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A Journey of Acculturation and Growth: An Autoethnography of an International Counseling Psychologist in Training

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Abstract

The experiences of international counseling psychology students (ICPS) across multiple domains of training and their professional identity development were under investigated. To address this gap, this study used autoethnography to explore the implications of international student identity for one ICPS with a lower socioeconomic background and first-generation college student status. Guided by an open-ended research question, this autoethnography was developed through an iterative, narrative-driven process. Personal and professional sources supported the writing process. Three recurring areas of experience emerged: (1) Adjustment Challenges Related to International Student Identity, (2) Strengths Tied to International Student Identity, and (3) Developing a Social Justice-Oriented Professional Identity through Lived Experience and Training as an ICPS. The findings highlight minority stress experienced by ICPS and the dialectical coexistence of challenges and strengths in their training. Recommendations are provided to professional organizations, training programs, and mentors to enhance culturally responsive training for ICPS.

Keywords

international students; counseling psychology; multiculturalism; social justice; identity development; training and education

There has been an increasing call for internationalization of counseling psychology in the United States (US) in the last 20 years (Leung, 2003; Wang & Çiftçi, 2019). Counseling psychology is uniquely positioned to lead international social justice efforts through the development of international competencies, such as dialectical thinking (i.e., embracing the coexistence of contradictory perspectives), cross-cultural sensitivity, and global perspective (Wang & Heppner, 2015; Wang & Çiftçi, 2019). Echoing the growing call for

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internationalization, organizational changes and scholarly initiatives have been implemented to promote the globalization of counseling psychology. For example, the American Psychological Association (APA) Division 17 International Section was established to promote "a scientist-professional model of counseling psychology in international contexts in the U.S.A. and around the globe" (Society of Counseling Psychology, n.d.-a). A recent special issue of *The Counseling Psychologist* focused on the professional development of international counseling psychology students (ICPS; Xu & Flores, 2022). Scholars have argued that the internationalization of counseling psychology can shift the field beyond US-centric perspectives on psychopathology, well-being, and mental health practice, enabling it to more effectively address mental health needs and forms of oppression within global contexts (Wang & Çiftçi, 2019).

ICPS play an important role in the internationalization of counseling psychology. For one, ICPS have a substantial presence in counseling psychology doctoral programs in the US. In 2013, APA revealed that ICPS represented 8.31% of students in APA-accredited counseling psychology doctoral programs in the US (American Psychological Association, 2015), though more recent data on this percentage is not publicly available. ICPS exemplify international competencies through their multicultural lived experience and their ability to interrogate and translate psychological knowledge across contexts (Wang & Çiftçi, 2019). ICPS often become transnational connectors after graduation, bridging psychological communities across countries, advancing indigenous psychological research, and contributing to decolonial dialogues within the discipline (Wang & Çiftçi, 2019). Their diverse cultural perspectives and experience enhance the profession's capacity to serve immigrant and refugee populations and respond to the needs of an increasingly global and interconnected society. This strength is particularly important given more than 13% of the population in the US were born outside the country in 2022 (US Census Bureau, 2024). Moreover, ICPS often promote their domestic peers' growth in multicultural competence by bringing their cross-cultural perspectives into classes and in group supervision (Aydogan & Jencius, 2023).

Despite their essential contributions, ICPS may face considerable stress within US training environments. Indeed, scholars have conceptualized the development of international student therapists through dialectical frameworks that emphasize the coexistence of challenges and strengths in cross-cultural training experiences (Lam et al., 2025). Like many international students, ICPS may encounter cultural adjustment challenges, including culture shock and exposure to neo-racism (i.e., discrimination based on nationality or cultural difference) and anti-immigrant sentiment (Lee & Rice, 2007; Xie, 2025; Xie et al., 2026). For many students from countries where English is not the primary language, navigating academic work in English can create additional academic and emotional strain (Gautam et al., 2016; Khanal & Gaulee, 2019). Moreover, like many international students, ICPS are vulnerable to the effects of the shift in US immigration policies, which can affect their visa and SEVIS status, sense of security, and post-graduation employment opportunities. ICPS may experience even greater adjustment stress than many other international students due to the nature of their training (Xu & Flores, 2022). Clinical work, for example, often demands high levels of English fluency, as well as a deep understanding of US sociocultural issues, such as systemic injustice related to race/ethnicity, gender, and sexual orientation. These expectations may

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potentially intensify the pressures of adjustment and acculturation (Xu & Flores, 2022). Of note, ICPS have heterogenous experiences that can vary by nationality, race, gender, and other intersecting identities. Meanwhile, adapting to a new cultural context with potential unwelcoming political climates are common aspects of the experience across different ICPS subgroups. The stressors ICPS encounter can be understood through Minority Stress Theory, which posits that individuals from marginalized groups experience unique, chronic stressors related to their minoritized status (Meyer, 2003; Valentín-Cortés et al., 2020).

Given the unique contributions and potential stressors ICPS experience in adjusting to US training environments, recent research has begun to examine ICPS' training experiences and professional identity development and to advocate for more culturally responsive training practices. Key areas of focus include social justice identity formation, career development, and experiences in clinical supervision. Hui-Spears and Park-Saltzman (2022), for example, proposed a four-phase model of social justice identity development among ICPS, arguing that their bicultural positioning and cross-cultural lived experiences shape this process in ways distinct from domestic trainees. Domínguez et al. (2022) conducted a qualitative study to explore the career barriers and coping efficacy of 12 international students in counseling. The authors found that these students faced multiple systemic and interpersonal barriers in their training, yet demonstrated strong coping efficacy through self-regulation, cognitive reappraisal, and advocacy. Garrison et al. (2022) explored the clinical supervision experiences of 20 linguistic minority ICPS. The results revealed that affirming trainees' linguistic identities and emphasizing communication strengths foster development, whereas deficit-oriented and biased supervisory approaches undermine clinical self-efficacy. Collectively, these studies underscore the need for training environments that move beyond assimilationist norms to affirm ICPS' cultural assets, strengths, and address systemic barriers, consistent with the integrated developmental model of supervision that emphasizes tailoring supervisory support to trainees' unique needs (Stoltenberg et al., 2014).

However, existing research remains limited in its understanding of ICPS' experiences across multiple domains of training. These domains typically include psychological research, clinical practice, and advocacy, although the emphasis on each may vary across training programs (Society of Counseling Psychology, n.d.-b). As discussed above, Domínguez et al. (2022) and Garrison et al. (2022) each addressed specific areas of professional development and training (i.e., career development and clinical supervision), but did not holistically investigate experiences in research, clinical training, and advocacy. A holistic examination is critical because ICPS' development is shaped not by isolated experiences, but by how they navigate, integrate, and make meaning across research, clinical training, and advocacy. Without such an understanding, support efforts may be less effective, as they risk missing opportunities to optimize impact on ICPS' development. Moreover, no studies to our knowledge have empirically examined ICPS' trajectory of professional identity development (e.g., the evolution of social justice identity). Investigating this process is important, as professional identity may help trainees navigate challenges and stress and sustain sense of purpose and belonging in the field (Sun et al., 2016; Toubassi et al., 2023). Hui-Spears and Park-Saltzman (2022) proposed a valuable theoretical model of social justice identity development among ICPS, but the model has not yet been tested by data. A more holistic and empirically grounded understanding of ICPS' training experiences and professional

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identity development could help identify their unique challenges, strengths, and training needs across multiple domains. Advancing such knowledge is essential for promoting belonging, self-efficacy, and flourishing among ICPS, ultimately supporting a more globally responsive and inclusive counseling psychology.

Additionally, no research to our knowledge has examined how under-resourced ICPS, including those from lower socioeconomic backgrounds, first-generation college students, and individuals with no prior education or travel experience abroad, navigate their training in the US. While students from higher socioeconomic backgrounds are more likely to pursue international study (Courtois et al., 2024) and many international students come from families with considerable cultural and economic capital, not all share these advantages; a subset of international students faces socioeconomic disadvantage, which has been associated with fewer support networks and lower life satisfaction (Schartner & Shields, 2023). Gaining a deeper understanding of the training experiences and professional identity development of under-resourced ICPS is essential for ensuring that their perspectives are recognized and valued within the field of counseling psychology.

The Current Study

To address the aforementioned limitations of previous research, the current study used autoethnography to examine an ICPS' training experiences and professional identity development across multiple domains of training, including research, clinical work, and advocacy. This autoethnography was guided by one research question: How has the international student identity informed the ICPS' experiences and professional identity development in a counseling psychology doctoral program? This ICPS comes from an under-resourced background, including a lower socioeconomic status, first-generation college status, and no prior educational or travel experience in the US. Autoethnography is particularly well-suited to understand the experiences of ICPS. Autoethnography is a qualitative method in which researchers critically and systematically analyze their own personal narratives to understand how individual experiences are embedded in and shaped by broader sociocultural contexts (Ellis et al., 2011; Tarisayi, 2023). It has been widely used across different disciplines such as counseling psychology and education (Consoli et al., 2022; Yazan, 2019). In autoethnography, the researcher is also the participant, and their lived experience and positionality are central to the production of knowledge; this stands in contrast to many other qualitative approaches that maintain a distinction between the roles of researcher and participant (Ellis et al., 2011). Autoethnography is especially powerful for accessing stigmatized or underrepresented experiences because it bypasses the need for external gaze and interpretation and instead allows for first-person narrative grounded in lived experiences (Consoli et al., 2022). This characteristic makes it a unique approach to examining the experiences of ICPS, particularly those with multiple intersecting marginalized identities, such as lower socioeconomic status and first-generation college status. Its commitment to reflexivity ensures that researchers are critically engaged with their own biases and social positioning throughout the research process (Tarisayi, 2023). Moreover, the method's use of evocative storytelling allows findings to resonate with readers, bridging the gap between research and lived reality in a way that supports advocacy and transformation (Ellis et al., 2011). This autoethnography was not guided by

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a predetermined theoretical framework. Instead, the analysis and writing were grounded in reflexive engagement with lived experiences. Relevant theoretical frameworks were drawn upon in the Discussion section to help interpret the findings.

To our knowledge, the current study was the first autoethnography focusing on the experiences and professional identity development of ICPS. In the counseling psychology field, Consoli et al. (2022), using collaborative autoethnography (i.e., an autoethnographic method in which multiple researchers reflect on and analyze their lived experiences together), examined the developmental journeys of seven international counseling psychologists who became US faculty. They highlighted how mentoring, cultural resilience, and alignment with counseling psychology's core values supported their growth amid linguistic and systemic challenges. The current study complemented the study by Consoli and colleagues by focusing exclusively on the experience of trainees. By critically analyzing the lived experiences of an under-resourced ICPS, this study contributes to the growing literature on the internationalization of counseling psychology and underscored the need for more culturally responsive and inclusive training environments for ICPS.

Method

This autoethnography was written in the voice of the first author. The second and third authors did not participate in the autoethnography as contributors of lived experience but helped enhance the depth and clarity of the narrative through critical feedback and collaborative dialogue around the nuances of reflection and meaning-making. For instance, they encouraged the first author to reflect on how his other marginalized identities, in intersecting with his international student identity, shaped his experiences and how he navigated moving between different languages in therapeutic spaces. The second author identifies as a person of color, is a 1.5-generation immigrant (i.e., someone who immigrated to the US as a child or adolescent), and is also a counseling psychology doctoral student in the same program as the first author, as well as a close friend. Although not an international student, he brings extensive international living and working experience. The third author identifies as White and is a counseling psychology faculty member who serves as the first author's academic advisor and has mentored multiple international students.

Although this autoethnography centers on my personal reflections, my experiences are inevitably shaped by interactions with others (Cooper & Lilyea, 2022). To protect the confidentiality and privacy of those individuals, I have intentionally centered my own experiences and how these experiences impacted my journey; when it was necessary to reference others' actions toward me, I have minimized the contextual details, such as specific settings and demographic characteristics of those individuals (Cooper & Lilyea, 2022). Throughout the manuscript, 'they' was used as a gender-neutral pronoun to maintain the anonymity of individuals referenced, regardless of their actual gender identity or pronoun preference.

Participant-Researcher

In autoethnography, the researcher is also the participant. In this section, I introduce my social identities and educational background that are relevant to the focus of this manuscript.

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In qualitative research, the researcher's positionality is understood as an integral part of the research process (Holmes, 2020; Tracy, 2010). Guided by the intersectionality framework (Crenshaw, 1997; Xie, 2026), I recognize that my experiences as an ICPS are shaped not only by my international student identity, but also by the ways my multiple identities and the associated systems of privilege and oppression interact with one another.

At the time of writing this manuscript, I am in my late twenties. I am temporarily able-bodied, with no acquired or developmental disabilities. I identify as an East Asian (Chinese) international student pursuing a PhD in counseling psychology (scientist-practitioner model) at a predominantly White university in the Midwest region of the US. The university is also one of the US institutions that hosts a large international student population. In my home country, I identify as Han, the largest and majority ethnic group in China. I identify as an atheist, though I resonate intellectually with certain principles of Buddhist philosophy, such as impermanence. As a first-generation college student whose parents' education did not go beyond elementary school, I come from a lower socioeconomic background and was raised in a rural region of China. I identify as a heterosexual, cisgender man. My first languages are Mandarin and Hakka, which are distinct Chinese languages. English is my third language. In clinical and academic contexts, I function as a Mandarin-English bilingual professional. I began learning English in school starting in the sixth grade, with an emphasis on reading and writing rather than listening and speaking. At the time, my English learning was primarily driven by the goal of achieving high exam scores. As such, before transitioning to the US, I experienced English as an academic tool rather than a conversational or clinical language. These intersecting identities shape how I experience various aspects of professional life in the US. For example, my nationality intersecting with my Asian racial identity has contributed to a heightened sense of isolation and othering on a predominantly White campus. Overall, as I transitioned from China to the US, I encountered changes in social locations across multiple identities, including shifting from a citizen to an international person, from a member of the ethnic majority to an ethnic minority, and from predominantly using my native languages in daily and professional life to navigating those same contexts in a third language.

Regarding my educational background, I earned a bachelor's degree in engineering and a master's degree in psychology in China. Before moving to the US for doctoral training, I had never traveled abroad. At the time of submitting this manuscript, I am in the fifth year of my PhD program in counseling psychology, had advanced to doctoral candidacy, and was applying for predoctoral internship. I was funded by fellowship and research and teaching assistantships for my doctoral training. My current research centers on two complementary areas. First, I study the development, optimization, and implementation of technology-delivered interventions (particularly meditation apps) to expand access to affordable, low-burden, and personalized mental health care for diverse populations, including marginalized communities who often face barriers to traditional psychotherapy. Second, I investigate equitable and culturally responsive approaches to support the mental health and development of international student populations, including the general international student community and ICPS. I have been trained clinically in four settings: a departmental training clinic, a university counseling center, an outpatient psychiatric clinic, and a community-based private practice specializing in psychological assessment.

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Procedure

To write the autoethnography, I began with one open-ended question: How has my international student identity informed my experiences and professional identity development in a counseling psychology doctoral program? I wrote responses to the question by reflecting on my experiences in classes, clinical settings, advocacy, and research activities. In addition to examining the implications of my international student identity on its own, I also critically analyzed how my under-resourced background, including my lower socioeconomic status, first-generation student status, and lack of prior education or travel experience abroad, intersected with the international student identity to shape my experiences. The writing process unfolded iteratively over the course of seven months, beginning in May 2025 with an initial stage of freely generated bullet points. At this stage, I focused less on grammar or logical flow and more on capturing raw thoughts and memories related to the research question. This process lasted for about a month and included both dedicated writing sessions, where I wrote down bullet points, and spontaneous moments in daily life, when I noted insights as soon as they came to mind. From there, I identified initial recurring topics across the fragmented pieces and wrote them in a coherent narrative; this process also involved generation of new reflections and additional content. Throughout, I engaged deeply with the material, revisiting and refining both the recurring topics and related content in response to ongoing reflection and co-authors' feedback, which enriched the clarity and depth of the autoethnography.

Data Sources and Analysis

In autoethnography, the author's lived experiences are a central source of data, and the process of writing about these experiences can serve both as a method of analysis and as the final product (van Manen, 1990). Unlike traditional qualitative research approaches that often separate data collection and analysis into distinct phases, autoethnographic inquiry can integrate these processes through reflective and iterative writing, allowing meaning to emerge organically as the narrative unfolds (Chang, 2008). Consistent with narrative analysis, key turning points, emotional tensions, and recurring themes were identified to explore how I made sense of my journey as an ICPS (Cooper & Lilyea, 2022). Drawing from narrative analysis, the storytelling was shaped by effort toward meaning-making but without forcing premature closure or linear resolution (Cooper & Lilyea, 2022). To support reflection and writing, I drew upon a variety of personal and professional sources related to my experiences as an ICPS. These included private journaling, personal therapy notes, memories about informal conversations with friends and peer trainees, and documentation from supervision and advisory meetings. The therapy notes and private journaling were written in English. This was largely because my day-to-day conversations during my doctoral training, including those with my therapist and colleagues, were predominantly in English, making it the most natural language for reflecting on and documenting these experiences. As a result, formal translation from another language was not required during the analytic process. To enhance quality control, I revisited materials I had drafted as part of my social justice-related work to cross-check the accuracy of my memory. I also consulted a colleague and my therapist with whom I had shared my experiences to help verify the accuracy of my recollections. Drawing on these different sources allowed for a form of data triangulation that enhanced the credibility of the analysis, as my recollections and

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experiences recorded across reflection, personal therapy, and professional contexts were compared during the analytic process. Together, these sources complemented each other and enabled a more nuanced and contextually grounded understanding of the experiences.

This narrative-driven process was consistent with the approach used in many published autoethnographies focusing on a single individual's narrative (e.g., Hughes, 2020; Lorenz, 2021). Structured analytic methods such as thematic or content analysis are typically applied to data from multiple participants or to datasets intentionally generated to address research questions. In contrast, this autoethnography centers on a single individual's lived experience. Additionally, materials such as private journaling and personal therapy notes served as scaffolding for reflection and meaning-making rather than formal data sources to be systematically coded. Moreover, as mentioned above, the writing process unfolded iteratively over the course of seven months, with the narrative continuously refined through ongoing reflection and co-author feedback. This iterative process allowed both recurring topics and their associated content to evolve as the narrative developed rather than being determined through a fixed coding procedure. Given these considerations, no structured qualitative analysis was conducted for this autoethnography.

Results

Through reflective writing in response to the research question, three recurring areas of experience emerged that helped structure the narrative: (1) Adjustment Challenges Related to International Student Identity, (2) Strengths Tied to International Student Identity, and (3) Developing a Social Justice-Oriented Professional Identity Through Lived Experience and Training as an ICPS.

Adjustment Challenges Related to International Student Identity

Challenges of Using English as a Third Language: Throughout my training in the US, English functioned as the primary language across academic, clinical, and research settings. Given English is my third language, I faced not only challenges in adapting to the language demands (particularly at the beginning of my training) but also systemic forces that often unintentionally overlook the needs and experiences of multilingual trainees. As someone from a lower-income, first-generation background with no prior exposure to the US education system, I entered training in the US without access to the kinds of language and culture enrichment opportunities (e.g., study abroad programs, private tutoring, or early immersion) that many ICPS peers had benefited from. These intersecting identities compounded the stress of adapting to doctoral-level academic and clinical demands in a third language.

Language-related challenges were especially pronounced during clinical training, in part because my prior English education had emphasized reading and writing rather than listening and speaking. This left me feeling less prepared for the spontaneous, emotionally nuanced communication required in therapeutic conversations. My language anxiety evolved over time, from an initial fear of not being able to understand clients or express myself clearly, to a more internalized pressure and expectation to speak authentically at a near-native level.

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Before seeing my first clients, I questioned whether I would be able to follow clients' conversations or express myself clearly enough to be an effective clinician. This thought triggered a strong sense of impostor syndrome, anxiety, fear, and isolation, exacerbated by comparisons with native English-speaking peers. As a first-generation student from a lower socioeconomic background, I had fewer opportunities to receive formal training in spoken English. With no prior experience in the US, I was also less familiar with everyday conversational rhythms and culturally specific expressions compared to many ICPS peers. Together, these factors made my anxiety and fear especially pronounced. As I began clinical work, I encountered challenges in fully following clients and in clearly articulating my own thoughts in English; the difficulty in fully following clients was particularly salient when working with those with rapid speech or accents unfamiliar to me. I vividly remember sitting with a client during my first clinical practicum, feeling overwhelmed as they spoke rapidly. Although I tried to remain present and engaged, I found myself catching only fragments of their words, my mind scrambling to fill in the gaps. As I nodded along, a quiet panic settled in. What if I'm missing something important? Will they notice my confusion? I felt a creeping sense of shame for struggling to do something as fundamental as listening. In that moment, I was deeply aware of the invisible labor involved in working across language and cultures. It was not just a linguistic task, but an emotional and often lonely experience.

A turning point came early in my training when I sought validation and practical guidance during clinical supervision. I was encouraged by my supervisor not to fixate on every single word but to focus on broader clinical themes, which helped ease my language anxiety. I was also encouraged to disclose my international student identity to clients and let them know I might sometimes ask them to repeat themselves since English is not my native language. I found this suggestion validating and relieving, as it created space for authenticity and lessened my worry about how clients might perceive my competence. I embraced this suggestion with relative ease at the early stage of my clinical training. Reassurance from native-speaking peers also helped me recognize that difficulty in fully following clients does not necessarily reflect a lack of language competence. For instance, my fellow trainees shared that even native speakers sometimes struggle to follow clients who speak rapidly. This perspective helped ease the shame and self-doubt I had internalized about my language abilities.

However, over time, I noticed that I became more hesitant to disclose my international student identity to clients. This growing hesitancy led me to reflect on the role of internalized linguistic and cultural expectations. I realized that, as my English proficiency improved and I became more acculturated, I began to internalize higher expectations from both myself and, I assumed, from others to communicate at a near-native level and have a deep understanding of American culture. This pressure made me increasingly reluctant to acknowledge my linguistic and cultural characteristics. Indeed, while I was never explicitly criticized for my accent or fluency, I still felt fearful about how my international student identity might affect others' perception of my clinical competence. The hesitation was further amplified by experiences of microaggression in my personal life and recent geopolitical tensions between US and China, which made me wary of potential negative reactions from clients based on my nationality. It may also be related to a training

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environment predominantly composed of native English speakers, which can subtly and unintentionally reinforce my expectations to communicate as if I were a native speaker.

Positive feedback from clients, supervisors, and peers has strengthened my confidence that I can be an effective clinician, even while practicing in my third language. My personal therapy also helped me release the unrealistic expectation of sounding fluent all the time and to gradually accept English as my third language. Still, even now, I feel awkward or embarrassed using expressions in clinical training that do not feel native enough.

My clinical experiences have also brought to light the complexity of moving between Mandarin and English in therapeutic spaces. Even though I was able to build genuine and deep connections with clients in both languages, I noticed how each language carried distinct emotional textures and subtle shifts in my clinical identity. Using Mandarin in therapy often felt emotionally grounding and relationally intuitive as it was the language of my early life, my family, and my home culture. At the same time, Mandarin sometimes felt constraining. I found myself struggling to translate some culturally nuanced concepts or clinical language into Mandarin, such as terminology around gender and sexual minorities or American-specific references. In contrast, practicing in English gave me access to a shared professional vocabulary, allowing me to communicate with supervisors, systems, and a wide range of clients in the US. Yet English also introduced a layer of distance. I sometimes needed to consciously search for words, and using expressions specific to English-speaking clinical contexts could feel foreign or not-quite-me. Overall, when using English in clinical spaces, I sometimes felt more formal as if I were holding a professional persona shaped by academic training but slightly removed from my intuitive self. These experiences revealed that the challenges tied to my international student identity were not solely about language itself, but also about navigating the cultural frameworks and meanings that language carries.

Challenges in Adjusting to New Cultural Norms and Expectations: Beyond language-related challenges, I encountered a range of acculturative stressors, particularly during the early stages of my graduate training. Although I had some prior exposure to American culture through English classes and media (e.g., movies, TV shows), the lived experience of training in the US revealed many unfamiliar cultural norms and expectations. For example, I was initially unfamiliar with the use of pronouns and the wide spectrum of gender and sexual identities commonly emphasized in my training environment. I remember feeling a sense of internal shock on the orientation day for doctoral students when individuals introduced themselves by stating their pronouns. I was also surprised by the prominence of substance use in the client population I served, issues that are relatively less emphasized in Chinese cultural and clinical contexts. I experienced a disorientation and a sense of cultural distance and became aware of the steeper learning curve I faced. For instance, I remember discussing substance use assessment with my supervisor and asking for concrete materials to help me better understand what levels of alcohol use are considered concerning in the US context. Even for sociocultural issues I had previously learned about, such as racial oppression, my understanding was primarily intellectual. Without lived experience, I felt uncertain about how to engage in discussions on topics like systemic racism. Together, these challenges early in my training led to a sense of isolation, apprehension, and a reluctance to speak, stemming from a fear of unintentionally offending

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others or saying something “wrong” or culturally insensitive. It also naturally entailed a steeper learning curve and increased stress. Here too, my first-generation student and lower socioeconomic background intersected with my international student identity in shaping my experience. Because I lacked the financial means to study in the US for college or a master’s degree, and as a first-generation student was unaware that some master’s programs in the US offer funding through roles like teaching assistantships, I had not had the opportunity to live or study in the US before starting my doctoral training. As a result, I entered my doctoral program with limited exposure to the sociopolitical issues and norms that were often assumed as shared knowledge in my program. Over time, my understanding of these cultural phenomena deepened through both the socialization process within my training program and my lived experiences outside of it. This growth contributed to a greater sense of groundedness and self-efficacy in my training.

Shaped by the intersection of my international student identity and Chinese cultural background, I also encountered cultural dissonance around expectations about self-advocacy, assertiveness, and direct communication. In contrast to the indirect, context-sensitive communication styles emphasized in my Chinese upbringing, I initially struggled to express my needs, especially in hierarchical relationships with individuals having more power. Language played a role too; I sometimes found it challenging to express needs or emotions in ways that felt warm, respectful yet assertive in English. Over time, I became more comfortable proactively and directly expressing my needs through the socialization process, yet I still perceived a relative hesitance compared to domestic peers.

Encountering Structural Barriers to Accessing Opportunities: In addition to linguistic and acculturative challenges, I also faced structural barriers to accessing training and professional development opportunities. As an ICPS, I am required to apply for Curricular Practical Training (CPT) each semester for off-campus clinical practicum. At my institution, applying for CPT requires securing a job offer, obtaining multiple levels of approval, which sometimes involves back-and-forth communication to revise application materials, enrolling in a related course, and submitting relevant documents for work authorization. Navigating the CPT application process involved administrative hurdles and required me to be especially vigilant in maintaining my legal status, which often felt frustrating and emotionally taxing. These institutional constraints created additional burdens in an already demanding training process.

Additionally, as an international student, I am ineligible for many federally funded internship settings, such as VA hospitals and forensic sites. Similarly, my international student status restricted both the research funding opportunities I was eligible to apply for and the number of paid working hours I was allowed to hold. This was particularly challenging given my lower socioeconomic background, as fewer permitted working hours meant less income, which could create greater financial stress compared to ICPS from more privileged backgrounds who had financial safety nets to fall back on. Together, these constraints restricted my access to professional development, career opportunities, and financial resources, leaving me with a sense of frustration and isolation.

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Strengths Tied to International Student Identity

Bringing Cross-Cultural Experiences and Global Perspective into Training Environments: While navigating language, acculturative, and structural challenges, I also came to develop and recognize strengths uniquely tied to my international student identity. One of them was the ability to contribute a global perspective in academic and clinical discussions. When topics arose related to international contexts, I found myself able to share insights grounded in my experiences growing up and studying in China and my cross-cultural experiences. According to the feedback I received, these insights have been helpful for colleagues in enhancing their awareness of systemic issues related to nationality and citizenship status, and enriching their understanding of psychopathology conceptualization and treatment grounded in cultural systems. For instance, during a class discussion in the first year of my program, I shared how disoriented I felt by the way race and ethnicity were being discussed, as these topics were not commonly addressed or framed in the same way based on where I grew up. I expressed that, as an international student, I was struggling to fully engage because these constructs felt culturally distant at the time. A peer later expressed appreciation for the unique perspective I shared. Contributions like this often felt empowering, as they allowed me to support a more globally inclusive training environment.

Awareness of Systemic Issues and Capacity to Work with Marginalized Populations: My experiences as an ICPS have strengthened my awareness of systemic privilege and oppression, deepening my capacity for working with marginalized populations. These experiences equipped me to work more effectively with international student clients, who often struggle to access culturally responsive care. As a native Mandarin speaker, I am also able to support Mandarin-speaking student clients who find English a barrier to seeking and engaging in mental health services. Moreover, they broadened my ability to attune to clients navigating other forms of marginalization, such as racial trauma, gender- and sexuality-based oppression, as well as those with cross-cultural experiences. When clients shared experiences of microaggressions and discrimination, my experiences with othering as an Asian ICPS enabled me to connect with their emotional pain, even when our narratives were not exactly the same. For example, I worked with a client who had experienced racial discrimination and criticized themselves for avoiding the location where the incident occurred. I was able to empathize deeply with their response and invited them to reframe their avoidance not as pathology, but as a form of self-protection. The client was able to transform their self-criticism into a sense of empowerment after receiving my validation and invitation to reframe their response. My recognition of avoidance as a form of self-protection was grounded in my own lived experience of microaggressions and discrimination as an Asian international student. Additionally, having gone through changes in my own social locations (e.g., shifting from an ethnic majority in China to an ethnic minority in the US), I found that these experiences have deepened my empathy and understanding for clients navigating challenges in adjusting to new environments or conditions, including those related to identity changes. For example, during my practicum in the departmental training clinic and the university counseling center, I was able to connect with clients of color who had moved from environments where they were surrounded by others of the same racial background to predominantly White environments, even when our specific experiences are not identical.

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Leveraging Bilingualism to Foster Attunement and Culturally Enriched Therapeutic Presence: Navigating English as my third language in clinical work prompted the development of unique clinical strengths. I learned to focus less on catching every word and more on identifying the broader patterns in clients' narratives. This shift allowed me to listen with greater attunement to emotional content and use theoretical frameworks to deepen my understanding of themes. Navigating English as my third language pushed me to become especially sensitive to clients' tone, pacing, and body language and use these nonverbal cues to offer understanding and validation. Interestingly, conducting therapy using my third language may have provided an emotional buffer. I found myself less emotionally reactive when working in English than in Mandarin, which helped me stay grounded and deliver interventions more effectively.

I also discovered that my multicultural background and use of English as a third language allowed me to introduce metaphors and expressions from Chinese culture that added freshness and richness to the therapeutic dialogue. For instance, I have drawn on Chinese expressions such as "雪上加霜" ("adding frost to snow") to capture and validate clients' experiences of compounded stress. Clients have responded that these metaphors gave them a refreshing way to name the emotional layering they felt. I also found that drawing on Chinese expressions helped illustrate core therapeutic concepts. For instance, during discussions around cognitive restructuring, I often introduce the Chinese proverb "塞翁失马，焉知非福," which roughly translates to "when the old man lost his horse, who is to say it is not a blessing in disguise." I typically share the fuller narrative behind the proverb to illustrate how events that initially appear negative may eventually lead to unexpected benefits. I found that this culturally grounded metaphor is particularly effective in supporting clients who tend to engage in all-or-nothing thinking. Similarly, during psychoeducation about cognitive defusion (a skill that helps clients develop psychological distance from mental events so they are less reactive to them), I referenced a line from a Chinese poem by Su Shi: "不识庐山真面目，只缘身在此山中," roughly translated as "One cannot see the true face of Mount Lu because one is standing within the mountain itself." I used this line to convey how being immersed in one's thoughts can make it difficult to see one's experiences clearly, and how gaining psychological distance can open new perspectives. Clients have shared that this poetic image helped them grasp the concept of cognitive defusion more intuitively and easily.

Cognitive Flexibility and Cultural Humility: Lastly, my experience as an ICPS fostered cognitive flexibility and cultural humility. Drawing from my experiences in two distinct cultures (i.e., Chinese and American culture), I learned to sit with opposing perspectives, remain curious, and question assumptions. For instance, I came to understand that assertiveness often emphasized in therapeutic approaches such as dialectical behavior therapy is not always the most effective form of communication. Rather, both assertiveness and indirect communication can be valuable, depending on the client's needs and cultural context. This insight allowed me to help clients navigate communication styles that align with their cultural background, rather than solely encouraging direct assertion of needs.

The attitude of curiosity and not taking assumptions for granted also helped me stay open to clients' unique perspectives, rather than imposing my own. Indeed, being exposed to

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different cultures as an international student has taught me to always check in with clients about their views, even when I share my own, because I have developed a mindset of honoring individual and cultural differences. This humility was further amplified by my under-resourced background. Growing up with limited access to opportunities and formal guidance on education, I came to recognize that people's experiences are often shaped by structural forces that may not be immediately visible. This awareness, combined with my international student experience, helped deepen my sense of humility.

Developing a Social Justice-Oriented Professional Identity Through Lived Experience and Training as an ICPS

This theme captured the evolution of my social justice professional identity around international student status. At the start of my doctoral training, my research trajectory did not reflect an emphasis on international student identity and was similar to the work I had engaged in during my master's program in China. My early academic work centered on meditation-based interventions and technology-delivered mental health solutions for the general population, without considering how diversity factors might influence accessibility, engagement, or effectiveness of interventions. I had not yet developed a critical lens to explicitly examine how sociodemographic factors such as international student identity influence mental health or access to and outcomes of care in research. This was related to lack of experience related to this marginalized identity when I first arrived at the US, as well as the training environment and my privileges in China. Specifically, during my master's program in China, the academic environment did not explicitly emphasize multiculturalism. I had no formal exposure to courses on multiculturalism. Additionally, as a majority member (i.e., citizen and ethnic majority) in China, I was not exposed to the challenges that come with marginalization related to international student identity and ethnicity, which may have contributed to my initial lack of awareness in this area.

Over time, however, the impact of training experiences and my own lived experiences (e.g., experiences of isolation and othering) as an Asian international student in the US catalyzed a significant growth in my professional identity. One of the most significant shifts has been learning to recognize the role of systemic forces (e.g., intersectionality, social determinants of health) in shaping individuals' mental health and adjustment and to externalize experiences of systemic oppression. This awareness did not emerge from a single event but rather developed gradually through cumulative experiences over the course of my doctoral training. For example, during the second year of my doctoral program, I served as a teaching assistant for an undergraduate course focused on intersectionality. Although I was positioned as a teacher, I found myself learning alongside the students. Engaging with course materials and providing feedback on students' essays and reflections deepened my own understanding of intersectionality. After the course ended, I offered suggestions to the instructors on how to make the course more inclusive for international students and for students who identify as atheist. This marked an early sign of my growing awareness of structural inequities and a motivation to help address them.

My learning around intersectionality continued to unfold throughout different aspects of my training, at times through direct encouragement from mentors and reading relevant

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literature, and other times through observing how fellow trainees used intersectional frameworks to process their clinical work. A particularly significant moment occurred during my dissertation proposal defense. I had proposed examining whether the efficacy of a meditation app varied across sociodemographic factors such as race/ethnicity, age, gender, and education. My committee challenged me to go further by exploring the intersections between the demographic variables. I was both surprised and energized by this suggestion, as such an approach had rarely been applied in this area of research. This moment crystallized for me the importance of intersectionality not just in clinical practice, but also as a critical tool in psychological research.

Building on these experiences, I began to recognize that the language shame I carried was rooted in the internalization of language hegemony, the dominance of one language that is closely associated with power and social status over others. This led me to devalue my native language or accent and feel pressure to conform to the dominant language and accent. Through reflection, I began to see that the characteristics of my use of English are not a deficit but rather a marker of my experience, culture, and upbringing. This realization has helped loosen the grip of language shame and has allowed me to have greater self-acceptance. However, even with these insights, I still found myself swinging between moments of acceptance and moments of shame, like a pendulum. This internal shift is another reflection of the system I am in, a system that, often without intention, emphasizes the use of English over others. In such a context, cultivating self-acceptance becomes especially challenging for me, because the message that English is the standard seeps into everyday interactions and shapes how I see myself.

My growing awareness of systemic issues was not just a cognitive or emotional shift; it also sparked an internal drive and concrete efforts to advocate for individuals with marginalized identities, including international students and people of color. This awareness led me to intentionally develop a research agenda focused on addressing these inequities. Before coming to the US and even early in my doctoral training, I did not fully understand why many scholars in the US chose to focus their research on marginalized communities they identify with. But over time, it started to make sense to me. I saw how lived experience could make the research feel personal, meaningful, and urgent. I started to understand that, for many people, identity-aligned research becomes a way to push back, to speak up, and to make space for voices that are often unheard or ignored.

This transformation has included conducting research on reducing mental health care disparities faced by international students (Xie et al., 2026), addressing the unique training needs of international student therapists (Lam et al., 2025), examining the association between employment status and psychotherapy engagement and outcomes (Jiwani et al., 2025), and centering my doctoral dissertation on sociodemographic disparities in the efficacy of smartphone-delivered meditation training. Writing this autoethnography, in fact, reflects part of this call and developmental arc. I have felt a deep sense of groundedness, connection, passion, and purpose in aligning my research with my international student identity and the needs of marginalized communities.

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Similarly, the desire to reduce disparities within the communities I understand most intimately prompted me to engage with the international students through both clinical and advocacy work. In clinical training, I advocated for working with international student clients and requested to provide therapy in Mandarin for Chinese international students. This was related to the recognition of how shared language and cultural understanding can enhance therapeutic rapport. I also conducted outreach programming on stress reduction, mental health, and help-seeking for Chinese international students, aiming to provide accessible mental health tools and reduce the barriers (e.g., perceived stigma, lack of knowledge) associated with the use of mental health services. I often experienced a deep sense of familiarity and ease while working with Chinese international students. I felt not guarded and could intuitively connect with their challenges, cultural norms, and unspoken concerns. This resonance not only helped me better support my clients, but also affirmed my own sense of belonging and deepened my commitment to supporting this population.

Importantly, the development of my social justice-oriented professional identity involved a gradual process of internalization and deepening commitment. In the early stages of training, my engagement in social justice work was influenced significantly by the professional culture of counseling psychology. I participated in advocacy largely through observing and learning from faculty, supervisors, and peers who modeled commitments to equity and inclusion. Although I had an emerging awareness of systemic inequities, I had not yet fully integrated social justice frameworks, such as intersectionality, into my clinical or research work. Over time, through ongoing reflection, consistent feedback from mentors, and a sense of meaning gained through sustained engagement, this work began to feel less like a response to norms or external expectations and more like an authentic expression of my values and evolving professional self.

Discussion

This autoethnography examined one guiding research question: As an under-resourced ICPS, how has my international student identity informed my training experiences and professional identity development in a counseling psychology doctoral program? As illustrated in this autoethnography, I experienced challenges related to language, cultural adjustment, and structural barriers as an ICPS. Importantly, these challenges are compounded by my under-resourced background, suggesting that the impact of international student identity does not operate in isolation but intersects with other identities to shape experiences. These challenges reflect processes articulated in Minority Stress Theory (Meyer, 2003), which conceptualizes how individuals from marginalized groups experience unique, chronic stressors related to their minoritized status. Though originally developed to examine the experiences of sexual minorities, this theory has since been extended to other populations, including immigrants (Valentín-Cortés et al., 2020), and the current study suggests its applicability to ICPS navigating training environments implicitly structured around domestic, native-English-speaking norms. Minority Stress Theory distinguishes between *distal stressors* (external events and conditions tied to minoritized status) and *proximal stressors* (internal psychological processes arising from anticipated or experienced stigma), and my experiences reflect both (Meyer, 2003). The distal stressors I experienced included ineligibility for many federally funded internship sites, restrictions on paid working

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hours due to visa status, training within a predominantly English-speaking environment, navigating an unwelcoming political climate, and experiencing microaggression in my personal life; proximal stressors included identity concealment, hypervigilance about cultural missteps, internalized pressure to perform at a near-native linguistic level, and fear of being judged based on my accent or nationality. Importantly, proximal stressors are often shaped by distal ones (Frost & Meyer, 2023). My experience of growing reluctance to disclose my international student identity to clients, for instance, was a response to an unwelcoming political climate and training context in which native-English-speaking norms operated as an implicit standard. This points to an important implication: addressing minority stress in ICPS cannot rely solely on individual-level interventions, but must also target the distal, structural conditions that shape it.

Importantly, the internalization of linguistic and cultural norms intensified over time. Rather than diminishing as I became more proficient in English and more acculturated to US academic and clinical settings, these pressures became more covert and deeply internalized. Pressures to conform to dominant norms have also been observed in other marginalized populations. For instance, survey data on workplace code-switching shows that many Black employees adjust their language or word choice and physical appearance to align with dominant workplace norms associated with Whiteness in order to be perceived as professional (Threlkeld, 2024). Even though code-switching can improve evaluations of professionalism, it can also create social and psychological strain because individuals need to monitor and adjust their self-presentation and suppress their cultural identity (McCluney et al., 2021).

The evolution of my professional identity aligns with the theoretical model proposed by Hui-Spears and Park-Saltzman (2022) for ICPS' social justice identity development. Their model outlines a recursive process that begins with cultural and social awareness of privilege and oppression, followed by critical analysis of systemic oppression across cultures, synergistic development of social justice and bicultural competence, and finally, the integration of social justice identity across personal and professional domains. My identity development closely reflects this trajectory. Indeed, early in my training, I had relatively limited awareness of structural inequities, influenced by my academic background in China and lack of prior marginalization (particularly regarding language, race/ethnicity, and citizenship status). However, through lived experiences in the US and exposure to multicultural and social justice training, I began critically reflecting on systems of power, privilege, and oppression. Over time, these reflections informed my research, advocacy, and clinical work, leading to a more integrated, social justice-oriented professional identity. My experience therefore illustrates how ICPS' social justice identity development may be catalyzed by the process of navigating multiple sociocultural contexts, where exposure to new forms of marginalization and privilege may prompt critical reflection and transformation of professional identity.

Together, my experiences highlighted the dialectical coexistence of challenges and strengths as an ICPS. These were not separate or opposing forces but often arose from the same lived realities where the very experiences that left me feeling marginalized also became the soil in which cultural strengths grew. My language anxiety, for example, cultivated sensitivity to nonverbal cues. The acculturative stress I experienced while navigating differing cultural

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expectations also honed my cultural humility, reflexivity, and capacity to hold multiple perspectives. This pattern of intertwined challenge and strength mirrors the dialectical framework proposed by Lam and colleagues (2025). This framework confronts deficit-based narratives of international student therapists by framing their development through naïve dialecticism, a Taoist-informed lens that embraces contradiction and fluidity (Lam et al., 2025). Within this framework, international student therapists' challenges are not obstacles to be overcome, but catalysts that, when held with support, transform into clinical assets, such as cross-cultural competency and advocacy grounded in lived awareness of systemic oppression (Lam et al., 2025). It is also important to interpret this framework in relation to the structural conditions in which training occurs. The transformation of challenges into professional strengths may depend substantially on the quality of institutional support available (Lam et al., 2025). In my own experience, strengths such as the ability to identify broader themes in clinical encounters and heightened awareness of systemic issues were catalyzed by mentors who created conditions for growth. For example, I was encouraged to focus less on catching every single word in clinical interactions and was supported in integrating an intersectional lens into my dissertation work. Without such scaffolding, the same challenges might instead have become hindrance. This highlights the importance of responsive training environments for supporting the transformation of challenges into professional assets.

Implications for Training ICPS

Providing Culturally Responsive Mentorship and Resources to Support ICPS in Navigating Challenges Related to International Student Status: This section offers recommendations for institutions and professional organizations, training programs, and mentors to support ICPS in navigating *challenges* associated with international student status. Given the challenges I experienced as an ICPS, mentors, such as faculty advisors and clinical supervisors, are encouraged to intentionally attend to the cultural and linguistic needs of ICPS throughout their training. Culturally responsive mentorship requires recognizing that some international students may enter graduate programs while navigating language adaptation and cultural transition within unfamiliar academic and cultural systems. Mentorship should be individualized and aligned with each trainee's developmental level (Stoltenberg et al., 2014). For example, international students in the early stages of clinical training, particularly those adjusting to English as a non-first language, may benefit from being initially assigned to clients with accents that ICPS are familiar with if they prefer this arrangement. This can help reduce language anxiety and foster confidence as students build their clinical voice in a new linguistic context. It is also important for mentors to consider the intersectionality between the international student identity and other identities, such as race/ethnicity, gender, and sociocultural background (Crenshaw, 1997). As illustrated in my narrative, my lower socioeconomic background and first-generation student status compounded the stress I experienced as an ICPS. Mentors are encouraged to *proactively initiate* conversations about cultural identity, power dynamics, and experiences of marginalization. This reflects best practices in clinical supervision, where it is the supervisor's responsibility to broach cultural topics and create space for open dialogue (Watkins et al., 2025). Additionally, mentors are encouraged to engage in periodic check-ins to reflect with ICPS on how their professional identity is developing in connection with

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their international student experience. These conversations can provide an opportunity to offer tailored support, address systemic barriers, and co-construct strategies to promote the trainee's growth and integration into the profession.

As described in the Results section, I encountered challenges when translating culturally nuanced clinical concepts into Mandarin. Language is embedded with cultural, historical, and ethnic meaning; the ability to speak a language does not automatically translate into the ability to provide mental health services effectively in that language (Johal, 2017). Multilingual therapy holds great potential to improve access to mental health services, particularly for those with limited English proficiency (Sentell et al., 2007). Moreover, as suggested by meta-analytic evidence (Soto et al., 2018), treatments delivered in the client's preferred language showed significantly larger effects ($d = 0.59$) than those not explicitly conducted in the preferred language ($d = 0.35$). Despite the clear value of multilingual therapy, formal training in this area is still lacking (Fan & Prosek, 2025). To fill this gap, efforts should be made to develop training models that support multilingual ICPS in navigating linguistic complexities. This may include identifying best practices for addressing language-related challenges in therapy and assessment, such as translating clinical concepts and managing emotional nuances across different languages. Professional organizations might also consider developing culturally informed glossaries or guidance documents that help translate key clinical terminology in ways that preserve cultural meaning and therapeutic intent. These supports may not only help ICPS process the challenges of delivering services across languages, but also empower them to fully leverage their linguistic and cultural backgrounds to support marginalized clients.

To address the structural barriers that ICPS often face (including the ones I described in the Results), institutions and professional organizations may consider several strategies. Internship sites could explore flexible pathways that enable ICPS to access a broader range of training opportunities, even when certain funding sources (e.g., VA stipends) are restricted. For example, some internship sites allow international students to complete rotations at VA settings while being paid through alternative sources (e.g., Medical University of South Carolina College of Medicine, n.d.), offering a promising model for reducing barriers to accessing training opportunities. Additionally, academic programs and professional associations can establish awards and funding streams specifically for ICPS, given many federally funded training programs (e.g., National Institutes of Health T32 research training grant) are limited to US citizens and permanent residents, although eligibility requirements vary across funding mechanisms and some programs (e.g., National Science Foundation Doctoral Dissertation Research Improvement Grants) do not require US citizenship. Raising institutional awareness through education and advocacy is also essential, as is creating peer networks and mentorship systems to support ICPS in navigating legal, practical, and cultural complexities (Park-Saltzman et al., 2025). Together, these structural changes can enhance equity and inclusion in professional development for ICPS.

Empowering ICPS to Leverage Their Strengths through Global Perspective Integration: This section focuses on how training environments can help ICPS leverage their unique *strengths*. ICPS bring a unique asset of global perspective and cross-cultural competence that can contribute to the internationalization of counseling psychology.

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However, their potential cannot be fully realized without a supportive training environment that *intentionally* recognizes and integrates the global perspective into the coursework, research, and clinical training.

To foster internationalization, training programs need to embed global perspectives throughout the curriculum (Marsella & Pedersen, 2004). Multicultural topics are not universal but shaped by regional histories and cultural contexts. Race and ethnicity, for example, are not universal but historically contingent and context-dependent; what counts as a racial or ethnic identity in one country may be absent or carry a different meaning elsewhere (Cameron, 2020). For ICPS, US-centric frameworks in curriculum can make their cultural perspectives feel peripheral or supplemental rather than central to psychological knowledge. Embedding global perspectives may include integrating international literature into core courses (e.g., multicultural counseling, ethics, and psychopathology) and encouraging learning about how psychology practice varies across countries. For example, multicultural counseling courses could include readings on indigenous healing practices from Global South scholars (Moodley & West, 2005). Instructors may also facilitate learning about how systems of power and oppression manifest across different geopolitical settings. These efforts may empower ICPS to capitalize on their strengths and ensure that international perspectives are recognized as *essential* to building a more globally responsive counseling psychology.

Counseling psychology programs should also recognize multilingualism and international experience as critical assets in research and clinical training. In academic research, English-language dominance has long contributed to epistemic exclusion, where knowledge produced in other languages is systematically overlooked (Singh et al., 2023). Counseling psychology's global relevance cannot be fully realized if its knowledge base is filtered primarily through English-speaking paradigms. Faculty and research mentors can actively support ICPS in conducting research in their native languages. For example, ICPS could be supported to: conduct interviews or qualitative research in their first language, when appropriate for the population; search home-language databases and contribute to systematic reviews or meta-analyses that focus on literature typically excluded from English-only reviews or meta-analyses; translate culturally grounded treatments and theories into English-language discourse, expanding the field's treatment and theoretical diversity (for an example on culturally grounded treatments being translated into English, see Chang et al., 2016). Similarly, clinical training could *explicitly* support ICPS in recognizing and reflecting on the strengths their multilingualism and international experience bring, helping them hone these strengths to optimize both their growth and the welfare of their clients. Notably, ICPS already face compounded stress, and it is essential that efforts to promote linguistic and cultural inclusion do not inadvertently add to their burden. For instance, advisors should engage ICPS in conversations about their interest and capacity to take on international scholarship, rather than making assumptions on their willingness or interest in it. It is also important to provide structural and concrete support (e.g., protected time, funding, international collaborators) to make such scholarship feasible and sustainable.

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Future Research Directions

In this section, we outline directions for future research that emerge from the results of this study. Building on our findings, future research is needed to empirically extend minority stress theory to ICPS. For instance, longitudinal studies could explore how proximal and distal minority stressors fluctuate across the course of ICPS' graduate training, and how these relate to outcomes such as sense of belonging, clinical confidence, and mental health.

Future studies could examine longitudinal changes in ICPS' awareness of privilege and systemic oppression, and how these shifts relate to their attitudes toward and intentions to engage in social justice work (e.g., using the Social Justice Scale; Torres-Harding et al., 2012). Of note, existing measures of awareness of privilege and oppression were developed primarily for US domestic populations (e.g., the Awareness of Privilege and Oppression Scale–2; McClellan et al., 2019) and may not fully capture the unique dimensions of privilege and oppression experienced by ICPS, such as language hegemony and xenophobia. Future research is needed to adapt or develop measures that more fully reflect ICPS' experiences. It would also be valuable to investigate which contextual factors (e.g., intersecting identities, personal experiences of injustice, mentorship, training environments) most shape their developmental trajectories (Hui-Spears & Park-Saltzman, 2022). Such research could guide the creation of targeted strategies to foster the cultivation of social justice professional identity among ICPS.

Future research may also examine the mediating processes (e.g., critical reflection/reflexivity, meaning making) through which ICPS transform challenges into professional assets. Such inquiry could illuminate how ICPS and training environments might better scaffold this dialectical development by intentionally supporting the mechanisms that facilitate growth.

Additionally, building on the findings of this study, future studies may consider conducting collaborative autoethnography (Smith, 2017). This approach allows multiple individuals to reflect on experiences related to a shared sociocultural topic and may provide richer perspectives than single-person autoethnography. In collaborative autoethnography involving multiple participants, structured analytic approaches such as thematic or content analysis may be applied to identify patterns across participants' narratives (see example; Consoli et al., 2022).

Limitations of the Current Study

This study has several limitations. First, to protect the privacy and confidentiality of others, I centered on my own experiences and minimized contextual details of others. However, this approach naturally limited the emotional depth of narratives involving others, as I refrained from sharing potentially revealing or specific details to preserve their confidentiality.

Second, the insights presented in this study are shaped by the specific stage of my doctoral training in which I was admitted to doctoral candidacy and was applying to predoctoral internship. As such, the themes and interpretations may reflect the developmental vantage point of this particular phase, and could continue to evolve as I progress through later stages of training, including predoctoral internship. Additionally, the findings reflected

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my experiences in a scientist-practitioner PhD program emphasizing the integration of psychological science and clinical practice. The transferability of the findings to ICPS in other types of doctoral programs (e.g., scholar-practitioner programs; Bell & Hausman, 2014) may be limited.

Despite these limitations, this study offers valuable insights into the strengths, challenges, and professional identity development of an under-resourced ICPS by providing an in-depth reflection on my experience navigating research, clinical training, and advocacy within a US counseling psychology program. These insights may help inform more culturally responsive mentorship and institutional supports for ICPS.

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