

No Eureka moments!: Counsellors' perceptions of triadic therapeutic relationship with non-English speaking clients

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Abstract: This article explores how counsellors made sense of counselling and interpreting processes when working with non-English speaking clients. This research is part of the author's doctoral study which aimed to explore the dynamics of the triadic therapeutic relationship between interpreters, counsellors, and non-English speaking clients. Research was designed as a qualitative inquiry using data triangulation which was executed in two ways: First, two focus groups were held with a group of interpreters and counsellors; second, three groups of in-depth interviews were held with interpreters, counsellors and non-English speaking clients.

This article reports the findings of the counsellors' data. Results show that counsellors had to work through highly dynamic stages, dealing with unknowns and surprises; experienced significant dilemmas; lacked in proper training and supervision. Working through interpreting and translation made them feel cut off from the dynamic processes, acknowledging that triadic therapeutic work requires extended personal and professional qualities.

They overall enjoyed their experience, finding whole processes as a big 'learning curve'. Finally, their suggestions include better leadership in making decisions in the education and mental health fields, and better prepared and tailored courses that match the needs of the broader and more diverse trainee profiles.

Introduction

In Britain, ethnic communities are often described under an umbrella term BAME. BAME stands for Black Asian Minority Ethnic, and includes people from Black African, African-Caribbean, South Asian, the Middle East and Chinese heritage. It also includes other white and non-white minority groups whose cultural heritage differ from that of the majority population (National Institute for Mental Health in England, NIMHE, 2004).

The impact of culture on mental health is inevitable as it affects the ways of being, behaviours, interpersonal relationships, and understanding of their environment (Lago, 1996; p.34). Cultural sensitivity has become important in psychotherapy research and practice. In response to the growing ethnic minority population and the increased demand for psychological services, many therapists and researchers have attempted to identify competencies and guidelines for providing culturally sensitive approaches to treatment (White, Gibbons and Schamberger, 2006).

Research on counselling and psychotherapy with ethnically diverse clients report that 'indirect' indices of outcome such as premature treatment termination and length of treatment vary amongst groups, for example black clients were found that they used services less than white clients in the UK (Greene, Richard and Roberts, 2008), and Surinamese, Antillean, Turkish and Moroccan women in Amsterdam were found using mental health care services less than native born women (Crijnen, Bengi and Verhulst, 2000). The ability to conduct therapy effectively with ethnically diverse populations is an important competence. It is challenging, and demand is increasing (Bhui, Morgan 2007). Cultural sensitivity involves therapists' willingness to address issues of race and ethnicity. Clients from certain cultures find counselling useful only if it is active, open, and explicit, and some cultures may not respond appropriately to reflective approaches (Triseliotis, 1986).

An effective counsellor is expected to find a shared language (D'Ardenne & Mahtani, 1999), which can be achieved through cultural and ethnic matching that ensure understanding the client's cultural background, an openness to modifying treatment (McLeod, 1998) and beneficial effects on treatment utilization and outcome (Yeh, Eastman & Cheung, 1994).

Interpreting is a highly dynamic process in which each part has their own expectations and preferences, and traditionally takes place in assigned rooms as a triadic relationship containing three individuals: the client, the interpreter and the professional. The power relationship within the triadic framework changes and affects individuals during the therapeutic process. Having an interpreter can make therapists feel observed or scrutinized, interpreters might be experienced by clients as more powerful and experienced than the service providers.¹ Clinicians similarly might project their own critical superego onto interpreters (Blackwell, 2005).

¹Spector, S, Briedis, J. & Rebori, V. The Triad of Interpreted Psychotherapy. Unpublished manuscript.

This indicates a challenge for therapists working with non-English speaking clients because communication is halted by the interpreting/translation process, and emotional attachment proves difficult to achieve. Consistent and clear communication between clients and therapists are therefore argued to improve the outcome of therapy in terms of maintaining rapport (Hunt et al., 1985) and overall satisfaction (Dormaar, Dijkman, and de Vries, 1989).

Miller et al. (2005) have reported that therapists are more appreciative of interpreters' contributions than before, but that they are stressed by aspects of the interpreters' ways of working, such as omitting or adding to what was said. They also feel more self-conscious in the interpreter's presence. Kaufert & Koolage (1984) added that therapists felt hostile when interpreters went beyond their remit. Burchell (2009) understands the therapists' feelings of depression and trauma as a 'secondary trauma'; a form of 'negative counter-transference'. Therapists can experience similar physical responses to those of the client such as anger, helplessness and even antagonism towards the client (ibid, p.7). Some therapists regard interpreters as 'invisible members of the team', an 'unfortunate necessity' and an 'obstacle' to therapeutic contact with the client (Miller et al., 2005; p. 30).

Despite these challenges, however, most therapists view the interpreter's role in more relational terms, so that the interpreter is regarded as an integral part of a three-person alliance (ibid, 2005); and as someone who witnesses the client's story, increasing the trust within the triad (Fox & Gardner, 2004).

Aims:

This stage of the research aimed to explore how counsellors viewed the whole process of providing emotional support to non-English speaking clients through a third party, the interpreters. Following main questions were asked:

- What was it like working with non-English-speaking clients?
- Has anything surprised or concerned you in working with ethnically different clients through interpreters?
- To what extent did you feel that the session worked, and the client was helped?

Method

The research was designed as a qualitative inquiry to obtain deep and rich lived experiences (Marshall and Rossman, 2014). In this regard, qualitative methods are well documented techniques in understanding people's social and emotional experiences and their feelings (Sheehan et al., 2012; Liamputtong, 2007). It was also chosen as qualitative research methods acknowledge the researcher as an active agent and part of the process (Miles and Huberman, 1994). The researcher has socially and emotionally involved as a mental health practitioner, interpreter and an immigrant. The study is therefore exploratory and interpretative.

Throughout the whole research, topics were explored using triangulation techniques to ensure the quality of the research exploring the concerned phenomena by consulting three members of the triad (Wilson and Hutchinson, 1991). Two types of triangulations were used: sample and data collection. Three research samples and two data collection techniques were used, namely focus groups and semi-structured interviews.

Data collection

Data was collected through focus groups and semi-structured interviews with a group of counsellors and five in-depth interviews with different counsellors. This data was merged and analysed. The main reason for using focus group was to understand the topic within a group dynamic. Focus groups facilitate talks around feelings and opinions when the topic is not too sensitive (Field, 2000). Also, I aimed to identify the topics concerned and to derive the questions to ask in the interviews later. Semi-structured interviews were followed to explore the issues touched upon in the focus group. In-depth interviews are defined as purposeful conversations (in Banister et al, 1994) and are powerful tools in studying perceptions and appropriate for addressing sensitive topics. They also allow the researcher to tailor bespoke questions throughout the interviews when the participants bring in further relevant topics (Etherington and Nell, 2011).

Recruitment and Setting

The focus group and most of the interviews took place at a local counselling organisation that offered talking therapies and capacity building courses to clients such as asylum seekers and refugees. Ethical approval was obtained from the University of Leicester. Health and safety checks were confirmed by the organisation; risk assessment was carried out by the researcher. Before starting off, the participants were briefed, consent was obtained, anonymity was maintained, and recordings were made. The group talk lasted one and half hours, and each interview lasted between 45 to 90 minutes.

Analysis

Thematic analysis was used for the analyses. Thematic analysis provides an appropriate lens through which dynamics of the triadic relationships can be looked from inside and outside. It is a theoretical and flexible technique for all qualitative analyses and therefore has a wider applicability (Braun & Clarke, 2006). It is a process of recognizing the patterns within the data (Fereday and Muir-Cochrane (2006, p.4). This recognition is however mainly shaped and helped by the researcher's skills and experiences as McLeod (2001) reminds that patterns of meanings would not emerge by themselves. This process expectedly involved several re-readings of the meaning units, categories and themes, and repeated checks done by both the researcher and others. Thematic analysis is well described by Braun & Clarke (2006) who named the six-steps as 'Familiarisation with the data; Generating initial codes; Searching for themes; Reviewing themes; Defining & Naming themes and Producing the report (p.87)'

Findings:

Socio-demographic information

The average age of the counsellors was 44.8. The average time of being in this work was 7.5 years. The average stay in the UK was 45.8 for the interview group only. Three of them were Europeans, three were Africans, and one was Asian. Seven stated that they were bilingual/ bicultural. Seven stated that they did not receive any training towards working with ethnically different clients.

Thematic analysis

The analyses of the whole data yielded three themes, twelve main categories, thirty-seven sub-categories with six hundred and forty-nine corresponding meaning units in total.

Theme A: Dynamics of the triadic therapeutic relationship

This theme concerns the underlying dynamics of the three-way relationships, and how the counsellors worked for the best outcome for all members of the triad. Counsellors' responses reveal that the whole process of offering emotional help through a third person was challenging, complex, yet educative, pushing the limits of the services and skills of the counsellors. It consists of three categories.

Counsellors' ways of practising

Trust and alliance were argued to be the milestones on the route to a satisfactory therapeutic relationship. Participant responses show that they achieved it through well-thought-out engagement practices which include establishing therapeutic alliance and trust, handling power relations well and engaging with interpreters further. Trust and alliance were argued to be established by understanding clients' mental maps and cultural background well and exploring their meaningful constructs by attending to what they said as well as not said.

One counsellor flagged up the necessity for picking up the unconscious by digging down into the client's story, arguing that as soon as the clients felt heard, the healing process started:

'...when I asked what brought them here...their unconscious will pick up all the stories.... I have fundamental belief that people have capacity than the reason why they don't succeed is to do with things that are going on within them, that blocks them.' (P Sonia)

Participants acknowledged that a three-way relationship takes a longer time to establish and settle, and hence clients need more time to understand how things work and to trust the process. During this process, clients should be informed about the procedures, the culture of the organisation, and interventions to be used so that clients will be familiar with the counsellor and activities in due course.

'...I will let that go for a couple of sessions to be begin with until they are able to check out with me how much they can trust me...' (P Maria)

Another way of establishing trustworthy relationships with clients mentioned was working with interpreters closely. Alliance helped the counsellors to monitor what was happening to both clients and interpreters, to verify potential frustration and allow for the transference of feelings. Some counsellors emphasized the significance of developing emotional and intellectual engagement with interpreters for mutual understanding, treating interpreters as team members. This counsellor however highlighted the impact of an adverse scenario:

'... one counsellor could not achieve that alliance because he had an interpreter whom he could not work with... We should do everything to reduce any kind of risk that causes alliance not working.' (Yan-678)

Similarly, the management style of the therapeutic encounters, the ways in which the counsellors handled the sessions were noted as significant. Some practitioners focused very much on how to set the scene and the goals from the beginning in order to decide which roles and rules to follow and monitor other usually unspecified details such as seating arrangements. Some participants were particularly adamant in making clear who should have the control and responsibility in decision-making and monitoring the well-being of all involved.

'...the clinical judgment has to come from me not from the interpreter...because my job as a clinician is to get essence of something is not quite right. I need to find out what it is and it maybe that it actually the client is not understanding whole thing...'(Maria-215)

An emotional and blind process

This category highlights the complex and challenging nature of the counsellors' work. The entire process was described as highly emotional for all involved. The dynamics of the process were shaped by working with clients from multi-cultural and multi-racial backgrounds. Participants argued that they had to further deal with unknowns, challenging and traumatic cases such as war-related tortures, traumas, homosexuality, marital and ritual practices. They further noted that working with cultures, meanings and translations made it like a 'blind process':

'...you deal with sense of isolation, abandonment, unknown world, it's like working with disability...'(Sonia-207)

Another counsellor described the process 'a broken rhythm' with various communicative losses because of the disrupted flow.

'...When you have the third person.... You have a moment where you go 'arrrrh!!! that's what is about!' and then the client recognizes that...It is very difficult to do that with another person unless you are having a joint eureka moment with that individual...'(Yan-90)

Some participants shared that they were lacking not only in understanding clients' language and their cultural background, but also in knowing what they could bring into the sessions. They reported their frustration of missing some of the meanings and verbal and non-verbal clues due to working through translation. One participant explained one of the surprises in which the counsellor had no idea about that a cultural practice, while the interpreter had been fully aware of it:

'...a good one is circumcision! So, you could have the interpreter and client being very normal about female circumcision whereas the counsellor was actually being very shocked by the realities of it...'(Yan-417)

Client characteristics

Dynamics of the triadic therapeutic relationship were argued to be also shaped by the very characteristic of the clients in terms of what they brought to the counselling. These include their mental and emotional constructs, how they think, feel, and behave. Participants noted that for their clientele, trust was the key issue as they tended to be afraid of the authorities. This made them apprehensive towards service providers and worried about confidentiality as to what to share with interpreters and thus service providers.

'...in some countries, every other person is frightened...I had to have someone interpreting for...And for the first ten minutes of any engagement with some, they quiz you solidly about the person who is interpreting for you.'(Yan-180)

Although clients were not expected to know all the necessary information, the counsellors acknowledged that some clients lacked in basic skills not only in the language of the host country but also in their own language. They could not grasp how the health system and talking therapies work. One participant therefore suggested referring sources such as general practitioners inform clients about what to expect:

'Some of them don't know what's going on...and half of them walk out because they don't know what it entails....'(Zishan-300)

The counsellors also explained that their clients were not only suffering from mental health difficulties but also health and social problems including losing their accommodation and loved ones or living in poverty.

'...changes were very slow because there was a lot of medical problems...So, there was not just emotional, psychological issue, there was the medical problem....'(Jane-77)

Theme B: Vicissitudes of therapy and interpreting fields

This theme concerns field-related issues in which the counsellors operated and experienced the organisational and societal impact of their fields. It consists of five main, fifteen sub-categories and one hundred and ninety-four corresponding meaning units.

The third dimension: Interpreters

This main category draws attention to the dynamics of the triadic relationship in relation to the third party joining to the dyad. To the counsellors, interpreters both had a significant influence on the therapeutic relationship and were influenced by the processes. They acknowledged that interpreters could give rise to both positive and negative emotions and attitudes depending on the context and circumstances. Their presence could on one hand trigger deep political and historical debates; their absence on the other hand could stimulate the advocacy for basic human rights on behalf of clients.

This participant saw interpreters as agents challenging the systems, arguing that the presence of interpreters might be seen as an obstacle for something else such as imposing subtle challenges to the established system. She elaborated on why providing interpreters for asylum seekers and refugees stimulated tension in some contexts particularly those that are not as fully inclusive and caring as they claim.

'...when we don't learn English, when we don't comply with others, they then are faced with 'Oh my god! We are going to have/ make special allowance for...who don't speak English! So, there is always, uhm, resistance, as much as is wanted...to providing that because...it makes them feel... 'not good enough.'(Sonia-455).

Another counsellor looked at the reparative aspect of having an interpreter in the team.

'...the interpreter and the therapist together are like a kind of parental dyad...So, particularly for the people [who] were traumatized, it is very safe to have two people...'(Maria-135)

However, counsellors did not only care for clients but also observed how interpreters became vulnerable when working with complex client stories. They observed interpreters as anxious, confused and fearful.

'...You know, the sort of slaughter of a family!... Being in a room with somebody who has experienced that...and interpreter is coming out a very naïve about being war-torn and tortures and war-torn environments...'(Jane-286)

Counsellors explained that they were influenced by the interpreters' involvement in two ways; feeling either competent or confused. Interpreters' impact on the clients were well observed particularly they put clients at ease by engaging with them quickly, explaining matters adequately, making them understand how the system and counsellors work, what the interventions involved and how things were to proceed:

'...as long as the relationship and alliance have been built between the interpreter and the client, then client feel safe, communicating their own language and talk about their issues. Then there will be more in-depth conversation.'(Flora-708)

Similarly, negative feelings were observed in the clients and practitioner did not know exactly why it was. One counsellor explained it with a poor match between the client and the interpreter.

'At the start, the client was not happy, because the interpreter had the fear of judgements from the interpreter...'(Jane-155).

Lost in translation

This category concerns language and translation issues manifested as both facilitating and limiting constructs. These issues include difficulties in the translation of culture specific concepts, overwhelming ambiguity between what was said and what was interpreted, the interpreters' potential rendering on interpretation, and how the participants found out the inconsistencies.

Mismatches and gaps occurred between translations provided by the interpreter and what was said by the service provider. Participants reported that they did not get similar or expected reactions from the clients on several occasions where they could tell what the clients would say. Although the participants agreed that one language might not match the other language, a concise summary given by the interpreter of a long talk by the counsellor was not welcomed.

'...there is so much more going on when the interpreter is speaking to the client...And when they come back to you, it is just two words...and you [are] like 'Where [does] that come from?' (Ruby-103)

The language of therapy and counselling might sound unfamiliar and might be unsympathetic to some clients as these concepts were developed with and within the western thinking patterns. It is therefore imperative for interpreters to grasp the meaning of some cultural concepts like anxiety and other metaphors both in the target and the source language:

'...it is the metaphor-that is what you are looking at, if you are dealing with different languages, you get none of that. You [have] got to rely on the interpreter to be able to tell you the metaphor...Unless they understand that you won't be able to do that...(Yan-119)

Although interpreters try their best to convey the most accurate meaning for counsellors and clients, it was still be challenging to achieve this concisely. Therefore, interpreters tend to provide further explanation, which may cause further concerns in some counsellors in terms of the interpreters' rendering of the translation. Participants argued that they were most annoyed by the time gap existing between the utterances made and the translation provided, describing it as 'Getting lost':

'...No editing! Tell me what they say...I needed to understand what's going on in between...because it is often what is being omitted is as important as what it is said.' (Sonia-67)

Participants further depicted that they were able to identify and feel the missing inputs, fragmentation, untranslated or uninterpreted parts of the conversation and the interpreters' slant. They explained that they closed these gaps by using their experiences gained over time:

'I pick it...by looking at the response and how the interpreter translates it. And I am looking at their eyes in a way that they click in brain, then I will say to the interpreter: 'Can you tell me what you have said...?' (Yan-492)

Organizational Competence

This category demonstrates the ways in which solutions for the emerging issues and challenges were developed in the pursuit of demonstrating organizational competency. Technical and practical issues ranging from working under and within organisational culture to dealing with constantly changing managerial arrangements were perceived as challenging. The counsellors stated that they had to work under substantial organisational constraints, and experienced difficulties in working with interpreting agencies and interpreters, arguing that the ways of organisations set up, their approaches, and staff perspectives influenced their practice and hence the outcomes.

Counsellors argued that competencies were needed both individually and organisationally; some counsellors believed that working with practitioners with multiple languages and a wide range of counselling skills could be the answer whereas others thought that the relationship with interpreters should be regulated.

They were frustrated about the use of untrained interpreters and unregulated practices such as being forced to work with family members or friends of the clients and dealing with the ways in which interpreting agencies operated. One counsellor claimed that some agencies even did not allow counsellors to have contact with interpreters prior to sessions:

'... when the triage comes into the room for counselling, client and interpreter..., that will be the first time they meet.'(Flora-294)

Some participants had to work through various constraints that include bureaucracy in paperwork, limitations in activities and time and other managerial arrangements:

'...it's about finances....It's rushing until to get the next person in the seat so that you can get another...This is my experience...with the NHS...Therapists are under pressure to get the clients seen and out without taking the time!...'(Jane-241)

Furthermore, working within intercultural models was argued to be an important aspect of organizational competence when working with diverse clientele. Counsellors suggested that organisations operating in mental health field adopt flexible, inclusive and adaptable approaches.

'... you need an intercultural model because...by having that in regular basis we are learning from each other and we are able to, therefore, develop whole atmosphere that makes people from different cultures happy.'(Yan-602)

They further elaborated on some of the mainstream therapeutic approaches' unsuitability for addressing diverse client needs. In addition to mainstream practices, integrating tailored, unconventional, or complementary therapies were found to be satisfactory procedures:

'Especially men like non-talking therapy because it is freshening and [an] exercise for them...When they do physical activity, their body feels better, and they start talking.'(Yigido-724)

Working with communities was similarly seen as crucial. They explained that to do things effectively and to have a say, it is important to develop competence in the field by enhancing on understanding of clients and communicating these concerns to relevant authorities to improve services. One counsellor suggested an ethnographic approach for mental health professionals to gain sound knowledge and an insight into clients and communities by going and living with them for some time:

'...who better to train them than the people of the community? That's what I say, uhm, you cannot read the manual book and say 'Right, ok, it's easy'. You are gonna work with a heart; counsellors are working with the core of what's going on.'(Rosie-401)

The impact of historical events

Some counsellors elaborated on the long-standing impact of racial and cultural issues even on contemporary matters within the interpreting and mental health fields in two sub-categories: 'Don't remind me of the past' and 'Attitudes to be changed'. The former summarizes how past events such as slavery and racism are still reflected in our personal, interpersonal and organizational affairs. It considers the underlying causes for racially motivated attitudes and practices within the established system. One participant linked the use or non-use of interpreters by the institutions with these historical and political dynamics. She argued that the resistance to providing proper language services has a long history, which involves more than the standard argument that is costly. Using interpreters could reveal the presence of discriminatory provisions, and this resistance could be regarded as a reminder that racism still exists and cannot easily be ignored.

'...the institutions need to get interpreters. But it is costly...It creates friction; it touches on whole issue of racism...We tend to hold all the nuances whatever created by racism, culture so that they can carry on. When we stop doing that, don't learn English, and we don't comply with others, they then are faced with 'Oh my God! We are going to have make a special allowance for...[people] who don't speak English! ...Here, we are providing a magnificent counselling services and they are gonna come and show where we are going wrong... So, there is always uhm resistance...'(Sonia-455)

Overcoming this was argued would be through education. All the counsellors agreed that commonly held misconceptions about the others are reflected in the development of courses, reflecting the culture of institutions. One senior counsellor argued that working with diverse and ethnically different clientele is yet to be

invested in further and that outdated and rigid unwillingness to engage with wider society prevents people from changing their approach.

'...particularly the white middle class tend to opt out, 'not my problem!'. I mean, if you have any cultural course in university, you find everybody from BME community would go to them; everybody white doesn't...'(Yan-633)

Theme C: Good practice issues and recommendations

This theme reports participants' recommendations regarding good practice, professional and personal qualities.

Expected competencies

Counsellors agreed that they should hold and present core counselling skills, undertake appropriate and relevant needs and service assessments, assigning clients for tailored services, and, finally, the ability to educate themselves. The participants suggested going beyond the boundaries of standard practice routines, and argued that being open minded, being fair and unbiased towards the clients' needs and emerging stories helped them to understand better in terms of attending the client's own world.

'...I accept the clients' frame of reference: how they are, their beliefs are, and I come into their world. It doesn't change how I would handle my session, how I would treat them, and I would approach them...'(Jane-83)

Similarly, they felt that they should have enhanced their understanding and knowledge of their clients and communities, and that it was mainly the individual's responsibility to learn that by visiting local cultural and faith places such as churches or mosques, and attending relevant events and trainings.

'...go and read up books, go and talk to communities...so many in Birmingham now...you have got organisations now that designed for Black community, Asian community, Irish community...'(Rosie-475)

Working with and through emotionally charged material throughout triadic therapeutic process challenges counsellors in terms of locating and coping with their own feelings. Counsellors mentioned a wide range of feelings including 'engaged, confident, comforted, reassured, in control, hopeless, worried, stuck, unsure and frustrated'. The ways of handling these required emotional maturity and empathy.

'.... while outside of the room, there is chaos and there are cutbacks...but a good counsellor would stay with the clients.'(Jane-252)

A comprehensive assessment in a multi-cultural and multi-racial context goes beyond the standard counselling practices. Therefore, participants emphasized that an informed assessment involved entering the world of the client, going to the deep roots of their distress by taking clients' personal history as much as they could and including the clients' understanding of mental health and stress, their support mechanisms and help-seeking strategies.

'...for the assessment you have to ask questions, uhhh...about their life, life style, what's working for them, what's not working and uhm what are their support mechanisms... asking what helped in the past, how can they use that again...?'(Jane-98)

The participants detailed which competencies that interpreters should be presenting, asserting that they should have good linguistic skills, the ability to cope with sensitive issues, and having enough knowledge about mental health issues. The counsellors rely on the interpreters' language skills, their ability to use the right terminology and convey the meaning into both languages accurately. They acknowledge that interpreting for counselling differs from interpreting in other contexts and therefore interpreters must widen their knowledge of mental health in general, and of counselling and therapy.

'...it can often be about that they are not actually understand the subtlety of therapy....'(Sonia-39)

They also need to be enthusiastic, curious, and motivated. Being passionate is claimed to be important as it involves a willingness to approach and learn more about the clients and the context in which they are working.

'...when I work with an interpreter, it really works. Because they love what they are doing. You gotta love what you are doing to create that therapeutic alliance...'(Yan-692)

Identified needs

The participant responses on what both practitioners and interpreters are clustered around tailored supervision, and training and experience. When counsellors faced new forms of human suffering, supervision became imperative for them. They needed to offload their anxieties by talking about the cases they encountered, and to ask for further guidance. Some participants asserted that typical supervision practices may not be sufficient due to the ever-changing nature of the work and the needs of clientele. The challenges mentioned ranged from adapting already stretched services to counsellors' needs for a tailored support in the form of supervision:

'...Because you are doing your work, then your doing languages. Then your supervision is with somebody [who] doesn't understand you...It's one of the constraints...If my supervisor was Asian, then I would not have to go around, long winded story, the supervisor would already have that knowledge and it would cut out my chase of having to explain.'(Rosie-495)

Counsellors also argued that their work required regular training and being updated so that they could provide informed services. Although all participants had their counselling training, most of them did not have tailored training towards working with BAME clients. They suggested that training topics should cover awareness of ethical and safeguarding issues, working with diversity, the assessment of needs and how certain models work or do not work.

'...I do recommend training and just to make aware, bringing awareness; things can go wrong and how to manage these.'(Jane-368)

Discussion

This research explored how counsellors made sense of the therapeutic relationship and the interpreting process between interpreters, counsellors and non-English speaking clients. Analyses show that counsellors were concerned with the unpredictable nature of the therapeutic relationship and interpreting process. Their difficulties were mostly caused by the presence of the third person, being dependent on the translation and client related issues. Their views about interpreters were somewhat polarised depending on practitioners' experiences and competence level. Interpreters were regarded both as a great help to their work and as obstacles at times undermining practitioners' confidence. Their main challenges occurred in the areas of working through unknowns, surprises, language, and culture.

Regarding how they coped with these difficulties, the participants attributed this to their training and supervision although insufficient. Results suggest that everyone used their own resources to come to terms with the problem encountered, that things were not always handled well and that caused resentment towards the system. At best, clients were assigned to a better service, interpreters were offered 'one off' debriefing sessions and the counsellors had suitable supervisors with whom they could share the complexity of their experiences.

The results also show that the triadic therapeutic relationship dynamics and interpreting processes provoked dilemmas for the counsellors. One dilemma concerned the extra demands that they had to put up with. They explained that this significantly distracted them from their main role and that being occupied by the activities that did not fit with their work. It also resonates with the researcher's experience as an IAPT practitioner in the NHS where their work was halted by non-therapeutic or administrative tasks. It was also ironically argued that these non-clinical tasks sometimes enabled clients to move on and stayed with the counsellors as they were significant daily life matters for the clients such as dealing with housing issues, adjourning court hearings and so forth. Counsellors described this as being 'Jack of all trades' which refers to doing everything and being distracted by many other things. Removing these obstacles were perceived as helpful for the clients as Delgado et al. (2016) however argues they do not necessarily lead to better therapeutic outcomes.

The other dilemma was related to the use of children as interpreters. Counsellors at times were left to use family members including children to translate for their parents due to lack of others to help and of the right interpreter in that language. There were different opinions about this. One counsellor shared that for a family

who came from a war-torn country, an interpreter who was not known to the client evoked strong mistrust, therefore, depending on the context, children might be treated as trustworthy interpreters. Although the professional codes of practices (BPS, 2008; BACP, 2009) suggest that it is unethical to use children as a bridge, given the sensitive nature of the encounter, some practitioners argue that if the family members feel more trusting and better served, it may prove beneficial.

A subtler dilemma was related to the imbalanced nature of the triadic relationships especially when the client became closer to the interpreter. This control-related matter was of great importance for some therapists. The discomfort lies in the fact that interpreters might become more powerful than counsellors depending on the topics they are working on. One participant was adamant in making sure that the interpreter knew the rule from the beginning that the ultimate authority belonged to the therapist. The dilemma of holding much knowledge and feeling powerful then suddenly becoming helpless and not confident challenged their sense of power. Some clinical psychologists similarly reported the dilemma of feeling powerful and helpless at the same time when working with refugee clients (Munday, 2009). Although mental health workers anticipate that clients may seek further support or comfort in interpreters, they felt that their confidence was undermined, and thus they could view interpreters as 'obstacles' (Miller et al., 2005) or a 'necessary nuisance' (Tribe and Thompson, 2009).

Counsellors also experienced culture-shocks when encountered with unknown situations, stories and surprises ranging from culture specific practices to political exercises. They described their experience as a 'broken rhythm', 'blind process' and 'lacking in Eureka moments' which refer to ever changing, unpredictable nature of their work and therefore not being able to feel complete grasp of their clients. This had impact on their job satisfaction.

Furthermore, the participants extended the underlying reasons for the difficulties encountered to a wider perspective, arguing that the roots of the unjust and inadequate services originated from historical events and political factors such as slavery, and institutional racism, which have shaped the service provision at modern times too. Although not shared by all counsellors, one counsellor and some interpreters in the first leg of the study underlined the impact of racial issues on their practice. Helms (1993) noted that therapists might not be willing to attend to racial and ethnic factors in therapy due to a lack of awareness of racism and how it might impact on their clients but also their unreadiness to explore their White Racial Identity development (see Tuckwell, 2002). Some participants touched on the rigidity of Western thinking when working therapeutically with diverse clients. Some related certain practices to what had happened in the past, indicating the impact of shame and the fear of being called 'racist'. This was another source of dilemma when working with culturally different clients and with interpreters. The literature indicates some fears in exploring one's own identity in the case of Whiteness or White privilege (Malik, 1996; McIntosh, 1998; Tuckwell, 2002). These include the potential loss of "status, money, respect, purpose, life plans, family, friends, pleasure, institutional support and sense of identity" (McIntosh, 2009; p. 7). In terms of affective responses to these issues, Leach, Iyer and Pedersen (2006) argue that anger, defensiveness, and disgust could be a reaction to the injustice of privilege and oppression.

It can be concluded that, based on the findings of this study, counsellors have not adequately been supported towards influential societal issues. In combating these, as some authors suggest that, therapists should be proactively working towards empowering their clients (Chantler, 2005), by sometimes challenging their therapeutic assumptions of being content whatever they have and forcing them to accept the unfairness in the society experienced by many clients (Ancis & Szymanski, 2001; Iyer, Leach, & Crosby, 2003). However, dealing with and working through these challenges may not be easy as there is a lot of stigma attached to that. It is likely that anyone who is willing to take action could become overwhelmed by the magnitude of the subtle difficulties (Feagin & McKinney, 2003). Therefore, it calls for well thought training programmes and supervisors who could take the racial issues on board. Even the researcher reflectively noted that she did not know what to do with the participant responses regarding race and racial issues until her supervisor wanted to work on them.

This brings us to the point where competence becomes highly relevant. The counsellors acknowledged that triadic therapeutic work required extended personal qualities and professional skills to manage the processes with a shared understanding and satisfaction. Their needs are in line with the findings from the literature that they required regular training and tailored supervisions.

The emerged themes also illustrate what the participants thought about finding solutions to tackle with their difficulties. These short and long-term solutions to the common difficulties included better leadership in making comprehensive decisions in educational and mental health fields, and better prepared and tailored courses that match the needs of the broader and more diverse trainee profiles.

Conclusion

The counsellors concluded that their experiences were a big 'learning curve' for their both professional and personal development and, also for others involved in the triadic therapeutic process. The relationships throughout were felt as emotional, broken, and surprising yet moving. Sometimes their work was felt so deeply that they characterized them as 'hot potatoes' that burned everyone who touched them. They therefore suggested adopting flexible approaches, however they did not mention any model or approach superior to any of the available psychotherapeutic models. They emphasised the need for more inclusive and diverse therapeutic interventions through culturally sensitive and inclusive approaches.