send the Participant Information Sheet (Appendix five) and Consent Form (Appendix six) via email or post.
To ensure the suitability of participants according to the study's inclusion and exclusion criteria, and to collect demographic information, a telephone screening call

was arranged with those who wished to proceed. During this call, participants completed the PHQ-9 and GAD-7 assessments to confirm their eligibility for the study. This step was taken to ensure that all participants had fully recovered from any diagnosed mental health issues, thereby reducing the risk of potential psychological distress. The cut-off scores used were 8 or below for the GAD-7 and 10 or below for the PHQ-9 (Clark, 2011). The call concluded with a mutually agreed date, time, and location for the interview. All participants had received psychological therapy for at least six sessions within the last twelve months. To avoid complications and delays during data collection, all participants were required to be fluent in English and spoke English during the interviews. The participants' education levels varied from secondary school to university level. Four participants were aged between 29 and 36 years, and the remaining two were between 53 and 57 years old.

Table 1: Table of Participant Demographics

Participant (Pseudonym)	Age	Gender	Ethnicity	Stage of treatment
Azzy	25-34	Female	Turkish	Completed
Sey	55-64	Female	Turkish	Completed
Mel	25-34	Female	Kurdish	Completed
Cavit	25-34	Male	Turkish	Completed
Seda	35-44	Female	Turkish/Cypriot	Completed
Zaf	45-54	Male	Turkish	Completed

Inclusion/Exclusion Criteria:

The research question for this study informed the inclusion and exclusion criteria. This qualitative study aims to explore how Turkish clients make sense of their counselling experience in the UK. Unlike grounded theory, IPA research typically seeks a homogeneous sample (Pietkiewicz & Smith, 2014). In this study, homogeneity was ensured by recruiting participants who shared the same experience of accessing therapy. Given the study's focus on Turkish individuals, the inclusion criteria were tailored to recruit a specific population. Therefore, participants who did not self-identify as Turkish were excluded.

The study aimed to recruit English-speaking Turkish individuals who had completed therapy (but were not currently in therapy) for a minimum of six weeks within the twelve months preceding the interview. Individuals who had engaged in fewer than six weeks of therapy within this period were excluded, as the research sought to capture detailed and authentic accounts of recent therapy experiences. Additionally, participants had to be over 18 years old, as the study focused on the experiences of the Turkish adult population. Participants were also required to have lived in the UK for at least ten years and to plan to remain in the UK for the foreseeable future. This criterion ensured that participants had sufficient exposure to UK-based therapeutic systems to provide meaningful insights into cross-cultural therapy. The decision to include individuals with long-term residency plans also addressed areas of the research which explored how acculturation shapes therapeutic experiences. Participants who had recently arrived in the UK or planned to return to Turkey might have had differing priorities and expectations, potentially introducing additional variables unrelated to the study's focus. By including participants with stable residency, the research was able to delve deeper into the nuances of cross-cultural engagement within the UK context.

Careful consideration was given to the language used in the interviews. Research suggests that individuals construct their social world through language (Smith et al., 2009). While I initially considered conducting interviews in Turkish, this would have necessitated the presence of an interpreter. Translating Turkish responses into written English would have been complex, costly, and time-consuming due to the need for a certified translator. Although conducting interviews in Turkish might have yielded richer data, there was a risk of losing meaning during translation. Therefore, all participants were required to be fluent in English to avoid complications and delays in data collection. Furthermore, the decision to conduct interviews in English was also made to ensure accessibility and consistency in data collection and analysis. However, this choice had implications for the richness of the data and the authenticity of participants' narratives. Language is deeply intertwined with cultural expression and conducting the study in English may have limited participants' ability to fully articulate culturally nuanced emotions and experiences. For instance, certain idiomatic expressions or concepts central to Turkish culture may not have equivalent translations in English, leading to potential loss of meaning. At the same time,

participants demonstrated adaptability in expressing themselves in English, which reflects their acculturation experiences as Turkish individuals living in the UK. This decision also underscores the broader challenges faced in cross-cultural research, where the need for linguistic accessibility must be balanced with the priority of preserving cultural authenticity. While conducting the study in Turkish might have also provided richer data, it would have introduced challenges in ensuring consistency during translation and analysis.

Participants who had received therapy in any theoretical orientation were invited to take part in this study. Although IPA typically aims for a homogeneous sample and different theoretical orientations have distinct philosophical underpinnings that inform their clinical interventions, the primary aim was to provide a safe and confidential space for participants to explore and reflect on their emotional difficulties. While this may have influenced how participants made sense of their experiences, the focus of the study was on exploring how Turkish clients make sense of their therapy experiences, so I did not anticipate this factor significantly affecting the research findings.

Finally, participants needed to have fully recovered from any diagnosed mental health issues. Those still experiencing mental health problems or who were unable to give informed consent were excluded from this study. This was ensured through the careful wording of the flyer.

Table 2: Inclusion/Exclusion Criteria of Sample:

Inclusion criteria	Exclusion criteria
Self-Identification: Only individuals who self-identified as Turkish were eligible to participate.	Participants who do not fall to inclusion criteria.
Language Proficiency: Participants were required to be fluent in English to avoid complexities associated with translation and interpretation during the interviews.	Participants who are not fluent in English.
Therapy Experience: Participants must have completed a minimum of six weeks of therapy within the 12 months preceding the interview.	Participants currently in therapy or with less than six weeks of experience were excluded.
Age and Residency: Participants had to be over the age of 18 and have lived in the UK for at least ten years, with plans to remain in the UK in the foreseeable future.	Participants below the age of 18, and those who lived in the UK for less than ten years.
Mental Health Status: Participants needed to be fully recovered from any diagnosed mental health condition and capable of giving informed consent.	Participants who have current mental health issues.

Transcribing interviews:

Each interview was transcribed verbatim following the guidelines set out by Smith et al. (2009). I chose not to use a transcription service due to the sensitivity of the participants' experiences. Each transcript was anonymised and verified for accuracy against the original recordings. Identifying details and names were altered, and pseudonyms were assigned to each participant: Mel, Azzy, Cavit, Sey, Zaf, and Sed. Care was taken to ensure that none of the pseudonyms coincided with the participants' real names. A separate and secure document was created to match each pseudonym with its corresponding participant and transcript, and this document

was stored securely in a locked cabinet, apart from the research data.

In line with recommendations by Smith and Osborn (2015), semantic-level transcription was employed, which included significant pauses, false starts, laughter, and other idiosyncrasies that could indicate personal or particular meanings. During the interviews, I sought clarification from participants whenever I was uncertain about their intended meanings. Despite best efforts, non-verbal communications are inherently excluded from transcripts (Langdridge, 2007). Although IPA does not necessitate noting prosodic details as in conversation analysis, I attempted to do so by taking brief notes during and after each interview when I believed it would aid in understanding the participants' statements. The transcripts were structured with large margins on both sides of each line to facilitate the analysis process. All audio files were destroyed once the transcriptions and translations were completed.

Ethical Considerations:

Ethical considerations were carefully addressed during the early stages of developing this research. The study adhered to the ethical guidelines outlined by City, University of London, the British Psychological Society's (BPS) Code of Ethics and Conduct (BPS, 2021), and the Health and Care Professions Council (HCPC) Codes of Ethics and Conduct (HCPC, 2016). Ethical approval for the research proposal was granted by the Department of Psychology at City, University of London (Appendix seven). Key ethical issues, including informed consent, confidentiality, privacy protection, debriefing, and the management of potential distress, were thoroughly considered.

Informed Consent:

Informed consent was obtained from each participant (Appendix six). Before the interviews commenced, participants were provided with an explanation of the study's background and asked to read and sign the consent form. Participants were informed of their rights as research participants and the details of the interview process. They were reminded of their right to withdraw from the study at any time without penalty and were assured that confidentiality would be maintained throughout the research.

Debriefing:

After the interviews, participants were debriefed and given the opportunity to discuss their feelings about the interview process and whether they required additional emotional support. Although it was not anticipated, participants were provided with a list of support services before the interviews in case any issues related to psychological distress arose during the interviews (Appendix five).

Reflexivity:

Reflexivity is a crucial component of qualitative research, recognising how researchers can influence their findings and interpretations (Willig, 2013). Researchers must be aware of their personal biases and understand how their experiences and cultural viewpoints shape their perception of the research topic (Madill et al., 2000). Following Heidegger's (1962) existential phenomenological approach, it is acknowledged that researchers inevitably bring their own experiences, histories, and cultural contexts into their studies. Reflexivity thus encourages a critical examination of the researcher's influence on the research process (Nightingale & Cromby, 1999).

As a trainee counselling psychologist, researcher, and Turkish-speaking woman with personal experience of therapy, I recognise that I am deeply embedded in the research process rather than a distant observer (Charmaz, 2008). This immersion implies that my experiences and emotions have influenced both my interest in the research question and the conduct of the study.

My initial interest in this research area was sparked by my work with the Turkish population as a trainee counselling psychologist. I observed difficulties and conflicts within the Turkish community related to their therapy experiences, particularly as referral letters from GPs often indicated a preference for culturally tailored services. This awareness led me to seek a deeper understanding of Turkish culture, especially in relation to how Turkish individuals interpret their therapy experiences and manage their emotions. However, as a British-born individual with Turkish heritage, I acknowledge that my personal assumptions about this population could have

introduced bias in data collection, analysis, and interpretation.

From an Interpretative Phenomenological Analysis (IPA) perspective, while knowledge is co-created, it is crucial to ensure that participants are not unduly influenced by the researcher. Phenomenological studies aim to 'bracket' preconceptions and allow phenomena to reveal themselves (Finlay, 2008). Growing up in an individualistic culture with a collectivistic background, I have witnessed how cultural norms influence emotional expression and interactions with healthcare professionals. For instance, respect for authority figures often leads to the suppression of personal thoughts and feelings, which can affect how individuals engage with health professionals. This cultural context, particularly the gendered differences in emotional expression (where women may express sadness more openly and men are culturally more inclined to express emotions through anger), sparked my curiosity about how background and culture impact Turkish individuals' engagement with emotions in therapy and how Turkish clients make sense of their therapy experiences. Reflecting on my values, beliefs, and experiences throughout the research process was therefore vital.

Research suggests that when conducting qualitative research interviews, it is important to consider the issue of "insider" and "outsider" status (Stand, Bourjolly & Roer-Strier, 2007). Scholars have noted that researchers with insider status may benefit from creating a comfortable interviewing environment, while those with outsider status might face cultural barriers and be perceived as "social intruders" (Shah, 2004). In the context of this research, as a Turkish individual conducting research with Turkish clients, my dual role as both an insider and outsider was a central aspect of the research process. Reflexivity within Interpretative Phenomenological Analysis (IPA) required me to critically examine how my cultural identity and personal experiences shaped the research, while also interrogating how my interpretations were influenced by this positioning. As an insider, I shared a cultural background, language, and lived experience of navigating a dual identity between Turkish culture and the Western context. This positioning afforded me unique insights into the participants' narratives and helped to establish trust and rapport during interviews. For example, my understanding of the importance of family dynamics and collectivist values within Turkish culture enabled me to approach

participants' stories with greater sensitivity and empathy. It also allowed me to identify nuances within their narratives, such as implicit expressions of shame or the value placed on resilience which might not have been as accessible to a researcher from a different cultural background. However, this insider role also posed challenges. My shared cultural identity necessitated constant vigilance to avoid projecting my own experiences and assumptions onto the participants' accounts. For instance, when participants described feelings of alienation in therapy, I recognised the risk that my own experiences of cultural dissonance within professional settings might shape my interpretation. To address this, I revisited transcripts multiple times, engaged in bracketing exercises, and critically reflected on my responses to ensure that the participants' voices were authentically represented.

Conversely, as a researcher trained in Western therapeutic models and conducting the study in English, I simultaneously occupied an outsider role. This position allowed me to engage with the data from a critical distance, questioning the assumptions and norms embedded within Turkish culture. For example, while collectivism emerged as a recurring theme in the participants' narratives, my outsider perspective prompted me to explore how these cultural values interacted with individual agency and the participants' migration experiences. This dual positioning of being both an insider and an outsider enabled me to strike a balance between cultural sensitivity and critical reflection, enhancing the depth and nuance of my analysis. My dual positioning as both insider and outsider shaped not only how I engaged with participants but also what aspects of the data I was particularly drawn to. For example, I was especially attuned to moments in participants' narratives where they expressed ambivalence or conflict, such as their simultaneous appreciation of and frustration with Western therapeutic models. These moments resonated with my own reflections on the challenges of navigating cultural hybridity, prompting me to explore them in greater depth during the analysis. Additionally, my cultural knowledge influenced my interpretations of participants' hesitance to disclose personal struggles in therapy. I was drawn to how this reluctance reflected broader cultural expectations of strength and resilience within Turkish communities. While my insider understanding deepened my engagement with these narratives, my outsider perspective encouraged me to critically examine how these cultural norms could be addressed within culturally sensitive therapeutic practices.

IPA requires researchers to acknowledge that interpretation is inherently subjective and co-constructed. In this study, my reflections on my insider/outsider positioning illuminated how my cultural identity, training, and experiences shaped the research process. This aligns with contemporary critiques of IPA, which challenge the notion of fully bracketing personal biases and emphasise the researcher's active role in meaning-making (Smith et al., 2009). Rather than viewing my positioning as a limitation, I recognised it as an asset that enriched the research. My insider perspective provided cultural insight and facilitated connection with participants, while my outsider lens allowed me to approach the data with a level of critical distance and curiosity. This dual perspective underscores the iterative nature of reflexivity, where the researcher's role is continually examined and renegotiated throughout the research process. By integrating reflexivity into the research process, I ensured that the findings were both culturally grounded and critically engaged. My reflections on insider/outsider positioning and how this shaped my engagement with the data allowed me to produce interpretations that honoured the participants' voices while contributing to broader discussions about cultural sensitivity and cross-cultural therapy. This reflexive approach demonstrates the importance of acknowledging and integrating the researcher's positionality as an integral part of qualitative research. Rather than striving for complete objectivity, I embraced a reflexive approach, viewing my role as both researcher and insider as an integral part of the interpretative process. My reflections and emotional responses to the data were treated as "data in and of themselves" (Smith et al., 2009). For example, my shared cultural background with the participants allowed for a deeper understanding of certain cultural nuances, but it also required ongoing self-awareness to avoid overidentifying with their narratives.

Summary:

This chapter covered the study's methodology and approach. The IPA approach was selected because it was deemed to be the most appropriate for the objectives and epistemological viewpoint of the study. In addition, the study's methodology and data analysis were detailed, alongside considerations of quality, reflexivity, and other ethical issues.

Chapter 4. Analysis

This chapter presents the findings of the interpretative phenomenological analysis (IPA) conducted in this study. The analysis of the participants' accounts generated four Group Experiential Themes (GETs), which have been further clustered into sub-themes. These GETs represent how Turkish clients make sense of their counselling experiences in the UK and have been grouped under the following categories: "The Journey to Psychology," "Challenges in Working with Emotions," "Language Barriers" and "Relationship with the Therapist".

A phenomenological understanding of experience involves a 'double hermeneutic cycle,' where the researcher interprets participants' attempts to make sense of their own experiences (Osborn & Smith, 1998). Thus, IPA facilitates a co-construction of meaning between the researcher and the participants. The GETs that emerged from this study reflect my own interpretations; different researchers may have prioritised other themes.

Each GET will be presented alongside excerpts from the participants' interviews. Due to the volume of data, it is not possible to include every aspect of each participant's account. Therefore, I have focused on crafting a detailed analysis of recurring and significant themes that most effectively address the research topic and offer fresh insights into areas previously underexplored in the literature. The analysis of six interview transcripts resulted in four GETs and eleven sub-themes. Each participant's experience is distinct, yet similar themes emerged across interviews, though with varying emphasis and theme labels.

To maintain the focus on the participants' lived experiences, theoretical literature will not be included in the results section. Instead, the interpretation of participants' narratives is given more prominence. I will also offer my personal analysis of each participant's account in relation to the connections between themes, thus adhering to the 'double hermeneutic' process that is central to IPA (Smith, Flowers & Larkin, 2009). The aim of IPA is to highlight both shared and unique aspects of the

experience across participants, rather than presenting a ‘group norm’ (Smith & Larkin, 2021). Pseudonyms will be used for participants to preserve confidentiality, and references to quotations will include the line number, page, and pseudonym (e.g., line number, page, participant name).

Four GETs were identified through the analysis, representing how Turkish clients make sense of their counselling experiences in the UK. Careful consideration was given to the process of developing these themes, ensuring they remained as close as possible to the participants’ original experiences. While each theme addresses different facets of the participants’ understanding of their counselling experience, there are interconnected relationships between them. “The Journey to Psychology” reflects participants’ experiences of referral, how they made sense of their therapy journey, and their pathways into therapy. “Challenges in Working with Emotions” explores participants’ insights and obstacles related to emotional engagement and understanding within their counselling experience. “Language Barriers” examines the linguistic complexities and challenges participants encountered when navigating therapy in a second language. Lastly, “The Relationship with the Therapist” delves into participants’ relational experiences with their therapists. In some cases, direct quotes from participants influenced the naming of themes, while in others, metaphorical language was employed for thematic titles.

Table 3: Table of GETS and Group-Level Sub-Themes:

GROUP EXPERIENTIAL THEMES:	sub-themes:
A. THE JOURNEY TO PSYCHOLOGY	• two birds with one stone • meeting family expectations • wanting more time
B. CHALLENGES TO WORKING WITH EMOTIONS	• stigma • digging up painful emotions • being in a strange place
C. LANGUAGE BARRIERS	• words losing meaning • the translating process
D. THE RELATIONSHIP WITH THE	• cultural competence • therapist who cares • feeling relieved

The Journey to Psychology:

The first Group Experiential Theme (GET), "The Journey to Psychology," explores how participants made sense of their paths to therapy. It specifically examines their distinct experiences in deciding to seek psychological support. While most participants expressed a sense of desperation for help, they initially demonstrated reluctance towards the formal referral process and preferred to rely on family and friends for support. This theme is composed of three sub-themes: "Two Birds with One Stone," which focuses on the participants' sources of referral; "Meeting Family

Expectations," which highlights how participants entered therapy to satisfy family expectations or alleviate the impact of their mental health on their families; and "Wanting More Time," which addresses the participants' feelings that the number of sessions offered was insufficient.

Two Birds with One Stone:

The sub-theme "Two Birds with One Stone" explores the participants' referral pathways to psychological therapy. With the exception of Cavit, who sought private therapy, all participants were referred to psychological services by their GPs within the NHS. Consulting a GP was generally the preferred first step for most participants, reflecting a common practice within the Turkish community. The participants' narratives indicate a strong preference for medicalised treatment, partly driven by a desire to avoid the stigma often associated with mental health issues. In Turkish culture, it is socially acceptable to attribute emotional distress to physical symptoms, thereby making medicalised treatment an easier first option. The participants' shared, yet individually nuanced experiences, are explored in the following excerpts:

"so erm I was quiet hesitant about entering therapy although I really wanted that help and knew I needed it I wasn't 100% sure where to get the help from part of me was saying maybe I should seek private support and part of me said it would be expensive and so I got it through the NHS however I was quiet hesitant because I had concerns about not having the right therapist for myself, what if I don't get the right setting, what if the therapist doesn't understand me about my feelings" (195-202, P5, Azzy)

In this excerpt, Azzy explains her referral process to psychological therapy by her GP. She expresses concerns about not being allocated a therapist suited to her needs and fears that she might not feel understood. Despite these reservations, she deferred to the expert recommendation without challenging it, which suggests a respect for professional authority. This decision can be understood in the context of how she perceived the status and role of the GP, coupled with a sense of urgency in seeking support.

"I needed help because I couldn't find an exit about what to do then when my GP saw me and offered me all the therapies, and at the time my body was showing that I have a problem, I had pain all around my body I thought I had arthritis but it wasn't, I got diagnosed with fibromyalgia" (lines 111-115, p3, Sey)

Sey's account also highlights her referral to psychological therapy via her GP. Her use of the phrase "I couldn't find an exit" could be explained as her having an expectation of cure from psychological therapy as a potential solution or escape from her problems. Her willingness to accept the referral without questioning it reflects a similar deference to expert opinion, as seen in Azzy's case. It is also noteworthy that Sey reached out for support when her physical health was impacted, further reinforcing the cultural tendency to seek medical help when distress manifests physically. I suggest this may be attributed to the stigma surrounding mental health in the Turkish community, where physical illness is more readily acknowledged than emotional distress.

"I was in a very difficult place and my emotions felt all over the place so I booked an appointment with my GP to start with who I thought might prescribe medication to help with my problems but she also offered referring me to a therapy service which I wasn't really open to start with but thought I could try it out" (164-169, p4, Seda)

Seda's experience mirrors that of the other participants, in that she initially sought medical intervention, expecting medication to be the primary form of treatment. Her reluctance to engage in psychological therapy, as indicated by the phrase "wasn't really open to it," may reflect the broader cultural hesitation around discussing emotional problems. Her preference for a medicalised approach and initial hesitancy towards therapy can be understood within the context of the stigma surrounding mental health issues in the Turkish community. Open discussions about emotions, particularly negative emotions, tend to be avoided, which may have contributed to Seda's reluctance.

"so I consulted my GP and the GP made a referral and I was taken back to the hospital erm and that's how I started, I didn't want to be hospitalised so they started the home treatment team that's how erm my treatment started" (lines 152-156, P3, Mel)

Similarly, Mel also sought support from her GP, who then referred her to psychological therapy. I suggest her account conveys a sense of desperation for help, coupled with anxiety around the prospect of hospitalisation, as reflected in her statement “I didn’t want to be hospitalised.” This demonstrates the general inclination towards seeking medical treatment first, even when dealing with psychological difficulties.

It is notable that most participants chose to consult their GP as the initial point of contact, despite self-referral options being available for therapy services. This could be attributed to the cultural norm within the Turkish community to seek medicalised treatment first, as well as the desire to avoid the stigma associated with mental health issues.

Overall, this theme illustrates that participants generally approached their GPs as a first step in seeking support for their psychological difficulties. Although they were in need of help, they initially sought medical intervention, a practice consistent with the norms of Turkish culture. The stigma surrounding mental health appears to have deterred participants from directly seeking psychological therapy. Overall this theme showed that although participants had expectations of medicalised treatment as a first option, and all made sense of their therapy journeys as somewhere they had an expectation of cure from therapy treatment, even though their initial expectations were centred around medical treatment.

Meeting Family Expectations:

Given that Turkish culture is deeply rooted in collectivism, it is not surprising that participants felt compelled to meet family expectations. However, considering that therapy originates from a Western, Eurocentric framework, which does not necessarily align with Turkish cultural values, this sub-theme sheds light on the participants’ experiences of seeking psychological support primarily to fulfil family obligations.

"I felt almost like to be able to give more to my mum and support her in a better way the best thing to do would have been to get help for myself to be able to contain myself" (273-275, p6, Azzy)

Azzy's excerpt illustrates how she entered therapy to better support her mother, for whom she was the primary caregiver. This is a common dynamic in Turkish culture, where family support and responsibility are paramount. Azzy's decision to pursue therapy, not for her own well-being, but rather to be better equipped to care for her mother, highlights this cultural expectation. Her words, "To be able to give more to my mum," can suggest that she felt a significant sense of responsibility for her mother's well-being. My interpretation here is that the emotional weight of carrying her mother's burdens, alongside her own, may have felt overwhelming. The phrase "contain myself" raises questions about the specific emotions she was trying to manage. I curiously wondered what she meant by containing herself, what feeling she needed to contain, was this sadness, overwhelm or stress? What this load may have felt like for her, how she made sense of her counselling experience and her journey starting to meet her family expectation.

"my main concern was my mum, erm yeah seeing her, seeing her cry and seeing her so upset and worried about me I started therapy because I was worried about my mum" (179-181, P4, Mel)

Similarly, Mel's account reflects her desire to fulfil family obligations. Her reference to seeing her mother cry and worry suggests feelings of guilt and self-admonishment, as though she had failed in her role as a daughter. I sense that her internal struggle, combined with her own crisis, created a sense of responsibility for her mother's well-being, further motivating her to seek therapy. Mel's experience prompts reflection on how she made sense of her counselling journey, which began out of concern for her mother, rather than for her own needs. I wondered whether she felt a sense of blame and guilt for the feelings she evoked in her mother which then encouraged Mel to seek psychological support.

"my problems were really affecting the people around me, from my relationship with my partner to my mum, dad and sisters I needed to take a step to manage my problems

somewhere and this was by getting help which the main reason was because I didn't want to strain my relationship with my family" (lines 235-240, p6, Seda)

Seda's experience reinforces the collectivist belief that prioritises maintaining family harmony. It was only when her personal struggles began to affect her relationships with her partner and family that she felt compelled to take action. This suggests that Seda's motivation for seeking therapy stemmed from her desire to preserve family relationships, rather than from a focus on her own mental health.

"I was having issues with my partner as well and we used to argue every day and at a point where either I needed to change or we might have to end our relationship and we wouldn't be happy, so I didn't want to end like that, and when she said that I remembered my past and the relationship my mum and dad had so I thought I can't end up like that and I took on her advice and reached out for help" (lines 225-231, p5, Cavit)

Cavit's excerpt also reflects this theme, as he sought therapy not solely for his own mental health, but to meet the expectations of his partner. His initial reluctance to pursue therapy, despite his mental struggles, can be interpreted as psychological support not being his first choice. His decision to seek help appears to have been motivated by a fear of losing his family, and despite the stigma associated with mental health within the Turkish community, particularly for men, Cavit ultimately sought support. His reflection, "I can't end up like that," implies a fear of repeating familial patterns, reinforcing the idea that family expectations may have influenced his decision to start therapy.

Overall, participants' accounts reveal that the primary motivation for beginning therapy was their concern for family well-being. In line with the collectivist values of Turkish culture, participants prioritised family needs over their own. What is particularly noteworthy is that, despite the stigma surrounding mental health and the Western origins of therapy, participants either felt encouraged by family members or sought therapy to support their family. My overall analysis of this sub-theme suggests that participants made sense of their therapy experiences as a way to support their families, which evoked a range of emotions such as overwhelm, responsibility, fear, guilt, and blame. I also note here that I began to sense an

emergence of another theme evolving around stigma. By framing their therapy as being, in part, for the benefit of their family, it is possible that some of the stigma associated with seeking mental health support was managed in a way that felt more acceptable to the participants. This illustrates the step they took in reaching out for help despite cultural barriers.

Wanting More Time:

This sub-theme, "Wanting More Time," focuses on participants' experiences of receiving therapy in relation to the number of sessions provided. Participants highlighted that the sessions were limited, with some specifically addressing that the time was insufficient to explore deeply rooted painful experiences. Azzy describes her experience below:

"I don't think was even enough to talk in the six sessions we had so all I was asking was for techniques or strategies to help me cope with this anxiety or this battle I was having, it just felt more like she was digging more in to things I didn't have much of an issue with, I felt like if we had more sessions to explore and dig then yes, but we had only six sessions and I felt like it should have been used wisely" (lines 321-327, p7, Azzy)

In Azzy's account, she expresses frustration with the limited number of sessions offered. She felt that six sessions were inadequate to explore complex issues, some of which were not pressing concerns during her therapy. While Azzy found the number of sessions insufficient, it is also interesting that she expected to be taught strategies and techniques to manage her anxiety. This highlights a potential power dynamic, with Azzy expecting the therapist to take control and dictate the direction of the sessions.

"obviously one-hour therapy sessions wouldn't be enough for you, so for me the sessions being limited and the session time didn't feel enough" (lines 219-221, P5, Sed)

Similarly, Sed also emphasised the insufficiency of the session numbers and expressed frustration with the one-hour session length. Perhaps she was feeling isolated and in need of more frequent or longer sessions with her therapist.

"meeting once a week for only an hour just didn't feel enough.. then leaving the therapy room and having to deal with everything you've had to dig up in the sessions outside was draining my soul" (lines 234-237, p5, Zaf)

Zaf also shared his dissatisfaction with the limited number of sessions. He described his experience as having to leave the therapy room and deal with everything uncovered during the sessions on his own, which he found emotionally exhausting. This is interesting as it can be interpreted as he perceived the therapist as intentionally exposing his vulnerabilities. As a Turkish man, this experience may have felt particularly threatening, as it exposed him to feelings of powerlessness, compounded by the weekly/hourly structure of the sessions, which he found insufficient. His description of the experience as "draining his soul" could be interpreted as him confronting his inability to cope, while being left in a limbo between sessions.

Overall, all participants expressed frustration with the limited number of sessions offered. This limitation appears to have affected the amount of information they were able to share with their therapists, as well as their expectations of the therapeutic process. It is evident that participants felt their therapy experiences were inadequate in terms of duration and frequency, as they hoped for more frequent and longer sessions, aiming for a more meaningful therapeutic experience than what they received in the short-term, weekly structure.

Challenges to Working With Emotions:

This GET addresses participants' challenging experiences with working through emotions in psychological therapy. The theme illustrates how participants perceived their therapy experiences as somewhere they struggled to express their emotions fully. Participants highlighted difficulties in addressing emotions due to cultural norms

that make discussing feelings uncommon, leading to challenges in articulating and expressing their emotions. This GET comprises three sub-themes. The first, “Stigma,” explores the impact of cultural stigma surrounding mental health on participants’ experiences. “Digging up Painful Emotions” highlights the discomfort participants felt when confronting distressing emotions. Most participants reported the uncomfortable feeling of having to be reminded of upsetting events that were connected to vulnerability. The final sub-theme, “Being in a Strange Place,” examines the difficulties participants faced in expressing their emotions and how these issues related to their Turkish cultural background.

Stigma:

This sub-theme encapsulates the stigma surrounding mental health and its impact on participants’ experiences of receiving psychological help. Most participants referenced stigma and its effect on their ability to work with emotions in therapy. They noted a need to conceal their mental health support from others, which acted as a barrier to accessing services and expressing emotions during therapy, given the cultural norm in Turkish culture of emotional restraint. As a Turkish researcher, I recognise that seeking professional help for mental illness can conflict with cultural values of strong family ties, emotional restraint, and avoiding shame.

The quote below illustrates how Cavit made sense of his experience in relation to the impact of stigma with receiving mental health support as a Turkish male, as I considered his experience and also made sense of his experience. In this double hermeneutic interpretative process, I have attempted to understand the convergence of the meaning of stigma: the theme that evolved from this is ‘worrying about stigma when receiving mental health support’. When in the therapy room, many appeared to express their vulnerabilities, which made it difficult to express their emotions.

“receiving help as a Turkish man was big I couldn’t tell anyone I was getting help at first as I was worried I would look weak and also mental health being a negative thing in our culture I hid it from almost everyone apart from my closest people, it really comes with a lot of stigma” (Cavit, lines 383-388, p8)

Cavit described how he felt protective towards himself and the need to hide receiving support for his mental health due to the stigma associated with it within the Turkish culture. He particularly described his worries related to appearing weak as a Turkish man and feeling the need to hide this from almost everyone- "receiving help as a Turkish man was big", again as a result of the stigma associated with receiving help. Perhaps Cavit's worries could have been related to the difference between how he normally managed his emotions to what he had experienced in the therapy room. I suggest it may have been the case that he did not usually express his emotions or seek support as this is discouraged within the Turkish culture and this particularly being problematic for men. As a Turkish researcher I am aware that masculine experience to be angry is culturally acceptable but being sad and vulnerable isn't, therefore, seeking mental health support and talking about emotions being culturally problematic for men. Men in general are required to be strong and providing within the Turkish culture, this could be interpreted as a big step Cavit had to take with his experience of working with his vulnerabilities and emotions, on the surface exposes his fear of exposing his vulnerabilities as a Turkish male with such morals and norms. Zaf also addressed the stigma associated with mental health support as a Turkish male, noting how this stigma impacted his therapy experience:

"its mainly the stigma that comes with getting therapy as a man, it portrays you as weak and comes with its negativity, like I said earlier we are raised with no space to even cry as little boys, so speaking about emotions as grown men to a psychologist is a big thing, it was like a process that is foreign to me" (lines 282-287, p7, Zaf)

Zaf highlighted the negative connotations associated with seeking therapy, describing it as a foreign and significant process due to cultural expectations. His difficulty in discussing emotions with a professional may reflect a gap between his cultural norms and his therapy experience, suggesting that expressing emotions was previously discouraged. This indicates that Zaf's struggle with exploring his emotions was compounded by cultural expectations of masculinity and the stigma attached to vulnerability.

"It was hidden within my extended family that I was unwell due to the stigma but my weight loss was giving it all away and people were able to see I was unwell" (lines 276-278, p6, Mel)

Mel also reported concealing her engagement with mental health services from her extended family due to stigma. However, physical symptoms like weight loss inadvertently revealed her struggles. Mel's account demonstrates the difficulty in openly discussing mental health issues due to stigma, while physical manifestations of her condition were more visible. This observation aligns with the cultural trend where physical complaints are more socially acceptable expressions of distress compared to direct articulation of psychological issues. The data indicated no gender differences in relation to the impact of stigma associated with mental health. This finding is particularly noteworthy given its rarity within the Turkish population, contrasting with the commonly observed trends, suggesting deviation from expected patterns and highlighting an area that warrants further exploration. For example, Turkish immigrant women are more likely to seek psychological therapy than their male counterparts. One contributing factor to this disparity is the societal stigma surrounding mental health, which is particularly strong among men. For many men seeking hep is perceived as a sign of weakness, conflicting with traditional masculine ideals. Furthermore, bodily complaints are also frequently reported among Turkish immigrant women, often serving as a more culturally acceptable expression of distress compared to the direct articulation of psychological symptoms. In line with this, the fearing that openly discussing psychological issues leading to judgment within the Turkish community may have impacted Mel's experience of working with her emotions as well as experiencing ambivalence towards engaging with the therapist on an emotional level. Taking into consideration talking being discouraged and outside of the Turkish culture, I also sensed shame in Mel's extract. The shame, I note is contained in the ending of the extract "but my weight loss was giving it all away…..people were able to see I was unwell", it was as if her vulnerability and struggle were burdens to be hidden, like a secret illness kept behind closed doors, rather than openly acknowledged. I also note here that considering bodily complaints serving as a more culturally acceptable expression of distress compared to direct articulation of psychological symptoms, Mel's extract further reinforces the inclination

to present distress through physical symptoms rather than addressing underlying concerns.

"as well as the stigma around mental health in the community, questions around what are people going to think of me" (lines 202-204, p5, Azzy)

In the excerpt above, Azzy also expressed her worries in relation to stigma around mental health. This could be seen as highly threatening and anxiety provoking because she was exposed to feelings of powerlessness and judgment from others, specifically at a time when feeling vulnerable. Perhaps the judgment that came from others was an additional obstacle for Azzy to battle when working with her emotions, particularly the fear of appearing weak to others having an impact on her experience.

Overall this sub-theme highlighted the participant's experiences of stigma in relation to mental health. Participants indicated that because mental health difficulties are stigmatised, it may be very difficult to disclose them in addition to the fear of being viewed as vulnerable to others. Participant accounts indicate they would only decide to disclose this information to people they felt could be trusted to accept them of their current situation. I suggest, reflecting on this theme, this theme raises broader questions about how the Turkish community supports individuals with mental health problems in the context of stigma.

Digging up Painful Emotions:

The sub-theme "Digging Up Painful Emotions" explores how participants experienced the process of disclosing their inner emotions as a reminder of their painful memories and experiences. Some participants struggled with opening up, as discussing emotions-especially painful ones- was not the norm in Turkish culture. Cavit resonated with this and addressed the difficulties he experienced when verbalising difficult emotions:

"I struggled with opening up to anyone and talking about emotions anyway so it was hard for me, I didn't like talking or expressing myself anyway, I was a more intact guy I kept it all in, my emotions were always kept in this could be anger happiness sadness I never let it out so it

really challenged me to talk about my emotions, it was sometimes digging up painful emotions and experiences and mainly the struggle of expressing myself" (p. 9, lines 395-402, Cavit)

Cavit described the challenges of talking about his emotions. He used the phrase "digging up" to describe recalling painful emotions, which could suggest that his therapist was attempting to uncover something hidden. This metaphor also evokes the image of an unclean and untidy process involving delving into a darker, deeper space. Cavit's struggle with expressing his emotions may have left him feeling overwhelmed, as if he was searching every drawer for something useful but finding nothing. Sey echoed Cavit's experience, revealing her difficulty in accessing feelings she had consciously kept away to avoid unpleasantness:

"*I don't want to remember those times, I will never forget but I don't want to remember anything, but one colour, one song, one err person, anything can remind you of the problems and this can be a trigger to my pain because somewhere in my brain all of it is embedded it was not easy" (lines 278-283, P.6/7, Sey)*

Sey expressed fears about revisiting her painful past during therapy. She seemed apprehensive that exploring these memories would trigger repressed pain. Sey acknowledged that painful experiences were embedded in her mind, which may be suggesting awareness of psychological conflict she had avoided addressing previously. Her experience of therapy, which involved recalling and unpacking these memories, perhaps was distressing, reflecting a sense of her body and soul being subjected to a painful process. Sey received help for her fibromyalgia. In Sey's excerpt, she described her experience as "I will never forget but I don't want to remember anything" and follows with a list of things that can be triggering for her pain which can be interpreted as a very distressing experience. This can also be linked with "digging up painful emotions" quote from Cavit's interview, with exploring painful experiences can be interpreted as digging a deep hole into their internal processes.

"Sometimes it was very difficult talking through painful experiences and bringing the old emotions, it was like brining up those locked up feelings from years ago sometimes and after

talking about these some sessions I just wanted to go home and just sleep, it felt like I had a lorry drive over me, my body was just feeling very tired" (Lines 247-252, p 6, Zaf)

Zaf described his experience of discussing painful emotions as overwhelming and exhausting. The term "locked up" could imply that his therapist was trying to uncover feelings that were hidden away. I sensed that his experiences might be difficult to express out loud out of fear of being judged and painful, which I imagine could be shame-inducing, and potentially best kept "locked up". It appears Zaf's experience was very overwhelming and exhausting, not only did he have to bear the pain of uncovering painful emotions from his past, but it seems the therapeutic work felt so overwhelming it restricted him after the sessions. The therapeutic process affected not only his psychological state but also his physical well-being, perhaps, Zaf was putting in a lot of effort in uncovering painful experiences.

"it was painful really really painful in the sense of expressing and coming to terms with my experience was painful so therapy was painful, therapy meant pain for me going to my sessions was painful, it meant going back to that day of my experience" (lines 471-475, p11, Mel).

Mel repeatedly described her therapy experience as painful. Her frequent use of the word "painful" suggests a profound sense of distress related to revisiting unpleasant memories. This experience might have been threatening and anxiety-provoking, perhaps this may have left her in a precarious situation where she struggled to overcome the pain and move forward. Having to engage with this pain might have been upsetting and disturbing for her.

On the whole, this sub-theme indicates that participants found their therapy experience particularly challenging when dealing with painful emotions. They seemed apprehensive about revealing their emotions, fearing that it would lead to further suffering that had been kept hidden. The participants may have found this frightening because they had no idea where their digging would lead them resulting to vulnerability which I suggest was perceived as uncomfortable by them.

Being in a Strange Place:

The sub-theme “Being in a Strange Place” addresses how Turkish clients made sense of their therapy experience, particularly in relation to working with their emotions within the therapeutic setting. Participants reflected on their attitudes and beliefs towards engaging with emotions in therapy, highlighting the influence of their Turkish cultural background. They noted how expressing emotions is uncommon in Turkish culture, which left them feeling as though they were in unfamiliar territory. This sense of unfamiliarity was linked to the difficulty of articulating complex emotions, something that falls outside the Turkish cultural norm. Mel described her experience of discussing emotions as a difficult process:

“talking about emotions has always been a difficult thing to do especially within the Turkish culture you tend to learn to get on with things and choose not to talk, erm but yeah I think talking did help me benefit, therapy did help me” (lines 223-227, p. 5, MEL)

Mel acknowledged the challenge of expressing her feelings, noting that discussing emotions is generally difficult for her. She further explained how emotions are typically dealt with in Turkish culture, where the emphasis is on “getting on with things” rather than processing them through conversation. Despite these cultural norms, she recognised that therapy had been beneficial. Given the contrast between how emotions are handled in Turkish and Western cultures, and the discouragement of emotional expression in Turkish culture, it is possible that Mel felt she was in a strange place, caught between how she would usually manage her emotions and the demands of the therapeutic process. Azzy also reflected on the cultural difficulty of discussing emotions and how she had to overcome this in therapy:

“talking through emotions is very difficult for me and this is another thing within our culture talking about problems isn’t a norm, we just tend to get on with it” (Lines 287-290, p7, Azzy)

In the interview, Azzy highlighted the significant cultural differences between British and Turkish practices, particularly the effect of these differences on her upbringing. In the excerpt, she noted that discussing emotions, especially in front of elders, is not

typical in Turkish culture. She expressed how difficult it was to talk about her emotions, once again pointing out that in Turkish culture, people typically "get on with it" rather than confronting problems directly. Both Mel and Azzy described their experiences with this phrase, "getting on with it", which struck me as dismissive of their problems and emotions, as though they were brushing them aside. This dismissiveness could be rooted in feelings of being unwanted or unimportant, suggesting that their emotions and struggles were not valued. It seems that these participants' experiences may reflect an underlying fear and doubt about their ability to cope with difficult emotions. Given the cultural practices within the Turkish community, it appears that they found it especially challenging to express emotions, likely due to fears of being judged. This fear may stem from cultural expectations that one must endure hardships without seeking help, as displaying vulnerability might be seen as a sign of weakness. Consequently, they may have been inhibited from discussing their emotional struggles openly, preferring instead to "brush off" their difficulties rather than confront them.

"because I was keeping all my feelings and emotions inside as it wasn't a norm for me to talk about my emotions I was at the point of exploding and then talking and sicking my emotions to somebody was very helpful I needed to throw out my emotions and feelings to somebody" (lines 368-373, p8, Sey)

In this excerpt, Sey highlights that she typically kept her feelings and emotions hidden until they became overwhelming, leading her to the "point of exploding". This may suggest that she relied on her own internal resources to manage her difficulties, only seeking help when she reached a crisis point. Her description of "talking and sicking my emotions to somebody" struck me as particularly significant. Perhaps, it conveyed a sense of urgency in expressing her emotions, almost as though she was shouting for help. For Sey, talking about emotions seems to have been such an unusual experience that when she finally did, it felt like physically expelling something harmful, much like vomiting. Vomiting is often an uncontrollable, violent act, and once it starts, it cannot be stopped until it has run its course. Perhaps, Sey also experienced a sense of relief after releasing her emotions, similar to the relief one feels after being physically sick. Perhaps, her description also evokes a feeling of loneliness and desperation, as if she had been crying out for help. By giving a

voice to her emotions, she may have found some comfort and relief in the therapeutic process.

Overall, this theme explores the challenges participants faced when trying to express their emotions in therapy and how they made sense of their experiences. It is evident that their struggle to articulate their feelings may have been heavily influenced by their cultural background, where discussing emotions is not a common practice. As a result, participants found it extremely difficult to engage with and share their inner feelings with their therapist, as this was a skill they had to learn and required considerable effort.

In this GET, I have explored the experiences of Turkish clients and the difficulties they encountered when sharing their personal struggles in therapy. These challenges include the stigma associated with mental health in Turkish culture, particularly regarding seeking professional help, the struggle to verbalise internal thoughts and emotions-which is outside of Turkish cultural practice-and the fear of uncovering further trauma. This theme illustrates how participants made sense of their therapy experience as a place where they did not feel able to express their emotions easily. This leads us to the next GET, which explores further challenges participants highlighted in their interviews, specifically the language barriers they encountered during therapy.

Language Barriers:

The GET “Language barriers” reflects participants experiences of the obstacles related to language that hindered their ability to express emotions and thoughts during therapy. This GET consists of two sub-themes. The first, “Words losing meaning” addresses the challenges participants faced when translating emotions from Turkish to English, often resulting in a loss of meaning. The second, “The translating process” highlights participants’ difficulties in articulating emotions during therapy due to the complexities of translating their inner experiences from Turkish to English.

Words Losing Meaning:

This sub-theme "words losing meaning" addresses the difficulties participants encountered when expressing emotions in therapy in English language. Most participants reported that the process of translating thoughts and feelings into English caused their words to lose their intended meaning. Cavit's experience reflects this struggle:

"it's like my statements were losing meaning when translating my thoughts and emotions into English, I couldn't express myself to my fullest, so there was a barrier out there and this prevented me from bonding and building a relationship with my therapist to the fullest" (lines 342-346, p8 Cavit)

In Turkish, emotions are often conveyed using metaphors or expressions that do not have direct equivalents in English. Perhaps, this may have contributed to the loss of meaning Cavit experienced, creating an additional barrier to self-expression.

"it was like sometimes I was trying to explain something and it basically felt like what I was saying wasn't actually said, how I was feeling and thinking, like it just lost meaning at times" (lines, 335-337, p8, Zaf)

Zaf's experience reflects a lack of understanding. It is possible that this barrier left him feeling misunderstood during his therapy experience. This lack of understanding may have prevented Zaf from effectively communicating his thoughts, feelings, and expectations effectively. In turn, this could have posed challenges for his therapist in providing appropriate treatment.

"it dies out, the emotion your trying to express loses meaning, it kind of erm it's like I personally found it difficult I couldn't translate or express myself in English as passionately as I probably would have in Turkish" (lines 374-377, p9, Mel)

Mel also described the difficulty of expressing her emotions in English, explaining how words seemed to lose their meaning, which prevented her from conveying her emotions with the same passion she would have in Turkish. She described this

experience as “the emotion dying out.” This challenge could be attributed to the subtleties of Turkish metaphors, which may have compounded the inherent difficulty Turkish speakers face in discussing emotions openly. Given that it is already challenging for Turkish individuals to openly discuss emotions, this loss of meaning in translation may have compounded the difficulty, leading to confusion and a sense of not being fully understood by her therapist. The loss of meaning in translation not only created confusion but also undermined the therapeutic goal of mutual understanding and emotional clarity. Mel’s experience underscores how cultural and linguistic barriers can exacerbate the already complex process of talking about feelings.

“sometimes I feel like the meaning of what I was saying was lost, sometimes I felt like I wasn’t expressing myself correctly, the concern that I might say something wrong” (lines 533-537, p12, Azzy)

Azzy also expressed experiencing difficulties with words losing meaning and the fear of not expressing herself correctly, which may have heightened her anxiety during her experience. This worry may have contributed to her feeling misunderstood, therefore hindering the therapeutic process, where understanding is a cornerstone of effective treatment.

Overall, this sub-theme explored the challenges participants encountered due to language barriers when attempting to express emotions during therapy. The experience of words losing meaning left most participants feeling misunderstood. This sub-theme underscores the crucial role of language in therapy and its impact on participants’ ability to make sense of their therapeutic experiences.

The Translating Process:

The sub-theme “The Translating Process” addresses the difficulties participants encountered when attempting to articulate their emotions in English. Although participants were generally comfortable conversing in English, they expressed challenges with the mental effort of translating their thoughts and feelings from

Turkish; experiencing a dual process. Azzy described the difficulty she encountered with using the English language to articulate her emotions.

"it was like a barrier, the mind was like in a double process, translating, thinking talking at the same time, being aware of the words used, I couldn't be myself" (lines 572-574, p13 Azzy)

Azzy described the difficulty of expressing her emotions in therapy, identifying the "barrier" of simultaneously translating her thoughts and ensuring that her words were understood. This dual process may have inhibited her ability to be transparent and authentic in her experience, leaving her feeling confused rather than at ease. Therefore, this could be interpreted as Azzy encountering difficulties with expressing herself as well as feeling understood by her therapist, leaving her feeling confused rather than at ease during the therapy process.

"sometimes I couldn't find the words because everything was feeling messy and translating my emotions into words was very difficult, and sometimes I didn't even have the words to express myself, I used my hands or body language to express myself" (316-320- p7, Sey)

Sey also described her difficulty expressing emotions in therapy, attributing it to the language barrier. She highlights struggling to find words to describe her thoughts and feelings. The term "feeling messy" suggests the complexity of the translation process, where Sey struggled not only with finding the right words but also with the overwhelming emotional burden of translating her inner world. As a result, she resorted to non-verbal communication to feel understood. I imagine this being very overwhelming for Sey and therefore, interpret this as an obstacle experienced with expressing herself as well as feeling understood by her therapist during her therapy experience.

"I can translate Turkish to English but I find it difficult a lot of the time to find the exact translation so I would say something similar to it which I think defeats the purpose of the sessions I've had because obviously it doesn't actually reflect exactly how I feel or think" (lines 348-352, P8, Mel)

Mel similarly highlighted the difficulty of translating her emotions into English, often settling for approximations of what she meant. This, in her view, undermined the purpose of therapy, as it failed to capture her true emotions. Her use of the term "defeats" may suggest a sense of hopelessness and frustration with the translation process, which limited her ability to feel understood by her therapist. The extract clearly demonstrates Mel encountering the complexity of the process of translating, therefore struggling to feel understood by her therapist.

"I just wanted to explain myself, my feelings and problems but in my experience I was thinking in Turkish and translating my emotions into English which was the difficult process for me" (lines, 381-384, p9, Zaf)

Zaf also described the challenges posed by the dual process of translation, which made what should have been a straightforward task- explaining his feelings-into a complex and burdensome experience.

Overall, most participants reported difficulties with the dual process of translating their thoughts and feelings from Turkish to English. It appears that many participants continued to think in Turkish, and their internal experiences were more naturally expressed in their native language. This obstacle often left them feeling misunderstood and unable to fully articulate their emotions. My analysis suggests that the difficulty of translating emotions played a significant role in shaping participants' overall therapy experiences.

The Relationship With the Therapist:

The GET "The relationship with the therapist" addresses participants' experiences of the therapeutic alliance between themselves and their therapist. This theme also explores the importance of the therapist's qualities that foster a positive therapeutic relationship, the significance of cultural competence, and the challenges participants encountered in feeling understood by their therapist. This GET consists of three sub-themes: "Cultural competence," "Therapist who cares," and "Feeling relieved." The sub-theme "Cultural competence" emphasises participants' experiences of having a therapist lacking in cultural competence, which created barriers both in establishing

rapport and throughout the therapeutic process. The “Therapist who cares” sub-theme explores the qualities in therapists that participants considered crucial in developing a positive therapeutic relationship, including building rapport, feeling understood, and these qualities’ role in helping participants express their emotions. Finally, the “Feeling relieved” sub-theme examines the participants’ reflections on their emotions.

Therapist Who Cares:

This sub-theme explores the therapist qualities that participants deemed essential for building a positive therapeutic relationship and making them feel more comfortable expressing their emotions during therapy. Most participants reported that one of the most crucial factors in building rapport and opening up during therapy was having a therapist who genuinely cared for them. Mel, for instance, emphasised her therapist’s caring and accepting nature:

“it was just my therapist who was ok with how I was and accepted me for who I was and found me normal, I probably wasn’t but at least she made me feel normal at the time” (lines 402-405, p9 Mel)

Mel may have been feeling isolated or misunderstood by those around her. Therefore, these qualities made her feel validated, cared for, and accepted by her therapist. The word “normal” is noteworthy here. I wondered what “normal” meant to Mel, to society, and within Turkish culture. It raised questions about what normative behaviour Mel was seeking to conform to. I suggest that for Mel, being “normal” may have signified the desire to be herself, flaws and all, and to experience an authentic encounter with her therapist, which she considered a key element in making sense of her therapy.

“i think she was just very caring towards me, like erm my mental health issues, my past, my struggles, I just felt like I was cared for which really helped me with opening up” (lines 301-304, P7, Seda)

In this excerpt, Seda highlights how her therapist's caring approach, which encompassed her present struggles and past experiences, helped her open up. The sense of care provided by the therapist was also clearly valued. Seda's comment, "which really helped me with opening up," perhaps suggests that without feeling cared for, she might have remained reserved or guarded. It appears that this care was central to Seda's process of making sense of her therapy experience.

"it was positive to be able to talk about my emotions realising them, having someone there sat to listen to me devoting their time just to listen to me" (lines 407-410, p9 Azzy)

Azzy explained the positives of being able to talk about her emotions and valued having someone listen to her. Despite seeking support from family and friends, it seems she was also looking for a relationship in which she felt cared for and validated. In her reflection, the words "to be able to talk about my emotions realising them" could suggest that before therapy, she was perhaps unaware of her emotions, indicating that seeking professional support helped her connect with her inner world and become more attuned to her feelings. Azzy's account reflects that being cared for was a significant part of her therapy experience.

"they did help me, they did listen to me and show me way which was important to have someone to listen to you and feel heard" (lines 196-198, p5 Sey)

For Sey, validation from her therapist was equally important, and she expressed appreciation for the guidance provided. It appears that Sey also needed a space to feel heard and listened to, but she was also looking for guidance. Perhaps she may have been feeling lost in her path and was looking for support with finding her way as she listed this as something "important". The phrase "show me way" indicates an expectation of being directed toward the right path, highlighting a potential power dynamic between therapist and client, in that she expected the therapist to hold the power and to dictate the direction of the sessions as well as her problems. On the whole, Sey's experience suggests that the therapist's care and validation were key in facilitating a positive therapeutic relationship, aiding her in making sense of her therapy.

Overall, the participant accounts reflect that an important factor which contributes to the development of a positive therapeutic relationship is when the participants experienced the therapist as caring for them. All participants emphasised feeling cared for and validated by their therapist. They may have been seeking validation and a space to express themselves, which they found within the therapeutic relationship. This sense of care was consistently identified as an important factor in participants' sense-making of their therapy experiences.

Feeling Relieved:

The sub-theme "Feeling relieved" explores how reflecting on emotions during therapy led participants to feel a sense of relief, even though it sometimes evoked strong negative emotions. Participants described feeling as though a heavy burden had been lifted from their shoulders.

"it made me be able to release my emotions, prior to therapy my emotions were always hidden in me, not spoken out loud in my mind being able to release it made me notice emotions are something that can come and go" (p.9, lines 410-412, Azzy)

Azzy appreciated the opportunity to discuss emotions that had previously been hidden. Her account sheds light on how she processed her emotions internally, likely attempting to solve her issues alone. It appears therapy provided Azzy with the space to make sense of her feelings, leading to the "release" she described, which perhaps brought her a sense of relief.

"if you feel that the therapist can get in your problem with you and understand you, then you feel relaxed… I felt relaxed" (Sey, p.9, lines 411-413)

Sey's description of "getting in your problem" conveys a desire for the therapist to deeply engage with her internal world, a process which contributed to her sense of relief in making sense of her therapy experience.

"like I said with the Turkish culture talking about problems isn't the norm, so it was something new to me and I was realising my symptoms, what I was doing and how I was feeling and the more I was able to express myself the more I realised how it affected me how my behaviour was and how I was presenting in general erm I just felt relieved" (lines 245-251, p6, Mel)

Mel reflection highlights how cultural norms discouraged discussing problems within the Turkish community. She acknowledges that talking about emotions was an unfamiliar process for her, given this cultural background. Despite this, she expressed a sense of relief upon being able to articulate her feelings, which led to greater awareness of her symptoms and their impact on her behaviour. This self-expression was key to her achieving a sense of relief.

"once I started talking about my emotions, I felt like I got a bit lighter like the weight got off my shoulders, so I felt more relaxed and lighter and less stressed" (376-378, p9, Cavit)

In the interview, Cavit spoke about often avoiding talking about emotions. Cavit's account also underscores the positive relief he experienced from discussing emotions he had previously avoided. He spoke about the relief as a positive release which helped him feel lighter. Cavit's extract could be interpreted as his way of sharing some of the emotional load he had carried with the therapist, therefore, sharing, I suggest was helpful in feeling relief. I suggest that this could have been felt as therapeutic because he no longer held his inner feelings and was able to allow his therapist to share the load.

In summary, participants' accounts reflect that therapy provided a space to communicate their inner thoughts and feelings, leading to a sense of relief. Most participants reported feeling as if a weight had been lifted from their shoulders, with the therapist playing a crucial role in validating their emotions. This validation was especially important for participants unaccustomed to expressing their feelings and contributed to a positive therapeutic relationship. Overall my analysis of this theme is that participants expressed a sense of relief in their sense making of their therapy experience.

Cultural Competence:

Although the participants expressed the process of talking about their emotions as feeling helpful in resulting to a sense of relief and the helpfulness of having a therapist who was caring and validating, all participants highlighted the importance of cultural competence in their therapy experience. Although only some excerpts of the barrier participants experienced have been added to this sub-theme, the importance of cultural competence was addressed in several parts of the interviews by all the participants. Cavit's account illustrates how his therapist's lack of cultural understanding presented a barrier:

"my therapist was a male, he is a well-known therapist and his good at what he does, but I believe despite him having all the skills and him being such a good therapist he was from a different cultural background and I felt from time to time that he didn't understand some of my struggles due to the limitation, so what may have been a big thing in my cultural he would disregard because it's a small thing in the British culture, so there was a bit of culture clash" (lines 407-414, p9, Cavit)

Cavit expressed his sense making in relation to his therapist lack of cultural competence as a barrier in his therapy experience. Cavit's extract above depicts a sense of disappointment "despite him having all the skills". His experience could suggest that this cultural gap added a layer of difficulty to an already challenging process.

"made me feel like she didn't understand me, it was the lack of cultural competence I feel, but I feel like if perhaps I had a therapist with a better understanding of my cultural expectations then I wouldn't have had to come across these comments, or they may have been more understanding of my cultural norms and expectations and approached my experiences in a different way" (262-268, p6, AZZY)

Azzy's frustration over her therapist's lack of cultural understanding echoes Cavit's experience, highlighting the expectation of greater cultural awareness that wasn't met. In the interview Azzy had expressed some of the difficulties she came across with the lack of understanding of her therapist in relation to the support she was

providing her mother. She also highlighted this in the excerpt above “then I wouldn’t have had to come across these comments”. Frustration is a strong feeling I sensed within the above extract. Frustration is an emotional response to anger, annoyance and disappointment. I feel Azzy’s expectations were blocked and not met in her therapy experience which depicted feelings of disappointment and frustration. It could be interpreted that being in a room with a therapist could be an overwhelming and difficult experience, and this lack of understanding could have led to feelings of frustration and disappointment, which perhaps could have hindered the therapeutic process.

“*there was aspects of cultural barriers where I didn’t feel understood, like the situation with my son, so some cultural barriers got in the way of the relationship and feeling understood” (lines 432-435, p10, Sey)*

Sey also identified cultural barriers as obstacles to the therapeutic relationship, underscoring her need for full understanding of her struggles. It appears she was seeking a relationship where she felt understood in all aspects and all problems that she was brining into the therapy room which wasn’t met in her therapy experience.

“I could have benefit from having therapy with someone who understood my culture or someone who spoke my mother tongue it would have been much easier to express myself and my emotions” (314-317, p7, Seda)

Seda’s experience exemplifies this theme. Seda’s account reflects a similar longing for a therapist who understood her cultural context, reinforcing the idea that a lack of cultural competence hindered her ability to fully engage in the therapeutic process. “I could have benefit”, I sense that is a strong desire for an expectation that wasn’t met and feeling dismissed by her therapist.

Overall, the participants’ accounts reflect that cultural competence in therapists is an essential component of the therapeutic process and the therapeutic relationship. Participants consistently highlighted the importance of their therapists understanding their cultural backgrounds in order to feel truly understood during their therapy experiences. This suggests that a therapist’s ability to grasp and respect a client’s

personal and cultural values, beliefs, and context is crucial for fostering an effective therapeutic relationship. A lack of cultural competence, on the other hand, was perceived as a barrier, limiting the depth of the therapy and hindering the development of rapport. Participants' narratives underscore that understanding a client's wider social and cultural background not only facilitates the therapy process but is vital in enabling them to make sense of and derive positive outcomes from their therapeutic experience. In summary, cultural competence emerged as a significant factor in shaping participants' therapeutic journeys. The absence of cultural awareness introduced barriers that diminished participants' sense of being understood and supported. This highlights the critical role cultural competence plays in ensuring that therapy is both accessible and meaningful for individuals from diverse cultural backgrounds.

Summary:

In this section, an overview of the Group Experiential Themes (GETs) and their sub-themes is provided before connecting the key findings to the theoretical literature in the subsequent discussion chapter. Through the analysis of six interviews, four GETs and eleven sub-themes emerged as the primary findings, which were presented in Figure 3 at the beginning of this chapter. These themes reflect how participants made sense of their therapeutic experiences, with each participant's voice being included to present a comprehensive narrative.

The first GET, "The Journey to Psychology", explores participants' referral experiences to psychological therapy. Nearly all participants were referred by their GPs, reflecting a common preference within the Turkish community to seek medical support first. This sub-theme, titled "Two Birds with One Stone", captures how participants navigated the dual benefit of avoiding the stigma of mental health by accessing medicalised treatment. The analysis highlights that this cultural practice places responsibility on healthcare professionals and suggests that practitioners should be aware of this preference for medical input within this community. Some participants also began therapy to meet family expectations, evoking feelings of overwhelm, responsibility, guilt, and blame. Additionally, a number of participants expressed dissatisfaction with the limited number of sessions offered, seeing this as

a barrier to effective therapy.

The second GET, “Challenges to Working with Emotions”, addresses the difficulties participants encountered in expressing their emotions during therapy. Participants found it challenging to disclose painful feelings, fearing that doing so would uncover further hidden pain. Mental health stigma further compounded these difficulties, with participants only feeling comfortable sharing their emotions with those they trusted to be understanding. Many participants expressed uncertainty about what to expect from therapy and felt that cultural norms within the Turkish community, where discussing feelings is uncommon, made emotional expression particularly difficult. Several participants described feeling awkward or out of place when discussing their difficulties with their therapists.

The third GET, “Language Barriers”, focuses on the participants’ struggles with language during therapy. All participants reported that language difficulties hindered their ability to express themselves, feeling that their thoughts and emotions lost meaning when translated into English. This dual process of translation created a major obstacle in their therapeutic experiences, with participants perceiving language barriers as a central challenge in making sense of their therapy. Given that therapy relies heavily on verbal communication, these linguistic challenges had a profound impact on their therapeutic engagement.

The final GET, The Relationship with the Therapist, examines the participants’ experiences of their therapeutic relationships. A recurring theme was the perception of the therapist’s role, with many participants expressing frustration over a lack of cultural competence. This perceived deficiency hindered the therapeutic alliance, as participants felt that therapists who lacked cultural awareness struggled to fully understand them. On the other hand, participants reported that working with therapists who demonstrated care, empathy, and validation of their emotions fostered a stronger therapeutic alliance and made them feel more comfortable in expressing their feelings. Many participants described feeling relief after being able to share their emotions with a supportive and validating therapist.

The findings of this study will be discussed in the following chapter within the wider

theoretical context. The discussion will aim to connect these results to the research question, offering new insights into cross-cultural counselling psychology as experienced by Turkish clients living in the UK. The implications for counselling psychology will also be explored, alongside their relationship to the existing literature.

Chapter 5. Discussion

The aim of the study was to explore how Turkish clients make sense of their experience of counselling in the UK. It has been indicated from the review of literature that there is a significant lack of research which explores the experience of how Turkish clients make sense of their counselling experience in the UK. As a result, this study aimed to provide further insight into this phenomenon and to add to the existing body of knowledge in this area of research. A qualitative study was chosen as the most suitable methodology for this research. In addition, IPA methodology was chosen to explore the subjective experiences of this population. A total of six participants were recruited for the study. Six semi-structured interviews were conducted, and the narratives formed the data, which was then analysed using IPA analysis (Smith et al, 2022). A detailed analysis of the interview transcripts identified four GET's and twelve sub-themes, representing the ways in which Turkish individuals make sense of their counselling experiences in the UK. The four GET's that emerged were: the journey to psychology, challenges to working with emotions, language barriers and the relationship with the therapist.

In this chapter, I will delve deeper into the study's themes, examining how they fit with current theory and research as well as highlighting gaps and areas where new understandings or problems have emerged. I will then evaluate the study as a whole, considering its various strengths and weaknesses, and my own role and contribution to each phase of the process. To maximise the use and accessibility of existing psychological treatment, I hope the findings of this study will have practical applicability for counselling psychologists and therapists working in therapeutic contexts. Additionally, this study aims to provide valuable insights into patient characteristics that may predict responsiveness to therapy and explore ways to improve access to interdisciplinary, personalised psychological treatments for Turkish clients. In light of this, a number of suggestions for therapeutic practices as well as prospective research opportunities for study are also recommended. Finally, the chapter will end with epistemological and personal reflections.

Understanding Turkish Clients' Pathways to Therapy: The Journey to Psychology:

A central feature that emerged from participants accounts was that almost all participants initially consulted their GP as a first step for support in their experience of therapy. Although most participants were desperate for help, they had initially sought medicalised support as a first option which is a standard practice in the Turkish culture. This is likely to be associated with the stigma attached to mental health amongst the Turkish community (Rassool, 2018; Akar, 2010), which perhaps in return discouraged the participants to take the direct first step to engage in psychological therapy. Most participants were desperate for help, hopeless and hesitant about starting therapy for different reasons, but one thing they all had in common was that they had an expectation of cure for their presenting difficulties from a professional who was holding an expert authoritative position. The referrals to therapy were expert-led, and participants felt the need to agree out of desperation with the expectation of cure from therapy. Certain ethnic minority groups have been found to adhere to cultural norms that demanded deference for healthcare practitioners (Rocque & Leanza, 2015). This was in line with the results of a study conducted by Board et al. (2020), in which participants stated that they thought of clinicians as "professionals" or "experts" and that they should follow the advice of these professionals. There was limited engagement in the decision-making process for their care as a result of this expert-led interaction. According to Ferguson & Candib (2002), in cross-cultural patient-clinician relationships, cultural beliefs alone may hinder communication and collaborative decision-making. This study suggests that the effectiveness of the therapeutic encounter is challenged when cultural elements are not taken into account. For instance, it is generally recognised that each culture has its unique conception of health, illness, and treatment (McLeod, 2013). The theory of healing can be grounded in traditional/spiritual methods of healing or in supernatural beliefs, which can also coexist in many cultures, or it can be founded on scientific understanding, as in Western industrialised nations. Therefore, anticipating that Western methods of psychological therapy will be viewed as appropriate and applicable by individuals from diverse cultures is problematic. For example, in the Turkish culture, it is appropriate to view experts as authoritative, knowledgeable, and attribute the responsibility for their distress to professionals. It

could be challenging for a person from Turkish culture to comprehend the concepts of collaboration and partnership in a therapeutic interaction because of this viewpoint and belief.

Furthermore, given that Turkish clients often prefer professionals with substantial knowledge to address their medical and psychological needs, it is crucial to carefully consider the ethical implications of power dynamics within the therapeutic relationship. Ade-Serrano & Nkansa-Dwamena (2020) highlights the inherent power imbalance that can exist between therapists and minority ethnic clients. It has been highlighted that therapists must be acutely aware of how their perceived authority, cultural background, and expertise can impact the therapeutic alliance (Ade-Serrano & Nkansa-Dwamena, 2020). Furthermore, Hills, Christodoulidi & Charura (2023) also highlighted that power and privilege play significant roles in shaping the therapeutic space. Hills et al, (2023) provides a critical lens through which to examine the power dynamics present in the therapeutic space, particularly as they relate to clients from diverse cultural backgrounds. This study's exploration of power and privilege in therapy is highly relevant when considering the experiences of Turkish clients in the UK, whose cultural values and immigrant experiences can significantly influence their therapeutic journey. This study underscores the need for therapists to be mindful of these dynamics, especially in cross-cultural contexts where clients may hold a deep respect for authority figures. For Turkish clients, who may have a heightened respect for professionals' expertise, therapists must navigate these power dynamics carefully to preserve the clients' autonomy and voice. The study suggests that acknowledging and addressing power imbalances can help therapists foster a more collaborative and empowering therapeutic environment. This approach is essential for effectively engaging Turkish clients and mitigating potential barriers to initiating therapy. This insight contributes to the current study by emphasising that a therapeutic environment which balances respect for authority with and active promotion of client autonomy is crucial. Such an environment not only aligns with the cultural values of Turkish clients but also facilitates a more open and effective therapeutic process. By integrating these practices, therapists can better support Turkish clients, ensuring that their cultural values are respected while also empowering them to take an active role in their therapy journey.

Additionally, Shillito-Clarke (1996) proposed that therapists who work with clients from ethnic minority populations should be accountable to access the power differential in the therapeutic relationship, and to link this with connections with the power imbalance in wider society. Lago and Thompson (1996) draw attention to the fact that most therapists in our society are middle-class, white individuals, and that clients may see them as superior. To minimise the possibility of any risk of damage to the therapeutic relationship, therapists need to recognise and work through these power differences (Lago & Thompson, 1996). The findings of this study could be seen as contributing to the understanding of how clients from a Turkish background experience the start of their journey to therapy as well as their expectations of care. Overall, participants from the study appear to engage behaviours that reflect the perceived expert position held by the clinician (Jordan et al, 1998), which further explains the desperation and their expectation for a cure.

Navigating Therapy Through the Lens of Family Obligations: Meeting Family Expectations:

The sub-theme “meeting family expectations” illustrate that the participants main reason for starting their therapy journey was for their families. Due to the Turkish culture being closely aligned with collectivism (Kagitcibasi, 1996; Reich, Bockel & Mewes, 2015), the findings from this study support existing literature, indicating that participants prioritised their family’s well-being over their own. Although participants began their therapy journeys for various reasons, they converged on a common point: meeting their family’s expectations. What appears more interesting is despite the stigma associated with mental health and that therapy coming from a western Eurocentric idea which does not fit the Turkish culture (Koc & Kafa, 2019), participants were either being encouraged to reach out for mental health support by their family members, or had started their therapy journey to support a family member. This finding is in line with existing literature which indicates that Turkish immigrants prioritise the welfare of their family and community before their own mental health, impacting their engagement in therapy (Ince, 2018). The findings of this study further support the work of Reich, Bockel, and Mewes (2015), who found that that motivations for seeking psychotherapy among Turkish immigrants were largely influenced by social and familial factors. Many participants in the latter study

reported seeking treatment due to pressure from family members or significant others. Interestingly however, cultural stigma around mental illness played a significant role in shaping these motivations. For instance, the fear of being labelled as 'crazy' or weak was prevalent. The findings from this study also highlighted that participants did not reach out for psychological support as a first option, until encouraged by their families, which for most was also associated with worries around the stigma attached to mental health. These findings can have enormous implications for understanding the mental health needs and beliefs of the Turkish population as there is limited information about the preferences and needs of this group, as well as how they understand mental health difficulties. The literature on symptom presentation and the cause attributions of mental health difficulties frequently highlights this debate. This is an essential and significant area to research because Turkish people may face real-life effects as a result of contradictory information.

Desire for Extended Therapeutic Engagement: Wanting More Time:

Furthermore, participants expressed frustration in relation to the limited number of sessions offered to them which was captured in the sub-theme “wanting more time”. This limitation appears to have influenced the extent of information participants were willing to share with their therapists, as well as their expectations of the therapeutic process. Participants perceived their therapy experiences as inadequate, particularly in terms of the duration and time allocated for sessions. The findings in this study highlight that the participants had expectations to meet more often and for longer, hoping for a more meaningful experience than what they received due to the short-term weekly structure. This reveals something interesting because even though the participants were hesitant about engaging in therapy and chose to engage for their family members, their experiences did not feel sufficient. Therefore, this limitation in participants experiences could explain some of the struggles and barriers experienced by the Turkish community when engaging with mental health services (Reich, Bockel, and Mewes,2015), as well as adding to our understanding of the needs of this population. These findings are also useful in creating opportunities for additional research and useful interventions targeted at enhancing the mental health

outcomes of this community. This lack of understanding of mental health within the Turkish culture, makes it challenging for individuals to seek professional assistance. Therefore, addressing the identified barriers, understanding the needs and incorporating cultural beliefs into treatment approaches can potentially enhance the efficacy of mental health services for this population. However, the perceived lack of sufficient time in therapy also plays a significant role. This time constraint may exacerbate the initial reluctance to seek help, as individuals might fear that their complex cultural and personal concerns cannot be adequately addressed within the limited time typically allocated in therapy sessions. Therefore, both the cultural barriers and the perceived insufficiency of time must be considered to improve engagement and outcomes for Turkish clients in mental health services.

Cultural stigma: Challenges to working with emotions:

Stigma associated with mental illness is also highlighted to be a serious obstacle to accessing and using the right mental health services amongst the Turkish population (Akar, 2010). This was also captured in the “Stigma” sub-theme of this study. The participants engaged in a self-explorative and reflective process in an attempt to make meaning of how they faced challenges to working with emotions in their therapy experiences. The participants subjective experiences described in this study demonstrated the struggles they had encountered in working with emotions, particularly in relation to the difficulties of working with difficult emotions in their culture, and as a result struggling with articulating and expressing their feelings. The sub-theme “Stigma” underscores the profound impact of cultural stigma on the participants’ ability to engage openly in therapy. The Turkish community frequently stigmatises mental illness, which causes emotions of embarrassment and shame. Within the Turkish community, mental illness is frequently stigmatised, leading to feelings of embarrassment and shame, and a strong inclination to keep such issues private. (Akar, 200). The concept of family honor (namus) is deeply ingrained within the Turkish culture which further exacerbates this issue. Families fear that having a member with a mental illness could bring shame to the family, leading to a preference for keeping mental health issues private and untreated (Akar, 2010). Although all participants initially engaged in therapy with the encouragement of their families, they struggled with revealing their psychological difficulties, as the stigma

around mental health represents a form of social power within the community (Akar, 2010; Rassool, 2018). The Turkish culture has been identified as a culture of relatedness (Kagitcibasi, 1996), and people are encouraged to protect the harmony of the group. From this vantagepoint, the findings from this study are very helpful in understanding the impact of stigma attached to mental health as this stigma can prevent early intervention and exacerbate mental health issues. It is also interesting that participants in this study experienced difficulties in disclosing their experiences due to fear of being viewed as vulnerable. This finding also supports existing literature that proposes mental illness is frequently linked to weakness and humiliation in the Turkish culture, which deters people from seeking treatment (Akar, 2010). As their behaviour is guided by these beliefs, common practice to treating mental health issues within the Turkish culture involve religious rituals like prayer and seeking guidance from religious authorities, or believing that supernatural factors such jinn possession or the evil eye (nazar) are to blame for mental health problems (Rassool, 2018; Yazar & Littlewood, 2001). Such beliefs can profoundly influence how Turkish clients perceive and accept Western counselling practices. In this context, the integration of traditional healing practices with modern therapy becomes crucial. These findings resonate with the work of Christodoulidi & West (2013) on the integration of traditional healing practices with modern therapy across various cultural and spiritual contexts, particularly when considering how Turkish clients might bring traditional beliefs into their therapeutic experiences. The study found that integrating traditional healing practices with modern therapy can be beneficial for clients who come from cultural backgrounds where such practices are central to their understanding of health and well-being. Acknowledging and respecting these traditional practices can help bridge the gap between the clients' cultural understandings and the therapeutic interventions offered (Christodoulidi & West, 2013). By incorporating elements of traditional healing-such as respecting the client's religious practices or understanding the cultural significance of certain beliefs-therapists can create a more culturally attuned and effective therapeutic environment. Moreover, addressing these traditional beliefs directly within therapy can also help reduce the stigma associated with mental health. Thus, the insights from Christodoulidi & West (2013) contribute to a deeper understanding of how therapists can navigate the complex interplay of stigma, cultural beliefs, and mental health within the Turkish community. By integrating traditional healing with modern

therapy, therapists can offer a more holistic and culturally sensitive approach that respects the client's background while effectively addressing their mental health needs.

Previous studies have highlighted that the resistance towards accessing mental health services is largely shaped by their cultural beliefs (Mullersdorf, Zander & Eriksson, 2011; Jensen, Nielsen & Krasnik, 2010). Language and cultural barriers are documented to be the main barriers to mental health services for Turkish people (Mullersdorf, Zander & Eriksson, 2011; Jensen, Nielsen & Krasnik, 2010). As mentioned previously, to access mental health services can also be experienced as shameful, consequently the added layer of difficulty in relation to stigma arises, which then puts their families at risk of social disgrace and embarrassment in the community (Akar, 2010; Rassool, 2018). Some have stated that western ideologies and beliefs, which can be argued to be culturally inappropriate for people from eastern cultures, form the foundation of western approaches to treating mental illness (Koc & Kafa, 2019). There are cultural differences between eastern and western cultures in relation to what they believed to be the most beneficial way in receiving emotional support from others. The way Turkish people relate to their internal emotions is proposed to be influenced by their collectivist views and beliefs (Kagitcibasi, 1996; Reich, Bockel & Mewes, 2015). This is an essential and significant area to research because Turkish people, like many other cultural groups, may have unique ways of understanding and addressing mental health, which can significantly impact their willingness to seek treatment and engage in therapy.

Navigating Cultural Differences: Being in a Strange Place:

The findings in this study highlighted the participants difficulty with verbalising their thoughts and emotions, which provides additional support to the existing literature that explores communication styles and experiences of talking therapy in the Turkish culture. Research indicates that western cultures are more likely to adopt active coping strategies in order to cope with their problems. On the other hand, individuals from eastern culture have been found to accept their reality as a way to control the impact the event has on their daily functioning (Weisz, Rothbaum & Blackburn, 1984). Furthermore, in the western culture, direct communication and the expression

of emotions are commonly observed and believed that expressing feelings as being healthy for their psychological wellbeing (Hall, 1976). Nevertheless, the contrary is perceived in the eastern cultures, where emotions are seen to be suppressed for a variety of reasons, usually to avoid disruption of interpersonal harmony (Schwartz, 1994). These findings seem to be captured in the subordinate theme “being in a strange place”. The sub-theme “Being in a Strange Place” captures the sense of alienation participants felt when trying to express emotions in therapy, a practice that is culturally unfamiliar to many. This feeling of being out of place highlights the cultural disconnect that can occur when Western therapeutic models are applied to non-Western clients without adaptation. The participant accounts support the existing literature and highlight how the process of expressing emotions is uncommon within their culture, therefore leaving them feeling as they are in a strange place. Turkish clients may struggle with the expectation to articulate and explore emotions, as this process is often at odds with their cultural upbringing, which emphasises maintaining social harmony and avoiding the disclosure of personal distress (Mosko et al., 2008). Majority of participants in this study highlighted talking about difficulties being outside of the Turkish norm and usually “getting on” with difficulties or choosing to use their own internal resources to manage their difficulties, and only talk or reach out for help when at crisis point. These findings add to our knowledge of the Turkish cultural practice of not talking about emotions being common. The participants described struggles to openly express their thoughts and emotions, and this was further reinforced by their struggles of opening up in therapy. The findings suggest that therapists should acknowledge this cultural gap and strive to bridge it by incorporating culturally relevant practices and fostering an environment where clients can gradually acclimate to the therapeutic process.

The Difficulty of “Digging Up Painful Emotions”:

The sub-theme “Digging Up Painful Emotions” reflects participants’ discomfort in confronting distressing memories and emotions during therapy. Many participants described therapy as a process that often felt difficult. On the whole, participants were afraid of revealing their emotions that would lead to revealing of further suffering that was kept hidden. Not surprisingly, participants struggled with opening

up as talking about emotions, particularly talking about painful emotions were not the norm in the Turkish culture. Not only did they have to bear the pain of uncovering painful emotions from the past, but it seems the therapeutic work felt so overwhelming it restricted them after the sessions. As a result, the effect of engaging with emotions went beyond the therapy room, which was anxiety provoking for the participants. It was also noted in this study that exploring painful experiences was like digging a deep hole into participants internal processes. Although the purpose was to encourage a process of uncovering repressed psychological pain, the participants experienced this process as frustrating and anxiety provoking. This finding adds to the literature by showing Turkish clients may choose not to disclose painful emotions during their therapy experiences, not only because they fear it will bring further distress and suffering, but also because they are not aware of the reasoning behind the intervention. The application of psychotherapy in non-western cultures, such as the Turkish culture, requires a deep understanding of cultural contexts and the flexibility to adapt western therapeutic approaches to fit these contexts. Research suggests the importance of adjusting and adapting various models to meet the needs of various ethnic groups (Bernal et al, 2009). The findings from this study highlights the significance of why it is important to explore the therapy experiences of Turkish clients, and in particularly how they make sense of their therapy experiences. These findings could improve understanding among practitioners, helping to tailor interventions that support recovery and reduce the risk of early-dropout rates and ruptures in the therapeutic alliance. Previous literature has also highlighted people's understandings of their mental health difficulties might be fundamental in regard to engaging them with interventions (Stolzenburg, Freitag, S., Evans-Lacko et al., 2019; King, Coker & Leavey et al, 1994), however the experience of why Turkish clients struggle with uncovering painful emotions has not been directly studied. Therefore, the findings from this sub-theme addresses the gap in current research. Therapists working with this population should be sensitive to these cultural norms and consider using a more gradual, culturally adapted approach to help clients feel comfortable with emotional exploration.

Bridging Linguistic Gaps: Language barriers:

Cultural competence, awareness of racial and ethnic disparities, language support, integration of diverse healing practices, consideration of socioeconomic factors, sensitivity to gender and sexual orientation, and respect for religious and spiritual beliefs are all critical components of culturally responsive practice (Sue, 2012; Betancourt, Green, Carrillo 2003). These elements are essential not only for delivering effective psychotherapy but also for ensuring that therapy is accessible and meaningful to clients from diverse backgrounds. Vahdaninia, Simkhada, Teijlingen et al (2020) highlighted barriers such as language difficulties, cultural differences, and discrimination hinder access to healthcare services. The participant accounts from this study support the existing literature. In relation to the findings of this study, while the participants were fluent in English, they still encountered language related obstacles during their therapy experiences. These challenges often manifested as difficulties in fully expressing their emotions and feelings, with participants noting that words and meanings sometimes “lost in translation” when shifting from Turkish to English. This underscores the importance of language support in culturally competent practice- not merely as a matter of linguistic proficiency but as a critical factor in enabling clients to convey the full depth of their experiences and emotions in therapy. Addressing these barriers is therefore vital for fostering a therapeutic environment where clients feel fully understood and supported. Although previous literature highlights the language barriers experienced by ethnic minority populations (Mullersdorf, Zander & Eriksson, 2011; Jensen, Nielsen & Krasnik, 2010), it appears from the findings of this study that considerations of cultural factors such as language to be highly significant for the Turkish population. Not only does the findings highlight the importance of language alone, but more specifically the findings indicate when therapy is not delivered in the mother tongue “words lose meaning”, therefore this specific finding is identifying the gap as well as adding to our knowledge in the context of language barriers experienced by individuals from the Turkish population. In the Turkish language emotions can be described using Turkish metaphors or words which do not exist in the English language, therefore leaving participants feeling they were not being understood, as a result preventing the participants from sharing ideas, thoughts, feelings experiences, information and expectations effectively. As therapy is a place

of talking through emotions, it can be argued that this complexity had a great impact on the participants in making sense of their therapy experiences.

From Mother Tongue to Therapy Room: The Translating Process:

An additional barrier highlighted by the participants was the difficult experience of having to translate their emotions from Turkish language to English language, experiencing a dual process. Although the issues with language did not disrupt the progression of therapeutic work, keeping in mind all participants therapy experiences were conducted in English language, participants encountered an added layer of difficulty in expressing their feelings openly and accurately. Most participants thought in Turkish, their internal worlds were articulated in their mother tongue. The findings from this study corroborate existing literature, which indicates that participants faced difficulties in feeling understood by their therapists and struggled to articulate their thoughts and emotions precisely due to language barriers. Language barriers are identified as one of the main primary obstacles faced by Turkish people in accessing adequate mental health services (Bischoff & Hudelson, 2010; Mullersdorf, Zander & Eriksson, 2011). Research has consistently shown that limited English language proficiency impedes the ability of individuals from ethnic minority backgrounds, including the Turkish community, to engage effectively with mental health services (Bischoff & Hudelson, 2010). This study's findings underscore these challenges, revealing how language limitations affect therapeutic interactions and hinder the ability to convey complex emotional states. Understanding these barriers is crucial for identifying the specific needs of the Turkish population in mental health contexts. It highlights the necessity for culturally and linguistically appropriate services to address these challenges and improve mental health outcomes. Future research should focus on exploring strategies to enhance communication in therapeutic settings and the development of resources that support bilingual clients. By addressing these issues, mental health professionals can better meet the needs of diverse populations and improve engagement and therapeutic efficacy.

Essential Qualities in Effective Therapy: The Relationship with the Therapist:

The GET "The relationship with the therapist" explores participants' experiences of their interactions with the therapist, particularly how these experiences reflect the

therapeutic alliance and its crucial elements, such as the therapist's qualities, cultural competence, and the challenges in feeling understood. The findings underscore the importance of essential therapist qualities, particularly through the sub-theme "Therapist who cares." This is consistent with the broader literature on common factors in therapeutic alliances, which emphasises that the quality of the therapeutic relationship is a key determinant of successful outcomes across different therapeutic modalities. Wampold's (2015) study on common factors in therapy highlights core elements relevant across various approaches, including person-centered, psychoanalytic, and cognitive-behavioural therapies. These elements include empathy, warmth, and the therapist's ability to convey genuine concern and care for the client. The findings from this study align with current literature, particularly in the context of Turkish clients' experiences in the UK. Participants in this study reported that one of the most significant factors in building rapport and facilitating openness in therapy was having a therapist who they felt truly cared about them. This supports Wampold's (2015) assertion that the therapist's relational qualities are pivotal, irrespective of the specific therapeutic model being used. Furthermore, the common factors literature helps us understand how clients from a Turkish ethnic background make meaning of their therapeutic relationship. Given the cultural context, where relational and communal bonds are often highly valued, the perception of the therapist as genuinely caring can significantly enhance the therapeutic alliance. This suggests that for Turkish clients, feeling cared for by the therapist is not just a positive attribute but a fundamental component of how they experience and make sense of their therapy. Therefore, the common factors literature contributes to our understanding by highlighting that the therapeutic relationship's relational qualities-such as the therapist's empathy and authentic care-are critical in fostering a sense of safety and trust, which are essential for these clients to engage fully in the therapeutic process.

The findings from this study showed that the participants felt one of the most important things in building a rapport and getting them to open up in therapy was having a therapist who truly cared about them. Although participants were seeking a therapist who could meet their needs of providing a solution to overcome their mental health difficulties, they were also striving to seek a therapeutic relationship that enabled them to feel cared for, which in return helped them to open up more

freely in therapy. Extensive research studies have shown that the quality of the therapeutic relationship is a strong predictor of treatment outcomes across various Western therapeutic approaches. While much of the research has focused on Western contexts, there is a growing body of literature that explores the therapeutic relationship from a cross-cultural perspective. For instance, Asnaani & Hofmann (2013) emphasise the importance of culturally responsive practices in building a strong therapeutic alliance. Their research highlights that cultural differences can significantly impact the therapeutic relationship and that therapists need to be attuned to these differences to foster a successful relationship. The findings from this study further contribute to this understanding by highlighting how Turkish clients perceive and value the therapeutic relationship, particularly under the sub-theme "Therapist who cares." The research indicates that Turkish clients place a high importance on the therapist's ability to demonstrate genuine care, which is crucial for building trust and facilitating openness in therapy. This underscores the need for therapists working with clients from a Turkish background to be culturally sensitive and to prioritise relational qualities that resonate with their clients' cultural values. These findings can have important implications for our understanding of the mental health needs and beliefs of the Turkish population. Understanding that Turkish clients place a high value on the therapist's ability to convey genuine care can inform culturally sensitive practices that better meet the needs of this population. It also underscores the importance of developing therapeutic approaches that acknowledge and integrate the cultural values and expectations of Turkish clients, ultimately leading to more effective and meaningful therapeutic outcomes. This study highlights the necessity for mental health services to adapt and respond to the specific cultural and relational needs of the Turkish community, which is crucial for improving engagement and effectiveness in therapy.

Furthermore, the findings of this study could also contribute to current understanding and knowledge of cross-cultural therapists who believe that understanding cultural and racial group knowledge such as different customs, values and communication patterns would help reduce and control for cultural and racial mental health disparities (Sue, 1999), as well as reduce the treatment drop-out rates of this community. Research suggests, cultural identification and ethnicity are important aspects of the therapeutic process (Kaya & Karaca, 2020). Maintaining their cultural

heritage and adjusting to new cultural norms are frequent obstacles for Turkish immigrants. Research has demonstrated that cultural identity influences help-seeking behaviours, attitudes about mental health, and the therapeutic relationship (Kaya & Karaca, 2020). The findings from this sub-theme contributes to the existing literature by highlighting the specific ways in which the perceived care of a therapist impacts therapeutic outcomes within the Turkish community. While the desire for a caring therapist is indeed a universal expectation, this study provides valuable insights into how cultural context influences the manifestation and importance of this quality, thereby addressing a notable gap in the literature. This finding is helpful given that the Turkish population is known for underutilising mental health services. Given Turkey's unique geographical position straddling Europe and Asia, coupled with the long history of Turkish immigration to the UK, there is a potential for the cultural nuances of Turkish heritage populations to be overlooked in cross-cultural psychology research. This oversight may stem from the tendency to categorise Turkish individuals within a 'white' majority, thereby masking significant cultural differences and experiences that are crucial for a more accurate and comprehensive understanding of their mental health needs and therapeutic experiences. Therefore, the low rates of access can be partly attributed to barriers such as a lack of understanding of this populations' specific needs, which are often unmet, thereby complicating efforts to encourage individuals to seek professional help.

The Alleviation of Burdens: Feeling Relieved:

A common experience among participants was the relief they felt in their therapy journey. Despite encountering various barriers and difficulties, the majority of participants reported a significant alleviation of their burdens, highlighting an intriguing aspect of their overall therapeutic experience. Research has shown that the expression of emotions in therapy can be highly therapeutic, leading to emotional relief and reduced psychological distress (King, Marston, Bower et al, 2014). For instance, studies have shown that when clients are able to express and process their emotions in a safe therapeutic environment, it often results in decreased psychological symptoms, overall well-being and better therapeutic outcomes (Pennebaker, 1997; Lloyd & Barker, 2015). These findings are particularly relevant to the participants in this study, as many reported that being able to express emotions

openly in therapy was a key factor in alleviating their emotional burdens. The findings from the sub-theme “Feeling relieved” align with existing literature, with participants reporting that reflecting on their inner emotions was a positive experience. The majority of participants noted significant positive effects after expressing their feelings, often describing the experience as if a heavy weight had been lifted from their shoulders when their emotions were validated and accepted by their therapist. This outcome was unexpected by the participants, given that the expression of intense emotions is often discouraged in Turkish culture. Therefore, these findings have important implications for the growing field of psychology, particularly when working with the Turkish population. The findings suggest that despite cultural norms that may discourage emotional expression, Turkish clients can experience profound relief and psychological benefits when given the opportunity to express their emotions in a supportive therapeutic environment. This again highlights the importance of the need for therapists to be culturally sensitive but also to recognise the potential for therapeutic breakthroughs when clients engage in emotional expression, even when it contradicts their cultural expectations.

Enhancing Therapeutic Relationships Through Cultural Competence: Cultural Competence:

The findings in this study also underscore the importance of cultural competence in psychotherapy practice. Cultural competence refers to the ability of therapists to understand, respect, and effectively respond to client’s cultural backgrounds and experiences (Sue, 2001). All participants highlighted that an important aspect which contributes to the development of the therapy process and therapeutic relationship is the cultural competence of the therapist. Participants addressed the importance of cultural competence in their therapists as vital to feeling understood in their therapy experiences. One of the common feelings shared amongst the participants was frustration and lack of understanding from the therapist as a result of lack of cultural competence. The findings support the work of Soto & Smith et al (2018) who highlight the importance of culturally adapted psychotherapies for people from ethnic minorities. Research indicates addressing cross-cultural concerns is crucial to delivering mental health services. Important elements of culturally responsive practice include cultural competence, awareness of racial and ethnic disparities, language support, integration

of diverse healing practices, socioeconomic consideration, sensitivity to gender and sexual orientation, and respect for religious and spiritual beliefs. As the field of psychology continue to evolve, these concerns must be given top priority in order to suit the needs of a diverse and global populace, ensuring that all individuals receive the treatment and assistance they require. Therefore, in order to promote a healthier society, it is imperative that the efficacy and quality of mental health care services for ethnic minorities be suitably supported. (Kirmayer, Groleau & Guzder, 2003; Bhui, Ascoli & Nuamh, 2012; Marger, 2003; Flaskerud & Hu, 1992). Numerous studies have also demonstrated that cultural competence training enhances the effectiveness of mental health interventions (Griner & Smith, 2006; Hwang, Wood & Cheung, 2006; Kim & Zane, 2016; Moodley & West, 2005; Torino & Rivera, et al 2019; Sue & Sue, 2012; Ade-Serrano & Nkansa-Dwamena (2020). These studies underscore the complexities and necessities of culturally competent therapy practices, indicating a growing awareness and need for tailored therapeutic approaches to effectively address the diverse needs of individuals from various cultural backgrounds. The findings of this study therefore reflect the existing literature and confirm the importance for therapists to consider cultural adaptations to enhance treatment outcomes for diverse client populations such as the Turkish population.

These findings are also interesting because research has demonstrated that cultural identity influences help-seeking behaviours, attitudes about mental health, and the therapeutic relationship (Kaya & Karaca, 2020). Taking into consideration research has also indicated the low rates and motivations for help-seeking behaviours amongst the Turkish population (Lindert, Schouler-Ocak, Heinz & Priebe, 2008; Fassaert, Hesselink, & Verhoeff, 2009; Bocker & Balkir, 2012), it is important to consider the cultural identity of this population to enhance the treatment outcomes as well as to promote, encourage and help normalise help-seeking behaviours for Turkish people. For example, Turkish immigrant women are more likely to seek psychological therapy compared to their male counterparts (Akar, 2010). A contributing factor in this disparity is partly due to the societal stigma associated with mental health issues, which is especially pronounced for men. Help seeking behaviours may be seen by men as a sign of weakness, which goes against the stereotype of the traditional masculine ideal. The male participants in this study highlighted the impact of receiving mental health support as a Turkish male coming

with negativity and also spoke about their fears of being portrayed as weak. Furthermore, the stigma associated with mental health in relation to being a Turkish male was also addressed by the male participants in this study. It is therefore important for these factors to be considered because differences between men and women in terms of help seeking behaviour experience and response cannot be explained purely through the lens of sex and gender- biological differences. It is also essential to recognise the intersectionality of gender with other factors such as age, socioeconomic status, and length of stay in the host country. Younger Turkish immigrant women, for instance, may have different experiences compared to older women due to generational shifts in cultural attitudes towards mental health. Similarly, men who have been in the host country longer may be more acculturated and thus more open to psychological therapy compared to recent arrivals. Understanding these gender differences is crucial for developing culturally sensitive therapeutic interventions that can effectively address the unique needs of the Turkish population. Similarly, socioeconomic position (SES) and educational attainment can also have an impact on and explain these discrepancies. According to research, a person's socioeconomic status significantly impacts access to and experiences in psychological therapy. Lower SES Turkish immigrants may face more stress and instability, financial difficulties, and restricted access to high-quality mental health care (Celik, 2020). These factors can exacerbate mental health issues and hinder effective therapeutic outcomes.

Strengths and Limitations of Study:

This section will consider the strengths and limitations of the study.

The use of a qualitative methodology in this study gave researchers access to participant subjective accounts of their therapy experiences, which had not been investigated previously in studies. Furthermore, the use of IPA enabled an in-depth and detailed analysis of individuals experiences. “One of many of the strengths of using a qualitative methodology is that the knowledge generated has the advantage of being transferable beyond the research study” (Willig, 2001). For example, the GET "challenges to working with emotions" emphasise how crucial it is for a therapist to collaborate with their clients to work with their clients in understanding

how the way they related to their emotions is shaped by their Turkish culture. While the Turkish population is the study's primary emphasis, clients with other Eastern cultural backgrounds who uphold shared values can also benefit from the knowledge and insight this study's findings have generated.

It has been proposed that ethnic matching between participants and researchers is beneficial (Lie, 2006; Bowes & Dar, 2000). Because of my Turkish heritage, I had little trouble building rapport with the participants in this study. Given that we both understood the Turkish culture, some participants said they felt at ease enough with opening up without difficulty. As other scholars have suggested, there are currently few studies that examine the mental health of the Turkish population living in the UK. Consequently, the study's findings can provide a voice to the underrepresented Turkish population.

Furthermore, a drawback of this study was the issue of language which was carefully considered at every stage of the research process. The question of whether the participant interviews should be conducted in Turkish or English was questioned. I initially considered conducting interviews in Turkish, however, this would have meant an interpreter would have to be present. Due to the gap between my data collection, data analysis and the writing up of this thesis I had to also consider the time restraints. It was anticipated that the process of translating all Turkish responses into written English was a task of high complexity that would increase costs of paying a certified translator, as well as require a considerable amount of time to complete. Nevertheless, if this study included participants who only spoke Turkish, this could have provided richer data with participants sharing deeper insight into their subjective experiences. However, there was also the risk of losing meaning during the interpreting process. Due to these factors, all participants were required to be fluent in English language in order to avoid complexity and delays during the data collection process, with this the findings from the analysis demonstrated a level of richness in the data derived from the participant accounts. It is also important to consider that this resulted in a possible shortcoming whereby the participants may have felt unable to completely express themselves in a second language.

In addition to the above, there may have been a retrospective recall bias due to the

interview procedure requiring participants to answer based on their recollections. This suggests that participants might provide a limited perspective on their experiences, potentially recalling only certain events they deem relevant. While the study's findings do not indicate that this had a significant impact on the responses, it is important to consider. Additionally, this limitation is consistent with the methodological constraints of IPA, which emphasises individuals' personal interpretations may inherently involve selective recall and subjective reporting of experiences.

The features of the sample may have had an impact on the nature of the study's findings. It has been proposed that participants motivations for volunteering to take part in a study should be explored (Smith, 2004). The study's findings may have been impacted by the issue of self-selection bias. The desire to make a positive impact on mental health treatments available to the Turkish community may have inspired the volunteers to engage in this study. As a result, it's possible that the individuals who indicated their interest in participating in the study desired the chance to voice their positive and negative experiences. Should the individuals' encounters with mental health services be at the most extreme ends of the positive or negative ends, this would have inevitably impacted the way they recollected their experiences in the interviews. The participants may have desired to make use of this opportunity, for instance, to highlight parts of the therapy process that they felt were less beneficial and to share a few of the positive experiences. It can be said that they also had the responsibility to speak up, voice and represent their community, which could have potentially affected how they answered the interview questions. While the goals of a qualitative study are not to provide results that can be applied to a larger population, however it is also important to take into account the characteristics of the sample.

In relation to the recruitment of participants, it could be argued that the study's recruitment of participants was advertised in areas where people were more inclined to identify themselves as Turkish. The study was advertised in a mental health organisation specifically for the Turkish community. Consequently, those who were Turkish but do not strongly identify as Turkish were not included in the study. Recognising this is crucial since they might have been able to shed light on alternative issues to their therapeutic experiences. To mitigate this problem, the recruitment approach could have been expanded to include third-sector institutions

that are not specifically targeting the Turkish community, or to areas outside of London where there is a smaller Turkish population. Due to time constraints and accessibility problems, the majority of participant recruitment took place in London. One could argue that a different viewpoint on the researched phenomenon might have been offered if the study had included more participants from outside of London.

It can also be argued that the sample recruited for the study is not representative of a single, homogenous 'Turkish' population. The majority of the participants in this study were able to converse comfortably in English, it is possible the values shared amongst the Turkish, Kurdish and Turkish Cypriot community can vary. These characteristics of the sample could have directly or indirectly had an impact on how they expressed their experiences and articulated their emotions during the interview because for instance, a participant from eastern Turkey who are known to be more collectivist in their values may have had a complete different insight in their experience of how they made sense of their therapy experience to a participant who is of Turkish Cypriot heritage. This limitation is similar to challenges observed in research that pools individuals from distinct cultural backgrounds, such as grouping people from India, Pakistan, Bangladesh, and Sri Lanka as "Asian" or Malaysians under a broader Southeast Asia category, which can obscure important cultural differences and lead to less nuanced findings (Matsumoto & Juang, 2016; Ade Serrano & Nkansa-Dwamena, 2020. p.14).

The limited male participants can be seen as another limitation of this study. There were 2 male and 4 female participants in this study. Previous research indicates differences in experience and explanatory models within genders therefore it is possible that there may be gender differences in the experience of psychological treatments. Further research in male's experiences can therefore provide additional information that would be valuable in conjunction with, in comparison to, or separately from studies investigating women's psychological therapy experience. Another limitation of this study was the age of participants which was not factored in but contributed to the homogeneity of the sample. The age of the participants fell in the range between 29-57. It is possible the different generational experiences between the first and second generation are likely to be different which can directly or indirectly

influence their therapy experiences. For a more valid and reliable study, the group needs to be more homogeneous.

Limitations related to the methodology were also identified. Although IPA has made it possible to give a thorough account of participants' lived experiences of how Turkish clients make sense of their psychological therapy experiences that is reflective of their own worlds, it is unable to explain social processes and does not assume generalisability. Unlike IPA, grounded theory is assumed to be more generalisable based on theoretical saturation and can be further applied to understand some of the processes inside the phenomena, such as participants' commitment and participation with therapy. Nevertheless, one of the main strengths of this study is that it has a focus on the experiences of service users which enables participants the chance to share their stories and have their voices heard. According to Eatought and Smith (2006), p. 496, this was accomplished via the "detailed and inductive approach of IPA, with its roots in phenomenology and hermeneutic enquiry."

Overall, the findings of this study prompted additional questions to be raised, resulting in an increased demand for further research. "There is no single theory that can tell us everything about a phenomenon," as Vassilev & Pilgrim (2007) remind us. "The best we can hope for is to zoom in and change the angles of our observation to improve our understanding" (p. 350). It is my aim that the results of this study have provided professionals and psychologists new insights into the researched phenomenon and recommendations for clinical practice when working with this unique population.

Implications and Suggestions for Counselling Psychology Practice:

This study can be very helpful to counselling psychologists who work with Turkish clients because there is a dearth of research on mental health issues among the Turkish population in the UK. The results of this study can also provide further understanding of the obstacles that the Turkish populace face when seeking therapy. More significantly, this understanding will help therapists collaborate with Turkish clients to address their cultural needs and overcome obstacles. When working with Turkish clients, therapists should pay attention to the vocabulary and emotive terms they use. The participant accounts showed that they experienced difficulties when

naming emotional words. There are several possible explanations for this, including the fact that English is not their native tongue. If they lack the appropriate language to articulate their emotional world, it makes it more difficult for them to participate in the therapeutic process. Additionally, it is crucial for therapists to understand that Turkish clients may be translating their thoughts from Turkish to English. If this is the case, there is further communication difficulties because some Turkish descriptions of emotions are known to exist, but are not in the English language, which consequently adds an addition layer of difficulty to the communication. Counselling psychologists can help their clients expand their emotional vocabulary by acquainting them with terminology that represent emotions.

Based on the findings of this research, several recommendations emerge that have significant implications for therapeutic practice, training, and the dissemination of culturally sensitive approaches to mental health care. These recommendations are designed to address the barriers and challenges identified in this study, as well as to promote awareness and accessibility for underrepresented populations, such as the Turkish community in the UK. Based on the accounts provided by the participants, this study can make the recommendation that psychological therapy be provided in the native language wherever possible in order to reduce the challenges associated with culturally discordant interactions, patient and therapist bias, and communication/language difficulties. Both the Commission on Race and Ethnic Disparities Report (2021) and the Ethnic Minorities in Mental Health: Fostering Lasting Positive Change (2014) propose increasing staff diversity in services. Professional interpreters should be engaged if an interpreter is going to be used, not only to communicate between the patient and the clinician, but also to serve as a cultural guide for both sides. Ensuring that all interpreters receive the necessary training and qualifications can help ensure this. If at all possible, consideration should also be given to gender, background, religion, and regional accent. Follow-up enquiries, word rephrasing during contact, and summing the understanding of patient accounts should be included to guarantee adequate understanding and to allow shared decision-making between the clinician and patient.

Furthermore, it is also essential to explore how psychological services might address reluctance to talk about negative feelings without pathologizing emotions or

defaulting to medical interventions, such as medication within the Turkish population. As evident in the accounts provided by the participants, particularly in the sub-theme “two birds with one stone” this issue is particularly salient in cultural contexts, such as the Turkish community, where discussing emotional difficulties is often stigmatised, and medicalised solutions are typically seen as more acceptable. Psychological services should consider culturally sensitive approaches that acknowledge these barriers without reinforcing them. One potential recommendation is to incorporate psychoeducation into the therapeutic process. By educating clients and their families about the normalcy of emotional distress and the benefits of expressing emotions. Psychoeducation could be framed as part of the therapeutic journey, emphasising that mental health difficulties are not a sign of weakness or pathology but a common aspect of the human experience that can be addressed through open communication and psychological support. Future research could further investigate how to balance respect for cultural values with the need to promote emotional openness in therapeutic settings.

Another key recommendation is the incorporation of training modules focused on cultural sensitivity, cultural humility, and decolonised approaches into the curriculum for counselling and clinical psychologists. Therapists must be equipped to move beyond generalised cultural competencies and embrace an approach that is dynamic and responsive to the specific needs of diverse client groups. Training should encourage practitioners to engage in self-reflection about their own biases and cultural positioning and to develop a genuine curiosity about clients’ lived experiences. Training programmes should also consider the integration of indigenous approaches to mental health. These frameworks may serve as complementary tools alongside conventional Western therapeutic models, helping practitioners to better understand and address the cultural dissonance clients may feel when accessing therapy. For instance, the use of culturally relevant metaphors or rituals could aid in bridging gaps between client and therapist perspectives.

Furthermore, the findings highlight the importance of therapists demonstrating awareness and respect for cultural norms, as small but meaningful gestures can significantly enhance clients’ sense of being understood. For example, therapists might incorporate culturally relevant examples or ask clients about preferred ways of

expressing emotion, rather than defaulting to Western paradigms of emotional articulation. This approach is especially vital for communities, like the Turkish population, where stigma around mental health and therapy can remain a significant barrier. Therapists should also be trained to adapt their interventions flexibly, incorporating strategies that align with clients' cultural values. For instance, therapists could explore the role of family dynamics, community support, and shared identity in promoting resilience and recovery.

Potential of podcasts and social media as tools to disseminate findings and promote cross-cultural engagement in mental health care is another potential key recommendation. Podcasts, in particular, offer an accessible and widely consumed medium to reach both professionals and the general public. These platforms could host discussions on topics such as culturally sensitive therapy, lived experiences of accessing therapy as a minority, and the integration of indigenous approaches into Western mental health frameworks. For example, a podcast series could include interviews with therapists experienced in working with minority populations, reflections from clients who have successfully navigated therapy, and insights from researchers in the field. Such content would not only raise awareness about the importance of cultural sensitivity in therapy but also create a space for dialogue and shared learning. Social media platforms could further amplify these discussions by providing bite-sized educational content, infographics, and live discussions or webinars. These efforts would aim to demystify therapy, reduce stigma, and provide actionable insights for both practitioners and clients. By embracing the potential of digital media, researchers and practitioners can engage diverse audiences and bridge the gap between academic research and practical application. Finally, future research should explore the experiences of other minority groups to further understand the barriers and facilitators of culturally sensitive therapy. Additionally, collaborative research with therapists from diverse cultural backgrounds could provide a richer understanding of how cultural humility and decolonised approaches can be practically implemented in therapy.

Overall, the findings from this study underscore the importance of cultural sensitivity in therapeutic practice and the need for tailored approaches that respect and accommodate the cultural backgrounds of clients. These recommendations

emphasise the need for a multi-faceted approach to addressing the challenges identified in this study. By incorporating culturally sensitive practices into training, therapy, and public outreach, mental health professionals can foster more inclusive and effective therapeutic environments. Additionally, leveraging podcasts and social media provides a promising avenue for disseminating findings and promoting cross-cultural engagement in mental health care. These steps will help ensure that therapy becomes more accessible, relevant, and impactful for diverse populations, including the Turkish community.

Significance for Counselling Psychology:

Counselling Psychology adopts a more holistic approach in order to understand the emergence and maintenance of human distress. It does this by locating the behaviour and experiences of service users within a biographical, developmental, and social context. This challenges the dominant role and ideological power within the therapy relationship and allows for the achievement of the "real" level evidence that seems to be lacking in the evidence base. According to the British Psychological Society's 2021 Code of Ethics and Conduct, Counselling Psychologists should make sure that the power of influence is managed properly. It is intended that by giving service users a voice in this research, the findings would provide them some influence and power, as well as help counselling psychologists and other health professionals better understand how to engage with this population. The goal of this study is to produce alternative knowledge from the perspective of the service user to be used in clinical practice in a variety of settings, therefore the implications are especially relevant and significant to counselling psychology.

Future Research and Directions:

As mentioned previously, there has been a lack of research studies that explore mental health issues within the Turkish community in the UK. Therefore, the findings of this study can be used to build on future research that focuses upon the Turkish population. Given that every participant in this study were English speaking Turkish individuals, it would be worthwhile to carry out research on the therapeutic experiences of Turkish people who only speak Turkish. If they are interviewed in

their native tongue, it will be interesting to see if a phenomenological investigation of the therapy experiences reveals similar insight.

In addition, future research should be conducted to examine how first- and second-generation Turkish people's therapeutic experiences differ from one another. The second generation of Turkish people were born and nurtured in the United Kingdom, in contrast to the first generation. One could claim that because of their increased exposure to western society, they are more acculturated to the western culture, which can arguably impact how they manage and understand their emotions. Since there is less of a negative stigma associated with expressing emotions in the western society, individuals may be more open to expressing their emotions and seeking out for support even though they may still connect with their Turkish culture. There is also a need for further exploration into the phenomenon of Turkish clients who experience feeling in a strange place when in therapy. It can be beneficial to examine phenomenological research into this area as this can have a direct effect in being one of many of the barriers in accessing mental health services. The findings of this study will help counselling psychologists and therapists better grasp what it means for a client to share their own experiences and collaborate in managing these findings.

The present study has discussed the complexity involved in the experience of Turkish-speaking community undergoing psychological treatment. Participants in the study perceived their experiences as unique and expressed a preference for personalised treatment within the therapeutic context, rather than being treated according to a standard protocol. Furthermore, Participants in this study talked about different stages within their treatment journey and different positioning in response to their therapists and the different impacts of systemic challenges. Based on these findings, psychologists are advised to explore and consider socio-cultural factors, placing the participants narratives into context, taking into account service user's worldview to be able to offer more individualised treatment. As Mearns & Cooper (2005) points out our understanding of individual's distress cannot be separated from the context. Furthermore, understanding the heterogeneity and complexity of psychological treatment experience in ethnic minority groups, may enable

Counselling Psychologists to be mindful of, and to challenge existing cultural discourses within their practice.

Epistemological and Methodological Reflexivity:

According to Yardley's (2000) transparency and coherence criteria, I have kept mindful on any potential influence on my personal beliefs that may have had an impact on the findings of this study. It is reasonable to recognise that my personal beliefs and opinions may have had an impact on how I interpreted the participants' quotes and how the themes have been put together. As this study adopts a critical realist ontological position with a slight tendency to the position of a moderate social constructionist epistemological approach, it is not surprising that I believe there is the existence of multiple realities, and the individuals construct their own version of reality through the process of communication and perception (Eatough & Smith, 2008). Consequently, the findings of this research are a representation of how the participants constructed their experiences on the area of research in addition to how I interpreted their experiences.

As the study adopted an IPA methodology, it enabled me to capture an in-depth understanding of the lived experiences of how Turkish clients make sense of their therapy experiences. The IPA method of analysis was selected because it was thought to be the most appropriate approach for providing an answer to the research question and producing the kind of knowledge I wished to obtain. This method acknowledges the local, provisional, and contingent nature of knowledge, as well as the possibility of varying interpretations resulting from several viewpoints on the same phenomenon. This was demonstrated in this study where many interpretations, points of view, and perspectives arose from the accounts of Turkish-speaking individuals. Nevertheless, it is important to consider that some participants focused more on the descriptions of the experience and appeared to find it difficult to express thoughts, emotions and perceptions in order to communicate effectively the texture of their experience (Willig, 2001). Where this happened, I was cautious to take contextual factors into consideration and be mindful of not letting my own assumptions and experiences influence my interpretations of the analysis. As proposed by Smith et al. (2021), I followed his guide throughout the analysis stage, rather than giving precise instructions and eventually coming to appreciate the

openness and flexibility of the methodology. This method offered me to overcome barriers and uncertainty, manage my dependence on certain protocols and instructions as well as developing confidence in my ability to evaluate participants' sense-making. The study's analysis phase helped me become a more confident researcher who has confidence in her interpretations and ability to organise themes.

Furthermore, looking back, I must say that I was really uncomfortable when several of the participants confided in me during the interview that they spoke about parts of their treatment experiences which was ineffective and unhelpful. A part of me wanted to explain to the participants why I thought therapy was beneficial and the need to stand up for my profession. In addition, during the analysis phase, when analysing the transcripts that included the unhelpful experiences of the therapy process, I also noticed finding this as a very difficult task. In order to stay as close as possible to the participants experiences, I acknowledged that I needed to bracket off my own experiences from the analysis (Smith et al, 2021). Early on in the research process, I understood that my motivation came from wanting to use this work to give the Turkish community a voice. I believed that I needed to help Turkish patients receiving therapy by lowering obstacles and offering clarifications or even solutions. However, by using supervision and individual therapy, I was able to work towards taking on the position of an objective researcher.

Personal Reflections on my Influence on the Research:

It has been suggested that a researcher should be aware of how their own personal values, beliefs and interests have shaped and influenced their research. In addition, consideration should also be given to how the research has affected the researcher during the process (Willig, 2001). Personal reflexivity aims to explore the positions the researcher has adopted within the study and to understand the interactive process to the ‘self’ and the data.

Born in the UK to Turkish parents who have experienced the difficulties of migration and acculturation, I consider myself to be an individual who is influenced by both Turkish and British culture. I believe my upbringing and cultural background have clearly influenced how the study's research questions and aims have evolved. I have a background in counselling psychology from my education, one may claim that the

knowledge and understanding I have gained from this discipline has influenced the way I carried out the study. Furthermore, I think that the clinical expertise I obtained while a trainee counselling psychologist, specifically training in an organisation with the Turkish community also impacted my understanding of the relationship between culture and therapy experiences.

Throughout the interviews, the conflict between my role as a researcher and my own experience as someone with a similar cultural background and upbringing as the participants was at the forefront of my mind. I took advantage of the fact that the participants had similar cultural values and beliefs to build a rapport. Nevertheless, there were moments when I understood that, in the first few interviews, I had overidentified with the participants' experiences. I noticed that I might have missed further exploring their experiences with expressing their thoughts and emotions when I went back and thought about the interview process. After some thought, I realised that I wanted the participants to feel that I belonged to their in-group and that they could confide in me about their experiences since there was a level of understanding. However, if I continuously asked for clarity, I worried that it would rupture our working alliance. Although there are benefits in having a rapport being built during the interview process, there are also disadvantages in getting overly at ease in the participant-researcher dynamic. Some participant's initiated conversations by asking for my advice on their current situation because they perceived me as a Turkish trainee psychologist. This was a challenge that I had to negotiate and handle. I had to preserve our relationship while upholding my boundaries and reminding them of my status as a researcher.

The new learnings that arose from the reflective process allowed me to remind myself that I should be curious during the interviews and uncover how the participants' made meaning of their experiences from their perspective. Furthermore, the participants' reported that they felt at ease in sharing their experiences with a researcher who was Turkish. I acknowledged that early on in the study, I wasn't sure if the participants would feel comfortable talking about their inner experiences because research has indicated that Turkish people have a tendency to supress their emotions. It was evident from the interviews that each participant could express

their thoughts and emotions without any difficulty, and the participant interviews produced rich data.

Although conducting this research could be described as a challenging experience, I felt that this study sparked a great deal of curiosity and excitement in me. This is especially true because I thought I was able to see the participant narratives from two distinct perspectives. One was seen through the eyes of a British Turkish individual, and the other through the eyes of a counselling psychologist in training. By using these two perspectives, I was able to interpret the participants' subjective experiences from both as an insider and outsider perspective. I believe that the research has also enabled me to understand the belief's, thoughts and even barriers experienced in therapy within the Turkish culture. This understanding encouraged me to re-evaluate a few of my personal beliefs, especially the attitudes towards how Turkish people make sense of their therapy experiences.

Finally, my lack of experience on IPA research may have influenced the data I collected and analysed. Now with more experience in being a reflective practitioner, I believe I will be able to gather richer data from participants in any future research. These observations highlight how inevitably researchers will have an impact on the overall findings of their studies. The impact is inevitable, but it still needs to be recognised as an important part of the study process and findings.

Conclusions:

In this chapter, I aimed to demonstrate how the findings of the study can be a valuable contribution to the field of counselling psychology, particularly in the areas of theory, research and practice. Although there are limitations to the study, I have attempted to provide insight into the subjective experience of how Turkish clients make sense of their therapy experiences. By exploring this phenomenon through a phenomenological lens, the study was able to capture the participants' insights into how thy made meaning of their therapy experiences. The qualitative design of the study and the use of IPA methodology allowed the participants to use the space and reflect on their own thoughts and feelings towards talking about their therapy experiences, and how their experience was shaped by their cultural values and beliefs. The study aimed to show the complexity of this process, and how Turkish

clients manage the dilemma of having to overcome several barriers and difficulties during their therapy experiences.

The findings of this study are important for counselling psychologists because it can allow them to adapt their therapeutic interventions to meet the needs of Turkish clients. Counselling psychologists work with clients from a wide range of cultures and background, so therefore it is important to be aware of the different cultural values and beliefs, and to provide culturally sensitive therapeutic interventions. The guidelines for professional practice in counselling psychology (2024) also states that practitioners should work with individual differences and it is important to remember that a client's cultural background can shape how they view their current situation. I hope that the findings of the study can provide counselling psychologists with further understanding of the influence of culture on how individuals make sense of their therapy experiences, particularly in the Turkish population.

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Chapter 7. Appendices

Appendix 1: BACP Journal Author Guidelines

Appendix 2: Experiential and Exploratory notes example

Appendix 3: Semi-Structured Interview Schedule

Appendix 4: Participant recruitment Flyer

Appendix 5: Information sheet

Appendix 6: Consent Form

Appendix 7: Ethical Approval

Appendix One: BACP Journal Author Guidelines

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- In those scenarios, please do not submit the client's actual written informed consent with your article, as this in itself breaches client confidentiality. Authors should confirm in writing that they have obtained written informed consent but the written consent itself should be held by the authors themselves.
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In the title page *document, a*uthors should provide details on the authorizing research ethics body, its institution, and the reference number of the approval for their study. If the research fell under any of the above described categories, these should also be explicitly named.

Potential contributors may also wish to consult the following resources:

- Falco, L., & McCarthy, C. (2013). Writing for publication: A guide for counseling practice articles. Journal of Counseling & Development, 91(3), 343-348. doi: 10.1002/j.1556-6676.2013.00103.x
- Wilkinson, L. (1999). Statistical methods in psychology journals - Guidelines and explanations, American Psychologist, 54(8): 594-604.
- Morrow, S. (2005). Quality and trustworthiness in qualitative research in counseling psychology, Journal of Counseling Psychology, 52(2): 259-260.

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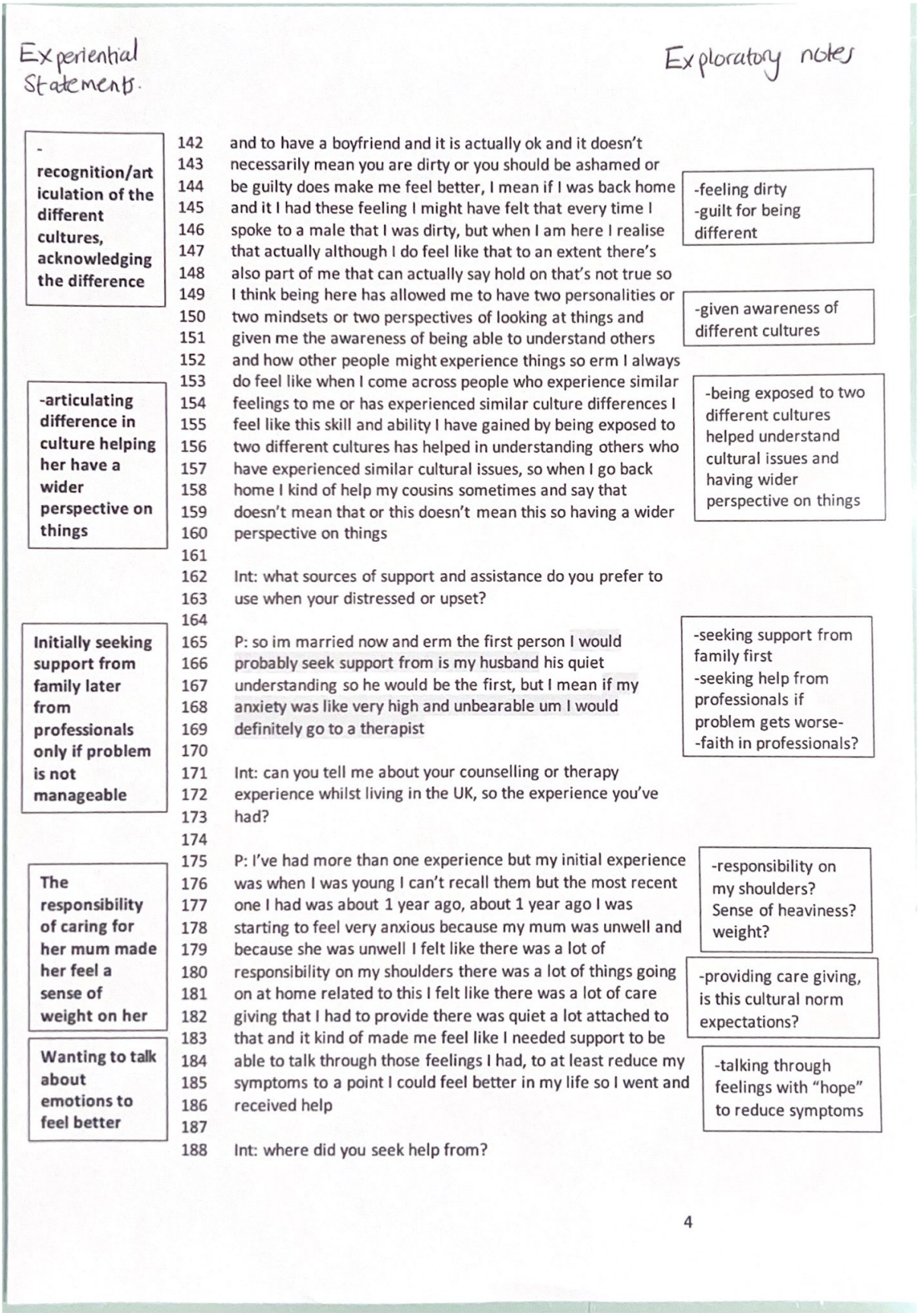
Appendix Two: Experiential and Exploratory Notes Example



Experiential Statements.

Exploratory notes

- recognition/articulation of the different cultures, acknowledging the difference

-articulating difference in culture helping her have a wider perspective on things

Initially seeking support from family later from professionals only if problem is not manageable

The responsibility of caring for her mum made her feel a sense of weight on her

Wanting to talk about emotions to feel better

142 and to have a boyfriend and it is actually ok and it doesn't
143 necessarily mean you are dirty or you should be ashamed or
144 be guilty does make me feel better, I mean if I was back home
145 and it I had these feeling I might have felt that every time I
146 spoke to a male that I was dirty, but when I am here I realise
147 that actually although I do feel like that to an extent there's
148 also part of me that can actually say hold on that's not true so
149 I think being here has allowed me to have two personalities or
150 two mindsets or two perspectives of looking at things and
151 given me the awareness of being able to understand others
152 and how other people might experience things so erm I always
153 do feel like when I come across people who experience similar
154 feelings to me or has experienced similar culture differences I
155 feel like this skill and ability I have gained by being exposed to
156 two different cultures has helped in understanding others who
157 have experienced similar cultural issues, so when I go back
158 home I kind of help my cousins sometimes and say that
159 doesn't mean that or this doesn't mean this so having a wider
160 perspective on things
161
162 Int: what sources of support and assistance do you prefer to
163 use when your distressed or upset?
164
165 P: so im married now and erm the first person I would
166 probably seek support from is my husband his quiet
167 understanding so he would be the first, but I mean if my
168 anxiety was like very high and unbearable um I would
169 definitely go to a therapist
170
171 Int: can you tell me about your counselling or therapy
172 experience whilst living in the UK, so the experience you've
173 had?
174
175 P: I've had more than one experience but my initial experience
176 was when I was young I can't recall them but the most recent
177 one I had was about 1 year ago, about 1 year ago I was
178 starting to feel very anxious because my mum was unwell and
179 because she was unwell I felt like there was a lot of
180 responsibility on my shoulders there was a lot of things going
181 on at home related to this I felt like there was a lot of care
182 giving that I had to provide there was quiet a lot attached to
183 that and it kind of made me feel like I needed support to be
184 able to talk through those feelings I had, to at least reduce my
185 symptoms to a point I could feel better in my life so I went and
186 received help
187
188 Int: where did you seek help from?

-feeling dirty
-guilt for being different

-given awareness of different cultures

-being exposed to two different cultures helped understand cultural issues and having wider perspective on things

-seeking support from family first
-seeking help from professionals if problem gets worse-
-faith in professionals?

-responsibility on my shoulders? Sense of heaviness? weight?

-providing care giving, is this cultural norm expectations?

-talking through feelings with "hope" to reduce symptoms

4

Experiential statements

Exploratory notes

-Cultural differences lead her feeling she has lost her identity

because the way we were brought up back home and the culture and expectations my family and parents have is very different from the culture that I was exposed to here at school so I really struggled to adjust to that and I was kind of almost I felt like I lost my identity at one point because I really struggled to know who I was

Cultural differences made her feel she lost her identity- and struggled to know who she was

Int: what would you say the cultural differences were?

P: for instance my parents were like after school you have to come home and they were much more limiting on the amount of time I can spend out and the friendships I can have or to the homes I could go to whereas at school the majority of my friends would spend time after school they would go to each other's houses and they had more flexibility in that erm and also my parents were stricter with clothing and what I would wear they were more reserved they would prefer me to wear trousers but if I did wear a school skirt I was expected to wear thick tights erm whereas my friends were able to come in with skirts without tights for instance and sometimes it felt awkward especially in the summer I felt like I also wanted to be able to wear a skirt but it wasn't always possible so that was quiet difficult, and like I said my friends were able to socialise more but I wasn't, my parents always had a fear of loosing me being from a different culture I think they had an increased rate of fear compared to my friends parents who were already from this country so they had a fear of loosing me erm and more of a fear of me changing perhaps erm and being different from them I think there fears have affected me and impacted how they raised me as a child and that caused difficulties because it was very different from the culture that I was exposed to at school erm another thing I can think of, for instance in the Turkish culture boyfriends even just having a male friend, socialising with boys or like even the idea of falling in love with someone one day and speaking to a male, having sex, all these factors are very forbidden in the culture, your just expected not to do it its really against the culture especially when I was younger, erm whereas majority of my friends at school they were always more flexible with that, they had a lot of boyfriends and didn't even feel bad about it whereas I had to feel guilty and ashamed and sometimes even dirty for speaking to boys so that kind of put a pressure on me as well. So I guess all these experiences about relationships, being able to socialise and being able to form relationships with anyone particularly with boys as well was really difficult and really different to what a normal person that was born and brought up in this country would probably experience

Examples of different cultural expectations and parenting style

-the different expectations of clothing making her feel awkward, she describes these with providing examples with wearing skirts with tights

Different expectations with clothing- making her feel awkward

Parents having fear of losing her and her changing causing difficulties due to the cultural differences

-recognition of the fear of her parents loosing her due to fear of changing as a result of the cultural differences

Uses the term difficult and different often

Continues talking about the expectations and cultural differences- being expected not to do certain things "against the culture"

-not adapting to cultural differences evokes feelings of guilt, shame and feeling dirty

Differences of culture- Feeling guilty, ashamed and dirty when going against cultural expectations- feeling under pressure

-these differences putting pressure on Azzy- feeling different from others

"Normal person?"- feeling abnormal or out of the norm?

2

Experiential Statements.

Exploratory notes

The pressure of the differences in culture related to stigma and judgment from the community

closeness to British culture despite pressure from family

Fear of changing/adapting to the British culture being meaningless for Azzy

awareness of living in two different cultures based on difference

Int: and what do you think these experiences meant to you what does it mean to you, the cultural differences and the things that you live?

P: erm mean to me, erm I think it feels more like its not fair I think the meaning it held for my family is that we should be careful, we shouldn't change we should stay the way we are because they know the best and you know people around us are going to judge us, the extended family, the other Turkish people in the community may judge us, so the stigma and the people around us might say oh look at them they moved to London and they've changed so my parents always had that fear so I think for them that's what it means but for me its like meaningless like I really don't see a point in why we should be limited so much and I really don't value much of the, erm I get the idea that as parents they want to control us and want to make sure we do well and not do anything wrong but I don't get the point of, I don't get that increased level of fear of losing us there not gonna loose us but they just carry this fear and anxiety that they are going to lose us and that just falls on to us in a very erm pressuring way and it actually does make us become more of an anxious person maybe even more of a depressed, less sociable person it impacts everything, so my feelings are pretty strong like I said it makes me feel really anxious all the time I cant form relationships, even now at this age I feel like my ability to form relationships have been limited, this is like a limitation I have now, erm and my ability to form relationships hasn't really grown so my development in that had been limited because my family has been that way so when I do try to socialise with people I always have this thing that I can't trust people or am I doing right or am I doing wrong so ive always been on the edge, and always have this barrier that almost stops me from being able to socialise with people without thinking about it too much and hence when you do think about it too much it causes a lot of anxiety, anger sometimes and in the long run it leaves me lonely and depressed

Int: so it sounds like you have experienced a lot of difficulties, but have you also had any positive experiences migrating to the UK?

P: yes I mean migrating to the UK has definitely given us positive experiences and for instance if I hadn't migrated to the UK I probably wouldn't have realised the different cultures outside of the one that we was taught so being able to come here and seeing how other people are actually raised and how it is ok to have friends and to be able to socialise with friends,

"Not fair"- interesting description of meaning making- may be feeling pressure
- elders knowing the best
-fear of changing
-Fear of stigma and judgment from the community
-importance of collectiveness in the culture

Complementarity closeness to British culture despite the pressure
"meaningless"- the fear of losing self being meaningless
-clash of generational differences?
-feeling stuck between two cultures?
-feeling pressured
-feeling anxious

Struggles to form relationships

Uses term "limited-limitation" often

-trust issues
-feeling on edge
-having a barrier
-feeling lonely and depressed

-the culture outside of the one taught.. sense of difference

Appendix Three: Semi Structured Interview Schedule:

Research question: How do Turkish clients make sense of their counselling experiences in the UK?

1: What motivated you to take part in my research? (aim is to ease the participants in to the interview process, and encourage thinking about the topic)

2: What does it mean to be a Turkish migrant living in the UK for you?

Prompts:

-Why did you migrate to the UK?
-Whom did you migrate with?
-What difficulties did you experience?
-What positives did you experience?
-What does these experiences mean to you?

3: What sources of support and assistance do you prefer to use when you are distressed or upset?

Prompts:

-Who is the first person you would normally seek support from? .. Anyone else?

4: Can you tell me about your counselling or therapy experience while living in the UK?

Prompts:

-For what problems did you seek help from your therapist?
-How did you choose the service?
-What were your biggest concerns as you planned to enter psychotherapy?
-Did you encounter any difficulties or barriers? Please expand, what worked? What didn't work?

5: What brought you to seek counselling or psychotherapy?

Prompts:

-How did you decide to go about tackling your mental health problems?
-Where did you seek help?
What was your initial expectation?
-What did you think about recommendations you received?
-What was similar or different in what you thought about your problem and how the person you referred to assessed it?
-What would increase the likelihood that you would use psychological therapy?

6: How does the language that you do therapy in make a difference to your experience?

Prompts:

-Which language do you feel most comfortable talking your feelings in?
-Which language do you feel you express yourself best in?

-Have you found that language has created difficulties in your therapy?
-What was it like if you had to work with an interpreter?

7.What was your experience in talking about your emotions in therapy?
Prompts:
-How do you handle emotions?
-What helped you talk about your emotions?
-Was there anything in particular you found helpful in talking about your emotions? If so, what did you find useful?
- Was there anything you found unhelpful when talking about your emotions? If so, what was unhelpful?
-What challenged you the most?

8. Tell me about your therapist…
Prompt:
-Can you describe the therapeutic relationship you had with your therapist?
-What helped the relationship? (gender, culture, intervention?)
-How was it to work with that person?
-What was helpful about your experience?
-Are there things that you think are important that your therapist didn't understand about you?
-What challenged you the most?
-What do you wish had been different in your therapy experience?

9: If you were to give feedback to a therapist working with Turkish clients, what would it be?
Prompts:
-Tell me more about it…
-Expand

10. We're going to finish the interview soon, is there anything else you would like to add?

Appendix Four: Flyer

Department of Psychology
City University London

PARTICIPANTS NEEDED FOR RESEARCH IN *CROSS-CULTURAL COUNSELLING*

We are looking for Turkish volunteers who have had access to therapy in the past year to take part in a study. You will have to be aged 18 years and/or above and be fluent in English language.

You will be asked to take part in an interview regarding your experiences of receiving psychotherapy and or counselling. Your participation in this study will be voluntary and your identity will be kept anonymous throughout the study

Your participation will involve one session
lasting approximately 60 minutes.

Interviews will take place at City University of London. In appreciation for your time, your travel expenses will be reimbursed.

In order to prevent psychological distress, you will not be able to participate in this study if you currently suffer from mental health problems or currently under psychotherapy treatment.

For more information about this study, or to take part,
please contact:

[redacted]

This study has been reviewed by, and received ethics clearance through the Research Ethics Committee, City University London [insert ethics approval code here].

[redacted]

Appendix Five: Debrief Information Sheet

How do Turkish clients make sense of their counselling experiences in the UK?
DEBRIEF INFORMATION

Thank you for taking part in this study. Now that it's finished we'd like to tell you a bit more about it. This study will be looking at the experiences of what it is like for Turkish clients to work with emotions in therapy.

Thinking about your experiences may have left you feeling low or upset, this is quite normal and often passes after a few days. However, if these feelings persist there are local sources of support and comfort which may already be familiar to you. The most immediate sources of comfort and help are likely to be your own family and friends or someone that you trust. If you are concerned about your psychological well-being, then your GP may be able to refer you to more specialised local support services such as counsellors. A list of services which may be of use are also stated below for further support.

Community Organisations:

- You can get support from DERMAN which is a charity organization in Hackney providing various services including culture-sensitive counselling in Turkish to the Kurdish, Turkish, Turkish Cypriot and Eastern European Turkish immigrants, asylum seekers and refugees whose understanding and expression of emotional distress is addressed within the context of their own cultural background.

DERMAN: The Basement, 66 New North Road, London N1 6TG
Tel: 020 7613 5944 Tel / Fax: 020 7739 7893.
E-mail: services@derman.org.uk.

- You can also get counselling services from IMECE which is a woman only organisation. It is a non-profit organisation which aims to empower Turkish/Kurdish/Turkish Cypriot women, by providing culturally sensitive services in Turkish language and through raising awareness on important issues including domestic violence, racism and the legal rights of women.

IMECE: 2 Newington Green Road, London, Islington, London
Tel: 020 7226 7599 / 020 7354 1359
Email: info@imece.org.uk

- You may also prefer using services which are not Turkish. In this case I can suggest Mind in Hackney who aim to empower people with experience of

mental health problems, through the delivery of innovative, collaborative services, developing mental wellbeing, resilience and recovery.

Mind in Hackney: 8-10 Tudor Rd, London E9 7SN
Tel: 02085252301

- Or you can also get free counselling from **Samaritans** by calling 116123. Samaritans can offer you a safe place for you to talk at any time you like, in your own way, about whatever's getting to you.

Although I cannot guarantee the quality of services these organisations provide, it may still provide some benefit in case you experience negative effects from this study.
Participants can contact the researcher if they have any queries or concerns relating to the study. Contact details are listed below.

I hope that you have found the study interesting. If you have any other questions, please do not hesitate to contact me or my research supervisor at the following:

Contact Details of the researcher and research supervisor for further information:

Miss Nilgun Ozdemir

[redacted]

Appendix Six: Consent Form

Consent form

How do Turkish clients make sense of their counselling experiences in the UK?

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being conducted and what it involves. Please take time to read the following information carefully and discuss it with others if you wish. Please also feel free to ask questions if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

Considering the high prevalence of mental illnesses among the Turkish population and the underutilisation of services, there is a need to study the psychotherapy experiences of this population. This study will therefore be looking at the experiences of how Turkish clients work with emotions in therapy. The aim is to give voice to the experiences of a population who are largely invisible within counselling psychology research in the UK, and help identify the barriers that may restrict this ethnic groups access to mental health services. This study is undertaken as part of a Psychology doctorate programme at the City University of London.

Why have I been invited?
You are being approached to take part in this study because you fit the requirements of the participant for this study. You are a Turkish immigrant from mainland Turkey, are fluent in English language, aged 18 years or above and have had access to therapy in the UK within the past year for a minimum of six weeks, lived in the UK for at least ten years, and plan to stay in the UK for the predictable future.

Unfortunately, in order to prevent psychological distress, you will not be able to participate in this study if you currently suffer from mental health problems or are currently having psychotherapy treatment

- **Do I have to take part?**

Taking part in this research study is **entirely voluntary**. It is up to you to decide whether or not to take part. You have the right to avoid answering questions which are felt to be personal or intrusive. If you decide to take part in the study you will be asked to sign a consent form. If you give consent to take part, you still have the right to withdraw from the study at any time you wish. This will not affect any future treatment and you will not be penalised if you wish to withdraw. If you decide to withdraw from the study after taking part the information collected as part of the study will not be used in the study.

- **What will happen if I take part?**
  - The interview will last approximately one hour
  - You will only meet the researcher once during the interview process
  - You will be asked questions about your psychotherapeutic experience.

- You will not be asked any personal information, however, will be asked to give your age and gender in order to distinguish between participants
- The research will be taking place at City university

Expenses and Payments

You will not be required to make any payments to take part in this study, and will be reimbursed your travel expenses after the interview by cash.

- **What do I have to do?**
  You will be expected to take part in an individual interview and answer questions regarding your psychotherapy experiences.

- **What are the possible disadvantages and risks of taking part?**

  It is unlikely that you will experience any difficulties as a result of taking part; however, during the interview process, it is possible that you may feel distressed when discussing your experiences. You may also request to take a break or stop the interview at any time. You will be provided with a list of organisations who offer support, should you feel you need help with distress or difficulties.

- **What are the possible benefits of taking part?**

  You will not benefit from participating from this study in a financial matter, though your travel expenses will be reimbursed. Nevertheless, the results obtained from this study has a potential to benefit future Turkish immigrants who will have access to therapy services in the UK.

- **What will happen when the research study stops?**

  You will be informed if the study is stopped and will be given information about storage, collected data or any destruction regarding your participation.

- **Will my taking part in the study be kept confidential?**

  The researchers work is supervised by Julianna Challenor, for this reason the researcher will discuss aspects of the research with him/her. Information you share over the course of your involvement in the research will be treated as confidential. This means that personal information about you will not be shared with anyone else. Your name will be replaced by a number or another name in order to maintain confidentiality and anonymity. The information will be stored in a safe locked location which will only be accessible by the researcher. However, if reporting of violence, abuse, self-inflicted harm, harm to others or criminal activity is reported the researcher will have to share this information with the supervisor.

- **What will happen to the results of the research study?**

  The results of this study will be reported in a thesis format and will be submitted for the doctorate in counselling psychology. The thesis will be publicly available...and some parts may be published in academic journals. If you would like to know more about the findings of the study, the researcher can send a summary of the findings to you.

- **What will happen if I don't want to carry on with the study?**
  You are free to leave the study at any point, without any explanation or penalty at any time during this study. You will be able to withdraw from the study after taking part up until until writing up starts, after which it will not be possible to remove the data.

- **What if there is a problem?**

  If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: Exploring the psychotherapeutic experiences of Turkish immigrants in the UK

- City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

- **Who has reviewed the study?**
- This study has been approved by City University London Research Ethics Committee, [*ethics approval code to be confirmed*].

- **Further information and contact details**

  [Contact details of someone who will answer any inquiries about the research (include details of supervisor/s if the researcher is a student). Only University email addresses and phone numbers should be used.]

  Thank you for taking the time to read this information sheet.

Appendix Seven: Ethical Approval

CITY
UNIVERSITY OF LONDON
EST 1894

Title of Study: How do Turkish clients make sense of their counselling experiences in the UK?

Ethics approval code: [*Insert code here*]

		Please initial box
1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: • being involved in a semi-structured interview whereby I will be asked questions about my experiences • allowing the interview to be audiotaped	
2.	This information will be held and processed for the following purpose(s): *To answer the research question* and provide knowledge to the counselling psychology field. *[Research to add/delete the following as appropriate prior to use]:* I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

_____	_____	_____
Name of Participant	Signature	Date
_____	_____	_____
Nilgun Ozdemir	Signature	Date

When completed, 1 copy for participant; 1 copy for researcher file.

Psychology Research Ethics Committee
School of Arts and Social Sciences
City University London
London EC1R 0JD

19th December 2017

[redacted]

[redacted]

Project title: How do Turkish clients make sense of their counselling experiences in the UK?

I am writing to confirm that the research proposal detailed above has been granted approval by the City University London Psychology Department Research Ethics Committee.

Period of approval
Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period you will need to apply for an extension using the Amendments Form.

Project amendments
You will also need to submit an Amendments Form if you want to make any of the following changes to your research:

(a) Recruit a new category of participants
(b) Change, or add to, the research method employed
(c) Collect additional types of data
(d) Change the researchers involved in the project

Adverse events
You will need to submit an Adverse Events Form, copied to the Secretary of the Senate Research Ethics Committee ([redacted], in the event of any of the following:

(a) Adverse events
(b) Breaches of confidentiality
(c) Safeguarding issues relating to children and vulnerable adults
(d) Incidents that affect the personal safety of a participant or researcher

Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event. Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch.

Kind regards

[redacted]