

Running head: SOJOURNERS' LIVED JOURNEYS OF COUNSELLING IN CANADA

**A NARRATIVE INQUIRY INTO INTERNATIONAL STUDENTS' LIVED JOURNEYS  
OF COUNSELLING IN CANADA**

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### **Abstract**

Most Canadian universities have recruitment policies and strategies for internationalizing their student population. International students represented more than 17% of the total student population in the 2020/2021 academic year. Despite their representation, not much is known about their experience with counselling/psychotherapy in the Canadian context. Previous research tends to problematize the population and rarely considers international students' voice. This qualitative study forefronts the lived experience of three international students' counselling journey while pursuing studies within higher education systems in Canada. The questions guiding the research were: What are the narratives of international students who have experienced a counselling journey in Canada? What are sojourners' constructed narratives of counselling in Canada? How do these narratives inform and/or resist larger societal discourses about international students and their mental health seeking? What can we learn from these narratives when creating support systems for international students? The method of narrative inquiry, as inspired by Polkinghorne (1995), was used to gather the sojourners' experiences in an interview of approximately 60 minutes. The transcribed interviews were transformed into a unique final storied narrative for each sojourner relating to their pre-, during-, and post-counselling experience in Canada. The researcher—who himself was an international student in Canada—hopes that this study unveils more hopeful narratives than the current “problem-laden” narrative with regards to providing counselling services to sojourners. The final narratives, and recommendations generated from them, may aid a variety of stakeholders within Canadian higher education institutions to better understand and respond to the unique mental health seeking journeys of international students.

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## Chapter One: Introduction

With rising globalization efforts, there exists an increasing emphasis on students to be globally educated. One of the ways in which post-secondary students attempt to enrich their global learning experience is through sojourns of various lengths into foreign higher education systems and countries such as Canada. Most Canadian universities have recruitment policies and strategies for internationalizing their student population (Arthur & Popadiuk, 2015). Indeed, the number of international students—often referred to as sojourners—choosing Canada to pursue higher education is steadily rising overall, notwithstanding the COVID-19 pandemic. In the 2020/2021 academic year, international students represented more than 17% of the total student population—tripling their numbers since 2008/2009 (Statistics Canada, 2022). The institutions of British Columbia and Ontario accounted for more than 60% of the total sojourner enrollment (Statistics Canada, 2020). Despite institutional internationalization efforts, research identifies a discrepancy between policy and support systems for this population (Guo & Guo, 2017). This discrepancy is reflected especially in research findings showing international students' disillusionment, underutilization, and high dropout rates related to mental health services (Kawamoto et al., 2018; Nilsson et al., 2004).

In regard to mental health, international students experience mental health concerns similar to those of local students but also experience unique stressors related to cultural adjustment, language knowledge, and limited social and cultural knowledge (Kawamoto et al., 2018; Mori, 2000). Moreover, international students seeking support might not consider counselling—a common North American support service—due to cultural stigma, cultural differences, or language difficulties (de Moissac et al., 2020; Willis-O'Connor et al., 2016). The sojourners who do access mental health services may experience therapist lack of multicultural competency as a barrier to continuing counselling (Kawamoto et al., 2018; Nilsson et al., 2004).

Post-secondary institutional recognition of the need to better support sojourners has sparked a small body of research on improving mental health services specifically for international students (Arthur & Collins, 2014; Arthur & Popadiuk, 2015; Pedersen, 1991). However, even this research tends to privilege practitioners' experience and as a result omits the voice of international students. The research to date therefore lacks the unique stories of

international students which could uncover their lived experience, as well as the complexity and uniqueness of navigating their counselling experience.

The purpose and objective of this master's thesis was to provide space for the sojourner's voice to better understand this minority group's lived experience within the Canadian counselling context. My research was organized around the research questions:

- 1) What are the narratives of international students who have experienced a counselling journey in Canada?
- 2) What are sojourners' constructed narratives of counselling in Canada?
- 3) How do these narratives inform and/or resist larger societal discourses about international students and their mental health seeking?
- 4) What can we learn from these narratives when creating support systems for international students?

I utilized the qualitative approach of narrative inquiry to create space for international students to co-construct their unique journey of considering, accessing, and engaging in counselling services. Narrative inquiry is a collaborative method that can illuminate this population's underrepresented voice, unveil problem-laden stories surrounding counselling services, and create a new and perhaps more hopeful narrative that discourages historical problematization of this population. I used a convenience sampling approach to recruit 3 international students and interviewed them using a narrative-based protocol. Following the narrative analysis methodology described by Polkinghorne (1995), I constructed a narrative for each participant from the gathered interview data reflecting their unique counselling journey. In the discussion part of the thesis I interpret, reflect on, and discuss any impressions and observations emerging from those narratives that could: (a) help contextualize facilitative and challenging aspects of the identified counselling journeys and ways forward to assist future sojourners; and (b) enrich university stakeholder's understanding of and cultural responsiveness to sojourners' needs. At last, I reflect on the academic thesis process from my own perspective.

### **Personal Preamble**

I wish to acknowledge my inherent position regarding this thesis. At the time of writing the research proposal, I was a Czech-German international student within the Canadian higher

education system. By the end of the participant interviews, I had become a permanent resident and a benefactor of the colonial system of the land called Canada. Over the past decade, I have had personal experience with living the international student life in the contexts of Bosnia and Hercegovina, the United States of America, and lastly Canada. Likewise, I have personally accessed counselling in the latter two contexts. My unique positioning is expanded upon in later sections of the thesis.

I also wish to state that attempting to apply insights from global research on international students to the Canadian context means to perceive the experience of an international student in Canada to be the same to such a student in, for example, the United States. Having lived in both countries, I observed many and notable differences in terms of politics of multiculturalism, resources, healthcare, climate, immigration policies, and higher education structures to mention a few. These differences inherently affected my pre-sojourn decision-making, as well as had and continue to have daily impact on my wellbeing as a student. It is therefore my intention to prioritize the uniqueness of each sojourner's experience over the discourses of comparability and generalizability within this work. Also worth noting is that the COVID-19 global pandemic during the completion of this thesis was an unpredictable moment in history, which deeply affected me, my family, as well as the interviewed sojourners.

### **Thesis Overview**

The next chapter, Chapter Two, engages with the relevant academic literature concerning international students. Chapter Three expands on the chosen methodology of narrative inquiry and the concrete steps undertaken for this research study. Chapter Four consists of the three sojourner's co-constructed narratives. If the reader had to choose what to read, this section is the one I highlight, as it contains the participants' stories in the form of the Narratives. Chapter Five provides a summary of findings and my observations and reflections on the narratives and discourses within them. Chapter Six revisits the research questions and discusses the findings within each in a way that re-addresses the academic literature. Implications, (de)limitations, recommendations, and suggestions for future research are offered. Lastly a brief conclusion to this Master's thesis is offered.

## Chapter Two: Literature Review

For the purposes of this research study concerning the experience of international students within their counselling journey, the definition of international students as a “culturally heterogeneous group of people who cross cultures for the experience of living and learning in a foreign environment” (Popadiuk & Arthur, 2004, p. 126) was adopted. Along with this definition, the lens of international students as a “silent” (Sandhu, 1994, p. 232) and “hidden” (Maleku et al., 2022) minority within the context of higher education institutions was also adopted. While there are distinctions and similarities between “counselling” and “psychotherapy,” the terms counselling, therapy, psychotherapy will be used to encompass counselling services provided by certified counsellors and psychotherapy services provided by registered psychotherapists.

In the literature review that follows, I begin by providing a summary of the socio-political context and then focus on the journey of international students as it relates to their counselling encounter. The review will thus be organized along a temporal dimension of a sojourner’s journey starting with its beginning (pre-encounter), continuing with the counselling experience (during-encounter), and ending with the aftermath of the experience (post-encounter). In conclusion, the section will discuss the “problematization” of the sojourner population within research and present the reasoning for the conducted study.

### Sociopolitical Context

International students are a steadily increasing population within the world’s educational institutions. In 2016, an estimated 4.8 million students were sojourning abroad—a number that is predicted to increase each year (UNESCO, 2018). In Canada, the 2020/2021 academic year welcomed 373,599 international students, which represented more than 17% of the total student population—tripling their numbers since 2008/2009 (Statistics Canada, 2022).

Currently, most Canadian higher education institutions have admissions and recruitment policies in regards to international students, and overall strategies for internalization of the student population (Arthur & Popadiuk, 2015). Sojourners are significant contributors financially as they continue paying tuition rates that are three to four times higher than the domestic population (Statistics Canada, 2023) accounting for 40% of the tuition fees paid (Hune-Brown,

2021). Despite the increasing efforts of institutional internationalization, research reveals discrepancies between intended policy of internationalization and the actual experience of sojourners, especially when it comes to presence of supports (Guo & Guo, 2017). Guo and Guo (2017) go as far as to recommend that Canadian universities abandon their strategy of encouraging high levels of international enrollment without necessary additional supports, and rather shift to a system which centers on providing support for this population in order to maintain internationalization goals. Recent research also highlights the necessity to have sojourners be recognized as a marginalized group in the context of Canadian institutions (Tavares, 2021).

International students come to Canada for a variety of reasons and motivations. Some choose to pursue an international experience for its academic and career benefits, whereas others might be forced to seek refuge via education due to safety concerns (Arthur & Popadiuk, 2015). These pre-migration considerations inevitably impact the student's motivation and perceived adjustment needs to a new host country. Hence, aligned with the recommendations by Arthur and Popadiuk (2015), it seems imperative to consider the international student's wellbeing needs in a holistic manner, which should include the student's host and home cultures.

### **Pre-Encounter**

The following section will focus on literature addressing sojourners' time prior to the actual counselling encounter. The section will elaborate on the concerns international students experience during their transition to Canada in pursuit of their studies, as well as their help-seeking behaviours.

### ***Concerns Related to Transitioning to Host Country***

International students experience concerns similar to those of local students related to the commencement of a new academic experience. Such concerns include moving to a new environment, separating from friends and family, as well as needing to adjust to new academic demands (Hayes & Lin, 1994; Popadiuk & Arthur, 2004). However, sojourners face a host of other concerns as well. For example, their immigration status within a country is conditional on their continuous enrollment and proof of academic progress (Arthur, 2016), which may be an additional source of stress. Further, as a population defined by their unique temporary status and

cross-cultural experience within the host country, sojourners might experience a variety of concerns relating to their need for rapid learning and adapting to cross-cultural transitions (Arthur, 2016) related to language barriers, different social and interaction norms, unspoken rules regarding academic culture, loneliness, discrimination, and practical problems stemming from a sojourn (Gebhard, 2012; Maleku et al., 2022; Smith & Khawaja, 2011; X. Zhang et al., 2022). These adjustment concerns are inherent parts of any cross-cultural transition, especially when differences between the home and local (host) culture are significant (C. P. Chen, 1999; Pedersen, 1991; Poyrazli et al., 2004). These transition concerns are often generally understood under the umbrella term of 'culture shock.' Pedersen (1995, p. 1) attempts to define culture shock as "a more or less sudden immersion into a nonspecific state of uncertainty where the individuals are not certain what is expected of them or what they can expect from the persons around them." According to Arthur (2016), culture shock may affect the individual with physical symptoms, including fatigue and lack of energy, muscle pains, digestive issues, headaches, and cognitive impairments. Arthur (2016) goes on to note that it may also "manifest in psychological symptoms such as anxiety, depression, and a general sense of stress" (p. 307). Pedersen (1995) further highlights the experience of culture shock to be one that is profoundly personal and unique to each individual, while its effects tend to differ across individuals.

Sandhu (1994), in his research, conceptualizes types of "problems" or adjustment issues sojourners encounter into two categories: interpersonal and intrapersonal. Interpersonal types of problems are related to the environment and the surroundings a sojourner might find themselves in, whereas the intrapersonal types of problems relate to and stem from a sojourner's internal state. Sandhu highlights the importance of seeing these two categories as intertwined, yet also states that "[g]enerally speaking, the intrapersonal factors are largely responsible for most of the problems of the international students" (p. 231). Arthur (2016) clarifies that when international students experience interpersonal concerns, it might result in experiencing intrapersonal difficulties, and vice versa.

The uniqueness of each sojourner's cultural transition and their experience of culture shock has been acknowledged within the counselling psychology field (e.g., Arthur, 2016; Pedersen, 1991), as well as in other fields such as cultural studies, social work, international relations, and linguistics to name a few (e.g., Arthur, 2017; Berry, 2005; Calder et al., 2016; Guo

& Guo, 2017; Lee et al., 2016; Montgomery, 2010). The idiosyncratic nature of international students' experiences renders complex the current academic attempts to describe and summarize the common concerns international students might face during different parts of their sojourn and how these concerns may impact their wellbeing. Such efforts to date have included quantitatively identifying concerns international students are seen for in counselling, theorizing the impact of cultural transitions on wellbeing, and suggesting "best practices" in supporting international students regardless their concerns (e.g., Arthur, 2016; Barletta & Kobayashi, 2007; Brinson & Kottler, 1995a; Khoo et al., 2002; Lee et al., 2016; Poyrazli et al., 2004). However, the research to date seems to be missing a sharply focused insight into the lived experience gathered from sojourners themselves.

### ***Help-Seeking and Utilization of Counselling Services***

International students entering another culture are suddenly faced with the lack of easily accessible resources that have supported them in their home country, such as their family, community, and other wellbeing supports. This sudden change for some international students results in seeking to establish a support network of friends often of the same cultural background (Alazzi & Chiodo, 2006; Arthur, 2016; Hayes & Lin, 1994); finding aspects that are similar to resources in home countries, such as religious gatherings, to alleviate stress (Alazzi & Chiodo, 2006); or attempting to reach out to their host university and its larger community, including any services available (Arthur, 2016; Zhou et al., 2011). In regards to mental health resources however, research depicts international students as tending to use university counselling and mental health services less compared to their local peers and local minority groups (Brinson & Kottler, 1995a, 1995b; Nilsson et al., 2004). Utilization of services has been seemingly the most studied aspect of international students' counselling experience globally (e.g., Aubrey, 1991; Hyun et al., 2007; Khoo et al., 1994; Mitchell et al., 2007; Nilsson et al., 2004; Russell et al., 2008; Yoon & Jepsen, 2008). Hyun and colleagues (2007) report that only 17% of sojourners who considered counselling as a way of addressing their mental health concerns ended up accessing such services, compared to 36% of local students.

The research so far offers a variety of reasons why international students tend to use counselling services less. Mori (2000) identifies the potential conflict between values and beliefs within the student's home culture related to addressing mental wellbeing and values and beliefs

reflected in Westernized approaches to counselling. Such cultural beliefs might be centered around negative notions from the student's home culture, family, and relatives. These beliefs in turn have an impact on counselling being seen as a "sign of weakness" and generate worries of being treated by others differently if they were to access counselling (H.-M. Chen & Lewis, 2011, p. 316). Chen and Lewis (2011) likewise found that students' home-country perceptions of what being sick meant compared to the Western medical models played a role in student perceptions of counselling.

A further reason for not using services seems to be the stigma concerning mental health. Sandhu (1994) highlights that students might "fear being labeled mentally ill" (p. 235) and might "hesitate to discuss personal psychological problems due to various stigmas and would suffer rather than to actively seek out psychological help" (p. 234). Hyun and colleagues (2007) identify stigma associated with the idea of expressing emotional states with another person—often an expectation within Western psychotherapy—as another barrier to using services.

Still yet, for other international students, their perceived local language proficiency can impact how they might feel within therapy. Yoon and Jepsen (2008) identify language as one of the perceived barriers for more than the half of Asian international student sample in their quantitative research study. The authors suggest that the less proficient a sojourner feels, the less likely will they find counselling and talk-therapies appealing. Lastly, Sandhu (1994) highlights that sojourners might simply not be aware of the counselling services provided and might therefore not actively seek help through counselling services.

### ***Canadian Research Related to Pre-Encounter***

Regarding mental health and international students, past Canadian research has theorized students' most common concerns (C. P. Chen, 1999); the similarities to and differences from the Canadian student population; students' impressions of counselling (Willis-O'Connor, 2014); as well as stigma. Some researchers tend to focus on how to engage international students in counselling (Arthur, 2004, 2016; Collins & Arthur, 2010; de Moissac et al., 2020; Popadiuk & Arthur, 2004), career-related concerns (Arthur et al., 2003; Arthur & Flynn, 2011; Linkeš et al., 2018), and psychiatric concerns (Lee et al., 2016).

The research that has been conducted thus far aims to bring useful tools and practices to the practitioners (Willis-O'Connor et al., 2016); to identify the most common concerns; to shed light on career-related transitions (Arthur et al., 2003; Arthur & Flynn, 2011; Linkeš et al., 2018), or to advise what pre-emptive measures to undertake within organizations (Arthur & Popadiuk, 2015; de Moissac et al., 2020).

### **During-Encounter**

The following section covers literature concerning the actual counselling encounter. The section will include an overview of reasons why sojourners attend counselling, what is known about their actual experience within it, and premature termination.

#### ***Reasons for Attending Counselling***

When it comes to identifying concrete presenting concerns, Yi et al. (2003), in their quantitative correlational research utilizing pre-counselling questionnaires, report that the main reason undergraduate international students attended counselling was to seek help for academic concerns (85% of respondents). The international students identified their emotional concerns as being 'worried' or 'extremely worried' about experiencing anxiety (82%) and depression (74%). This inquiry is supported by a quantitative analysis of international students' intake questionnaires conducted by Mitchell et al. (2007), as well as Kawamoto et al. (2018). These authors identify academic distress and social anxiety as the primary source of concerns for their samples of sojourners in the United States. However studies conducted by Mitchell et al. (2007) and Yeung et al. (2022) also highlight that, within their samples, international students reported higher suicidal ideation and higher rates of utilizing crisis services compared to U.S. students.

It is important to note that existing literature emphasises seeing sojourners as "hiding" their real concerns when arriving to counselling, and that the concerns they present with might in fact be of a deeper nature rather than the concerns students initially present with (Hyun et al., 2007). Hyun and colleagues expand by stating that it seems easier for international students to present with concerns such as lack of financial support, rather than intrapersonal concerns. Kawamoto et al. (2018) also point out that despite sojourner's high prevalence in reporting academic concerns as their top priority, their grade averages tend to be higher than averages of the local students. Other research points out that some international students might feel more

willing to present somatic (body-related) concerns over those of an emotional or cognitive nature (Yoo & Skovholt, 2001). In the absence of studies exploring the lived experience of international students, there exists a tendency to assume or speak for sojourners and, as a result, “problematize” and pathologize the international student population (Pedersen, 1991; Popadiuk & Arthur, 2004; Yoon & Portman, 2004).

### *Lived Experience of Counselling*

The published qualitative literature is rather silent regarding sojourners' actual experiences of a counselling encounter. One Canadian study attempted to find out what aspects sojourners found helpful and unhelpful about counselling through researcher-guided reviews of filmed pseudo-counselling encounters (Willis-O'Connor et al., 2016). In the study, eight international participants initially engaged in a video-recorded mock counselling session with counsellor-trainees that focused on rapport building using images. Afterwards participants were interviewed about their experience using a semi-structured protocol while watching the recording. The study identified five helpful counsellor qualities and techniques: active listening, casualness, direction, enthusiasm, and connection with client's culture; and three hindering factors: language barriers, fast pace, and counsellor disengagement.

Another qualitative experimental study conducted by Zhang and Dixon (2001) in the United States attempted to study Asian international students' experiences within 30-minute pseudo-counselling interviews with 6 trainee counsellors who responded in either a culturally-sensitive manner or without regard to culture. The purpose of the study was to research whether either experimental condition led to a higher rating of the counsellor's cultural competency and sojourner's perception of helpfulness and expertise. Both conditions were rated positively by the participants with higher ratings for the culturally-sensitive condition.

Another qualitative study conducted in the United States focused on the reluctance of East Asian international students towards counselling and how living within the United States changed this perception (H.-M. Chen & Lewis, 2011). In the study, six sojourners with some or no counselling experience engaged in qualitative interviews to discuss their understanding of counselling, the discourses around counselling in their home-countries, and how likely they would be to seek help. Overall, the study reported hesitance of the sub-group to attend

counselling, however with noted improvement correlated to number of years in the United States and previous exposure to counselling.

A final example that speaks to sojourner's lived counselling experience is an unpublished thesis manuscript by Najmi (2013) based on qualitative interviews of three students from Iran and Mexico. Najmi in her thesis engages in a phenomenological analysis of semi-structured interview responses with three participants to investigate the international students' past experience of counselling at a university counselling clinic; specifically, the circumstances prior to counselling, the counselling process, the therapeutic relationship and the termination and aftermath. Najmi further asks participants for recommendations regarding counselling. The results of the study are a thematic analysis of the interviews, as well as descriptive researcher-written summaries of the individuals interviewed. Overall, the study concludes that the interviewed sojourner's counselling experiences were positive and helpful, and that counselling services ought to be more accessible and de-stigmatized for other sojourners. The study acknowledges that two of the three participants were studying to become counsellors at the time of the study.

Other research literature on sojourners' experience within counselling seems to be written primarily from: the researcher's practice-based experience (e.g., Arthur, 2004, 2016; Arthur & Collins, 2010; Pedersen, 1991); a position of power such as a university administrator (e.g., Brinson & Kottler, 1995a, 1995b); or a reliance on quantitative questionnaires (e.g., Poyrazli et al., 2004; Shea & Yeh, 2008; Yoon & Jepsen, 2008). Moreover, there do not seem to be any published client-centered studies that provide the space for international students to share and reflect on what their counselling experience was actually like, and those that do address such experiences attempt to categorize them in a dichotomous manner as either helpful or unhelpful.

### ***Premature Termination of Counselling***

Connected to notable lowered use of counselling services is retention. Nilsson et al. (2004) reveal that even when international students utilize counselling, they are more likely than local non-minority peers to terminate counselling after a single session. The rate of utilization and positive approach to seeking help seem to be mediated by the level of acculturation this population experiences within their host-country. The higher this perceived acculturation, the more positive the attitude towards access of mental health services (N. Zhang & Dixon, 2003).

Quantitative research by Shea and Yeh (2008) similarly suggests that the less the individual's adherence to the values of their home-country, the more positive their approach to help-seeking.

It also is important to note that for international students, the first counsellor they meet might inevitably influence their whole perception of what counselling is and can be, as well as be the only perceived opportunity to engage in counselling throughout their life. Zhang and Dixon (2001) identified that Asian international students tended to perceive the counsellor's cultural responsiveness to them within the first session as influential to perceiving the counsellor as trustworthy, thus affecting their decision to return to therapy. Similarly, Yoon and Jepsen (2008) report that the majority of international students in their sample expressed concerns about the responsiveness and expertise of counsellors within university counselling centers, and that this majority in fact perceived the counselling centers as resources only for the local non-international students.

### **Post-Encounter**

This “post-encounter” section addresses the last timeframe of the study's scope—what comes after the counselling encounter. As such, I provide an overview of what researchers have deemed as helpful and hindering factors in counselling and discuss the lack of research for this timeframe.

#### ***Helpful and Hindering Factors in Counselling***

There exists a broad body of research which attempts to identify what international students wish for and report as hindering in counselling based on sojourners' experiences or experimental mock encounters. Most of this research is conducted quantitatively through analyzing surveys, self-reports, and collected information from university counselling centers (D'Rozario & Romano, 2000; Hyun et al., 2007; Kawamoto et al., 2018; Yeh & Inose, 2003; Yi et al., 2003; Yoon & Jepsen, 2008), with some qualitative approaches (Alazzi & Chiodo, 2006; H.-M. Chen & Lewis, 2011; Robertson et al., 2015; Willis-O'Connor et al., 2016). Suggestions for helpful factors include, among many others, a familiarity with the counsellor (H.-M. Chen & Lewis, 2011), a more directive and structured counselling approach (D'Rozario & Romano, 2000; Khoo et al., 2002a; Yoon & Jepsen, 2008), a less directive counselling approach (D'Rozario & Romano, 2000), a non-accusing tone to accommodate Asian sojourners (H.-M.

Chen & Lewis, 2011), greater cultural responsiveness (Arthur, 2016; Kawamoto et al., 2018; N. Zhang & Dixon, 2001), similarity of cultural backgrounds (e.g., H.-M. Chen & Lewis, 2011), as well as expanding services to non-stigmatized settings such as campus health clinics (Kawamoto et al., 2018).

Hindering factors in counselling most cited in the research literature include students' perceived language barrier (e.g., C. P. Chen, 1999; Yi et al., 2003; Yoon & Jepsen, 2008). Other factors include but are not limited to perceived lack of direction provided (e.g., D'Rozario & Romano, 2000; Yoon & Jepsen, 2008), unfamiliarity with the concept of counselling (Hyun et al., 2007), cultural stigma or shame related to emotional expression (Hyun et al., 2007; Yeung et al., 2022; Yoon & Jepsen, 2008), and perceiving cultural insensitivity in the counsellor (Yoon & Jepsen, 2008).

Researchers have likewise attempted to distinguish preferences across subgroups of international students. This body of research aims to determine whether counselling preferences differ between sojourner groups, or between a particular sojourner group and the host population at large. Such research has focused on the preferences of: graduate international students (Hyun et al., 2007; Yi et al., 2003); Middle-Eastern students (Alazzi & Chiodo, 2006); Asian undergraduate students (Yeung et al., 2022; Yi et al., 2003; N. Zhang & Dixon, 2001, 2003); East-Asian sojourners (H.-M. Chen & Lewis, 2011); and European, African, Asian or Latinx American sojourners (Kawamoto et al., 2018; Yeh & Inose, 2003). Overall, most of the aforementioned studies and reviews regarding sojourner preferences are not based on testimonies of actual sojourners. Rather, the studies seem to focus on (a) mental health practitioners' experiences with this diverse populations (Arthur, 2004, 2016; Pedersen, 1991); (b) researcher suggestions, interpretations, and implications from discussing quantitatively-gathered data (e.g., Yi et al., 2003; Yoon & Jepsen, 2008); or (c) interpretations of international students' responses to watching different counselling approaches via video (D'Rozario & Romano, 2000).

Beyond reflecting on helpful and hindering aspects of counselling, when it comes to international student experience after a counselling encounter in Canada, little is known. To the author's best knowledge, there is no quantitative and very limited qualitative exploration of the aftermath of counselling with international students.

### **International Students as the 'Problem Population'**

This closing section of the literature review aims to bring to light the current discourse regarding international students as 'the problem population.' Within the counselling psychology literature, past research tends to 'problematize' and promote 'othering' of the international student (Arthur, 2004; Pedersen, 1991). According to Arthur (2004), 'othering' of the population might be best understood when one imagines a domestic university campus. The primary population for whom the campus is built and designed for is the domestic student majority. The international students are viewed and represented as the 'other group' in addition to the domestic students. 'Othering' is not only a theorized concept, it is a perception reported by sojourners, who often see themselves as excluded from campus community and culture (Tavares, 2021). As such, this population is positioned apart from the domestic population—introducing immediate differences in status and power (Arthur, 2004). The international student group henceforth attains the minority group status and, as Sandhu (1994) points out, becomes "silent" due to the difference in language skills and knowledge of local social skills, and the power-imbalance which ensues. 'Othering' leads to totalizing the diverse group of individual international students under the homogenous term of "international students" and to marginalizing their diversity needs to the generalized "needs of international students" for the university staff and faculty.

The tendency to problematize and promote 'othering' in university settings has been addressed elsewhere (Audet, in press) and, in turn, leads to a tendency to generalize this population as a problem-population (Pendse & Inman, 2017). The tendency to generalize can in turn overemphasize and sensationalize the negative, hand-in-hand with the tendency to pathologize the population and can result in further perpetration of problem-population discourse in research and among service providers (Yoon & Portman, 2004). Being an international student myself, such a conceptualization of a population I was a member of feels alienating and ostracizing. Being considered a "problem population" also adds to the vicarious stigma international students may experience if seeking assistance for their struggles and contributes to their hesitance in accessing counselling (Arthur, 2004).

However, in the past decade a gradual shift away from the problem-laden focus on international students has occurred, especially within Canada. Arthur and Popadiuk (2004) recently invited researchers and policy-makers to perceive the population from a different

perspective. They conclude from their critical examination of the counselling literature that “the ways that international students have been represented in the literature may contribute to barriers for effective counselling services” (p. 125). Arthur and Popadiuk (2015) subsequently call for an emphasis on the difficulties which international students face within host-countries, but also on the positive aspects of these cross-cultural transitions. And more broadly Arthur and Collins (2014) call upon involvement of social justice principles into the work of mental health practitioners, especially when working with vulnerable populations. The call is echoed in the United States by Anandavalli, Harrichand and Litam (2020) who call upon counsellors to “engage in advocacy efforts that dismantle systems of oppression at various levels, including within the community, in university/college settings, and in state and federal policies” (p. 372).

### **Rationale for the Study**

From reviewing the literature, studies which give international students a place to voice their experience with counselling have been largely missing from published research. As a minority population which experiences many complex concerns (see Pre- and During-Encounter section) exacerbated by their temporal status in a country and reports higher risks of suicide compared to domestic students (Mitchell et al., 2007; Yeung et al., 2022), international students have not been given a place to voice their own unique meaning-making. Indeed, as Sandhu (1994) states, sojourners currently pass as a silent minority within university systems. The current limited qualitative inquiry prevents those concerned with international students, such as mental health providers, professors, university-administrators, policymakers, as well as other sojourners, to perceive the complexity and uniqueness of individual students as they navigate their experience within Canada.

Within Canada, only two studies highlighting international students' voices were found in the counselling literature. One is a published study highlighting what international students might have found as helpful and hindering within video-taped mock counselling encounters (Willis-O'Connor et al., 2016). The other is an unpublished thesis manuscript by Najmi (2013) based on qualitative interviews of three students from Iran and Mexico.

Little is known from the perspective of students about what their conceptualization of counselling is and what brings them to consider accessing it (pre-encounter). Neither does the

literature seem to address how students make sense of and understand their actual experiences of counselling or its aftermath.

Understanding international students' unique meaning-making as it pertains to the entire counselling journey might provide a space of reflection and learning for the campus stakeholders involved in supporting sojourners, as well as provide hopeful insight for sojourners who are considering counselling. Currently, while many researchers suggest ways of approaching counselling with international students—undoubtedly from a place of compassion and good intentions—their suggestions privilege researcher and practitioner opinions and interpretations rather than insights from international students based on their counselling experiences. As a former international student, I therefore believe that international students ought to be provided a space to voice their own narratives—be able to tell their experiences to others without fearing being “problematized” in the process.

### **The Current Study**

Previous research focusing on the international student population in the context of counselling has largely been quantitative (e.g., Bong Joo Hwang et al., 2014; Hyun et al., 2007; Mitchell et al., 2007; Nilsson et al., 2004; Russell et al., 2008; Shea & Yeh, 2008; Yoon & Jepsen, 2008), and centered on statistical analyses of intake questionnaires or survey questionnaires. In fact, according to a 34-year content analysis of the international student-focused counselling research, only 14% of the reviewed studies was identified as qualitative research (Pendse & Inman, 2017).

Most of the reviewed quantitative studies generalize findings to the whole international student population or just a sub-group of this population. Their findings and recommendations are often presented as informing stakeholders of what the whole or region-specific sub-set (such as “Asian” students) of the international population wishes for in their support. This approach risks essentializing the population and omits the uniqueness of each individual's experience and the intra-group differences (Arthur, 2004). Further, attempts to present these generalizations as representative of the international student population and its “problems” lead to a tendency for researchers to overemphasize the negative, hand-in-hand with the tendency to pathologize the population (Yoon & Portman, 2004).

While quantitative findings provide important information, such as rates of service utilization, sojourners' reasons for accessing counselling, and statistically significant inter-group comparisons, they also risk underrepresenting the uniqueness of each individual student deciding to pursue their studies at a foreign institution and to access counselling. Moreover, while a review of the limited qualitative studies available (e.g., Chen & Lewis, 2011; Moores & Popadiuk, 2011; Willis-O'Connor et al., 2016) provides insight into the counselling experiences of international students and mitigates essentializing the population "as one," none of the studies position the international students' experience and journey at the center of the inquiry.

As a former international student and researcher, I wished to contribute to the research by offering a voice to international students who have accessed counselling within Canadian higher education institutions. This study aimed to further the field's understanding of the sojourners' experience of counselling as it relates to three temporal timeframes: pre-counselling, during-counselling and after-counselling. My research was centered around the research questions:

- 1) What are the narratives of international students who have experienced a counselling journey in Canada?
- 2) What are sojourners' constructed narratives of counselling in Canada?
- 3) How do these narratives inform and/or resist larger societal discourses about international students and their mental health seeking?
- 4) What can we learn from these narratives when creating support systems for international students?

I applied the methodology of narrative inquiry to elicit international students' narratives of their journey as it occurs prior to, during, and after the counselling encounter. Creating a space for the voices of international students may move them away from the margins, providing them and their experiences more visibility and a shift away from the existing problem-saturated discourse. Indeed, Montgomery concurs that focusing on the individual and unique stories of international students is crucial in "developing a positive image that counteracts [the] deficit model...applied to international students" (2010, p. xv).

### Chapter Three: Methodology

#### Narrative Inquiry

This study draws on narrative analysis—a form of narrative inquiry in which the outcome is a story—as its methodology (Polkinghorne, 1995). Narrative inquiry research typically centers around the investigation of individuals' lives through their stories and their storytelling (Creswell, 2013; Riessman, 2008). In the process of narrative analysis, the researcher configures the data generated and collected elements through the means of a plot into final storied narratives (Polkinghorne, 1995). The type of data that may be used in narrative inquiry range widely from archival stories to spoken word. In this study, narrative inquiry was used in connection with international students' told stories within an interview.

Within this study the focus centers on personal narratives, which Chase (2018) defines as “a distinct form of communication: It is meaning making through the shaping of experience; a way of understanding one's own or others' actions; of organizing events, objects, feelings, or thoughts in relation to each other; of connecting and seeing the consequences of actions, events, feelings, or thoughts over time (in the past, present, and/or future)” (p. 549). These personal narratives translate into lived experience.

Narrative inquiry also allows the researcher to include the holistic experiences of participants with all of their complexity and richness, including cultural, societal, and political contexts (Mertova et al., 2019). Given its focus on capturing rather than understanding an individual's experience, the methodology is well suited to forefront a population's (e.g., international students') underrepresented voice, unveil problem-laden stories surrounding counselling services, and create opportunities to generate new and perhaps more hopeful narratives that discourage historical problematization of the population (Huang et al., 2022; Oyelana et al., 2024).

In narrative interviewing, the researcher follows a curiosity-filled line of questioning through which he attempts to capture and deconstruct the participant's unique understanding and meaning-making of their lived experience (Polkinghorne, 1995). The guiding questions within narrative interviewing need to be constructed such that they will allow the person to respond in ways they find personally meaningful and allow for answers that explain their meaning-

making—questions such as “How did this happen?” or “Why did this come about?” (Polkinghorne, 1995, p. 15). Given the nature of these questions, it is important for the interview process to be as close to a conversation as possible—to ease the interviewee’s willingness to share their stories within the research context (Riessman, 2008) and allow for the researcher to inquire about aspects that are left unstated by the participant when answering a line of inquiry. The focus on “the unstated” helps to uncover the unique assumptions, discourses, and past experiences that an individual might utilize to understand their experience. Throughout the interview, the researcher acts as an active listener and collaborator in this investigative process conducted through extended semi-structured lines of inquiry (Riessman, 2008). The stories participants reveal within their personal narratives are “unpacked” throughout the research process starting within the interview—creating what might be considered “knowledge.”

The narrative researcher is never a passive observer in the process. Throughout, as he gathers these stories, he is actively collaborating with the participant to thicken and develop their personal narrative into one that has a beginning, middle, and end. These temporal parts of the elicited personal narrative may result in self-standing chapters of the participant’s experience. Through this collaborative process the researcher and participant highlight the encompassing past stories and the participant’s role within them to help understand the participant’s past and present personal narratives. Narrative inquiry might thus shed light on alternative narratives or unveil more hopeful narratives. As a method, narrative inquiry offers an opportunity to provide space to the participant’s voice and the uniqueness of their story as it pertains to the phenomenon explored.

Narrative inquiry is a methodology that can also provide context and nuance to what quantitative research is currently stating about international students and counselling experiences. Rather than engaging into identifying themes within the gathered data, this study’s narrative analysis aims to present a unique synthesized final storied narrative for each participant that has a beginning, middle, and end. These final storied narratives have been configured—or “emplotted”—by the researcher from the gathered data and represent the participants’ unique storied account of their experience. Such a creative aspect in the narrative inquiry analysis process is well-documented and demonstrated in research (Gibson et al., 2023; Wong-Wylie,

2006, 2015). In the case of this study, these final storied narratives showcase the sojourner's unique experience with counselling in Canada.

### **Participant recruitment and selection**

Upon receiving approval from the University of Ottawa's Research Ethics Board (Appendix H), I recruited 3 international students within the Canadian higher education system who have had at least one session of counselling or psychotherapy with a Canadian-based counsellor or psychotherapist. The requirement of having engaged in at least one session allowed me and participants to engage into the discourses regarding counselling prior, during, and after the initial session. The number of participants was grounded in suggestions from the theory of narrative research in which even one narrative account is enough (Creswell, 2007).

Given the COVID-19 pandemic, and to be able to cover a larger geographic region, my recruitment process consisted of convenience sampling across Canada through online postings via a recruitment letter (Appendix C). Participants were recruited through online platforms (e.g., Facebook, Newsletter) such as online groups of international students, the newsletters of student unions, advocacy groups, and international student clubs at different universities. Sojourners who wished to have their voice heard were asked to contact me by email. Once the participants reached out to me through email, I provided them with a more detailed study description (Appendix D), answered any questions regarding the study, and finally verified whether they met the inclusion criteria by asking screening questions (Appendix E).

### ***Inclusion Criteria***

The screening questions consisted of (a) currently being an international student in Canada, (b) being 18 years and older, (c) having participated in at least one single counselling session whilst in Canada, and (d) not engaging in therapy at the time of participating in the research interview (Appendix E). Following the fulfillment of the criteria, I proceeded to schedule an interview by the videoconference platform Zoom (Gray et al., 2020). Each interview lasted approximately an hour. Due to public health and safety measures required in response to COVID-19, no in-person interviews were a possibility.

Interestingly, after screening had taken place and once immersed in the interview, it surfaced for one participant (Karin) that she was actually unclear whether she was still an

international student at the time of the interview (eligibility criterion (a)). Since the reasons for her lack of clarity had to do with a lack of response from the university administration regarding next steps in maintaining her student status, it seemed appropriate and ethical to nevertheless include her story. Pertaining to eligibility criterion (d), a second participant (Mawmo) informed me during the interview that while she was in the midst of resuming therapy, for the purpose of the interview she had chosen to reflect solely on a previous bout of therapy that she had completed prior to participating in the study that regarded a personal crisis. Similarly, given the urgent nature that brought her to her first therapy experience had been resolved, it seemed appropriate and ethical to include her story in this study.

### **Consent Process and Data Collection**

With the interview time, date, and platform confirmed, the participants were emailed the consent form (Appendix B), which the participants were asked to review prior to the scheduled timeslot. Each participant's consent was obtained during the scheduled meeting time prior to the beginning of the interview (see Appendix A). The consent process included a review of the consent form and an opportunity for the participant to raise questions or concerns. The participants were then invited to verbally consent prior to starting the recording of the interview. Due to virtual online platform interviews, the participants were asked to re-iterate their verbal consent once the recording commenced.

As part of the interview, and to further protect participant identity, the participants were invited to think of a pseudonym that they wished be used within the final storied narratives. The participants were also asked to provide background information (e.g., demographic, duration of current sojourn, province of university, and use of services), through questions found in Appendix A. This information was collected for the purpose of contextualizing the personal narratives offered during the interview, the resulting storied narratives, and my reflective observations and findings in the discussion.

### ***Ethical Considerations***

**Resources.** While attention was paid through reflection to not have the interviews turn into a therapeutic engagement, there was still a possibility of the interviews unveiling traumatic and challenging topics in the student's lived experience. I therefore came into each interview

with a list of free culturally-conscious supports at hand—suicide hotlines, post-secondary helplines, chatlines, crisis lines, and other community resources. This list was mentioned during initial informed consent and provided to the participant at the end of the interview by email to facilitate a seamless transition to any of the resources available.

**Identity Protection.** Given that this narrative inquiry aimed to uncover the unique journey of individuals through the counselling system while at a post-secondary institution, it might mean that an individual might be identifiable by the circumstances revealed in their narrative. It was important to collaboratively conceal the individual's identity by letting them choose a pseudonym, giving them a choice of selecting a neighbouring country of origin, and never indicating the name of the post-secondary institution attended. These efforts were taken to protect participants from any possible negative repercussions their story-telling might expose them to—be it from systems, institutions, friends, or family.

### ***Data Generation***

Data generation occurred through a recorded narrative interview process where each of the participants was asked questions focusing on three temporal frames (aka chapters) of their past counselling experience—the pre-counselling chapter, the counselling encounter chapter, and the after-counselling chapter (see Appendix A). Given the nature of the narrative research, the points of inquiry (questions) were intentionally broad and flexible in order to follow the student's personal narrative. As the interviewer, I served as a tool to co-create and ground the temporal chapters within the interviewee's personal narrative. The narrative interview entailed the method of curiosity-based questioning and clarifications of the participant's words and understandings as related to three distinct time frames—pre-counselling, during-counselling, and post-counselling. The lines of inquiry originated from the reviewed theoretical and empirical literature, and from my personal and professional experiences as an international student. Examples of such lines of inquiry can be found in Appendix A (separated in terms of the three distinct timeframes), and include questions such as: "Tell me about the time when you first heard of counselling?" (pre), "What was it like to get to know about it?" (pre), "What stood out to you during the counselling encounter?" (during), "How did you make sense of the experience that you have had with counselling?" (post). Prior to the commencement of the actual interviews, the proposed lines of inquiry were piloted with my international student friends whose feedback helped ensure the questions created space for interviewees and strengthen my narrative stance. The interviews were

securely audio-recorded through the use of a simple recording device, as well as through sound-capture using the computer's software. The aim of these recording methods was to not detract from the collaborative interview process. At the end of the interview, participants were emailed the list of mental health support resources (Appendix F) regardless of whether the interview may have generated any emotional discomfort.

### **Narrative Analysis Steps**

The narrative analysis was guided by Hunter's (2010) observations of the importance for researcher's continuous and mindful reflection on the alignment between a chosen form of analysis and the gathered narrative data. It was therefore important for me to continuously reflect whether a form of analysis continued to "fit" the gathered narrative data, rather than vice versa. This social justice driven approach was adopted to prevent any silencing of the voices generated through stratification and simplification of the data. Paying attention to the uniqueness of all stories generated through each interviewee's personal narrative therefore meant spending considerable time in questing for a format through which the participant's character and uniqueness could shine through. In the end, each sojourner's story and experience took the form of a written narrative, aligning with previously conducted narrative studies with sojourners in other domains (e.g., Brazill, 2021; Gibson et al., 2023; Huang et al., 2022; Oyelana et al., 2024). Still, each of the final storied narratives follows a different format and style in order to enhance their verisimilitude and evoke what participants have lived through and experienced (Loh, 2013). The steps utilized for this narrative study are described below:

1. *Interviews and participant engagement.* The first step of the analysis process were the interviews themselves, in which I gathered the personal narratives and got to know the participants through the interview encounter and questions outlined in Appendix A.
2. *Interview transcription.* In step two, I transcribed the recorded interviews, focusing on the content that was co-constructed during the interview. The transcription process was informed by Catherine Kohler Riessman's acknowledgment of transcription as the continuation of the interpretation process. Riessman highlights that "our interviewing and transcription practices ... play a major part in constituting the narrative data that we then analyze. Through our

presence, and by listening and questioning in particular ways, we critically shape the stories participants choose to tell” (Riessman, 2008, p. 50). It was my intent to capture the dialogical, collaborative nature of the interview process in the transcripts.

3. *Interview member-checking.* Once the transcription of the interviews was completed, I requested the participants verify the information over a two-week period and alert me to any changes or desire to withdraw parts or all their participation in the study. Only minor changes relating to specific terms and words used were offered by participants. No participants withdrew any aspects.
4. *Restorying along temporal timeframes.* In order to help clarify the timeline of participants’ verified personal narratives, I transformed these into chaptered personal narratives along distinct temporal constructs of pre-, during- and after-counselling—a process which Creswell (2007) calls “restorying.” This temporal representation summarized all data gathered from the interview, prioritized each participant’s unique story, and aimed to preserve the three distinct timeframes of the study’s focus (pre, during, and after) as related to the counselling encounter. This step facilitated the identification of a plot within each personal narrative.
5. *Plot identification.* Step 5 involved searching for a “plot” within the chaptered personal narratives along temporal lines and all the data generated and gathered for each participant. A plot is defined by Polkinghorne (1995, p. 8) as “a type of conceptual scheme by which a contextual meaning of individual events can be displayed.” The search for these plots drew on thorough engagement through reading and re-reading the original and transformed transcripts. To help unveil the plot, I also channelled my past research on sojourners, my familiarity with the literature, my experience as a psychotherapist, as well as my experience as an international student. Through this engagement, a plot emerged for each participant and allowed me to “configure the data elements into a story that unites and gives meaning to the data” (Polkinghorne, 1995, p. 15).
6. *Final storied narratives writing.* The last step of the analysis was the writing of the final storied narratives of each participant. These final storied narratives differ from the previously aforementioned chaptered personal narratives, as they are not

just compilations or aggregations of the gathered data. Instead, each final storied narrative has their unique plot and is self-standing. These final storied narratives represent the participant's unique experience and sense-making and are the main outcome of the study. During this story-writing process, as Polkinghorne (1995) points out, it might occur that the researcher needs to omit some data elements in the final telling of the story, such as elements that are not contradicting the plot but also do not help develop it. While I tried to make sure most salient aspects of the interviews were captured, it might have occurred that I did not fully capture the sojourners' told stories. I also prefaced and followed every final storied narrative with my personal comments and reflections as an aid for legibility and continued exercise in researcher positionality.

### **Researcher's Meaning-Making of the Final Storied Narratives**

Given the chosen methodology, no additional analysis was needed, however narrative inquiry invites researchers' reflections on the generated stories. Still, because of my positioning as a former international student who experienced counselling, as well as a former counsellor in the university setting, I chose to provide reflections on the final storied narratives in a separate chapter that precedes the discussion chapter. Common to narrative inquiry, the purpose of these chapters was to engage in an interpretive meaning-making on my part as an insider (e.g., Brazill, 2021; Oyelana et al., 2024), to connect any salient observations, similarities, differences, or any other impressions within the final storied narratives to the larger discourses of society and research (Riessman, 2008). Such connections were illustrated through vignettes containing participant's words.

With the final storied narratives and the discussion of my interpretations and meaning-making of the narratives, I aimed to: (a) help reveal the unique narratives that sojourners identify with when navigating mental health struggles; (b) help contextualize facilitative and challenging aspects of the counselling journey and ways forward to assist future sojourners; and (c) enrich university stakeholder's understanding of and cultural responsiveness to sojourners' needs.

### **Addressing Credibility through Positioning and Positionality**

As a method, narrative inquiry places emphasis on the inclusion of the researcher-interviewer as an active participant and “the main research tool” in the process (Stuhlmiller, 2000, p. 65). Therefore, as with other qualitative research methods, it becomes important for the researcher-interviewer to enter into continuous reflexivity in order to help understand how one’s own personal experience might shape the research outcome (Berger, 2015). I therefore engaged in a continuous process of critical reflection throughout the study to help reveal my personal stakes within the generated stories and to strengthen the study’s trustworthiness (Berger, 2015).

### ***Narrative Researcher’s Positionality and Trustworthiness***

The narrative researcher holds a unique position within the research context. He is not seen as an objective listener as with some other qualitative methods; rather, he is a collaborator and interpreter of knowledge. The researcher may, as White (2000) suggests, listen to what is “absent but implicit” in the participant’s words—a type of listening that engages the researcher into the unique meaning-making of the person and into attempts to unpack stories they told within their personal narrative with a line of curiosity-filled inquiry. As this process inherently involves the person and identity of the researcher, it becomes important for the researcher to engage in continuous reflective practice to center the inquiry on the collaborative unpacking of the participant’s understanding—rather than solely on the researcher’s understanding. To this end, I share my own narrative in Appendix G related to my experience as an international student, and I used a research journal as a method for reflection throughout the study. I journaled about the research process and my entangled experience as former international student, psychotherapist, and researcher, as well as reflected on how my change in immigration status impacted the study.

In order to further increase the trustworthiness of the study, I followed the suggestions regarding credibility, transferability, dependability and confirmability from Lincoln and Guba (1986). To enhance *credibility*, I engaged extensively with the subject matter and research participants through the means of the interview, and member-checking from participants. For enhanced *transferability*, I provided thick contextual descriptions regarding the gathered voices from participants, as well as the interpretive steps when creating the final narratives. I also detailed my interpretive thinking process through the aforementioned research journal. For

*dependability* and *confirmability*, I engaged the external audit of the thesis supervisor to establish a review by an outside party to the process.

To further facilitate the narrative positionality, I disclosed my background as a former international student and practicing therapist to the participants, and followed the suggestions of Berger (2015) who found that a personal disclosure of her background to a vulnerable population helped facilitate a safe and trusting space for the collaboration to take place. Stuhlmiller (2000) echoes and supports the researcher's personal disclosure of a shared background—believing these to be important for participants to feel heard and understood, rather than evaluated. The flipside of this decision to self-disclose the researcher's status may be that sojourners might be tempted to skip defining their unique experience, believing that it is shared and “understood” by the researcher. It was therefore important for me to be conscientious of this flipside and persist in listening for and pursuing “the absent but implicit” in the student's constructions.

### ***Researcher's Brief Personal Positioning***

I found it important to acknowledge that as a former international student of at least 10 years myself, I have a deep connection to the experience of fellow sojourners—I have lived it and have been living it within the contexts of Czech Republic, Bosnia and Hercegovina, United States of America, and lastly Canada. Second, I wish to acknowledge my view that no two sojourners' experience is alike—as all experiences are unique and resulting from a myriad of experiences before and after the sojourn. Lastly, I also find it crucial to acknowledge that my personal experience inevitably permeates into all aspects of the research process. I stand by this influence and believe that this personal experience as an international student within the Canadian context allowed for a deeper connection to this topic.

## Chapter Four: Final Storied Narratives

### Researcher's Preamble

Conducting the narrative analysis, as inspired by Polkinghorne (1995) and Riessman (2008), was a daunting challenge for me as the researcher. Being driven by personal values of social justice and efforts to “do justice” and due diligence to the participants while wishing to showcase my profound appreciation for their time, trust, and vulnerability came at times with a weight of responsibility I did not anticipate. In line with my values and the chosen method of analysis, I engaged in-depth with each of the three interviews conducted, re-reading and processing the participants' answers to my questions. Creating timelines to understand each participant's sojourn allowed for further engagement and for discovering plots within the sojourn. I began to construct a stand-alone narrative for each participant representing them as the central character in each narrative. It was important for me to capture each participant's spirit and uniqueness, and imbue these into their “character” within the final storied narratives for the readers. Thus, after undertaking many iterations, each final storied narrative is unique in the shape and form through which it is presented. It entailed a process of writing and re-writing, guided by my supervisor's mirroring of transcript content and offering of insights to assure final storied narratives reflected the interview data as closely as possible. As such the process of narrative analysis was laborious and often emotionally tasking, especially as I straddled conveying the stories and experiences of participants with synthesizing them into final storied narratives of my own creation.

The final storied narratives tell the stories of three international students—Karin, Akshay, and Mawmo—as they navigate their sojourn in Canada across three different higher education institutions. Each of them accessed mental health services at some point in their sojourn, and it was this accessing of services that became the middle-point of each narrative, while highlighting the before and after of the counselling journey. Thank you for taking the time to read these narratives and engage with the stories and voices within them.

### **Introducing Karin's Narrative**

The storied narrative you are about to engage with aims to bring the reader into the experience of Karin as she navigates her Canadian sojourn and mental health supports. The storied narrative draws inspiration from the imagery that the interview brought up to help readers get an experience-near idea of what Karin felt like. After much consideration of whether to narrate in the first-person or third-person voice of the participant, I consciously chose to apply a first-person perspective. I made this decision with the belief that it would better allow the reader to connect to Karin's experience, begin seeing the world through her eyes, and therefore create an emotional connection and reaction to her experience. I felt that using the third-person perspective would have created a distance between the reader and the main character, potentially reducing the participant to a research subject to be analyzed and compared. Nonetheless, Karin's narrative is a representation of the participant's experience, written by me and inspired from the interview. To reduce the distance between the participant's words and the character's felt experience, I chose to interweave the participant's words (indicated by double quotation marks) with my subjective interpretation of her story. What follows is Karin's story.

#### ***Karin's Narrative: The Role-Playing Game***

*"As an international student, you're kind of like a character in an RPG adventure game."*

— Karin Groenewoud

My name is Karin Groenewoud, I come from a country in Europe—let's say Belgium. I am a 33-year-old white cis-gendered woman using pronouns she/her. I'd like to tell you about my experience with graduate school and mental health in a British Columbian university. It was around 2012 when I decided to start my sojourn in Canada as an international student to pursue a PhD degree in the sciences. No matter how much I tried, sought out resources, or powered through with all my willpower, till this day I never finished the degree. I was left burnt out—sick and exhausted by a system I believe rendered me invisible.

Nowadays, I like to think of my sojourn as an immersive 3D virtual reality role playing game (RPG). Imagine you just bought the game in a store at which you had to prove that you deserve to play the game (show an invitation letter, be the right age, have the right type of financial support, set of skills and experience). This game is all the hype in the academic world! Hearing reviews from senior staff like, 'Oh you should totally p[l]ay this game! Everybody

should!' Given that it is a game that everybody wants, you have to compete with others in line to get your hands on a copy—the promise of an exciting life-changing cutting-edge adventure in a different country and environment, which has the chance to contribute to the world in an impactful way. The moment of having the welcome package in your hands is great. Still, you know that once you purchase this game, there are some investments you have to make—namely all the set up in order to be able to fully enjoy the experience. You pay for upgrading your technology. You request special visa permissions to enter this virtual world. You leave everything behind to finally swear loyalty that you will stay committed to this game for as long as you are playing. These rules are quite harsh, I know, but you tend to get swayed by imagining the glory of winning the game and getting the PhD title at the end!

At the beginning of the game, you don't know anyone except maybe the Supervisor, an expert on your field of research, to whom you needed to prove that you deserve to play the game and who in return helped you obtain this game. But, otherwise, you don't know where to go. And I was "*Level 1*," with no map, no knowledge of the resources available to play the game, but still... I was so excited! Having had previous experience through my Masters, I thought this would be an extension of that, in which I could do the things I love and receive the support when needed. At first that's what it was, the excitement from this new experience in this brand-new world helped sustain me; but, soon after, I began to recognize something was awry. I knew the end of the game was to submit my thesis and receive that PhD but, as years passed, I found cracks in the confidence with which I went into this adventure. I noticed that my research journey was not going as well as I knew it could, and I began to notice a certain distance from the supervisor assigned to help me. I thought that maybe it was just me? Was I pampered by my previous graduate advisor from Europe? No matter what I tried, I found that my progress on this academic journey had stalled... I started to feel disconnected, my motivation dropped significantly, and I found myself lost on this journey. Almost as if, on the way to completing the academic quest and exploring the options available to complete it, I slid down a deep ravine. This ravine was poorly lit to begin with, and in order to get back up I had to go through some sort of dark tunnel or cave. I found out that the map that I started to build for this 4- to 5-year long journey to guide me had no mention of this tunnel or cave. And the Supervisor I thought was there to help me on my quest seemed to have morphed into a passive adversary—seemingly unwilling to help me fill in the empty spaces on the game map, help me find a light to illuminate

what I was facing, or suggest ways for getting through this dark cave. It was as if this character in the game—which is supposed to tell you about the next steps in this quest—was broken. As if a programming bug disabled the option to unveil the next chapter unless I climb back up to the main quest—all alone and without any help nor understanding. I attempted to speak to the supervisor several times to arrive at a different outcome, yet to no avail. I began to feel more and more as if no matter what I did, the response would be the same. The only option left for me was to try to go through this darkness on my own.

I began to understand that this darkness was much like that of a cavity in a ravine, except now I know it was a large cave with many junctions and no clear exit. In this mysterious cave, I was left all by myself to face what seemed like dangerously sticky spider webs at every junction. I had to push and break through these webs in hopes of finding an exit at the end of the many dark tunnels of this cave. Many times, after laboursome and time-consuming efforts of breaking these spider webs down, I would only discover a dead-end. And very soon, it felt as if I was trapped in this cave—only to discover that the sticky spider webs were getting wrapped more and more around me with each try at getting further into the cave or getting any help from my supervisor. I realized that I was getting trapped, and the spider webs were sucking away all my energy. They increasingly restrained my movements and diminished my hope as they made it harder and harder to get through the cave. With each passing day, it made me think that getting stuck in the first place was all my fault.

I soon began to feel as if, instead of trying to get through the cave to get back to the main quest for the PhD, I was forced to search for side quests within this cave just to keep me going—to help me find and regain the strength and resources to go on and maybe, just maybe, somehow circumvent this cave in the game. A few years into playing the game this way, I found myself really down and stuck. My thesis was not moving. “*My finances were crumbling under my feet*” due to the lack of Teaching Assistantships. My supervisor remained unapproachable. “*I was in this rat hole*” and needed help. But where do I, as an international student, look for help beside the supervisor? I was already feeling really overwhelmed and having to look for support felt really daunting.

By chance, I bumped into a local Canadian who was also playing the RPG and seemingly had experience with her own struggles affecting her academic journey. She told me about these

therapy groups she was attending and found helpful to manage her mental health concern. She made it sound like an enjoyable side-quest that was free, did not require much energy investment, and seemed to sever or at least loosen some of the sticky webs she was facing. Facing sticky webs myself, I was intrigued, but also a bit worried and sceptical as my mom had always told me stories that *“all counselling and therapy is bad.”* But at this point I was pretty desperate, and my colleague in the PhD seemed to benefit from this type of group side-quest. I decided to give it a try and found this group of PhD p[l]ayers from Canada and abroad who were meeting weekly under the facilitation of a university mental health professional. Even though they were at the same time as my supervisor's lab group meetings, I was desperate and decided to try the side quest. In this side quest, *“we would sit in a circle, and everyone would tell how much progress they made every week and then we would discuss options how to improve that. And we would do a group activity”* together. *“It felt good to be able to voice my frustrations and worries with this group. Hearing others validated my experience and struggles with my supervisor.”* After this group, there also was another side-quest where I could do journey meditation and *“come to peace and chill out. I enjoyed the environment of that room.”* I ended up attending both groups for a while, as they brought some peace, fun, and hope through the activities. They were free and felt good. The talking group provided a space to breathe and share about the darkness I was facing. It was this side-quest that helped me realize that I was stuck in a cave of my own, similar yet also different to the caves my peers found themselves in. But the realization was not enough to get me any further through the cave and back on track to my PhD.

Some time after discovering the group for graduate students, I decided to explore this mental health idea a bit further as another side quest, even though I found myself under quite a bit of stigma given my country and family of origin. It was so confusing! There were so many options. There were family physicians, mental health coaches, mental health nurses, psychiatrists, psychologists, counsellors, and psychotherapists! My peers and colleagues had a variety of experiences with these, and quite a bit of opinions too. I began to imagine these different professionals as *“helping spiders”* who could help me maybe unravel some of the sticky webs that I was entangled in, or at least show me the shortest way possible out of the dark cave. But the helping spiders were so hard to find, requiring me to spend much effort to just get through to them! And I could never know whether they were going to be the spider that would help me. At the time, I ended up finding and accessing the one that was free and quickly

available—the mental health nurse. Receiving help from the nurse was not obvious; I quickly came to realize that even though I finally happened to come across one of these potential “*helping spiders*,” it was not guaranteed that I got to tell my story, and even less likely that it would be understood. It often felt like there were these specific ways of speaking I needed to follow in order to be understood and afterwards receive some sort of help. This potential concern almost happened with the mental health nurse, where I started the conversation with a wrong prompt, and almost ended up being overanalyzed. As I was trying to break the ice of a first encounter with the mental health nurse, I tried to show appreciation—as a fellow aquarist—for the aquarium in the waiting room by jokingly mentioning that I talked to its inhabitants. Right away, I was met with the question: “*Do you talk to fish?*” It felt as if, right then and there, my request for assistance might become analyzed and totalized as one of a “*crazy person*” and end before it even started. Luckily the conversation continued, even if it lasted only about an hour. At first, I didn’t know where to start. Things felt all very confusing and frustrating. But the nurse in her pastel-decorated office with plants all around did her best to listen to me. It felt good to connect with her; she seemed genuinely interested in my problems, and I grew more comfortable. At the end of this session, she helped me realize that I might be too stuck in the spider webs of the cave without a sense of direction, which was draining me of energy. She observed that I might be playing the game too much, and recommended I go take walks in a real-world park to disconnect from the cave spelunking. This really did help at times. It allowed me to feel a bit better over the course of the next years, as it helped me realize that my RPG experience and its world did not consist solely of the cave I was stuck in, and that there is a world outside to be explored. The mental health nurse spider also suggested doing some exercises on my own to help me process my emotions and thoughts. And they were okay but, obviously, it didn’t help me with the problem I was facing—finding a way through the dark cave and getting back on track to my PhD quest. Still, I ended up re-connecting with the nurse several times across the next years, but never for a longer therapy engagement as that did not seem an option made available to me. But she was otherwise always available and knew my story and could therefore understand some of the history of what was going on for me. I especially appreciated her personally calling me on a day of a big faculty appeal meeting. That meant a lot to me. It is just too bad she was not the “*helping spider*” I needed to go further through the cave.

My help-seeking journey led me to other physical and mental health professionals—including visiting an unhelpful mental health coach. This coach wanted me to engage into mind game exercises right when I entered her office that were quite triggering for me. Unlike how the nurse made me feel, it was as if the spider webs wrapped around me just kept getting tighter around my chest and neck. After being left triggered, out of energy, and exhausted, I was ready to leave and never come back. As parting words, the mental health coach recommended searching for a doctor to “*talk about medicines.*”

To be honest, I had not initially considered doctors for my concerns. After all, I hadn't any visible injuries and that's the only time I would visit a doctor in my home country. But after exhausting myself and not being sure where else to go, I ended up seeing a doctor. It was a very quick meeting. I came in hoping to be heard and understood, like was the case at home, but what ended up happening was much different. After providing what seemed to me like irrelevant information about myself and my family to create my file with them, the doctor called me in and asked me abruptly to share what I thought my issue was. The doctor seemed quite in a rush. I felt rushed and needing to summarize all these years of what was going on for me, but how do you share all this in a 10-minute appointment? At the end of my monologue, the doctor handed me a prescription for antidepressants and “*kicked me out of the door*” and back into the cave. That was it. I did not know what these medicines were, was not told of any side-effects, and the conversation had ended. Being worried about what these medicines could do, based on my mom's stories about how they can make a person suicidal or depressed, I did not end up filling out that prescription. Needless to say, the doctor's visit was such “*a bad experience*” for me that I never went back there again.

Some time after the doctor visit, I recognized that “*I was having a really, really hard time.*” At the time, I continued working as a teaching assistant, struggling with my thesis and supervisor, and my health was deteriorating rapidly. I was feeling completely exhausted by the help-seeking experiences and, with no signs of progress in the cave exploration nor with the supervisor relationship, I was out of any energy to go any further—whether through the cave, to the park, or to explore the outside world. It was at that time when I thought about going to see a psychologist. This was a “*really scary thought*” for me as I had never before imagined I would be “*that far in...*” I somehow managed to find the capacity to contact the university

psychologist. I was told that the waiting time was three weeks, which was longer than I needed, but I had no other option.

By the time of the psychologist appointment, I had practiced “*sharing my history*” enough with other professionals and was well-versed in the performance of it. I guess as I had to repeat my story time and time again, it became easier. Or maybe I was more desensitized to the hopelessness of the exercise and became efficient in retelling my story to others without having the emotions impact me in the moment. But the psychologist listened to me and heard me. He seemed to connect with the story I shared and recognized I needed some immediate help. I remember the psychologist encounter fondly as one that was helpful, and I even thought that *this* helping spider might have the potential to lead me to a “*new level*” and help me navigate the cave and the webs in this game. He seemed to have a vision of what the cave might look like, or at least had a sense of how exhausting the cave experience was. The psychologist seemed to have understood my suffering, empathized with it, and wrote me a medical note for a leave of absence, which allowed me to take 3 months—basically a semester—off. “*That’s how bad it was.*” Then again, it was just a semester, but even though I really needed the time off, I knew I could not take more. As an international student, I was not allowed to work unless registered in a semester, which meant I could not earn the money to pay rent and living costs during the leave of absence. I ended up still working... which wasn’t strictly legal, but I had no choice. I ended up picking up a job in a gardening center outside of the RPG game.

The semester-long break helped provide some respite. That the psychologist agreed to give me the note validated what I was experiencing and helped me to, at least for a bit, forget what the concerns were. The session seemed like the “*real psychotherapy*” I heard could be helpful. Sadly, I had a follow-up with the psychologist only after the semester-long break because “*he was a very busy psychologist.*” In the meantime, I had to make do with the graduate student group sessions to support me. When we met again 3 months later, he only offered me another leave of absence, which was not an option for me; and he was too busy to see me regularly. I wished that we had weekly follow-up sessions to help me address the concerns. It felt like he might have been “*the right help*” some of my peers had told me about.

Time passed since then and, looking back at these encounters, I couldn’t help but think that these “*helping spiders*” may not be the ones I needed to get through the cave, or that they

might have been helpful only had I discovered them before getting completely exhausted in the game. At times, the cost of discovering and getting to these helpers while feeling trapped in the webs was quite demanding mentally and often financially. At the end of some of the sessions with different mental health professionals, I was left with some tools to get disconnected from my academics in a healthy way and, most importantly, realize there is a world beyond the RPG game. Sometimes the appointments helped me obtain a piece of paper allowing me to take a break from the PhD RPG game, which had the potential to open a different pathway. But such an outcome was not guaranteed and there was potential for it all to fail without a safety net to catch me. I never knew. I didn't know whom to trust. And there was not much time to figure it out either. And even though I had built up a network of friends along the way in this RPG, we were all "*kind of messed up*" and dealing with similar concerns. With no resolution or amelioration to our problems, it felt like we were "*all talking in circles together*" and I continued to suffer.

My supervisor who, at first, I thought was one of the "*helping spiders*" supposed to guide me through this dark cave and get back on track to my PhD turned out to be the main Dark Spider villain in the game. I now imagine the supervisor and university administrators protecting him like a lair of spiders that spread all over this cave dungeon, creating additional webs for me to have to get through. These administrative spiders were insidious, as I could not get past them or stop them from creating more spider webs. They seemed programmed by the game to create more and more administrative webs to get tangled in, without acknowledging that as a struggling international student I needed help to get through them. No matter how much I tried to cut through the webs or attempt to communicate to the Dark Spider that I needed help, this Spider and its minions at the university's department would block the way. And it just felt frustrating because this Dark Spider was not really bothered to do that much! At times he would launch a vicious attack to tell me I needed to submit a thesis chapter, or that he didn't approve of a trip back home I really needed to take. He was right there in the dark cave, within reach but on the other side of a thick layer of webs, twisting my requests for help to suit its comfort and not need to show any understanding. I know that I did not give up easily. I ended up trying to "*rebel against the whole bureaucracy*" and even got help from student rights advocates at the university as well as the ombudsperson. The student rights advocate really tried and even helped me go to the dean of studies with letters of support from other RPG PhD p[l]ayers who had the same supervisor—some of whom ended up moving to other Canadian provinces to finish their PhDs

with different supervisors. However, I never heard back from the administration after the appeal meeting. I only got to know that I am “*supposed to get a new supervisor, but I never ended up having one.*”

In the end, I just stopped p[l]aying. Because of waiting for so long for the administration to keep their promise, my academic time limit ran out and I simply could not register for the next session. I was sick and exhausted with no hope, “*bled out*” by the bureaucratic system and stuck in the dark cave as I had “*disappeared from the [administration’s] radar.*” What saved me from not “*crumbling completely*” and from believing that I no longer matter was picking up the garden centre employment as a side job outside of the university. This employment was technically illegal because I was on academic leave at that time. But gardening saved me as it opened up a world beyond the RPG. Well... that, and the few helping spiders and other peer RPG p[l]ayers along the way that kept me alive.

### ***Reflections on Karin’s Narrative***

What spoke to me throughout Karin’s words were this immense sense of despair and frustration. She could clearly identify what the problem was and even ways of circumventing it, however she was continuously met with resistance from the systems around her, be it the university’s lack of clear supports for students who are struggling with their academic advisors; or the immigration system not allowing international students to take a leave of absence while working to alleviate financial concerns and thus be able to afford mental health resources. As such I came to really admire and appreciate Karin’s determination to keep on finding these “spiders” to help her out. She summoned the capacity and the relationships she found helpful in helping her survive.

Karin’s story made me reflect on the idea that as an international student she knew what the problem was, knew how she would go about resolving it in her home country, however being a non-permanent temporary immigrant in Canada – a completely different academic and societal culture, her knowledge and capacity could not help her. She knew what she needed and wanted, however with no accessible and approachable supports, the context prevented her from translating these needs into questions that the people could understand.

### **Introducing Akshay's Narrative**

In this storied narrative, I have once again attempted to do justice to the story of the participant's experience I gathered from the interview. Perhaps impacted by the participant's aspiring journalism career, the initial interview and his responses to my questions revealed quite clearly the great extent of reflection this international student had already engaged in. His informed, curiosity-filled insights and observations made me realize that this aspiring journalist's counselling journey might be best communicated to the reader through a final storied narrative in the form of a newspaper interview. The full justified text formatting is chosen on purpose to pay homage to the chosen storytelling format. In this format Akshay, the main character in this final storied narrative, gets to tell his own story in his own voice as an interviewee. As such, the intention of this approach is to "flow" with his responses in a way that unveils his experiences chronologically—but in a condensed format compared to the original transcript—using many direct quotes (indicated with quotation marks throughout the narrative) from the interview transcript that honor his thorough reflection and candor. I hope, through this approach, that the reader can get into close proximity to Akshay's experience as he navigates his journey.

### ***"An Epic Hunt for Mental Health Services in Canada:" An Interview with Akshay, a Prospective Journalist***

Dear reader, at the time of this storied interview Akshay is a 24-year-old international graduate student from New Delhi, India. He initially attended a post-secondary college in Toronto, after which he decided to pursue a master's degree at an educational institution on Canada's East Coast. Akshay came to Canada in the Fall of 2019, having been the last cohort of international students allowed into the country without additional hurdles stemming from the COVID-19 pandemic. The timely arrival allowed Akshay to initially begin his journey in person at the Toronto-based college; however, soon after, in 2020 the journey would become virtual like the majority of Canadian and non-Canadian students. As can be common for international students, Akshay has had to move often (three times in the past 1.5 years) during the pandemic and precarious housing markets in Canadian cities. Akshay had many motivations to set out on his journey to Canada; he was a bright student academically throughout his schooling in India, having already earned a bachelor's degree, while also being part of his school's student council. He set out to Canada to pursue his passion for Journalism, while also considering resettling in Canada.

Having initially completed his Canadian college degree, he successfully applied to a very competitive master's degree in journalism to further his professional passion and for Canada "to consider [him] serious enough to stick around." This is an interview with him.

***Hello Akshay, thank you for joining me for this interview about your experience with counselling and psychotherapy in Canada as an international student. I'm grateful for your time.***

No problem Roman, "I have cleared my evening for this" as I think it's really important that my story is heard and understood.

***I really appreciate that. Let's jump right in. For readers who might not know, there are quite a few implications and struggles an international student might go through in Canada., Could you share a bit about that for context?***

Yes, absolutely. You know, sometimes I feel that the Canadian society, the immigration system, the potential employers, as well as the educational institutions that welcome international students are not completely honest regarding the experience for an international student to Canada. In fact, it sometimes feels that institutions and the people in them can be a bit oblivious to how their decisions might affect the sojourner—be it their immigration status, their hopes, their hard work to survive, or their mental wellbeing.

***I sense there are some personal stories you have experienced here?***

Right. I had this happen several times throughout my stay in Canada. I'll start with this one. I often felt that there was not quite an understanding of how much an international students' immigration status—our study permit<sup>1</sup>—is linked to our academic status and the program of studies at an accredited institution. For sojourners, such as myself, it's a really stressful linkage, as we are required to remain full-time status, at all times throughout our programs, including the spring-summer semesters if the academic program requires this, or risk study permit suspension. Having to navigate the complexities of the immigration system and its implications while remaining invested in academics is often quite grueling. It certainly does not allow much room to breathe. And of course, I did not even mention the limits on how many hours international students can work in Canada legally in order to afford the high tuition and living costs in Canada. The costs we face as international students are often as much as three times as high compared to local students. Moreover, if your program of studies requires an internship component, you are at the

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<sup>1</sup> author's note: immigration document for international students in Canada

mercy of potential and actual employers and their decisions. I experienced this personally when one internship “got canned because of the pandemic. And yeah... it was really hard, because as an international student there is a lot of factors that go into internships. Because if you don't do an internship, you can't complete your program, which would then translate directly to visa troubles and your existence in the country. So that was quite a tough time, ..., I think the hardest... there was this period of 20 days that were the hardest.”

***Wow, that must have been grueling, indeed.***

Right, because at that point, the employer does not realize that their decision has the potential of impacting my entire livelihood in Canada. Their business decision has immense implications. What might not be an issue for a Canadian student or permanent resident, could result into disaster for someone like me. There is very limited leeway for sojourners to take a semester off and any time off simply means having to extend an expensive academic program and all costs associated to living in Canada. I did get very fortunate, in that another internship ended up materializing for me, but that didn't end up erasing the scar that was left.

***What would it have meant concretely for you, if you had not applied for and gotten into the 2<sup>nd</sup> internship?***

“Oh lord... If I haven't gotten this internship, I would not have been able to graduate from my first program, and subsequently not able to apply for a visa extension. So not able to do my second program. I would have probably had to leave Canada [3 months after receiving the internship decision], and that would have been... that would have been just the worst-case scenario possible really. And then I would have had to you know wait in India to get an internship, apply to part-time internships in Canada from India. Oh god! That would have been a nightmare. And I'm sure I would have.... Yeah, my mental health toll would have... my mental health would have taken a huge toll for sure.”

***I am glad to hear that it did not come to that point, still, what did that mean in relation to your mental wellbeing?***

Already being an international student is hard and involves a lot of stresses. I was already facing stresses before, but coming to Canada and having to deal with this existential situation was exhausting. “[I]t was so stressful because there is so much money that your family is pouring into this education. Three times what citizens pay and... it's just... it's... [This pressure] is always at the

back of your mind. If you're not able to do your best in these circumstances, that, ..., that takes another toll on your mental health."

***Facing these already present pressures and this new source of stress, how did you seek to address its impact? What was your understanding as to the available resources for you?***

I might start answering your question by situating my understanding of mental health and wellbeing. I come from a country where mental health is stigmatized. "[T]he perception of mental health services and counselling in India is vastly different than in the western world and there is a lot of stigma around that as well, which, I won't deny I was... you know, my perception of what counselling was largely formatted by those stigmas." Reflecting back to the times back home, I was undergoing some challenging times already, with loneliness, stress and sadness affecting me significantly. However, since "a lot of preconceived notions in my mind [were] that ...counselling help is only needed by those who are in serious depression and I did not sort of see myself as that, ... I was quite dismissive. And, I would say, looking back I was quite naive in terms of dismissing [this offer from an Indian friend regarding seeing their own therapist]." I have since challenged my past preconceptions significantly. This change started already in India, despite the stigma present, partially because of my high school friend's offer to see her own therapist, but then also through my Indian university's proactive promotion of mental wellbeing in the community. This helped to open my mind that "everyone has mental health and it's just like everyone ha[ving] health."

***Thank you for the context. How does your understanding of mental wellbeing change in Canada?***

I challenged my preconceptions even further once in Canada. A now-dear Canadian friend that I met during my first year of studies at my college shared her personal experience with mental health with me and opened a door to the world of mental wellbeing. She was somebody who was very involved in mental health and community efforts and helped me to make the connection between mental health and wellbeing, and counselling as a place to seek help for these. Her openness and willingness to talk about mental health helped me to continue to challenge my preconceptions. She also "shared [with me] her struggles with mental health, and... the things she had gone through, the sort of help she had received, and it was quite eye-opening for me to see that... You know, these were problems and solutions I have never thought of before. So that, that

sort of... I think that was my entryway into the more nuanced understanding of mental health and mental health resources.”

***I hear how important she was in this process. How does this new understanding impact the search for alleviating the duress you are experiencing in Canada?***

Before answering your question, I wanted to add that there is this somewhat misaligned perception within Canada that mental health is available to all and that it is easy to access. “[Y]ou know, because on the face of it, Canada seems to be this haven of human rights and civil liberties, where mental health is given the most importance.” There certainly is less stigma in Canada than in India regarding mental health, but this does not translate directly into being able to access professional support easily when in urgent need.

***Tell us more about what you mean by ‘less stigma does not translate directly into ease of access.’***

This continues the story about the internship refusal. After the initial refusal, there was a period of 20 days that I like to call “The Really Down Time.” It was the most significant and impactful period of my life so far, despite its seeming brevity—which certainly did not seem that way to me. I had previously had ups and downs with my mental health, facing challenges of loneliness, isolation, sadness, depression and anxiety. But “throughout my life, I have been lucky enough that when things got really, really bad I got always blessed with some good news which would end up sort of lighting up my world and then... alleviating those immediate feelings of depression. It happened back in university when... towards the end of my 2<sup>nd</sup> year, back in India university for undergrads is only for 3 years. So, [at] the end of 2<sup>nd</sup> year, when I was dealing with a lot of feelings of loneliness and sadness and stress and anxiety as well, I got to know I got selected for university council. So at that point it was like something to, you know, put my energy into, my brain towards, ..., that sort of ended up allaying my immediate concerns then.” I count several additional blessings all the way to today that have been crucial in helping me sustain myself and my dreams in Canada. I don’t know where I would be without them. Continuing my story, however, The Really Down Time was a period of extreme loneliness, heightened anxiety, overthinking and pessimism. It was the darkest time until this point and it is when I eventually reached out for help and counselling in Canada. Reflecting back, I am very grateful for all the experiences that helped me deconstruct the initial stigmas regarding mental health. They helped make me aware that counselling existed as a resource and perhaps laid the foundation for seeing counselling as “an outlet to seek help.” I therefore decided to look for a counsellor to help me

achieve my goals to “stop being absolutely pessimistic, have a better outlook at life” and begin “untying those knots that have been accumulating” over the past years by exploring parts of my identity as related to my sexuality and being an international student away from his family.

***Can you speak to the process involved in seeking counselling?***

Sometime during the 20-day period, “I just decided that instead of just you know letting my thoughts fester, and falling down this spiral of thinking and overthinking, I would seek help. And so, I think that was when I decided to ... choose the active agency of seeking out help.”

Because I was an enrolled student at the college, I decided to seek mental health support through my institution’s website. “It wasn’t very intuitive, I had to spend a good 20-25 minutes on the college website to get to the exact page; which was quite surprising, because [of hearing] how mental health forward Canada was, and how easily and how frequently people speak of these resources that are available to us, but to get to the exact page it was a bit of an effort. It was not as effortless as it’s sometimes advertised, but I was able to book an appointment for a video-conferencing session with an in-house counsellor at [my college]. “[W]e’re talking about a time when I was already quite down and yeah... wasn’t feeling that great, and it’s essentially... it’s also coming from a place of desperation. ... I was sort of angry at the process [of accessing counselling], at how difficult the process was. I was definitely a bit disappointed. But then you have to understand that I also come from a culture and a context where it’s relatively much harder to seek help, and so in that perspective, you know, it was still relatively straightforward and convenient to just, you know, go online, [eventually find the website to book an appointment], enter my student ID and get my appointment.” The process in turn resulted in a scheduled appointment in five or six days, which at that point I didn’t think was too bad of a turnaround time. My most recent efforts of finding help certainly put that into perspective.

***Tell me and our readers more about what happened after the booking of the appointment please.***

Right, so this was around the month of June in 2020. At that time, “I remember thinking that it’s going to be quite relieving to have somebody to talk to. I was really looking forward to, you know, just be able to... speak out the things that have been going into my mind. Because I [didn’t] really have anyone else that I can, you know, talk about those things, ..., that are always in the back of my mind and are constantly affecting the way I feel.” This is the time of the pandemic with social restrictions in place, and “as an international student who lives alone, most of the time

I lived in a roommate setting where... the other people in the house are not really good friends. They are just people who are just boarding and similar people who are just there for school. So, although I did have friendships, ..., at that point I didn't have a relationship where I could share all of those [feelings and information]. So, I remember looking forward to feeling 'light' because of the counselling encounter.

***I am getting a sense of hopefulness that permeated those 5-6 days before the appointment. What happens on the day of?***

Yes, so, when booking the appointment initially, it was supposed to be a videoconferencing session with this in-house college counsellor who came recommended by one of my classmates. "[S]o I was definitely going in with that expectation that they will be able to help me. But on the day of, the videoconferencing technology didn't end up working. They said it was some tech problem on their end, so they asked if it was okay to just speak over the phone. So that's... And so, then they ended up calling me [by phone instead]." Initially, I remember feeling quite a bit deflated, disappointed when this ended up happening, as I thought that videoconferencing would be more impactful and make me feel more comfortable and genuine in the conversation when I can get to see the person and speak to them face-to-face. Still, I was resigned that phone was my only option at this point and being the type of person I am, "I was just glad to work with what I had."

***Does this modality change end up taking away from the initial experience with this counsellor and the counselling encounter?***

Fortunately, not as much. "I remember feeling quite relieved after the 1<sup>st</sup> appointment, as 1<sup>st</sup> appointments tend to usually, ..., end up being these 'tell me your life-story' sort of sessions. And yes, speaking those things out loud: the fears I've had as part of my identity, ..., the thoughts that I had, and sharing my story, [there] was this immediate feeling of cathartic release. And I remember tearing up a bit as well, because it was... I don't know why, but it was just quite... It was a bit emotional, to be able to speak these things out loud to another person. And they were quite reassuring as well in terms of you know, telling me that my concerns were not coming from a place of malice. And that yeah, essentially, they validated my feelings, and that itself was quite a relieving experience. So, the initial benefit that would come from seeking help, seeking counselling for the first time that was quite impactful in my case."

“I also think it’s worth mentioning that mental health for me has been intertwined with feeling, you know, issues of me trying to explore my identity, my sexual identity, and a lot of concerns around that sort of snowball with issues of being an international student away from home. And then yeah... Just the initial months of the pandemic which were you know the scariest of them all. Now we have sort of an understanding that we can ride this out, but a lot of uncertainty around those days as well, and living away from family. So all of those things really I would say one on top of other they stacked up. And yeah, the first session really helped in terms of... sort of... untying those knots that have been accumulating, if I can use that analogy.”

***What more stands out to you about the 1<sup>st</sup> session and the counsellor?***

“Yeah, for that first session it was just me being able to say those things out loud to another person, you know. And for that other person to be there and, at the end of those things, for them to be reassuring, for them to be understanding and saying that the things that I was feeling were rational, and there is a way out... out of the cycle of feeling sad.” “There was a moment when... the exact moment when they told me that the choices I was making in terms of my... my identity and my family values and, you know, revealing my identity to my family, or withholding my identity to my family, and the rationale for doing that. And them validating those feelings and them saying that it was not mean or selfish of me to do that. And it was not me doing actively disservice to my family members. That was like... that is something that still really helps me in terms of... that made an impact, and it was the first time anyone sort of expressed that. Even I thought of that. So that really helped me. In fact, [it] was the first session [that] was the most helpful.”

As for the counsellor, “They did not have a Canadian or an American accent, which was... I mean, not like it would have made much of a difference if they had one, but that was sort of surprising for me. Because I had this... I had this notion of them being you know Canadian, because I don’t know why I just assumed from my friend talking about them that they have been working with [college] students for a long time, so... But at the same time, I don’t think that affected the counselling as such. That first session was a session of me just unloading a lot and me you know, and then ending with... them ending the session with, listing out strategies that they are going to help me with, and essentially that’s how the first session went.”

***Was the gender of the therapist anyhow related to the way you felt comfortable in the first session?***

“Yes, I think so. I don’t know why, but so far, all of the psychologists or psychiatrists, or counsellors, or social workers that I have sort of sought out help for, all have been male, and recently when I was signing up for the counselling center at [my current institution], I was given the option, and initially my response was that it doesn’t matter whether it’s a female or a male. And then the social worker said that well I have to put something down. So, I said, okay, if you absolutely have to then I would prefer a male counsellor.” “I think at some, at some point and I might be wrong to think so... it has to do with the fact that maybe somebody who has, who identifies as male and has experienced societal expectations of being male would be able to, ..., understand.”

***And how, if at all, was your international student status part of the experience?***

“I think it was... I... very explicitly identified myself as an international student and I expressed, you know, my specific concerns as an international student, ..., during that time, so... They were receptive of that. They definitely spoke about you know, the unique challenges faced by international students, ..., I did not feel a divide in that sense. I think they were understanding my situation and speaking about it appropriately.”

***Akshay, what ends up happening at the end of and after the first session?***

I ended up seeing this counsellor two more times. At the end of the first session “[the counsellor] told me that there were some... He was going to provide me with some techniques to help manage my mental health and that’s what we should look forward to in the next week.” “And... In the next meeting, I don’t... remember much but I do remember that they taught me the importance of affirmations, and it was something I had never done before. Essentially, they... they spoke about the importance of telling, of affirming to your self—self-affirmations, things like: ‘You’re enough, you’re worthy, you deserve what you think, you deserve things,’ and all of those things. And yeah, those... that was like self-affirmations was sort of the only mechanisms that we dealt with.”

Overall, I think the first session to me was undoubtedly the most impactful, whereas the second and the third sessions were okay. I tried to follow some of the things the counsellor told me to do, such as self-affirmations and techniques to help distinguish between facts and feelings. But after a few days, I lost touch with these and did not really end up taking them up as a habit since then.

***What do you think prevented the continuation of these efforts?***

“I was just thinking that one of the major drawbacks of my experience with the counsellor was that, ..., [a]t the end of the second session, [he] expressed that the next session will be the last, and he wanted to wrap things up.” I vaguely remember that “it was something to do with the counsellor taking some vacation days after as well, after the 3<sup>rd</sup> session, so they sort of wanted to cap things off before [he] went on [his] leave.”

***I am sorry to hear that. What impact did this ‘end of session’ announcement have?***

It was really surprising and quite disheartening to me. At the time, I did not even protest nor managed to express my disappointment to [him]. I think I was just shocked. I thought these counselling sessions were just the beginning of a longer amazing journey lasting at least a few months, or at least until my graduation. I thought that these sessions would last longer, similar to what my Canadian friend had described with her counselling experience over the years that helped her evolve. As such in my case, I could not help but feel dismissed by the counsellor. It left me disappointed. This experience really “sort of disappointed me from the whole process,” “degraded my perception of what counselling is” and even “changed my perception of, you know, seeking help.”

***Understandably. What do you think would have felt more supportive of your concerns?***

Yeah, “I... I feel like if there were, if it had been longer, we had more time and you know, constant accountability of every week, speaking with them, and telling them what I had worked on every week, that would have sort of helped me make more changes. But other than that initial feeling of relief that I felt after sharing my ... my story with [him], I really don’t think there was anything else that I benefitted from that... from that experience, yeah.” “[I]t is worth noting that this is around the time that I get to know about my [acceptance to the backup] internship, and ... so I had other things to worry about and other things on my mind, and since I was ... I didn’t have that much thought bandwidth to think about mental health. I was distracted by my full-time internship and all the things that come with that experience, that I sort of forgot about mental health completely. [But as] the initial rush of the internship gets old then those feelings tend to creep back. Yeah, this is why the second time around when I was seeking help, I really didn’t want to seek a school counsellor. Because I shared this with my friend as well and she mentioned that yeah, that she has had similar experiences at her university, ..., and her school counsellor was

similarly a bit dismissive. So that's why this time around I wanted to get like a professional counsellor outside of school who would be willing to work over a bit of a longer time. But that wasn't possible."

***I hear you are arriving at a way of understanding the counselling profession based on your experience. What are you thinking at that point as to how it can serve your needs best?***

"I remember thinking that I guess like most other things, counselling also works by the logic of 'you get what you pay for.' And because these services—although I'm sure that you know a part of my [tuition] fees go towards the salary of the counselling staff at [the college]. In that sense I was paying for them, but I wasn't paying anything else for the sessions themselves. So I realized that maybe school counselling wasn't as great of an option. And for international students, many times that is the only option that is financially feasible and accessible because we don't have health cards. So yeah, that was what I ended up feeling."

***After the experience with this college counsellor, what ends up happening to your search for support?***

Fortunately, so far in my journey, every time I was faced with a challenge or setback that impacted my mental wellbeing, I ended up receiving some fortunate news soon after. For example, around the time of the abrupt ending to the counselling sessions, I ended up receiving an offer from my backup internship, which was a huge opportunity for me and something I needed to focus on fully because of my passion for it as well as the implication it has on my status in Canada. The unpaid internship turned into a contract position that recently got extended even further. "And it just always ends up happening! So, although I have not had the best experiences with mental health services, I have had... a great experience with developments in my life that... that end up affecting and helping me at least keeping my mental health issues at bay, even if not directly addressing them."

***Right, however, keeping them at bay does not mean addressing nor resolving them?***

Right. "As I mentioned, ... , this semester the winter semester of grad school has been the toughest semester of my life, this was when I really started to realize that my mental health is starting to affect my ability to fulfill my academic commitments, and I have always been a great student. I have always had a straight A's [across my academic journey]. I've been a good student, but yeah, this was the time when I found it, my mental health challenges, to be crippling enough

in terms of motivation to complete assignments... and... when I was actually not able to fulfill one of the assignments of grad school, that is when I again sought help.”

***I admire the courage and resilience this took. How did you go about it this time?***

This time around I was determined to seek counselling in the private sector with the help of the insurance plans I was enrolled in through my graduate institution. Despite the pressures I was facing due to three times as high tuition fees compared to citizens, my family's sacrifices to help me out, and the ever-present need to do my best in these circumstances, I decided to devote time and energy to get informed regarding the help I could receive from my insurance.

***What was this experience like?***

It was disheartening. At first due to bureaucratic issues with the university, I did not have access to my insurance card and file for a month after my initial academic enrollment. But I still took the time to read through my insurance policy and was led to believe that I'd have access to mental health coverage for the amount of \$1000 per year. Upon reading that, I procured myself a prescription from a walk-in center nurse practitioner who was my primary health care provider, in order to get all my chances on my side. Soon after I got started in my search for a mental health practitioner. This was harder than I expected. I faced challenges in terms of understanding the terminology used by insurance for the different types of mental health providers, which as an international student in distress, I was not at all knowledgeable of.

“I started hunting for psychologists who would actually you know, work with an international student, who are actually taking more people, ..., and who have had experiences of working with similar patients. So I think I reached out to around, by email or dropped voicemails to around 15 psychologists and... yeah, I didn't hear back from most actually.” And once I did schedule a first appointment with a practitioner, I got to know that they were not covered by my health plan. Still, my search “went on for, ..., 3 weeks after I had, ..., felt quite dejected and resigned [that] I wasn't gonna be able get a professional's help, a psychologist who I had dropped an email [3 weeks back], they reached out to me, and they said they can you know take me up as their client, and so I was very glad.” By now I am not letting anything to chance. I called my insurance provider, citing the practitioner's credentials and my prescription, and am told that the services would indeed be covered. “[S]o I went to have this session and the session was great, everything was looking great, and then when I ... when I submitted my claim for the session it was

denied. Because apparently, my insurance only covers mental health when it is in the context of emergency services.”

***I cannot imagine how you must have felt.***

“Yeah... I remember being so frustrated and... yeah, because the psychologist that I started working with, they seemed really great. They had had patients similar to me, and they had a clear plan. They wanted to prescribe a 12 weeklong regiment of cognitive-behavioral therapy which I was very excited about, because that seemed quite promising. It sounded very promising. So, but then, yeah, my claim got rejected, and I remember being so frustrated that I called my insurance provider, and I ended up asking them that if I... if I am having suicidal tendencies, and if I go into an emergency room with the intent of you know? Because, I feel like, I have the intent of ending my life, would you consider that a medical emergency. And they said: “No.” So... I was like okay; it's not meant to be. I just... And that's when I ... I informed my psychologist that I was working with and then I signed up for a... the [my graduate school's] psychological services. That was also a challenging experience. Because [the graduate school], the... it only allows same-day sessions an' they're largely targeted towards people who are in an immediate crisis, and I don't identify as that. But... I still ended up booking a session, a same day session. And they told me that they have a few [in house psychologists] who work [long-term] with students, and that finally [will be] the... psychologist who I [will have] the first session [with in two days after this interview].”

***What, if anything, would you like to add or highlight for our readers?***

I would like to re-iterate my observation regarding “the irony of the barriers around mental health services for international students, you know. Because on the face of it, Canada seems to be this haven of human rights and civil liberties, where mental health is given the most importance. But I found it quite ironic that people who are here legally, who are paying a lot of money [for their tuition and living costs and further invest in paying for a private insurance as a condition of their enrollment still seem] to have to jump through a lot of hoops to get help.”

This observation does not only pertain to mental health supports, but even just the inequity in access to essential medical services for international students such as the initial challenges to get a COVID-19 test, or a publicly available vaccine due to not having a provincial health card. All this created significant barriers and hoops to jump through. “I certainly have had jumped through a lot of them, and still haven't been able to get [the support I need]. [W]ill see, how [the

next scheduled appointment with a psychologist] will go.” Still, through this whole journey, “I have learned to not get my hopes too high and to just take it one thing at the time and see if things will work out or not.”

### *Reflections on Akshay's Narrative*

Akshay's story and his willingness to share it with me has affected me deeply as a researcher, interviewer, and psychotherapist. I was drawn into his story by the acuteness and the drive that I felt from him as he desired to share his story with others and shed light on the process for others. Perhaps his journalism background, or perhaps his own conviction that stories and experiences deserve to be heard and should be voiced, made for an insightful interview and a final storied narrative that shines a light on the struggles of international students not only while attempting to access counselling. Akshay's story speaks of disillusionment, disappointment; however, also of hope, luck, and chance.

The fickle nature of hope for international students is for me exposed in the image of a trapeze-artist attempting to traverse a perilous divide between his hopes and aspirations and the reality of trying to make these happen in what had been depicted as a supportive Canadian context. The artist is balancing all the weights of his responsibilities, personal and family sacrifices, and personal and socio-cultural context, with the necessity of clinging onto and finding hope in every circumstance, or else face the potential lack of safety nets below. This necessary clinging to hope seems to at times come with the cost of never being able to take a pause and reflect on one's own needs, for there is a consistent need for momentum in order to continue traversing the perilous divide to maintain immigration status and minimize impacts on wellbeing. Without that hope to continue forward, the trapeze artist could be easily overwhelmed when realizing the consequences of a fall from or even just a pause along the tightrope that would test the existence of the safety net below and have him find out what, if anything, it has to offer. Akshay has, in his own words, been “fortunate” enough that any momentary losses of balance have not led to a fall, instead still managing to keep going with his momentum along the tight rope. I have felt extremely grateful to Akshay for his vulnerability and candor with which he shared his story, and it made me reflect and wonder how many of the international students out there might have not been as “fortunate.”

### **Introducing Mawmo's Narrative**

This narrative introduces Mawmo—a 34-year-old mother, Bangladeshi woman, and international student studying at an Ontario-based college. The story of Mawmo is complex with many, at times simultaneous, ups and downs. Her story addresses a sexual assault which, while not described in detail, becomes the overall focus of her narrative and impacts her search for and engagement with counselling. As a white-identifying heterosexual cis-male who benefits from the patriarchal system and is privileged with permanent status in Canada, I felt the need to reflect in depth how to do Mawmo's story justice—a story that, in addition to sexual assault, involves instances of micro-aggressions, systemic oppression, as well as discrimination that could be understood as gender-based. My (re)telling of Mawmo's story is presented below from a third-person perspective, integrating first-person direct quotations as much as possible. My hope is that this approach centers Mawmo's experience and story through her own voice, and positions myself and the readers as witnesses in the process, without further marginalizing, white-washing, or silencing this first-person racialized accounts of counselling.

### ***Mawmo's Narrative: "I Am Not Going to Let This Define Me!" – A Fierce Journey from Solitude to Connectedness***

Mawmo arrives in Canada in September 2019 to further her career after having worked for several years in her home country. When leaving to pursue a degree at one of Ontario's accredited colleges, she has to make the hard decision to leave her daughter in Bangladesh in the care of her parents. At the time, nothing indicated that the only way Mawmo could remain in contact with her child would be through video-conferencing calls due to the COVID-19 pandemic restricting any occasional hoped-for trips. As of the interview in 2021, Mawmo did not have the chance to go see her daughter and family since coming to Canada.

Mawmo's relationship with the father of her daughter is amicable after the separation but grows to be more strenuous once in Canada. The geographic distance is not always easy to navigate, leading to further isolation from a former support and increasing concerns regarding her daughter. Mawmo's living circumstances while pursuing her studies in Canada change as well; Mawmo initially elects to live with a Bangladeshi roommate, hoping it could reduce the impacts of culture shock, honor her preferred ways of living with others, and reduce her costs of

living while in Canada. However, her roommate returns to Bangladesh early in the first semester due to unexpected circumstances. This forces Mawmo to re-think her living situation while focusing on her studies, financial insecurity, and isolation. Mawmo reflects on this time as one when her mental health concerns begin to affect her even further, stating “*So, everything together... was sort of spiralling.*” Mawmo has to navigate a new culture and its systems; the distance from her daughter, family and culture; and the sudden change in living conditions—all of which impacts her everyday life and causes her anxiety.

Mawmo attempts to address the spiralling by connecting with the local Bangladeshi diaspora. She ends up choosing to live with a Bangladeshi family to stay close to her culture and save money. Despite the helpful aspects of being connected to her culture that minimize culture shock, Mawmo’s living situation comes with challenges. Upon moving in with the family, Mawmo starts to recognize a Bangladeshi discourse that associates mental health concerns with being “*mentally weak, unstable, crazy*” that has transcended borders and seeped into the local Bangla-Canadian context. With these cultural taboos related to accessing supports for mental wellbeing and no apparent ways of addressing mental health, Mawmo struggles to find supports—adding to the felt isolation as a sojourner in Canada.

Facing isolation, Mawmo’s resilience and determination and—in her words “*luck*”—lead her to reconnect with a Bangladeshi friend living in the United States. This friend has experienced the impact of discourses within his Bangladeshi culture related to his sexual orientation, which led him to leave his home country and seek safety abroad. He shares with Mawmo his experience with seeking mental health support and that he “*takes therapy.*” He becomes instrumental in helping to destigmatize therapy for Mawmo: “*Like I recognized that it doesn't have to be something... to be happening to you—to be taking therapy.*” While her friend’s view helps her gain a new understanding of therapy, she still notes some hesitancy towards accessing it. She decides to not pursue therapy just yet, finding instead some solace in reconnecting with this supportive friend across the border—a reassuring and acknowledging connection in a sea of solitude.

With the coming Winter semester, some six months into the sojourn, Mawmo finds herself under additional stresses related to being an international student in Canada: having to remain enrolled full-time with a course load defined by the university based on permanent

resident standards; the unavailability of options such as dropping to part-time status due to severe immigration implications such as loss of immigration status; and working multiple jobs to be able to afford her tuition and living costs. Without established supports, and hindered by scepticism from her family and separated partner who stigmatize mental health services as only for those who are “*mentally weak, unstable, crazy, like these three things [combined],*” isolation continues to take its toll.

With no one else to turn to, Mawmo decides to entrust these concerns with her US-based Bangladeshi friend. With his support and encouragement, Mawmo resolves to try “*talking to somebody*” to help address her concerns and try the cost-free therapy option offered at Mawmo’s educational institution. Her friend voluntarily writes an email to the institution’s wellness center on Mawmo’s behalf to schedule an initial appointment for her. The wellness center reaches out by phone, however Mawmo notices there is no cultural understanding and genuineness conveyed in that conversation. When she discloses being a survivor of childhood sexual assault, the caller’s lack of responsivity leaves Mawmo feeling pitied. Mawmo reflects:

*Our school therapy is really bad. It's not well suited for international students. It's not well suited for BIPOC students. It's really unfortunate, but the one-time I... that I... my friend tried to set up an appointment for me... the one in [the US], who wrote out an entire paragraph on my behalf, because I was just not doing it. The wellness center did reach out to me, and I honestly, I was like I don't need this shit, I am going to throw my phone out of the window. I was like, I don't wanna talk to this person. I don't need therapy 100%. [...] I was trying to start to talk, but all I heard was a lot of pity.*

Disillusioned, Mawmo questions her initial understanding of therapy as a supportive space to explore her own life free of judgement and the role therapy could play in her life. This one experience threatens to dissuade her from reaching out to any other service provider as she states: “*Something like that is enough to turn you away.*”

Fortunately, Mawmo is at that time employed with the institution’s Student Union administration—an organization which in her own words “*is one of the best organizations [she has] worked with*” in her life. The fellow employees are empathetic and create a space for

Mawmo to share her unsatisfactory experience in one of their meetings. One of the members—a white Canadian co-worker—follows-up with Mawmo after the meeting, validating her experience.

*[S]o my co-worker, and now friend, they were like: “Oh, okay, so no, that was a bad experience because our wellness centre is shitty. But that doesn't mean that all therapy is like that. So, I'm gonna try, I'm gonna hook you up.” And so, she searched up a couple of institutions and she gave me a list, and well she was like: “Let's just try with this one.”*

Having her experience validated and acknowledged mitigates some of Mawmo's feelings of loneliness and solitude, validates that she was navigating a system not well-suited for sojourners, and helps her reframe her initial understanding of therapy. This co-worker's reaching out leads to a collaborative search for a more culturally responsive space—coming up with a list of centers and institutions, and ultimately identifying a private centre that is off-campus and run by BIPOC therapists. Mawmo feels empowered by this support, which strengthens her resolve to try accessing therapy again during her third semester in Canada. Her co-worker helps her navigate how to access the private centre and register for an initial 15-minute consultation.

Despite Mawmo's initial concerns regarding her ability to afford the therapy and some remaining scepticism about the idea of psychotherapy, Mawmo proceeds with the virtual appointment. She attributes her courage to try this new service to the “*non-stop support*” from her US-based friend. This friend shares his wisdom to help her navigate the doubts she is feeling immediately prior to the consultation:

*It can go wrong the first time. It can even go wrong the second time. So, it might take a while to find someone. So don't be discouraged, Keep going. I'll support you. [...] You know what, it took me a long time to get the right therapist but, once you get it, honestly it's life altering. So, trust me.*

Mawmo's response of “*Okay, I trust you. I'm gonna do this!*” is palpable. While she trusts her friend's suggestion despite her unsatisfactory initial experience, she expresses some reservations about her next experience: “*I didn't know what to expect, but I kept an open mind.*”

The consultation call with one of the therapists at the centre is positive. Mawmo states that she “*feels connected right away*” to the person she is speaking to. Mawmo recollects the person as “*authentic*” and “*comfortable*,” including instances of “*dark humour*,” that help Mawmo feel at ease. Mawmo remembers the therapist as speaking with her in a casual and friendly manner without any pressure, and with the re-assurance that there is no need to “*share something terrifying*.” As the conversation winds down, Mawmo learns she will be referred to a different therapist at the centre. This leaves Mawmo to work through some initial feelings of disappointment:

*So, when she recommended to meet with someone else, I was a little like: “Aww man, I wish it was her.” You know? However, again, I trusted her, because of how her 15-minute conduct was with me. And I was like: “You know what? I can trust this person.” So, thinking that... they will know what's best for me. And you know? And so, I connected with [my current therapist].*

While potentially daunting, the referral process is facilitated for Mawmo through the brief yet meaningful consultation. Mawmo finds she is in good hands and trusts the initial therapist’s decision to refer—understanding it to be in her best interest. An initial virtual appointment is booked for the beginning of the next month with the new therapist—almost a full year after Mawmo began her sojourn and six months after her initial attempt to access counselling. The day prior to meeting the new therapist, Mawmo is sexually assaulted by an international student.

**First Counselling Session.** The virtual counselling session occurs in the afternoon the following day after the assault.

*So, the first [session] I couldn't talk. I was crying. I was continuously crying and... I was just... [the therapist] just listened to me cry. She let me cry, you know? She didn't ... She wasn't like: “Oh, don't cry.” She wasn't like that. She was just like: “You know what, let it out, let it out. I'm here. So... I mean we can talk about it when you're ready.” But I wasn't ready that day. I kept crying. And. And then... when I stopped crying momentarily, she said: “Do you want to share what happened?” Like, and I told her. And she, she was just...*

*you know empathetic. She was she was like: "Wow, oh my god. Are you okay? Do you wanna..." And then she right away, she was very systematic. She sent me a list of numbers I can call and the hospitals I should visit. To get myself checked for... like any marks on my body, bruises and stuff. And she was like prepared, sort of. And so that built a lot of trust in her. Like, it was circumstantial, for me you know, because of my special circumstance... I was able to build that trust quicker. She... she recognized my... anxiety and my ... like... sort of, she recognized that I was not... sad. You know, she... she recognized, she said it was okay to feel what I was feeling. She made it feel like it was okay. Like she validated my feelings. And she let me feel them. And that was really important to me, because I hadn't had that, I think, all my life. As a ... as a mother, I actually suffered from post-partum depression for three years. And I received no help from my family or my partner. So... I... instantly recognized that she helped me feel them. And I instantly felt better, you know? It was... It was just that... no one validated my feelings up until now. Up until that moment. And that was the first time I ever felt so... liberated in crying, even.*

Mawmo remembers the session as one marked by emoting, feeling listened to, being validated, trusted, and honoured—never forced to disclose more than she feels safe to. Ultimately, she feels “*free to feel*” and spared from pity. She experiences the therapist as present, empathetic, and non-judgmental while bearing witness to her story. The therapist’s offer of easy-to-follow resources deepens Mawmo’s trust. During this initial session, Mawmo has the space to reflect on her vulnerability while attempting to label what she feels and what she wants:

*I just wanted to get better. I was... I was feeling like a victim at that point, and that's what was making me really angry, you know? Like me, feeling... I don't like being pitied, I don't like feeling like a victim. So, when I was feeling that way... That was a weak moment in my... in my life. That's when it just... I sort of like [decided]: "No, I'm not gonna let this happen." I wanted to get better, and, in my mind, this was a way to get better.*

This resolve to change the victimhood narrative with the support of the therapist, despite Mawmo's initial reservations about counselling, is a turning point in Mawmo's journey. She remembers the helpful aspects of her therapist's trauma-informed approach:

*So, I recognized I was going through trauma, and I was like... I was telling her that I wanna stop crying but I can't because it's just not happening. It's just involuntary, like at that... at one point it was just like an involuntary crying that was happening. And so, she was like: "Okay, so your body is in shock. It just happened, and that's why you're reacting the way it's happening. Just let it out. Don't fight it." And so that's what I did. And that's when I thought: "No." You know, in my mind, I was like: "Oh, so I need to... I need to get better. This is sort of breaking me. And I can't let anything come in-between... this... my life, you know? I don't want this thing to come in-between my life and my goals that I have to achieve, you know? [...] I have a daughter. I need to look after her. I can't let something like this come in the way."*

Mawmo seems to reconnect with her motivations, personal values, and chosen responsibilities. Within this initial session, the therapist promptly assesses the need for continuous therapy, suggesting regular appointments every three days initially and spacing them out later as needed. Mawmo shares that, amidst feelings of isolation and loneliness, "... [the therapist] was great [...] because she recognized that I needed [therapy]. And so, I just went with that."

A few days after the first session, Mawmo receives threats from the perpetrator and is concerned for her safety. Despite understanding what happened was wrong, she is concerned how reporting the sexual assault could impact her immigration status as well as that of the perpetrator—all while wondering how her values of forgiveness would come into play. Mawmo therefore initially does not report to the police, stating with hindsight that "*a struggle of being an international student is that I just wasn't aware of my rights.*" However, after receiving additional threats that deepened her safety concerns, Mawmo decides to file a police report:

*He sent me a really threatening text and he sent me a series of threatening texts and that... that's the time when I was forced to take it to the police*

*because I was actually scared for my own life. You know like I was scared that something worse might happen and he might just come to... come at me again... Or something. I was just really scared.*

The reporting process involved a series of emotionally taxing incidents in a brief amount of time. Despite the therapist's support for Mawmo and her knowledge of the process of filing a police report, none of this could prepare Mawmo for the actual experience of being questioned by police, which took place in her host family's home:

*... [w]hen I talked to the police, however, when I was trying to report it to the police, the police made it sound like... like it might be a lie. Like I was lying. And they're like: "Oh why did you report? Why are you reporting it 10 days later?" [...] And I couldn't help but think in my mind that maybe it was a mistake to report that ... you know... And maybe I shouldn't. And I was actually almost going to say: "Okay, you know what, forget it." But then I thought: "No, this person is gonna get away with it and continue doing it to other women." And I can't let that happen. If not for myself, I should stop it for anyone else that he might... Like if he got away with it now, he will continue to pursue. He will think that "Oh, I can do this."*

Mawmo describes mistrust by the white policeman who interrogated her, including accusations of lying and threats such as: *"Oh you know if we find out that it's not true, if it's untrue, you will be charged with public mischief."* Despite her resolve to not let the police silence her, Mawmo is feeling the impact of the interrogation:

*And I was just, you know, like... momentarily I just didn't wanna say anything, but then I thought: "No why should I? I'm not lying! So why should I be afraid?" So that's when I said everything. And the worst thing... they keep asking you questions, so you have to keep repeating and repeating. And at that point it was just 10 days ago, so... still fresh, and still like... Yeah, it's still traumatizing, but I had to keep saying it and saying it. But then it was just... yeah, it was really hard for me at that moment. And I thought, that's the moment when I felt super alone, because I had to do this by myself.*

In addition to these interactions with the police, Mawmo experiences victim-blaming from the host family.

*I had to report him by myself. I had to wait by the... I didn't want to create some sort of scene at the house where I was living at. Because... already they've said something... along those lines. However, unfortunately they did see the police talk to me, and they asked me. And when I did tell them about ... like I told them what was going on. Sure as hell, they victim-blamed. They're like: "Oh you should not have gone ... it's your fault." So, it was really hard for me to go through those stages alone...*

Mawmo's experiences with the police and host family leaves her feeling alone and leads her to reach out to her therapist—a step that seems to reflect Mawmo's trust and deepen her commitment to therapy:

*And I totally texted [my therapist] right away, saying, "Hey, I went and spoke to the police, I reported him." And so, we unpacked that in our second, like the next session coming and that's how... like the... I actually really got... knee-deep into therapy.*

**Getting "Knee-Deep into Therapy."** The trust built in the initial two sessions "opened a door" into Mawmo's therapy experience that ultimately helps her resist a narrative of being a victim. Conversations in subsequent sessions unveil other challenges she has faced in her life, including the impact of not being validated by her cultural community surrounding mental health. Her therapeutic connection also seems to 'open doors' to other meaningful connections such as with a trusted friend. Mawmo uses a subsequent session to continue to unpack this experience:

*It's not one door. There are many doors. So ... it took me a long time to realize it wasn't my fault. And again, another friend actually helped me through that, because he was like: "So tell me..." And well, I kept blaming myself like: "Oh, I should not have gone, blablabla." And he said: "Okay, [Mawmo], so tell me one thing, if you knew he was gonna do this to you, would you, would you have gone?" And I'm like: "Hell no!" Then he is like: "There is your answer."*

*Right? It's not your fault. He broke your trust." So, and the [therapist] facilitates those feelings, facilitates those... even the things that come from my friends, my peers, and I tell her.*

The safe and validating space established in therapy helps Mawmo unpack key aspects, experiences, and conversations in her life. It also helps in “keeping those doors open” despite the continued struggles Mawmo faces in her life as an international student. With these open doors, Mawmo feels trusting enough to bring up past traumatic events—including childhood sexual assault and molestation, trauma, and post-partum depression—and to process these in a meaningful way. However, despite the therapist’s support, and to her surprise, Mawmo observes that at times in sessions she still experiences worry about “*coming off as a bad person*” to the therapist and reports how this worry impacts her desire to get better:

*I sometimes found myself eliminating little details, but... consciously, like I made a conscious decision, like two months ago that I won't do that. Because I need to know the honest, the honest opinion, and you know the honest... way to sort of, like... heal.*

Despite the built trust, Mawmo needs to remind herself to resist self-criticism within therapy. She tells her therapist: “*I keep forgetting, I can tell you anything.*” At times, the self-criticism prevents her from engaging fully in the therapeutic process without fears of judgement and shame. Mawmo reflects on why this might be:

*Even though my partner and I are separated, we still talk to each other, because it's the only way I can talk to my daughter. Because, you know... she... she moves around between him and my parents. So, when I told him about me taking therapy, he laughed about it. You know he laughs about it. He thinks it's stupid and it's a waste of money, you know? So... even... even my own parents were not open to that idea.*

With realizing the persistence of her community’s taboos towards the therapy and its impacts, Mawmo challenges herself to resist these taboos personally by engaging vulnerably with the therapist. She continues to acknowledge the energy it takes to continue the therapy process: “*It takes a lot of courage to talk about your own shortcomings.*”

From this point on, it seems that therapy plays a big role in Mawmo's re-authoring a "survivor" story into preferred stories of selfhood. Mawmo finds her continued engagement in therapy makes her more determined to resist narratives of oppression by white patriarchal systems, such as with the police officer. She is also determined to resist practices and ideologies in her culture that have become unhelpful to her, such as the stigmatization of mental health concerns and seeking help.

In Mawmo's experience, getting "*knee-deep into therapy*" allows her to develop many resources and concrete tools, which she continues to utilize outside of therapy, such as perspective-taking, proactive support-seeking, trauma-informed self-compassion, and emotional processing—all of which increase her self-confidence and self-trust, and promote her personal growth. Along with these tools and noticeable growth, Mawmo notices how through the therapeutic journey she gets to honor and focus on her values and preferred life narratives with the support and witnessing of the therapist.

Mawmo further notes that she became more willing to share about her mental health journey with others, advocate to de-stigmatize mental health, and encourage others to access therapy. She describes the impacts her therapy experience has had on her involvement with loved ones experiencing mental health challenges:

*[B]ecause of the experiences that I shared with [my parents] and I'm... I am constantly trying to educate them, they're now open to it, and they have... they're open to it so much so, that my sister is able to also receive therapy.*

This desire to support others invites a narrative of activism for Mawmo, as she also engages in advocacy for women and survivors of sexual abuse and for sojourner's rights in the context of Canada.

**Navigating Continuity of Care.** Mawmo continues to meet with the same psychotherapist twice per month for the following six months. She is determined—despite the initial disappointment with her post-secondary institution's mental health provider—to utilize the undergraduate student insurance benefits available to her to help her to continue to afford the off-campus sessions: "*[The school's mental health fund] is there, might as well use it.*" After approximately twelve sessions, eighteen months into Mawmo's sojourn and six months after the

sexual assault, her mental health benefits fund runs out. Mawmo is disenchanted, as without the financial support, she is limited in how she can continue to work on her mental wellbeing within psychotherapy. When faced with what could be the last session, she resolves to trust herself and rely on the tools and supports she has developed with the therapist:

*I felt like: "Okay, I have a support system, I can do this. If worse comes to worse, I pay for it. Because she's available, you know she's there. I wish I didn't have to... but if worse comes to worse, she's there." At that moment, I felt like I could use a couple more sessions to be... better prepared, but for now, [the therapist] gave me like a way forward. She said that: "If you're feeling like [these emotions] Mawmo, maybe do this." So, she gave me a whole toolkit [of coping strategies].*

What seems to help Mawmo draw on her resiliency is the re-assurance of knowing that the psychotherapist continues to be available: "[T]o know that she's still available should I need it was important to know. That 'Okay, I... She's there, like the help is there, I'm not alone.'" The trust established during therapy draws up an analogy for Mawmo:

*[The therapist] hasn't left me in open waters to drown. She's still there. She's taught me how to swim, yet she's standing on the sidelines still. You know like, should I need a life jacket I can follow-up.*

After the month-long pause from therapy, Mawmo follows up to navigate 'deep waters': "I momentarily stopped seeing her for like a month ... but I immediately recognized the need for [therapy]." At this time, Mawmo changes employers and proactively learns about the employee insurance benefits she can access. She skillfully navigates these benefits to re-access the same psychotherapist who is flexible enough with her scheduling to allow for therapy to continue.

**Reflecting on Therapy.** When given the chance to reflect on her therapeutic journey, Mawmo does not hesitate to call her psychotherapy experience "life-altering" and "life-saving," recognizing the power of the therapeutic connection in her personal journey. Nine months after her sexual assault and initiation to psychotherapy, she plans to continue accessing psychotherapy services for herself in the future. When asked to reflect on what made the experience work for her, she highlights themes of her therapist's cultural humility and responsiveness, openness, as well

as the gender match which contributed to trust. Mawmo also felt that having been recommended, and chosen, a centre that was run by BIPOC women allowed her to feel listened to and heard.

In reflecting on the entire process of psychotherapy, Mawmo describes a shift in her self-understanding from internalized stigma to acceptance. She describes how her understanding of therapy has also changed:

*I recognized that it doesn't have to be something... to be happening to you. To be taking therapy. So even though I got into therapy for one reason, I ended up taking it for a... so many other things.. Life takes you in certain routes that, you know, you can never really... Like... you can't feel like: "Okay, today everything is great, and from today onwards everything is going to be great." It's not like that. Like, life is life. And he's throwing you things. So... So, it's always great to have someone too talk to. [...]*

Mawmo further reflects on how therapy has been of support for her own sojourn, seeing therapy's potential benefit for international students:

*[F]or you to function as a person ... in this fast-paced life where you have so many things to do, so many things... as an international student... We have a certain limit, right ? I have to finish within a certain time period. [...] So, I have to keep taking [five courses] every semester [to finish the program on time without additional financial costs] and that's you know really hard! [...]*  
*[Y]ou're taking a full course load, [...] you have to do multiple jobs to keep afloat, and... how are you going to keep your mental stability if you are not gonna talk to someone?*

By drawing on personal experience, Mawmo is motivated to share her experience with others to destigmatize mental health seeking, and advocate for free and unlimited access for all sojourners. Her perseverance, as well as the relationships she fostered and re-invited into her life, have laid the foundation for overcoming all the challenges and difficulties she faced.

*Reflections on Mawmo's Narrative*

Getting to know Mawmo as a person through the interview process is an experience I will never forget—from her enthusiasm, drive, and passion for sharing her story, to her mental health advocacy for others including international students. An international student herself who experienced an incredibly difficult event among difficult circumstances and other life challenges, yet would not let these define who she is and what she stood for. Despite initial mistrust, disappointments, and setbacks in the therapeutic journey, Mawmo persevered with the support of individuals in her life. Her perseverance seems rewarded when she connects with an off-campus service provider with whom she could honor her reality, receive the support she was hoping for, and deconstruct many of the challenges she faced. It felt important to represent in her final storied narrative the importance of the first two sessions to illustrate the crucial role these played in building a trusting connection between the client and the therapist. The storied narrative also made me reflect on the role mental health therapists play in the lives of sojourners, and how Mawmo's experience illuminates the role these therapists might play with other international students. Here is a story involving a therapist who remains present with Mawmo and fosters a connection with her, which she can trust and helps her feel like she has a resource person to turn to—one who recognizes Mawmo's strengths and helps her thrive on these.

Despite the storied narrative's focus on the therapeutic connection, I reflected on Mawmo's relationships outside of therapy and the crucial role they also played in her therapeutic journey. Despite Mawmo's initial isolation from supports, and even her own community within Canada, Mawmo persevered in pursuing connections with others, be they trusted friends in other countries, her own family, or new empowering friends from Canada. In the process of Mawmo's therapy, it seems that these trusted connections became critical in encouraging her, validating her experience, supporting her, and, in the end, allowing her to recognize her agency.

### **Chapter Five: Summary of and Reflections on Findings**

Arriving at the academic reflection and contemplation part of this thesis, I first wanted to take the time to “virtue-signal” that it was never my intention to compare the three self-standing narratives from the results section nor engage in the exercise of comparing or contrasting for the reason of an argument. It is my personal conviction, reflected in the choice of the narrative analysis, that the three unique experiences of international students cannot be stratified to fit within a comparative framework. I believe that the storied narratives in the previous section are self-standing in their voiced context, messages, and remarks, and I sincerely hope that they allow the reader to engage reflectively and with interest for the international students behind “the characters.” I hope the reader can then engage introspectively—and in collaboration with others—on what their role is in the systems concerning international students and the context around them, while also considering the actions through which the reader can support and advocate for the population of international students.

While engaging with the results in a manner that allows me to comment and reflect from my position, I remain steadfast in the storied narratives’ self-standing nature. I will first engage the reader into a summary of narrative findings section, in which I present personal reflections that struck me as the narrative analysis process unfolded. I then present a non-exhaustive discussion of discourses within current counselling literature and research as they relate to the main research question: What are the narratives of international students who have experienced a counselling journey in Canada? Given the research question’s intentional breadth, I have been inspired to consider the context for these questions not only from the perspective of the three international students’ interviews, but also based on my personal experience as an international student and psychotherapist. Elaborating further on how my personal narrative interlinks with the research narrative, from the beginning to the end, I felt that it was important for me to be transparent about my former international student status within Canada, and how it came to inform the research conducted. It is why my personal narrative is included as Appendix G of the thesis, and why I often draw on personal experiences throughout the next chapter.

In the following sections then, I first present three “Impressions and Observations” of the sojourners’ lived experience surrounding their therapy context, followed by sojourners’ reflections on actual therapy experiences.

### **Three “Impressions and Observations”**

Below are musings and reflections on my impressions and observations gathered through the narrative research process. More specifically, sojourners' experiences related to hope, aloneness, and vulnerability are addressed. Unpacking these experiences can help the reader better identify important contextual aspects that may follow international students into therapy.

#### ***The Fickle Nature of Hope (Not Only Within Therapy)***

It struck me that across participant interviews, the role of hope was never directly spoken about. Absent but implicit in their narratives, hope nevertheless presented itself in a variety of ways. Mawmo's journey was marked with seemingly unrelentless hopefulness, belief in herself, and resulting perseverance—and this despite the context of her dire circumstances threatening her capacity for hope. Akshay's story seemed to portray hope as the necessary drive to take yet another step forward in order to not lose momentum and falter. Karin's journey described a relationship with hope that was more akin to a balloon. The balloon is initially filled with hope, is uplifting and allowing for curiosity; yet, throughout her journey, it becomes more and more deflated by external and internal pressures, abrasions, and small pierces, eventually leaving her completely deflated as the helping spiders were not the right ones to identify the leaks and help her patch these.

Reflecting on these different ways in which hope was present made me realize the fickle nature of hope in the context of international students' sojourns to Canada, but also in their navigation of their counselling journeys. A sojourn is usually in itself a hopeful endeavor in which an international student chooses to leave much of their life behind to pursue a dream of interest unavailable in their home country. This initial hope is often kept alive with reassurances by universities and its staff. However, as can be heard in Karin's story, the hope can very soon prove to be more fickle than expected under the unexpected challenges the student can face within a new country and its systems. What especially stood out to me was how all three international students experienced a sense of hopelessness when impacted by unexpectable circumstances and how they sought to engage with support-seeking to address these circumstances. As such, the counselling encounters all three sojourners engaged in had a direct impact on their relationship with hope. In several moments, it seemed as if “hope-filled balloons” could indeed be reinflated and perhaps even expanded by the therapeutic engagement, such as in

the case of Mawmo's latest therapeutic encounter; however, in the other stories of Akshay and Karin, the encounters with professionals seemed akin to keeping alive the hope that remained by recognizing and acknowledging the challenges and circumstances that were oppressing the "hope-balloon." Still, the therapeutic encounters also seemed to have the potential to negatively impact and deflate the hope of the sojourners—making Mawmo discouraged to seek therapy when met with pity instead of understanding; discouraging any further help-seeking for Akshay when a therapist suddenly announced an end to sessions at a time when Akshay felt he was starting to feel a trusting connection; or in Karin's case when the mental health professionals attempted to provide solutions that did not seem to recognize or address the actual reason behind the "hope-leak" in the first place, and perhaps help with identifying additional resources which could help patch it.

The sojourners seemed to further understand hope as a necessity, rather than an active choice, in their lives. This way of seeing hope struck me as one that can be a result of having to navigate circumstances and challenges often beyond direct control in the lives of international students, such as immigration status, university decisions to augment tuition fees from year to year, or other unforeseeable challenges that could threaten the balancing act of the sojourn. Still, all three participants managed to hold onto their hope for significant portions of their journeys, showcasing the potential for a more agentic relationship with hope despite oppressing circumstances.

As a researcher-practitioner, these observations made me reflect on the necessity to take into account an individual's capacity for hope. At the same time, there seems to be a need to recognize the fickle nature of hope and a practitioner's ability to affect it as a trusted resource to whom these sojourners are coming as vulnerable individuals. It made me reflect further on the necessity and importance of bringing honesty and transparency into the chosen therapeutic approaches with sojourners. I see these two qualities as especially essential to acknowledge the inability to resolve the actual concerns facing the students, rather than attempt to provide unguaranteed hope—akin to filling the hope-balloon with hot air and pretending it will float forever. Transparency could help reframe the understanding of therapy as a place for solutions where the practitioner is considered the source of hope (perhaps inspired by the medical model's tendency to fix issues with immediate action or medication), to a place in which the practitioner

helps identify the oppressive forces and circumstances that press onto (and at times pierce) the hope-filled balloon. Such a shift could also include beginning to notice and acknowledge the inexplicable leaks of hope, and thus redirect the sojourners attention to concerns that are within their control. By doing so, practitioners could draw on the sojourner's strengths and qualities to proactively help identify the community resources that are culturally relevant that could help patch the original leaks.

### *Aloneness, (Mis)Fortune, and Solidarity*

Time and time again, it became palpable that all three participants experienced in their journey a sense of *aloneness*: Karin wandering the cave she ended up falling into and feeling the impacts of not having anybody to turn to for directions; Akshay feeling like whenever he faced another unexpected setback, he needed to rely only on himself to come through; or Mawmo's sense of isolation not only from her own family, but also the Bangladeshi community when facing difficult circumstances. Coming to a completely different country alone, leaving behind established support networks and families, and having to navigate a new culture and all its intricacies is without doubt challenging. Moreover, the nature of the sojourn does not permit straying from the path by choice, circumstances, or error when navigating challenges, as the consequences can become grave. Much like a trapeze artist, the international student is not allowed a reprieve as they need to continue navigating these challenges, without reliable supports and with fears of losing time and momentum. The sense of aloneness that the three international students experienced was seemingly brought upon by numerous and unpredictable circumstances, but also by the unhelpful interactions with agents of the systems (such as supervisors, insurance help desks, mental health supports). While perhaps not a concern that all sojourners experience, aloneness undoubtedly played a role in the journeys of the three participants. It often left them to prioritize self-reliance while navigating difficult experiences, thus potentially missing out on supports available from the local community and learning new ways of navigating challenges within a new culture.

The question of *fortune and misfortune* when navigating these times of aloneness stood out to me across the three participants. Despite each participant's gratitude to the friends, colleagues, and supports in their life, I was struck and profoundly saddened by the image of ascribing the navigation of one's mental health within systems to chance: Karin reflecting on

“not having had the luck to find the right helpful spiders” while navigating the challenges she faced; Akshay calling upon the external luck and fortune that allowed him to forget the darkness he experienced and continue on his journey; or Mawmo feeling blessed and fortunate when her second chance for psychotherapy came at the time of most need or when she discovered other sources of health benefits available to her. I am left wondering what the ethical implications are of systems which make sojourners feel that it is chance, luck, or fortune that decides whether they can benefit from supports they are entitled to, instead of their skills, aptitudes, and courage. Is it just if institutions place the responsibility of helping international students navigate systems on external sources such as friends, colleagues, or other sojourners?

Perhaps in a sign of resisting the systems that intentionally or unintentionally cast sojourners into places of aloneness and perception of uncontrollability, the sojourners I interviewed all experienced a sense of connection and *solidarity* with others, especially other international students. Their care and compassion were two of their outspoken motivations to engage in this research, following up in second breath with wishes for foreign systems that are more helpful for individuals like them to navigate, be they academic, physical/mental health, or immigration systems. I was once again struck that, somehow, these international students found the courage to share their experience with others and describe the dire challenges they faced to ultimately help future sojourners navigate the system or at least show what to look out for. Despite the felt impacts of systems that let Karin “fall through the cracks,” systems which made Akshay feel that unless he attempts self-harming behaviours he is not eligible for help, or systems which attempted to weaponize or nullify Mawmo’s vulnerability, these sojourners held onto their passion for making a difference to these systems through means of advocacy and storytelling.

### ***Financial and Other Vulnerabilities***

While not explicitly mentioned within the storied narratives, I have personally witnessed how international students as a population are at times viewed within the Canadian context through a skewed lens, with assumptions that all sojourners are from wealthy families and countries and thus without financial challenges to overcome. Such generalizations can detract from the part of the student population that does not have the financial privileges and resources, who themselves or with the support of their families sacrificed much in order to embark on a

sojourn (Hune-Brown, 2021). And even if financial resources are present, money cannot buy the stability of immigration status and knowledge of navigating foreign systems and cultures. All three international students I interviewed described the financial concerns they were facing, and reflected on how these were intrinsically linked to their sojourn experience. This was especially highlighted when unpredictable changes occurred when Mawmo's roommate had to move out and created housing insecurity, when Akshay needed to move several times and navigate roommate relationships, and when Karin had to rely on university teaching assistant contracts to support her survival.

Further, due to their time-constrained immigration status, international students often do not have the privilege of extending their studies, changing programs, nor making academic or other decisions with the privileged capacity to reflect on decisions and trying again. As such, sojourners can often feel like there is no room for mistakes (including in the choice of mental health providers), and if there is room for mistakes, these might be very costly. The population's vulnerabilities extend beyond an individual's agency, for often the support networks, if present at all, can be sporadic and too often invite uncertainty as to their reliability.

Therefore, when sojourners' circumstances become uncertain or perilous, the impacts are immediate. The financial aspect is but one concrete example of the destabilizing paradigm affecting the international student population, rendering students reliant on their respective universities for supports and help with navigating systems. Due to their temporary immigration status, sojourners are often ineligible for financial supports from governments (e.g., Ontario Works, employment insurance) and might face ineligibility to access supports from settlement and integration organizations which operate with needs of proving delivered services funded by the ministries of immigration (typically only for international persons with or in the process of obtaining permanent resident status). Further instability can stem from unpredictable challenges that impact many domestic students as well. However, unpredictable instability can have an even more devastating impact on this population. Sojourners further experience the inevitable impacts of direct and systemic racism or status-based discrimination without understanding the supports and rights available to them to resist these. Impacts of immigration status on stability can be brought on by unexpected societal events, such as the COVID-19 pandemic when much of the international student population was left without initial access to vaccines or testing kits due to

these being linked to provincial health plans which are typically unavailable for sojourners. Currently, sojourners are without advocates who can call out the impacts of circumstances and foreseen and unforeseen challenges on their behalf—except for the few sojourner-run organizations, that themselves are reliant on in-kind support from students navigating their own sojourns. Sojourners are therefore without platforms through which to raise their voice and, as a result, they remain a population at risk whose experience is not being heard.

As a consequence of these sporadic support networks and lack of certainty regarding safety nets, international students seem forced to navigate their experience without re-assurance of their basic needs and without the supports available to domestic students. Rather, they should be provided and experiencing a context in which their basic needs are guaranteed so they can thrive and fully contribute to their universities and the surrounding communities. This has been recently highlighted in research by Tavares (2021).

### **Reflections on International Students' Therapy Experiences**

Having shared about hope, aloneness, and vulnerability I observed in international students' lived experiences surrounding therapy, I now turn attention to experiences of therapy itself. When reflecting on the actual experience with therapy across the three sojourners, I was struck by similarities and differences in terms of their presenting concerns and the diverse pathways to accessing and engaging with therapy. The reflections are organized along the three timeframes that guided the narrative inquiry as related to the therapeutic experience: The Before, The During, and The After, with an additional section on the role of so-called “gatekeepers” as related to mental health, therapy and the three temporal timeframes.

#### ***“The Before”***

The three international students I interviewed had found themselves in unenviable places without their choosing—be it at a place of confusion due to unclear or unavailable academic guidelines and supports, at the mercy of internship providers alongside a global pandemic, or at the impacts of past or recent crisis and traumatic events. These circumstances, not unlike those of other populations, lead international students to seek out supports. For participants in this study, support-seeking included getting to know about or utilize prior knowledge of therapy and seek therapy out as the support they believe could help them. Reflecting on the participants' decision-

making regarding access to therapy, each of the sojourners had a somewhat different approach to how they considered psychotherapy as a support. Furthermore, participants' access pathways did not always follow a linear path of The Before, The During and The After.

Karin, who had felt the long-term impacts of lack of academic support on her academic sojourn, stumbles upon group therapy. She sees therapy as a support that “could help” with finding her direction in the dark cave of her role-playing game. Despite Karin's previous stigma regarding mental health supports, she finds herself in such a dark place that considering a support recommended by her peer becomes a “nothing to lose” decision. The peer's orientation towards what to expect, as well as the group's affordability and accessibility make this a choice worth considering. This initial group experience leads Karin to consider accessing individual supports, especially when she begins to question the group's effectiveness for her. The considered supports involve a mental health nurse, a doctor, and a psychologist—all within the institution's context. Each time Karin accesses a new service, she speaks of a sense of nervousness prior. Stemming from the experienced-based worry of being prematurely assessed, judged, or misunderstood, she expresses a sense of trepidation.

Whereas Akshay, in his proactive search for mental wellbeing and initial belief that these efforts are commonplace in Canada, embarks on his therapeutic journey with interest. Guided by a Canadian friend's disclosure about her therapy experience, Akshay is led to believe that “therapy would help.” He sees therapy as a means to understand circumstances that impact his past and present wellbeing, and that could help him develop more agency in responding to current and future circumstances. When he experiences diminished wellbeing due to a setback where past concerns resurface, he decides to access therapy. Informed by the Canadian student, he identifies and initially engages in therapy with the most affordable and accessible support available—the institution's counselling clinic. Prior to the appointment Akshay describes a sense of hopefulness despite a cumbersome appointment booking process.

When Mawmo initially considers accessing psychotherapy, it stems from a response to aloneness, isolation, and a resurgence of past traumatic events during the dire and unexpected changes in her living circumstances. Upon encouragement through a personal disclosure about therapy from a supportive friend, she attempts to address her trauma and circumstances in the context of therapy. Mawmo seems to believe that “therapy is supposed to help.” Her friend

therefore drafts an email on her behalf to the institution's free service, which leads to a scheduling of an appointment for Mawmo. Due to a disheartening experience with the appointment, Mawmo is faced with having to re-consider accessing psychotherapy again at a later time. With the support and recommendation of a trusted colleague, she decides to expand her search for psychotherapy to include community services. This leads to connecting with a service that facilitates the scheduling of an appointment in a month. Mawmo alludes to a sense of uncertainty prior to accessing the initial two supports, the former due to unfamiliarity, and the latter due to the disillusionment from the former. Mawmo's third attempt to connect with a support (her most recent therapist) does not seem to provide much space nor capacity to consider her feelings, due to Mawmo's dire circumstances.

All of the sojourners seriously considered accessing therapy, for the first time in their lives, in a foreign context. This should be considered a vulnerable feat given therapy typically involves trusting a stranger with one's mental health concern and challenges—most likely an individual with a different cultural background. That said, while not stated explicitly, it seemed that initially all three students found that reaching out for supports within Canada felt safer than it would have within their home communities and families. Still, all the sojourners experienced some sense of unease prior to accessing—be it due to barriers of access, uncertainty of expectations, previous experience, or worry of judgement. Each of the sojourners initially chose to access the therapeutic services of their higher education institution, alluding to ease of access and affordability and the belief that these services ought to be well positioned to support the type of presenting concerns they experienced. There is no indication of awareness regarding any other community mental health supports. It is noteworthy that, except for Karin, the search and scheduling occurred virtually due to the 2020 COVID-19 pandemic. Furthermore, certain individuals seemed to play a crucial role in The Before chapter of sojourners' therapeutic journeys. The impact of these individuals will be addressed later in the section addressing gatekeepers.

### ***“The During”***

The experience of the therapeutic encounter was unique for each international student in this study, including differences in the type and duration of support accessed for each instance of support-seeking. It is not within the scope of this thesis to distinguish whether the mental health

professionals seen abided by the same code of ethics or were of the same profession. The assumption is that the three sojourners trusted the accessed professionals would be able to provide support and therapy for their concerns. As all the initial mental health supports were within the students' educational setting, and as a psychotherapist formerly working in a higher education setting myself, I reflected on the way the accessed supports played a role within each of the three sojourners' therapeutic encounters, and how sojourners perceived their experience, which I describe below.

Karin's in-person experience seems to be one of finding herself in a variety of physical spaces, seeing a variety of mental health supports. She describes the spaces as feeling welcoming in their layout and perceiving an overall welcomeness of the practitioners. The welcoming nature is however not guaranteed immediately prior and in the first appointments. Karin experiences a sense of unease due to the difficulty of filling out forms, needing to summarize complex concerns into a time-efficient story, and being assessed based on behaviours unrelated to her concerns. Karin starts attending group therapy sessions for graduate students, but besides finding them as a helpful venting space does not perceive them as addressing her concerns. Karin remembers most fondly the appointments with the mental health nurse due to their perceived availability and the established trust and rapport after a series of disjointed sessions. These sessions nevertheless seem to help Karin express her concerns in the moment and provide some perspective and resources to help her cope, even if the effects were short-lived. Her single-session experience with a psychologist is also remembered fondly for it leads to a sense of feeling understood and heard, and the "prescribed" leave of absence is welcomed as a lightening of the load Karin was carrying. Karin expresses a sense of gratitude, meaning, and even a sense of hope within the session.

At the same time, Karin also notes a perception of "busyness" and unavailability related to the accessed supports. Neither the nurse nor psychologist seem to offer her regular follow-up appointments, leaving Karin to access them sporadically or never again due to unavailability. She expresses a sense of longing for continuation, especially in relation to the psychologist's session. The resulting uncertainty leads Karin to question whether therapy would or could really be of lasting support and invites self-doubt and a sense of loss of agency.

Akshay feels hopeful and excited as he attends his first session. Despite the initial disappointment with having to connect via phone instead of video, Akshay finds his initial session “cathartic” and feels that he is allowed the space to process his emotions and thoughts in a safe way. He notes that he feels like he is given space and feels heard by the male therapist. Akshay therefore initially feels that therapy is supporting him in addressing some of his mental health needs and helping him learn techniques to address the most present concerns. He feels the sessions help him resist past mental health stigma and consider psychotherapy as an essential tool for his wellbeing. However, finding that the usefulness of tools received does not last between sessions and “wishing for more” in following sessions leads Akshay to question therapy. After three sessions, any previously perceived helpfulness is overshadowed by the abrupt ending of therapy initiated by the therapist. While the reasons for this abrupt ending are briefly addressed, they are not discussed in a way which makes Akshay feel supported, acknowledged, or re-assured. The therapist makes no indication of the availability of follow-up support, which leaves Akshay shocked, disheartened, and questioning the role therapy could subsequently play in his journey.

Mawmo also connects with an institutional support first. While it is unclear whether she saw a therapist or an intake worker, the experience leaves her shaken and distraught. It does not align with what she was told to expect from therapy—its open-mindedness and supposed helpfulness—instead leaving her feel pitied when she discloses childhood trauma. She reports feeling frustrated, disappointed, and even angry due to the inauthenticity she perceived in the support person. This experience diminishes Mawmo’s personal resolve and heightens her reluctance to engage with therapeutic supports. Her unsatisfactory experience totalizes her perception of the institutional support system. It is by fortunate circumstances that she is able to mitigate the impacts of her initial experience through the support of a friend and colleague to eventually consider another resource in the community.

The external centre’s intake therapist allows Mawmo to connect with the promised and hoped for therapy experience. She feels heard, validated, safe, and supported by the therapist and seems to build trust immediately. Within the session, Mawmo is referred to another colleague within the centre. Any potential disappointment from this referral is mitigated by the therapist’s skilled and transparent explanations. The first appointment with the therapist occurs a day after

the sexual assault and helps Mawmo feel safe and heard. She is provided the time and space to process, while informed of specific concrete steps she can take to ascertain her rights. The ensuing sessions span more than 6 months in which Mawmo finds ways to process not only her present concerns, but also her past trauma. She finds within the therapy relationship a sense of re-assurance, safety, and agency to react to and resist oppressive instances, individuals, and institutions. Her perception of psychotherapy aligns with what she was told initially and continued to have a profound, “life-changing” impact.

Witnessing the sojourners' experience with institutional and external therapy providers as ranging from feeling supported and heard initially, to confusion, disillusionment, and anger, I reflected on the role of the individual mental health supports in helping the sojourners understand what therapy can offer and how to navigate their therapeutic journey in Canada. I also noticed that the interviews focused more on the therapy process and outcome, rather than the lived experience during therapy and felt this important to reflect upon through the lens of my professional experience as a former university psychotherapist. Specifically, I address these observations next by highlighting the process-related gestures and the potential impact of institutional policies and procedures, as reflected in the participant narratives.

***Process-Related Gestures.*** In The During, I observed how participants highlighted therapist's gestures as impacting the therapy process in significant ways. Such gestures included when Karin's therapists assessed her sanity over “talking to fish” or indicated unavailability for follow-up meetings due to busyness as acceptable; when Akshay was offered the space to “let everything out” leading to catharsis only to have sessions end abruptly without continuity of care in place; when Mawmo felt pitied by a practitioner when disclosing past abuse, compared to her immediate sense of trust when being “allowed to feel” by another therapist, or the therapist's demonstrated readiness to call out systemic discrimination and assist with identifying resources.

I was struck by the significance international students allotted to such gestures. The gestures seem instrumental in helping sojourners assess whether the counselling service or mental health support could be of support to them, including the level of vulnerability it could afford them, the respect they may receive, the trust they are awarded, and the consequences they may experience. These gestures may be particularly important given their potential to generate a totalizing view of the support system based on one interaction. I am therefore left wondering

whether these gestures may be reflective of the presence or lack of transparency and foreseeability with which the therapists operated when engaging with sojourners.

As a psychotherapist, I reflect on the professional privilege of being the first point of contact in an international student's mental health journey, as well as the responsibility associated with this privilege. It remains possible that the one interaction I have with a sojourner is the only one they will ever experience, as was potentially the case for Mawmo were it not for two friends, or for Akshay were it not for his determination for seeking further supports. The gestures I choose consciously or unconsciously to utilize might have far-reaching impacts on the international student—creating service assumptions or attributing self-blame for systemic and institutional failings. Being aware of the potential impact seems therefore critical, as is the need for taking professional responsibility by explaining such gestures and unspoken service limitations to the sojourners. Inevitably, such responsibility for gesture-awareness can invite undue pressures. A therapist might experience these responsibilities as added pressure when working with an international student, whose cultural background, power and privilege, personal experience, or needs might not align with the more familiar Canadian student population. And while it is widely understood that the therapeutic alliance does not get established and maintained with every client, I argue for the need for therapist's reflection on the therapeutic process and the gestures within them as an act of trust-building and transparency.

I reflect on and wonder whether heightened awareness of gestures and the transparency it could invite could have helped the three sojourners I interviewed. I also wonder whether paying attention to these gestures within institutional therapy centers would help establish them as a trusted culturally relevant, supportive, safe and meaningful tool in sojourners' journeys.

***Institutional Procedures and Policy Transparency.*** Reflecting from the position of a former university therapist, I also wonder about the diverse procedures and policies related to mental health supports within institutions and how these can affect the sojourner's therapy experience. I reflect on the intersection of concepts such as client readiness for therapy, concern urgency, level of motivation for change, service availability, and purpose for therapy within higher education settings. These concepts are often what guide the procedures and policies of institutionally funded mental health services. Due to the levels of funding received, services need to find ways of addressing the often-overwhelming needs of *all* students yet develop supports

that can only support *some* of the student population. Within a proverbial “catch-22,” services then need to demonstrate their effectiveness to justify and qualify for future funding. Most mental health supports in higher education aim to initially assess the nature and urgency of a student’s needs to determine what kind of supports would be the most “appropriate” and when there might be a need to refer the student outside of university services. An intake process must therefore be developed that includes establishing procedures and having staff follow them in a way that serves students most ethically and effectively, while also appeasing policy-makers who set (potentially unrealistic) service mandates and goals.

Ultimately, university mental health supports often aim to be short-term—addressing specific student concerns within directed time limits, prioritizing service effectiveness measured largely by number of students served, and needing to prioritize internal referrals that are most urgent. Psychotherapists working within such a constrained system might therefore need to assess whether they can assist the client across from them ethically using what their services are “allowed” to offer.

Some international students might be at a disadvantage in terms of communicating their needs clearly in a foreign context. Moreover, intake assessments may not always take international students’ unique context into consideration. I am left wondering if Mawmo’s initial conversation, Akshay’s three-session therapy experience, or Karin’s endless navigation of the diverse mental health supports reflect the above-mentioned institutional processes. As an example, if Mawmo’s presenting concerns related to childhood trauma were assessed by the professional as needing longer-term supports while not urgent enough to fit the service model, Mawmo might be considered ineligible for an internal support. Unable to offer institutional services, the service provider would instead treat her as a candidate for an external referral. Lack of service availability might change the provider’s positioning toward this client, inviting more apologetic language that could be interpreted as pitying, as was the case for Mawmo. Similarly, Akshay might have experienced the constraints of short-term services due to how the therapist assessed his initial presenting needs, failed to inform him in advance of the limited sessions that could be offered, nor offered continuation of care elsewhere. Understandably, this led him to feel disillusioned about mental health services generally. And if Karin’s initial presenting concern were assessed as being caused by unresolved academic concerns rather than mental health

causation, she might not fit into an urgent enough referral pathway to a more specialized mental health support.

### *“The After”*

As they reflected on what had transpired in their therapy journey, all three participants raised the topics of access to therapy, barriers they experienced, and whether counselling and psychotherapy are effectively positioned within the educational systems to support international students in Canada.

For Karin, her aftermath reflections speak of some helpful and supportive aspects of mental health services that albeit never truly address or resolve the concerns she experienced. Overall, she experiences services as a more-often-than-not safe space, be it in dyadic connection with the mental health nurse or in a group setting in solidarity with other graduate students. She fondly reflects on the powerful instances of meaningful connection with the mental health nurse who called her on the day of her academic hearing. However, the experiences still leave Karin with a sense of dissatisfaction or longing for more, especially as other colleagues had shared about their meaningful experiences with such supports. This longing is heightened when a psychologist helps Karin arrive at a concrete plan involving a leave of absence. While the plan offers a brief respite, hopefulness, and lightness from an “emergency exit” out of the darkness of “the cave,” the psychologist could not maintain continuity of care nor offer additional supports during Karin’s leave. This unavailability results in a disjointed therapeutic journey for Karin. It also impacts her perception of mental health supports by leaving her uncertain as to whether they would or could provide the support she is seeking, or at least guide her to access the resources to help her “get out of the cave.” Equally regrettable, Karin’s experience leaves her pondering her responsibility and fault within the navigation of the support systems.

Akshay similarly experiences lack of continuity and is left to ponder the underlying reasons and systemic limitations on his own. After months of disillusionment and remaining in need of support, Akshay nonetheless seems to hold on for hope for a therapy experience similar to his friend’s. He recommits to improving his mental health and tries to seek assistance outside of the post-secondary setting by navigating the private mental health practice world on his own. However, very soon, he finds hope difficult to maintain in the face of the challenges and barriers posed by insurance companies and waiting lists faced in the Canadian context—a context he

thought would allow for greater ease of access to supports. He begins to see the quality of psychotherapy services as mediated by cost.

Mawmo's reflections on her post-therapy experience reveal the complexity of having had one encounter that could have potentially left her discounting psychotherapy altogether, and one psychotherapeutic encounter that "changed her life." Mawmo's experience shines a light on the importance of gatekeepers and gestures that can have a profound impact on how the sojourner experiences psychotherapy. For example, in the first encounter, her aftermath experience speaks of disillusionment, feeling pitied, while strongly questioning whether "psychotherapy is good for her" despite the encouragement from a trusted friend. Were it not for the timely and fortuitous connection with a colleague and friend to process this disappointment, this experience would have potentially been Mawmo's sole therapy encounter. The second therapy experience is meaningful to Mawmo. She describes feeling empowered and feels that therapy helps her honor her values of connection, social justice, and solidarity. That therapy was such a life-changing experience, which clearly impacted more than just her personal circumstances, leads Mawmo to believe that psychotherapy is a support which ought to be accessible to anyone.

Reflecting on the described aftermath of the sojourners' respective therapy encounters, I experienced a bittersweet acknowledgement of their lived experience. The sojourners highlighted the lack of continuity of care, their service disillusionment (and related self-questioning) based on what gatekeepers suggested to expect, and how gatekeepers were important in continuity of care given precarious experience within the system. As a former university psychotherapist, and former client of university support systems, I experience a profound sadness that the institutional supports were not experienced as meaningful by the sojourners. I am left reflecting whether these international students might think twice in recommending other sojourners to access these services. As understandable as this would be based on their personal experiences, I am left wondering whether their experience would have been different if the mental health supports had utilized a social-justice driven, equity-based approach and advocated for this minority student group across the systems. The sojourner population is one that has so much to offer to the domestic campus population but rarely is given the space to do so.

As a research-practitioner, I found myself privileged in being able to witness the three sojourners' sense-making of their therapy experience. It seemed that for all, the research

interview was perhaps the first time they could reflect on their past experience. I was struck how they took the space to interlink their therapy experiences with their lived experience and hardships. Not only did they reflect on how the experience impacted their personal beliefs and lives, but also reflected on the larger systems in which psychotherapy is situated in the Canadian context and how it may impact other sojourners. Their desire to have their sense-making and experience heard was palpable.

### *The “Gatekeepers” of Mental Health and Therapy*

Given the prominence of the individuals mentioned within each sojourner's narrative, I am left reflecting on those who take on the roles of “mental health gatekeepers.” These persons are often trusted individuals who orient, encourage, and support international students to access and make sense of psychotherapeutic and mental wellbeing supports, ultimately contributing to the potential outcome of sojourners' wellbeing. Gatekeepers played an important role in helping Karin, Akshay and Mawmo navigate The Before, The During, and The After of their therapy experience. Below, I reflect on the nature of this role, as well as the privileges and responsibilities it comes with.

*Karin's Gatekeepers.* In Karin's narrative, gatekeepers included a fellow Canadian graduate student, a mental health nurse, and a psychologist. Karin's first mention of a gatekeeper was a fellow graduate colleague who oriented her to the idea of mental health support and therapy. She had shared with Karin her personal group therapy experience, describing it as a place that helped her manage her own mental health concerns related to a learning disability. The openness of this colleague led Karin to question the stigma she grew up with and eventually join a support group for graduate students. While finding it somewhat helpful, she wondered about the effectiveness of the group therapy sessions as, unlike her colleague, her situation did not seem to be improving. While Karin never mentions whether she had the chance to debrief her experience with this colleague, she appeared to blame herself for not finding the right support. I am left wondering whether this self-blame is fair, given Karin's unfamiliarity with the mental health supports. Might the Canadian gatekeeper have contributed to this self-blame by forgetting to acknowledge her own privileged understanding of the supports and the need to “fit into categories” to receive a desired support for a defined and diagnosed concern? As Karin's concerns were never clearly defined, she is left wandering aimlessly through her dark cave.

The gatekeeping roles of the mental health nurse and the psychologist in Karin's journey also require reflection, especially as both possess institutional knowledge, power and privilege, and a responsibility to professional ethics. Karin mentions the overall helpfulness and trust that was built across the disjointed sessions with the mental health nurse, highlighting the specific moral support she received on a day of an academic appeal. Yet, similar to the support group, Karin noted that none of the techniques, handouts, or suggestions helped address her initial concern. While Karin appreciated the nurse's availability, there was no indication that the nurse understood Karin's cultural context or attempted to orient Karin to the mental health supports she was trying to navigate. The nurse might thus have acted in ways that prevented Karin from understanding the options she had within the systems she found herself in. Instead, this gatekeeper focused on her role of immediate support—akin to a band-aid—while not considering the responsibility of helping orient a sojourner to a different culture.

The psychologist helped alleviate some of Karin's concerns by providing means for a leave of absence. Karin experienced hope that she had come across a professional that might be "the right one to help her out of the cave." However, the psychologist did not ensure the continuation of care, orient Karin to other available supports, or seem to understand that a leave of absence would put Karin in a financially and legally vulnerable situation. Therefore, the potential for long-lasting and favourable impact falls flat for Karin. She never gets the chance to make sense of her help-seeking experience within the context of her circumstances. This leaves her to ponder her lack of fortune and question her role in the inability to identify supports in the darkness surrounding her. Notably, the therapy gatekeepers do not include the family doctor and the mental health coach she had accessed, nor her PhD supervisor.

*Akshay's Gatekeepers.* Akshay's gatekeepers included a Canadian friend and his psychotherapist. His trusted friend shares her own mental health challenges and the therapy support she used. This open sharing reaffirms Akshay's commitment to mental wellbeing, resisting of internalized stigma, and search for a support. Yet, his friend who describes psychotherapy as a life-long support does not seem to situate this within her Canadian privileges. Akshay is hence led to believe that such a support ought to be easily accessed within the "safe haven" of mental health care in Canada.

Akshay engaged with institutional mental health supports with the expectations his friend conveyed to him. He reports immense meaning from the first two appointments with a professional psychotherapist that sours rapidly. The abrupt ending of sessions overshadowed the benefits Akshay experienced and cast doubt on the welcomeness and hospitability of support systems. Despite seeming to understand Akshay's immigration status, the psychotherapist does not sense, address, mitigate, or process Akshay's disillusionment with the abrupt ending, nor does he help orient Akshay to other supports. Akshay is left shocked and disappointed, questioning his understanding of Canada and mistrusting university mental health providers. These experiences lead to aloneness and disheartenment in the face of a system which did not uphold its values.

Akshay nonetheless attempts to access psychotherapy through a health insurance plan he is obliged to pay for as an international student, but with no success. The insurance administrator becomes yet another gatekeeper in Akshay's story—one that literally 'keeps the gate closed' due to exclusionary and non-proactive policy details. As Akshay attempted to make sense of this experience in the space of aloneness and reflected on his experience with psychotherapy, he began to perceive the psychotherapy service as one in which costs and privilege predetermine the results. In his words: "you get what you pay for."

*Mawmo's Gatekeepers.* In Mawmo's story, we witness several gatekeepers: her US-based friend, her Canadian work colleague, and three professional supports that include an institutional mental health resource and the external centre's therapists. Her Bangladeshi US-based friend is the first to orient her to the existence of mental health supports, including disclosing his personal experience with them. When he notices Mawmo's struggles, he supports her in naming these concerns. He scaffolds the help-seeking by helping Mawmo to navigate the services from afar—even going as far as writing an email requesting a psychotherapy appointment on Mawmo's behalf due to the dire circumstances she finds herself in.

The initial contact with an institutional gatekeeper ends up being the last. Her feelings of being pitied by the professional threaten to disrupt any previously hoped for outcomes or experience. There is no sense of the gatekeeper understanding Mawmo's circumstances or attempting to help her navigate the mental health system—leaving Mawmo disillusioned and questioning whether therapy would ever be helpful.

Unfazed by the outcome of the session, Mawmo's Bangladeshi friend perseveres in helping her make sense of the disappointing experience. By acknowledging that it can take some time to find a right match with a therapist, he never made Mawmo feel like it was her failing. Around the same time, Mawmo encounters a Canadian colleague who empathizes and is knowledgeable of her cultural context. She helps Mawmo make sense of the unhelpful experience by situating it within her own personal experience with the institution's supports. This gatekeeper offers Mawmo some community options. Both of these voluntary, non-professional gatekeepers take responsibility for their gate-keeping suggestions by situating their suggestions for Mawmo in relevant context. Their presence also helps Mawmo resist the aloneness she feels and supports her in giving therapy another attempt.

The third gatekeeper, the initial therapist in the off-campus centre, demonstrated a clear understanding of the context of Mawmo's concern in a brief amount of time, which set Mawmo at ease. The therapist went beyond the prescribed role of listening, understanding and orienting Mawmo to the service she could access within the centre, she also demonstrated understanding of the potential impact of the proposed referral on Mawmo. Because the referral is conducted with care, reassurance, and transparency regarding the reasons for the referral, it reassured Mawmo as she is convinced that it aligns with her best interests. The result is that Mawmo felt reassured and found the meaningful therapeutic connection she wished for.

Mawmo's fourth gatekeeper, her therapist, worked diligently, with ethical integrity and willingness to support Mawmo throughout a traumatic event. Her skilled resourcing, explanations of the process, and acknowledgement of concepts of gender-based discrimination contributed to Mawmo feeling she had found the support she was looking for.

***Roles and Responsibilities of and Recommendations for Gatekeepers.*** As witnessed, gatekeepers play intrinsic roles in the mental health sojourns of international students, often undoubtedly helpful and supportive. However, because it is a role that is imbued with an inherent power dynamic stemming from a position of a knowledge-expert, this role comes with potential consequences because of undiscussed, uncontextualized, and unsituated privileges.

A consequence for any well-intentioned mental health gatekeeper is the potential of leading a sojourner to question: 'Well if this trusted friend or colleague has had a good experience with this support, and I haven't, is this because of me?' There is a risk that

international students blame themselves when a recommended support does not work out. The sojourners, in their time of need, might not have the privilege nor capacity to acknowledge the systemic barriers in accessing psychotherapy or inter- and intra-personal challenges. Nor might the international student understand in the moment the intersection of unearned privileges of local gatekeepers, and the unintentional imposition of these when recommending supports that worked for them. Such vulnerable incidents at times of need, in turn, exacerbate the sojourner's aloneness, thus re-inviting the discourse of mental health stigma of needing to deal with one's mental health alone, in isolation. I am left reflecting on the responsibility of the role of gatekeepers when choosing to orient a sojourner to a service they believe could help. While I am not attempting to disparage gatekeepers' efforts to be of support to sojourners and thus help resist discourses of mental stigmatization, I am left observing the different ways in which gatekeepers in the three narratives acknowledged their responsibilities and the role of systems.

It seems that the sojourners, given their vulnerable status and multiple tasks at hand, at times do not have the time nor privilege to make sense of their psychotherapeutic experiences. The precarious need to balance all sequence-bound and time-sensitive responsibilities specific to immigration status may impede the international student from evaluating past helpful or unhelpful psychotherapeutic experience. Neither seem there to be many institution or service-led opportunities for such reflection. It therefore precludes determining a way forward in a calm and proactive, rather than reactive, manner, that is largely afforded to permanent members of society. If sense-making does occur, these reflections are more likely to occur in the state of aloneness and isolation—inviting at times unhelpful discourses of self-blame. However, some sojourners who chance upon or have the possibility to engage other persons in their reflections have the potential to mitigate the impact of unhelpful discourses and experiences.

The influential role of gatekeepers, whether they engage in passive or active support, is then one worth scrutinizing, as they affect the suggestions for therapy and how sojourners make sense of psychotherapy and their experiences therein. While the majority of gatekeepers might be friends or colleagues who do not have training in psychotherapy or an in-depth understanding of its place in the context of supportive systems, they can nonetheless be of witnessing and listening support to sojourners in the aftermath of an experience. The choice of passive or active support is inevitably interlinked with gatekeepers' personal circumstances; yet, given how powerful these

supports were in the case of Mawmo, I am personally inspired when considering how an active witness to a sojourner's efforts can make a difference.

I now turn to gatekeepers who do have the training, knowledge, privilege, and systemic power, such as mental health professionals and practitioners. I am left wondering about the ethical implications when they remain a passive instead of an active support in a sojourner's journey. I also wonder the extent to which they account for sojourners' contexts when discerning what is in their best interests and the risks of applying "status quo" interventions. For example, "prescribing" a leave of absence to a Canadian citizen might seem as "sufficient" in terms of duty-to-care responsibilities—for the leave could alleviate most of the concerns. However, in the case of an international student, the same leave can put them in tension with immigration laws, impacting long-term financial sustainability or ability to graduate if they are not economically privileged or have additional economic supports. It is my personal conviction, based on the observations of the three sojourners and my own practice, that mental health professionals need to engage an advocacy role for social justice that acknowledges the broader context of international students. If a professional gatekeeper continues to actively acknowledge a sojourner's context, it could help mitigate existing sojourners' mental health stigmas and preconceptions and continue building the trust that was placed in them by the sojourners. This could include helping them navigate and understand their options, encouraging additional supports and resources through an active role with follow-ups, and understanding the implications of their vulnerable status on most, if not all, decisions. Furthermore, these professional gatekeepers should not draw from their local cultural and professional knowledge uncritically and blindly apply it to sojourners' context and knowledge.

Inevitably, I am left wondering about systemic involvement in the orienting, providing, and sense-making by mental health supports, and how institutions can facilitate the responsibility of these gatekeepers towards international students. It strikes me that all the sojourners in this study faced challenges in accessing psychotherapy within their academic institution—challenges such as feeling misunderstood, unfairly assessed, or judged, or simply being uncertain about what to expect or how to navigate the options available to them. For some, these challenges persisted even after accessing services and new challenges emerged, such as not being provided with key information about systems, the limits or contexts of the therapy engagements, or

follow-up options. I acknowledge from professional experience that mental health professionals within academic institutions operate under a set of rules and regulations that directly impact their work. However, I wonder what would have been the result if the sojourner's institutions operated with culturally-informed policies and guidelines that recognized the vulnerabilities of international students and thus provided equitable rather than equal (read "status quo") support. Sojourners in this study suggest that support should allow for easily accessible, longer-term, and continuous availability, or else transparency when such support is unavailable due to systemic or institutional policies. They also suggest professional commitment to providing concrete, accessible, external supports and assisting with the transition to these supports at the end of psychotherapy. Understanding the unique financial pressures that exist for some sojourners and the lack of relevant insurance coverage, these supports ought to be no-to-low cost to not hamper sojourners' access to care. Furthermore, it behooves academic institutions to develop concrete feedback-driven and proactive care systems and pathways for international students to be able to access appropriate supports. Such would help prevent students from arriving in states of crisis because of sojourn-related challenges. At this point, especially if during the last year of their sojourn, a psychotherapy experience can be experienced as "too little, too late."

Lastly, institutions and their systems should play a more active role in advocating for further supports for the population from which they are directly profiting. This includes advocating for better insurance coverage such as public or university-mandated private insurance plans for international students to be able to access psychotherapy services in the community if the university's services are unable to provide the required support. With efforts such as these, the institution would contribute to resisting stigmatizing discourses of mental wellbeing, re-build trust with international students, and acknowledge their responsibility towards them.

## **Chapter Six: Discussion, Calls to Action, and Recommendations**

In this chapter, I return to the initial research questions and attempt to balance narrative values with western academic discourses of academic rigor, connecting the relevancy of the initial research questions to the experiences of the three participants and my own personal and professional experience with what has been established in academic research. The discussion also includes limitations and delimitations to the study. Then, I identify some key implications in the form of Calls for Action arising out of the main findings, narrative research process, and my personal and professional lived experience. These Calls for Action are recommendations for practitioners, university and other systems, and researchers who wish to promote the wellbeing of international students through conscientious support. I end this chapter with some final remarks.

### **Discussion**

The storied narratives in the previous chapter and the experiences I reflected on address the main research question: “What are the narratives of international students who have experienced a counselling journey in Canada?” I now turn to discussing the underlying sub-questions and connect the findings with existing research. Aligned with efforts of decolonizing Western conceptualizations of what constitutes research, I wish to ascertain that the cited research itself does not overshadow the importance of the narratives, nor the stories within them. For too long have marginalized peoples’ stories and narratives been discredited or discounted for lacking legitimacy or grounding in existing research. I wish to act in ways that resist this silencing of the international student population. Within this section then, I address each of the research questions which guided my narrative analysis. I also connect the main findings and reflections to some empirical and theoretical counselling literature related to sojourners.

#### ***1. What are Sojourners’ Constructed Narratives of Counselling in Canada?***

According to sojourner narratives in this study, counselling is seen as a space that is supposed to be helpful yet often remains inaccessible or unreliable due to systemic, financial, demographic, cultural, and structural inequities. It is suggested that counselling at times lacks in providing social justice advocacy specifically for the international student population (Anandavalli et al., 2020; Arthur, 2004, 2017). These constructions were often influenced by both non-professional and professional therapy gatekeepers. While not currently reflected in the

academic literature on therapy for sojourners, professional gatekeepers have been cited in other contexts as an important figure in helping clients make sense of therapy and what it can offer them (e.g., Brar-Josan & Yohani, 2019; Budge, 2015; Grossen, 1996). In a similar vein, non-professional gatekeepers may resemble the role of cultural brokers in the context of second generation immigrants who help their parents navigate life in Canada (e.g., Kam & Lazarevic, 2014; Miklavcic & LeBlanc, 2014). Indeed, in this study, professional and non-professional gatekeepers alike were crucial figures in all three sojourners' experience, helping them with therapy-related access, agency, attitude, and sense-making. Still, some gatekeeping by non-professionals could also at times lead a sojourner to engage in unhelpful comparisons with local populations' needs and therapy experiences. These findings help nuance the breadth of gatekeeping beyond the professional's role to include other individuals in the sojourner's life as well nuance that there are different degrees of helpfulness to gatekeeping.

Despite admirable efforts to navigate a foreign health system amidst cultural stigmatization, counselling remains for many international students a tool that is difficult to access and at times is perceived as altogether unavailable (Hyun et al., 2007; Mori, 2000; Sandhu, 1994). Such lack of access to meaningful support is concerning as it precludes the possibility of exercising agency in their well-being. It raises questions like: What could be if a clear delineation or map of mental health supports is made available to sojourners? What if they were assigned a personalized context-informed support early on in their journey to help with identifying and navigating appropriate supports and resources?

Even when finally succeeding in accessing counselling supports and experiencing their benefits, it is not guaranteed that international students' expectations about the therapy process and its continuity will be met. Affordability and therapy continuity remain barriers and are often left unexplained by practitioners. It appears that certain professional transparency about support systems, procedures, and policies could assist students in managing their expectations. While the benefits of professionals using transparency are well documented (e.g., Turns et al., 2019; White, 1995a, 1995b), little is known about its particular promise with helping international students navigate a foreign health system. This begets questions such as: What could be if therapists were transparent regarding expectations, helped identify additional resources, and advocated for client's transition to other mental health supports? What if all sojourner insurance programs

recognized the benefits of a proactive approach to mental wellbeing and reduced barriers to access?

Yet, at times, supportive and “responsible” gatekeepers along with personal capacity and fortuity can result in life-changing trustful therapy experiences for sojourners. Even if initial interactions with mental health support systems can feel stigmatizing, hope-crushing, and dissuade sojourners from accessing them, trusted gatekeepers can help moderate such experiences and orient sojourners to better suited supports. This can result in the reigniting of hope and essential supports in times of dire need. Yet questions remain such as: What would happen if such trusted gatekeepers did not moderate impacts of unhelpful encounters for sojourners? What if an interaction with a professional gatekeeper is stigmatizing or unhelpful, leaving an international student to feel unable to trust the entire system?

## ***2. How Do These Narratives Inform and/or Resist Larger Societal Discourses about International Students and Their Mental Health Seeking?***

The following section addresses the societal discourses present in the academic literature and respond to these in light of the final storied narratives as well as my lived experience and reflections. I address and reflect on the discourses of: “best” therapeutic practices, mental health stigma and culture shock, and international students as a problem population in the eyes of the academic and larger society.

**Discourses of “Best Practices” with International Students.** There is much literature that theorizes about best practices for supporting international students (e.g., Arthur, 2016; Barletta & Kobayashi, 2007; Brinson & Kottler, 1995a; Khoo et al., 2002; Lee et al., 2016; Poyrazli et al., 2004; Yoon & Jepsen, 2008; Zhang & Dixon, 2001). These practices often point to the need for specific approaches when counselling international students or highlighting cultural competency as essential for successful therapeutic engagements. I engage with each of these in more detail and conclude with observations stemming from the participants’ narratives.

***Discourse of Specific Approaches to Therapy.*** The academic literature seems keen to suggest different ways of approaching therapy that could be helpful for counselling international students. Suggestions include, among many others, a more directive and structured counselling approach (D’Rozario & Romano, 2000; Khoo et al., 2002a; Yoon & Jepsen, 2008), a less-directive counselling approach (D’Rozario & Romano, 2000), and a non-accusing tone to

accommodate Asian sojourners (H.-M. Chen & Lewis, 2011). The variety of suggestions seems at times contradictory or based on a homogenized understanding that does not acknowledge inter- and intra-group differences. Participants in this study did not identify these practices as particularly important in their therapy experience, suggesting that not all best practices are relevant to all clients. As a result, so-called “best practices” could be difficult for practitioners to implement in an impactful manner. In fact, it appears that none of the participants spoke to degree of directiveness (for example) as relevant or important to their therapy experience.

Rather, sojourners in this study placed importance on the overall therapeutic relationship and therapy process, viewing them as defining factors in the trustworthiness and helpfulness of therapy. The sojourners' narratives showcase their preference for therapeutic relationships built on honesty, reliability, and transparency, further indicating the impact felt by the lack or sudden change of these qualities. The therapeutic engagements (or aspects within) which assured them of therapist accountability, reliability, and transparency were perceived as most helpful and meaningful. Therapeutic engagements were most memorable when the sojourners were provided the space to be themselves and, as a result, felt safe and heard. Likewise, there was an appreciation for flexibility with financial duress in paid interactions. Foremost, the therapist's knowledgeability of institutional and community supports and the willingness to serve as cultural guide and advocate for sojourners navigating a foreign system were most appreciated and desired. It is curious that these relational aspects of therapeutic engagement with international students are rarely addressed in the literature as “best practice.” Rather the literature seems to favour a focus on techniques and packaging findings into simplified, easily communicable suggestions that seem to overshadow the complexities and nuances of the therapy process with international students.

***Discourse of Cultural Responsivity, Competency, and Background.*** Cultural responsivity and competency are likewise often cited as “best practices” for working with individuals from different cultural backgrounds, including international students. Zhang and Dixon (2001) identified that Asian international students tended to perceive the counsellor's cultural responsivity to them within the first session as an influencing factor in their perception of the counsellor as trustworthy, affecting their decision to return to therapy. Likewise, Yoon and Jepsen (2008) report that the majority of international students in their sample expressed

concerns about the responsiveness and expertise of counsellors within university counselling centers, and that this majority in fact perceived the counselling centers as resources only for the local non-international students. A similarity of cultural backgrounds between counsellor and client is also cited as helpful in existing research (H.-M. Chen & Lewis, 2011).

These and many other sources call for cultural competency and see it as important to be demonstrated particularly within the initial session (Willis-O'Connor et al., 2016; N. Zhang & Dixon, 2001). In this research study, the participants did not expand on whether they believed their own or the therapist's cultural background played an important role in the therapeutic relationship and the initial session. Interestingly, none of the participants spoke to differences in cultural background or whether their therapists inquired specifically about their background or immigration status during their therapy. The reasons for why these were not brought up remain unknown. However, the observation calls into question how such aspects were considered in therapists' decisions related to therapy delivery and, consequently, how relevant the academic and professional discourses on cultural competency specific to international students might be. While cultural competency does provide pathways for asking questions regarding the cultural background (Day-Vines et al., 2020), the literature is less clear whether and how to inquire about immigration status. Anecdotally, immigration status questions could prove uncomfortable to ask or even be considered a taboo question, akin to questions about cultural background (Cardemil & Battle, 2003). However not understanding the immigration background of an international student and its implications could lead to oversights or misinterpretation of the therapeutic possibilities with these clients. Future research that considers how to broach immigration status would align with the profession's core values of multiculturalism and responsiveness to diversity.

*Narrative-Informed Therapeutic Practices.* From the three narratives, I am left observing and reflecting that having a specific therapeutic approach or a basis of cultural competency is insufficient for an effective therapeutic relationship with international students. Expanding on this observation, despite the best intentions of practitioners who seem to be culturally competent in connecting with persons of different cultural backgrounds, practitioners still seem to underestimate the vulnerabilities international students enter therapy with. In other words, acknowledging and responding to an international student's cultural background would seem to be insufficient, given the temporality of their immigration status and its implications for

the sojourner. No matter how skilled and competent the practitioner is in navigating cross-cultural exchanges, without this acknowledgement of temporality—a key defining aspect of the sojourner population—practitioners might not “do justice” to effectively resourcing the client in therapy. Resources they offer clients who are international students may be based on normative assumptions about clients that are misaligned with vulnerabilities related to immigration status. I am reminded of how Karin’s prescribed leave of absence had far-reaching effects. Therapists who are unaware or misinformed about sojourners’ immigration status and their implications or are unwilling to advocate with/for students or guide them when navigating foreign systems could seem to fall short of the profession’s social justice values (Cohen et al., 2022).

**Discourses of Mental Health Seeking Stigma and Culture-Shock.** Based on the sojourners’ storied narratives, I am cognizant of the alignment between sojourners’ experience and academic literature’s findings regarding mental-health seeking stigma and culture shock impacts on the pursuit and experience of therapy, and reflect on them in greater depth

*Discourse of Mental Health Seeking Stigma.* The discourse regarding mental health seeking stigma remains pervasive within the Canadian population at large and for international students alike (e.g., Hyun et al., 2007; Sandhu, 1994). Findings from sojourner research cites that individuals feel worried about being labeled, have concerns talking about their own mental health and wellbeing with others, as well as worries regarding emotional expression within therapy given differing cultural values (Hyun et al., 2007; Yoon & Jepsen, 2008). This body of research points to mental health stigma as one of the reasons why this population is hesitant to consider counselling as a support while navigating their transition into a different culture during their sojourn.

All three participants in this study were cognizant of the stigmatizing discourses surrounding mental health. They described stigma as playing a role within Canadian culture generally and among the sojourner population specifically. They also saw stigma follow them from their home country in a way that impacted their experience in Canada. Karin remembers her mother’s dismissive views regarding mental health supports and being-labeled. This discouraged her from considering therapy until she did not see any other option outside of the darkness she found herself in. Akshay shares that, despite his best efforts to resist the discourse, he still felt impacted by his home country’s stigmatized view of mental health—leading him

initially to delay his own mental health seeking on the basis of not experiencing “serious enough” concerns. Mawmo feels the discourses impacted her consideration of whether therapy was the service she needed, as she worried about the stigma her Bangladeshi community attached to it, including her own family and the father of her child. Nevertheless, all three sojourners do end up reaching out to a mental health support and receiving therapeutic services to address their mental health needs, albeit in diverse ways.

***Discourse of Culture-Shock.*** The discourse of culture shock as a challenging aspect of sojourners' successful transitions to a host country is also reflected in the academic literature. Pedersen (1995) defines culture shock as “a more or less sudden immersion into a nonspecific state of uncertainty where the individuals are not certain what is expected of them or what they can expect from the persons around them” (p. 1). Culture shock is often hypothesized as being mediated by sojourner's levels of acculturation or similarities between home and host cultures (C. P. Chen, 1999; Pedersen, 1991; Poyrazli et al., 2004). Culture shock is generally depicted as a hurdle in the experience of sojourners and much is written about how it can be mitigated. However, less is known about the specific experience of culture shock as it could relates to the context of seeking and engaging in mental health services such therapy.

Culture shock is never specifically mentioned in the sojourners' narratives. However, in accordance with Pedersen's definition, it seemed present in all narratives in the form of uncertainty, consternation, and disillusionment when navigating the mental health system and therapy itself. Even Karin, whose West-European home culture seems most akin to Canada's host culture, experiences uncertainty regarding expectations that is characteristic of culture shock as she navigates the mental health and academic systems. Indeed, most of the interviewed sojourners' experienced culture shock typically manifested within therapy encounters when their expectations were not met or when it was unclear what they could expect from the professionals they encountered.

***Narrative-Informed Stigma and Culture Shock.*** While all three interviewed sojourners experienced stigma and culture shock to various degrees, what the literature seems to overlook is how sojourners might mitigate the stigma to ultimately access therapy. While the study's sojourners experienced a sense of consternation and uncertainty characteristic of culture shock even during therapy, they found ways to mitigate these effects on their own or with the support

of gatekeepers. Each sojourner interacted with gatekeepers who helped them dispel or feel agency in developing counter-narratives to their stigmas—leading them all to consider accessing therapy. This active and agentic effort seems to challenge claims in the literature that only sojourners who possess higher acculturation can benefit from therapy (Zhang & Dixon, 2003). As witnessed in the narratives, there were caveats to these gatekeepers' helpfulness in mitigating culture-shock within the therapeutic setting and navigating a foreign system and its customs. However, what seemed most helpful for sojourners was the extent to which their gatekeepers engaged with them in a manner that conveyed awareness of the sojourner's culture and of their own privilege. Paired roles of advocate and cultural guide seemed pivotal for sojourners to have a meaningful therapeutic experience.

The academic literature's continued preference to list mental health seeking stigmas and culture shock as the primary reasons for sojourner's reluctance to seek therapy seems to distract from the underlying concerns of existing inaccessibility, unreliability, uninformedness, and systemic inequalities within mental health systems. The continuation of propagation of these narratives of sojourners' stigma suggests a problem-laden discourse.

**Discourse of International Students as “Problem Population.”** As described in detail earlier, past counselling psychology research tended to ‘problematize’ and promote ‘othering’ of the international student (Arthur, 2004; Pedersen, 1991). The tendency to problematize and promote othering of sub-populations in university settings has been addressed elsewhere (Audet, in press). This tendency, in turn, can lead to generalizing sojourners as a problem-population (Pendse & Inman, 2017) and further silence members of the population (Sandhu, 1994). Generalizations can overemphasize and sensationalize what have become perceived as “negative aspects” of the population, further perpetuating a discourse that depicts the international student population as a “problem-population.” Such a discourse has been reflected both in research and among service providers (Yoon & Portman, 2004). Some “reasons” cited for this problematization includes that international students: possess value-conflicts regarding seeking mental health supports (H.-M. Chen & Lewis, 2011; Mori, 2000); “underutilize” counselling services and ending counselling pre-maturely (Nilsson et al., 2004); “hide” their presenting concerns (Hyun et al., 2007); “hide behind academic concerns” (Yi et al., 2003). Problematizing and pathologizing the international student population (Pedersen, 1991; Popadiuk & Arthur, 2004; Yoon & Portman, 2004) contributes to an othering narrative that also fuels a discourse of

international students as being “different” compared to domestic students. Arthur and Popadiuk (2004) consequently concluded from their critical examination of the counselling literature that “the ways that international students have been represented in the literature may contribute to barriers for effective counselling services” (p. 125). This study purposefully engaged with sojourners to unveil more hopeful narratives compared to these problem-laden one’s. Some of their counter-narratives are depicted below.

*Narrative-Informed Depiction of International Student Population.* Based on the narrative interviews conducted in this study, I am left to conclude that none of the international students sought to “underutilize” services nor terminate their encounters pre-maturely (Nilsson et al., 2004). And while the sojourners did initially question the suitability of mental health supports to address their concerns (e.g., Mori, 2000), all clearly ended up accessing such supports, thus resisting the problem-laden discourse. Instead, through the narratives, more nuanced reasons came to light related to barriers of access and staying connected to services, such as feeling minimized, lack of funding, cultural knowledge discrepancy, and inadequate systemic supports. It leaves me wondering whether the current literature may not be fully representing the actual experience of international students’ access to psychotherapy. This may be due to drawing conclusions from simplified data from counselling center questionnaires without qualitative input that could help contextualize and explain the service use patterns.

Regarding the presenting concerns of sojourners and the academic literature’s suggestion of sojourners “hiding their real concerns” or “hiding behind academic concerns” (Yi et al., 2003) once they do access therapy, I am left reflecting on each participant’s unique, if not convoluted, pathway to accessing supports. Immediately, the complexity of each of the three student’s lives before and during their time of help-seeking stands out. Each had reached out to supports at a vulnerable time, themselves feeling vulnerable about their wellbeing, and moreover needing to navigate new support systems unlike what they were used to in their home countries. Some had the luck of individuals helping them navigate the supports available, yet none with a therapeutic experience before the Canadian context and still very much alone. I can imagine that none of the sojourners would have been completely aware as to what is happening in their lives and what exactly is their presenting concern that would fit into the questionnaire form most frequently used to assess service admissibility. I can imagine that having to clearly state what is happening

to them—and doing so with a stranger, be they an intake worker or a therapist—might be quite daunting, perhaps even very improbable. As such, I am wondering whether the quantitative academic research in this case might not be doing justice by comparing the population of international students to that of domestic students.

Rather than being a “problematic population,” it seems to me that international students might at times be misunderstood by the practitioners they initially engage with, or else are left second-guessing whether the supports they finally end up finding and accessing are indeed the one’s that can help them advance with their concern. Expecting international students to clearly identify their presenting concerns in their initial interactions with support systems foreign to them is troubling. Similarly troubling is expecting sojourners to have concerns that do not change over the course of a therapy. The systems and individuals that serve international students might benefit from acknowledging their power, privilege, and assumptions that stem from the knowledge they possess, while adopting a view that: “The person is not the problem, the problem is the problem.” Doing so would allow for an opening into the international student’s worldview and position the practitioner as an ally who can help tease out the concerns beyond the checkboxes of an intake assessment form. Taking the time, space, and curiosity needed to fully understand the sojourner’s context could prevent future consternation if their presenting concern “changes” because its complexity was initially misinterpreted. Perhaps then, even the sojourners—who feel impacted by the existing problem-laden discourse—might feel less alone in navigating their concerns, and draw on their inherent strengths and capacities to address those with supports alongside them in an energy- and time-efficient way.

At last, systems and practitioners within them should continuously reflect on the assumptions with which they approach the international students, especially as it comes to navigating and understanding what supports are available. As Sandhu (1994) highlighted decades ago, sojourners might simply not be aware of the existence of counselling services, and perhaps even not understand how to look for these within the context of the institution, or how to qualify for the services. Instead of contributing to the problem-laden discourse, counsellors can instead choose to engage and advocate for the population within systems and institutions (Anandavalli et al., 2020; Robertson et al., 2015). The three interviewed sojourners all expressed their desire to advocate for better mental health access for the sojourner population, and cited their desire to

share their story with others as one of the main motivations for participating in the study. Mawmo exemplifies such efforts, as her ultimately meaningful and life-changing experience led her to initiate an effort to advocate on behalf of sojourners, thus resisting the label of a “silent” population (Sandhu, 1994).

### ***3. What Can We Learn from These Narratives When Creating Support Systems for International Students?***

To address this question, I found it important to re-contextualize and understand the international students as a “culturally heterogeneous group of people who cross cultures for the experience of living and learning in a foreign environment” (Popadiuk & Arthur, 2004, p. 126). Despite some observable commonalities and shared vulnerabilities, no two students will experience these in the same way. Still, this complexity should not discourage systems and the professionals within them from critically reflecting on and identifying what supports can be in place. Characteristics of a helpful support would seem to include that it: proactively addresses mental health and wellbeing on student campuses; is informed about local cultural knowledge; helps students identify most appropriate supports within and outside of the university setting; and most importantly, is knowledgeable about the immigration implications sojourners face to carefully consider how to address some of the shared context for this population. Adding to this, from the participants’ stories and my own lived experience, I believe it is important to create support systems for sojourners that are *welcoming, safe, reliable, transparent, and hopeful*.

**Welcoming.** The requirement of systems being *welcoming* relates to the need to recognize that the support a sojourner accesses could be the first interaction they have within the entire support network available to them. The professional the student meets at the onset of their care will become one of the “gatekeepers.” Participants in this study showed that how the professional gatekeeper engages them within their first care experience and helps guide them toward other support options can have far-reaching effects, for better or worse. Moreover, how sojourners are initiated to the systems foreign to them including to psychotherapeutic supports, can potentially impact future generations of sojourners, as international students will share their experiences among themselves (e.g., Russell et al., 2008).

Welcoming sojourners into counselling has been addressed in early literature (Locke & Velasco, 1987); however, the onus was largely placed on ways to ‘help’ sojourners acculturate

into the new systems and culture. I suggest gatekeepers also carry a particular responsibility vis-à-vis initial contact with sojourners that requires attention to how they can best welcome them into a counselling journey that is more hospitable. Such an approach would seem to require that gatekeepers do not treat initial interactions with sojourners in the same way they would with a domestic student. Practitioners especially may do well to take the time to explore with the sojourner their initial and potentially complex presenting concern—engaging them in ways that could help them deconstruct the concern into components that can be named and addressed. Such collaboration would entrust the sojourner with choosing which of the components they would like to address first. It could also help with identifying more effectively and efficiently which among available supports would be most appropriate and explaining the reasoning for this decision. This would reflect an approach of equity, rather than equality, that seems essential in making the initial experience reflect the inherent vulnerability of the international student population.

**Safety.** In the sojourners' narratives, assuring *safety* related to the initial need for their professional supports to take the time to acknowledge the concern(s) they arrived with, even if the presenting concerns were not ones their service typically addressed. The vulnerable search for help and sharing of concerns by international students need to be met with acknowledgment of the courage this takes in the face of sojourners' circumstances, rather than immediately directing to a perhaps more appropriate resource or trivializing sojourners' efforts to reaching out. As a marginalized population, international students benefit from a safe space in which their inherent vulnerability is acknowledged and in which professionals show concrete efforts to help mitigate this vulnerability (e.g., deconstructing complex concerns in collaboration with sojourners and identifying appropriate and culturally aware paths forward).

Cultural safety and competency are key in the process, necessitating that professionals heed the profession's core value of respecting and working within diversity (Arthur & Collins, 2014). It is generally accepted that this requires that professionals reflect on their own culture, and prevent any potential imposition of own knowledges, privileges, power, and assumptions (Collins & Arthur, 2010). However, results from this study invites professionals to further reflect on the implications of their domestic knowledge and privilege as it intersects with sojourners who are likely uninitiated to the systems that are foreign to them.

Professionals should therefore possess institutional knowledge needed to help sojourners clearly navigate the pathway to the most appropriate resource, including scheduling a follow-up appointment to ascertain any referral's helpfulness. While there has been a call for systemic measures to assist sojourners, less clearly represented is the idea of playing a role in safe navigation both within and beyond the university institution and what that could entail (Anandavalli et al., 2020; Prieto-Welch, 2016; Robertson et al., 2015).

**Reliability.** While the counselling literature addresses the idea of continuity of care (Biringer et al., 2017), sojourners seem to nuance this by speaking specifically to *reliability* of services within their counselling journey. Having more to do with services being trustworthy, performing well, and being accessible in a consistent and timely manner, reliability may be another aspect to consider when designing support systems for international students. International students do not have the privilege of multiple choices of access points to the therapeutic professionals they reach out to and decide to entrust their stories. Unlike the circumstances of domestic students, a sojourn is time limited. Therefore, sojourners experience a double burden of seeking to address their mental health, whether proactively or reactively, while already under certain external pressures. Sojourners in this study demonstrated that once a support is identified and trusted, it is important that this support understands the sojourner's need for reliability in the process of addressing their mental health needs. This can include clearly understanding and communicating what the student can expect from the support, and ensuring any and all follow-up that is needed. International students who access mental health supports should not only feel safe to reach out for support, but be able to rely on it in a consistent fashion throughout their sojourn, without the challenge of needing to re-advocate for themselves in a foreign context.

To ease their unique time and immigration pressures, consideration could be given to streamlining the support process, such as not requiring that they re-engage with intake questionnaires unnecessarily or only recommending external referrals that are immediately available (Robertson et al., 2015). Service reliability could also mean: (a) disregarding typical operational guidelines such as the amount of appointments available, (b) supporting international students during a leave of absence they might require for their health, and (c) ensuring the students understand the immediate supports that are available to them within the institution.

Similarly, support systems would benefit from having an in-depth understanding of what it means to hold an international student status and implications of that status for progressing within a sojourn. Doing so would ultimately enable them to adapt their services based on this understanding. Reliability could also be fostered by an updated list of additional supports within the local community that could help address concerns related to immigration status. Lastly, concrete and direct feedback mechanisms within the institution, through which staff and students could provide observations and concerns regarding the supports for the international student population, could prove useful. Such could help provide accountability, identify room for improvement, and proactively address mental health and wellbeing.

**Transparency.** Providing *transparency* in the delivery of services may be a common systemic aspiration (e.g., Turns et al., 2019); however, findings from this study suggest it may need to be adapted for the population of international students who could benefit more explicit explanations of what services they can/are engaging, how they work, and what they aim to accomplish. Professionals ought to identify and reflect on the unspoken assumptions and knowledges under which the services they work for operate and the extent to which an international student would be aware of these. When engaging with sojourners, they should be explicit and honest as to what the service can and cannot offer. If a student presents with a concern outside the scope of their services, they should be guided to the most appropriate support within or external to the institution. As participants in this study experienced, not being explicit about the service culture the sojourner is entering (that may be obvious to a domestic student) might lead them to misunderstand what can be expected from the specific service, position them in ways that limit what they can get out of the service, and potentially lead to disheartenment and culture shock when their expectations are not met.

The extent to which a professional could engage transparency would seem to hinge on their understanding of an international student's concern, background, and circumstances. As each student's understanding of their mental health needs and service culture is unique, the homogenous rendition of international students on which services for them are often designed can mean that their health concerns might not get addressed. Without a professional's full understanding of the student's context, it is very possible that an international student's presenting concerns be: miscategorized as fitting with the service scope when it does not,

misunderstood for being deeper or shallower than in actuality, and possibly even disregarded as not a concern at all. A professionals' awareness of their service assumptions and how they intersect with those of sojourners would seem critical to invite needed transparency in the counselling journey.

**Hopefulness.** A final aspect when creating support systems for international students should be to explicitly address the concept of hope during the sojourn. The fickle nature of hope throughout the sojourn, as described by sojourners in this study and personally reflected upon, specifically raises the question of how practitioners can become aware of what impacts international students' hope so they can create a more hope-centric support system. Hope has been a subject studied within the counselling literature. Hollis et al., (2007) provide an excellent overview that readers may familiarize themselves with.

Unlike domestic students, international students face many additional circumstances beyond their control (e.g., Anandavalli et al., 2020; Herridge et al., 2023; Maleku et al., 2022). Decisions regarding their immigration status or the potential inability to resume their sojourn if needing a prolonged absence or to return to their home country are such examples. Professionals need to be aware of and address the far-reaching impacts that circumstances beyond the sojourner's control might have on their hopefulness. Equally important is the need to not diminish or trivialize a sojourner's felt experience, or supply false hope that could be experienced as credible when coming from a trusted professional (Hollis et al., 2007). Instead, professionals can invite conversations with the students on feelings of hope in their current circumstances and attempt to understand the outlook from the student's perspective.

Institutional policies that can also challenge hope are manyfold, such as raising international student fees, ineligibility for scholarships due to immigration status, or inaccessibility of institutional supports during leaves of absence. Other challenges to hope may be less obvious as they are embedded in the assumptions that the institution works under rather than in overt policy. These include:

- admitting international students without guaranteeing affordable housing options or while fostering unrealistic expectations in terms of employment availability or costs of living;

- promoting unrealistic graduation timelines that require international students to complete more courses within a semester—which in turn heightens stress and limits ability for working part-time in order to afford living costs;
- building support systems that are better suited for the domestic population while not offering sojourner-specific pathways of support;
- assuming international students can readily access supports outside the university or can afford them; and
- not providing feedback mechanisms for sojourners to voice their systemic needs and experiences.

Sojourners are therefore exposed to many challenges that can diminish their hope. Hope can be further diminished by the “problem population” discourse, especially when they attempt to self-advocate to showcase the inequities in the systems or when their needs simply do not align with those of the domestic student population. As a result of this misalignment, sojourners risk “falling through the cracks,” with their hopes diminished and potentially without spaces to replenish.

The act of seeking out support is inevitably one of hope, even if the sojourner is not yet ready to see it as such in the context of the “darkness” around them. Honouring the student’s experiences through strength-based approaches becomes important in relating to the student and being a witness to their, at times, subconscious efforts of resistance despite the personal, institutional, and systemic challenges they encounter.

Ultimately, stakeholders, including practitioners, could have a positive bearing on sojourner hope if they consider sojourner wellbeing in a holistic manner that includes the intersection of the student’s host and home cultures (Arthur & Popadiuk, 2015; Hollis et al., 2007). In other words, it behooves stakeholders to engage with this minority population through a lens of social justice (Arthur & Collins, 2014). Anandavalli, Harrichand, and Litam (2020) take these suggestions a step further, encouraging practitioners to “engage in advocacy efforts that dismantle systems of oppression at various levels, including within the community, in university/college settings, and in [government] policies” (p. 372)—all of which can impact sojourners’ hope.

## Limitations

Addressing the study's limitations, I wish to recognize that there are countless more unique stories of sojourners beyond the three shared here. Each year, thousands new international students entrust Canada with their hopes and dreams of a safe haven from which to commence or continue their academic journeys. Other sojourners might face challenges and difficulties similar and dissimilar to those of the three international students in this study. There may also be sojourners who have found great success with navigating their counselling journeys. All these stories are equally as important as the one's presented in this thesis. Moreover, the three sojourners in this study attended educational institutions in British Columbia and Ontario. While not the purpose of this study, it is difficult to discern to what extent their stories are bound to their geographic contexts and how illustrative they may be of other sojourners' navigation of health systems in other provinces or other institutions.

Given the study's time and resource constraints, the creation and revision of final storied narratives did not involve the participants. The participants were only invited to review the interview transcript for accuracy. This decision could have skewed the final storied narrative's focus towards what I as the researcher considered important by drawing on my own lived experience, rather than centering what the sojourner wished to include or emphasize. Moreover, the final storied narratives were constructed with certain "creative license" (e.g., use of metaphor, journalistic portrayal). Such a step is a valued element of narrative inquiry for its capacity to capture and convey verisimilitude with what participants share and how they share it during their interview. While steps were taken to balance my influence in the construction of—and conveyance of verisimilitude in—the narratives, there is no way of knowing what the final narratives would have looked like had participants reviewed my rendering of their interview. In the case of this study, inviting international students to be directly involved with writing the final narratives, or at least providing an option for final narrative feedback, alteration, or deletion, could have enhanced the resonance of the final storied narratives in the eyes of the participant and verisimilitude for the reader. This approach would allow readers to place more trust into the final narratives without potential distracting concerns about the narratives' resonance. Providing review and feedback options would also contribute to the decolonization of who gets to tell and legitimize participant stories and could empower participants. Therefore, I encourage future

narrative researchers to include in their design the collaboration or coauthoring of the final storied narratives with the participants where possible, while being aware of and respecting the population's existing challenges, their wishes, and inherent time-constraints.

In retrospect, I also wish for less restrictive inclusion criteria regarding access to therapy. Limiting eligibility to participate only to individuals who have accessed therapy meant not getting to hear stories about those who wished to attend therapy yet found themselves unable to do so or worried to do so in Canada. Limiting criteria to participants who did not engage into therapy at the time of the interview could also have led to disqualifying sojourners for whom therapy is an ongoing support. Finally, limiting the language in which the interview could have been conducted to English also disallowed French-speaking international students to participate who attend Canadian universities. Such inclusion alterations might have illuminated additional aspects of sojourners' counselling and mental health journeys and the context these journeys occur in.

### **Delimitations**

Despite limitations of this study, I set out to provide the space for international students who have experienced counselling to have a voice in Canadian academic research. The scope of the study focused on the counselling journey (before, during, after); however, the contexts these students navigated during this journey were also intentionally presented in the final storied narratives. My hope was to unveil any counter-narratives to the problem-laden narratives reflected in existing research. The narrative interviews followed the Interview Protocol (Appendix A) in order to generate rich and unique descriptions of sojourner experience. Every interview occurred in a unique and sojourner-centered way. This study did not mean to generalize or claim representativeness for and of the international student population in Canada. I was purposeful in the chosen methodology and choice of final storied narratives as the study's "results." While this decision may invoke scepticism from more accustomed qualitative and quantitative research readers, I hope the narratives will be given the trust akin to the trust given to me by the international students behind them.

The sample size of three international student allowed me to focus on the uniqueness of each story and elaborate on the often understated and underestimated context in which counselling interactions occur for international students. It is hoped that this approach allows the

reader to connect with the stories and the real people behind the characters, reflect in-depth and continuously on any future encounters with international students, and offer a student support that is complexity-aware.

### **Calls to Action and Recommendations**

What follows are Calls to Action and recommendations that emanate from the narrative analysis process and final storied narratives, as well as from my own lived experience as an international student and psychotherapist. The choice to frame the study's implications as Calls to Action was purposeful and aligns with my social justice values of utilizing my researcher power and privilege to speak out for the marginalized population that due to its time-limitation in Canada are often left without a platform to speak and provide feedback to systems. In a way, what follows could be considered my narrative as a researcher inspired by particular leanings and informed by my historicity and world view.

- 1. Understand the systemic challenges/bureaucracy and dominant discourses that can impede the wellbeing of international students and their access to services.*

Sojourners' counselling journeys can be fraught with challenges or barriers from multiple and intersecting systems (e.g., academic, governmental, mental healthcare), including their bureaucracies. Most if not all these systems do not fully acknowledge or account for the implications that students' immigration status carries. Higher education institutions would therefore be wise to regularly audit their internal processes related to supporting international students in their academic and mental health journeys. Doing so could lead to incorporating equitable and reliable approaches that serve both domestic and international student populations. It could mean providing spaces for international student to self-advocate for their needs, but also not be reliant on their self-advocacy for changes to happen. More importantly, to further support international students at a vulnerable time, creating thoughtful internal processes that make accessing services less labour intensive for sojourners could mitigate potential burn out or falling through the cracks of university bureaucracies. One example could be to ensure unlimited access to psychotherapy services through the university's services or else unrestricted and no-to-low-cost access to private practitioners via insurance plans for sojourners.

Similarly, stakeholders are invited to reflect deeply on the dominant discourses about international students and how they may be sustaining them. I will not outline specific recommendations here but rather redirect stakeholders to revisit the narrative-informed alternatives that were generated from this study related to discourses of “best practices,” mental health seeking, culture shock, and “problem population.” Doing so could begin to crystallize more hopeful depictions of and orientations toward the international student population than those reflected in dominant discourses perpetuated in the literature.

*2. Recognize gatekeepers, both non-professional and professional, as playing a crucial role in assisting international students to navigate foreign systems and their barriers.*

The usefulness and potential impact of non-professional and professional gatekeepers to assist international students in navigating mental health care systems cannot be underestimated. Additional research could help expand our understanding of the roles gatekeepers play when it comes to therapy for international students and how to engage this role effectively. Findings from such research could also foster a greater awareness for stakeholders and serve as a guide to further support students. Any university-wide efforts of supporting the international student population need to consider the crucial role gatekeepers play. In any steps to develop strategies for mental wellbeing support, gatekeepers should be clearly identified and empowered to support sojourners.

*3. Invite counselling practitioners to recognize their unique gatekeeper privilege and use it to become allies and advocates for international students.*

When international students finally meet their first therapist, any assessment or intervention that does not take key aspects of the student's context into account can negatively impact their counselling journey as well as their livelihood. This calls for mental health practitioners to increase their awareness and understanding of immigration status and its implications in the lives of international students and for their therapy. How therapists can broach a client's immigration status could benefit from more research to ensure this is done with sensitivity and responsiveness. Finally, developing concrete individual and service-wide approaches, tools, and resources that take immigration status into consideration could be helpful, including the related complexities of time-sensitivity, aloneness, and systemic and personal cultural differences. As compared to maintaining normative/equal resources across the entire

student population, such approaches would seem to render mental health supports for international students more equitable given vulnerabilities inherent to this population.

Practitioners working in university counselling centres are well positioned to hear about and observe first-hand some of the systemic issues that affect international students who have become clients. Due to this positioning, they can become advocates on behalf of students by liaising between them and the university that serves them. For example, given limitations to work permits that can strain already precarious financial status, practitioners could galvanize stakeholders to lobby for expanding the work rights of international students, or for more flexible policies related to taking a leave of absence, or still yet for being able to change one's academic status without stifling impacts on financial or immigration status. Practitioner advocacy could include sensitizing universities to the issues affecting international students and liaising with them as stakeholders who can contribute to systemic change. Such efforts squarely align with the profession's call for social justice and practitioners' role in creating social change for the wellbeing of minoritized groups (Cohen et al., 2022).

#### *4. Consider the role of hope in international students' sojourn and counselling journey.*

As sojourners' hope seems to be influenced by external circumstances, such as immigration, institutional policies, and accessibility of services, professionals need to be more curious and knowledgeable about these issues, how they may impact students, and that there may be limits to hope and what is possible for the student's unique context. While this study sheds light on the fickle nature of hope for sojourns, identifying what influences and shapes hopefulness could be another area of research to pursue. Indicators of hope could direct stakeholders to necessary systemic change, and learning about the process of hope could inform how practitioners might orient hope in their practice.

#### *5. Stakeholders need concrete action plans.*

As established above, many of the systemic challenges impacting international students are grounded in issues of social justice. It is therefore necessary for stakeholders to devise and carry out concrete action plans. What follows are some possible actionable recommendations emerging out of this study's findings.

As international students are often quite limited in their sojourn length in Canada, thus impeding the extent to which they can advocate for themselves, it would seem sensible to shift the responsibility of action onto government or other systems that work closely with international students. A starting point could be to develop a network of support to which all international students in Canada could partake in voicing their concerns.

In a similar vein, universities, federal and provincial governments, as well as settlement and integration organizations across Canada would benefit from creating an easily accessible resource such as a guide specific for sojourners to address accessing of supports. Often the lack of consistency across and within provinces and territories in how to navigate physical and mental health services or insurance systems causes frustration and drains the capacity of sojourners who contemplate accessing such resources. Instead, having easy to use and continuously updated resources (e.g., directory of psychotherapists across Canada, information on how to navigate insurance benefits) could alleviate the challenges associated with finding supports, and could create easier pathways of access for international students in need. Moreover, such a guide could allow for Canadian stakeholders to understand the intricacies of a sojourner's experience, and invite proactive reflection on existing pathways to receiving support and align these pathways for the benefit of the sojourner population. Such an effort could involve a collaboration on destigmatization of mental health supports, especially if drawing on stories of sojourners who have had a helpful encounter with a trusted practitioner and who are willing to share their experience with others.

To ease undue pressures on the international student population, universities need to audit how they set up their programs and resources, and assess them for their usefulness, limitations, and relevance for international students. For example, ensuring that programs are delivered in a manner that reasonably aligns with the constraints of government issued study permits. Such audits should occur on a regular basis as a quality control measure.

University counselling centres, professional associations, and regulatory colleges could also consider whether their members are sufficiently resourced in supporting international students. This could include offering or requiring professional development from sojourner-trusted supports who could highlight the intersectionality of their mental wellbeing, immigration implications, and unique context of sojourning in Canada. These efforts could help destigmatize

the population and the concerns they might experience, while providing concrete resources and tools for practitioners to recommend and advocate for their clients.

A final actionable recommendation would be for university counselling centres to apply the findings under research question #3 discussed above (i.e., What can we learn from these narratives when creating support systems for international students?). The narrative- and sojourner-informed suggestions of attuning services to be welcoming, safe, reliable, transparent, and hopeful could be used as a heuristic to guide future organizational changes and practitioners' practice.

### **Future Research**

In addition to research recommendations above, future research into the international student therapy experience could benefit from interviewing therapist-client dyads that include therapists that sojourners identify as trusted. Sojourners could share their comments and appreciations for these trusted practitioners to improve understanding of what helps foster a positive therapy experience. Further research would be enriched by even more stories of international students across Canada, as it would continue to highlight the uniqueness of their experience and continue to enrich and nuance understanding and insights for stakeholders.

This study did not specifically consider who was the provider of the service (e.g., counsellor, therapist, nurse), trusting instead the participants' understanding of being therapy clients. In a larger future study, it could be of interest to clarify who the service provider is, what credentials they possess, and whether/how this would have any impact on sojourners' counselling journeys. Likewise, given the diversity of definitions of counselling, psychotherapy, and mental health therapy across Canada, it could be important to consider how international students compare the service they received compared to how they conceptualized it. Space could likewise be provided for sojourners who worry about accessing counselling services within Canada, due to fears of impacting their immigration status.

If considering asking participants for feedback or collaboration in co-authoring narratives as part of the research process, I would advocate for creating an easy to use, efficient, yet secure feedback system to facilitate the research experience for sojourners. As sojourners already are forced to navigate many different systems during their sojourn, avoiding the need to learn an

additional system while navigating the context of their lives could alleviate the pressures they experience. I invite future researchers to think carefully about such systems or other ways to remove potential barriers to research participation prior to engaging sojourner participants.

Lastly, having a source of funding to remunerate participants would allow for expressing appreciation for (and not taking for granted) international students' commitment to the research process. The token could also help acknowledge the financial struggle sojourners are more than likely to face in the context of Canada and how hearing about their experiences is valued.

### **Final Remarks**

In conclusion, the intention of this academic master's thesis was never to claim expert "knowledge" of the unique population of international students in Canada and their experience with counselling and psychotherapy. Nor was the thesis intended to be an academic endeavor that would contribute to the academic discourse and the nature of scientific research by arguing for or against a thesis or argument. Instead, what I hoped to do was provide an accessible way for anybody willing to read three stories about international students navigating the Canadian higher education system and who chose to engage into the therapeutic process along the way. I believe the stories gathered from the sojourners and the final narratives that I wrote showcase the uniqueness of each individual's journey. I invite readers to keep this uniqueness in mind, whether in considering the process of therapy with sojourners, designing or evaluating support systems, or simply relating with international students.

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## **Appendix A: Interview Protocol**

### **Semi-structured interview protocol**

In-person variation: The participant will be asked to choose a location that feels safe and private for them. After arriving to the location, the researcher will introduce himself and engage with the participant through small talk to ease the atmosphere. Afterwards, the participant will be informed about the study and familiarized verbally with the consent process as well as the way the narrative interview typically occurs, alongside the paper copy of the consent form. A time for questions regarding the consent process will be provided, and the participant will be asked to sign the consent form. Following, the researcher will begin recording and commence the conversation.

COVID-19 variation: If measures of distancing still continue when participant interviews are to be held, participants will be contacted via email and offered an online video-chat interview via the platforms of Microsoft Teams and Zoom – as per their preference, as well as set the date and time of the interview. The participant will be emailed a copy of the consent form, invited to read it prior to the interview. At the time of the interview, the researcher will contact the participant through the preferred method. First, the researcher will introduce himself, ask the participant whether they feel safe and confidential in their location, and afterwards the researcher will engage with the participant through small talk to ease the atmosphere. Afterwards, the participant will be informed about the study and familiarized verbally with the consent process as well as the way the narrative interview typically occurs and referred to the previously sent consent form. A time for questions regarding the consent process will be provided, and the participant will be asked to verbally consent, once the recording commences. The researcher will begin recording the conversation.

Start of recorded interview: The first part of the recorded conversation will regard background information such as the participants name, age, country of origin, and the duration of their current sojourn, to contextualize their answers.

Background questions:

- Can you share with me your name, your age, and the country you consider your home country?

- Would you feel comfortable sharing the gender you identify with?
- How long have you been in Canada?
- What are you currently studying?
- Would you feel comfortable sharing the province or territory of your college or university?
- How long has it been since the first time you accessed counselling or psychotherapy?
- Did the counselling or therapy session(s) take place at the college/university or at a service off-campus?

### **Interview: Sample Lines of Inquiry**

Provided that the narrative inquiry method focuses on exploring and unpacking the participant's narratives, the lines of inquiry inherently depend on the participant's responses and direction. However, to demonstrate the potential lines of inquiry a general example of the types of questions during the three timeframes are provided below.

#### *Pre-Counselling Encounter*

Tell me about the time when you first heard of counselling?

What was it like to get to know about it? What did you get to know?

What stood out to you about counselling?

How did you get to know about counselling?

Was anyone involved in this discovery of counselling?

Take me through the decision-making process you engaged in when deciding whether you should see a counsellor.

Once you came to the point of making your decision, what was it like?

#### *During-Counselling Encounter*

Tell me about the time in between your decision to go to counselling and the time of the first appointment. What was it like? How did you perceive this time?

So now you began attending counselling. Help me understand what your experience was going to the appointment and arriving at it.

What was the first session like? What do you remember about it?

Tell me about the counsellor across from you. What stands out?

Tell me about the session itself—what was your experience within it?

What were some of the thoughts that came to mind for you during the first counselling session? Where do you think they originate from?

Tell me what happened.

Tell me why that particular moment stands out.

Can you remember a particular time in the session when ... (e.g., you felt unsettled, heard, disconnected, challenged, you experienced something significant, something stood out to you)?

When looking back at your previous experience with counselling or psychotherapy, what stands out to you? Help me understand what it was like.

After the first counselling session, what happened? Were there any follow-up sessions?

If you attended subsequent sessions, in what ways (if any) was that experience comparable or different?

#### *Post-Counselling Encounter*

After the counselling ended, how did you make sense of what happened during the counselling encounter (your one or multiple sessions)?

How did you make sense of the experience that you have had with counselling overall?

What did you decide to do after the encounter? What went through your mind?

If you were to reflect on your counselling experience overall, what stands out to you? What would you like to share about it?

#### *Debriefing*

Is there anything else you would like to share?

Is there a question you would have liked me to ask, or a story about your counselling experience that you would like to add?

What was it like sharing your counselling experience with me today?

At last, I would like to invite you to consider creating a pseudonym that you will wish to be named as within the resulting narratives in order to protect your identity. If you wish to choose one, what would it be?

## Appendix B: Consent Form

### Consent Form

**Title of the study:** A narrative inquiry into international students' lived journeys of counselling in Canada

**Name of researcher:** Roman Bina; M.A.[Ed] Counselling Psychology Candidate;  
Email: [\\*\\*\\*\\*\\*@uottawa.ca](mailto:*****@uottawa.ca)

**Name of supervisor:** Cristelle Audet, PhD, Faculty of Education, University of Ottawa;  
Email: [\\*\\*\\*\\*\\*@uottawa.ca](mailto:*****@uottawa.ca)

**Invitation to Participate:** I am invited to participate in the abovementioned research study conducted by Roman Bina.

**Purpose of the Study:** The purpose of the study is to explore and uncover the lived experience of international students as it relates to counselling in Canada.

**Participation:** My participation will consist essentially of a recorded interview session consisting of approximately 45-60 minutes during which I will engage in a reflective conversation regarding my past experiences with counselling. The session will have been scheduled for a mutually agreed upon time, date, and place. I will also be asked to review the transcript of the interview, with the option of providing feedback within two weeks of receiving the transcript.

**Risks:** My participation in this study will entail that I share my past experience and understanding of past counselling/psychotherapy, and this may cause me to experience some emotional or psychological discomfort. I have received assurance from the researcher that every effort will be made to minimize these risks, such as stopping the interview if ever I wish to take a break, skipping any questions I do not wish to answer, or withdrawing from the study altogether. Further, I will be given a list of free supportive resources.

**Benefits:** My participation in this study will contribute to the unveiling of the international student's voice within the counselling psychology and psychotherapy literature. My voice may help sensitize stakeholders implicated in international students' wellbeing as to what it is like to experience the system in place and provide them with helpful insight into ameliorating these systems for sojourners.

**Confidentiality, anonymity and security:** I have received assurance from the researcher that the information I will share will remain strictly confidential. I understand that my interview and transcript will be viewed only by the researcher and his thesis supervisor, Professor Cristelle Audet, will be used only for the purpose of the study, and that my confidentiality will be protected through safe, secure and password-protective measures of the information gathered.

**Anonymity** will be protected in the following manner: As a participant, I will be able to choose a pseudonym for my name. If I wish, I may also mask my country of origin that will be represented in my finalized narrative. Given the nature of the study, identity and cultural context might be an important part of my story about counselling, therefore it will be my decision whether to include my identity and cultural context within the final narrative or anonymize these to the best extent possible.

I understand that, **security** of the videoconferencing (if applicable) can only be guaranteed via the Microsoft Teams and Zoom video-conferencing method. Reasonable measures will be undertaken to minimize any security compromise to myself as well as my confidentiality and anonymity (such as meeting room limit of only two individuals).

**Conservation of data:** I understand that the data collected such as the original interview audio recordings, the electronic transcripts will be stored securely within password-protected folders on password protected Flash Drives and will be kept in a locked filing cabinet on the uOttawa campus. Only the principal investigator and the study supervisor will have access to the information. I understand that the data will be conserved for the duration of the study.

**Voluntary Participation:** I am under no obligation to participate and if I choose to participate, I can withdraw from the study at any time and/or refuse to answer any questions, without suffering any negative consequences. If I choose to withdraw, all data gathered until the time of withdrawal will be securely destroyed.

**Acceptance:** I, *(Name of participant)*, agree to participate in the above research study conducted by Roman Bina of the Faculty of Education, which research is under the supervision of Cristelle Audet, PhD.

If I have any questions about the study, I may contact the researcher or his supervisor.

If I have any questions regarding the ethical conduct of this study, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room 154, Ottawa, ON K1N 6N5

Tel.: (613) 562-5387

Email: [ethics@uottawa.ca](mailto:ethics@uottawa.ca)

There are two copies of the consent form, one of which is mine to keep.

Participant's signature: *(Signature)*

Date:

Researcher's signature: *(Signature)*

Date:

### **Appendix C: Recruitment letter**

Are you an international student studying in Canada?

Have you attended one or more counselling sessions during your studies?

If so, you are invited to participate in a narrative study that aims to provide a space for the voice of international students regarding their counselling experience in Canada.

It would be an honor to have you take part in a 60- to 90-minute online interview to hear all that you are willing to share regarding your experience.

To be eligible to participate you must:

- Be 18 years or older;
- Identify as an international student;
- Be currently attending a college or university in Canada;
- Have engaged in at least one (1) counselling or psychotherapy appointment in the past while pursuing studies in Canada;
- Not be receiving counselling or psychotherapy sessions at present;
- Be able to communicate in English

Up to six (6) eligible participants will be selected on a first-come first-served basis.

If you are interested in more information regarding the study or would like to share your voice by participating in this study, please contact Roman Bina (international master's student in Counselling Psychology at University of Ottawa) at \*\*\*\*\*@uottawa.ca

The study has been approved by the uOttawa Research Ethics Board on (November 17, 2020) and is supervised by University of Ottawa faculty member Cristelle Audet, PhD.

**Appendix D: Detailed study description for participants**

Hello there,

My name is Roman and I want to thank you for considering participating in my Master's research study. The study you are considering joining is a product of my own thinking, my personal experience, and research as an international student in Canada. I am an international student from Czech Republic and Germany, and have arrived in Canada in 2017 to begin my studies. I am really interested in hearing what international students such as yourself can share with me regarding their personal experience with counselling/psychotherapy in Canada.

My narrative research approach places you and your voice as the central component of my study. I wish to create a space in which your voice can be listened to and heard. Your participation in this study would involve sitting down together for 45-90 minutes (in-person (if circumstances allow OR through an online platform of your choosing – Microsoft Teams or Zoom) and engage into a collaborative exploration of your experience with counselling in Canada. Throughout the process, I might ask you curiosity-filled questions about what you are sharing with me, like “How did you get to know about counselling?” Such questions will help me to better recognize and hear your unique experience. After the interview, I will transcribe our recorded conversation and you will have an opportunity to review the transcript and let me know within two weeks of receiving it whether there is anything you would like changed or added. Upon receiving your feedback, I will proceed to my next step, in which I will (a) re-organize what you shared with me into a “story” describing your counselling experience from start to finish and (b) create final narratives which represent my understanding of your experience. I would certainly be happy to share the results with you. Please do keep in mind that you may also at any point request withdrawal from the study with no consequence to you.

Overall, I certainly hope this experience will be a pleasant one for you, and already I can relay my gratefulness and respect for your courage and willingness to engage with me.

Warm regards,

Roman

### **Appendix E: Screening questions**

#### **Pre-interview screening questions**

- Are you 18 years or older?
- Do you identify as an international student?
- Are you currently attending college or university in Canada?
- Have you engaged in at least one (1) counselling or psychotherapy appointment in the past while pursuing studies in Canada?
- Was your counselling or psychotherapy appointment provided by a university practitioner or externally?
- Are you currently receiving counselling or psychotherapy?
- Do you feel comfortable communicating in English?

## Appendix F: List of services provided for each participant

### Canada-wide resources:

- Crisis Service Canada: [www.crisisservicescanada.ca](http://www.crisisservicescanada.ca)
- Wellness Together Canada provides free online resources, tools, apps and connections to trained volunteers and qualified mental health professionals when needed  
<https://ca.portal.gs/>
- National Suicide Prevention Lifeline: [1-800-273-8255](tel:1-800-273-8255)
- First Nations and Inuit Hope for Wellness Help Line: [1-855-242-3310](tel:1-855-242-3310)  
Service is available in Cree, Ojibway, Inuktitut, English and French.
- Naseeha: [1-866-627-3342](tel:1-866-627-3342) - <https://naseeha.org/>  
Our helpline and textline will remain open and uninterrupted in order to make sure you have someone to talk to. Our lines are open from 9AM to 6PM PST.
- Kids Help Line: <https://kidshelpphone.ca>

EmpowerMe – free service for undergraduate students from enlisted universities

- <http://www.studentcare.ca/>
- Call the 24/7 helpline at [1-844-741-6389](tel:1-844-741-6389) from anywhere in North America to be directly connected to a trained counsellor—the person answering the phone is not an operator, administrator, or receptionist.

### Ottawa/Outaouais resources:

CounsellingConnect Ottawa- <https://www.counsellingconnect.org/>

### Culturally Oriented Services in Ottawa

- Ottawa Community Immigrant Services Organization (OCISO) - [www.ociso.org](http://www.ociso.org) - [613-725-0202](tel:613-725-0202)
- Catholic Centre for Immigrants - <http://cciottawa.ca/> - [613-232-9634](tel:613-232-9634)

### Distress lines

- Crisis Line Ottawa [613-722-6914](tel:613-722-6914) or [1-866-996-0991](tel:1-866-996-0991)
- Ottawa Mental Health Crisis Line (24h) [613-722-6914](tel:613-722-6914)
- Ottawa Distress Centre (24h) [613-238-3311](tel:613-238-3311)
- Assaulted Women's Helpline (24h) [1-866-863-0511](tel:1-866-863-0511)
- Sexual Assault Support Centre of Ottawa (24h) [613-234-2266](tel:613-234-2266)
- Fem'aide – ligne de soutien tel: [1-877-336-2433](tel:1-877-336-2433) (French only)
- Tel-aide Outaouais (8am-Midnight) [613-741-6433](tel:613-741-6433)/ [819-775-3223](tel:819-775-3223) (French only)
- Mental Health Mobile Crisis Team: [1-866-996-0991](tel:1-866-996-0991)
- ConnexOntario: Addiction, Mental Health, and Problem Gambling Treatment Services
  - [1-866-531-2600](tel:1-866-531-2600)
  - <https://www.connexontario.ca/>
- First Episode Psychosis Program: [613-737-8069](tel:613-737-8069)

uOttawa SASS Counselling and Coaching - <https://sass.uottawa.ca/en/personal/services>

uOttawa Graduate International students - Morneau Shepell - <https://gsaed.ca/en/services/>

- Students can call [1.855.649.8641](tel:18556498641) or visit the SSP Website and sign up using the Organization name "GSAED" for full access to the SSP services and resources.

#### Ontario

- Good2talk  
Ontario's 24/7 helpline for postsecondary students. 1 866 925 5454 or text GOOD2TALKON to 686868
- Connex: [1-866-531-2600](tel:18665312600)  
ConnexOntario provides free and confidential health services information for people experiencing problems with alcohol and drugs, mental illness and/or gambling. We are funded by the Government of Ontario. Our system navigation and information service is live-answer 24/7, confidential, and free.
- BounceBack  
BounceBack is a free skill-building program managed by the Canadian Mental Health Association (CMHA). It is designed to help adults and youth 15+ manage low mood, mild to moderate depression and anxiety, stress or worry. Delivered over the phone with a coach and through online videos, you will get access to tools that will support you on your path to mental wellness. To submit an online referral, go to [bouncebackontario.ca](http://bouncebackontario.ca), or access the online videos at [bouncebackvideo.ca](http://bouncebackvideo.ca)
- Big White Wall  
An online peer to peer support community: [www.bigwhitewall.com](http://www.bigwhitewall.com)
- Talk4healing  
(for Indigenous women) [1 855-554-HEAL \(4325\)](tel:18555544325)

#### British Columbia

- Here2Talk British Columbia - <https://here2talk.ca/>
- Mental health information, referral and support  
at [help@cmha.bc.ca](mailto:help@cmha.bc.ca) and [bcpartners@heretohelp.bc.ca](mailto:bcpartners@heretohelp.bc.ca)
- CMHA & HeretoHelp  
Public education & awareness on social media and online here at [cmha.bc.ca](http://cmha.bc.ca) and [HeretoHelp.bc.ca](http://HeretoHelp.bc.ca)
- BounceBack  
Online at <https://online.bouncebackonline.ca/>
- Government of British Colombia | Student Supports  
<https://www2.gov.bc.ca/gov/content/mental-health-support-in-bc/students>
- 310-Mental Health  
Call [310-6789](tel:3106789) (no area code needed) toll-free anywhere in B.C. to access emotional support, information and resources specific to mental health and substance use issues. Available 24 hours a day.

#### Alberta

- Alberta 211  
Comprehensive site for services  
<https://www.ab.211.ca/211-topics/education-students/students-post-secondary/>
- Distress Centre | 24 Hour Crisis Line  
403-266-HELP (4357)  
[www.distresscentre.com](http://www.distresscentre.com)
- Access Mental Health  
<https://www.albertahealthservices.ca/services/page11443.aspx>

#### Manitoba

Service Navigation – please connect with the Service Navigation Hub by calling them directly at: [204.775.6442](tel:204.775.6442) or email: [hub@cmhawpg.mb.ca](mailto:hub@cmhawpg.mb.ca)

If you are in crisis and need to speak with someone immediately:

- Call the Klinik Crisis Line – [204.786.8686](tel:204.786.8686) or
- Call the Mobile Crisis Line – [204.940.1781](tel:204.940.1781) or
- Call Kids Help Phone – [1.800.668.6868](tel:1.800.668.6868) or
- Text Kids Help Phone – CONNECT to 686868

#### Saskatchewan

Professional Health Advice and Mental Health Support - CALL 8-1-1

#### Quebec

- Revivre - [1 866 REVIVRE \(738-4873\)](tel:1866REVIVRE) Toll-free support line available across Canada, Monday to Friday from 9 a.m. to 5 p.m. (EST). <https://www.revivre.org/en/i-need-help/>
- PhobiesZero - Ligne d'écoute: 514-276-3105 / 1-866-922-0002 - <https://www.phobies-zero.qc.ca/>

#### Nova Scotia

- Good2Talk Nova Scotia - <http://www.good2talk.ca/>
- Healthy Minds - [healthymindsns.ca](http://healthymindsns.ca)
- Mental Health Crisis Line - [1-888-429-8167](tel:18884298167) (toll-free)  
Available 24 hours, seven days a week
- Kids Help Phone - [1-800-668-6868](tel:18006686868) (toll-free)  
Available 24 hours, seven days a week
- Or call 911 or go to your closest emergency department.

#### PEI

[1 800-218-2885](tel:18002182885)

The Island Helpline provides free, confidential emotional support and crisis intervention to Islanders of all ages. Our trained and caring staff and volunteers are here to answer your call any time of the day or night – 7 days a week, 365 days a week.

## Newfoundland

- Bridge the Gap  
[www.bridgethegapp.ca/adult](http://www.bridgethegapp.ca/adult)
- Mental Health Crisis Line  
[1-888-737-4668](tel:1-888-737-4668) (toll free)
- Sexual Assault Crisis Line  
[1-800-726-2743](tel:1-800-726-2743) (toll free)
- Gambling Addiction Crisis Line  
[1-888-899-4357](tel:1-888-899-4357) (toll free)

## New Brunswick

- Provincial toll-free Crisis line  
[1-800-667-5005](tel:1-800-667-5005)
- Fredericton area  
[560 450-HELP](tel:560-450-HELP) (4357) - [www.chimohelpline.ca](http://www.chimohelpline.ca)

## International

Crisis Text Line powered by Kids Help Phone (“text GOOD2TALKON to 686868”) is also available in the United States and the UK, with different contact numbers – more info here:

<https://www.crisistextline.org/> We all share the same training and technology (with regional adjustments), so it’s a real global partnership :)

Kids Help Phone is also a member of Child Helpline International, a network of helplines for children and youth in more than 140 countries. The full list of child helplines around the world can be found on their website: <https://www.childhelplineinternational.org/>

List of suicide hotlines across the world:

<https://www.opencounseling.com/suicide-hotlines>

## India

ICall: <http://icallhelpline.org/telephone-counseling/>

France: Fil santé Jeunes - <https://www.filsantejeunes.com/>

Répond à vos questions, tous les jours, de 9h à 23h. 0 800 235 236, un numéro d’appel anonyme et gratuit.

On peut aussi contacter le fil santé par chat.

## Nightline

Nightline est un service d’écoute, de soutien et d’information géré par des étudiants bénévoles, confidentiel, gratuit, sans jugement.

Source: <https://www.etudiant.gouv.fr/cid96660/une-question-sur-votre-sante-besoin-d-aide.html>

### **Appendix G: Author's own narrative**

Unconsciously, I believe that I felt as an “international student” in the place I have grown up. Born in Germany, I lived in Czech Republic for the first 17 years of my life and attended the public school there. Having the two national identities, I was always seen as somebody somewhat different among my peers, and this difference made me familiar with the search for a place to belong and its related uncertainty and questionings. The knowledge regarding mental health within the school system and society in general was minimal. Throughout my living in Czech Republic, I have never heard the terms psychotherapist or counsellor and never was there any desire to share with students the importance of mental wellbeing. Mental health continues to be mentioned only in relation to psychiatry—and thus reserved for patients, the “crazies,” criminals, or “severely deranged—problem people.”

It was my first official sojourn to Bosnia and Hercegovina, and a private boarding school there that made me consciously aware of the need to redefine and re-construct my own culturally-imprinted approach to mental health. Due to systemic challenges, the institution lacked the ability to provide accessible mental health care—it was through other sojourners that I began to be exposed to mental wellbeing and the elusive term of “a counsellor.” I began to be interested in the psychology of the mind—yet with no intention and cognizance of the field of psychotherapy and counselling—and with no intention of accessing it for my own self.

My second sojourn in North America, during my studies at a small liberal arts college in Maine, United States of America, unraveled to me counselling as a vocation and service. Throughout this time, I knew that I was not proactive in my mental wellbeing, suffering as a victim to one's own self-critical, defeating voice fueled by decades of unhelpful societal discourses to the point of non-functioning procrastination. But it was only at the end of my second year in Maine, that I finally booked an appointment online with the only counsellor available a week later. My first lived encounter with counselling was disastrous—I knew I needed some sort of help when I had booked the appointment a week ago, but when I sat down across from the female-counsellor in a cozy chair in a utilitarian office, it felt strange. The counsellor sat across from me, almost as if cornered. I don't remember what was talked about, however my overarching feeling was that of “I'm doing more listening than talking” and “I am not sure what's happening here.” At the end, I paid my 10-dollar co-pay and left the appointment

perplexed, yet not having the mental capacity to engage in deeper reflection on what I experienced, the pressing concerns of adjustment, academics, isolation permeated my thoughts. I just knew this was not the encounter I had wished and hoped for. There was feeling of doubt whether I can be ever helped.

My soul-searching remained and so did my concerns over who I was and wished to be, how I would deal with the stresses of temporality within a foreign country. At some point in the beginning of my third year in Maine, faced with needs to investigate the uncertain future, I decided to give counselling another try. I consciously chose another counsellor than I had visited last time, despite this meaning I had to search for additional time slots later in time. The counsellor's appointment that was available was with a male counsellor, and I booked it.

The experience I had was incomparable. The counsellor—being very aware of international students and their concerns was able to connect to my experience through the times of his own sojourns. His authenticity and curiosity-filled presence helped me settle in and began to safely de-construct my concerns and uncover my strengths and passions. Over the next few sessions, I have felt unconditionally accepted and heard—realizing the potential counselling and psychotherapy can hold for an international student when given the chance and provided the patience. My meaning-seeking through psychotherapy with this practitioner continued with a few additional sessions over the two following years as a student within the United States. The encounter engraved within me a warm sensation and grounding of being of value and mattering, despite the temporality of status wherever we are. It inspired me and rests with me even today, as a psychotherapist-in-training who wishes to be of service to those who seek help—no matter their origin nor cultural background.

Now, as an international student in Canada, I reflect on my experience. I have had the fortune of accessing engaging and transformative counselling appointments, yet still my every initial appointment with a new counsellor is daunting. I chose to proactively attend counselling in Canada within the first semester of my arrival, and self-reported myself to the student counselling clinic on campus. Needing to navigate the complex system of where I may access affordable mental wellbeing, I attended the on-campus counselling clinic. In the end, the student counselling clinic on campus provided me with the support I needed—a safe place to reflect, exist and realize my strengths and connections, and this helped me establish myself within

Canada. I was grateful for that encounter. It was only later, that I found out that the service in fact wasn't supposed to serve graduate students at all. In fact, the graduate student association referred students to an Employee Assistance Program service to provide mental health counselling. This made me question, and wonder if my fellow sojourners perhaps would not be as lucky, or privileged to access the service hassle-free?

I recognize my own privilege in that my previous experience allows me to mitigate and broach the counselling experience with new counsellors—but not always to the full potential, and often while excluding culture and societal discourses. Some counsellors still have the tendency to underestimate my experience and concerns, others seemed to feel that the levels of resilience I have achieved are enough to help me through my concerns, some seemed to try to get me to a solution, and some seemed to have imposed their own experience of being an international student onto mine. One counsellor simply disappeared without any follow-up or referral. Still, despite all these setbacks, I choose to find deep meaning in most of the psychotherapy I received. I recognize that a counselling encounter has the possibility to shine light on the strengths, resilience and wisdom I have collected, and uniquely position me to resist any negative discourses applied to my self, and enlist the help of others around me to help me combat these if necessary. At the same time, would I recommend counselling to any international students in Canada? I still do, and as I do, I cross my fingers for an encounter that brings uniquely constructed meaning.

## Appendix H: Ethics Certificate

17/11/2020

**Université d'Ottawa**

Bureau d'éthique et d'intégrité de la recherche

**University of Ottawa**

Office of Research Ethics and Integrity

### CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL

<b>Numéro du dossier / Ethics File Number</b>	S-10-20-5139
<b>Titre du projet / Project Title</b>	A narrative inquiry into international students' lived journeys of counselling in Canada
<b>Type de projet / Project Type</b>	Thèse de maîtrise / Master's thesis
<b>Statut du projet / Project Status</b>	Approuvé / Approved
<b>Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)</b>	17/11/2020
<b>Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)</b>	16/11/2021

#### Équipe de recherche / Research Team

<b>Chercheur / Researcher</b>	<b>Affiliation</b>	<b>Role</b>
Roman BINA	Faculté d'éducation / Faculty of Education	Chercheur Principal / Principal Investigator
Cristelle AUDET	Faculté d'éducation / Faculty of Education	Superviseur / Supervisor

#### Conditions spéciales ou commentaires / Special conditions or comments

NOTE: At this time, only the online/phone interviews are being approved. uOttawa has developed a process for researchers to obtain Faculty sign-off on their Safe Research Plan if they are planning on conducting any in-person research. Once this Faculty sign-off has been approved, the documents can be added to the ethics application and the in-person data collection will be approved by the REB. Information on this process can be found on our website at: <https://research.uottawa.ca/ethics/guidelines-covid-19>.

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17/11/2020

## Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche

## University of Ottawa

Office of Research Ethics and Integrity

Le Comité d'éthique de la recherche (CÉR) de l'Université d'Ottawa, opérant conformément à l'*Énoncé de politique des Trois conseils* (2014) et toutes autres lois et tous règlements applicables, a examiné et approuvé la demande d'éthique du projet de recherche ci-nommé.

L'approbation est valide pour la durée indiquée plus haut et est sujette aux conditions énumérées dans la section intitulée "Conditions Spéciales ou Commentaires". Le formulaire « Renouvellement ou Fermeture de Projet » doit être complété quatre semaines avant la date d'échéance indiquée ci-haut afin de demander un renouvellement de cette approbation éthique ou afin de fermer le dossier.

Toutes modifications apportées au projet doivent être approuvées par le CÉR avant leur mise en place, sauf si le participant doit être retiré en raison d'un danger immédiat ou s'il s'agit d'un changement ayant trait à des éléments administratifs ou logistiques du projet. Les chercheurs doivent aviser le CÉR dans les plus brefs délais de tout changement pouvant augmenter le niveau de risque aux participants ou pouvant affecter considérablement le déroulement du projet, rapporter tout événement imprévu ou indésirable et soumettre toute nouvelle information pouvant nuire à la conduite du projet ou à la sécurité des participants.

The University of Ottawa Research Ethics Board, which operates in accordance with the *Tri-Council Policy Statement* (2014) and other applicable laws and regulations, has examined and approved the ethics application for the above-named research project.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completed four weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Riana MARCOTTE

Responsable d'éthique en recherche / Protocol Officer

Pour/For **Barbara GRAVES** Président(e) du/ Chair of the **Comité d'éthique de la recherche en sciences sociales et humanités / Social Sciences and Humanities Research Ethics Board**

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