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# The Quest for Cultural Neutrality Within Psychodynamic Therapy: British Born South Asians' Lived Experiences

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## ABSTRACT

**Aim:** This study aimed to review the clinical experiences of British-born South Asian individuals in psychodynamic therapy, with a particular focus on cultural adaptation and integration. The goal was to develop recommendations for integrating clients' cultural frames of reference into therapeutic work in order to enhance its effectiveness. British-born South Asians often experience conflicting British and South Asian values, which can lead to feelings of alienation, confusion, and intergenerational conflict. The study therefore explored acculturation, the tension between individualism and collectivism, and the psychodynamic implications of holding two contrasting cultural value systems within the self.

**Method:** Semi-structured, one-on-one interviews were conducted via Zoom, allowing participants to reflect on their experiences in a familiar and accessible environment. Data were analysed using interpretative phenomenological analysis (IPA), which enabled a detailed exploration of participants' subjective experiences and the meanings they attributed to their cultural and therapeutic journeys.

**Findings:** Two major themes emerged: (1) culture, and (2) the process of change. Participants described an ongoing struggle to form a cohesive cultural identity and to renegotiate the blend of Indian and British values in ways that felt authentic. Psychodynamic therapy supported participants in gaining autonomy and exploring aspects of the "self" within a non-judgmental and containing space. The therapeutic relationship played a central role in facilitating this process, with participants emphasising the importance of a culturally attuned therapist who could hold the complexities of dual identity, without imposing assumptions or judgement.

**Conclusions:** Participants' upbringing significantly influenced their relationships, identity, and capacity for autonomy. Although autonomy was eventually achieved, the tension between the contrasting cultural expectations of British and Indian heritage persisted throughout their lives. These findings highlight the importance of understanding this dual-cultural pressure within psychodynamic therapy, particularly in relation to internal conflict, guilt, and the negotiation of selfhood across differing cultural value systems.

**Recommendations:** Clinicians should adopt a philosophical and culturally attuned approach, incorporating an understanding of the client's unique experience of individualism and collectivism. Training should focus on attunement to the distinct moral frameworks present in clients navigating these dual identities.

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## Implications for Practice and Policy

- Therapy provided an invaluable space where change happened, through containment and holding within the therapeutic relationship, and proved helpful in assisting individuals to make life changes in areas such as work and financial stability, which were of high importance and soothed the fears the individuals experienced so that change could be made. The distinct internal psychic structure of the ego-ideal is attached to others in the eastern culture. Championing the self as autonomous without culture, environment, and family may be harmful within these ancient family systems. The integral inner realities are influenced by the developmental experiences and therefore learning the theoretical underpinnings of the impact of culture is extremely important.
- Some considerations need to be made regarding the ethnic background of the clinicians themselves. Looking at bias and prejudice, judgment or a quest for universal truths.
- There is scope to acquire incredible knowledge, for example around how emotions are experienced, how they are processed what the driving force is if it is not towards an autonomous self. How does the individual experience emotions differently?
- There is much to understand about the commonality of the development of self within this group of individuals and how it fits and is relevant in clinical practice.
- The importance of culture should be understood as a central aspect of being human, as different cultures value different traditions. This unavoidably shapes individuals' internal drives. Idealisation of one culture over another may become problematic in accepting either.
- A clearer understanding is required of how training and further learning can foster understanding of the differences between Indian and British cultures. Familial and societal pressures will be unique. Expectations can lead to feelings of guilt or shame; however, it is important to understand and look through the lens of eastern culture rather than dismissing their internal world in favour of individualism as the cure.
- More research is needed and governing and psychotherapy institutions should be willing to look further into developing experienced clinicians who work with diverse groups and form mutual relationships. Private practice plays a vital role in gathering data.

## 1 | Introduction

### 1.1 | Identification of the Problem

In 2021, the Ethnic Inclusion Foundation and the Centre for Applied Research: International Federation (CAREIF) jointly produced a report focusing on the South Asian population in the United Kingdom (UK). The purpose of this report was to stimulate discussion and highlight the urgency of addressing mental health difficulties, which are considered the “second largest

burden of disease” (Public Health England 2019). Anand and Cochrane (2005) noted that South Asians in the UK experience elevated levels of depression, and this remains the most common mental health diagnosis within this group when compared to white British populations (Rees et al. 2016). This is an area of significant concern because British-born South Asians face a unique constellation of cultural, familial, and societal challenges (CAREIF 2021), which can contribute to psychological distress and shape how mental health is experienced, expressed, and understood.

There is a need to examine the nature of, and motivation behind, the dual identities of young British South Asian adults in order to meet the needs of society (Nilsen and Cox 2013). As Erikson (1969) suggested, humanity often fails to recognise itself as one species, instead dividing into socially constructed pseudo-species that shape belonging, identity, and exclusion. This research therefore seeks to explore the experiences of British-born South Asians—specifically, second- and third-generation individuals—living in the UK, to understand their experiences of cultural conflict within a framework that aims towards achieving ‘cultural neutrality’ in psychodynamic therapy. It also aims to investigate how clients come to see themselves, particularly how identity is perceived, held, and negotiated internally. This work will delve into a deeper understanding of how identity is formed within two cultural worlds, British and Indian, and how these internalised cultural structures influence the individual's sense of self.

Understanding such experiences will be achieved by asking about their lives within both British and Indian cultural contexts, through the questions outlined in the methodology. These questions will allow the researcher to understand participants' social world meanings through their interpretations, thoughts, feelings, and the external realities in which they live. To do this, the beliefs and behaviours of the group will be taken into account (Ahmed 2014), acknowledging what exists independently of social constructs, while also recognising how these constructs shape internal experience.

### 1.2 | Acculturation

According to the 2021 Census, 81.7% of the 59.6 million people in England and Wales are white (Office for National Statistics 2022). Of the remainder, 9.3% identify as Asian, with 3.1% specifically identifying as Indian (Office for National Statistics 2022). South Asians in the UK are, therefore, a minority group. As this population continues to grow, it becomes increasingly important to understand how British-born South Asians adapt to wider society and the challenges they encounter in this process (Cooke et al. 2013). These demographic shifts highlight the relevance of examining how cultural identity is formed, negotiated, and lived within a multicultural context.

Second- and third-generation South Asian migrants born in the UK live within two cultural worlds. A person born and raised in the UK, with parents originating from South Asia, inevitably carries aspects of their parents' heritage culture alongside the norms of British society. Research suggests that this blending of cultures can be beneficial, offering greater flexibility, creativity,

and cognitive complexity (Benet-Martínez et al. 2006). However, individuals may also experience their unique background as misaligned with British cultural expectations, leading to a collision of internal and external worlds. At times, they may face criticism for stepping outside what is considered acceptable within their heritage culture (Ferenczi and Marshall 2018), creating tension between authenticity and belonging. This dual positioning can shape internal conflict, identity formation, and the emotional experience of self.

### 1.3 | Therapy and Lived Experiences of the Therapist

Within this research, psychotherapy refers specifically to psychodynamic or psychoanalytic psychotherapy. This approach is grounded in a “theory dealing with the contradictory psychological forces, the contradictory motivations which are acting unconsciously within a person's mind” (Spruiell 1983). As Shedler (2009) notes, the core of psychodynamic psychotherapy involves exploring unconscious parts of the self that remain outside the individual's awareness. These unconscious motivations influence behaviour and emotional life, and they become accessible through the therapeutic relationship. This occurs through the processes of transference and countertransference, which play significant roles in both traditional and contemporary psychodynamic work by illuminating unconscious feelings and relational dynamics between client and therapist (Gelso and Hayes 2007). The trained psychotherapist facilitates reflection and discussion to uncover emotions linked to anxiety and maladaptive patterns, helping the individual connect with emotional states and conflicting feelings that may be disturbing or difficult to acknowledge. This process supports the emergence of material that lies beyond conscious awareness.

The foundation of psychoanalytic therapy rests on the principle that human beings are driven by unconscious wishes and motivations that lie outside awareness. This lack of awareness can lead to self-defeating behaviours (Safran and Gardner-Schuster 2016). Freud proposed that individuals often deceive themselves about the true reasons for their actions, and this self-deception restricts emotional freedom and choice (Safran and Gardner-Schuster 2016). Sutil-Martín and Rienda-Gómez (2020) suggest that intuitive, rather than fully reasoned, decision-making is common, and several studies indicate that effective decision-making relies on the interplay between limbic brain structures and subliminal cues within a given situation. These ideas reinforce the psychodynamic understanding that unconscious processes shape behaviour long before conscious thought is engaged.

Cultural neutrality refers to the analyst's capacity to remain centrally attuned to the client's values, ideas, ethnicity, and cultural background (Akhtar 1999). It requires the therapist to hold the client's cultural world with sensitivity and without imposing their own assumptions. Creating a holding environment within the therapeutic space is essential (Winnicott 1960), and this includes acknowledging the client's social customs, lived experiences, and cultural history. Winnicott (1960) emphasises that the holding environment contributes to ego strengthening, as cultural identity and the interpretation of the core self

allow individuals to align with the norms and meanings of their cultural group. Thus, cultural structures play a significant role in shaping a therapeutic environment in which the client feels heard, understood, and valued, ultimately supporting the development of a more coherent and resilient sense of self.

Adding to the importance of the holding environment, Akhtar (2006) highlights the need for therapists to remain aware of cultural boundary violations, which occur when a therapist imposes their own values and belief systems onto the client's material, particularly around social or cultural concerns, such as relationships, decision-making practices, child-rearing, and parent-child dynamics. Awareness of these boundaries is essential so that the therapist does not overlook the client's cultural frame of reference or inadvertently exert their own. When the cultural background of a non-white client is not adequately acknowledged, an ‘illusionary clinical oneness’ may develop, leading to narcissistic confusion and negative consequences shaped by the therapist's worldview. Psychotherapy recognises that no two clients are the same; therefore, the importance of cultural neutrality in clinical work cannot be overstated, particularly when working with clients navigating dual cultural identities.

### 1.4 | Therapy and Change

Psychotherapy is ultimately concerned with facilitating change. Within psychoanalytic psychotherapy, this process involves looking beneath symptoms or dysfunctional behaviours to understand the unconscious forces that shape them. As Boeker et al. (2013) note, the unconscious exerts a powerful influence on conscious behaviour, often manifesting as latent meanings and motivations. Conscious symptoms are therefore understood as expressions of underlying defences that manage pre-conscious or unconscious conflicts. Casement (1985) describes psychotherapy as a paradox in which each patient lives within “two realities—external and internal.” Psychotherapy operates within this paradox, recognising that external reality is filtered through the individual's internal world, shaping how the present is experienced and how the past continues to influence current perceptions and behaviours.

Another important aspect of working with British-born South Asian individuals is the influence of acculturation, as the migration experience can have profound psychological effects (Bhugra 2004). Psychodynamic therapy provides a space to explore clients' unique life histories, including the impact of migration, acculturation stress, parental value systems, and experiences of cultural dislocation. Multi-generational family structures, common within South Asian communities, can shape individual psychology in significant ways. Concepts such as emotional transference, attachment, and individuation are central to psychodynamic therapy and are particularly relevant when understanding relational patterns within collectivist cultures (Rao 2021). Interpersonal relationships play a central role in cultural and mental health, as Shih (2016) emphasises that interpersonal dynamics in collectivist cultures strongly influence individual well-being. By attending to family ties, social pressures, and community expectations, psychotherapists can help individuals navigate relational complexities, supporting improved emotional regulation and personal growth.

**TABLE 1** | Participant characteristics and demographics.

Participant number	Gender	Age	Ethnicity	Ethnicity of therapist/s	Occupation	Location
One	Female	45	British Indian	White British	Physiotherapist	London
Two	Female	41	British Indian	White British and British Indian	Counsellor	Leicester
Three	Male	47	British Indian	White British and British South Asian	Manager	Leicester
Four	Female	45	British Indian	White British	Not currently working	Leicester
Five	Male	29	British Indian	White British	Partner in business	Leicester

## 1.5 | Investigation Aims

This study aims to provide a concise overview of the interpretative phenomenological analysis (IPA) conducted on the experiences of British-born South Asian individuals who have undergone, or are currently engaged in, therapy. The research seeks to explore how these individuals navigate the complexities of cultural identity, particularly the interweaving of British and Indian cultural frameworks, and how these dynamics shape their therapeutic experiences.

This study also emphasises the process of change and the role of the therapeutic relationship in supporting individuals as they navigate between cultural identities. The research focuses on an understudied group whose voices will be used to identify themes and illuminate the unique challenges they face in reconciling identity and autonomy across two distinct cultural contexts. Social and historical perspectives from both British and Indian cultures are drawn upon to inform the analysis of how cultural factors intersect with psychoanalytic therapy. In doing so, this study helps to address a gap in the literature by generating data that can inform both theory and clinical practice. The insights gained may support therapists and healthcare professionals in better understanding this population and providing more culturally attuned and effective therapeutic support.

This research aims to shed light on the processes of individuation and autonomy within this group, given their unique cultural experiences. As acculturation unfolds, questions arise about how a British-born South Asian adapts and forms relationships with others and with themselves. This remains an under-researched area, and current psychotherapy training often overlooks the profound implications of culture and acculturation. Ultimately, this research seeks to answer a central question: Do clinicians require further training to better understand and meet the needs of this client group?

## 2 | Methods

### 2.1 | Participants and Setting

Given that this research project focuses on the experiences of British-born South Asian clients, participants ( $N = 5$ ; 3 female, 2 male; age range = 29–47 years) were required to meet specific inclusion criteria. Participants needed to have been born in the UK, currently in therapy or have previously engaged in therapy,

be over 18 years of age, and identify as being of South Asian background. In this study, all participants who chose to take part traced their ancestry to India. Table 1 provides an overview of participant demographics, offering contextual detail relevant to the interpretative phenomenological analysis.

Participants were recruited using convenience sampling. To initiate the recruitment process, the British Association for Counselling and Psychotherapy (BACP) was contacted, and they agreed to advertise a recruitment flyer on the research section of their website. In addition, colleagues and friends were approached to circulate an approved recruitment flyer via email. Individuals were encouraged to share the flyer across their social networks, including platforms such as X (Twitter), and within South Asian community groups. Contact details for the researcher and the University supervisor were provided so that potential participants could request further information or express interest in taking part in the study.

### 2.2 | Ethical Considerations

Ethical approval for this research was granted by Bath Spa University, whose ethical research procedures emphasise core values, integrity, and responsible conduct in research. These procedures are informed by national guidelines used across UK universities and by the British Educational Research Association (BERA 2018). Throughout the study, careful attention was given to the ethical implications of the research. The guidelines set by the British Association for Counselling and Psychotherapy (BACP 2018) were followed, providing a framework for ethical decision-making and outlining standards for conducting research involving human participants. In addition, the General Data Protection Regulation (GDPR) was adhered to at all stages of the research process to ensure the secure handling of personal data.

Prior to data collection, participants were provided with detailed written information about the study and were given the opportunity to ask any questions. They then gave informed consent before taking part. In addition to written consent, verbal consent was obtained at the beginning of each recorded interview. Before commencing the study, participants were reminded of their rights, including the right to withdraw at any time without consequence, up until the point at which data analysis began.

To ensure confidentiality, all identifying information—including names of colleagues, locations, organisations, and any other

personal details—was removed from the interview transcripts. Participants were assigned a unique identification number known only to the researcher, and all data were stored securely under these assigned numbers. Participants were informed that audio recordings would be used solely for transcription purposes and would be destroyed upon completion of the study. These measures ensured that confidentiality, data protection, and participant welfare were upheld throughout the research process.

### 2.3 | Data Collection

Semi-structured interviews were conducted online via Zoom. Participants were sent a secure meeting link arranged between the researcher and each participant, with care taken to accommodate their schedules. At the agreed time, participants logged into the Zoom call to begin the interview. Once the interview concluded, participants were informed that the session was complete and were given the opportunity to ask any further questions.

At the start of each interview, the procedure was explained, and participants were reminded that they could pause or stop the interview at any time. They were informed that the interview would be recorded after the introductory conversation. The researcher began with informal questions, such as asking about the participant's day, to help them feel more at ease. Once the participant appeared comfortable and ready, they were reminded that there were no right or wrong answers, and the recording commenced. Each interview lasted approximately 45 min.

Following the interview, participants were offered a debrief and a check-in to support emotional closure, which all participants welcomed. As Pietkiewicz and Smith (2012) note, IPA studies often involve existentially significant material, making it essential for the interviewer to remain aware of how the process may affect participants. Given that the study involved discussing lived experiences that could evoke distressing memories of trauma or loss, the researcher made herself available for additional support and provided helpline information where appropriate.

The interview schedule included the following open-ended questions:

1. What are your experiences of living between two cultures?
2. What aspects of being in two cultures do you find challenging?
3. What aspects do you find easier or more manageable?
4. What have you found helpful in the therapeutic relationship?
5. What have you found unhelpful in the therapeutic relationship?
6. In what ways, if any, do you feel the therapist understands you better?

Semi-structured interviews are central to IPA research because they allow for an in-depth exploration of how participants make sense of their personal and social worlds. The focus of IPA lies

in understanding the meanings that experiences and situations hold for individuals. IPA also emphasises that research is a dynamic process in which the researcher plays an active interpretative role. Smith and Osborn (2007) note that semi-structured interviews create the conditions for a conversational exchange in which the researcher can adapt questions in response to participants' answers and explore emerging areas of interest. This approach enhances flexibility and depth, allowing for richer data and greater access to participants' emotional experiences and interpretations in a nuanced and creative way (Smith and Osborn 2008).

### 2.4 | Data Analysis

The interviews were conducted via a secure Zoom link, recorded using a dictaphone, and subsequently transcribed by hand. Following the analytic strategies outlined by Pietkiewicz and Smith (2012), the small scale of the study was considered advantageous, as it allowed the researcher to give full and detailed attention to each participant's account. Each transcript was analysed separately, with the researcher reading and re-reading the material while simultaneously listening to the audio recordings. This dual engagement enabled active listening and facilitated a deeper awareness of the nuances, emotional tones, and subtleties within participants' narratives.

As the transcripts were reviewed alongside the audio recordings, early patterns and key themes began to emerge. Main themes were identified across transcripts, with each theme assigned a colour code to support systematic highlighting and organisation. This process enabled the extraction of key quotations and the clustering of related material in preparation for deeper analysis.

Once overarching theme clusters were established, they were examined for subordinate themes to gain a more detailed understanding of participants' experiences. A narrative was then developed to integrate these themes, allowing for comparison both across and within participants. Throughout this process, the interviewer reflected on her own biases and preconceptions, and discussions with the research team ensured that personal backgrounds and experiences did not shape the interpretation of the data. This reflexive stance was maintained throughout the analysis to uphold the integrity of the findings.

IPA is an experiential qualitative methodology concerned with the exploration of lived experience. It focuses on understanding an individual's subjective perception of a phenomenon (Chapman and Smith 2002). IPA has its philosophical roots in Husserl's (1964) phenomenology, which sought to develop a scientific approach to studying consciousness (Smith et al. 2009). IPA acknowledges that researchers cannot access another person's experience directly; instead, the researcher's own conceptions must be consciously engaged in the interpretative process to make sense of the participant's personal world (Smith et al. 2009). Qualitative data collection and analysis, therefore, require detailed attention to the participant's worldview, focusing on their perception of experience rather than a simple factual report (Smith and Osborn 2007). For these reasons, IPA was the most appropriate analytical approach for this study.

The results of the IPA were organised into two major themes: (1) culture, and (2) the process of change. Within each theme, relevant subthemes were identified and explored in depth. Freud (1961) theorised that tensions between the external and internal worlds can generate conflict, particularly when individuals encounter new demands, opportunities, or cultural expectations. The subthemes identified in this study provide a lens through which to examine these tensions. Furthermore, changes that occur in psychotherapy can be understood as a healthier functioning of the ego or sense of self (Balsam and Balsam 1984). From a psychoanalytic perspective, the process of change involves looking beneath symptoms or dysfunctional behaviours to understand the unconscious dynamics that shape them. This theoretical framing supports the interpretation of participants' experiences within the broader context of psychodynamic change.

### 3 | Findings

#### 3.1 | Theme 1—Culture

##### 3.1.1 | Subtheme 1.1—Family and Community

The participants consistently described family and community as complex and influential aspects of their lives, deeply intertwined with their dual cultural heritage. They articulated clear differences between British and Indian cultural expectations, while also reflecting on the ways they had learned to navigate and, at times, overcome these cultural tensions. For example, Participant 1 described choosing to remain close to her family despite experiencing cultural pressures linked to lifestyle choices that do not align with traditional expectations within her Indian heritage:

I love all our family functions and get-togethers, despite some of the little sort of digs [...] because you're not married. [...] I think sometimes there's judgement from family members about that.

Participant 2 openly stated that they:

...can go into work and then adjust and fit in and then come home and be me, whereas my mum can't so I feel like I've got it easier.

These quotes both illustrate that, though the participants are aware of the pressures from being within two cultures, they have been able to rise above these pressures, at least to some extent.

As a gay man, participant 3 appeared to have perhaps struggled the most with the expectations borne of his Indian heritage. Nonetheless, he too has come to terms with this and moved through the clash of feelings.

I'm not going against my partner and me and who I am. [...] So I've kind of resulted to going, 'You're not gonna change'. [...] The extended family and

everybody knows I'm gay, and that's kind of done. But the loss of it is I don't really engage in cousins and relatives. [...] I did not speak to family. I can't follow their rules and values.

This highlights participant 3's struggles to fit with his origin culture, or rather, the culture of his ancestors. However, much of what participant 3 was saying related to his sexuality, rather than explicitly belonging to two cultures. Participant 5, on the other hand, agreed that it wasn't feasible to change the viewpoints of others, but their perspective was to hide things from their family instead.

I won't challenge my grandparents because I'm just like, "They're 80-year-olds. I'm not going to change them, like, they're just going to think that anyway." [...] Asian people normally struggle with feelings et cetera, et cetera, or, like, explaining, like, how the world works and, like, challenging views. I mean, that can be a difficulty, but also an easy thing.

This response demonstrates how it can be both a comfort and a hindrance to be part of South Asian culture. Participant 4 agreed with the idea that South Asian people commonly avoid certain topics of conversation:

Nobody wants to talk about mental health [...] there's a disconnect.

Participant 4 also held strong views on familial relationships:

I've always felt like the black sheep of the family on my dad's side of the family. I don't know whether this also stems from the fact that all the marriages were arranged marriages apart from my mum and dad. Theirs was a love marriage....

Clearly, the South Asian family tradition of arranged marriage had impacted this participant's view of family.

#### 3.2 | Theme 1—Culture

##### 3.2.1 | Subtheme 1.2—Work

Participant 1 expressed how important work is to her, though she realised that this is not typical within her Indian culture:

It's important for me to be financially independent and self-sufficient. [...] My career has allowed me to be so independent. [...] You know that you're going against the cultural norm.

Though participant 5 didn't talk about their current job, they did agree with the sentiment of certain forms of work going against societal expectations, to the point where he even hid his employment from his family:

I DJed in clubs and everything, but I never told my family to this day. [...] ...two world situation that was going on where I was basically living two lives.

### 3.3 | Theme 1—Culture

#### 3.3.1 | Subtheme 1.3—Identity and Gender Roles

This was a particularly strong subtheme evident from the interviews. The participants unanimously identified concerns regarding finding their identity. For example, participant 2 stated:

I feel sometimes there's the lack of understanding of individual cultures, so sometimes, you know, we're kind of misunderstood.

Participant 5 gave a specific example of this misunderstanding:

She said, 'Oh, so what religion is terrorism then?' And I was like, 'What?' And that's the sort of, like, questions that get and perceptions I've got.

Participant 4 demonstrated that the lack of understanding is not only from Westerners, but also of Western culture, from the Indian side:

[...] because I was too much like a white person [...] the judgemental side of Asian people. Like, because you don't wear clothes that they wear because you don't dress in Indian clothing. They judge you for it.

The struggle to find identity was particularly noted by participant 3. He is now very proud of his identity, but has fought to achieve that:

How can you just be British or Indian or British Asian? There's so much in the middle. And being able to find self then means letting go of something. [...] Where do you be as a British Asian? 'Cause what you thought was your home or what your parents told you, it's not your home, you're just a British white person to Indians. So, that's not your home. Then you've got Britain, where you think I've got access to everything. But there's limitations to that. So, it's a real battle.

As part of the cultural difficulties, participant 1 has found her gender, connected with her identity, to provide additional challenges:

It's very, very different for a man and a woman [...] female supposed to play that subservient role.

Participant 1 also talked about her struggles with finding her own identity, in that from a young age she has wanted to:

...spread [her] wings and [...] fly in [her] own direction.

In other words, she had a desire to escape her old identity and become anew.

### 3.4 | Theme 1—Culture

#### 3.4.1 | Subtheme 1.4—Language

Language is an important part of culture. British-born South Asians are commonly at least bilingual, though this isn't always without difficulties. For instance, participant 1 said:

[My parents were] conscious that if they only spoke with us in Gujarati that we might struggle in everyday life.

This shows the difficulty of learning two languages, but also the benefit of being bilingual. Participant 2 agreed with this:

For me it's easy because I can adjust between the two.

Both participants were equally comfortable in either language. On the other hand, participant 4 was not bilingual and was punished for this:

I don't speak Gujarati, but I understand it. [...] I prayed and my accent was English because I'm second-generation born here. My accent wasn't like an Indian accent. So, even though I was praying in Arabic, which it shouldn't matter what your accent sounds like, I used to get hit on my hands with a ruler. [...] Because you don't speak the same language, you're judged for it.

Hence, there were two opposing views presented regarding the use of language.

### 3.5 | Theme 2—Process of Change in Therapy

#### 3.5.1 | Subtheme 2.1—Therapy

One participant expressed the benefits of having a therapist from their same culture. Participant 2 said:

I felt that the lack of understanding in that room [with a non-Asian therapist] was quite evident in the room [...] my second experience was from someone from the same culture, and I felt my therapeutic relationship was a lot stronger.

Conversely, all the other participants said that it was detrimental to have a therapist from a South Asian background. Participant 5:

It would help if someone was from the same ethnicity as me, being understood. But equally it would be a struggle for me to open up because of

natural barriers in my head. [...] If you speak to, like, someone who is Asian you sort of might feel a bit more judged.

Participant 3 took this further. He feared potential judgement from an Asian therapist, and then found this to be the case:

[It was a] really horrible experience and it did make me think, 'I don't want to go to an Asian counsellor because they've made some huge assumptions about who my partner was.' [...] Actually, what I saw was you're just all the people I'm fighting against. So, and now I'm paying to be in a room with you.

Finally, participant 4 has experienced more than judgement, as she has felt dismissed by medical professionals from within her culture:

My experience with South Asian psychiatrists has always been very negative, I've had a lot of racism in that regard. From them, I've always been dismissed by them. When I see psychiatry, if it's an Asian doctor, they just completely dismiss my condition.

### 3.6 | Theme 2—Process of Change in Therapy

#### 3.6.1 | Subtheme 2.2—Childhood

All the participants expressed difficulties during their childhoods due to conflicting identities and cultures. However, some of these difficulties were less severe than others. For example, participant 1 said:

If we were still back in India [...] maybe then there would be pressures on my parents whilst we were growing up to bring us up differently as well.

She acknowledged the challenges faced by her parents in raising Asian children in the UK, but believed this would have been even harder in India. Participant 2 demonstrated that the difficulties were related to tolerance:

I've realised not everyone's accepting of what I was bringing in.

Participant 3 felt an affinity with the oppressed women he saw in Bollywood films when he was younger, but was raised to be proud of his Indian heritage:

My ancestry and being Indian and that side of it and that culture thing, I value so much, so that's been an important element. [...] Bollywood films in my younger age is what helped me to actually deal with the problems....

Participants 4 and 5 both found difficulties with racism. Participant 4 stated:

I found it very difficult with racism. As a child, I was bullied because I was too much like a white person because my mother dressed me in Western clothes.

Participant 5 said:

When I was, like, growing up and stuff, Asian culture in our area per se was, 'Don't be friends with the girl.' [...] I was, like, hiding so much growing up and through my sort of, sort of, adolescent ages. Even to this day, like, I really struggled to mingle the two.

The childhoods of these participants were a strong force in developing the concerns that they have had with identity as they have become older.

### 3.7 | Theme 2—Process of Change in Therapy

#### 3.7.1 | Subtheme 2.3—Relationships

For this subtheme, all of the participants were quite vocal about the difficulties they have found in terms of building relationships within their dichotomous identities borne of coming from two cultures. For example, participant 4 married outside of South Asian culture, which led to certain issues for her:

I changed myself through marriage. I married a white British man. [...] I think from an early age I knew I'd never marry an Indian man. And that's down to culture. That's down to the upbringing. I was never prepared to be someone's wife who expected me to cook and clean and look after the children and go out to work.

Participant 3's homosexuality has ultimately become a part of him accepted by his family, but this has taken a long time:

It took about 10 years for them to accept this is my partner. She spoke to him, knew the situation, but would never stay at my house because we stayed in the same bed. [...] But I'm not going against my partner and me and who I am.

Sexuality is not the only relationship-based issue that has been hard to accept within the British-born South Asian culture, as divorce has also brought its own challenges. Participant 2 said:

Stigma around being divorced [...] But when you look at the Western culture, it's more accepted. Sometimes I have questioned, 'Okay could it, would it, have been easier if I wasn't from this culture?' [...] Obviously, the stigma around that were really difficult for me.

Equally, participant 1 has never married, nor had children; these are also modes of life that are frowned upon within her background:

I'm now 45, single, no children, and that's almost unheard of. [...] Sometimes indirect digs that people have because it's different, they don't understand it, they don't quite, and aren't able to.

## 4 | Discussion

### 4.1 | Summary of Findings

Findings indicated that adaptation was central to all participants' experiences, particularly in relation to cultural identity. Many described the difficulty of balancing familial expectations rooted in their South Asian heritage with the westernised lifestyle of the UK. This is significant given that British South Asians experience higher levels of depression compared to white British populations (Anand and Cochrane 2005), largely due to the “unique challenges” associated with navigating two contrasting cultural systems (CAREIF 2021). Understanding the dual nature of identity is, therefore, essential when considering the needs of young British South Asian adults (Nilsen and Cox 2013), and the findings of this study contribute meaningfully to this area of inquiry.

The interconnections between several subthemes—such as relationships, family, therapy, and language—became increasingly apparent throughout the research process. Childhood emerged as the most interconnected subtheme. Participants' early experiences profoundly shaped their perceptions of relationships, language, work, and identity. These early influences also affected their experiences of therapy; several participants found it difficult to form therapeutic relationships with South Asian professionals due to fears of judgement rooted in their childhood experiences.

Success in work was described as a core value within many South Asian families, and this emphasis helped some participants progress in their careers. However, others experienced familial pressure in the form of predetermined career paths or expectations around arranged marriage. While none of the participants described their careers as central to their identity, all identified their cultural heritage as a major influence. Whether they actively shaped their own identities or felt constrained by cultural expectations, the dual positioning of being both British and South Asian played a significant role.

Gender role expectations were introduced early in life, and many participants described resisting or renegotiating these norms. Experiences of racism were reported both from white British society and from within the South Asian community. All participants described the difficulty of balancing different aspects of their identities and the challenge of feeling fully accepted by either cultural group.

The first theme, culture, had a significant influence on the second theme, the process of change in psychotherapy. Participants described challenges that spanned both themes, highlighting their interdependence. When considering therapeutic work and personal growth, cultural context emerged as essential. A therapist does not need to share the client's cultural background,

but they must hold a genuine understanding of the complexities involved.

### 4.2 | Limitations

One limitation of this research was the small sample size. While this allowed for a deeper exploration of participants' lived experiences, future studies involving a larger and more diverse sample would help further develop and refine the themes identified. Additionally, conducting interviews online may have reduced the richness typically gained from face-to-face interactions, where non-verbal cues and subtle gestures can contribute to a fuller understanding of participants' experiences. The online format may also have introduced sample bias, potentially excluding older individuals or those less comfortable with technology. Future research could address this by incorporating both in-person and online interviews to enhance accessibility and depth.

### 4.3 | Implications for Practice and Policy

Understanding the interplay between cultural expectations and personal identity can support psychotherapists in addressing cultural conflict, familial obligations, and the development of individuation or autonomy. In an individualistic society, collectivist values can create an opposing force. Societal expectations may prioritise personal achievement, while collectivist values emphasise harmony and cohesion. This raises important questions, such as whether collectivism retains its influence within the external frameworks of British South Asian lives.

This study highlights that cultural groups and family systems often create expectations for individuals to behave in particular ways. When these expectations are met, a sense of familiarity and well-being is maintained. However, when individuals diverge from these expectations—such as choosing a life partner outside cultural norms—they may experience significant emotional burden. This divergence can lead to feelings of loss and potential consequences associated with stepping outside the cultural framework.

A therapeutic perspective that attends to how choice and identity are shaped within the individual's cultural frame of reference is essential when working with British South Asian clients. Horowitz's (2002) concept of “character integrity” is particularly relevant, as it highlights the balance between personal identity and social roles—an issue central to the experiences of British-born South Asians in psychodynamic therapy. Understanding these dynamics can help psychotherapists more effectively address the challenges that arise in treatment.

Consideration is also needed when the psychotherapist shares the same ethnic background as the client. Akhtar (1999) cautions that over-identification may lead to biased interpretations or reduced objectivity if cultural similarity is assumed to equate to understanding. This assumption can obscure the therapist's awareness of individual differences and the unique complexities within each client's experience. It is therefore essential for psychotherapists to remain aware of their own biases and to

maintain a stance of mutuality and reflective openness in clinical work.

It is essential to understand how cultural conflict affects the individual, recognising that “psychological states can be complex and cannot be under the category of trauma” (Lear 2008). It is also important to distinguish between cultural conflict and neurotic or psychotic conflict (Akhtar 2011). The processes of change and individuation are natural but can be more challenging for this group due to the guilt associated with balancing parental expectations and personal desires. The therapeutic space can therefore serve as a vital environment in which individuals explore their subjective racial identity, self-perception, and the emotional tensions that arise from navigating two cultural worlds.

## 5 | Conclusion

This research sheds light on the experiences of British-born South Asian clients in the UK, illuminating their quest for identity, autonomy, and psychological coherence as they navigate life between two cultural worlds. The findings highlight the complexities of their individualisation processes, particularly the challenge of establishing harmony in decision making while negotiating the often conflicting demands of British individualism and South Asian collectivism. As an under-researched group, their narratives offer important insights into how psychotherapy can be conceptualised through a broader, culturally-informed psychoanalytic lens.

A central implication of this study is the importance of attending to childhood experiences when working clinically with British-born South Asian clients. Early relational patterns, internalised parental expectations, and cultural messages profoundly shape later identity formation, echoing Klein's (1946) emphasis on early internal objects and the anxieties they generate. Winnicott's (1960) concept of the holding environment is also highly relevant: many participants described the absence of a psychological space in which both cultures could be held without judgement. Where such a space was lacking in childhood, therapy became a potential site for the emergence of a more integrated ‘true self.’

The ethnicity and cultural positioning of the psychotherapist also play a significant role. While cultural similarity may offer familiarity, it may also risk over-identification or assumptions of shared meaning (Akhtar 1999). Conversely, cultural difference requires the therapist to adopt a stance of cultural humility, curiosity, and reflexivity, consistent with McWilliams' (2011) emphasis on understanding the whole person within their relational and cultural context. Her work underscores the importance of recognising how cultural narratives shape personality organisation, attachment patterns, and the client's sense of self.

Participants' experiences also resonate with Jung's (1959) concept of individuation, as they sought to integrate inherited cultural archetypes with their lived British identities. This process was often complicated by guilt, duty, and the internalised demands of family and community. Carveth's (2018) distinction between superego-driven guilt and conscience-based

responsibility is particularly relevant here; many participants appeared burdened by punitive internal voices shaped by cultural expectations, which constrained their capacity for autonomous decision-making.

Participants often described feeling pulled between cultural demands, which can be understood through Klein's movement between splitting and integration, including moments of fragmentation when the two cultural selves felt difficult to hold together. Carveth's (2018) distinction between punitive guilt and relational conscience helps illuminate the internal pressure some participants experienced, particularly among those raised with stronger expectations of obedience. While not generalisable, several participants reflected that cultural shifts may shape how these tensions are negotiated.

For psychoanalytic theory and practice, this study highlights the need for increased discourse on cultural dynamics, particularly within diasporic and postcolonial contexts (Fanon 1967; Bhabha 1994). Engaging with multiple viewpoints and expanding theoretical frameworks to include cultural, historical, and intergenerational factors will enhance the capacity of psychotherapists to meet the needs of British-born South Asians and other culturally diverse communities.

Ultimately, this research underscores that cultural conflict is not synonymous with pathology; rather, it reflects the complex psychological work of negotiating belonging, loyalty, and self-definition across cultural boundaries. The therapeutic space can therefore serve as a vital arena for exploring subjective racial identity, internalised cultural narratives, and the emotional labour of individuation within a bicultural context. By integrating cultural understanding into psychodynamic practice, clinicians can better support clients in developing a coherent sense of self that honours both heritage and personal agency.

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### Conflicts of Interest

The authors declare no conflicts of interest.

### Data Availability Statement

The data that support the findings of this study are available from the corresponding author, [R.P.], upon reasonable request.

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