



**Does racial colour difference between client and therapist affect the transference relationship? If it does, how does it emerge, and do therapists engage with it, to establish a therapeutic relationship: An Interpretative Phenomenological Analysis**

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To the University of Exeter as a thesis for the degree of Doctor of Clinical Practice**

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I confirm that all names and identifying information has been changed to protect confidentiality.

Signed.....

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## **Abstract**

The relationship between psychoanalysis and race, which includes the external feature of skin colour, has been contradictory due to psychoanalytic principles privileging the internal world. This has the effect of marginalising race, and other socio-cultural contexts such as gender, sex, culture, ethnicity, and class, which are fundamental elements of one's subjectivity, sense of self, and how we relate to others. Psychoanalysis is now practised in a highly diverse and pluralistic society, but there remains very little understanding of how the external world, in the form of racial difference, affects the internal dynamics, in the psychoanalytic encounter. Considering these pertinent issues, this study investigated whether race, which includes the colour difference (external feature) between the client and therapist affect the transference (internal response), and the relationship that subsequently develops. The study gathered views from 14 psychodynamic and psychoanalytic psychotherapists (6 White, 4 Black, 2 Asian, and 2 Mixed Asian and White) generating in depth, nuanced understanding of how issues of racial difference emerge and how therapists engage with them in the consulting room. Through engaging therapist from diverse racial backgrounds, the study was innovative and derived rich, varied perspectives, giving it both depth and breadth. The study utilised Interpretative Phenomenological Analysis (IPA) as a qualitative research data analysis methodology (Smith, Larkin and Flowers, 2009). While being mindful of the philosophical tensions between phenomenology and psychoanalysis, a psychoanalytic lens was integrated in the analysis process to fully capture the participants' experiences in the psychoanalytic encounter. From the data analysis, all 14 candidates strongly considered race to be an integral element of their work, and highly relevant to the relationship. They also considered race as a vehicle and an entry point to transference manifestations, bridging the gap between the external world and the internal world.




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## **Chapter 1: Introduction**

### *Research Problem*

Founded by Sigmund Freud (1856-1939), psychoanalysis emerged from a European community, in the early 20<sup>th</sup> century. This was before it was established in United States of America (USA) and other parts of the world which include Brazil, and South Africa where it is currently widely practised (Jones, 1953). Despite the popularity of psychoanalysis as a psychotherapeutic practice, and a means of understanding universal human motivations, personality, interpersonal relationships, and unconscious drives, many psychoanalytic critics have argued that psychoanalysis has remained a predominantly White and middle class profession, with a small number of non-White therapists joining the profession (Altman, 2004; Aslami, 1997; British Psychoanalytic Council (BPC) Autumn Newsletter, 2018; Ciclitira and Foster, 2012; Downing, 2000; Gordon, 1993; Morgan, 2008; Tummala-Nara, 2004). This notion is regardless of the fact that the United Kingdom (UK) society has become increasingly diverse and multicultural, which also means that psychotherapists are bound to work with clients from diverse racial and socio-cultural groups, irrespective of their own racial identities. According to Ciclitira and Foster (2012), Gordon (1993), Morgan (2008), and Tummala- Narra (2004), the small ratio of psychoanalytic trained psychotherapist from minority backgrounds in the UK and globally has inadvertently meant that issues of racial difference between the therapist and client in the psychoanalytic therapeutic encounter, have somewhat been muted. This is the case in both traditional and contemporary literature, although there is now slow and gradual attention given to the impact of the external world- socio cultural differences- in the psychoanalytic encounter, **which has typically focused on the internal world.**



Highlighting the current debates on the relevance of the external world on the internal experience, Tummala-Narra (2013) argues that in psychoanalysis there is a gap in understanding of the place of the social context in one's inner life, emphasizing that it should seek to integrate the social context and not view the internal world in isolation. Equally, Brown (2010) and Wachtel, (2009) stress on the criticism psychoanalysis faces as result of neglecting the social context, and external realities of both client and therapist, (external world) privileging the internal world. The social context and external realities include powerful visible and invisible differences such as gender, culture, ethnicity, class and race, which is readily present due to the visibility of skin colour. I believe that the focus on the internal dynamics, excluding the external world has implications on the psychotherapists 'competences in their psychoanalytic clinical enterprise, as well as the experience of clients who may seek therapy to address issues related to their socio-cultural experiences.

Along with the call to integrate the socio cultural context, another development which takes psychoanalysis from its traditional model is that in the last few decades there has been increased emphasis on the importance of the therapist confronting his or her own feelings towards the racial other, in order to address cross-racial and similar-racial interactions effectively (Altman, 2010; Bonovitz, 2005; Leary, 2006, 2012; Lowe, 2013; Yi, 1998). These ideas mean that therapists must attend to their own subjective experiences which include both the internal and external, before attending to the client. This psychoanalytic way of working and theorising is centred in the interplay between the external world and the internal world which is significant in the creation of an internal object world, during infancy (Klein, 1926; 1946). This view is a development from the classical view where Freud took account of the external events, and their impact on the psychic reality (Freud, 1915; 1918). This has been further developed by the Object Relations School which conceptualises the existence of an internal world that considers external reality as crucially important but tends to focus more on unconscious

phantasy and its construction through psychic processes. This internal world is created through the complex processes of splitting, projection and projective identification, in the ego development of the infant (Klein, 1946; Ogden, 1983). Klein (1946; 1958) considers splitting of the mother's breast into good and bad, projection of the split off parts, and projective identification as primitive ego defences that the baby invents to mitigate against the overwhelming sense of destruction, and impending annihilation due to the death instinct. The same processes of projection and projective identification are central to psychoanalytic work between therapist and client, where there is the re-externalisation of the internal object world by means of projection and projective identification onto the therapist (Ogden (1983). This interplay between the internal and the external world with the analyst experienced as an internalised object and a container of the client's projections (Bion, 1959; Klein, 1946).

Ogden (1983) makes a crucial point highlighting the misconceptions about the object relations psychoanalytic theories diverting attention from the unconscious, stating that it fundamentally considers the dynamic interplay between the internal unconscious object world, and the external interpersonal experience. This means that in the context of therapy, this internal world can get illuminated in the relationship between the therapist and client, which need analysis. Using this hypothesis, it can be argued that the difference in race between the client and therapist can provoke different aspects of the client's internal object world, which need to be understood by the therapist and interpreted. This is the proposition taken by Holmes (1992) and Leary (1995) in their work addressing the dynamics in inter-racial therapy.

Another issue which concerns the socio-cultural experience is that the contemporary times we now live in, our society is much more multicultural and the social class systems have shifted due to issues such as immigration. There is therefore a demand for examining the impact on the social context, and social forces such as our racial differences and how they shape the therapist-client psychoanalytic encounter. Attention to these issues should not only be given

theoretically but clinically, through creating an understanding of therapists' experiences in their work.

Downing (2000) raises a key issue that, "although the influences of racial differences between therapist and patient have been extensively examined under the broader rubric of "psychotherapy," including a number of outcome studies, surprisingly little has been written on psychoanalysis per se" (p. 355). This omission means that attempts to address the issues racial and cultural differences are imminent, in order to reflect on the society, we now inhabit. Examining the impact of racial difference between therapist and client working within a psychoanalytic framework also puts psychoanalysis on a par with other disciplines which have engaged with race as argued by Downing (2000). Gathering psychoanalytic oriented psychotherapist's views on race and having in depth exploration of their experiences in their work with clients who are racially dissimilar to them makes useful contribution to psychoanalytic literature on race and the psychoanalytic body of knowledge.

Reflecting on the reasons behind the silence in addressing racial difference in psychoanalysis, Suchet (2004) writes from the subjectivity of a White female psychoanalyst postulating that the racialised identity is carried by people who have darker skin shades and "Whites have dissociated the historical position of the oppressor from collective consciousness, due to our inability to tolerate identification with the aggressor. Our disavowal of race as constitutive of subjectivity ensures that race becomes a site for enactments" (p. 423). Here Suchet (2004) highlight why issues of race are taboo in our society, and in psychoanalysis, which is due to the painful history behind us. The disavowal of race in psychoanalysis, where issues of racial difference have become "the elephant in the room" is due to the burden of our history. Leary (1995) writes explicitly about the issues around slavery, disenfranchisement, and oppression which make it unsafe and difficult to engage with race. Suchet is also suggesting that in the psychoanalytic encounter, race becomes enacted in the room when

therapist and client of racially similar backgrounds work together and not pay attention to the difference.

In concordance with Suchet's claims about radicalized subjectivity and awareness of difference, Tang and Gardner (1999) argue that the awareness of being racially different is more pronounced for ethnic minorities than many White individuals. This is despite the reality that the racial difference is a very present and unavoidable part of our difference, regardless of which race one identifies with, and this is due to the visibility of colour. The visibility of colour makes race one of the most distinctive features of our socio-cultural differences, therefore requiring attention on its relevance to the work. Similarly, Tummala-Narra (2007) tries highlighting how the subtle aspects of our difference such as skin colour which as a component of race has been neglected in psychoanalytic literature, yet its impact on the individual is extremely powerful. She states that the phenomena of skin colour where lighter skin is idealized in minority communities, is relevant in shaping one's psyche, sense of self, relation to others, position in society, and influence on the intrapsychic and interpersonal processes. These assertions highlight how race becomes an integral part of one's subjectivity, which also inevitably shapes the experience between therapist and client.

Addressing racial difference in psychoanalysis and in the consulting room, Leary (1995) declares that issues of working with racial difference in the consulting room should not be seen as applicable to Black Minority and Ethnic (BME) psychotherapists only, emphasizing that White people also have a race. This means that issues of race concerns not only psychotherapists of BME but all psychotherapists as they have to work with clients who are racially dissimilar to them at some point in their career. This is a very important point which supports the rationale for including therapists of diverse backgrounds in this study. Studies which gather views of not only BME but diverse therapists are therefore crucial in validating the fact that racial difference is not only relevant to BME therapists and clients, but also to White therapists. Having voices from diverse therapists also

gives breadth and depth into the exploration of working with racial difference, other than prescribing it to only a certain group of people.

Smith and Tang (2006) declare that the exploration of race is plagued with confusion and contradiction- it is difficult to talk about, however inescapable. This means that we cannot avoid an exploration of our racial difference, despite it being a very painful, fraught and anxiety provoking. Reflecting on her role as psychoanalyst and a lecturer in a psychoanalytic training institute, Tummala-Narra (2009, p. 322) asserts that issues of diversity, including race, ethnicity, gender, sex and class is usually met with powerful emotions which include anger, anxiety, ambivalence, antipathy, apathy on both individual and systemic levels. Due to these strong feelings, resistance and avoidance of addressing racial difference becomes a default position, which is counterproductive. The avoidance of exploring racial difference makes race even more poorly understood and generates suspiciousness in how difference emerges in the work, which is crucial considering the diverse range of clients seen by therapists. Smith and Tang (2006) suggest that “the racial similarity or difference between patient and therapist is an important fact in the treatment, whether or not it is addressed directly” (p.299). This means that even though racial themes are not directly talked about with the client, the therapists paying attention to the difference and developing an awareness of it in the work is crucial. Again this is relevant to all therapists, from diverse backgrounds that are likely to work with clients who are racially dissimilar to them.

Psychoanalysis has been going through revolution and evolution through the years, where the psychoanalytic model and ways of working are constantly being challenged. One of the ways it has been challenged is through addressing the complexity of the clinical transactions, where diversity exists, including difference in race. A number of contemporary psychoanalysts and academics have begun to stimulate a discussion on what they term *psychoanalytic psychosocial practice*, which is essentially addressing how psychoanalysis is theorized and practised, making links between psychic (internal world) and social reality (external world)

which concerns race, culture, gender, sexuality and class (Frosh and Baraitser, 2008; Gentile, 2013; Hogget, 2008; Layton, 2006, 2018, 2019; Spurling, 2019). By coining the term *psychosocial*, these psychoanalysts argue that the psychic and social realities are inextricably linked. Gentile (2018) goes further to suggest that not paying attention to our differences, which includes race, in the psychoanalytic encounter, perpetuates social oppression and inequality.

The idea of working within a psychosocial perspective has led to stimulating debates around what it entails, whether it disrupts working in the transference, and whether it removes psychoanalytic practice from its conventional way. In this current debate on the psychosocial, some psychoanalysts have argued that there need to be a radical clinical approach to psychoanalytic practice which considers the connection between psychic and social reality (Dalal, 2002; Gentile, 2013; Layton, 2018). Others see the possibility of working psychosocially within the existing psychoanalytic framework, paying attention to our differences as dynamic elements of the work (Davids, 2011). In his preliminary works, mapping what is psychosocial and what constitutes working psychosocially, Spurling (2019) investigated how the transference is understood and used in psychosocial psychoanalytic practice. Spurling (2019) believes this contemporary psychosocial view of the transference and way of working creates a shift from the traditional way of working psychoanalytically. Gentile (2013) considers that in working psychosocially, the transference is fundamentally shaped by racial and cultural oppression which the therapist need to reflexively analyse declaring that, “the very basis of clinical engagement, including how our subjectivities and identities emerge, as products of culture, created through technologies of power and oppression’ (p. 463). These arguments seem to lie between the Object Relations school of thought, for example Davids, (2008; 2011) arguing that the psychosocial realities need to be taken into account and can be done so in the transference. This is in contrast to the Relational/Intersubjective psychoanalysts who have a more critical view of the transference, reducing the complexity of the transference and psychosocial to a more interpersonal perspective (Gentile, 2013; Hogett, 2008;

Knafo, 1999; Layton, 2018). There is therefore a need to not only engage in revising the psychoanalytic literature but engage in research which compliments the emerging literature and any claims we make about diversity and psychoanalytic practice. This is not only vital in re-conceptualising our theoretical concepts to include racial dimensions but to also clinically to broaden and revise our techniques and ways of working, integrating race as a psychosocial experience.

In parallel to the developments of the psychosocial is the emergence of a psychoanalytic group which identifies as the Psychodynamic Feminist Thinkers (Comas-Diaz, 2006; Greene, 2006; Suchet, 2004; Tummala-Narra, 2007). This paradigm gives more attention to the impact of power, privilege and social hierarchies in interpersonal and intrapsychic experiences. They address how gender, racial, and cultural creates structural power imbalance in our society and seeks to offer multicultural perspectives of psychoanalysis which gives values to the impact of the differences in shaping our subjectivities, and in the therapeutic encounter. Arguing about the Psychodynamic Feminist Thinkers focus on of social justice in psychoanalysis, Tummala-Narra claims "...the valuing of social justice has always been an inherent part of psychoanalytic history, and yet social justice has largely remained disconnected from a more complete integration of social context in psychoanalytic practice, research, and training" (2013, p. 482). These very curious developments highlight how not only race is considered relevant to the psychoanalytic experience, but other forms of differences which are not readily visible, as well as power which is an invisible phenomenon.

Psychoanalysis as a discipline has been criticized for its elitist attitude, secrecy, mysticism, and shunning research or inter disciplinary dialogues (Knox, 2013; Norcross, Butler and Levant, 2005; Shedler, 2010). This overall lack of research is reflected in the poor attention to research around issues of working with racial difference in the consulting room, from a psychoanalytic perspective. This is the case despite the acknowledgement of the relevance of race clinically and

conceptually (Altman, 1995, 2000; Ciclitira and Foster, 2012; Dalal, 1993; Davids, 2006; Holmes, 1992; Leary, 1995,1997; Morgan 1988, 2002; Tummala- Narra 2004; Yi, 1998). From the emerging different philosophical and theoretical approaches to addressing racial difference and other forms of diversity within the psychoanalytic encounter, a general agreement is in giving value to our socio cultural histories which shapes our identities, our personal experiences as individuals, as well as the intersubjectivity and interconnectedness between therapist and client. Yi (1998) strongly declare that we should view one's race as part of their subjectivity which "influence the individual's characteristic way of being in the world, how they come to construe who they are in the world and the ideas they live by" (p. 257). This is important to bear in mind because we all create a sense of self through how others view us (Thomas, 1992; Williams, 1996) and race is an important aspect of that.

As highlighted above, there is now a growing acknowledgement of the relevance of race from the literature emerging around working with racial difference psychoanalytically. However, what is apparent is a lack of consensus or coherence in how therapists would work valuing, acknowledging and integrating our racial differences. While the politics behind these clinical and theoretical politics are beyond the scope of this study, an introduction of this preliminary work and the emerging different ways of thinking about race demonstrates that the external world, which constitutes visible racial difference, is being taken into account as an important element of psychoanalytic work (Hamer, 2002). Robust research which gathers therapists' views of working with racial difference helps with enhancing the coherence in how therapists experience working with racial difference and creates an understanding of whether they follow specific competences. It also compliments the theories, enhances the evidence base as well as contributes to the psychoanalytic body of knowledge.



From his work in a multicultural setting, Kovel (2000) hypothesizes that the analytic encounter is pervaded by both therapist and client's internalized prejudices around race, culture, sex gender, country of origin which shapes the transference and counter transference. This means that the experience of racial difference will also affect the therapist in their countertransference responses to the client, which is hugely shaped by their own internalized views. **As therapists, paying attention to our countertransference is crucial to our work as it helps us decontaminate ourselves from our own personal prejudices that maybe unconscious to us (Altman, 1995, 2000; Kovel, 2000).** While I acknowledge and value the fact that that we all inhabit multiple and contesting variables of subjectivities such as age, culture, gender, sex, class, language, and ethnicity as highlighted by Kovel (2000), this study focused on race as one of the visible differences. Bearing in mind of the variations of race and complexities around racial subjectivity, I consider that the visibility of racial colour makes race a crucial element of our difference, unlike other invisible differences. Creating an understanding of therapists' experiences of working with a powerful social force of race in the therapeutic work is therefore highly crucial.

The absence of overt reference to racial issues and their consequent exclusion from psychoanalytic principles and theories of the unconscious, have led some contemporary thinkers to argue that race was for Freud, the Godfather of psychoanalysis, a powerful and painful subject and that his Jewish identity was, perhaps a factor in his focusing more on sexuality and gender (Gilman, 1993; Suchet, 2004). It is relevant to note that racial tension, in the form of anti-Semitism, was rife when Freud was formulating his theories and Jews were the "Negroes of Europe" and were seen as "dark and ugly", while Gentiles were seen as "fair skinned and handsome" (Berger, 1979, p.224). It is noted that Freud was vilified for subverting the high values of the fair skinned races (pure Aryans) and he was aware of psychoanalysis potentially being seen as a Jewish science, irrelevant to the Aryan (Lemma, 2003). Strachey (1963) believed that Freud was ambivalent about his Jewish identity due to the racial persecution he faced which also

perpetuated the negativity and antipathy towards psychoanalysis in its infancy. and Akhtar and Tummala-Narra (2005) and Moskowitz (1995), have equally described Freud's ambivalence about socio cultural issues such as race in his psychoanalytic formulations highlighting that despite Freud being acutely aware of anti-Semitism, he muted his subjective racial identity, oppression and discrimination, grounding his ideas on the internal world, disregarding the external world. This is somewhat paradoxical and curious, considering the horrific persecutory and adverse racially motivated experiences towards a certain group of people (Jews) during this era. Suchet (2004) declares that "psychoanalysis was involved from the beginning with the problem of racial difference in the form of Jewish difference" (p. 424). She also goes on to argue that anxieties about Freud's own racial identity may have driven Freud to focusing on gender and sexuality as principle organizers of identity formation.

Equally, Anzeu (1986) and Gilman (1993), argue that Freud's Jewish racial background hugely shaped the argument of psychoanalysis, despite him never explicitly addressing his race while formulating his theories of the unconscious drives which focused on sexuality, giving value to the internal world, with less emphasis on the external world (Freud, 1905; 1915). Frosh (2004) makes the same argument that the content of psychoanalytic discoveries was shaped by Freud's Jewish identity and him stealthily responding to Anti-Semitism. Gilman (1993) also asserts that, due to Freud's internal conflicts with his race, he maximized sexuality and gender; by so doing, he projected the attributes of the male gender into Aryan and female gender into the Jew. Suchet (2004) states that in psychoanalysis "there has indeed, been a privileging of sexuality as the central organizing principle of identity formation, to the exclusion of other forms of social difference" (p. 424). While this study focused on the experience of therapists working with clients of a racially dissimilar background to them, a brief account on Freud's racial identity as well as the history of the psychoanalytic movement is essential, as it highlights what could potentially be the underlying reasons for the curious omission of racial themes in the traditional psychoanalytic literature. The

paradoxical exclusion of race in psychoanalytic literature also elucidates the theoretical gap.

## *Race*

### *Introduction*

“Race touches and marks us all” Melanie Suchet (2004, p. 432)

The above quote from Melanie Suchet, who is a psychoanalyst, encapsulates the struggles we face in articulating race, due to its insidious nature. These complexities have resulted in race being poorly understood, and mostly considered to be an ‘absent present’, despite the powerful force in the visibility of colour, and physical features (Nayak, 2006). This study explored the experiences of 14 psychoanalytic trained psychotherapists in working with clients who are racially dissimilar to them. These therapists came from a range of racial backgrounds. Race is therefore a central concept in this study, which requires attention in order to give this study a concrete grounding. This also helps us to appraise the epistemic positioning, which was adopted, deemed to be coherent with the qualitative research methodology and the questions posed in the study. The relationship between race, culture, ethnicity and racism, will also be explored, along with some current affairs on issues of race. This will aid in delineating the differences between these contesting concepts.

### *Origins of the Human Race*

On a very basic level, the genesis of mankind has been shrouded with mystery, and this has meant that the definition and meaning of race has remained highly contentious, with debates in different paradigms including anthropology, sociology, psychoanalysis, genetics, palaeontology, geology, palaeoanthropology and biology. The British Biologist, Charles Darwin (1809-1882) made a groundbreaking conceptualization that we are one human species, one race, which have a common ancestor. This largely held classical theory is now being challenged by emerging theories developed mainly by modern day palaeontologists who use

advanced scientific methods to study fossils (bones) and geneticists who study the human genome, to try and explore how the human ancestor looked like, and when they started inhabiting the earth. For example, one of the new theories suggest that apart from the present day human direct ancestor, the *homo- sapiens*, there were different types of ancient hominids which inhabited Europe and Asia, namely the *Neanderthals* and *Denisovans* respectively (Reich, 2018). The new hypothesis is that the modern-day human species is a product of admixtures between these different types of hominids who are all believed to have migrated from Africa, a place termed “The Cradle of Humankind”, in different waves. With all these on-going, at times fierce debates and discoveries, what remains unknown is the “how” and “why” of the existence of physical features including colour, which is very distinctive between present day humans, yet considered not to be biologically determined. These complexities have resulted in human beings attempting to deal with the race conundrum by organizing people according to their physical characteristics including colour (Dalal, 2006), creating sub races- White, Black, Asian etc.

To further elaborate on the complexities of race, Smith and Tang (2006) articulates some of the complications, arguing that for many years there have been three main races -Black, White and Asian- Black and White represent colour, while Asian, represents geographical location. This does not account for other races such as Hispanics, and mixed-race people who neither identifies as Black, White, nor Asian. Smith and Tang (2006) went on to further claim that there is now a fourth race- Hispanic, which is identifiable through culture and language. These racial categories are therefore based on colour, geography, culture and language, not inherent biological differences. Gaztambide (2014) addresses the same issue of the binary codification of races into Black and White, which leaves out other races such as Latino, South Asians, and people who are “not Black enough”, therefore treated as “other”. In dealing with the racial enigma, another discourse is the belief in a deity God, who created all humans in their diverse colours-races. All these

issues highlight the complexities of race and why it is difficult to fully understand and define.

### *Definition and Epistemology*

Despite all the challenges in defining race, what emerges as a common theme is that race encompasses not only skin colour but other indiscernible variables that are beyond the external view. Suchet (2004) views race as difference in skin colour, along with a range of other psychological and social experiences claiming that, “instead of a simple classification of colour, race can be seen as a continuum of variables including skin colour, education, income and geographical location” (p. 426). This means that one could share the same skin colour or tone with another person but considered to be essentially from a different race to them. Equally, two individuals could have very contrasting skin colour and tone but considered to be from the same race. Sociologist Rustin (1991) states that, “Race is both an empty category and one of the most destructive and powerful forms of social categorization. How is this paradox to be explained and how are its negative consequences for human lives to be resisted?” (p.57). Here, Rustin acknowledges the paradox that even though race is an arbitrary notion used to divide people, how can we ignore the destructive effects it has as a result of dividing people up. By conceptualising race as an empty category, from a psychoanalytic perspective, this means that race becomes a “container” of unwanted parts of each other. Rustin (1991) takes a social constructionism position on race, claiming that the attributes chosen to categorize people creates power differences in what is seen as different.

Dalal (2002) expands on what Rustin calls ‘social categorisation’, and its dangers arguing that “There is no evidential basis for the idea of race, it is an empty category”. (p.84). Equally, Leary (1997a) and Tang and Gardner (2006) highlight the difficulties and confusion which arise when articulating issues around race as something that is not biological, but social and political. Sharing the same view, Morgan (2002) declares that the concept of race has no basis in biology. Smith and

Tang (2006) argue that the need to ascribe people to a certain racial group based on attributes such as skin colour, shape of the eyes, physical appearances is done for social and political reasons, not because “race” exists, but a social construction. To support these claims, Dalal (1993) views races as “hallucinations” with colour used to divide people creating stereotypes, a social construction, all done for political reasons. The common theme in these arguments is that the notion of race is created to divide people up and it is not biologically determined but socially constructed for the purpose of power. Therefore, the division of people due to skin colour differences and other physical characteristics is what led to race, not because there are different races.

Smith and Tang (2006) assert that the difficulty of exploring race in psychoanalytic practice is compounded by the fact that race remains a very contentious subject in terms of its definition, conceptualization and what it constitutes. To understand how different races, exist Kovel (1988) declare that “The world is neither black nor white, but hued. A lightly-hued people - aided perhaps by fantasies derived from their skin colour, came to dominate the entire world, and in the process defined themselves as white” (p.95). Kovel (1988) goes on to claim that the process of creating racial categories which generated White power also generated the fear and dread of what is seen as Black or different. Kovel seem to be articulating political and historical themes of colonization, the conquering of the world by White colonists and imperialists, and the subsequent categorisation of races, which he argues was done for power purposes. Like Dalal (2002), Leary (1997a; 2000), Rustin (1991) and Suchet, (2004), Kovel, views race as a social construct, something that is fictitious, created for power and domination purposes. Leary (1997) and Tang and Gardner (2006) identify the difficulties and confusion which arise when articulating issues around race as something that is not biological, but social and political.

Again, taking a social constructionism perspective, Altman (2000; 2004) views race as a social construct, this is beyond physical characteristics. Aligning with Altman's view of race, Smith and Tang (2006) view race as "a social construct used to describe individuals who share certain physical similarities and geographical origins of ancestry" (p. 298). Suchet (2004) view race (and gender) as socially constructed and historically contingent categories of identity that are made for political, power purposes, bearing in mind the history of slavery. Altman (2000, p.590) argues that we create racial boundaries of "me-not me", or "like me" or "unlike me" for purposes of power, discrimination and control. According to Altman, these labels that are created -White, Black, Latino, Asian -perpetuates oppression and discrimination in our societies. Altman (2004) believes that that the deconstruction of these very damaging racial categories will lead to social justice as their existence perpetuates inequality.

The topic of this thesis pinpoints colour as a powerful element of race, considering the complexities of defining race which entails nonvisible attributes. Hill (2002), Tummala-Narra (2007) and Williams (1996), acknowledges how skin colour is used as way of idealizing or denigrating people in society, where lighter skin shades are given positive attributes and darker skin given negative attributes. They also argue that these experiences of skin colour difference which are internalized on an individual level shape one's sense of self and on a societal level, shaping the views of the other. Important to note is that skin colour as a facet signifies race, and its visibility on the outside makes race a powerful experience. Dalal (2006, p. 152) make very potent claims highlighting the semantic use of the words Black and White as racial categories arguing that Black has historically, from mediaeval times, been associated with darkness, death, evil, dirt, misfortune and badness, while White is seen as clean and pure. Dalal (2006) argue that these ideas are translated on how Black and White people are viewed and treated in society. While this view is helpful in highlighting the associations made due to skin colour variations between the so called Black and White races, it leaves out other races which are neither Black nor White, such as Asian Oriental, Latinos. Again, this is

an apparent complexity of understanding race and dividing people due to their features and colour. In line with Dalal's claims on the semantic use of colour in signifying goodness and badness, Williams (1996) postulates how phrases such as "black sheep in the family", "black humour", "and black list" imply that black or dark is perverse and undesirable. The examples given by Dalal and Williams makes us realize how the supposedly harmless everyday phrases can have very deep meaning, embedded in our psyche which shapes our views about ourselves or others.

Addressing race's contradictory nature, and contentiousness, Dalal (2006) made a very vital argument, questioning that if race does not exist and considered a social construct, how do we account for racism and the experience of racialisation? This is a very important point which directly links to this study- if race does not exist, how can I argue the racial differences in my participants and how the study is conducted, investigating experiences of racial differences in the therapeutic encounter? Another question is how can I research on a subject that is non-existent? On the contrary, despite the challenged on defining race and its "absent present" phenomena, it is impossible to ignore our difference and how it may shape our subjectivities and relationship to others. These controversies and complexities could potentially be the underlying factor on why the studies on race are infrequent.

Nayak (2006) provokes a debate questioning that we consider race to be a "fabulous fiction" that is non-existent, why do we then engage in research on race? Nayak (2006) writes about the experience of ethnographers who are social constructionists, who research on people of different races and the power dynamics that arises in that. He raises a very significant question also relevant to this study, arguing that "why do social constructionists continue to deploy the term [race] at the same time as they refute its existence? (Nayak, 2006 p.415). Like Altman (2000) and Dalal (2002), Nayak (2006) acknowledges that the denial of race and treating it as an arbitrary notion has not lessened the process of



racialization and racism. This highlights some of the complications of researching on race as a concept which is highly contentious and considered to be non-existent, yet very present, affecting our subjectivity and experience. This also creates problems for researchers like me who are interested in engaging in research around race, as they may feel challenged by the politics around its definition and how to conceptualize it. These issues can inevitably cause an aversion from engaging with race, which perpetuates the silence on race, already an area of concern in psychoanalysis. Although race is seen as an empty category, and a social construction, the physical characteristic (skin colour) which constitutes race is an important element of race which is the central of the racial inquiry in this thesis. Considering all the debates in definition of race, it is clear that most of the literature consider race to be a social construct (Altman, 2000; Dalal, 2002; Kovel, 1988; Leary, 1997; Rustin, 1991; Smith and Tang, 2006; Suchet 2004). This study therefore adopted a social constructionism perspective and definition of race, informed by Dalal, (2002), Suchet, (2004), Rustin (1991) and Altman (2000) who considers it as a combination of both internal experiences and external features which includes skin colour, all shaped by social factors.

### *Current Affairs on Race and Identity*

Most remarkably and relevant to this study, there have been popular and rather controversial cases of people who identify as Black, yet they are born to both White parents. In USA, there was a case of Rachel Dolezal who was in the spotlight for “passing as a Black woman” [https://en.wikipedia.org/wiki/Rachel\\_Dolezal](https://en.wikipedia.org/wiki/Rachel_Dolezal) a case which caused a lot of debates around race and identity. More recently, here in the UK, there has been a case of a man who was born in London to both White parents and identifies as Black. He even went as far as changing his name to an African name and lives his life as an African man. A number of Newspapers and media outlets published this phenomenal story including the Guardian <https://www.theguardian.com/world/2019/sep/07/anthony-lennon-theatre-director-accused-of-passing-as-black-interview-simon-hattenstone>. I listened to Mr. Lennon’s interview on the British Broadcasting Corporation (BBC) 5 Live, as an

effort of understanding something about race and identity formation. The interview highlighted to me how much we struggle with race, on an individual and at a collective societal level. Many people accused Mr. Lennon of “faking it” but what was most apparent was his unshaken and strong sense of Blackness, later confirmed by his DNA ancestry test which showed that his fore parents, of many generations back were in fact from the African Bantu tribe. This is despite Mr. Lennon having all the physical characteristics of a White man and having parents, grandparents and siblings who are White. I was also left with a strong feeling that skin colour is not the definer of race, but something much deeper, and this man has the right to identity with whichever race he feels more connected to subjectively. Mr. Lennon also stated that he had adopted the Black culture. Culture and race have been considered to be intertwined and used interchangeably which is erroneous considering that they are different conceptually. It is therefore necessary that at this point I differentiate culture from race.

### *Culture*

The attempts to define and distinguish race (physiology) from culture (behaviour and beliefs) and ethnicity (the internal sense of belonging) continually fail, as the attempted definitions of all continually collapse into each other Dalal, (2006, p.151). Dalal (2006) argues that this failure to distinguish between race, culture, and ethnicity highlights the difficulty of attempting to categorize people. Holmes (1992) states that race has been a carrier for culture which means they become conflated and their individual function becomes poorly understood. Equally, Leary (1997a) declared that culture has maintained a contradictory relationship with psychoanalysis and race being seen as a carrier of cultural meaning on a social level and in psychoanalytic relationships. In discussing the issue of race and racism Morgan (2014) also argues that the powerfulness of the visibility of colour muddles the debates between culture and the painful issue of race, also

highlighting the enmeshment of race and culture. This means that an attempt to define culture and race is necessary, in order to fully account for race as a separate notion from culture.

Dalal (1993, p. 284) considers culture to be an internal experience of shared events, which makes it different to race which is shared externally. More remarkably, Dalal (1997) considers culture to be different to race as race is a permanent external, fixed allocation, unlike culture which is internal. Bonovitz (2005) defines culture as a set of values, attitudes, beliefs, traditions, and general systems of collective meanings. Hinshelwood (2008) views culture as social attitudes and structures, which have a deep meaning for an individual- it is not biologically transmitted, and experienced both consciously and unconsciously. Unlike race which encompasses the external feature of colour, culture is an internal experience. This means that people considered to be from different races can have the same culture and people from the same culture can be from different races. Important to note here is the fact that the word culture has been used to replace the word race, perhaps because of its association with the word racism (Dalal, 2002). This is the case in psychoanalysis, which is problematic both conceptually, theoretically, and clinically. This problem has been noted by many psychoanalytic writers and also identified in the literature review which will follow, which also implicated the interchangeable use of the words race and ethnicity.

### *Ethnicity*

It appears the word ethnicity has been used to fill a gap, as many people are cautious about using the word race as it associates them to racism, as well as beliefs that they do not hold. This problem of replacing the word race with ethnicity was explicitly illustrated by Dalal, (1993; p. 283) in which he invented a diagram to elaborate the differences between ethnicity and race. Dalal views ethnicity as something that is not fixed, concerning social boundaries and situationally defined. Dalal (1993) considers ethnicity to be a group identification, based on similarities,

and these could be geographical, again the boundary is imposed from outside, unlike race which is internal.

Ethnicity was also defined as, “the degree of identification of a person with an ethnic group that is in some way his or her own group of origin” (Javier and Rendon 1995, p. 515). This safety in replacing race with ethnicity takes me to the issue of equal opportunities forms which have to be completed in many applications or subscription to services such as health, education, employment, as well as in the National Census. What is most apparent is the different categories between all races White (British, Irish, European, Other), Black (Caribbean, African), and Asian, (Indian, Pakistani, Oriental) which is coined as ethnic monitoring, not racial monitoring, yet what these categories describe racial categories. As argued earlier, race is poorly understood and the attempt to categorize people according to their skin colour and physical characteristics which the ethnic monitoring does, could be seen a problematic and a failure. There are a lot of mixed races which are not accounted for in these forms. Also, there are people who might have white skin tone but identify as Black or mixed, and others who might have darker skin tone and identify as White. This is the same in the case of Mr. Lennon which was discussed in the earlier section on race. It appears the term ethnicity which is an internal sense of belonging is being used to replace race in the ethnic monitoring exercise. Summers (2014) write about the differences between ethnicity and race in the analytic space, highlighting the invisibility of ethnicity and recognisability of race. This highlights the complexities of categorizing people according to artificially created boundaries.

Equally, Dalal (2006) views ethnicity as an internal sense of belonging that is independent of the external view. Like race, Javier and Rendon (1995) put a strong link between ethnicity and identity asserting the importance of ethnicity in psychological development as both ethnicity and identity are governed by the same mechanisms. From Dalal (2006) and Javier and Rendon (1995) definitions of

ethnicity it appears that ethnicity is also a social construct, albeit an internal experience, something one can hold on to or abandon, which is very different to the experience of race. Considering these definitions, I have demonstrated how ethnicity as a concept has been used interchangeably with race, despite their difference. I am using the term race in order to make a clear distinction between ethnicity and race, which have been considered to be the same, yet they are different. Like culture, ethnicity is used to avoid being linked to racism; it is therefore necessary to address racism.

### *Racism*

Race is an incredibly contentious subject which triggers a lot of anxiety Dalal (2002), Holmes (1992), Tatum, (1992), highlight the difficulties in exploring issues of race as they are associated with racism which leads to an avoidance of this very pertinent subject. I delineate the difference between these two concepts, a distinction which is crucial for this thesis. Many psychoanalytic scholars have explicitly and evocatively written about the difference between race and racism which are often seen as symbiotic, yet they are very different. Dalal (2002, p. 132) defines racism in two different ways which is "... at the level of the social world, where it is noted that racism is a form of organizing peoples, commodities, and the relationships between them by utilizing a notion of race. The second description [of racism] begins in the world of emotions and indicates that racism consists of the feelings of hatred, disgust, repulsion, and other negative emotions felt and expressed by one group for another". Tan (1993) defines racism as "...an inability to accept and acknowledge difference without attempting to control and dominate the object that is felt to be different and separate" (p.33). In addressing the unconscious psychological processes in racism, Dalal (1993, 2002, 2006), Davids (2006), Tan (1993), Timimi (1996) all take a Kleinian perspective to describe how the internal mechanism of *splitting* off and externally *projecting* (Klein, 1926) all the badness, hatred and aggressive impulses into people who are seen as different.

Dalal (2008, p.10) gives a cogent definition of racism as racism =power+ privilege. This definition of racism link to Turner's view on supremacy where he the considers supremacy as a "quest to be seen as more than just average, and one means of achieving this is by using power to oppress others" (Turner, 2018, p.32). This means that racism and supremacy are interlinked and fuelled by the same unconscious mechanisms of pathological superiority, and the need to devalue the "other". Going back to Dalal's definition of racism= power + privilege, the issues of privilege have also been addressed by Turner (2018) where he addresses the innate privilege of being White and its links to supremacy which is a narcissistic defence against envy and shame. Klein (1957) considers envy to be a primitive feeling related to the relationship the baby creates with the mother's breast, which is experienced as endowed with all the goodness therefore envied. Klein (1957) postulate that envy is "the angry feeling that another person possesses and enjoys something desirable-the envious impulse is to take it away and spoil it" (Klein, 1957, p. 1981). The envious feelings can be provoked in later life, in this case through the experience of racism where difference exists.

In this thesis, I draw on the above understanding and use a definition of race as a socially constructed notion created through organising people into categories using colour and physical features, which is done for political reasons Dalal (2002), Kovel (1988), Rustin (1991), Suchet (2004). In contrast, racism is the experience of prejudice, hatred, oppression, power, and domination of a group of people who are seen as different, with race being used as the organiser Dalal (2002; 2006), Tan (1993), Timimi (1996). While I acknowledge issues of racism are topical, deserving attention, this thesis will particularly focus on the effects of racial difference in the psychoanalytic encounter, and it will not address racism in the same context. Race and racism are treated as conceptually different; the question posed in this thesis concerns the former. Also investigating race and racism together mean I am approaching the thesis with a view of race being used pathologically to by the therapists, which would be problematic in this study.

## Transference

### *Introduction*

This study investigated psychoanalytic trained therapists' experiences of working in the transference, with clients who are racially dissimilar to them. It is therefore vital that I create an understanding of what the transference is, and highlight the various definitions which underpin this study. Transference is a key psychoanalytic concept which has also been hugely critiqued within the psychoanalytic discipline and outside, leading to its reframing and redefinition since Freud's era. Despite the enormous debates on what constitutes the transference and how therapists use it therapeutically, transference has remained a key psychoanalytic theory and tool (technique) for clinical work in a psychoanalytic framework. I will address how its definition and use clinically has developed over time, highlighting the different views from Freud, Klein, Post Klein (Object Relations), and Intersubjective schools of thought. I will also explore how countertransference as a concept has evolved over time, in its meaning and use as a clinical tool.

### *Classical Freudian View of the Transference*

Freud originally discerned the transference through his work with Breuer, treating hysteria patients. He believed transference was related to forbidden sexual wishes, conflicts, unconscious drives, and other id needs that have been repressed (Freud, 1905). Some of the very well-known cases which led Freud into recognizing the manifestation of the transference in analysis in his early days were in his work with his clients Dora and Anna O. In Anna O's case, Freud hypothesised that there was transference of erotic feelings onto him that belonged elsewhere, reactivated in this analysis. In Dora's case Freud hypothesised that her hostility towards him and her abandoning therapy abruptly were resistance transference (Freud, 1905; 1912; Jones, 1953). Essentially, Freud viewed the transference as a repetition of the past, in the context of oedipal relationship, that need to be analysed and interpreted. Describing the transference, Freud declared that:

*The decisive part of the work is achieved in creating in the patient's relation to the doctor in the transference-new editions of the old conflicts; in these the patient would like to behave in the same way as he did in the past, while we, by summoning up every available mental force (in the patient), compel him to come to a fresh decision. Thus the transference becomes a battlefield on which all mutually struggling forces should meet one another (Freud, 1915, p. 507).*

Initially Freud viewed transference as a neurosis, a resistance, and a hindrance to the treatment process (Freud, 1912). He later changed his mind to making the transference central to psychoanalytic clinical practice, as long as it is interpreted and analysed in relation to the unconscious world. Freud considers the presence of positive transference where there are affectionate feelings towards the analyst and negative transference where there are hostile feelings towards the analyst, all related to repressed erotic impulses (Freud, 1912). The analysts' treatment alliance with the client is what he considered to enable the client to drop their defences against these unconscious feelings and desires (Freud, 1917). Freud acknowledged that both negative and positive transference are a result of unconscious early life relationships, which have been repressed, which needs analysis (Freud, 1917).

Freud believed that interpreting the unconscious repressed material re-enacted in the transference, making it conscious is central to psychoanalytic work, as it made conscious elements of the clients' psyche that had remained unconscious to them. Describing how the analyst uses the transference as a technique, Freud (1925) wrote "...and it is resolved by convincing him that in his transference attitude, he is re-experiencing emotional relations which had its origins in his earliest object attachments during the repressed period of his childhood" (p. 43). Here Freud is making reference to analysis of the transference where the analyst "interprets" the transference making links to the past and present, a technique which remains central to psychoanalytic work. While working analytically, in the transference,



Freud (1912) emphasised the need for the analyst to maintain an “evenly suspended attention” where he remains neutral and attentive, picking up on both conscious and latent unconscious communications from the client. Following these ideas, transference was therefore for Freud a key psychoanalytic concept and tool which if analysed brought about a resolution of unconscious repressed wishes and phantasies.

### *Melanie Klein's View of the Transference*

One of Freud's disciples who hugely contributed to psychoanalytic theories was Melanie Klein (1882-1960). Building on the work of Freud, Klein agreed with Freud on the existence of the unconscious world, and the transference which she viewed as a repetition of the past, with the hope that something new would happen, all done unconsciously, in phantasy (Klein, 1952). Klein postulates that during analysis, the transference is stimulated by the analysts' presence, through the use of projections and projective identification measures, and it need to be interpreted in the here and now (Klein, 1952). Klein considered the transference as a “total situation” transferred from the past into the present, which includes both conscious and unconscious emotions, feelings, defences and object relations (1952). The transference was therefore the client's unconscious response to the therapists which was also resisted by the client, hence the emphasis on the negative transference to address this resistance. Klein (1952) focused on the relationship between the past in the object world, which is in the unconscious and the repetition of it in the present, in the transference, suggesting that the patient deals with conflicts and anxieties which are activated in the transference by using the same defence mechanism they used in early life. This means for Klein, the analysis and interpretation of these defences and the interpreting in the here and now of the transference is central to psychoanalytic work. This is another reason why Klein particularly emphasised on the importance of the negative transference, which she believed if adequately analysed diminishes the patient's defences against psychic reality (Klein, 1952).

Klein (1952) believed the transference is inextricably linked to the early phases of ego development where the infant creates an internal object world through externalization (projection) of bad objects, and internalization (introjection) of good objects in an ego developmental stage she termed the paranoid schizoid position (Klein, 1912). Klein believed that the baby is born with an innate desire to object relate, and the organisation of the internal world in infancy under the sway of the death instinct (Klein, 1946) is central to ego development and maturity. During this stage, the baby uses a range of complex defence mechanism of “splitting” of good and bad, which also manifest in separating hate and love for the same mother’s breast which is experienced as both nourishing and frustrating (Klein; 1926; 1946). This form of primitive splitting is followed by projecting out and at times projecting into the mother’s breast, both bad parts that are experienced as threatening, and good parts for safe keeping (Klein, 1946). As the baby develops, and becomes more mature, he (sic) begins to realise that the breast which was split into good and bad belongs to the same mother, leading it to begin to feel reparative guilt and concern for the damage caused. This capacity for guilt and concern, and bringing together good and bad aspects that were previously kept separate signifies the beginning of a new stage called the “depressive position” (Klein, 1956). This internal object world created in infancy through these complex processes is then reactivated in the transference in later life, in the analytic context. Klein believed the transference brings out an illumination of parental figures (Oedipus complex), and the unconscious phantasy related to oral sadism, emphasizing on these primitive functions of splitting, projection, and projective identification (Klein, 1952; Joseph, 1985). For Klein, the interpretation of this internal world, in the transference was seen as a mutative factor in analysis.

### *Post Kleinian, Object Relations Views of the Transference*

It is reported that Freud and Klein’s relationship was not an entirely harmonic one and one of their major conflicts lied in use of the transference clinically (Jones, 1953). It is understood that Klein worked in a particular way, in relation to the transference where she viewed it as an alive, omnipresent, here and now

phenomena, which also needed to be interpreted in the here and now. This way of viewing the transference, and working caused some controversies in Klein's profession, leading to a fierce battle with Anna Freud, Sigmund Freud's daughter, who later formulated Ego Psychology. These complications in Klein's profession led to her being ordered to write monthly journal papers to prove that she was working within the psychoanalytic framework- this was in 1945 Controversial discussions. These controversies led to the Gentleman's meeting which led to the end of the battles. The ending of these battles also spelt a division into three different psychoanalytic schools of thoughts branching out from the Classical Freudian School, namely the Independents, Ego Psychologists (Anna Freud) and the Kleinians. Following this split, Klein's ideas have been taken up in the Object Relations school of thought mainly building on her theories of the internal object world, and projective mechanisms in understanding the nature of the transference.

Klein's position on the transference was carried on by many contemporary psychoanalytic scholars, for example Betty Joseph who carried over the "Total situation", a concept initially coined by Klein stating that transference should include everything the patient brings to the relationship, which can be understood by focusing on the developments in the relationship, how the client is using the therapist, beyond the uttered words (Joseph, 1985). In the Total Situation, Joseph (1985) equally emphasized on heightening the client's anxiety and believed the negative transference was an arena for change as it accessed the deeper, repressed parts of the client's internal world.

The post Kleinianians who also identify as Independents give due attention to the environment and the mother's abilities to create a good enough environment (Winnicott, 1960; 1965) conducive for the baby's ego development from a False self into a True self. Also significant is the maternal role of containing the baby's intolerable states of the mind, modifying them handing them back in a more tolerable form, a function called containment (Bion, 1962). Bion argues the concepts of the container-contained, in illustrating the baby projects into the mother

and her corresponding maternal functions which offers the baby a maternal reverie of where the mother is able to process and the baby then re-introjects the modified projections (Bion, 1959). These processes are only possible if the mother is attuned and receptive to the baby's needs, the process which occurs in the form of countertransference. These mother baby early life dynamics can be re-experienced in the transference where the therapist, the metaphoric mother's countertransference responses plays an important role in bringing about psychic change. Both Bion(1959) and Winnicott (1960) considers the interplay between transference and countertransference responses between the analyst and client as dynamic processes which is centred in the client's internal object world.

One of the key definitions of the transference is attributable to Tonnesmann (2005), who describes transference as "... the analyst being experienced by the client as the object of his/her unconscious fantasies" (p.191). Again the ability for the therapist to be aware of this and sustain the client's use of him/her is central to the analysis. Exploring transference from an ego psychology-object relations perspective, Kernberg (1987) asserts that "transference analysis concerns a reactivation, in the here-and-now, of past internalized object relations..." (p. 212). Here Kernberg is building on from Klein (1952) and Joseph's (1985) of the Total Situation where transference is all encompassing and interpretation of the transference has to be made in the here and now.

In discussing the nature of the internal object relation in relation to transference, Ogden (1983) states that "The internal object relationship may be later re-externalized by means of projection and projective identification in an interpersonal setting, thus generating the transference and countertransference phenomena of analysis and all other interpersonal interactions". (p.227). Ogden is using Klein's ideas of infantile ego development (Klein, 1926) where under the threat of annihilation due to the death instinct, the infant invents defence mechanisms of splitting, projection and projective identification as a way of mitigating these

persecutory anxieties. Ogden (1983) views the transference in two forms, which are based on the role of the object, and the self in the internal object world. The first form of transference is the therapist taking on a role in the internalised object relationship, which is externalised, leading to the patient experiencing the therapist as that unconsciously split off object. Ogden identifies the second form of the transference where the patient split off part of the ego identifies with the internal object, projective identification playing a huge role in this dynamic (Ogden, 1983). The analyst has to be able to receive these projections in the countertransference otherwise this form of complimentary identification intensifies (Racker, 1957). In all these views it is clear that transference and countertransference are intricately linked as they are forever present in any given analytic situation. The common theme about transference within the object relations school of thought is it being a reactivation of the client's internal world in the context of analysis, which the therapist has to pay attention to.

### *Intersubjectivite Psychoanalysts' Views on the Transference*

The challenges in the theoretical definition and use of the transference as a technique and the exclusion of the socio-cultural context in psychoanalytic theory and practice have led to the emergence of a contemporary school of thought, collectively termed the Intersubjectives. Although working within the psychoanalytic framework, Intersubjectives gives emphasis to the intersubjective relationship, a shared reality, a co-construction of experience between the therapist and the therapist as contributing to the development of the transference (Altman, 2000; Bonner, 2002; Holmes, 1992; Leary 1995; Mitchell, 1988; Stern, 1997; Stolorow, 1988; Yi, 1998). Important to bear is that some of the Intersubjective psychoanalysts also identify as phenomenologists who are interested in the relationship between psychoanalysis and phenomenology; examples are George Atwood, Bernard Branchaft, and Robert Stolorow. The Intersubjective approach also gives emphasis to the importance of socio-cultural issues including race in shaping one's identity and the connection made between therapist and client.

The Intersubjective approach views transference as an on-going construction of experience (intersubjectivity), and an interpersonal experience. They reject the notion that the client's projections onto the therapist, viewing the transference not in any way a manifestation of the infantile drives and conflicts as postulated by Freud (1912). This stance considers the therapist as active and not a passive recipient of the projections, in a process that is on-going and co-created. This means that the therapists' subjectivity will inevitably enter the relationship and affect the transference. The Intersubjectives critiques Freud's view of the transference which they claim that equated the therapist' 'perception with objective knowledge of the client's mental state, replacing it with a view that acknowledges that the therapist and client have different sets of experienced realities (Brandchaft and Atwood, 1987). Although working within a psychoanalytic framework, the Intersubjectives uses the transference in different forms, at times advocating disclosures to the client if it is considered to promote the development of a relationship and deepen the analysis (Gentile, 2013; Suchet, 2004). This style of working is at odds with the Freudian, Kleinian or Object Relations way of working which very much give emphasis on neutrality.

### *Countertransference*

It is cumbersome to discuss transference without implicating countertransference, considering that participants in this study responded to the research questions by making some reference to their countertransference. In practice, transference and countertransference have always been considered as inextricably linked as transference provokes countertransference reactions in the therapist (Racker, 1957; Ogden, 1983). Countertransference is a key psychoanalytic concept which has also been redefined from the early days, and continues to be reframed in its use. Some of debates have been around whether countertransference should simply guide the therapist without communicating it to the client, or whether it is helpful to share with the client (partially acted out) to make the client aware that the

analyst can cope with these countertransference feelings which are a result of their projections (Carpy, 1989).

In the early days, Freud (1911) defined countertransference as the analysts' infantile transference evoked by the client which was a hindrance to the work and needing analysis. Like Freud, Klein was sceptical about countertransference seeing it as a product of the analysts' unresolved material related to his or her own early life experience (neurosis) which also encourages a collusion with the patient's desires for love and affection (Klein, 1957). This view was largely maintained until it was challenged by Heimann (1950) who used Klein's concept of projective identification, leading to the radical change in how countertransference was understood conceptually and used clinically. It may have been that Heimann's approach was shaped by her experience of working with training analysts, who had continued to use their emotional reactions and feelings in their work. Heimann (1950) pushed against the avoidance of emotionally responding to clients, viewing this countertransference response as instrumental in the analytic endeavour, and not a hindrance. Heimann (1950) defined countertransference as "the analyst's emotional response to his (sic) patient within the analytic situation, which represents one of the most important tool for his (sic) work", (p.31). Heimann considers countertransference to be a tool which the therapist can utilise to understand the client's internal world and a form of communication.

The Object Relation theorists consider countertransference in relation to Melanie Klein's works on projective identification (Klein; 1952). The Object Relations school of thought also appraises the use of countertransference and the need for the therapist to be mindful of what is evoked in them by the client in the form of feelings, sensations, phantasies and thoughts. Among these are Bion who considers a significant clinical perspective of how the therapist is drawn into playing a part in in the client's phantasy in the form of a projective identification (Bion, 1959). In the same vein of addressing the use of countertransference, Searles (1963) gives emphasis to the therapist not defending against

countertransference feelings stating that the therapist should have a degree of feeling-participation as it is not evidence of "counter-transference psychosis" but rather is the essence of what the patient needs from him at this crucial phase of the treatment. Following Searles's ideas which align with Heinmann (1950), the analyst can learn a lot about client's unconscious world by noticing his (sic) own feelings, reactions and phantasies evoked in him. Searles (1963) and Ogden (1992) relate countertransference to oedipal love and argue that therapist needs to experience the countertransference towards the patient at an oedipal and genital love stage.

Appraising the value of countertransference and the dynamic interaction between transference and countertransference, Winnicott (1949) considers countertransference as the therapist's mature and empathic response to the client's transference terming it "objective countertransference" where the therapist successfully handles the clients' projective identifications and process them. Winnicott (1949) writes about hate in the countertransference, an objective countertransference where he considered the analysts' hateful feelings triggered in the therapist by the client, as a normal reaction to the clients' personality and behaviour. Generating his ideas from his work with psychotic clients, Winnicott (1949) declares that "However much he hates his patients, he cannot avoid hating them, and fearing them, and the better he knows this, the less hate and fear be the motive determining what he does to his patients" ( p. 69). Here Winnicott is making clear that countertransference can trigger negative feelings in the analyst and highlights the significance of the analyst acknowledging these feelings and using them as a way of making sense of the client's internal world. Winnicott relates this hate to the mother's hatred towards her infant, vice versa, and emphasising that the infant must learn to hate in order to learn to love.

Money-Kyrle (1956) identifies normal and disordered countertransference, where mechanisms of projection and introjection are central. He hypothesised that in the disturbed countertransference, the client may present a damaged object relationship which the analyst has not yet analysed or understood, and also



through the clients projecting their own disturbance into the therapist through the process of projective identification. In normal countertransference there is an oscillation between introjection and introjection with the therapist interpreting to the client his internal world in relation to the external world (Money-Kyrle, 1956). Money Kyrle makes very interesting links between the therapist's countertransference responses and his own superego, suggesting that if the therapist has a benevolent superego, he (sic) can tolerate his own failures and be undisturbed by this failure. However, if the therapist has a harsh superego, he will experience an unconscious sense of persecution which leads to guilt and at times blaming the patient. If the client accepts the guilt, the therapist will be stuck with an introjected patient, and if he projects the guilt, the patient remains out of touch for the therapist, in the external world. This is significant, in relation to how the therapist's own past and unresolved issues related to their own superego can play a part in their countertransference responses towards the client.

Widening the way countertransference is understood, Racker (1957) identified the two variations of "total countertransference" which are "complementary identification" countertransference and "concordant identification" countertransference. According to Racker (1957) in the complimentary identification, the analysts identifies with the internalised object relationship projected onto him. Racker (1957) views countertransference responses where there is the therapist's identification with self-component of the client's internal object relations. As did Money- Kyrle (1956), Racker (1957) considered that this process occurs through projection and introjection mechanisms where there is a resonance in the therapist, with what belongs to the client, a process hugely dependent on the analysts' own personality (p. 311). This means that without censorship the therapist must remain receptive to these countertransference feelings. In clinical practice that requires in the therapist the capacity to maintain an evenly suspended attention (Freud, 1912) which I believe to be a reflexive form of listening without judgement.

Taking an Intersubjective angle, Ogden (1983) postulates that as the patient's internal object world is given intersubjective life in the transference-countertransference, both patient and analyst have an opportunity to experience directly the forms of attachment, hostility, jealousy, envy, etc. constituting the patient's internal object world" (p244). This very crucial view considers a dynamic interplay between transference and countertransference as intersubjective processes, shaped by the client's internal object world. Ogden (1992) also writes about transference enactments in relation to the capacity to sustain psychological strain where the client unconsciously gives the therapist the responsibility to handle anxiety in the form of countertransference acting in. Ogden also notes that the analyst can be seduced into acting certain roles related to the client's early life. The analyst has to pay attention to this type of countertransference, make sense of it, and process it, instead of acting in that role.

In describing the countertransference in relation to transference which she describes as a "total situation" Joseph (1985) emphasises on the attention to what the client could be unconsciously acting out, and the feelings evoked in the therapist, describing the client in terms of ... "how they convey aspects of their inner world built up from infancy-elaborated in childhood and adulthood, experiences often beyond the use of words, which we can often only capture through the feelings aroused in us" (p. 447). Here Joseph is making clear the dynamic between transference and countertransference suggesting that clients can act out in the transference, aspects of their internal object world triggering countertransference responses which need to be identified and analysed with the client.

## *Conclusion*

As demonstrated in this section, there are difficulties in assigning both transference and countertransference standard definitions in the different psychoanalytic schools. This could be seen as a reflection of the wider complexities in the epistemology of psychoanalysis, which centre on whether it is a science or a non-science and the difficulties involved in defining unconscious phenomena. This may also be related to the fact that there are variant versions of psychoanalysis within the different schools of thought working differently, but claiming to work psychoanalytically, an issue that has been taken up by Tuckett, Basile, Birksted-Breen, Bohm, Denis, Ferro, Hinz, Jemstedt, Marriotti and Shchubert, (2008). Taking the challenge of investigating what therapists actually do when working psychoanalytically and in the transference (Tuckett, et al, 2008) organized the European Psychoanalytic Federation in 1992, which established the Working Party on Comparative Clinical methods which essentially explored how different schools of psychoanalytic orientations employ techniques and use their theories to inform their practice and whether they could be seen as working psychoanalytically. Due to this increasing competition and versions of psychoanalysis, Tuckett views psychoanalytic theories as a "Tower of Babel" which is subject to abuse if not reflected upon. This Comparative Clinical Methods (CCM) is indeed a reflexive exercise as it allows thinking about process and reflecting on the work that we do as psychoanalytic trained psychotherapists working in the transference.

Following the definitions provided, it appears there is a general consensus that transference is a reactivation of internalized early life figures in the context of psychoanalytic informed psychotherapy, which leads the client to treat the therapist as an object of their phantasy. Conversely, countertransference is seen as the therapists' emotional reactions, thoughts, phantasies and sensations towards the client's material which is also a tool in helping the analyst make sense of the client's internal world. These two definitions of the transference and countertransference guide this study.

## **Clinical Significance**

### *Immigration and Multiculturalism*

In contrast to the era in which psychoanalysis emerged, global migration, which is the movement of people from one place to another with the intention of settling temporarily or permanently due to economic and political reasons (Cohen and Kennedy, 2000), has created extremely diverse communities around the world. This is the case, particularly in countries that are economically prosperous. Global migration has made UK one of the most diverse countries, with a fast-increasing number of immigrants recorded. The Department of Gov.uk statistics from the 2011 census showed that the population of England and Wales was 56.1 million with 86.0% of that population identifying as White and the rest identifying as non-White. From the same 2011 census, London, the capital city of UK was recorded as having the most diverse population where 40.2% of the total population identified as Black, Asian, Mixed or Other ethnic group. It has been predicted that ethnic minorities will make up one-fifth of the UK population by 2051, as compared to 8% in 2001 (Wohland, Rees, Norman, Boden, and Jasinska, 2010). These realities mean that therapists, who practice in big and diverse cities like London, are likely to be confronted by clients who are not just different in race to them, but also different in class, culture, ethnicity, as well as language.

It is also true that some immigrants might not have had a close encounter with a person of a different race to them, depending on which part of the world they come from. The therapist would therefore be the first person of a different race to them to have a close encounter or relationship with the client. Describing the transactions in the psychoanalytic therapeutic encounter, Thomas (1992) asserts that being confronted by a person who is racially dissimilar and looks visibly different, heightens the anxiety over and above what the client is seeking therapy for. In addition to this, a compounding factor is due to the nature of psychoanalytic

therapy, which is very intimate, creating a degree of vulnerability in the client. The visible difference in racial colour could therefore potentially leave the client feeling even more vulnerable which could potentially affect how the therapy progresses, and how the therapist may need to adjust their way of working. In comparison to other types of differences and diversities, racial colour difference and gender are “innate, visible” realities for the therapist that are present and does not need disclosing to the client (Smith and Tang, 2006). Smith and Tang (2006) argue that the difference in race as a readily visible and innate reality must be seen as part of the process, not seen as irrelevant. This means that it is vital for the therapist to be always aware of the impact their racial difference may have on their clients and being sensitive to clients who may struggle with connecting with them. This study which is grounded on therapists’ experiences of working with difference will augment the psychoanalytic literature on race and help other therapists who might be struggling with working with racial difference.

#### *Increased Access to Psychoanalytic Oriented Psychotherapy*

The move from the use of psychotropic medication and the increasing popularity of talking therapies in the treatment of common mental health disorders such as anxiety and depression (National Institute of Clinical Excellence) NICE, 2010 has seen a huge number of clients accessing talking therapies through insurance companies such as BUPA, AXA, Vitality, Cigna and other Employee Assistance Programmes (EAPs). Although Psychoanalytic oriented therapies are in the third step of the NICE Guidelines in the treatment for common mental health disorders, with Cognitive Behavioural Therapy (CBT) in the fore, a lot of psychodynamic and psychoanalytic therapists are seeing clients in their private practice as well as through Insurances and EAPs. EAPs and Insurances make direct referrals of their clients to the therapists. **In these situations, clients usually have no choice of choosing a therapist by race as it could be considered racial prejudice and discrimination.** This is in contrast to private practice where clients have the freedom to choose therapists based on their race, gender, credentials, affiliation, or pre-countertransference (Thomas, 1992). Therapists who see clients through

Insurance programs and EAPs are therefore likely to work with clients who are very dissimilar to them, racially, culturally, ethnically, and different in gender.

The same issue of clients being referred to therapists, and the potential difficulties of choosing a therapist according to their race is present with clients who are seen in the National Health Service (NHS), University settings, Prison services and other non-statutory organizations that work through a referral system. This means that therapists and clients from diverse background must work together, therapeutically, whether they like it or not. Some clients who would not be able to access psychoanalytic psychotherapy due to affordability, negative attitude and ignorance about its efficacy, secondary to social class variations (working class, lower working class and BME) are now receiving therapy. This is a reality in the NHS and prison services where clients who are more disturbed and at times from impoverished backgrounds are offered either individual or group psychodynamic psychotherapy. This poses questions on how therapists experience working with clients of a racially dissimilar background to them, and the dynamics that emerge in the therapeutic encounter. Downing (2000) argues that psychoanalysis has always been catering for the upper class clients postulating that “By attending to the needs of a more well-to-do clientele, we as psychoanalysts have also unknowingly contributed to our ignorance of the needs of minority groups and the disadvantaged” (p. 357). Downing also suggests that this creates bias in the validity of the theoretical expositions from the work of psychoanalysts which is derived from a small sample and a specific group of people. Considering these pertinent issues, research which elicits therapists’ views on racial difference and explore the dynamics in the therapeutic encounter is vital. While other therapists might not share the same views with the participants in this study, I believe there will be a degree of resonance in how the issues of race emerge in the work and lead to an enhanced understanding of how therapists navigate the work.

### *The Contrast Between Service Users and Service Providers*

As early as 1982 Littlewood and Lipsedghe started a dialogue on the discrepancy between BME service users and the service providers in the UK. More than a decade later, Littlewood and Lipsedge (1997) picked up the same dialogue highlighting the fact that BMEs are likely to be diagnosed with a mental disorder and detained under the Mental Health Act with no access to psychotherapy services, in comparison to other races. They also argue that this means that BME are likely to be treated in the NHS Improving Access to Psychological Therapies (IAPT) receiving psychotherapy, where again they are treated by mostly White therapists. Littlewood and Lipsedge (1997) declare that these contradictions inadvertently lead to power dynamics where people from the BME communities are perpetually the service users and somewhat disenfranchised, while White people are the service providers and in authority. In line with Littlewood and Lipsedge's arguments about the discrepancy in the ratio between service users and service delivery in mental health services, Garner (2003) wrote about the reality of White middle class therapists providing psychoanalytic therapy to BME clients in an NHS setting which is typical of most NHS services. She explores her role as a psychoanalytic psychotherapist, acknowledging that this position is problematic, making it clear that she was not advocating for racial homogeneity in therapy but to address the real problem of disparities between the service providers and service users in psychoanalytic psychotherapy settings in the NHS.

The low ratio of psychoanalytic trained psychotherapists of BME has been noted and taken into consideration (Ciclitira and Foster, 2012; Gordon, 1993; Morgan, 2002) in terms of how it affects the service delivery and lead to a poor understanding of working with racial difference. This issue has led to training institutes targeting recruiting people from BME and addressing the attainment gap. While these issues are being addressed at the training level, they currently present in the service provision where there is a very big contrast between service providers and service users in government and statutory organizations such as

NHS, Prison services and Universities. An understanding of how psychotherapists who work in the services experience of working with clients who are racially dissimilar to them is critical as it enhances their skills and also promotes diversity awareness. Research which captures the experiences of other therapists working with racial difference helps these therapists with their competence. Accounts of therapists who work in these high-profile services give rich contextual data of how the work with such a complex client group emerges.

Another contrast between the therapist and client lies in the social class which is often intertwined with race. This is because most BME takes the lower societal classes, and impoverished, therefore unable to access therapy privately. However, as argued before, the non-statutory services and NHS is now providing people who otherwise would not access therapy, the opportunity to have psychoanalytic oriented therapy. Again, a huge percentage of the service users in these settings are BME. They will be treated by therapists of a very different racial and social class background to them. Of relevance to this study and important to note, Freud (1925) wrote:

*“... one may reasonably expect that at some time or another the conscience of the community will awake and admonish it that the poor man has just as much right to help for his mind as he now has for the surgeon's means for saving his life; ... The task will then arise for us to adapt our techniques to the new conditions. I have no doubt that the new validity of our psychological assumptions will impress the uneducated too, that we shall need to find the simplest and most natural expressions of our theoretical doctrine”. (p. 183).*

Here Freud seemed to confirm that psychoanalysis was a practice which revolved among the higher societal classes and the analyst had to adjust his way of working, in order to cater for the poor and illiterate. This mean that today it is vital to investigate how psychoanalytic oriented therapists work with people who are racially different to them and potentially from lower social classes. As Freud



suggests, adjusting the technique to suit the lower classes, it is vital that we explore whether therapists adjust their techniques and the process of doing that.

Important to highlight is the fact that Freud and his contemporaries engaged in extending the psychoanalytic as a means of treating people who were marginalized along social classes such as labourers, students and factory workers who were unable to afford private psychoanalysis, by establishing what is now known as “Freud’s free clinics” in Vienna and other parts of Europe (Danto, 2005). These events are not very much paid attention to in the history of psychoanalysis.

However, they give us a sense that Freud was acutely aware that people who are poor and unable to access psychoanalytic psychotherapy could benefit from it and should be given access to it in a charitable form. Although these events took place in Europe and relates to people from the lower societal classes, they give us an awareness that Freud was somewhat paying attention to the socio cultural and socio-economic differences. Race and class seem to co-exist-for example most BME occupy the lower social classes and would not be able to access psychotherapy. The same as with White people who occupy the lower social classes will not be able to access psychotherapy due to its cost. The fact that these people from the lower societal classes are now accessing therapy requires an attention on how psychotherapists engage with the work and the kind of dynamics that emerges in the work. Research which delves into therapists’ experiences of working with clients who are dissimilar to them helps understand this problem rose by Freud on attending to the poor man’s needs.

### *Clinical Competence*

Yi (1998, p.259) writes about the problem that race is a salient organizer of experiences for many people who make up our client base, and avoiding an exploration of it mean we are doing a disservice to our clients who may be seeking to work through issues around their own racial identity or the therapists identity. An understanding of how therapists’ work with clients of a racially dissimilar

background to them is therefore crucial. At present, due to the lack of research, there is no clarity on whether therapists follow any clinical competences when working with clients who are racially dissimilar to them, who may also be from a different culture, ethnicity and class, creating additional layers of complexities. There is also a lack of coherence on therapists' views and insight into the process's therapist goes through when working with difference. Suchet (2004, p. 432) states that "Whites can avoid, deny, or ignore dealing with their whiteness until they are in the presence of other visibly ethnic groups". This is a very profound claim which means if a therapist is not conscious of his/her racial identity and how it shapes his/her subjectivity, identity, sense of self, and how he/she may be experienced by other people, how easy or difficult is it for them to help clients who may be struggling with issues around their own identity. An innovative way of getting some of the answers to these questions and to get therapists to start engaging with the subject of race is through gathering therapists views on working with difference and the processes involved in that.

Ciclitira and Foster (2012), and Patel, Bennett, Dennis, Dosanjh, Mahtani, et al (2000) stresses on the importance of mental health professionals to have specialist training in diversity in order to provide a quality service to the diverse service users they work with. Equally Tummala-Narra (2013) sees the reconsideration of psychoanalytic theories to integrate racial, gender and cultural diversity as key in order to improve the competence of the practitioners, most importantly, those who works with marginalized communities. This study therefore helps in promoting the dialogue on racial difference between therapist and client and encourages therapists to start engaging with their own subjectivities. Despite this awareness provoking powerful feelings, that would rather be avoided, it is necessary to the work. Not only is the study educative, it also helps to improve the competences of therapists' work, in order to deliver quality service to our clients.

### *Theories as Evidence Base for Clinicians*

The value of theories derived from literature, as a reference and evidence base for our clinical practice in psychoanalytic practice is paramount. The absence of literature which addresses race in psychoanalytic practice mean that therapists are potentially not getting adequate training on diversity and working with difference which they need. This subsequently makes them clinically ill equipped to working with racial difference. Studies which addresses conceptual issues such as race and transference and investigates therapist's experience of working with clients of racially dissimilar background to them adds to evidence base and psychoanalytic body of knowledge as a whole. This study has an iterative nature which means it is not based on any existing theories, but aims to generate some form of theory from the qualitative data analysis of the participant's accounts. As previously argued race is a very complex subject by definition and having a dialogue on race is very anxiety provoking, which leaves it unattended. This study is aimed at stimulating a dialogue on race in psychoanalysis. Like any other research, there may be counter studies challenging the outcome of the study and there may also be others who might have an interest in extending the research findings around issues of race, using different research methodologies or a different sample size. This has the benefit of augmenting the evidence base on issue of race in the psychoanalytic encounter which is enriching clinically and from a theoretical perspective.

### **Academic Significance**

#### *Psychoanalytic Training*

Much of the literature on the impact of race on the transference, when working in a psychoanalytic framework, is written in the United States of America (USA). This literature argues the importance of psychoanalytic training and social work training to integrate issues of racial and cultural differences in the training syllabus (Bonner, 2002). Tummala-Narra (2013) highlights a key point that issues that affect the minority psychoanalytic trainees in their training due to their racial minority status, is rarely addressed, which perpetuates the sense of alienation of this group of

people. Although psychoanalytic training in the UK is different to the USA, the similar issue is present in the UK where training Institutes are now mandated to meet diversity requirements, as well as develop and implement a Race Equality Scheme (Race Relations Act, 2000). In psychoanalytic training in the UK this has also been reflected by the pivotal development in the British Association of Counselling and Psychotherapy (BACP) addition of psychosocial modules in psychoanalytic training programs, which seek to incorporate the impact of the social reality on psychoanalytic practice.

Sue and Sue (2003) argue that the integration, of diversity in clinical training is essential to facilitate the essentially needed modification in psychotherapy and supervision practice, and the cultural competence of a training institution. This confirms that contemporary psychoanalysis is beginning to account for the impact of external differences on the psychoanalytic encounter, instead of privileging the internal world, which is the case in traditional psychoanalysis. If the teaching on the impact of the dynamics of the relationship where difference in race, gender, sex, age, culture, ethnicity is now being pioneered, it is crucial that we understand the nuances of the processes between therapist and client of a different race, race being an aspect of diversity. This understanding can be partly met by robust researches which capture therapists' views and experiences in working with clients who are racially dissimilar to them. The study on the impact of race on the transference and therapists' views and experiences of race also enhance the transparency in psychoanalysis as a therapeutic practice. As claimed by Shedler (2010), psychoanalysis has been vilified for what is viewed as secrecy and suspicion in terms of what goes on in the consulting room. Studies which capture therapists' views and their work with clients (process) helps with demystifying and bringing more transparency to the practice, which also promotes interdisciplinary dialogue. Knox (2018) highlights the importance of psychoanalysis in engaging with research to improve its evidence base as well as engage in interdisciplinary dialogue which helps with sharing of knowledge and interdisciplinary working. This

research does not only improve the standing of psychoanalysis but improves the relationship we have with our clients and trust in our therapeutic endeavours.

Concentrating on psychoanalytic oriented psychotherapy service provision in the UK, Morgan (2002, 2008) asserts that the underrepresentation of psychotherapists of BME in training and in practice lead to the poor articulation of racial issues in the consulting room. This absence does not mean that racial difference is irrelevant. Gordon (1993) carried out a survey of training institutes equal opportunity policies in the UK and argued that all training organisations should examine their practises in teaching on race and access to training for BME. Tammala-Nara (2009) declares that racial and cultural issues are avoided in training due to the sensitivity and intensity of emotions they raise, not because they are irrelevant. Leary (1995; 2000; 2012) equally argues that the issues of racial issues in the analytic encounter remains incomplete and poorly attended to due to the under representation of both service providers and service users, not because they are unimportant. Tatum (1992) identified that there is a resistance in discussing issues of racial difference and racism within students in psychoanalytic training, where meritocracy is at the fore and efforts are made to deny any personal connection to racism. Tatum (1992) also goes on to claim that this form of denial and resistance is extended into the work with clients as well as the institutions. Research that helps in creating an understating the experiences of therapists when working with clients of racially dissimilar background is therefore crucial in facilitating the diversity agenda. It also compliments the diversity efforts being currently made in the training institutes.

Of great interest is a mixed method study carried out by Ciclitira and Foster (2012) where she interviewed trainee psychoanalytic psychotherapists of BME backgrounds eliciting their experiences in psychoanalytic training. One of the key themes that came up was that trainees felt that the clinical programs failed to adequately address issues of race, culture and ethnicity and there was a lack of

multicultural competence. Another theme that came out of this research was that students of BME backgrounds felt silenced and unable to fully articulate issues of diversity including race. Another study was from Gordon (1993) who surveyed thirty-three psychotherapy training institutes and found that most of them did not address the low ratio of Black trainees despite them supposedly committing to equal opportunity policies. Lowe (2006) writes about psychoanalytic training institute's avoidance of issues of race and becoming colour blind, which again mutes the conversations on race and other differences. Morgan (2007) also writes about the harmfulness of racial "colour blindness" in training and supervision which arises where issues of racial skin-color difference is seen as external and irrelevant to the work. These problems are augmented by the lack of literature and research that addresses how issues of difference are experienced in the therapeutic process. Research which adopts a robust research methodology addressing the therapists' views and experiences of working with clients of a racially dissimilar background will indeed help trainees and training organizations engage with race which is enriching to their work and discipline as a whole.

### *Psychoanalytic Supervision*

Supervision is a key element of psychoanalytic training and work, which enables therapists to explore difficult and emotive issues that arise in the clinical work. Kernberg (2006) declares that supervision should be a central tenet of psychoanalytic training and used to facilitate the learning of a trainee about various aspects of their work. Relevant to this study and highlighted by Tummala-Narra (2004) "Clinical supervision is the most practical vehicle through which conscious and unconscious pathologising and exoticisation of clients and therapists of colour can be examined" (p. 301). It is true that many people seek therapy due to issues related to their own identity and visibility in the world. As previously argued, most psychoanalytic trained psychotherapists are White, which also means that it is highly likely that the supervisors are also White. Therefore, BME psychoanalytic

trained psychotherapist or trainee is likely to end up receiving supervision from a supervisor who has poor understanding of the subjective experiences of that supervisee, as well as working with cross racial dyads. The same applies to White therapists who might also need supervision specific to helping clients of BME who may be struggling with identity issues or issues around racism. The scarcity of literature on race and absence of research on race means that supervisors may neither fully understand, nor appreciate issues of racial difference. They become ill equipped in their invaluable roles. So far, the literature and research on culturally competent supervision recognizes that many supervisors do not have formal training in diversity issues (Brown & Landrum-Brown, 1995; Tummala-Narra, 2004), contributing to limited understanding of issues relevant to students of colour and clients of colour (Constantine & Sue, 2007). This again may be compounded by the nature of psychoanalytic theories and training, which focuses on the internal world and there is never any opportunity to explore the external world and its relevance to the work. The result of this shortfall is that both supervisors and supervisees are left struggling in dealing with and working with racial difference. This leads to racial difference being avoided and seen as irrelevant or pathologised (Holmes, 2002).

In their study of psychoanalytic trainee psychotherapists on how ethnicity, race, culture, gender and class has impacted on their training, (Ciclitira and Foster, 2012) one of the key issues that was raised was that there were often conflicts between BME trainees and White supervisors which were due to cultural and racial awareness and these were serious problems. In the same study, trainees also reported feeling silenced and unable to raise diversity issues in supervision which created further conflicts. Constantine and Sue (2007) also conducted a study on Black supervisee's experience of cross racial supervision dyads, which concluded that White supervisors tended to blame Black therapists and clients for problems stemming from oppression and they are being a sub culture, calling this experience *micro-aggression*. The lack of literature and awareness of how race affects the transference in the psychoanalytic encounter perpetuates this problem, where

supervisors and supervisees have little knowledge on working with difference. This not only create conflicts but fails clients who might be seeking psychotherapy help due to issues related to their own identity and racism. It is also important to note that some clients might genuinely struggle to relate to therapist of a racially dissimilar background to them, perhaps it is something they have never experienced in their life. As in real life, fear of the unknown-stranger anxiety- can be a real issue which racial difference in therapy exacerbates. An understanding of what is real and what is a manifestation of the unconscious in the work during supervision is crucial as it enables a dynamic approach to the work, without focusing on the internal world, and pathologising any genuine racial issues that may arise.

#### *Accrediting Bodies- BACP*

Notably, the BACP ethical framework <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/> states that “we will respect our clients as people by providing services that [...] endeavour to demonstrates equality, value diversity and inclusion for all clients” (BACP, 2017 ). Although this mission statement is directed at clients, it also demonstrates how issues of diversity are being taken seriously, to reflect the diverse population we serve. Diversity does not only concern the clients we work with but the therapists delivering the service. By UK law, diversity and inclusion are issues all clinicians now have to attend to and mandatorily commit to work with. While the BACP mission statement on working with diversity is obligatory and on paper, an understanding of how therapist’s work with diversity in the consulting room is important to validate this enterprise. As highlighted earlier, BACP which accredits some of the UK psychoanalytic training programs including the one at Birkbeck University of London, has also now included psychosocial seminars in the psychoanalytic psychotherapy training, a move which signify the attention now given to our socio-cultural and psychosocial differences. Racial colour difference, which is readily present due to the visibility of colour, is a vital element of our diversity that needs to be attended to. A study which garners nuanced



understanding of therapists' work with racial difference compliments the BACP agenda of working with diversity and inclusion.

### *Psychoanalytic Accrediting Bodies- BPC*

Equally, the British Psychoanalytic Council (BPC), the UK's foremost regulatory body for Psychodynamic/Psychoanalytic trained therapists acknowledges the lack of racial diversity in the psychoanalytic profession (service providers), despite the huge diversity in the service recipients. This issue has been a regular case of discussion in the BPC's New Association paper on Politics of Identity. In the BPC's New Association (Autumn 2018), Gary Fereday, the BPC's Chief Executive reiterated the concern that the psychoanalytic profession has largely remained a very White, older, middle class profession, and also indicates that the psychoanalytic profession has not fully understood the concerns of the Lesbian Gay and Bisexual and Transsexual community. Due to these pertinent issues concerning our differences, which require attention, the BPC appointed Kannan Navaratnem, a Psychoanalyst of Asian background, to take a lead on addressing race in the BPC agenda, as well as examining its effects and language in the consulting room. There are various ways in which this agenda has been addressed, which includes conferences on race, ethnicity and sexuality and emphasis on diversity in all the BPC member training institutes.

Mr Navaratnem, the BPC lead in racial diversity has also been presenting papers, on culture and race in the consulting room, to the British Psychoanalytic Society Regional Colloquium (April 2018), and the Cambridge Convention of the Association of Independent Psychoanalysts (May 2017). One of the influential papers he presented is entitled *Culture, Race and Language in the Consulting Room: Minding the Gaps*. In this paper he highlights that racial themes, especially those relating to skin colour difference triggers a lot of deep transference issues, and counter transference issues, which the therapist must attune to both concrete and symbolic of the patient's narrative. It also addresses the need to disavow and

get rid of the loathed part of self, usually ending up lying in the gaps of race, colour and cultural differences. This initiative is groundbreaking and demonstrates how seriously the issue of race is being taken. Research which explore the issues Mr Navaratnem is grappling with, which are the transference issues when working with racial diversity, compliments this dialogue as it gives the therapists voices (Smith et al, 2009) on how they experiences racial difference and the meaning they attach to it.

The BPC is also exploring ways it can attract trainees from ethnic minorities into training, bearing in mind that psychoanalysis training is expensive, and it has always been stereotypically a White middle class profession, making it less attractive to people from BME who typically occupies the working class and lower working classes. Johanna Ryan, one of the regular contributors of the BPC Politics of Identity, New Association paper, writes mainly about class as a form of diversity coining it as an “absence presence” in the psychoanalysis both theory and practice, also acknowledged how race is equally present and influential (Ryan, 2018). This is more so because psychoanalytic principles are based on the interaction of the internal world and the external world as well as projections of both good and bad unwanted parts of the self onto the others. Dalal, (2006), Tan (1993) , Timimi (1996) all argue that where difference in race exists, the defensive and pathological mechanisms of ridding oneself of the intolerable parts of the self and lodge them in what is seen as different are at play and need to be paid attention to. In her contribution to the Psychoanalytic Newsletter Ryan (2018) argues that like class, one’s racial identity shapes one’s internal psyche and the way they experience their internal and external world. Thomas (1992) share the same thinking, arguing that our psychological development will in some way be shaped by our experiences of our race, in the same way as we experience ourselves as male or female.

### **Debates on the impact of race on the transference in the psychoanalytic encounter**

## *1950s-1960s*

Since I have identified the definition of transference, as well as the relevance of this study clinically and theoretically, it is judicious that I highlight the trajectory on how issues of racial difference and the transference have been understood in the psychoanalytic discipline over the years. As argued previously, for many years, race took a very silent place in the political and academic debates in psychoanalysis, despite the overt race-based stereotypes. Debates on race in psychoanalysis and the impact of racial difference in the analytic encounter emerged in the 1950s mainly from the USA. However, most of these psychoanalytic theoretical expositions were drawn from single case studies and no other robust research evidence (Aslami, 1997; Griffiths, 1977; Jones and Windholz, 1990). From the literature review carried out by Leary (1995) on literature around the function and impact of race in the treatment process, she concluded that most of the early literature was based on overgeneralization and incomplete conceptualizations, with a huge emphasis on therapist's subjective inference and countertransference responses, which is problematic. Leary (1995) also identified that the literature stemmed mainly White psychoanalysts' experiences of working with Black clients. From these works, racial difference was seen as a hindrance to the treatment process due to what was perceived as the Black client's negative stereotypes attitudes to the White therapist. Interesting to note is that during this time psychoanalytic contributors used the word Negro to refer to Black people, which reflects on the attitudes towards Black people who were regarded as primitive. Clinicians such as Bovell (1943) were already writing about the perverse colour discrimination and prejudice towards of the "Negro", also seen as unfit for psychoanalytic oriented therapy.

Later on, in 1952, Kennedy (1952) wrote about her experiences as an analyst declaring that Black clients' therapy with a White analyst will be marred with their suspiciousness and fear, due to their life experience and history between Black and White people. In reference to the transference, Kennedy (1952) believed that the treatment between White therapist and Black client will be futile and the client

must accept the White therapist as a colleague, not a therapist; the Black client is viewed as an alien. Important to note is that most of the debates during this period viewed race as a deterrent in the development of the transference and some writers concluded that Black people cannot benefit from psychoanalytic informed psychotherapy (due to problem in developing a transference relationship) but pragmatic problems solving and skills training.

From the 1960s onwards, most of the debates on difference in race between therapist and client in the psychoanalytic encounter were stimulated by anti-racism movements, which also demonstrated a shift in attitudes towards racial difference. Notably, from the 1950s, there was also a slow but significant contribution from Black psychoanalysts attempting to make sense of whether racial difference with their clients affect the transference and the relationship created between therapist and client. Examples of these Black psychoanalysts are Curry (1964), Gardner, 1971, Schachter and Butts (1968). During this era, the Black therapist was held as a novelty as there were very few analysts of BME background, which also reflected the social classes. Curry (1964) viewed race as a template for the clients' transference and the need to address it at the beginning of the work as it is linked to "mythological responses" which shapes the transference. The racial colour of the Black therapist, along with other attributing features such as hair texture and body shape, were seen to have a symbolic meaning and a container of the client's unconscious phantasies (Curry 1964). Schachter and Butts (1968) claim that "Racial difference may have a catalytic effect upon the analytic process and lead to more rapid unfolding of core problems" (p. 792).

#### *1970s- 1990s*

During this period, there was now a wider recognition and acknowledgement that race is integral to the analytic work, but there was no congruence in how the difference was experienced and engaged with and whether it was a facilitator or a deterrent. With an increase in the number of Black therapists, along with more

integration and awareness of diversity and inclusion on a societal level, the issues of subjective differences began to be raised with more and more contributions from BME therapists as well as White, Latino, and other therapists from diverse racial backgrounds. This period also spelt increasing debates on ethnic matching with the fore question being whether the therapist's race contributed to the shape and nature of the transference. Up until the mid-1980's, the main position taken by most writers was based on the "false assumptions" and misperceptions that Black people could not benefit from psychoanalytic oriented therapies but only pragmatic and solution focused therapies Pinderhughes (1973) and Poussaint (1980). Karon Vandembos (1981) claimed that black clients may project self-hatred and inferiority into the therapist and denigrate them during treatment. Goldberg, Myers, and Zeifman (1974) depicted a negative transference and negative reactions by the client towards therapist who is racially dissimilar, but using three case studies, they elaborate how race was a vehicle central to the work.

Schachter & Butts (1971) asserted that there is the presence of envy of sexuality by the White client towards the Black therapist. There were mainly views that interracial therapeutic dyad create race-based stereotypes, prejudices and countertransference reactions of guilt and shame. Schachter and Butts (1971) also argue that when working with Black clients, the White therapist is likely to miss intrapsychic meaning under the sway of dealing with difficult material patient bring related to racism. They also give emphasis on the negative transference as they believe the Black client will struggle with relating to the White therapist. A question some authors asked was whether Black patients could transfer their instinctual impulses and wishes onto their White therapists or whether they would resist doing so because of the colour barrier (Goldberg et al., 1974; Schachter & Butts, 1971). Fischer (1971) wrote about his experience with a Black female client concluding that analysts need to pay attention to the social realities of Black clients while also warning against the over interpretation of everything in racial terms. Fischer argues that racial difference is an important element of the work which could mobilize the projections of infantile phantasies. Using a vignette with a Black client, Fischer

(1971) hypothesized she “utilized the therapist's Whiteness and the conventional Black-White racial barriers as the backdrop for her reawakened incestuous transference wishes and conflicts” (p. 741). In 1974, Vontress (1974) explored the transference in cross racial dyad, arguing the transference as a resistance directed at those considered to belong to a hostile group. Towards the end of the 80s, Myers (1988) developed “Afrocentric therapy” which focused on problem solving and solution focused intervention which is meant to benefit people from Black Afro Caribbean backgrounds. This was in reaction to the perceived inappropriateness of psychoanalytic oriented therapy in treating BME clients. Leary (1995) argues that these therapies ascribed only to Black people perpetuate the bias and assumptions that Black people do not benefit from psychoanalytic psychotherapy, which were present in the 1950s and 1960s.

#### *1990s to date*

From the 90s onwards, a lot of nuanced literature emerged addressing racial difference in the psychoanalytic encounter, paying a particular focus on the transference. This literature and studies has been written by psychoanalysts and academics from diverse racial background including White, Black, Latino and Asian covering a wide area- training, supervision, groups, and more specifically addressing racism. This agitation on the psychosocial differences seems to be a response of the increasingly multicultural world which bears little resemblance to the psychoanalytic infancy days. Some of these writers are included in the literature review section while others did not as they were eliminated in the exclusion criteria. More broadly the most active contributors are Altman (2000; 2004; 2006; 2010), Aslami (1997), Ciclitira and Foster (2012), Dalal (1997; 2002), Davids (2003;2006; 2011), Downing (2000), Gentile (2013), Holmes (1992; 2012), Kovel, (2000), Layton (2018, 2019), Leary (1995; 1997a, 1997b, 2012), Morgan (2002; 2008; 2014), Tang and Gardener (1999), Thomas (1996), Tummala- Narra (2004, 2007, 2009) Yi, (1998). In common with the previous theorists, most of the literature which underpins the theoretical expositions around race is not based on strong research. However, what seem to be a general shift is the consensus and an acknowledgement that race does play a part in the psychoanalytic encounter,

albeit derived from inferences from in session work. The literature also dispels the notion that BME cannot benefit from psychoanalytic work. However, what is apparent is a lack a studies which gathers therapists' views and generates in-depth understanding of how they engage with race in the consulting room. The literature review in this study excluded papers prior to 1990; the literature review section will elaborate on the current position of race and the transference more fully.

### Summary of Introduction

In this chapter, I have argued that traditional psychoanalysis is concerned with the interplay between the internal and external world, however without paying specific attention or integration of our socio-cultural differences such as race. This position has been challenged by the intersubjective psychoanalysts who posit that there is an intricate and relationship between the social and psychic realities. A similar stance is taken in working psychosocially within the psychoanalytic framework where the external world and issues around power and social cultural differences are considered key in shaping one's subjectivity and the transference in psychoanalytic work (Gentile, 2013; Layton, 2018; Spurling, 2019). I have argued that the exclusion of our socio cultural differences in traditional psychoanalytic literature and theories has stimulated the development of the new concept - *psychosocial*. This is reflected in practices where therapists are integrating the psychosocial differences into the psychoanalytic work, thereby working within a psychoanalytic psychosocial framework (Spurling, 2019), as well as in training where psychoanalytic training institutes have now added a psychosocial module into their curriculum. Other developments in validating the significance of our psychosocial differences and the external world stems from the emergence of new psychoanalytic paradigms such as the Psychodynamic Feminist Thinkers, which pays specific attention to socio economic issues, including racial difference and power in the psychoanalytic encounter. Another contemporary group of psychoanalysis named the Intersubjective take a relational approach, also giving emphasis to the therapists' subjectivity including race, which is viewed as equally affecting the development of the transference.

I have argued that issues of racial difference in the psychoanalytic encounter are poorly understood due to the lack of coherence in how they emerge and how therapists work with difference. I have claimed that psychoanalytic literature on race and the transference has been derived from in session case studies, with no robust qualitative research studies, which interrogates therapists, on whether they consider race to be relevant to their work and gain an understanding of how therapists work with clients who are racially dissimilar to them. This notion is supported by Aslami (1997) who highlights that the lack of empirical studies exploring the nuances of the interactions in an inter-racial psychotherapy dyad leaves a scientific gap that can be filled only through research. I have argued that this deficiency in literature and research on race also mean that therapists and trainees are left ill equipped and deskilled in working therapeutically with clients who are racially dissimilar to them and potentially left struggling with issues related to their own subjective racial identities.

I have demonstrated how race is a very contentious subject and difficult to define considering the non-biological determinism of race, yet the visibility of skin colour cannot be denied. Having given a range of definitions of race, which all sit within a social constructionism perspective, which this thesis adopts, I have highlighted the fact that the complexity of race could potentially be causing an aversion in carrying out research in race. Another reason for the avoidance of exploring racial difference could be because race talks stimulate a lot of anxiety, considering the history of slavery, colonization and anti-Semitism (Gilman, 1993; Holmes, 1992; Leary, 1997; Suchet, 2004). The fact that psychoanalysis has remained largely a White middle class profession has also been attributed to the silence in issues of racial difference (Ciclitira and Foster, 2012; Suchet, 2004;). The fact that our world is becoming more diverse, which also leads to therapists working with a socio-culturally diverse client groups mean that an understanding of the dynamics in the therapeutic context where racial difference exists, is imminent. I have suggested that while not disregarding other forms of our socio cultural differences such as



sex, gender, culture, ethnicity, class, disability, and age, the visibility of colour, makes race a powerful element of our subjectivity which merits its attention.

### **Research Aims**

- To derive psychodynamic and psychoanalytic trained psychotherapists' views and experiences on working with clients who are racially dissimilar to them
- To gain an understanding of the transference that develops where racial color difference exists in the therapeutic dyad
- To explore and gain an understanding of how the issues of racial difference emerge in the work in both conscious and unconscious material
- To generate insight into how therapists address any issues related to difference and engage with the material, in order to foster a therapeutic relationship

### **Research Question**

Is racial difference between therapist and client relevant to the psychoanalytic work, and how do therapists work with it?

## **Chapter 2: Literature Review**

### *Definition and Purpose*

This systematic literature review was undertaken to identify the literature available which addresses the issues of racial difference when working in the transference, in a psychoanalytic encounter. It was also carried out to identify any studies which

demonstrated the processes in the work between therapist and client of dissimilar racial backgrounds, as well as literature where psychoanalytic psychotherapists expressed their views on race. Greenhalgh (2014) recommends a systematic review when identifying a knowledge gap, arguing that it is "...conducted in a way that is explicit, transparent and reproducible" (p.116). This minimizes the risk of bias and ensures that any conclusions are reliable and traceable. Considering a systematic review is replicable, it more reliable in comparison with a narrative literature, where the researcher may be biased to pick certain papers and reject papers that might be relevant, due to their personal interests, therefore influencing the design and outcome. The Data Abstraction Table (Appendix 1) presents all studies identified, which focus on the race and the transference in the psychoanalytic encounter.

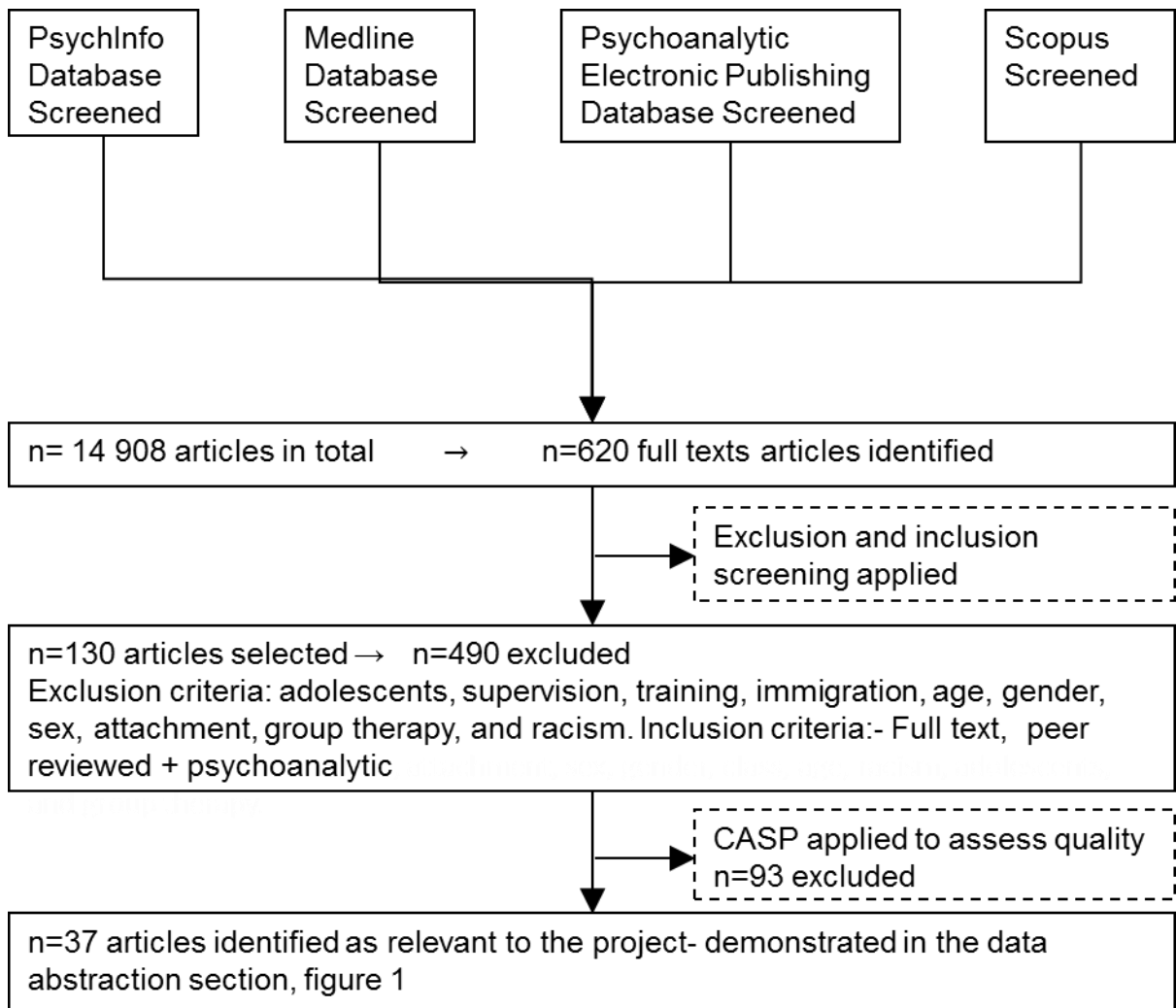
Earlier on in the introduction section, I argued that there is paucity of literature exploring how racial difference affects the transference relationship, and how therapists engage with the work. I have also asserted that the literature that is available does not demonstrate any coherence of how therapists address issues of racial difference and whether they follow any particular competences. I gave a timeline of how attitudes around race and racial difference in the psychoanalytic encounter are changing. Also highlighted was that the literature that is present which is mostly drawn from in session, single case studies, not any other robust research methodologies, and mostly written by therapists in the USA. There has been some controversy as to whether single case studies are sufficient to justify scientific claims, as the researcher's subjectivity plays an important role. This is compounded by the fact that and psychoanalysis relies on inference and the phenomena can be interpreted differently depending on the subject (Hinshelwood, 2010; Taylor, 2010). Hinshelwood (2010) claims that single case studies are empirically sound, and they can answer binary questions, while Greenhalgh (2014) views them as anecdotal and empirically flawed, rendering them inadequate in supporting scientific claims. Again, this takes us to the debates between the positivistic and interpretivist paradigms and what could be considered valid

evidence derived from research. This study lies in the interpretivist paradigm, where a qualitative research methodology IPA was used. The systematic literature review confirmed the issues, which were identified above. This also helped with the conclusions made regarding the research and identified the theoretical gaps.

### *Methods of Data Collection*

Electronic database searches were carried out at the initial stage of the systemic literature review, looking for papers between 1990-date. This decision was made because in the introduction section, I gave a historical trajectory of how attitudes around race have changed since the 50s, up to the 80s. It was therefore necessary to focus on the most recent literature. The first search was done in January 2018, and the second search was done on the 21<sup>st</sup> November 2019. The search in 2019 attempted to get an update of any papers that might have been made available online since the initial search. To complement the data base searches, I also used Scopus, a literature search tool which uses author surnames to link any writers who referenced the paper and written on the same subject. The electronic database searches were followed by manual scanning and reading of the abstracts to identify the most relevant papers to the subject. The combination of electronic and manual screening was done in order to be as comprehensive as possible. The PRISMA (Moher, Liberati, Tetzlaff, Altman, PRISMA Group, 2009) flowchart was used to assist with the systematic screening process. Figure 1 show the PRISMA flow chart which was drawn to demonstrate the systematic review process.

Figure 1 : Prisma Flowchart



### Electronic Search Strategy

Psych Info, MEDLINE, and Psychoanalytic Electronic Publishing (PEP) web databases were accessed. Through breaking down the research question into components, the key words and phrases that formed the search strategy were- “race” OR “racial difference” OR “colour difference” OR “difference” OR “black therapist” OR “white therapist”. This was combined with “transference”, OR “counter-transference”, OR “therapeutic relationship” OR “interracial therapy” OR, “treatment alliance”. The broader search revealed 14, 908 papers that were narrowed down to 620 articles, identified as full text. Scopus was used to

complement the data base searches with author surnames Holmes and Leary used for the search. There were duplicates across the databases which had to be discarded. After the second screening, using the exclusion criteria, 130 papers were identified as relevant to the research. In these 130 papers, the abstracts were scanned and reviewed. A modified version of Critical Appraisal Skills Programme (CASP) (Dixon-Woods, et al, 2007), which excludes scoring but determines whether the paper is a primary source and critiques the quality, was used for the appraisal. Only peer reviewed papers articles were selected at this stage. A third order construct was compiled where 37 key articles were selected and these are presented in the Data Abstraction Table, Appendix 1.

### *Exclusion Criteria*

The exclusion criterion for this search were immigration, sex, gender, class, age, racism, adolescents, training, immigration, supervision, and group therapy. Only full text, published, psychoanalytic, and peer reviewed articles were selected, to enhance reliability, credibility, and relevance to the research question. Grey literature was integrated only in the discussion section as references. As highlighted earlier, considering the nature of the research question, which seek to investigate current thinking around race, only papers from 1990 onwards were searched. There were a number of papers from the UK psychoanalytic cohort that were grounded in therapists' experiences of racism with their clients, in groups, supervision, and in training institutes (Ciclitira and Foster, 2012; Dalal, 2006; Davids, 2006, 2011; Gordon, 1993; Lowe, 2006a, 2006b, 2008; Morgan, 2002; 2008; Tan, 1993; Timimi, 1996). Since the researcher is UK based, these studies were scrutinized closely with the hope that they can be included in the literature review. These studies were rejected as they explored racism other than race, and therapists' experiences of working with racially dissimilar clients to them.

### *Critical Appraisal of the Search-Strengths and Limitations*

From the data base searches, it was clear that race was used interchangeably and synonymously with culture and ethnicity, despite their being conceptually different. For example, Miles (2012) writes about cultural meaning and refers to therapists being aware of racial difference as his conclusion. It was therefore necessary to include some of these studies in the literature review, as they were informative to the project despite being centrally about culture. A search that included culture would have produced insurmountable amount of data which would be difficult to filter, since race and culture are used interchangeably albeit different. Culture is a very crucial but free-standing concept, which requires an investigation on its own. Including culture in the search strategy would mean diverting me from the main focus, which is unhelpful in research where I need to remain, focused and grounded in my line of inquiry.

Using a modified version of CASP (Dixon-Woods et. al, 2007) resulted in some theoretical papers that were not sound enough being omitted. Some of these papers were considered to be of poor quality as they studied racial difference from a hypothetical perspective and offered no empirical means of confirming or confounding the arguments. These papers were not completely discarded but they were used as references to support my argument but not informing the literature review. Some of the studies identified in the searches were considered not to be psychoanalytic, mostly addressing social work training and were consequently used only as references and not to inform the research inquiry. The exclusion of the non-psychoanalytic papers was a limitation, as there were many sound empirical studies on non-psychoanalytic therapist's experiences that could have been informative. The rationale for the exclusion was because these papers did not pay attention to the transference, a psychoanalytic concept, which is key to this study. It was also noted that potentially valuable studies referenced in some papers which were untraceable on electronic databases and were therefore omitted. Secondary studies were scrutinized for their relevance to the question, but only used as references.

Another limitation was the exclusion of studies on students in training for psychoanalytic psychotherapy, and those on psychoanalytic supervision, where issues of race were articulated and grounded on robust empirical evidence, for example (Ciclitira and Foster 2012; Tummala-Nara, 2004). Some papers were based on the concept of racism, and the experience in supervision and training, though some references to race were made (Ciclitira and Foster, 2012; Dalal, 1993, 2001, 2006; Davids, 2006, 2008, 2011; Gordon, 1993, 1996; Lowe, 2006a, 2006b, 2008; Morgan, 2002, 2008, 2014; Tan, 1993; Timimi, 1996). These studies were informative, but they were excluded as they did not focus on experiences of racial difference, but on racism- they only used as references in the thesis. Like with culture, including papers that focus on racism, training, supervision, would involve deviating from the scope of this study which is about investigating racial difference. Issues of training, supervision, racism are huge topics on their own which requires special attention in their own right. It has been discussed earlier on that issues of race are fraught because of the association with racism which is unfortunate. Including racism would also have been unhelpful in the research process which Taylor (2010) suggest that one must approach with an open attitude, be impartial, free of preconceptions, tolerating disturbances, and allowing space for discovery, equating this to Negative capability. Reflexivity as a process enabled me to consider that including racism in the search strategy would mean that I was approaching the research with a preconceived notion, and therefore biased. This is against the spirit of qualitative research where the researcher's role and the relationship to the researched has to be continuously critically reflected upon (Harper and Thompson, 2012). Denzin (2009) also argues against approaching research with presumptions, which affects the research process. Holmes (1992) and Leary (1995) argue that enquiries in race have been narrowed down to racism which is problematic as it hinders any understating of the interpersonal dynamics. This study therefore focused on race without implicating racism.

### *Quality Appraisal of Literature–Critical Appraisal Skills Programme (CASP)*

Quality appraisal in qualitative research has intensified in recent years, in order to enhance rigor, partly due to the debates on the reliability, and credibility of qualitative research. CASP (2018) checklist for Qualitative Research was developed to ensure that as a researcher one critically examine their role, potential bias, design influence and affect the analysis and outcome of the research. Included in the debates on qualitative and quantitative research, one of the areas of contention is on whether the same construct should be used to assess quality in qualitative and quantitative research as they are different epistemological paradigms (Spencer and Ritchie, 2012). CASP is one of the most popular, reliable and effective quality appraisal tools in qualitative research. The CASP (2018) Qualitative Checklist was used to evaluate individual studies of qualitative research studies identified from the database literature search. CASP rating of weak moderate and strong was given to the chosen papers. Appendix 5 shows the CASP checklist.

### **Literature Review Findings**

As discussed in the introduction section, the concept of race is very dense and includes unobservable attributes such as education, background, and income (Dalal, 2006). Skin colour is just one component of race, among many other contesting variables (Suchet, 2004). The literature review discerned a theme of race being used interchangeably with ethnicity, and culture, which could be viewed as problematic theoretically, conceptually, clinically, and from a research perspective. This issue could be due to the problem of separating race from culture and ethnicity due to the complex nature of our subjectivities, which Dalal (2002) highlights. This matter was evident in most papers and explicitly raised by (Bonner, 2002; Holmes, 1992; Miles, 2012; Rosen, et al, 2012; Tang and Gardner, 1999 ).



Smith and Tang (2006) explore disclosures between therapist and patient - how colour and gender are innate, visible, and challenging to the therapist, as they do not need to be disclosed, unlike other innate and invisible identities such as culture, sexuality, religion, and ethnicity. Leary (1995) writes about her work from the subjectivity of a Black therapist, demonstrating how race and racial themes provided a framework for the treatment alliance and illuminated key transferences central to her work. Leary makes a point that racial issues engender anxiety as they stimulate uncomfortable feelings around the relationship between our psychological life (internal world) and the bodily (external difference) to the other person which has to be acknowledged.

Miles (2012) writes about culture but seems to suggest that race and culture are the same. She writes about the culture of Afro Americans arguing that “people of this culture see define their world through race”. Miles also argues that White therapists treating Black patients should always bear in mind the unconscious effects of slavery and transference of a slave master who has to be treated with suspicion as the psychoanalytic situation is affected by the history of slavery. Using her experience as a psychoanalyst to support her claims, Miles (2012) proposed the types of transference where she argues that - in the Black Male Therapist and White Female Patient, transference is generated around the historically forbidden combination in which the White woman dependent on a Black man to help her psychologically and get to penetrate her private life (p. 217). In the White female therapist and Black male patient dyad, there are complex transferences and the patient may attempt to sexualize the communication to demonstrate his masculinity and power in an effort to assert his maleness in a traditionally forbidden relationship. The therapist may resent this and resist. Miles (2012) considers dream work to be very useful as there will be counter transference of fear, aversion, and disinterest. Vital to note is that these assertions stem from in session evidence, and no other evidence base.

The literature review also highlighted a critical point as to where the dialogue on race and the transference in present day psychoanalysis. Most of the published literature addressing racial difference between client and therapist is from USA and more recently South Africa. Only 3 (n=3) papers were from the UK- Alarepo.(2003), (Dalal (1997) and Devereaux (1991). As highlighted earlier, most UK papers were discarded as they focus on racism, training, supervision, and some were non psychoanalytic. This raises questions as to how the UK psychoanalytic cohort is addressing racial difference, in session, without focusing on racism. It was also noted that most USA literature and studies are positioned on strong themes, including references to slavery, exclusion, social disadvantage, crime, incarceration, class and power (Altman, 2000; Leary, 1995; Liggan, and Kay, 1999; Miles, 2012; Yarborough 2007). On the other side, the psychoanalytic studies on race, written by South African psychoanalytic oriented psychotherapists seem to be grounded on themes around colonisation, apartheid, trauma, white privilege, guilt, loss, and reparation (Esprey, 2017; Hill and Poss, 2009; Kilian, 2010; Knight, 2013). It is important to highlight that from historic and political perspectives, USA and South Africa have very long histories of problematic racial relations, in comparison to the UK. Apartheid -a system created to legitimize segregation and discrimination of Black people-was not abolished until the mid-90s, in South Africa, and there are suggestions that the USA black population still suffers from trans-generational trauma because of slavery (Heyer, 2016; Miles, 2012). While acknowledging that there is less racial tension in the UK, in comparison to USA which relates to slavery and South Africa which relates to apartheid, it is important to note that Britain was involved in the trade and exploitation of Black slaves in America and the Caribbean, which marked a shameful period in our history. This distinction in the post-colonial history between UK, USA, and South Africa creates urgency in developing an understanding of the convergence and divergences in views of psychoanalytic trained psychotherapists.

The literature review highlighted that most of the studies which addresses race and the transference relationship are single case studies. Out of all the thirty seven

(n=37) studies identified in the data abstraction section, only one (n=1) study was conducted using Interpretative Phenomenological Analysis (Qureshi, 2007) and one (n=1) mixed method (Rosen, et al, 2012). The one (n=1) IPA study was a case of a 1 client with no comparison or means to extend the meaning of this study.

However, there are several studies on how psychoanalytic psychotherapy trainees experience race and racism in their training and racial issues in supervision, using more qualitative methodologies (Aitken and Dennis, 2012; Lee, et al, 2013; Tummala-Narra, 2004). Some of these studies were excluded in line with the exclusion criteria set out in this study.

The dominance of single case studies in the identified literature could be linked to the fact that psychoanalysis has fundamentally relied on single case studies to elaborate its theories of the unconscious phenomena. Freud and Breuer's studies on hysteria, which is the bedrock of psychoanalysis theoretical formulations, were single case studies (Midgley, 2006). This has caused some controversy as to whether single case studies meet the scientific criteria of empirical enquiry, as quantitative studies do, together with the difficulties in establishing reliability and the interpreting of unconscious phenomena. Jones and Windholz (1990) argue that the problem with the iterative nature of case studies and their weakness is that they are non-replicable and are uncontrolled, which challenges their use in scientific endeavours. Chiesa and Fonagy (1999), and Hinshelwood (2010) argue that single case studies are empirically sound in psychoanalytic research and can inform empirical evidence, while rejecting models such as randomised controlled trials. Taylor (2010) declares that "there has always been a difficult relationship between psychoanalysis and research" (p.401). This could account for the lack of research and literature on issues addressing the experience between therapist and clients of a racially dissimilar background, working psychoanalytically.

Thomas (2008) argues that racial difference can be used as a defence, while Bonner (2002), Holmes (1992), and Suchet (2004), argue that race is central to the

treatment and that failure to discuss it jeopardises the development of a therapeutic relationship. Hamer (2002) posits that racial difference can distort what is real and what is imagined in the social reality and psychic reality- race can be used as a resistance in the transference. Holmes (1992) and Leary (1995) view race as a catalyst, offering an additional entry point to the transference. The issue of whether cross racial dyad is at all therapeutic was explored by Devereaux (1991), who concluded that the relationship can only develop if the issue of difference is discussed. Heyer (2016) uses her case study with a client in analysis over 17-year period, concluding that race and religion were powerful vehicles in elucidating the transference. Again, Heyer draws from the history of race and racialization in America, exploring her encounter with her client where a lot of trauma and wounds of racism were healed.

Kilian (2010) writes about psychoanalytic psychotherapy in post-apartheid South Africa addressing race and identity, concluding that twin-ship and unspoken trauma are transference needs between a therapist and patient of different cultural and racial backgrounds. Esprey (2017) also highlights the difficulties in working with cross racial dyad in present day South Africa which triggers painful issues of oppression and colonialism, affecting the capacity for thinking, using Bion (1962) theory of thinking. Of huge importance to note is the reparative quality of language used by Killian, and Esprey which resonates with the problematic racial tensions between black and white races in South Africa due to apartheid.

Overall, the literature reviewed highlighted that in recent years, contemporary psychoanalytic trained psychotherapists have been more active in addressing the effect of racial difference on the transference relationship. However, divergent views have been expressed regarding how race is viewed in the psychoanalytic psychotherapy context. There also seem to be a poor understanding of how the issues of difference manifest in the work, and how therapists engage with them which is crucial. The literature review highlights some arguments for same race

dyads, and assumptions that a shared history means a shared way of experiencing the world. Qureshi's (2007) case study of a man, who had been in therapy over a seventeen-year period, using IPA, notes that the therapist not exploring the issue of race minimised the depth of therapy. The mixed method study carried out by Rosen, et al. (2012) studying whether socio-demographic differences between clients and providers influence interpersonal complementarity during intake sessions concluded that there are significant interactions affected by the racial identity of client and service provider-therapist.

In summary, the literature review demonstrated that most authors appear to acknowledge the importance of race on the transference relationship. However, there is no clarity on the views on race, no consensus on its impact, and no coherence on how to engage with race where difference exists. Considering the debates on the use of single case studies (vignettes) and the inappropriateness of quantitative methodologies such as Randomized Controlled Trials, (RCTs), adopting a robust qualitative methodology, IPA, to explore how therapists experience their work with clients of racially dissimilar background to them and how they emerge with the material that arise is invaluable to augment the psychoanalytic knowledge base. IPA as a qualitative methodology helped create in-depth, nuanced understanding of the therapists' experiences, when working with racial difference. This creates grounded meaning of their experiences, rather than deducing their experiences to numbers which quantitative research measures would achieve.

### **Chapter 3: Methodology**

#### *Epistemology*

Epistemology is defined as "the study of the nature of knowledge and the methods of obtaining it" (Burr, 2003, p. 202). Taking a more robust stance in addressing the meaning of epistemology, Langridghe and Hagger-Johnson (2009) declare that

epistemology is concerned with how we understand construct and validate our understanding of the world. A slightly different angle of describing the same thing is given by Bager-Charleson (2012) who argue that “epistemology asks the questions about the bedrock and ultimate foundations of belief (2010, p.73).

There are numerous and complex debates on epistemology and philosophical standing of qualitative research methodologies. In common among all qualitative research methodologies is identifying emerging themes as part of understanding the material and enabling a systematic investigation. Essentially, this project is embedded in social science domain as it concerns meaning making, which is a qualitative inquiry and anti-positivistic (interpretivism). The exploratory questions asked in this project seek to convey experiences of the participants and the meaning attached to them. The project used IPA as a data analysis method, which would naturally align it with phenomenology (Harper, 2012; Smith et al, 2009). However, considering the nature of the study aimed at generating knowledge through the personal and social accounts of experiences, which is negotiated and claimed, a social constructionism paradigm was adopted as a theoretical position. The founder of IPA, Jonathan Smith, argues (in Eatough and Smith, 2006) that IPA takes a “light constructionist stance”. “Although IPA recognizes the importance of language in influencing how individuals make sense of lived experiences and then in turn how researchers make sense of participants’ sense making, it can be described as taking a light constructionist stance in contrast to the strong constructionism of discourse analysis” (Eatough and Smith, 2006; 486). This “light constructionism” is expanded on in Bradding (2015), who argues that the light social constructionist epistemology of IPA assumes that “the ‘lived world’ is constructed by the individual as an example of subjective reality, whilst maintaining the belief that some elements of that reality are to some degree fixed and relatively enduring.” (Bradding, 2015; 63). A social constructionist approach can therefore be viewed as compatible with IPA, though recognising that IPA adherents use the term more lightly than the “strong constructionist” position of Discourse Analysis.

Social constructionism is concerned with how knowledge is constructed as a primarily social process, and pays attention to the less taken for granted assumptions and “challenge the view that conventional knowledge is based upon objective, unbiased observation of the world” (Burr, 2015, p. 2). Harper and Thompson (2012) argue that there is a need to adopt an epistemological position, which is compatible with the research question and data analysis strategy. However, at times a paradigm shift may be necessary, if the questions addressed in the research resonate better with a different paradigm. Harper (2012) argues that some research methods from a different epistemological standing can be used as long as there are justifiable reasons to do so. Considering these assertions, a social constructionism epistemic standing was considered more appropriate considering the questions addressed in this study.

Another reason why a paradigm shift to social constructionism was considered is in relation to the two key concepts which were central to the study - race and transference -which are both conceptualized as social constructs. Among others, Rustin (1991) and Dalal (2006) view race as a social construct which is used to divide people, while Yi (1998) gives a contemporary definition of transference considering it to be a phenomenon which is co-constructed by the therapist and client. Social constructionism claims that knowledge is negotiated and invented ‘constructed’ out of ideas and assumptions made available by the social and interpersonal context, Burr (2015). This describes how race and transference are both conceptualized as social constructions through negotiation of meaning. McLeod (2007) argues that “No matter how different phenomenology and hermeneutics may be, they possess significant areas of convergence...they both assume an active, intentional, construction of a social world and its meaning by reflexive human beings”. This is an important statement considering the hermeneutic (meaning making) of this study as well as the phenomenological standing of IPA. From the on-going debates on epistemology, it has also been argued that qualitative research methodologies that are epistemically interpretative concerned with meaning making are most appropriate to use in both process and

outcome of psychoanalytic practice (Shedler, 2010; McLeod, 2011; Harper and Thompson, 2012). This study is indeed hermeneutic in nature and adopts IPA, a qualitative research methodology.

### *Psychoanalysis and Phenomenology*

Psychoanalysis and phenomenology have always had a complicated relationship from an epistemic perspective and clinically. Describing a more contemporary version of phenomenology, in comparison to psychoanalysis, D'Agostino, Mancini and Rossi Monti, (2019) states that psychoanalytic approach is concerned with the role of the unconscious, gaining knowledge of the "why" in experiences, while phenomenology investigates the "what" of the lived experiences. The French psychoanalyst Andre Green was one of the psychoanalysts to highlight the "phenomenological tension" between psychoanalysis and phenomenology questioning their irreconcilability, treating phenomenology with suspicion. Today, there has been a shift in the efforts to bring the two together in the understanding of psychopathology and clinically. An example is Bollas (2015) who wrote about his work with psychosis highlighting the importance of understanding the lived experience of the patient (phenomenology) and using the psychoanalytic concept of "mirroring" back to the client. Mirroring is a key concept coined by Winnicott (1967) to describe the significant role the mother plays in the emotional development of a child through mother's ability to mirror and reflect back onto the child. Depending on the mother's psychic state, the baby either sees himself (sic) in the mother's face, which signifies the mirroring function at play, or sees a reflection of her mother's affect, emotional state, and defences, signifying a lack of mirroring (Winnicott (1967). The same phenomena is considered to be present in the psychoanalytic encounter where the mirroring process is experienced between patient and therapist.



The traditional phenomenologists Edmund Husserl (1859- 1938) Martin Heidegger (1889-1979) and Morris Merleau -Ponty (1908-1961), considered phenomenology as a way of engaging with the human experiences as closely as possible, putting one's own theoretical assumptions and subjectivity "in brackets", in order to get as close to the lived experience. Although a different paradigm, this resonates with Freud's (1912) view of the analyst who is an "uncritical self-observer" listening to the client with an "evenly hovering attention" (Freud, 1900), free associating, without focus, in order to mitigate the effects of any preconceived ideas (Freud, 1912). Bion (1967) makes the same point of listening without memory or desire where the analysts suspend all judgement about the client and what is being communicated and simply listens. Although these approaches are different, phenomenology and psychoanalysis respectively, they seem to address the same issue of attending to one's experience without any preconceptions and engaging in a deeper, meaningful way.

There are on-going intellectual debates which have seen a cohort of psychoanalysts who are also philosophers such as Bollas, Stolorow, Jimenez, Atwood and Organe (Bollas, 2015; Jemenez, 2009; Stolorow RD, 1997; Stolorow, Atwood, Orange 2002; Stolorow and Atwood, 2018) being actively engaged in expanding phenomenology into psychoanalysis, developing phenomenology based theory of intersubjectivity, using an approach called, "Intersubjective contextualism". This theory focuses on the relational context. They make strong arguments that phenomenology can contribute to psychoanalysis by considering the intersubjective way the human experience is shaped in constructing the real world, viewing human beings as the organisers of their own experience. This is a slightly different from the psychoanalytic conceptualisation of human experience which views humans as driven by innate instincts, drives, and experiences being influenced by an active and dynamic unconscious world (Freud, 1915). Taking this phenomenological intersubjective view, "psychoanalysis is seen as the dialogic attempt of two people together to understand one person's organization of emotional experience by making sense together of their intersubjectively

configured experience” (D’Agostino, Mancini and Rossi Monti, 2019, p. 105) . This also means that the Intersubjectives psychoanalysts’ view of the transference and countertransference in psychoanalysis is that of an intersubjective process between therapist and client. So although psychoanalysis and phenomenology are epistemically difference, these differences are not entirely insurmountable but reconcilable.

### *Psychoanalytic research and social science research*

An important issue to highlight in this study is the use of IPA, which is a social science research methodology, to investigate psychoanalytic experience. I, the researcher, acknowledges the clear philosophical differences between psychoanalysis and phenomenology (IPA) which aligns to social science (Finlay and Gough, 2003; Smith et, al, 2009). Psychoanalytic research methods would typically take a subjective, and top down approach, applying psychoanalytic theories to analyse data although some would incorporate reflexivity and countertransference. This is in contrast to the social science research methods which more commonly take an objective bottom up approach (Frosh and Saville-Young, 2011, 2017; Finlay and Gough, 2003). There are now psychoanalytic research methodologies germinating mainly from the UK, such as those developed by Midgley, (2006), Hollway and Jefferson (2000), Saville -Young and Frosh, (2010), Hinshelwood, (2018) Holmes, (2018). What these research methodologies have in common is the subjective use of the researcher, as an instrument in the research process. In psychoanalytic research, the research and analysis process is informed by the researcher’s countertransference (feelings, thoughts, reflections, opinions) free association, reflexivity and use of psychoanalytic concept/s in the interpretative process, to “thicken” the analysis as argued by Frosh and Saville-Young (2017). While these methods are helpful in investigating and understanding psychoanalytic phenomena, arguments have been made on the reliability of such methods and the risk of using a “pre-ordained” psychoanalytic frame which the researcher “reads into” the material and the effects this potentially have on the analysis process. Frosh and Saville-Young (2017) and Parker (2005) cautions more specifically on Hollway and Jefferson’s (2000) Free Association Narrative

Interviewing (FANI), as a psychoanalytic research method claiming that it is individualising, essentialising, pathologising, disempowering, and built around a pre-set discourse.

From a research perspective, there have been a few studies which have used IPA to analyse psychoanalytic clinical and observation studies, both in children and adults. In the UK most of these studies were carried out at the Anna Freud Centre mostly led by Professor Midgley (Barros, Kitson and Midgley, 2008; Weitkamp, Klein and Midgley, 2016; Jaffrani, Sunley, and Midgley, 2020). There are efforts to adapt established qualitative research methods including IPA to study unconscious phenomena. This pioneering work is not without criticism from others who challenge the compatibility and the use of qualitative research methods in studying unconscious phenomena, and more specifically integrating phenomenology (IPA) and psychoanalysis. The developers of IPA, Smith. et al, (2009) make a clear point that any psychoanalytic ideas or understanding should not be brought into IPA research as it “contaminates” the research with psychoanalytic preconceptions. This reveals the bigger picture and the on-going debates on methodology; the full details of these debates are beyond the scope of this study. Considering my subjectivity as a Black therapist, investigating experience of working with racial difference, using my countertransference as a tool in the analysis process and subjective emotional investment in the analysis process would also lend me to the risk of approaching the research process with preconceptions. Another problematic issue with the psychoanalytic research methods is the lack of coherent structure, and objective ways of interpreting the data in comparison to other more established qualitative methods such as IPA, which was used in this study with the benefit of integrating a psychoanalytic lens in the interpretation process, turning it into a modified version. This modification was done, without attending to the researcher’s subjective feelings in the analysis of data. This emotional investment was considered to increase the risk of bias, considering the researcher’s subjectivity as a Black female psychotherapist and her relationship to the research topic.

It is vital to highlight other social science research methods, which were considered less superior than IPA, which are thematic analysis, discourse analysis, narrative analysis, conversation analysis, grounded theory and ethnography. In comparison to thematic analysis, I hoped that IPA would enable a more nuanced analysis focusing on ways in which individuals ascribe meaning to events. Conversation analysis is concerned with rigorous and critical examinations of conversations, paying attention to both verbal and nonverbal communication. Given the careful and detailed analysis of the sequence of conversation, looking at the interactions, the scope of this study does not align with conversation analysis. Discourse analysis is concerned with language, concentrating on how our discourses, which are particular ways of thinking and talking about us, are shaped by cultures, and those in power (Cohen, Manion and Morrison, 2011). Although an element of this project is gathering therapists' views on racial difference, the study is not specifically concerned with discourses or how therapists use language to build social constructs. It is not primarily concerned about emancipation, nor interested in power dynamics. Narrative analysis is a discursive methodology, which is concerned about the participants' story telling-narrative enquiry to make sense of the stories told by the participants (McLeod, 2011). Since Narrative analysis puts the researcher at the centre of co-creating the story, it goes against the purpose of this study, which is essentially about gaining therapist's views, while attempting not to impose my own views on their experiences. Grounded theory is concerned with discovering a theory from the participant's experiences, how they make meaning and construct reflexive identities (Bright, 2013). Grounded theory is most helpful in testing, retesting, challenge or augments existing theories (Denscombe, 2010).

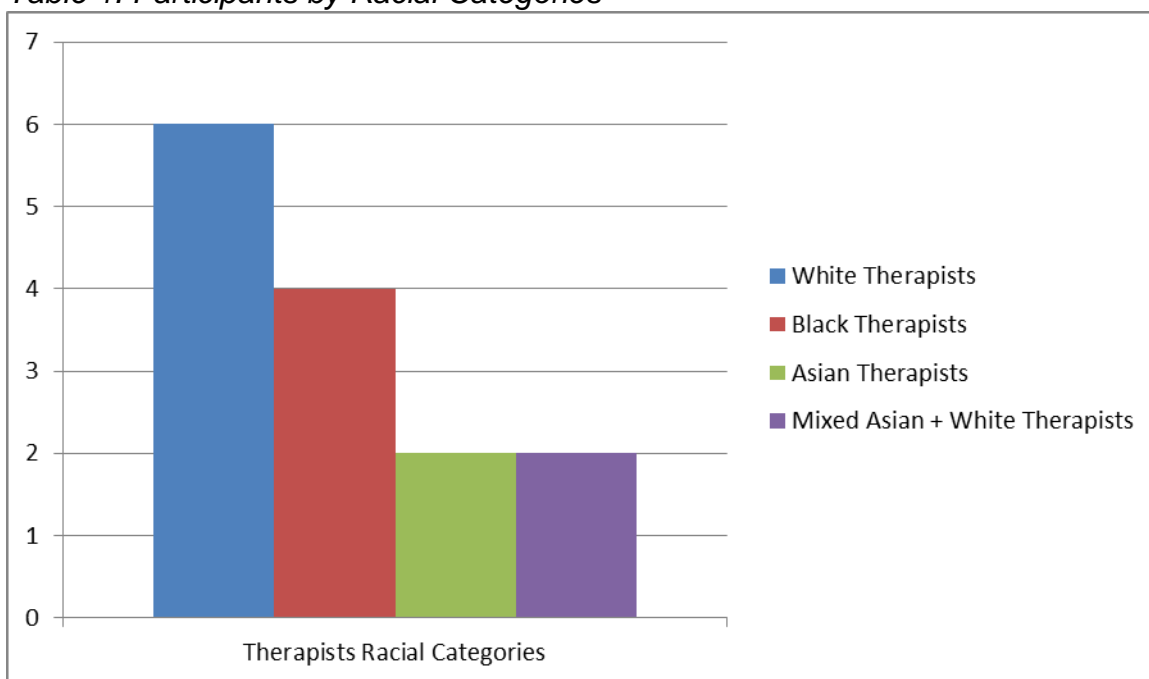
## **Research Strategy and Design**

### *Sample*

I interviewed fourteen (n=14) psychoanalytic trained psychotherapists. In this category six (n=6) were White, four (n=4) were Black, two (n=2), were Asian and two (n=2) were mixed Asian and White. Within the six (n=6) White, one (n=1) self-

identified as Jewish and within the Asian category, one (n=1) self-identified as Oriental. In the early days, IPA was used for smaller cases, on average 3-6, but there is now a drive to use it for larger samples and even for cohort studies (Smith, 2008). A sample size of 14 was considered appropriate for the study. In terms of gender, nine (n=9) therapists self-identified as female and five (n=5) self-identified as male. This rationale of representing both male and female was made to help ensure legitimacy to the study. Table 1. shows the participants race.

*Table 1: Participants by Racial Categories*



In keeping with IPA theoretical principles, participants were selected purposively, which means the research problem had some relevance and significance to them (Smith et. al, 2009). A hindrance in recruiting was therapists' commitment to being interviewed as well as what I sensed to be an anxiety in discussing race-this was reflected upon in my reflexive account. The participants had at least 3 years post qualifying experience. The rationale for this judgment is that due to the complexities of the concept of transference, these therapists will be seasoned enough to fully grasp it, and have a sense of working in the transference, an issue that has been causing some debates (Tuckett, et. al, 2012). The homogenous way of sampling allowed me some autonomy as to typicality or interest and enabled me

to meet the needs of the project (Robson, 2002, p. 265). The sample of 14 psychodynamic and psychoanalytic trained psychotherapists was chosen in keeping with Pietkiewicz and Smith (2012) who give guidance on carrying out IPA studies, declaring that IPA seeks to discern similarities and divergences of experiences within a group that is considered similar according to important variables (p. 364). All participants were given sufficient information concerning the research project and had the right to withdraw their consent at any time.

### *Recruitment*

I recruited through various sources and in the end word of mouth (snowballing) became the biggest source of recruitment. Through snowballing, most of the participants contacted me after hearing about my project from their colleagues. In the beginning, I printed out the Information sheet and left it in the staff room at Westminster Pastoral Foundation (WPF), one of London's psychoanalytic training institutes. I also put an advertisement in the Black and Asian Association of Therapists (BAAT) Organization which is a body of BME psychotherapists of different disciplines and clinical orientations. Not everyone who contacted me met the inclusion criteria. For example, there were a lot of child and adolescent therapists and Integrative trained therapists who wanted to take part. Others did not have sufficient experience. After selecting participants, I send each candidate a formal email from my Exeter University account, with the information sheet (appendix 3) and consent form (appendix 4). I requested that they be read, signed, dated, and a signed copy of the consent form to be brought to the interview. I also made myself available to the participants by phone and email as some of them had some questions about the project that needed addressing, before arranging the interview. The reflexive account gives salient details of the recruitment process.

### *Methods of Data Collection*

In keeping with IPA philosophies, one to one, semi-structured, in depth interviews were conducted. This was arranged at mutually convenient times with the participants and in an environment conducive for the interview to be held. The interview schedule had six semi-structured questions, which enabled in- depth exploration of the study questions (Smith, et al, 2009, p. 60). One to one interview allows the researcher to engage with the participants in real time, which enables the researcher to investigate in details and further questioning, where appropriate (Pietkiewicz and Smith, 2012). The order of the interview schedule (Appendix 6) questions was changed after the 4th interview, following feedback from my participants during the debriefing and feedback from my supervisor. Each interview lasted on average an hour, including the debriefing. Appendix 9 shows the debriefing form. The interviews were audio recorded using a digital audio recorder, for transcription and analysis of the data at a later date. For confidentiality purposes, the recorded data was anonymously labelled and kept in secure conditions. One pilot interview was carried out prior to embarking on the main interviews. Feedback from the pilot was used to synthesize my research questions and also improve on my interviewing skills such as active listening, and asking open ended questions without imposing my views on the participants, which is important in IPA (Smith, et al. 2009). In the interview schedule the first stage before starting the interview was getting context of the participants' racial identity, orientation (psychodynamic psychotherapist/psychoanalytic) experience, and nature of the work (private practice/within organization). Pietkiewicz and Smith (2012) describe this process as a "warm up" which is crucial in reducing tension and preparing the participants to answering questions that might be quite sensitive to them. The interview schedule is in appendix 6.

### *Materials*

I bought a digital audio recorder, to enable the recording of interviews. I purchased *I cloud* data storage to ensure the safe storage of the audio recorded interviews

and the transcribed interviews. I also booked rooms at WPF at a cost for some interviews.

### *Ethical Considerations and Consent*

An Ethics application was approved by the Psychology Research and Ethics Committee (PREC). Appendix 7 shows the ethics approval correspondences. The project did not involve contact with patients, service users or any vulnerable members of the community. Oral and written consent was sought from each participant and they were given the right to withdraw their consent at any time. There was no foreseeable harm to the research participants due to the nature of the study. A debriefing space was given after each interview and none of the participants had an adverse reaction to the interview. Harper and Chambers (2012, p. 30), emphasize the importance of minimizing harm, especially when exploring issues that could be emotionally charged. To minimize harm, I arranged immediate psychological support, should any of the participants become distressed or otherwise adversely affected by the interview process. None of the participants requested this support. Each participant gave both verbal and written consent before starting the interview process. The signed ethical forms were safely and confidentially kept as part of the information governance.

### **Data Analysis Strategy:**

#### *IPA Origins and Philosophical Approach*

IPA was developed by Psychologists, Jonathan Smith, Michael Larkin, and Flowers in the mid-90s and it has shown to be one of the most popular and accessible qualitative research methodologies. IPA was developed from debates between *phenomenology*, *hermeneutics*, and *ideography*. The philosophical approach of IPA is interpretivist. McLeod (2007) argues that “interpretivism is concerned with



contribution of localised or ideographic knowledge in generating rich data through human experience and meaning making in the discovery of multiple realities (p.61).

Philosophically, IPA has its origins in the work of Phenomenologist Edmund Husserl (1859-1938) who argued that we all have “intentionality” to describe the process in occurring in consciousness and the object of attention for that process (Smith, et al, 2009 p. 13). Husserl sees phenomenology as involving careful examination of human experiences, how one accurately knows their experience and identifies the qualities of the experience. *Phenomenology* concerns the philosophical approach to study of experience, capturing individual perspective and meaning attached to the experience. *Hermeneutics* concerns theory of interpretation while *ideographic*, concerns the particular, by focusing on specific details of specific people (Smith, et al, 2009). Initially IPA was used in health sciences but now it has extended its use to Clinical Psychology, Counselling Psychology, Cognitive Psychology, Phenomenological Psychology, mainstream psychology as well as psychotherapy, and deemed to further the intellectual current of phenomenology in psychology.

Husserl’s work influenced Philosopher Martin Heidegger (1889- 1976) who was his student initially. Heidegger believed that we live in an interpretive and interpreted world. He brought the hermeneutic streak to phenomenology by question the possibility of having any knowledge outside the interpretative stance (Smith, et al, 2009, p.16). The ideographic element stems from Maurice Merleau -Ponty (1908-1961) another Phenomenologist who was influenced by Husserl but argued that we see and view ourselves as different to everyone and everything else in the world, believing that subjectivity and embodiment are inseparable. Thus, IPA was developed as a methodology which seek to investigate the in-depth (ideographic), lived experience (phenomenology), the meaning making through interpretation of the participants material by the researcher (hermeneutics).

### *Justification for using IPA as a primary methodology*

IPA was considered the most appropriate methodology for this study as it offered a structured, consistent, and robust framework throughout the research endeavour. This was from designing the research question, sampling, designing interview schedule, interviewing, and most importantly data analysis. IPA was also chosen due to its in-depth, meaning making, and interpretative nature, which helps with generating a deep understanding of the therapists' experiences individually and then across the cases. Smith (2008) appraises the inductive and iterative nature of IPA, as well its interrogative nature which makes it unique to other methodologies. By being inductive, it means IPA takes a bottom up approach and is not concerned with hypothesis testing, or testing existent literature, but creating theory from the data given my participants. Although IPA was the primary methodology in this study, modifying it by integrating the psychoanalytic lens was a positive in a study which investigated psychoanalytic experience. It means that I was able to draw on both phenomenology and psychoanalytic ways of creating meaning, which enriched the data analysis.

Smith states that the inductive approach of IPA enables themes to emerge during analysis where researcher "bracket off" (Smith, et al. 2009) his or her own perceptions. IPA as a data analysis methodology allows the exploration of the participant's perspective, whilst acknowledging the impact of the researcher's world view, and the interaction between the two, upon the interpretation (Willig, 2001). This is a very important tenet, considering the complex relationship the researcher has with the researched in qualitative studies. Certainly, this was the case in this study- I am a psychotherapist who has had similar experiences with other therapists I was interviewing. One of the key elements of IPA which made it favourable for this study is the IPA notion of the double hermeneutic where the I, the researcher, was trying to make sense of what the participant were attempting to make sense of, creating a double hermeneutic angle of meaning making. Hermeneutics bring out richness to the data through interpreting it, so the finished product from the analysis is not just the participants' interpretation of his/her own

experiences but the researcher adding an additional layer of interpretation, grounded in the participants' material (Smith et al, 2009). Again, this brings depth to the analysis process.

Following the idiographic nature of IPA, it seeks to give a detailed examination of single cases followed by a cross analysis of all the cases to identify any convergence or divergence of themes (Smith, 2004, p. 41). Smith, et al. (2009) declares that IPA is concerned with nuances of the human lived experience and posit that "experience can only be understood via an examination of the meaning which people impress upon it..." (p. 34). This captures the aims of this study, which is about meaning making-hermeneutics- and exploring in detail participants lived experiences and how they make sense of it. On a different strand, IPA can be viewed as a collection of single case studies that are drawn together for further analysis, to reach general claims (Smith, 2004; Smith, et al, 2009, p.31). This also helps counter the frequently expressed view that psychoanalytic research relies too heavily on single case studies. The value of single case studies in giving in-depth understanding of subjective experiences is also vital. Wallerstein and Fonagy (1999) argue that the case study represents useful research, carried out in the consulting room, which was the basis of Freud's practice when psychoanalysis was first evolving. IPA focuses on the understanding of phenomena and gathering "perceptions and views" (Smith, et al, 2009, p.46), which is the objective of this study.

The questions asked in this study sought to gain an understanding of therapists' experiences, which would suit IPA, which is concerned in mostly answering "how" questions and understanding phenomena (Smith et al, 2009). IPA data collection methods from a homogenous sample of psychoanalytic trained therapists also aligned this study with IPA. The data collection methods in the form of one to one interview where semi structured questions were asked to resonate with the IPA research methodology. Smith et al (2009, p 45) demonstrate the type of research questions better answered by IPA, suggesting that IPA is suitable for questions

that focus on “personal meaning and sense making in a particular connect for people who share a particular experience”. This study investigated therapists who are a group of people and how they experience working with clients of racially different backgrounds which necessitated the integration of a psychoanalytic lens in the analysis process. The hermeneutic element of IPA was met through the double interpreting of me the researcher while the idiographic commitment of IPA was met through in depth analysis of individual cases moving through the hermeneutic circles of the whole to the part and then the part to the whole. IPA therefore allowed a detailed and nuanced analysis of data, coupled with psychoanalytic meaning which brought up rich findings.

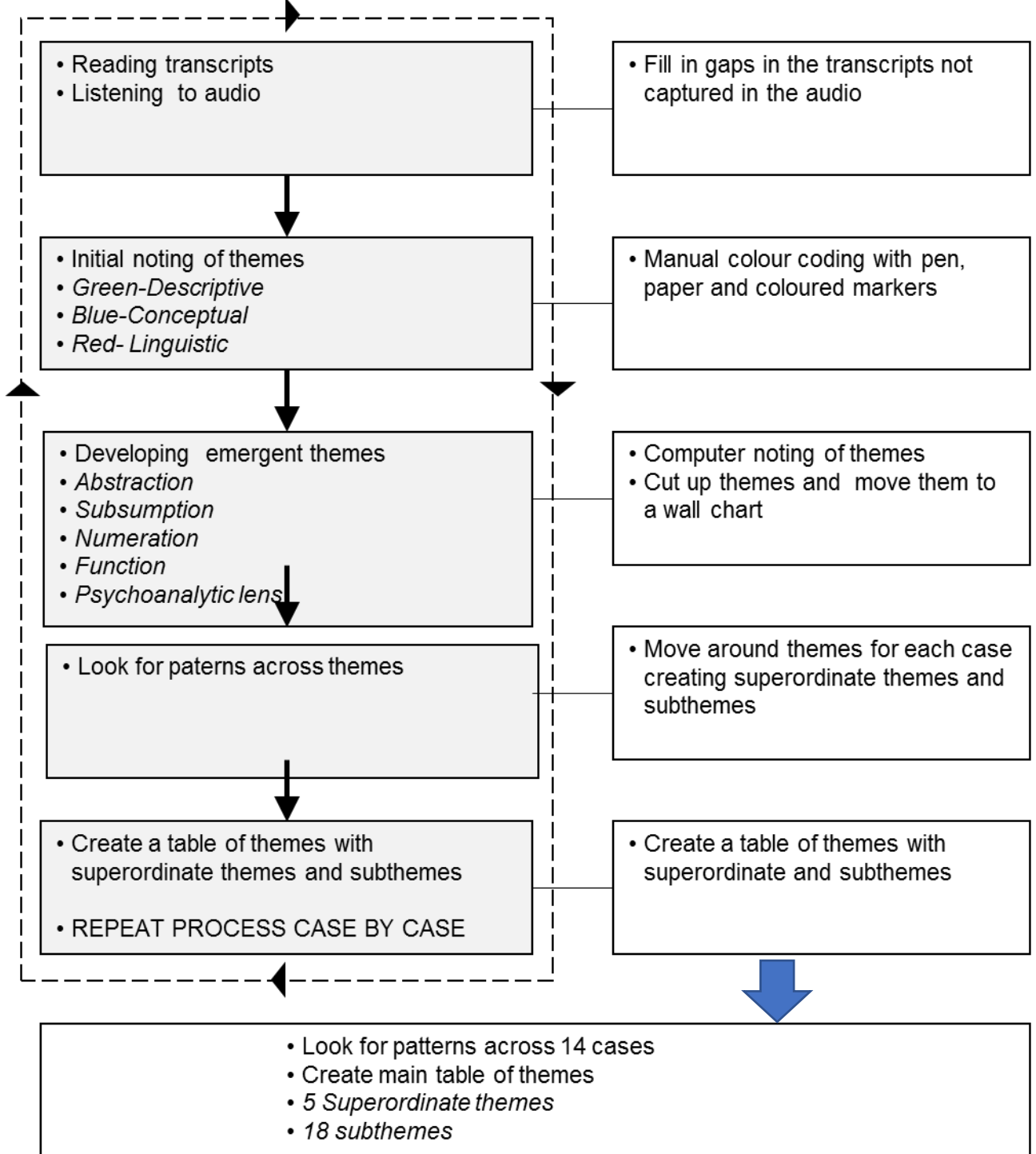
### **IPA Data Analysis stages**

#### *Introduction*

IPA data analysis was done following Smith, et al, (2009) and Pietkiewicz and Smith (2012) practical guides on using IPA. As indicated in my reflexive account, I attended the IPA workshops where I was able to see other student’s work and take part in debates on exploring issues related to the data analysis process. The number of my participants (n=14) meant the data analysis process was very long and It also meant I had to have wall charts in my study room, a visual representation of my data, to assist me with the data analysis process. I did not use data base for coding as the manual data analysis is considered best for IPA studies which seek to discern nuanced data from participants. After completing the data analysis, an IPA auditor looked at my table of themes along with the extracts to support them and made comments which I followed to rigorously revise the whole analysis. Here are the stages of analysis which I followed and the processes. Figure 2 shows the stages of IPA data analysis and a brief summary of the process.



Figure 2: IPA Data analysis stages flowchart



The data analysis involved a detailed examination of individual cases, looking for convergence and divergence, before moving onto the next case. One of the issues

I had to be cautious about was the level of interpretation which need to stay grounded in the participant's material. Considering this study is centred in psychoanalysis, it was necessary to integrate a psychoanalytic level of interpretation, despite the real philosophical tensions evident.

## **Data analysis stages**

### *Case by Case analysis*

#### *Stage 1: Listening to Audio and reading the transcripts*

The initial stage involved listening to the audio interview and immersing myself in the data. This also involved me filling in the gaps of when some words were not captured in the transcript. This was very important for some of the participants who had strong accents, which the transcribers found difficult to understand. I also used my reflective log to jot down my feelings and thoughts as well as the most striking things about each interview. This helped me “bracket off” my own ideas and concentrate on the participants' accounts which is essentially reflexivity.

#### *Stage 2: Initial noting of comments identifying descriptive, conceptual and linguistic comments*

After listening to the audio recordings as well as reading the transcripts and filling any gaps, the next stage was to start doing initial noting of semantic content and language use and exploratory comments. From the advice I got from the IPA workshops, this process was done on pen and paper using the original transcript and highlighters. Smith et al, (2009) consider the identification of 3 different types of comments- *descriptive* which concerns how the participants talk about the particular experience and events which matter to them, *conceptual* comments which involves identifying more abstract comments, and a third set which is *linguistic* comments which involves looking at how language is used, paying attention to metaphor and things like pauses and repetition of words. I used the green highlighter to highlight descriptive comments, blue highlighter for conceptual

comments and red for linguistic comments. I created a column on the far-right hand side of the transcript which I used to write the exploratory comments highlighting descriptive, conceptual, and linguistic. At this stage I also became aware of how important it was to have line numbers on my transcripts. The transcriber had not included this, so I had to add them myself.

### *Stage 3: Developing Emergent Themes*

This stage is when I started developing emergent themes, moving from working with the original transcript, to working with the exploratory comments, identifying any emergent themes. I was very aware of staying close to the original transcript and always checking to make sure I was representing the participants' voices. This stage felt like I was breaking down the narrative flow, starting to make interpretive comments, and re-organizing the data. Smith et al, (2009) state that this process represents the manifestation of the hermeneutic circle where the regional whole of the interview becomes part of the analysis process and as one is already moving away from what the participants by interpreting and identifying themes. The themes are concise and small phrases that grasp what was important in the transcript material with enough particularity and grounded in the data. Due to the nature of my study, I found it difficult to always use short phrases as themes.

### *Stage 4: Searching for connections across emergent themes*

This stage was crucial as it meant I was now mapping how these themes fit together and discarding some which were redundant. Considering my research question, I was very mindful of not discarding a theme overlooking its relationship to the other themes, so I put them on the side. Following Smith et al, (2009) advice on data analysis, I cut up all themes and stuck them to a chart on the wall in order to have visual representation of the themes which helped me organize them. The themes which opposed each other were positioned at opposites and those that fit together underneath. I used 4 of the 6 specific ways of looking for patterns in order



to create higher themes also known as superordinate themes, as recommended by Smith et al (2009) which are:

#### *Abstraction*

Abstraction is when patterns between emergent themes are discerned, putting similar themes together and developing a new name for the higher theme- Superordinate theme.

#### *Subsumption*

This is when during the data analysis process, you identify the emergent theme as requiring to be superordinate theme as it brings together related themes.

#### *Numeration*

This involves counting the amount of times which a theme appears within the transcript. This means that if a theme appears to have great frequency in the texts, it may be of significance, qualifying it to be a superordinate theme. This was very important in my study which involved a large sample in comparison to typical IPA studies.

#### *Function*

This way of analysis tries to identify the function which the emergent theme plays within the text. In IPA terms, *function* has the interpretive element of the “I”, is where themes are examined for the specific function within the transcript, in eliciting a reaction. Smith, et. al (2009, p. 98-99) described *function* saying “... the interplay of meanings is illustrated and organized by their positive and negative presentation maybe beyond what the participants presents in terms of their meaning and rather a distinct way of presenting the self within the interview”. This means that the researcher is interpreting what the participants said, bringing out the meaning or reaction in what is being said. Smith, et al (2009), also went on further to comment that *function* may seem to move away from what the participants said, but in fact it enables a deeper interpretation of data as the *function* element is deeply interlinked with the meaning and thoughts of the participants. This helps with

creating an interpretative element to the data as you are trying to illicit how the theme serves in the participants' narrative.

### *Psychoanalytic Lens*

Along with the “function” aspect of IPA level of interpretation, a psychoanalytic level interpretation was integrated at this stage, to bring more nuanced understating of the psychoanalytic meaning in the data. The psychoanalytic interpretation helped in illuminating the implicit meaning in the material, to makes sense of the psychoanalytic use of metaphors, and capture the psychoanalytic meaning of each participant's unique experience. This was done without using my countertransference, subjective feelings, or any pre-existing psychoanalytic theory, which would be the case in psychoanalytic research.

### *Stage 5: Creating a table of superordinate and sub themes for the participant*

This process involved using all the data gathered through the process in stage 4, to identify subthemes and superordinate themes, to form a graphic representation, a table. This was done on the computer as the data was now easily manageable. The table of themes also identified page numbers and key words. After completing the process and ending up with a table with superordinate themes, subthemes, page numbers and key phrases, the next stage was repeating the same process for each case. This meant that I ended up with 14 tables' altogether before moving onto the next stage.

### *Stage 6: Looking for patterns across cases and create a master table of themes*

This stage was very complex due to the large sample of participants and having to manage the corpus data from 14 cases. At this stage I went back to the wall chart to help with navigating across cases and seeing connections across cases and how themes in one case illuminate themes in the other and which themes were

most potent. This stage left me with a new set of superordinate themes followed by nested themes underneath. It also involved discarding themes that were not supported by any other themes. Initially, my study generated 7 sub themes and 30 superordinate themes. In the end these were narrowed down to 5 superordinate themes and 18 subthemes. I ended up with a Master table of themes illustrating the 5 superordinate themes, 18 Subthemes and transcript extracts for each participant to support both the subtheme and the superordinate theme. Appendix 2 is the master table of themes with themes with participants' quotes.

### *Quality Control – IPA Audit*

One of the key things through the data analysis process was reminding me to be neutral and rely on the participants' material, without bringing in my own preconceived ideas and psychoanalytic concepts, which would shape the findings. As a quality control measure, which also helps in minimizing bias and part of the reflexive process, I engaged an auditor to look at my data and themes and gave me some useful feedback. This was done at a cost. The audit helped me create a more complete table of themes which identifies superordinate themes, subthemes and participants' transcript extracts to support it. Smith, et al, (2009) advises that auditing themes could be done as a way of enhancing rigor and quality control. This audit was crucial, considering the double hermeneutic nature of IPA and IPA and psychoanalysis being different paradigms. While auditing is helpful, one of the difficulties which were topics of discussion in the IPA Google group is that different researchers will have different lenses. This means that an auditor should be able to make sense of the data analysis and trace the themes back to the participants, but not necessarily agree 100% with the outcome.

Some key issues became apparent through the auditing process as the auditor was a Health Psychologist and an IPA researcher. She has no knowledge of psychoanalysis and certainly the language used in the study was foreign to her. This meant I had to send her some key definitions & explanation of key

psychoanalytic terms which were used by most of the participants in response to my questions. I also had to explain in detail, what the project was about, in order to give her a clear sense of the questions asked in the study, and how they were then answered. Her response to me was very helpful but informed by phenomenology literature, which is very foreign to psychoanalysis. This almost felt like we are speaking different languages and philosophical tensions were evident. The level of interpretation on the IPA level felt incomplete, and this garnered my need to integrate psychoanalytic interpretation in order to bring a degree of completion and illuminate the psychoanalytic meaning conveyed by the participants. Table 3 shows the table of themes.

## **Reflexivity**

### *Introduction*

Reflexivity is a term which is central to qualitative psychosocial research, which concerns first person enquiry. The impact of reflexivity in social research continues to be argued in intellectual debates where reflexive engagement is viewed as a significant element of the research process. Conducting research in an area that has personal resonance with one can provoke powerful feelings and risk the researcher losing objectivity and therefore make excessive claims to authority. It is therefore crucial that any researcher reflects on their identity, and the relationship they have with the research topic, and area of inquiry, through the process called reflexivity. Spencer and Ritchie (2012) consider reflexivity as a process whereby the researcher assesses how their subjectivity, identity, and role might impact on the process. I am a woman who self identifies as Black, who is also a psychodynamic psychotherapist, and my professional role mirrors my research participants who are psychodynamic/psychoanalytic trained psychotherapists. Important to bear in mind is that my interest in carrying out this research stems from my own personal experience and the need to explore how other therapists experience the same issue of working with clients who are racially dissimilar to them. My professional identity is therefore very close to the researched subject,

which demands reflexivity as an on-going process, where I remain critical to any assumptions I might have, in order to avoid contaminating the research process with my personal opinions, preconceptions and biases. Pazella, Pettigrew, and Miller-Day (2012) strongly argue that since research is a co-creation of knowledge by the researcher and the participants, reflexivity must be central to the process in order to minimise bias.

Reflexivity enabled me to create a “third space” and triangulate between myself, and the project. Tuckett (2012) postulates that the third space (oedipal) is at the heart of psychoanalysis theory and practice. While this was a research study, the notion of triangulation was important to me, bearing in mind the research was carried out within the psychoanalytic discipline. It was therefore necessary that I pay attention to some psychoanalytic concepts that might help me make sense of my experiences in the reflexive journey. The third space enabled me to create the thinking space where I could critically engage with my thoughts and feelings which constitutes countertransference. Countertransference is central to other psychoanalytic research methods such as the ones developed by Hollway and Jefferson (2000; 2013), Saville-Young and Frosh (2010) Frosh and Saville-Young (2011; 2017). While countertransference was not used as a tool in the analysis of data in this study, which would be against the principles of IPA of not bringing in pre-existing theories (Smith, et al, 2009), it was useful mostly in the interviewing stages of the project, in allowing me to understand some feelings stimulated, including understanding the emotive and powerful responses by the participants. Notably, Smith, et, al. (2009) considers reflexivity as an important element of IPA research. They also emphasize on the need to “bracket off” personal conceptions and biases throughout the research process as well as “bracketing off” in the idiographic analysis of individual cases which are all reflexive processes.

Discussing reflexivity, Finlay and Evans (2009) argue that, “we need to examine reflexively how our own conscious and unconscious selves may be impacting on the research process” (p. 37). Focusing on the complex relationship between the researcher and the researched, Easterby-Smith and Malina (1999) view reflexivity as a core notion in any interpretivist research, asserting that it is not possible for the researcher to be fully detached from the process. Reason (1998) considers reflexivity as a self-development process by the researcher, which enhance rigor in qualitative research. (Etherington 2004, p.31) argues that reflexivity can be conceptualized in three different ways which are; as a way of minimizing bias in research, as a primary methodological vehicle of enquiry such as in ethnography, and the third position is reflexivity as a way of bridging the gap between research and practice. In this project, reflexivity was utilized a way of minimizing bias and bridging the gap between research and practice, not as research methodology. Etherington (2004) views reflexivity as a crucial part of research, defining it as “the capacity for the researcher to acknowledge how their own experiences and context (which maybe fluid and changing inform the process and outcome of inquiry” (p.31-32). These conceptual explorations are essential as evidence base, and references, which assisted me in critically engaging with the reflexive process.

### *Research Reflexive Account*

In order to demonstrate the value of reflexivity throughout my research journey, I will present the salient details of my role in the research process in 7 stages. From the early stages of putting together a proposal, I began using a reflective log in which was helpful as part of the reflexive process. Apart from the reflexive log which I jotted all my experiences, thoughts and feelings, the Doctoral Learning set, Doctoral supervision, the feedback from the pilot project, discussions in the IPA Google Group, and IPA London Workshops were useful aspects of the reflexive process. These different aspects of the reflexive process will be presented in this reflexive account with an elaboration of their value to my research endeavour. Spencer and Ritchie (2012, p.230) assert that rigor can be demonstrated through careful documentation of the research process. This account therefore serves as

element of enhancing rigor as it highlights key facets of the research process and how I navigated them practically and emotionally. Reflexivity was a vital aspect of my research journey as an inquirer who was situated within the process. It enabled me to critically reflect on my thoughts, feelings, behaviours, responses to situations, and enhanced my research abilities throughout the research journey.

#### *Stage 1: Proposal, developing interview questions and identifying research aims*

One of the complexities of qualitative research is that the researcher is the primary research instrument and the researcher's subjectivity need to be acknowledged (Bright, 2013). Reflexivity allowed me to robustly engage with the research process from framing the research question, identifying aims of the study and writing the proposal. I found the proposal writing stage very challenging, due to the conceptual definition of race, which is seen as something that is fictitious, yet very present due to skin colour visibility (Dalal, 1993; Nayak, 2006; D). The challenge for me was how then do I carry out research on an entity that is considered to be non-existent? This question was very difficult to answer. I remember speaking to my supervisor about this hurdle, and feeling out of my depths, which helped me process my own sense of ambivalence at this stage. I also brought this issue to the Learning Set and the feedback I received from one of my peers was very negative. However, my supervisor peers helped me rephrase the research topic to include colour as a visible difference, which constitutes race, as it is incredibly difficult to argue about race alone.

#### *Stage 2: Ethics Application and Information Governance*

The Ethics application process was smooth as my project did not involve NHS Ethics applications, and my participants were not considered to be vulnerable people. Ethics refers to moral principles that guide action and which are essentially derived from philosophical theories (Thompson and Chambers, 2012, p.24). The only criticism I had was about data compliance and information governance- how I would ensure that the confidentially recorded audio recoded interviews, transcripts

and all sensitive material will be kept safe. At this stage I had to invest some time in reading up the new data protection laws as well as Exeter University ethics procedures. This was incredibly helpful as I was able to create a password controlled, *I cloud* account, where all sensitive materials were subsequently stored.

### *Stage 3: Recruitment*

One of the key challenges was recruitment of candidates to participate in the project. My initial proposal was to interview 18 candidates in total, but in the end my supervisor and I agreed to lower the number to 14/15. I had a lot of interests on participating but when I gave out the participant information, it was clear that some people found it difficult to talk about race and racial difference. It also made me wonder whether my subjectivity as a Black woman made some people uncomfortable that I will be asking them questions related to racism. In most cases I offered a phone call as a backup from the information sheet, in order to discuss the scope of the project and highlight that it is not about racism but getting views on therapist's experience of working with racial dissimilarity. This experience highlights Holmes (1992) idea that racial issues are intertwined with racism which makes it anxiety provoking for people to explore without feeling vulnerable. During this process, I was left feeling quite vulnerable and insecure, perhaps a reflection of the therapists' own feelings of feeling insecurity and vulnerability about participating (countertransference). This experience also created contradicting thoughts and feelings in me on whether I should have carried out research in a different area. My awareness of these feelings helped me contain some of my own anxiety as well as the participant's anxieties about taking part, which I believed were centred on being seen as prejudiced or racist.

### *Stage 4: Participants availability*

Following the recruitment stage, another hump and a huge source of irritation in me was finding a mutually convenient space and time to carry out the interviews. I



had to arrange the interviews at times that priorities the participants' availability and convenience, as well as a suitable location, conducive to carry out interviews. This involved travelling long distances, to different parts of London, at times in adverse weather conditions, as well as travelling to people's homes where some of the interviews were carried out. I remember at some point being left feeling quite resentful of having to travel far, which cost me time, effort and money. I also felt very sad and guilty about the inconvenience I caused some of my participants. My awareness of these feelings was crucial to me as a researcher.

### *Stage 5: Interviewing*

The next stage of interviewing was very stimulating, but emotionally taxing as I was in the place of the enquirer, getting information from the participants, and not in any form of dialogue. At this stage I became acutely aware of my subjectivity as a Black woman who is also a psychotherapist involved in a subject that concerns me personally as a minority racially and one of the few in the profession. Spencer and Ritchie (2012) consider reflexivity as "a research process where the researcher assesses the impact of their role and presence and declare the values and theoretical orientation that have guided their research" (p. 231-2). This view helped me enormously to continuously assess my presence and my role and indeed how it impacts on the participant's ability to answer some of the questions sincerely without thinking or feeling that I might see them as prejudiced or incompetent in their practice.

During the interview process, there was a big pull to engage in a dialogue other than listening to what the participants were saying, which was being recorded. This was partly because I found some of the views and experiences reported by the therapists very curious and interesting, but at times divergent to my research questions. I consider my response to this process as partly my countertransference as I developed strong feelings towards my participants, mostly positive, concern, care, guilt, shame, and feeling exposed which perhaps reflect their own feelings.

The ability to restrain myself from not engaging in a dialogue and keeping a focus on the questions was crucial. This was further complicated by the nature of IPA which is iterative and inductive- questions are open ended and semi structured which means some candidates may have a lot or very little to say. The ability to probe and also stay close to my questions is a skill which I developed as I gained more experience of the interview process.

The debriefing space was very helpful as it allowed both the participants and I to step back and reflect on the process which was crucial. Some of the participants asked me my views on this very subject and I had to be honest about my curiosity on it, hence my desire to carry out a project getting other therapists views. Some participants were able to share their personal experiences about working with difference away from the recorder, which again enriched my understanding of their views. As such I was able to reframe my interview questions following feedback from the participants, the research learning set, supervision sessions with my research supervisor. This made the interview process much more seamless and free flowing as the questions fed into each other.

### *Stage 6: Transcribing*

The transcription was handled by Devon Transcription Services (DTS) which works alongside Exeter University and this proved to be a seamless process.

### *Stage 7: Data analysis*

The data analysis which was highlighted in the Data analysis section was highly demanding mentally, emotionally and taxing in terms of time and effort. IPA studies are typically for a small number of cases due to the idiographic nature of the analysis which has to be done case by case. Due to the large number of participants which I had, the analysis process was very intricate. The nature of IPA studies by a novice researcher like me is that it is best done with pen and paper,

working with the original transcripts initially. Also, I had to use highlighters to identify themes, and write exploratory comments. At the end of each case I created tables of themes. This was then followed by identifying corresponding themes across cases. This meant I had to print wards of paper which I had to shred in the end due to confidentiality and data protection laws. The next stage of IPA meant I had to transfer all my themes (on printed cut up paper) onto a wall chart, in order to get a visual view of them and start ordering them to create higher themes. At this stage I felt quite exposed as my family began to notice the chart on the wall with paper cut outs, which did not make much sense to them. Reflecting on this as part of my reflexive process made me realize how protective I was of my project.

As argued earlier, I had to integrate a psychoanalytic lens in analysing the data in order to attend to the psychoanalytic meaning, which would otherwise be lost I had strictly stuck to the IPA level of interpretation. This issue brought up the reality that while IPA is a useful methodology, there are genuine shortfalls as well as positives in its use in a psychoanalytic study. It also highlights the philosophical tensions with regards to how knowledge is gathered in psychoanalysis and phenomenology. In this study, not modifying IPA, by bringing in psychoanalytic lens in the data analysis process, in which participants were answering questions about their psychoanalytic practice, would have been unhelpful, as it reduces the data to an abstract level. This very difficult experience and challenging decision made during the data analysis stage and process made me appreciate Taylor's (Taylor, 2010) writing on the complexities of research in psychoanalytic theories using Keat's Negative Capability to describe how one has to go into research with an open attitude, free of predetermined understandings and conduct the research in an experimental way with the willingness to accept the kind of emotional disturbance which arises due to the open attitude. I resonate with Taylor's assertions about keeping an open mind, having a degree of disturbance, and tolerating it during the research process. I having to adopt the psychoanalytic interpretation in an IPA project caused in me a degree of confusion and uncertainty which was resolved by speaking to my supervisor who helped me think through some of the very deep

philosophical tensions, and explain my rationale for not strictly sticking to IPA principles during the analysis level.

## **Conclusion**

This research process has been very intense for me. I have also gained a lot of insight into an area that I knew very little about. Due to the nature of the study, where I was eliciting information, and not in a dialogue, I was left feeling curious, with some unanswered questions that I would have asked if I was in a different context. Going through individual interviews enabled me to intimately engage with each participant's individual experiences. I feel very privileged to have had an opportunity to capture psychotherapists' views on something that has fascinated, yet confused me, and I remain curious about. This awareness of my feelings and reactions is part of reflexive practice which keeps me grounded and gives me a better understanding of the research process. This reflective account also serves as a way of improving transparency which is essential in qualitative research (Harper and Thompson, 2012). Etherington (2004) states that "By allowing ourselves to be known and seen by others, we open up the possibility of learning more about our topic and ourselves, and in greater depth" (p,25). Writing this reflexive account in an illustrious and explicit way as I have done allows me to be seen by others, and enhances my learning. It also creates more trust in my exercise and the process involved in gathering and analysing the data. Overall, reflectivity has been a core element of my study which, without it, will be chaotic and confusing both practically and emotionally.

## Chapter 4: Analysis

### *Introduction*

In this section, I will present the findings of my study, contextually grounded in the 14 participants' accounts. I will present transcript extracts and detailed analytic interpretations of them, demonstrating what I have learnt about the participants in relation to my inquiry. This is done for two reasons, firstly, in order to give an account of the data, so that I can communicate the sense of what the data offering interpretation. Secondly, in order to make a case of an overview of what the data mean (Smith, et al, 2009, p. 109). The data will be presented in a fashion, which discerned the case within theme format, making a consideration of all the 14 participants. I will attempt to give each participant a voice by presenting the extracts across all participants, and evidence how they are illuminated in the theme. This will be done while demonstrating how the superordinate themes and subthemes manifest in the cases. Due to the large number of sample, and the word limitation for this thesis, I will make a summary for each superordinate theme and sub theme and present the most potent extracts from the participants' interviews, in order to demonstrate the connection between the participants' spoken words and themes across the cases. This process follows the Table of Themes Table 2, which shows the superordinate themes, the nested subthemes and extracts to support each sub theme.

### *Themes Selection and Research Questions*

It is important to highlight that all the themes in this study feed into each other, although there is a degree of exclusivity and uniqueness in the meaning derived individually. Through a systemic process conducted to analyse data, the study identified 5 superordinate themes and 18 sub themes from 14 participants.

Appendix 2 shows the Superordinate Themes and the Subthemes, as well the extracts from the participants, answering the questions. This table also highlights the number of participants in which the sub themes manifest.

In order to fully explore the impact of racial colour difference in the therapeutic dyad where therapist and client are of different races, I felt that, it was necessary to

firstly pose the key questions which seek to gather therapists' views on racial difference and its relevance to the work. These questions were presented at the beginning of the interview schedule and they were answered almost unanimously with most interviewed therapists agreeing that racial difference was relevant to their work. Although therapists believed that racial difference was an important element of their work, their responses differ with some using their work with their clients as examples, and others using their personal experiences. Several superordinate themes and subthemes discerned the therapists' views and attitudes towards racial difference and its relevance to the work. I will attempt to highlight the participant's race, as this reflects how some of the questions were answered. This also helps with orienting the reader who has no knowledge of the participants' identities.

The participants gave their views and answered questions related to their experience in working with racial colour difference. In summary, the research questions I attempted to answer through interviewing therapists who have worked with clients of a racially dissimilar background to them were:

1. Do therapists think that racial colour difference is relevant to their work?
2. Do therapists think racial colour differences affect the transference?
3. How do issues related to racial colour difference manifest in the work?
4. How do issues related to racial colour difference get worked with, in order to establish a therapeutic relationship?

Table 2 is an illustration of the table of themes with 5 superordinate themes and the 18 subthemes discerned from the 14 participants. This also serves as a reference to the analysis process where I will elaborate on how each superordinate theme and subtheme relates to the participants responses. To minimize confusion, and following Smith, et al (2009) advice on writing IPA analysis, I will start from superordinate theme 1 and its sub themes and move on to the subsequent themes, until the last theme, superordinate theme 5.

Table 2: Table of Themes

<b>Superordinate Themes</b>	<b>Subthemes</b>
1. Skin Colour Visibility and the Misalignment	<ul style="list-style-type: none"> <li>• The personal and the social self-11 Candidates</li> <li>• Privilege, shame and guilt-11 Candidates</li> <li>• Therapists vulnerability and insecurity-12 Candidates</li> </ul>
2. Othering and the other	<ul style="list-style-type: none"> <li>• Therapist's ambivalence of the different other- 7 Candidates</li> <li>• Client's ambivalence of the difference other-13 Candidates</li> <li>• Therapists' experience of rejection- 9 Candidates</li> </ul>
3. The Mutual Connection: Racial Difference as a Catalyst	<ul style="list-style-type: none"> <li>• "It's in your face" – Intersubjectivity and the Ubiquity of race-12 Candidates</li> <li>• Race as an entry point-12 Candidates</li> <li>• Racial difference fostering growth-11 Candidates</li> <li>• Fear and avoidance of recognizing difference-9 Candidates</li> <li>• Bringing it into the room; engaging the external world-11 Candidates</li> </ul>
4. Multiplicity of identities: The Pandora's Box	<ul style="list-style-type: none"> <li>• Therapists' Uncertainty of Subjectivity and Belonging -8 Candidates</li> <li>• Subjectivity and its Ambiguity -Race, culture, Ethnicity, Nationality, Language, Gender, Religion, Disability-10 Candidates</li> <li>• Race and Culture Conflation; The Conjoined Twins- 9 Candidates</li> </ul>
5. Working with Racial Difference as a process	<ul style="list-style-type: none"> <li>• Fear of relational damage and reparation- 7 Candidates</li> <li>• Dreams; the Lens into the Unconscious-4 Candidates</li> <li>• Authenticity and Meaning Making-12 Candidates</li> <li>• Time and Timing; Continuing reflective practice-11 Candidates</li> </ul>

## **Superordinate Theme 1 -Skin Colour Visibility and the Misalignment**

### *Sub theme 1-The personal and the social self (11 Candidates)*

This subtheme within superordinate theme 1 captured how therapists view themselves as individuals with dual identities- one a subjective identity (personal) and two- the socially constructed identity due to the visibility of their skin colour (social). Therapists reported that in the beginning of their work, the visibility of skin colour as an element of their race, and the racial difference between them and their clients led to what I interpreted as a misalignment, where clients were anxious that they might not be understood. The visible colour was a powerful experience which created a barrier and many other associations that were deeper than what the eye met, which the therapists had to work with in order to build a therapeutic relationship. The barrier created related to anxieties around incompetence and at times a perceived lack of understanding of an individual's' issues, or an inability resonate with the client's struggles as a result of the perceived difference, stimulated by the skin colour difference. This was despite a shared culture, language, ethnicity, gender and nationality which may or may not be as visible as skin colour. This made the visibility of colour a key phenomenon and an important factor in their work. Essential to note is that this theme manifested in participants of all racial backgrounds.

When asked about her views on racial colour difference, Jennifer a White therapist described her work, saying:

*"...if I'm working with a black man, there's a complete block because the person thinks oh she just doesn't understand, or it could be that they want to get the white perspective on something...p.422-425*

Jennifer describes her work with a Black man talking about a "complete block" created as result of her skin colour. She highlights the fact that the client already has an assumption that he will not be understood as she is different to him. This creates a sense of misalignment, where despite other shared histories and experiences, Jennifer's colour becomes a barrier into the relationship which she has to respond to by exploring with the client his fears. I also noticed how Jennifer talked about "White perspective on something" which raised a question about how



Jennifer views her world in terms of there being a Black world and a White world. It seems Jennifer and client both approach the relationship with fears and anxieties, creating a misalignment-perhaps Jennifer not knowing much about the “Black world” and client feeling that he might not be understood due to the perceived views triggered by the skin colour difference.

Talking about her relationship with her Black client, Claris a White therapist said:

*“Perhaps the client sees me as Caucasian and maybe that I can’t understand something of what is being said about whatever, race”. p188*

Important to note is how Claris uses “client sees me as”, which means she is making the connection that being seen as Caucasian means that she is seen as different and incapable although she neither sees herself as different to the client nor incompetent. This might be stimulated by the fact that Claris is someone who self-identified in a very muddled fashion. Although she is Caucasian, she has darker skin and features. She described her own identity saying:

*“I always thought of myself as an ‘other’ because I was brought up Italian-American and Italian-Americans are not necessarily seen as White in the US and where we’re from, but as I’ve gotten older I think now I just see myself as, I don’t know, Caucasian, I suppose, so it’s changed” p. 14-18*

Claris talked about being seen as Caucasian by the client which made me wonder whether she experiences herself as “other” as she described herself, yet the clients may see her as Caucasian. The visibility of Claris’s colour (darker features) made her seen as different, and non-Caucasian, a social construction, and discriminated against. She also seems to have client have anxieties about her not being able to help this client. This creates a conflict because Claris does not self-identify as fully Caucasian but her client treats her as Caucasian due to the visibility of her colour. This put racial colour as a conflict and cause for a potential misalignment, particularly at the beginning of the work which Claris has to work hard on and overcome.

When asked about her views on the relevance of race in her work, Melody a White therapist spoke about her experience with a young Black male whom she encountered in the justice system saying:

*“So I think he feels that I can’t understand because I’m white, middle-class. And there is a semblance of truth there. I can’t understand what his life has really been like, why he’s ended up in prison” p.122-124*

Melody later on said:

*“I’ve not had a shared experience of growing up as a young Black man in this country who feels that maybe he is marginalized because of his colour and his social background”. p. 267-269*

Not only does Melody make explicit her difference in race, she makes reference to her difference in social class, and how marginalized people of certain races are due to their difference in colour. Melody is talking about her difficulties relating to someone who she has never had a shared experience with due to their differences in race and social class. Race becomes central to this account because Melody alludes to it as a source of inequality. So not only is race a visible difference between Melody and her client, she is also saying that this leads to a misalignment as she has never shared experiences due to her being a different skin colour and class.

#### *Sub theme 2- Privilege, Shame and Guilt (11 Candidates)*

This superordinate theme discerned a sense of privilege, shame and guilt in the therapists as a result of their racial difference from their clients. The most important factor which arose was how White therapists feelings were of mostly privileged, shame and guilt, while the BME therapists mostly expressed shame.

Penny an Asian therapist spoke about her subjective experience in a very poignant way, evidenced in this excerpt.

*Interviewer: “What is your experience, your views and thoughts about the racial difference and the transference relationship between the client and the therapist?”*

*Penny: [ ] “I think being aware of the traces of shame and inferiority and envy that I might have of middle-class Caucasian clients is quite important*

*because I think that can also... I suppose disentangling my own personal transference to them from my countertransference responses is something that, well, is always so important in my work.p.185-189*

Penny is talking about shame, envy and inferiority, the underlying feeling beyond these words. She is aware of being ashamed of her racial identity as an Asian woman and admits to feeling envious of her White, middle class clients. This puts race at the focal point of her work with client who are racially dissimilar to her as she has check herself her response to the shame she experiences, race being central to it.

Gillian, a Black therapist, talked about her encounters with mostly white middle class clients through an agency attached to a private Hospital. She said that clients are referred to her (mostly White) are highly likely to leave after the first session and have a lot of missed sessions. She described an encounter with a young White woman who left her after a few sessions saying:

*So I work in the private sector in the hospital, so somebody is coming in and they are expecting me to be white and I'm not white, what do you think happens? So she comes in and she'll, "Oh you're Gillian?" and I say, "Yes," and there is a disappointment. And the first session seems to go okay, they may open up and share things, but they don't come back the second time and I get told... I might get a message saying, "I want to see someone else". So there's a rejection p.89-95*

Gillian then talked about her experience with her White client who was missing a lot of sessions:

*"And I often feel as if how I was left feeling in the countertransference was I was not good enough". p. 403-405*

Gillian seems to attribute the client disappointment and leaving therapy as being a result of their racial difference where she was left experiencing rejected as someone who is not good enough. This also seems to invoke a sense of shame in Gillian, of not being good enough and certainly rejection. So the racial difference between Gillian and her clients creates a dynamic where she is left feeling not just

rejected but shameful of herself as someone who is incompetent and not good enough.

In response to the question whether racial difference is relevant to his work, and working with a client of a different race to him, Donald, a White therapist, talked about his work saying:

*“I think there would be potentially in me a placating or guilty countertransference, if you like, that as the beneficiary of British imperialism, that there’s a truth that I am that and I think I might well be perceived as that”* p. 369-372

Donald’s responded to this question by drawing on Imperialism which happened years ago and him identifying himself as a beneficiary of it. Donald is in tune with his sense of guilt which he describes in terms of him experiencing it in the countertransference, which is a key psychoanalytic tool. What Donald seem to elucidate is his sense of privilege and guilt which shapes his attitudes to working with a client who is say Black, who would have had ancestors affected by Imperialism. So Donald’s countertransference feelings are not just related to the current transactions with his client, but historical issues such as slavery and imperialism which he brings into the scenario. The sense of guilt in this response is evident if we consider how Donald refers to himself saying “there is a truth that I am that”, even though he was not directly involved. It appears that guilt from Imperialism becomes the backdrop of his work.

### *Sub theme 3- Therapists Vulnerability and Insecurity (12 Candidates)*

What became clearer through the analysis of data was that there was a shared sense of vulnerability and insecurity in the therapists’ abilities triggered by the external skin colour differences, despite their vast experience. This led to a misalignment which the therapists have to pay attention to in their work. This sense of vulnerability also linked to therapists own perceptions and relationship to power and status. Interesting to know that all therapists describe initially feeling

vulnerable when working with clients who are racially different to them, but this shifts as the therapeutic relationship develops.

Gillian a Black female described her work with her client who is White South African female client saying:

*Well, I've been given a gift, I got given an Easter egg recently and they... I think the Easter egg... Do you know when somebody gives you something and it feels awkward and, mmm, and it's given to you at the end of the session so you can't really talk about it in the session. So I've had that recently. And when I confronted her about wanting to give me this gift and I wondered what it was that she wasn't saying to me, it's just that, "I'm grateful," I was like, "But you don't need to give me... It makes me feel that our presence together, our time together isn't... may not be enough for you in that sense that I get paid to do what I do, you don't need to pay me". p. 373-382*

She went on to describe this encounter saying:

*"Yes. And we are actually talking about somebody who is from South Africa and where they would have had black helpers coming in. So that is there in my mind" p.368-370*

Gillian talks about being given a gift by her client, and feeling awkward. She seems to imply that client sees her as needing or less than. Although the client could be expressing gratitude for her work and trying to connect, Gillian sees the gesture as a way of client denigrating her. This seems to come from a place of vulnerability and insecurity as a therapist who is working with a client who is a different race to her and who might have preconceived ideas about her. This interpretation was made as I wondered if she would have felt the same way if a Black client, for example, had given her the gift. She then makes reference to the client being from South Africa. The unspoken content here which seems to have shaped Gillian's perception of her client's gesture lies in the racism history of South Africa, where Black people are treated as second class citizens, and a lot of them work as housekeepers and helpers in White families. Gillian makes reference to the client having Black helpers coming to her home growing up, which means she had put

herself in a vulnerable position of being a Black helper, perhaps a nanny, despite her being a competent therapist. This could be seen as a conflict considering the power dynamics in the therapy encounter where the therapist is the helper and the client the helped. This conflict seems to be linked to the sense of vulnerability and insecurity which lies at the heart of the difference in race for Gillian, where it triggers the negative feelings in her the therapist.

Alex a White therapist was responding to the question whether he thinks race was relevant to his work, and on further probing, he went on to describe his work with one of his clients saying:

*“I’m also thinking about another person who I am seeing now, a man who again comes from the Caribbean. [ ] I think one of the things I’m thinking about is the sense that they have the idea that I’m racist in some way and whether they would characterise it like that, I’m not sure, but maybe that somehow because I’m white I can’t understand them, there’s some way in which I can’t understand them” p. 596-602*

Alex speaks about his anxiety in a way which conveys his vulnerability and insecurity about his work. His vulnerability and insecurity comes from being perceived as racist simply because of the colour of his skin, not any other attributes or experiences he had with the client. He might have other shared experiences with the client but the visible skin colourful difference seems to trigger something very powerful in the client and in Alex, his vulnerability. Alex is saying that despite the client not knowing him well, his worry is that he will see him as racist and also as someone who will not understand him. It is important here to highlight that Alex is a highly experienced psychoanalytic psychotherapist who has vast experience, spanning over a number of decades. However, despite his many years’ experience, he still experiences racial difference in his work in a way which leaves him feeling vulnerable and insecure. So Alex makes clear how racial difference between him and his client triggers some very powerful feelings in him – fear, anxiety and worry, which I interpreted as vulnerability and insecurity.

Jennifer a White therapist talked about the complexities process of exploring racial difference saying:

*“I think it is more difficult to address racial difference because then for me I get into oh I’d better be careful what I say here, I might put my foot in it and say something wrong, I might cause offence”. p.657-660*

Here Jennifer highlights the sense of vulnerability by not wanting to cause harm or damage in the clients who are racially different to her when discussing difference. She acknowledges the need to explore the difference but her difficulty lies in how this can be some without causing offense. Important to notice is how Jennifer use metaphor of “putting my foot in” to emphasize her point. By saying putting her foot mean addressing racial difference could lead her saying something that might accidentally upset her client. This area is therefore a very intricate area for her as a therapist who needs to navigate it with caution. My interpretation is that this leaves her feeling extremely vulnerable and insecure. Important to note is that this experience only happens when Jennifer is working with clients who are racially dissimilar to her, which makes race a key element that need to be navigated cautiously.

Ruth expressed her sense of vulnerability and insecurity in her identity of being a White Jewish woman. She described her clients using Google to search for the origins of her surname and some of them have had an issue with her Jewishness. She talked about one of her clients who left after finding out she was Jewish. Describing the encounter with a client, who had been the second client to have a similar reaction towards her in short space of time, Ruth said:

*“I didn’t have any kind of strong countertransference that was different from anyone else, apart from fearing that they might have something because I’m Jewish and they might know about it that they might come and come with their own ideas, as the first one. So with the second one, I was a bit like overcautious but eventually it turned out to be on the contrary a good thing to be Jewish for her. p. 198-203*

Although Ruth is a White woman, she puts her Jewishness (race) at the fore of her work and how she is perceived by her clients. Although there is no difference in colour, distinguishing Jewishness as a race is important as it is a defining element for Ruth and how her clients relate to her. This account demonstrates a huge

sense of vulnerability in Ruth who has been rejected by clients due to her race. These issues are triggered by racial difference creating a misalignment –the client’s anxiety of not being understood and therapist insecurity and vulnerability.

## **Superordinate Theme 2- Othering and the other**

### *Sub theme 1 – Therapists ambivalence of the different other*

Within the interviews, there was a degree of ambivalence expressed by the therapists towards their clients who were seen as “other”- different in race to them. This was present to all therapists, regardless of their subjective racial background, which demonstrates the fact that this phenomenon is universal and therefore pervasive. Ambivalence was a significant part of the therapists’ work which they had to pay attention to on a personal level in order for them to be able to fully relate to their clients- the other. Therefore the process of “othering” had to be navigated very carefully, in order to establish a therapeutic relationship. Therapist also reported that it took a long time for them to establish a therapeutic relationship with clients who are racially different to them. To complement the therapists’ sense of ambivalence, they also reported the same level of ambivalence from the clients towards them in the othering process. This was reflected in the next sub theme. Jennifer a White therapist had a Black client referred to her in an organization which she worked for. She described her encounter with the client saying:

*“I was quite anxious about working with this person, but I still to this day don’t know whether it was because of the skin colour, might say prejudice or [ ] or whether it was his anger and I was thinking well if he had been white, how would I have felt? p141-145*

Jennifer talks about feeling anxious and questioning herself whether she would have felt the same had the client been a similar race to her. She also questions her own prejudice which I think she refers to it being unconscious to her. My interpretation was that there was a huge degree of ambivalence in Jennifer working with this client due to their otherness-racial difference. There is also an assumption



of anger from the client, which seem to have been stimulated by the client being Black.

Alex spoke about his work with an Asian Jamaican client whom he had taken a very long time to build a relationship with. He had been seeing this client for 5 years twice a week in psychoanalytic psychotherapy and he feels that their racial identifies has shaped their relationship. Describing how his relationship has evolved with the client and whether he thinks racial difference is at all relevant to his work, Alex said:

*Well, I think it's in the room, it's in the work. I think that he and I both sort of love and hate each other and we sort of... I mean, I don't know if I'm quite making sense but we sort of negotiate it. I mean, we have talked about me being white and him not being white but there is definitely some aspect of that that we haven't really talked about yet. I guess that we will. I'm not sure what I would say that is. I feel very interested in him and what he's talking to me about and very kind of concerned about his welfare. At the same time, I think there is a sort of hostility in him towards me and probably in me towards him, perhaps that's a bit more difficult for me to identify". p. 378-387*

Here Alex is very clearly expressing his ambivalent feelings towards his client and also client towards him-the love and hate. He is also concerned about his client's welfare. He also acknowledges that they negotiate the meaning of the racial difference between them, and there are some aspects of it which aren't yet talked about. Interesting to know is that this is with someone who has been in analysis for 5 years twice a week. So the process of othering, due to racial colour difference creates ambivalent feelings between therapist and client which becomes part of the work on an on-going basis.

#### *Sub theme 2- Clients' ambivalence of the different other*

This sub theme is about clients' ambivalence towards therapists. It compliments sub theme 1, which was about therapists' own ambivalence towards the clients.

This subtheme captured what therapists described which in my interpretation sounds like a sense of ambivalence experienced by their clients due to the racial difference. This was an area where therapists had to attend to client's feelings and helping them feel safe in the relationship. This then lessened the degree of ambivalence and opened up a space for therapeutic work to be done. Also, this process took time, which meant the trajectory of the work with clients who are racially dissimilar somewhat took a different, and longer path to establish a therapeutic relationship.

An example of client's ambivalence came from Gillian's in this exchange:

*Interviewer: "How would you describe working with clients of a racially dissimilar background to you with regards to building a therapeutic relationship?" p. 63-56*

*Gillian: "So they are not the same, they are different? [ ] So it's usually tentative small steps. It can be quite anxiety provoking as well because not only is there often the fact that they are racially different but class can be a real issue as well and they both can sometimes feel quite powerful in the room, yes. It can be painful because a patient might turn up expecting Gillian Whitehead to be white and she's not and then I get rejected. So in my institutional role, patients are, they are private sector, they are insurance, they are well-healed...p 67-75.*

Gillian who is a Black therapist is describing how the clients approach therapy expecting someone who is racially similar to them and she gets rejected when they raise she is dissimilar. She also talks about difference in class which is often present where there is a difference in race. She expressed some powerful feelings which seem to be triggered as a result of the clients' ambivalence towards her as a Black therapist. Although she talks about rejection and class difference, what is elucidated in this account is the client's ambivalence towards her as a therapist who is racially different and her needing to take longer "tentative small steps" to establish a therapeutic relationship.

Answering the questions on how he works with clients of a racially dissimilar background to him, with regards to building a therapeutic relationship, Donald describe this work with a young Black man saying:

*“Oh yes, one thing about that boy I was just talking about, in this most recent session where I felt he was really in denial, he was saying, “I’m not bothered by racial prejudice, it doesn’t get to me. Things happen, but I just shrug it off”. It seems to me that anybody coming to see a white professional, a middle-class, prosperous, white professional like myself is bound to have all sorts of feelings of grievance related to the experiences of disadvantage and prejudice and outright deliberate humiliation, racial hatred which they are likely to have experienced and those are things which have to be talked about and have to be talked about as something potentially here in the room rather than kind of out there”. p. 319-329*

Donald is talking about his client who denies any sense of racial difference and he acknowledges that this may be a difficult area for the client that is kept outside the room. He also said he thinks that anyone of a different race to him seeing him would have hostile feelings triggered in them such as humiliation, hatred and grievance. Donald is talking about his client’s ambivalent feelings towards him as someone who is linked to an oppressive past, so Donald has to be aware of the client’s hostile feelings. He is also suggesting that this will only be the case with BME clients who were historically subject to imperialism.

Jennifer who is a White therapist, married to an Asian man, and uses an Asian surname describe a very interesting experience with her client when describing how working with clients of a racially dissimilar background evolves. She said:

*“I did an assessment once, it was a man, and he almost didn’t come and see me because of my name, or because of my surname. He just couldn’t come. And he actually phoned up the office, this was in the charity not the NHS, to say, “Look, I’m not going to come,” and they said no, no, no, come*

*and see me, so he did come. So he was a bit taken aback then when he realised I was a white woman because he was expecting an Asian woman”  
p.261-267*

This is an example of how the client created a misconception of Jennifer based on her Asian surname. The therapists' race was important to the client even before they met and she described the client being taken aback when he realized she was white. There is a huge degree of ambivalence in the client which is present, even before they met. Skin colour and race created a sense of safety in the client when he realized that Jennifer was in fact not what he had imagined.

Karim a mixed Asian and White therapist who also has an Asian surname said:

*“So I guess the people who feel that I’m too other, they can decide already by my name and maybe they don’t turn up, or they turn up with a little bit of suspicion and then they check out”. p. 240-242*

Again Karim is describing ambivalence from the clients due to their perceptions of him based on his Asian surname and his race as a mixed race therapist. The clients have to “check out” which means they have to feel reassured and less ambivalent before they start working with him. This is important to realize how ambivalence shapes the way clients contact Karim and how his work would evolve.

### *Sub theme 3- Therapists’ experience of rejection (9 candidates)*

This subtheme illuminated the sense of rejection experienced by therapists due to the difference in race. Dealing with this issue was part of the work they had to deal with, along with tolerating some also very painful feelings which ensued. This theme was present in mostly Black therapists, Asian therapists as well as the mixed race therapists. This may suggest that White therapists experience of rejection may differ from other therapists. This theme was present where therapist had clients referred to them which mean rejection is a reaction. Important

to bear in mind is that even Black clients rejected BME therapists and Asian clients rejected BME therapists which is curious.

Talking about her time working in an organization as an Asian therapist, Penny said:

*“...an overtly negative experience of racial difference in the consulting room and actually interestingly the patient herself was also a psychologist and she was black and she took very negatively to being allocated me as a therapist and when we explored this during the course of our work together it was really fascinating because she imagined that I was only here for purposes of window dressing, to tick ethnic minority boxes and that she had been fobbed off with someone secondary”. p 93-100*

Although Penny is Asian, she felt that her race with this client created sense of rejection of her as a good enough therapist who was just therefore for window dressing. She then went on to say it was negative experience which in my interpretation, she felt rejected as someone who could potentially help the client but there as a fixture, undermining her abilities as a therapist.

Loice a Black Therapist described her experience as a therapist saying:

*“I’ve had this in my experience quite a lot, where I’ve had a black client who didn’t want to see me and made it very clear, [ ] she didn’t want to see a Black therapist, so we did an assessment over the phone, she didn’t realise that I was Black until at the very end” p. 229-233*

Loice is making clear how the client rejected her based on her race. The client was also Black which in my analysis highlights the meaning attached to being Black, especially as a therapist.

Karim a mixed race, White and Asian therapist said:

*“Someone actually straight out told their [...] when they were referred to me, straight out said, “No, I don’t want to see an Indian therapist” p. 240-242*

Clients clearly did not want to see Karim due to his race and my interpretation is that this is a rejection in Karim.

### **Superordinate Theme 3-The Mutual Connection: Racial Difference as a Catalyst**

This superordinate theme revealed a very important overarching sense that although difference was difficult to work with, it was positive once it is engaged with, and neither denied nor avoided. It became a vehicle for the work. The superordinate theme of the difference being a catalyst was derived from the fact that therapists seem to suggest that exploring difference brought more depth into their work, and the difference was relevant to their work.

#### *Subtheme 1 - "Its in Your face- Intersubjectivity and the Ubiquity of race- 12*

##### *Candidates*

This subtheme manifest mainly when participants were asked what their views were on racial colour difference and its relevance to the work. They felt that difference was omnipresent and denying it means looking something vital in the work and the relationship not surviving. The intersubjective element of this theme was in the sense that both therapist and client's racial difference mattered to the therapist, so they treated the meaning of their difference as co-constructed.

Gillian a Black therapist responded to the question on her views about working with clients of racially dissimilar background by saying:

*"If I'm in a relationship with a white man and we don't have a discussion about our differences, we are screwed". p.440-441*

Gillian uses an example of herself a Black woman being in a relationship with a White man, emphasizing that if they do not talk about their difference the relationship is a failure. Gillian also use metaphor "screwed" which is very important as it shows how deeply one creates their personal meaning about their experiences. To Gillian, it is very important to explore racial difference with her clients and not exploring it means the relationship does not succeed. The intersubjective element of what Gillian seems to highlight is in acknowledging that race was not just an issue relevant to the therapist or client but both and that there

is a relational aspect of their work. The meaning of race therefore comes from the “discussing” with her White partner, which I interpret as exploring in the therapy space.

Discussing his views on racial colour difference and its relevance to work, Karim a mixed Asian and White therapist made reference to himself and his personal experience saying:

*“So I didn’t grow up feeling other at all, my race never made me feel other, until I got to university and people started teasing me for being half Indian, so I was like, [ ] I never had that until I went to university, until I left London. So if someone has grown up particularly because of their colour then well it’s relevant that I won’t have gone through life that way and I guess because colour in particular, you walk around with it, so it’s so instant, so you can’t hide it” p. 160-167*

Although Karim made reference to his personal experience, he makes an important point of walking around with colour and being unable to hide it which makes race a unique form of difference. This makes race omnipresent, captured in the theme. Growing up in London, a multicultural society, Karim never had to feel different but since attending University. Karim’s awareness of racial difference as something that he carries around makes Karim attentive to his own clients’ racial differences.

In describing the relevance of race in the work, Melody a White therapist said:

*“it has to come out in the work, doesn’t it, because otherwise it’s not being acknowledged ... then it’s like it’s what gets hidden” p. 336-347*

Although Melody is saying that racial difference “has to” come up in the work, my understanding of what she was saying is that it is unavoidable, this supports the theme of race being omnipresent. Melody is making reference to her work with clients saying that the racial difference is a necessary part of the work, which has to be addressed. She used the metaphor of something being “hidden” if the racial difference is not explored. My understanding and interpretation is that she believes that race carries a bigger meaning not just what is seen on the outside. Melody also seems to be suggesting that not addressing it means there is an avoidance of

other things. Although Melody did not explicitly talk about race being present, her response in saying “it has to come out” my interpretation is that she is referring to race as something that is forever present in the work where therapist and client are of different races, and it has to be explored at some point.

### *Subtheme 2- Race as an entry point (12 candidates)*

This theme discerned a sense from the interviewees that race was an entry point into the client’s unconscious, as it triggered issues related to the client’s own internal world. This means that working with race became an entry point to the client’s internal world and enriching to the clinical process.

Talking about her experience with a white client, Gillian a Black therapist said:

*“I am definitely the nanny that strapped her on my back and carried her around when she was a kid, a lost and forgotten person, carer, in this client’s life”. p.142-144*

This is a powerful way of Gillian describing her experience with her client where she uses her back as a metaphor for a safe space that she provides the client. Her being a nanny meant that the client might have internalized a good enough object in her Black nannies in her early life which Gillian represents at a deeper level to the client. My interpretation is that the experience of racial difference here serves as an entry point into the client’s internal world based on her early life experiences, and meeting her needs in the therapy. Race therefore shaped the quality of the relationship between Gillian and her client.

Chance talked about his work with a mixed race client saying:

*“She came to see me for something not connected with race but race came to be spoken about because she came unconsciously to work through some of those issues around blackness and what that meant for her to incorporate her blackness”. p.304-308*



Chance is saying his identity as a Black therapist enabled the client to work through some of her issues around her mixed race identity. So the therapist race became a catalyst and an entry point to the client's internal world.

Alex talked about his experience with his Black client saying:

*"I think he probably came to see me because I was white and I think it's probably quite important for the way we talk about things" p.243-246*

Alex recognizes how his race helped make a connection with a client who might have sought him out because of the different racial identities. The racial difference enables the client to feel safe enough to explore deeper issues, which may not be possible in the same race dyad.

Describing working with racial difference, Donald said:

*"Well, as I say, [racial difference] it could be a hook to kind of hang the negative transference on" p.303*

Although Donald uses the psychoanalytic concept of the negative transference, my psychoanalytic interpretation suggest that what he is saying is that race can be an important part of the work, which the client can use to project all the negative aspects of themselves. Therapists therefore need to engage with the racial aspect, working with the negative transference, in order for the work to evolve.

### *Sub theme 3- Racial difference fostering growth (11 candidates)*

This sub theme illuminated a sense of growth in the client and therapy process as a whole due to the racial difference. However, this was only possible when race was made integral to the work.

Gillian described her work with her client saying:

*"she was somebody who had been sexually abused from when she was a baby and I think there was something about my being different that made it*

*possible for her to feel that she could feel safe with me...I was the unknown”*  
*p.114-118*

*Again, I'm a safe pair of hands.p.148*

Gillian was an unknown to the client and the growth in the client came from the client being able to work through a very traumatic issue of sexual abuse. So in a way, the racial difference had a paradoxical function where it was a positive experience for the client, enhancing growth to the therapy.

Clariss a White therapist talked about her work with a Black woman who had issues with her identity and able to work through this with her saying:

*“She felt too vulnerable in a relationship with somebody who wasn't so different from her, whereas she could seek safety in somebody who was different from her or she could hide a little bit”. p. 274-277*

There was growth in Clariss' client and in their work as their race made it safer for the client to tolerate, in comparison to someone who was similar to her. Racial difference allowed growth in the work and in the client as it was created a sense of safety.

Tony a Black therapist talked about his White middle class client who was having a major relationship issue with his wife saying:

*“So what racial difference enabled us to do was to work around how it felt to be different. And I think in doing that between me and him in the room, there was a potential for him to understand something about his wife”.p197-200*

Tony sees that the difference between him and his client enabled a growth in his client where he was able to resonate with his wife's feelings of being different from him and how he experienced his wife as not understanding him. This was the issue the client had approached therapy for; racial difference facilitated the work.

Sub theme 4- Fear and avoidance of difference (9 candidates)

This theme discerned a sense of fear and avoidance of engaging with difference between therapist and client. This was a defence against some deep and painful feelings triggered by acknowledging difference by the client.

Melody talked about her work with a client saying:

*“So I worked with an Iranian lady who never wanted to accept that there was any difference... I think it’s too much for her to think about, so when difference did come up it was really difficult”. p78-83*

Melody is aware of the client not wanting to accept difference because it was a painful subject for her, as it links to deeper issues. Although there was a sense of denial, avoidance and fear are the underlying feelings in avoiding this subject. The fear was perhaps that it would trigger very painful memories of the client’s own past which included leaving her family and starting anew life in a new country where she feels different.

Claris answered the question of whether it was necessary to explore difference with the client saying:

*“To say that everything is perfect and great and difference doesn’t matter, I think is not really acknowledging something that could potentially be quite painful as well and then how much has the therapist colluded with the client...” p.392-396*

Claris makes a point of there being potentially an underlying painful area where there is an avoidance of difference. This is important as it shed some light into the fear and avoidance and why it is necessary for clients to avoid difference.

Loice said:

*“...you don’t get to work through some of the preconceived fears of what it might be like to work with other...So there’s something of an idea that gets reinforced; it’s not safe to go outside of that. p. 73-277*

Loice is in touch with the safety that is presented as a way of avoiding feeling vulnerable through exploring difference. She also explicitly talks about preconceived fears around difference of the other and how this may foster a false

sense of safety. Essentially, there is a fear and avoidance because it is unsafe to explore difference.

*Sub theme 4- Bringing it into the room: engaging the external world.*

This subtheme discerned something about the process of working with racial difference. It captured the notion that there was an importance of bringing into the room any issues the client talks about describing as having happened outside. This is because, due to the fear of acknowledging or exploring difference, clients often talked about things that happened outside with racial others, but this actually related to the therapist and the therapy.

Melody talked about her client in relation to external political events saying:

*“So with my Iranian lady she kept not wanting to acknowledge that there was difference, so then it did get acted out outside of the room, so when the political circumstances changed and there was a Brexit phobia here she very much felt as if she was on the outside and I think she then experienced me as being somebody who couldn’t understand what that meant for her to no longer feel welcome in a country that she had considered to be home” p 383-388*

Melody is expressing how the political environment outside evoked something between her and her client which related to their difference. Bringing this issue in the room and not treating it as happening outside, made Melody and her client able to address their own differences in race and how the client felt misunderstood by the therapist.

Alex a White Therapist talked about the relationship between what happens outside and between him and his client in relation to racial difference saying:

*“So I’m thinking about an incident he told me ...somebody made a racial comment to him which he was very shocked by and he told me about that incident quite early on in the work... I still sort of wonder, if he was setting down a marker at that point” p349-352*

Alex is aware that client was talking about an incident outside but he is also saying he thinks he was also telling him something about their difference in the relationship. So this situation was not treated as being outside, but also within the relationship where difference in the client and therapist was present.

Clariss a White therapist talked about her work with a Black client saying:

*“if a client perhaps has had a bad experience or wants to say something that is racially challenging, for instance, that white boy has been more privileged or whatever but feels that they can’t because of my colour but it comes into the room, I then think about how obviously my client views me” p.114-118*

Here Clariss is making a point that the client is not only referring to having had a bad experience with a White boy, and it is not entirely about what happened outside but maybe making reference to her. Clariss sees the importance of bringing this back into the room as this could be a way the client is trying to deal with racial difference by externalizing it.

#### **Superordinate Theme 4- Multiplicity of identities, The Pandora’s Box**

This superordinate theme illuminated the complexity of identities in the therapists as individuals, and with the clients they work with. Due to the identities being intricately intertwined, therapists had to navigate this area very carefully and not make assumptions about client’s identity which affects their sense of self and how they work with them.

##### *Subtheme 1- Therapists Uncertainty of Subjectivity and Belonging (8 candidates)*

An important theme which answered the question of whether therapists think racial colour difference is relevant to their work is in how they described their own subjectivities. Therapists described themselves in a contradictory fashion which I believe is an issue which not only affects them but also their clients. This again

demonstrates the complexities of identities and how race is one of the contesting variables.

Loice a Black Female described herself as:

*“I would describe myself I suppose as Black, British, with Caribbean descent. My parents are from Jamaica. It changes. I mean, quite simply black, British”. p.16-18*

It is interesting to note how Loice did not give a direct response of her being a Black British woman but went on to delineate her Caribbean ancestry and also goes on to say her identity changes but it's quite simply Black. Here Loice seem to be grapple with not just her race but culture, ethnicity, colour and her parental heritage.

The same difficulty in having a coherent sense of racial subjectivity was demonstrated by Annette a Mixed White and Asian therapist, in how she describes herself saying:

*Interviewer: “How would you describe your racial identity?”*

*Annette: “I suppose I don't think of myself as primarily Caucasian” .p. 32-33*

*Interviewer: “I wonder what you mean by “I suppose”?”*

*Annette: Well I'm saying I'm English because I live in England as opposed to Scotland, Wales or Ireland, yes.p.47-48*

*But then my father who is the Englishman isn't actually English, he's half Scottish and half Welsh. P.52-53*

Annette is describing herself by going as far back as bringing up her father's own racial identity and how she thinks she fits into the identity box. Interesting to know is how she does not mention her mother who is Asian and she also says she doesn't think of herself as primarily Caucasian. The issue Annette is struggling with as well as other candidates in this theme is how to construct a coherent racial identity. This is a very important element of this study as it highlights the complexities of categorizing people by race and having to tick relevant boxes.

*Sub theme 2- Subjectivity and its Ambiguity -Race, culture, Ethnicity, Nationality, Language, Gender, Religion, Disability (10 Candidates)*

This superordinate theme discerned the therapists' views on the ambiguity of our differences and how race, culture, ethnicity, nationality, language, gender, religion and disability are contesting variables which are equally present in the work.

Therapists expressed how difficult it was to unpack identity given the multiplicity of subjectivities which are easily constrained through the categorization of people into different races or cultures, religion, and nationality for example. Although they think racial colour was an important facet of their difference, they expressed that other forms of difference were very relevant and certainly impacting on the work.

Alex, a White therapist described his work with one of his Asian client saying

*“She was Muslim as well, so that was definitely always present in the room, that she was Muslim, and she wore a headscarf. And she spoke about that, about being a Muslim woman, but what she didn't speak about was race until I brought that in, that it was different at she was non-white and I was white”. p.396-400*

What Alex seem to be saying is how complex his client's identity was juxta positioning himself as a White therapist. Not only was this client Asian which could be seen as a race or culture, she was also Muslim, which is a religion. Although not mentioned in this extract, this client was from the Middle East, which is another dimension of her nationality. The client was also a woman which brings in a gender element of her difference as well as her sexuality, which Alex would have known through working with her. What Alex seems to be saying is that in the consulting room, we can be presented with a lot of differences and at times race is present as one of many other differences. Client and therapist not talking about their differences as in this case does not mean that it was not present. It certainly affected the work and his awareness of his client's complex identities meant he had to treat these differences as part of what the client brings to therapy.

Hanson an Asian Oriental therapist talked about his White clients saying:

*“Even the white Caucasian clients, amongst them there are so many differences like age and the way they speak, class, individual differences”.*

*p.83-85*

Hanson talks about “them”, demonstrating how different he feels from his clients. Hanson also acknowledges that despite being racially White, his clients also embody other visible and non-visible differences such as age, and social class. This awareness is important for him.

Jennifer a White therapist responded on the question of what her views were about racial difference in the work by describing her work with deaf clients saying:

*“I’ve done a lot of work with deaf people, so culturally with deaf people, identify as having a different culture to say people who are hearing, and sort of within that as well I’ve worked with people of different skin colour as well who identify as culturally deaf and in my experience it’s been the cultural difference and not necessarily skin colour that has been more important to people” p.97-102*

Here Jennifer makes an important point that disability is a vital part of one’s subjectivity which in her view supersedes racial difference. In her work with this particular client group, she considers this client group as culturally deaf, not seeing deafness as a disability but a culture. This takes us to the notion of contesting variables with each one fighting to be at the top. Important to note is that Jennifer does not mention gender, nationality, religion, sexuality or ethnicity as she thinks the deafness as a disability, coined as “deaf culture”, is more important in her work.

### *Sub theme 3- Race and culture conflation: The Conjoined Twins (9 Candidates)*

This subtheme under the same superordinate theme 4 illuminated the struggles therapists face in their work in separating race and culture and establishing what is more superior than the other in their work. Although therapists’ were discussing race and racial difference, which they believe was an essential element of their work, it was clear that culture was a compounding factor and there was struggle with discriminating it from race. I used the metaphor of Conjoined Twins to describe how therapists experience the conflation of culture and race.



Karim describes his work saying:

*“...that combination of otherness of colour and otherness of culture, where they combine is where I feel like I have to really hold back on what I think I know about how human societies work” p.275-279*

Karim is talking about differences in culture and race and as a therapist he has to “hold back” meaning not making assumptions and navigate carefully. Therefore it is important not to make assumptions that for example, because the client looks Asian, he follows the Asian culture and the client is White, he follows the British culture. Karim’s responses highlight the fact that there are many different layers to our differences and they are relevant to the work-culture and race is present, but conflated. This takes me to how Alex a White Male described his clients he works with saying:

*“...most of my clients are white but from quite a broad range of cultural backgrounds even though they are white” p24-25*

Alex shares the same view as Karim, that his clients who are White have different cultural backgrounds, which again demonstrates how there is a conflation due to the assumptions we can easily make about our differences.

Annette expressed her views on the relevance of racial difference by saying:

*“for me the difference between say colour difference and culture are very much bound up together. p.135-137*

Describing her work with White clients Penny an Asian female therapist said:

*“culturally and class wise I may not have very dissimilar experiences to many of my patients” p.258-260*

Here there is a sense that Penny feels more connected with her class more than her race and she thinks although she has a different race to her clients, they have more shared experiences due to culture similarities. Again race and culture appears as conjoined twins which are different but seen as the same as they feed into each other. Although this experience is subjective to Penny, it may mirror

clients also experience their own subjectivities. So in Penny's case, she thinks her race is important but she sees class and culture as more important to her.

### **Superordinate Theme 5 -Working with Racial Difference as a Process**

This superordinate theme highlighted that working with race was an on-going process for therapists, not an isolated event which has to be done, and got out of the way. This superordinate theme difference and illuminated 4 sub themes which revealed what therapists actually did in the process of working with racially dissimilar clients.

#### *Sub theme 1- Fear of relational damage (7 candidates)*

Therapists reported a sense of fear of relational damage as the relationship developed, which is present when there is a racial difference. This fear of relational damage was from client towards therapist and from therapist towards client. There was a sense of restraint and the need not to damage the relationship which was seen as special and also vulnerable to damage.

Tony a Black therapist spoke about his client who had alluded to him being working class saying:

*“And his response to me was, “Well I quite like being with you, you know, because you’re from the street.” And I’m like, “Am I really?” In my mind I thought, ‘That’s a very interesting response.’ But it enabled us to work through and understand what that... Because when he first said it I could just see him twinge as well. He didn’t know if he was picking the right words, he didn’t know if he was offending me.*

Here Tony is talking about the client twinging and concern that he has offended him by saying he was from a lower societal class and of course being a Black man. It seems this issue was related to the client's fear of relational damage which made him twinge; having sensed that he might have insulted the therapist who is a different race to him.

Alex a White Male therapist talked about his experience saying:

*“...when somebody comes to see me, there’s an awareness that they are not white and that I am white and that’s very much in the room and I think isn’t necessarily spoken about particularly but there is a definitely awareness of that and that we both might have our sort of ideas about that and as we sort of get to know each other they have some sort of sense of how I might respond to them and I have some sort of sense of what that means, their racial identity means to them, which I think I probably pay more attention to with people who are not white”.p.141-149.*

Alex is referring to paying more attention to the meaning of racial difference when working with clients who are racially dissimilar to him and he would not do the same when working with White clients. He also talks about him and the client both having ideas about each other’s race. Alex mentioning that he pays more attention to the difference and its meaning brings a sense of protecting the vulnerable relationship, he has to be attentive of not damaging it by responding in ways that may damage the relationship.

Donald described his work with a young black man saying:

*“ I think I may have challenged him less than I might otherwise have done to a White boy”. p175-176*

Here there is clearly a sense of protecting the relationship by not challenging the client. He would have challenged the client if he was White like him, which means that the relationship between him and the black clients is a special one which has to be handled with care.

#### *Sub theme 2- Dreams; the lens into the unconscious (4)*

This subtheme was discerned by the way the participants described how dreams were very powerful in illuminating the anxiety clients experience in the process of working with racial difference.

Chance a Black therapist described the dream his white client brought to him saying:

*“She had a dream about an animal, she didn’t know the name of the animal, but it was a particular kind of animal that’s found only in the southern hemisphere, so Australia because it had a pouch, but it was a thing of curiosity, a thing that you poked and didn’t get kind of close to and it was understood as the black aspect, the black part of her in the work”.p311-316*

Here Chance is very clear that his client’s dream is very much linked to her anxiety of having him as her therapist. This was a powerful way of accessing the client’s unconscious world with conflicts and anxieties about her therapist. This dream became an integral part of the work between Chance and his client.

Loice a Black therapist described her client’s dream saying:

*“I had a client who talked about dreaming that black ink was being poured into her and we explored how that was symbolic of her experience of me getting into her and so it was a nice segue to explore and just to see how she felt about having a black therapist” p.82-85*

Again here the clients’ dream illuminated the anxiety she had towards her therapist due to their racial difference. Black ink could be seen as the therapist taking engulfing the client which was triggered by the difference. So the dream was a lens into the client’s internal world which helped access how she felt about the therapist’s race and the difference.

Jennifer a White therapist talked about her Asian client’s dream saying:

*“...what came up in a dream was that this person is looking for me. .. I had been off sick, so she was in the position of looking for me in this dream but then it ended up in a shop where there were lots of trinkets and she referred to these trinkets as trash and they were made in her country of origin”.  
p.333-339*

This dream of client looking for the therapist in a trinket trash bin highlighted the client's feelings about her therapist who was different to her. Perhaps the client would have wanted a therapist from the same country as her since the trinkets were from there. Other inferences can be made from this dream, but my understating and the content of this response highlighted how racial difference was central to this dream.

### *Sub theme 3- Authenticity and meaning making (12 candidates)*

This subtheme came up from the shared feeling that exploring race with the client should not be done as a tick box exercise and certainly not prescriptive, but done to mean make and facilitate the work. The authenticity came from therapists' views that the exploration of race should not be done as a way of "getting past" a difficult subject, but it has to be genuine and relevant to the work and what's going on between the therapist and client.

Discussing whether it was necessary to explore racial difference with clients, Jennifer said:

*"it shouldn't be just oh let's have a conversation about it just because there's an obvious difference in the room. It's got to be purposeful" p.714-171*

Jennifer thinks that the race talk should be done in a meaningful way, not as a protocol, using the word "purposeful".

Describing her work, Claris said:

*"The thing that I never do is ignore it, I always name it and I find that it becomes a very useful tool in the room" p.184*

Claris talks about race being a useful tool which she never ignores. This is a very powerful way of eliciting that racial difference can be a meaningful discussion which enhances the work. This theme was also shared by other therapists who felt that race was a tool and should not be ignored.

Answering a question on the relevance of race in the room, Claris said:

*I think as long as it's spoken about and not left hanging in the room, the work definitely becomes much more substantial. So it can't not be spoken about, it has to be spoken about if it's in the room, but again I go back to the*

*other question where I think organically it's in the room and when it comes in it's spoken about, I don't necessarily feel like I can't because it's already been in the room, but I don't necessarily make it an issue of a topic. I don't bring it in for my... It's not about me, so I don't necessarily feel like I have to talk about it because I think there's an issue. p. 302-310*

Claris refers to the difference being “organically” in the room lead to my interpretation that it has to be natural, genuine and authentic, not forced or exercised as tick box.

Tony said:

*“I think if they believe that this is an agenda of yours, it shuts it down” p856-857*

Tony makes clear that clients disengage if they feel that the talk about difference in the room is an agenda in other ways what Tony is saying is that the discussion of racial difference has to be a meaningful experience which should not be forced.

#### *Sub theme 4 Time and timing; Continuing reflective practice (11 candidates)*

This subtheme was derived from the shared feeling between participants that exploring race with their clients was not something that had a time frame and it was a continuous process. What they also meant is that there is a need to continuously reflect on how the difference in the room is being experienced, other than keeping it out because it was explored previously. This theme is linked to the previous sub theme of *authenticity and meaning making* under the same superordinate theme 5 named *Working with racial difference as a process*.

Chance talked about his experience as a Black therapist saying:

*“when they come and they see me their face registers shock, horror and surprise, which is quite amusing. As I say, I don't interpret those things right there, I wait until it comes up in the work and then I may address it”, 348-352*

Chance is talking about being aware of how the client responds to the racial difference and waiting for a chance for him to bring it in the room. This means that he keeps an open space where there is more meaning when the difference is brought into the room. He also has to continuously reflect on how the difference may appear in the room- so there is no time frame of working it.

Loice described her way of working with difference saying:

*“So I tend to wait until there’s a natural opening, and that’s just because of my own experience of it being forced upon me to talk about difference that was so obvious, especially in my training”. p 86-88*

*“ I mean, it has come up a lot in my own therapy but it was more in my training that I felt that it was a tick-box exercise to talk about difference and it was such an obvious” p. 92-94*

Loice makes reference to her own training but what is important is how she says she waits for a natural opening which means there is no set time, she has to continuously reflect on how and when this open space emerges where she can bring the difference into the room more meaningfully.

Jennifer made a reflection on how she works and how other people work with difference saying:

*“In my experience, I think people can launch into it too quickly as well. [ ] Let’s start working together and then see what sort of emerges and then when it feels right you begin to talk about the differences”.p.314-317*

What Jennifer mean is that she has no set time of exploring difference with her clients and she thinks some therapists bring difference into the room far too quickly. She prefers to keep an open space where there is no set time and then bring the difference in when she thinks it’s right. This means working with difference becomes a continuous reflective practice.

Describing his experience of difference, Tony said:

*“It’s always present and it can be picked up in the beginning, it can be picked up anywhere, so long as both parties feel comfortable in doing so, safe in doing so. p.812-814*

Tony makes clear that difference is forever present and it can be picked up whenever during the work. There is no set time and exploring difference is not treated as an agenda item at the beginning, middle or end stage of the work. In fact it is a continuing reflective process where therapist identifies the best time where it is more meaningful to explore difference in the room.

Describing the timing and the processes of working with racial difference, Claris said:

*“Usually it comes into the room through a story, through an experience that they may have had with a white person and it’s usually done in a very careful way. I always wait for the client to bring it in and if I see that it’s coming into the room, I usually snap it up because it’s a great... it provides a very good bit of work for us to do. The thing that I never do is ignore it, I always name it and I find that it becomes a very useful tool in the room and usually there’s a relief by the client that I’ve been able to make that distinction, that perhaps the client sees me as Caucasian and maybe that I can’t understand something of what is being said about whatever, race, but once it’s out in the open then it can be spoken about more freely.” p.179-190.*

Here Claris is talking about “snapping it up” as it is a great tool. Here Claris response certainly adds to the theme of the timing, and the importance of finding a space to bring it in and not treat the race talk as an agenda. This account also supports other themes in this study which are race being ever present, and waiting for it to emerge and how useful it is as a tool depending the work, as well as engaging with the external world. These are themes already identified in the study



and they are supported by this narrative which demonstrating how interwoven they are.

Claris is also a supervisor at one of the biggest psychoanalytic training institutes. She put across an important question about difference in supervision of other psychotherapists and trainees, at the end of her interview elaborated in this extract.

*Interviewer: "So we have come to the end. Just in case you have got anything that you want to add, whatever you have already answered or maybe any other relevant issues that you think would be helpful?" p. 443-446*

*Claris: "I guess my only thought would be supervision work as a supervisor but maybe that's another paper, as a supervisor working with difference as well and how much does that come into the room." p. 448-451*

*Interviewer: So you are talking about your experience as a supervisor?*

*Claris: Well supervising therapists who are working with difference and the differences in the room with the therapist and the client and yet again in the room with me and the therapist. I mean, that's quite an interesting dynamic as well". p. 455-458*

I have integrated Claris's comment on supervision in this theme as supervision is part of the continuous reflective practice where therapists take time to reflect on their work. Claris, a supervisor herself, is aware of the limits of her understanding on racial diversity and she is suggesting that there should be another paper addressing difference from a supervisory perspective. She also explicitly illustrates the dynamic where she would be supervising therapists of a different race to her and supervising therapist working with clients of a different race to them, which create some very complex yet powerful dynamics.

## Conclusion

In this analysis section, I have attempted to demonstrate how participants answered the research questions posed in the study, and how themes were discerned from the participants' interviews. Having 14 participants of different racial backgrounds enabled me to identify some convergent and divergent themes across the cases and also make some comparisons between the different racial categories. For example, the sub theme 2 *privilege, shame and guilt* under the superordinate theme 1, *Skin colour difference and misalignment*, I was able to elicit that White therapists experienced a sense of guilt while BME therapists experienced shame as a result of working in an interracial dyad. In response to the research questions, therapists thought that difference was ubiquitous and should not be ignored, but integral to the work. With regards to the process of working with difference, therapists consider working with difference was an on-going process for them and the exploration of race had to be meaningful. In this process, dreams and listening out to what the clients talk relating to the outside world, in relation to race was crucial. The more salient details of the themes will be discussed in the next chapter, the discussion section, linking it to theory.

## **Chapter 5: Discussion**

### *Introduction*

In this section, I wish to place my study in the wider context, and engage in a dialogue with existing literature around race in the psychoanalytic encounter. This will problematize, and also illuminate what other studies say, demonstrating whether my study outcome support or contradict the claims in the existing literature. The discussions section will be broken down to reflect on how the findings (themes) link to the research questions, and evaluate whether the study has answered the research questions. I will also reflect on the methodology and my experience as a researcher. Considering that psychoanalysis is practised globally, I will draw on literature from all authors worldwide, and not limit myself to the UK where this study was carried out. It is however important that I acknowledge the stark differences in the post-colonial history between UK, USA and South Africa, and the geographical implications this may have an effect on how racial difference is experienced in the UK and how discourses around race are subsequently created, which may have affected how therapists responded to the questions in this study. As acknowledged in my literature review, the papers from the USA seem to reflect more on the slavery legacy, South Africa reflects more on apartheid, while UK papers concentrate on racism. Although the UK was heavily involved in the colonial expansion and in particular slave trade, much of this history seem to be muted, an issue now being addressed by some modern historians including *David Olusoga*, Olusoga (2016) who has made documentaries on slavery, and published books addressing the role of Britain in slavery. Before engaging with the literature, I will present a summary of the findings.

### **Summary of Findings**

This study was able to answer the research question on whether racial difference was at all relevant to the psychoanalytic encounter, through garnering views from 14 psychotherapists (6 White, 4 Black, 2 Asian and 2 Mixed Asian and White) which makes a contribution to knowledge. The study findings highlighted the

significance of therapists' own subjectivity, which includes the social and historical context. The findings also identified the *intersubjectivity*, and the *othering* process, which determines the quality of the relationship that develops, where racial difference exists. The study also highlighted the quality of the transference, and created an understanding of the processes of working with of racial difference, with regards to what therapists considered to be racial manifestations, both consciously and unconsciously.

## **Methodology Reflexivity**

### *Psychoanalysis and Phenomenology*

This study used IPA as a research methodology investigating psychoanalytic trained psychotherapists' experiences of working with clients who are racially dissimilar to them. It is important to acknowledge that IPA and psychoanalysis are epistemically different paradigms, underpinned by different philosophical knowledge- phenomenology and psychoanalysis respectively. IPA is a social science research methodology, which is concerned with hermeneutics and it has a huge interpretative element in gaining knowledge. This would naturally resonate with the psychoanalytic interpretive and hermeneutic tenet (Hinshelwood, 2010). However, IPA and psychoanalytic levels of interpretation are very dissimilar. Smith, et al, (2009) are very clear about not bringing in any existent theory into the analysis to "read into" the material when conducting IPA (Smith, et al, 2009, p. 105). While the original aim was to separate the two and conduct a strictly IPA study, in line with Smith, et al, (2009) guidelines, my experience during the analysis process demonstrated that this is not easily done in practice, when conducting an IPA study in a psychoanalytic area. One of the key reasons for this is down to the language used by the participants in response to the questions asked in this study, in which they gave their psychoanalytic understanding of their experiences. Also central to this study is the psychoanalytic concept of the transference, a key psychoanalytic concept, which all therapists had to attend to when answering the

questions related to a psychoanalytic experience. This made the psychoanalytic lens an inevitable part of the analysis.

In order to create a better understanding of the responses given by the participants (data) during the data analysis process, it was unhelpful and counterproductive to be blind to any psychoanalytic meaning and interpretation, staying on the abstract IPA level. For example a lot of therapists used metaphor to describe their experiences such as “I was his nanny”, “I was a safe pair of hands”, “race could be a hook”. The meaning of these metaphorical statements on an IPA and psychoanalytic levels are very different. Only attending to the data with the raw IPA level of interpretation meant that I was stripping off the rich psychoanalytic meaning embedded in the material, which is crucial in a psychoanalytic informed study where participants used psychoanalytic language and nuances to respond to the posed questions. It was therefore necessary to follow the IPA framework of data analysis, and stay with the IPA level of interpretation which is essentially done by attending to the “I” interpretative aspect of IPA, and integrate a psychoanalytic level of interpretation. Modifying IPA brought a degree of completion in the meaning derived from the data. This study has proven that psychoanalysis and phenomenology informed research methodology can compliment each other, enriching the analysis process. This study was therefore innovative and paves way for more similar hybrid projects.

The findings of this IPA study make a useful contribution to psychoanalytic literature as they are based on subjective views from highly experienced psychodynamic and psychoanalytic psychotherapists, from diverse racial backgrounds who have worked with clients who are racially dissimilar to them. IPA enabled in depth analysis of individual cases from a sample of 14 psychotherapists, followed by a cross examination, and derivation of divergent and convergent themes. This gave the study breadth, as it derived a wider perspective

of therapists' attitudes to racial difference, and how they work with it in order to establish a therapeutic relationship. A sample of 14 psychotherapists from diverse backgrounds makes a better representation of a larger proportion of therapists, in comparison to having restricted the sample to a specific racial group of therapists. This is a positive tenet as the sample mirrors the diverse population therapists serve.

This IPA study which gives the "inside perspective" (Smith, et al, 2009) was significant in highlighting the in session processes in the interracial psychotherapeutic dyad, which helps demystify the process of psychotherapy itself, and illustrate the dynamics where difference exists. This is a crucial piece of evidence base considering the psychoanalytic discipline has been indicted for not engaging with the outside world through interdisciplinary working, and being secretive about the work (Shedler, 2010; Knox 2013). Through IPA, therapists were able to explicitly describe their work, in greater detail, and have their individual voices heard. The commonalities and divergence in views, which created themes enhances the generalizability of this study considering the sample size of 14. Although other therapists might not share exactly similar experiences, I trust there will be some resonances and with some of the themes highlighted in this study, considering the increased diversity within therapists.

Moran-Ellis, et al. (2006) advocate the use of qualitative research methods in evaluating complex interventions, such as psychotherapy, that might benefit from in depth understanding of contextual experience. Writing about psychoanalytic approaches to research, Taylor (2010) and Hinshelwood (2010) argue that psychoanalytic ways of knowing requires a hermeneutic stance. This rationale was used to exclude the use of quantitative methods which reduces the results to figures, following the positivistic stance of gathering evidence. However, as argued in the methodology section, the emerging psychoanalytic research methods such

as such as Free Association Narrative Analysis (FANI) (Hollway and Jefferson, 2000), which focuses on the researcher's free associating the elicited narratives, Reverie Informed research method (Holmes, 2018), that developed by Hinshelwood, (2018) which focuses on countertransference, Frosh and Saville - Young (2011; 2017) and Emerson and Frosh (2009), Saville-Young and Frosh (2010), which focuses on countertransference and reflexivity were considered less suited for this study. This was due to their inconsistency in structure, deductive nature, and focus on researcher's feelings (countertransference) and emotional investment in the analysis process to "thicken" the analysis (Frosh and Saville-Young, 2017). In my view this would impede on the research in an area of race that required "bracketing off" any preconceptions on race as recommended by Smith, et al (2009).

The use of a robust qualitative research methodology (IPA) is in contrast to much of the current psychoanalytic literature on race which stems from single case studies, as highlighted in my literature review. While I acknowledge the theoretical incompatibilities between IPA and psychoanalysis, in practice, the integration of a psychoanalytic lens in the analysis process of this IPA study, was a benefit in the analysis process. The idiographic nature of IPA can be seen as the single case studies of 14 cases and a collation of themes from them. IPA hermeneutic and interpretative nature of IPA also resonates with psychoanalytic meaning making notion (Hinshelwood, 2010; Taylor, 2010). This aligns this IPA study with psychoanalytic ways of gathering evidence and ways of making sense of experiences, despite the theoretical tensions.

### *Personal Reflexivity*

This study was undoubtedly stimulated by my personal experience as a psychodynamic psychotherapist, who is also a minority in the profession, and in society as a whole. Researching in an area that has a personal resonance with me

made reflexivity a key element of the research process, in order to approach the research without any preconceptions or views, as argued by Etherington (2004) and Pazella, Pettigrew, and Miller-Day (2012). I acknowledge this may not be entirely possible, with regards to the risk of bias, as in all qualitative research as suggested by (Spencer and Ritchie, 2012). The notion of approaching research with an open mind (Taylor, 2010) was central to the very decisive decision not to include racism in my investigations. This would have meant me approaching the research endeavour with a preconceived notion that difference triggers racism, in the therapeutic encounter. This would have been unhelpful and diverted my attention from gathering therapists' views on racial difference and how they work with it in the psychoanalytic encounter.

Right from my training days, nearly 15 years ago, the issue of racial difference in the psychoanalytic encounter had left me fascinated, puzzled, intrigued, mystified, and increasingly curious. I was the only Black trainee in a cohort of nearly forty trainees. During my supervision sessions, my experiences with clients seem to take a slightly a different trajectory to other therapists, and I often felt that my supervisors did not quite understand my experience. With time, as I gained more experience, I became aware that my subjectivity as a Black woman was something I could neither avoid nor disavow, in the therapeutic space. I found that addressing the difference created a shift and it was important, despite my supervisors' emphasis on focusing on the "phantasy" –the internal world. The work became a lonely journey at times, an issue I addressed in my personal therapy. I have however always been mindful of whether this is my own issue. Not having the space and time to explore working with racial difference with other therapists', along with my practice growing bigger, heightened my curiosity of how other therapists work with it. These experiences gave me the impetus to enquire other therapists' experience of working with difference through my carrying out this study. The findings of this study have certainly helped me make sense of a lot of my experiences which I now understand to be shared by other therapists, but experienced differently at times and at different levels. This has given me a form of



evidence base that I can draw on in my practice, which is enriching to my work. I do trust this will be the same for many therapists.

### *Race and Subjectivity*

The analysis established that race was an omnipresent and an inescapable part of the therapists' work, irrespective of their subjective racial identity. Therapists' own subjectivity was found to have a significant influence on the work and the manifestation of race based transferences as postulated by Yi (1998) and Holmes (1992). The findings highlighted the criticalness of the therapist attending to their own subjectivity, as well as the client's. The analysis concluded that subjectivity is created by both internal and external societal as well as historical forces. This conception builds on existing work by Comas-Diaz and Jacobsen (1995) who considers that subjectivity and the experience of reality is not simply based on the external view, but shaped by social histories, as well as society's racial attributes to a particular race, which is a crucial issue when working in an inter-racial dyad. Equally, Layton (2006) acknowledges how social norms around race are internalised and central to subjectivity and identity formation. Concerning objectivity and subjectivity, Smith and Tang (2006) recognise the different classifications into innate visible and innate invisible identities of the therapists and how they affect the transference and countertransference dynamics. In line with Smith and Tang (2006) and Comas-Diaz and Jacobsen (1995), this study established that all forms of differences implicate how the work developed. The therapist subjectivity which informed their sense of self was central to the work.

The analysis of this study concluded that due to the complexity between the internal and external, in the interracial therapy context, there were dual identities created. These are the personal (subjective) self, and the social self, which was a product of a social construction- how the society perceives the individual not necessarily how they perceive themselves. This finding provides more context to Comas-Diaz's and Jacobsen's (1995) and Esprey's (2017) ideas of subjectivity

being constructed by internal and external (societal) forces, which is a significant findings which addresses whether race was at all relevant to the psychoanalytic work. These issues around external and internal realities created a misalignment in the work, requiring therapists to attend to their subjectivity which includes racial identity, particularly in the beginning of the work in order to build a therapeutic relationship. The misalignment was stimulated by the anxiety triggered by the external feature of racial colour, creating a fear in the client, of not being understood by the therapist. Holmes (1992) and Leary (1997) postulate how in the interracial dyad clients may be sceptical of not being understood by the therapist. Goldsmith (2002) make a similar hypothesis of clients having a powerful reaction to difference due to the anxiety of being unable to connect with the therapist, and concerns of whether they can relate and be understood. Comas- Diaz and Jacobsen (1995) conceptualised *cultural xenophobia* where the White client is fearful and mistrustful of the Black therapist and questions their ability to help due to the racial and cultural difference. The study discerned that racial and cultural differences do not only pervade the Black therapist, White client dyad as hypothesised by Comas- Diaz and Jacobsen (1995) and Holmes (1992) but present in all dyads.

Addressing subjectivity in relation to the non-binary nature of race and the difficulties in creating racial categories, Gaztambide (2014) wrote about her work and the misconception of her Afro- Caribbean identity, due to her White features. Mendez (2015) also wrote about her mixed racial identity with regards to how she is experienced by her clients which is incongruent to how she experiences herself. In both these situations Gaztambide (2014) and Mendez (2015) encountered issues as the work evolved due to the contradiction between the clients' views of them, and their subjective experiences of the self. The findings in this study gives weight to the significance of the therapist's subjectivity, the non-binary nature of race, and the fact that race is not just a salient organiser of subjectivity and identity to the BME therapists as suggested by Yi (1998 ) but to all therapists. For example, in this study, a therapist was seen as White externally, but she self-

identified as non-White due to her experience of being Italian American, growing up in USA where Italians were considered not to be White. She felt she understood BME clients' experiences due to the shared experience of racism despite her being seen as different. Another participant, a Jewish woman, considered her Jewishness a key aspect of her identity. Although clients see her as White, the clients' awareness of her Jewish heritage changed how they viewed and related to her. Also, to her, Jewishness was more salient than being White- what was unclear was whether Jewishness was a race, religion or culture, all intertwined elements of her subjectivity. So again the external and internal views of one self are central to therapists own identify formation. This study therefore contributes to Gatzimbe (2014) and Mendez's (2015) ideas on how therapists' subjectivity shapes the nature of the transference and the relationship that subsequently develops and this is despite therapist s' own racial identity and subjectivity.

On a very basic level, most of the therapists in this study had difficulties articulating their subjective identities in a congruent fashion, and also had difficulties distinguishing race from culture, seeing them as enmeshed. The theme of a metaphor of *Siamese twins* was derived to capture how therapists understand and work with race and culture. Therapists reported that they considered race and culture inseparable and to some, culture was more salient than race. However, the fact that culture is an internal experience while race is both an internal and external experience (Dalal, 2006), created some complexities on how race and culture were experienced subjectively and objectively. The conflation of race and culture could be seen in Bonovitz (2005) work who addresses culture, implying that race is a component of culture which is conceptually incorrect. Bonovitz (2005) seem to be grappling with the issue around race and culture which are evidently very much intertwined but different. He presents a case study which identifies overlaps between the concepts of culture and race acknowledging that he and his client talked about cultural difference, avoiding the element of racial difference "as it was safer to talk about culture".

Miles (2012) explicitly wrote about BME experiences commenting that “people in this culture define their entire world through the prism of race” (p. 212). This again considers race and culture to be symbiotic which is problematic clinically and theoretically. Miles (2012) ideas on race and culture aligns with the findings of this study validates the fact that race and culture are experienced as co-existent and culture is equally a salient identify organiser. Apart from race and culture, therapists identified the complexity of subjectivity and objectivity which was based on not just the visible external differences, but other non-visible differences such as class, ethnicity, and religion (Smith and Tang, 2006) which also play a role in subjectivity and identity formation. Difficulties in working with these contesting variables were reported consistently by therapists of all racial backgrounds. Paying attention to both the external and internal differences aligns with Smith and Tang (2006) argue the powerfulness of readily visible forms of differences such as race, and emphasise on the significance of other differences that therapist does not need to disclose and how it impacts on the work.

Dalal (1997) highlights how skin colour as a component of race not only shapes one’s external world, but the internal world, creating colour coded psyches. Dalal emphasises the importance of therapists acknowledging the external realities of their clients relating to race, in order for the therapists to enable the client to start working with the racial other, addressing the internal world through the transference. It is clear that Dalal (1997) is referring subjectivities, the importance of therapists acknowledging their and their client’s subjective identities, which is a product of both internal and external facets as well as attending to the internal meaning of racial difference in the transference. He also highlights the complexities of multiplicity of identities which collapse into each other when we try and categorise people. Goldsmith (2002) and Comas-Diaz and Jacobsen (1991) argue the need for therapists to acknowledge their own subjectivity and the objective differences including race. This study offers more contexts to Dalal (1997) and Comas-Diaz and Jacobsen (1991) views on the significance of therapists

acknowledging their subjectivities and the clients and working with race as an on-going reflective process.

Addressing subjectivity, Dalal (1993), Altman (2000), Shonfeld-Ringel (2000), Suchet (2004), and Tummala-Narra (2007), take a unanimous stance regarding therapists' need to pay attention to issues around race, how their clients' subjectivities might have been affected by issues around racism. They also emphasise on the need for therapists to reflect on their own unconscious prejudices and racial biases an issue central to Lowe's work (Lowe, 2013). They stress on the notion of the therapist and client's identity shaping the way the relationship develops. Although this study did not focus on racism, the ideas posed by these analysts aligns with the findings that therapists must pay attention to the clients' experiences which may be shaped by experiences of racism and racialization, and not treat everything in the relationship as pathological and a manifestation of the internal world. Fischer (1971) and Hamer (2002) make the same point of not pathologising everything the BME clients bring to therapy, as it could be their reality, such as racism, despite it not being shared by the White therapist. Therapists in this study argue that there is a need to listen out to any racial themes and use them as a way of deepening the work, which again supports these author's ideas of not treating everything as pathological.

### *Race and Intersubjectivity*

Along with the significance of the therapists attending to their own subjectivity, the findings of this study highlighted the significance of not just the racial difference in the work, but the meaning of it, which is co-created between the client and the therapist- the two subjectivities. Intersubjectivity concerns the co-construction of meaning between two entities and in psychoanalytic context; this is an important area as it considers the therapist and client as both responsible for what goes on in the relationship (Yi, 1998). Yi (1998) vigorously claim that in the interracial dyad the analyst is far from neutral as they are a part of a co-construction and reorganising

of meaning, where the issues of power disparity and racial stereotypes also come into play.

Yi (1998), Bonner (2002), Hamer (2002), consider therapist and client as two equals- the therapist not more objective and his views not more valid than the client. Esprey (2017) uses Bion (1962) theory of thinking to argue that when there is a therapist and client of different races, the therapist's capacity to think maybe severely impacted an enactment in the intersubjective process. The therapist's subjectivity comes intertwined with the client's in the intersubjective process, creating a loss of creativity and inability to think in the therapist. The finding of this study aligns with Esprey (2017) as it concluded that where there was racial difference, there was an intersubjective process where the meaning of this difference had to be explored by therapist and client, albeit difficult and engendered by anxiety. What this study provides is clarity on the notion that the intersubjective process which is also linked to therapist's subjectivity is not only relevant in the White therapist, Black client dyad, but to all therapists where racial difference exists, where the meaning of this difference is mutually constructed.

The study findings help in conceptualising the psychoanalytic encounter where difference in race exists, as an intersubjective process, and helps create a better understanding of the processes in an interracial psychotherapeutic dyad. These findings appraise the intersubjective psychoanalytic approach, a contemporary psychoanalytic school of thought, which is critical about the exclusion of the therapist in the intrapsychic processes, refuting the therapist neutrality, while endorsing the inclusion of the psychosocial context including race. Comas-Diaz and Jacobsen (1995) claim that where there is racial difference, projection and projective identification (Klein, 1946) becomes heightened in the intersubjective process. Klein (1946) conceptualises projective identification as a process which has its origins in the mother-baby relationship where the baby, who still has a primitive ego, projects into the mother intolerable feelings and states of mind, and

the mother has a resonance with those feelings. Projective identification is then largely used to describe the process of locating bad aspects of one self into another person, who then responds to them as if they are their own. In the case of race, racial difference is seen as a trigger for the projective mechanisms, leading to a dynamic where undesirable parts of the self are projected into the person, who is seen as different. Comas-Diaz and Jacobsen (1995) argue that racial colour visibility triggers the opposite of a blank screen (Freud, 1915) which magnifies the projective identification from the client. So the visibility of colour makes race a vital element of the intersubjective process, and how the therapist and client experience each other. While Comas-Diaz and Jacobsen (1995) refers to the BME client White therapist pairing, this study highlights that White therapists also feel that their skin colour was subject to lot of projections, where the client is racially different to them. These findings helped answer the question on whether racial difference was at all important in the psychoanalytic encounter and how it is experienced.

### *Race and Otherness*

Otherness is an identity defining concept which has its origins in sociology which has been very present in recent times, used to describe the experience of being different and the process of defining the self from another person. The experience of otherness was highlighted in this study due to race being a form of otherness and key to the relationship between client and therapist. Comas-Diaz and Jacobsen (1995) define “otherness” as “a process whereby an individual’s conception of people of different ethno-racial and cultural backgrounds helps the person to define his or her own concept of self” (p. 95). Using the term intersectionality, which addresses the matrix of otherness, Turner (2018) argues that otherness does not only concern race but other discourses such as gender, sex, ethnicity, class, religion, age and these overlapping social and political identities are linked to the experience of societal prejudices, oppression, and discrimination (Turner, 2018). Comas-Diaz and Jacobsen (1995) claim that otherness becomes a target for projections of unwanted parts of the self and create dysfunctional responses such as unconscious distancing. Goldsmith (2002) sees

projective identification as a pervasive mechanism where there is an “other” where there is interplay of expelling intolerable feelings into the therapist “other”. Tan (1993) and Timimi (1996) also highlight the powerful use of projective identification when the therapist is BME- “other”. Some therapists in this study used the metaphor of a “hook” to describe how race can be a focal point of all the client’s negative projections. The findings of this study aligns with Comas-Diaz and Jacobsen (1995) and Heyer (2016) theories of defensive distancing as a way of dealing with the anxiety of racial difference. What this study also provides is the elaboration that projective identification does not only concern White therapist and Black client dyad, as suggested by Comas- Diaz and Jacobsen (1995), but present but in all interracial therapy situations. The findings also highlight the relevance of other forms of otherness such as culture, gender, ethnicity, sex, class and nationality which are hierarchical and contesting.

Comas -Diaz and Jacobsen (1995) postulate that clients who feel marginalised or invisible in the world may seek out a Black therapist as an “other”, and project their own negative feelings into the therapist affecting how the work develops. While this study supports this theory, it extends it by highlighting that that some clients seek therapists of a different race to them (other) in order to work through some issues they could never be able to work with a therapist who is similar to them. Irrespective of the dyad, race is a focal point and which can be used to mobilise the work. BME therapists reported that they had White clients who sought them (other) because it felt “safer” to do the work with someone who is different. This was also the case with White therapists who worked with BME clients who sought them out address issues they could not address with a therapist who is similar to them. This means that race as a form of otherness, has a paradoxical effect where the client can use in the resolution of their own conflicts. This mean that otherness was not a negative experience, where client projects all negative feelings into the therapist who is different as theorised by Comas-Diaz and Jacobsen (1995) and Leary (1995). From the analysis, what is most crucial is the therapists’ awareness of the function of the otherness, and continuously attune to both conscious and



unconscious material. Aligning with this finding, Knight (2013) views the analytic space as a safe space for healing through a meaningful engagement with the “other” making a “racial contact” which triggers racialized transferences.

### *Transference*

Understanding the nature of the transference in the interracial dyad was a key aim of this study. Most contributors on the transference in the psychoanalytic encounter where racial difference exists acknowledge that race is a factor that shapes the transference (Holmes, 1992; Leary, 1995, 1997, 2000; Miles 2012). However, this study contributes a clearer understanding of how issues of race emerge in the work and derived insight into the processes in the consulting room, where racial difference exists and how the transference develops. The study concluded that racial difference was in fact a positive element which therapists could use as a tool, in accessing the client’s internal world, albeit it needed to be explored and neither ignored nor denied. This fits into Holmes (1992), Leary (1997a; 1997b) and Comas- Diaz and Jacobsen (1995) who argue that race can provide a framework for the therapeutic work to develop. Like Holmes, Leary believes that race is a vehicle in illuminating key transference issues where difference in race between therapists exists, as long as the meaning of the racial difference is explored and elaborated. Therapists felt very strongly that there was a need to continuously reflect on any racial material and in an out of the consulting room, as clients externalize (warded off aggression) for the fear of damaging the relationship (Vontress and Lawrence, 1997; Tan, 1993). There was therefore a need to pay attention to what the client is communicating that has overt or covert racial themes, or implicit meaning, and bring it back into the room, working in the transference. This was picked up in the subtheme of working with race as a *continuous reflective process* for the therapist and *meaning making* when working with race. Leary (1997) and Goldsmith (2002) claim that the visibility of colour will inevitably trigger a reaction in the client, further asserting that exploring race with the client is crucial despite the anxiety it engenders. Leary (1997) sees the exploration of difference as something that should be lived with and dealt with in the therapeutic

relationship, not something to “get past quickly” referring to it as “forbidden talk”. Equally, Dalal (1997) stated that it is crucial that therapists engage with the racial difference productively, and question it, not ignore it. Along the same lines, Holmes (1992), and Miles (2012), emphasise on the importance of not avoiding racial difference and how detrimental it is in the work. This links to the findings of this study which suggest that the exploration of race should be a meaningful experience not an agenda item, which is rushed in to, for the purpose of ticking a box. The findings suggest that therapists considered race is a phenomenon which when worked with effectively deepens the clinical process, and strengthens the relationship between therapist and client. Along with the racial talk being meaningful, therapists felt that the exploration of racial difference between therapist and client should be a continuous reflective practice for therapists, and not kept outside the therapy space because it has been previously explored. This is because of the dynamic nature of how it emerges in the room and how it is linked with much more deeper parts of the client’s internal world and views about self and others.

The findings of this study extend Thomas (1992), Leary (1995; 1997), Comas-Diaz and Jacobsen (1995), and Suchet’s (2004) ideas that the inter-racial psychotherapeutic dyad will provoke feelings of fear and suspiciousness in the client due to the history between Black and White people, attributing to slavery. Comas-Diaz and Jacobsen (1995) conceptualises the *alien transformation anxiety* where the White client experiences anxiety towards the BME therapist due to the reversal of power. They conclude that this fear is also about anxiety of merging with the therapist and internalising the therapist who is seen as alien. On the notion of power dynamics, Bonovitz (2005) emphasizes that there is a potential for a power and domination, especially in the dyad where the therapist is White and the client Black, and the importance of working collaboratively with the clients in order to understand the racial and cultural differences which are important to how the transference develops. This study’s findings conclude that not only White clients were fearful and ambivalent towards the BME therapist, but these experiences

were present in all racial pairings. Leary (1997) argues that issues of racial differences trigger feelings of control, power and domination between therapist and client claiming that “issues related to race are avoided and seen as taboo as they are very much linked with history of slavery, disenfranchisement, exclusion, and marginalization, which still happens today” (p.128). This was confirmed in this study which highlighted how sensitive therapists had to approach difference- this was more so the case for White therapists.

Although this study was carried out in the UK, some of the participants were very conscious of how their identities as White British could be viewed as part of an oppressive, imperialists, and racist organisation which disenfranchised Black people. White therapists also carry with them the guilt and burden of being seen as racists which restrained their style of working with BME clients, approaching issues of difference very sensitively. Suchet (2004) claim that we all carry the shame, guilt and trauma of our history including slavery, apartheid, and oppression and this is a crucial part of one’s subjectivity which impeded onto the work and shapes the transference. Equally, Holmes (1992) identified White therapists’ guilt as one of the issues that pervade the analytic space where racial difference exists. Thomas (1992) also argues that the race of the therapist will inevitably affect the transference, regardless of whether the therapist is Black or White, with the potential for creating a pathological fit where power dynamics exists and he argues that issues related to slavery are inescapable. Miles (2012) declares that issues of slavery pervade the relationship where racial difference exists shaping the transference into the slave and slave master as the relationships are forbidden due to the history of Black and White people. Thomas (1992) also highlights the collusive denial between therapist and client which leads to a valuable missed opportunity as he believed exploring racial difference could deepen the rapport as it affects the transference. In line with Thomas, therapists in this study identified the fear of acknowledging difference and fear of relational damage which puts the therapists in a position where he/she has to cautiously address race. The study

also aligns with Thomas (1992) on the missed opportunity if race is avoided as it is a tool in the work.

According to Thomas (1992) both the Black and White therapist bring their own history to the relationship, which can trigger huge anxieties, which get acted out; this should be interpreted in the transference (Thomas, 1996, p. 142). Vontress and Lawrence (1997) extends on how the societal and historical forces which are psychic realities, related to discrimination and oppression of BME impede on the transference, due to feelings of mistrust terming this phenomena “historical hostility”. Vontress and Lawrence (1997) consider these issues to strain the relationship and act as barrier in the cross racial dyad. While the findings of this study support the notion of history being embodied in the experience, they contradict Vontress and Lawrence (1997) ideas as race was seen as a catalyst not a barrier, as long as it was acknowledged and explored in the work. The findings of this study contradicts Holmes’s (1992) notion that “racial difference is probably as powerful a trigger and container for the projection of unacceptable impulse-with resulting prejudices toward the object of projection”. (p.2). This is because race was not only a container of negative impulses but it was also a container of positive projections were racial difference was a vehicle, and had a paradoxical effect, as long as it was explored and not avoided. Equally, the transference of an internalised nanny as hypothesised by Miles (2012) is something that was elicited in this study where Black therapist reported that clients felt safe working with them because they had Black carers in their early life and internalised a “good object”. This made racial difference a foster of growth and an entry point into the client’s unconscious world, themes discerned in the analysis.

Yi (1998; 2012), Bonner (2002) and Smith and Tang (2006) argue that there are race based transferences in the interracial therapeutic dyad. Yi (1998, p.260) postulate that “race-related transference is seen as an instance of a person's on-going organizing activity” and strongly argues that therapists should be aware of

the individual unique meaning of race for our clients as it affect how we relate to each other. Hamer (2002) declares that racial difference create a form of resistance which the therapist has to attend to and analyse the material in the transference. Hamer (2002) argues about the paradoxical nature of race when working in an interracial dyad. He considers race to be a facilitator of the transference, yet it can also be sued as resistance to the transference. He uses the metaphor of “Guards at the gate” to draw on the dual nature of race, emphasising on how difficult it is to discriminate what is real and what is psychological when working in an interracial dyad. This study helps extend Hamer’s theory of race being paradoxical as therapists felt that the misalignment and avoidance of race which is a form of a resistance. The study concludes that therapists had to work with the racial differences, exploring it with the client, where both protagonists face ambivalence triggered by the difference. Once it was worked with, it allowed a deeper analysis. This could be viewed as the paradoxical nature of race, whose presence pervades how the relationship evolves.

#### *Alien transformation anxiety- Dreams*

Comas -Diaz and Jacobsen (1995) claim that the White client experiences anxiety towards the BME therapist due to the reversal of power. This fear is also understood to be about the anxiety of merging with the therapist and internalising the therapist who is experienced as alien. Comas -Diaz and Jacobsen (1995) postulate this as “alien transformation anxiety”, which is a form of transference reaction present where the BME therapist works with a White client. The findings of this study highlighted the client’s ambivalence towards the therapists; however this was not exclusive to BME therapists but all therapists. Also, the ambivalence was not only experienced by clients, but all therapists similarly reported huge ambivalence towards clients who are racially different to them. The study also highlighted that there is a lot of anxiety in the client about merging, in the form of alien transformation anxiety and dreams work often reveal this anxiety- superordinate 5, sub theme 2- Dreams, the lens into the unconscious.

A number of participants in this study reported dreams clients bring to therapy which were rich material about the client's anxiety regarding the relationship. One of the participants in this study, a Black therapist, reported a dream where her White client had dreamt having black ink poured into her. She understood this powerful dream as the client's fear of merging and anxiety of losing herself in the therapy with a Black therapist. Another participant reported a similar dream of anxiety from his clients, where the client dreamt that she was being confronted by a scary creature which originated from warmer climates. What was significant about the dreams which may relate to alien transformation anxiety (Comas-Diaz and Jacobsen, 1995) is that they were only reported by BME therapists in this study. In all the participants' experiences, they used these dreams as way of making sense of the client's unconscious communication of their anxieties about the relationship and phantasies about them as therapists.

From the infancy days of psychoanalysis, Freud considered dreams to be central to psychoanalytic work. Freud (1900) wrote about dreams, postulating that they were a "royal road to the unconscious", made up of mental activities which contain hidden unconscious meaning in relation to wish fulfilment (Freud, 1900, p. 122). According to Freud, the true purpose of the dreams is disguised, which is why we need to not only attend to the manifest, but the latent dream. Freud believed that the latent dream has more meaning and the goal of analysis is to interpret it and bring the unconscious meaning of the dream into consciousness. Freud (1900) hypothesised that the latent dream can be obscured, and distorted by means of condensation which refers to reduction of rich material onto latent dream, and displacement, which relates to the substitution of various aspects of the manifest dream and latent dream, rendering them incongruent. Freud also considers symbols as a function where the latent dream appears in signs in the dream, making the manifest and latent dream to seem at odds. Dream function as the manifestation of the unconscious, is hugely significant in psychoanalytic work, which necessitates the analyst to pay attention to the dreams and engage in dream

analysis. In this analysis of dreams, the analyst needs to engage with not just the manifest but the latent dream which according to Freud is richer and meaningful.

Exploring dreams in relation to interracial psychoanalytic work, Myers (1977) was one of the first writers to identify the defensive use of dreams in both White and Black clients in analysis, where there was a manifestation of black and white colours in the dreams. Myers (1977) argued that this was a displacement of the racial colour of the therapist which was a form of transference resistance, which also needed to be analysed and worked with. This study contributes useful context of how dreams as a form of alien transformation anxiety manifest as a rich source of accessing the client's internal world, and dreams acting as way of bringing into consciousness the anxieties the clients have about the relationship with the therapist. This anxiety may also relate to other aspects of the client's internal world, which when understood, and interpreted, becomes mutative.

### *Countertransference*

Although this study investigated the nature of the transference where racial difference exists, a key finding lies in how the therapist's countertransference is shaped by racial difference. This is because therapists described their countertransference in answering some of the study questions. Leary (2000) referred to the therapists' countertransference as *racial enactments*, which are powerful responses therapists have in response to racial difference, which are inevitable. Leary (2000) considers these enactments to be shaped by societal attitudes around racial which leads to therapist and client recreating the dynamic in the therapeutic space. The study discerned that White therapists experience countertransference of fear of being seen as racist, and beneficiaries of imperialists which is down to the societal racial attitudes towards them-this affected their work. On the other hand, Black therapists' experiences were shaped by racial stereotypes of being workers and carers for the White clients and therefore viewing

themselves as less than. In this study, therapists reported their awareness of the potential for racial enactments and the awareness of the racial enactments led them to reflect on the societal attitudes to racial difference, and how it may be repeated in the room.

Killian (2010) and Knight (2013) declare that the social and political cannot be removed from the experience which triggers powerful countertransference feelings of guilt and the need for reparation in the White therapists. Equally, Heyer (2016) acknowledged countertransference feelings of guilt, and shame in her work with Black clients. Holmes (1992), Comas -Diaz and Jacobsen (1991) and Tan (1993) argue that BME therapists tend to identify with the downtrodden in the countertransference and White therapists working with BME clients develop countertransference pity and guilty. This study concluded that therapists experienced countertransference feelings of fear, shame, guilt, and ambivalence, which is consistent with the work of Holmes (1992), Leary (1997), Comas-Diaz and Jacobsen (1995) Goldsmith (2002), Killian (2010), Knight (2013), and Heyer (2016). What this study provided was discerning the dichotomous nature of these feelings- White therapists' countertransference was mostly guilt, while Black therapists' experienced shame. More importantly, the findings also indicate that ambivalence and fear was not only experienced by White therapists, but all therapists working with racial difference.

Holmes (1992) hypothesised that White clients in the interracial dyad, clients are fearful of hurting the Black therapist by making any racially provocative comments. Holmes (1992) also argues that client and therapists both create resistances towards each other. These ideas are supported by the finding of this study which identified countertransference feelings of ambivalence from the therapist towards the client and vice versa, as well as the fear of relational damage. This study further develops Holmes's claims of fear of relational damage, because White therapists were fearful of being seen as racially prejudiced and have to exercise



caution in how they communicate. This was not the case in the dyad where the therapist was BME, which would suggest a different type of countertransference feelings and trajectory in the White therapist, Black client dyad. Leary (1997a) suggests that therapists' failure to acknowledge difference may suggest a powerful countertransference which need analysis on its own which means that therapist may be defending against their own issues. These themes were elucidated in this study which also helps contextualise how they relate to the experience.

Comas-Diaz and Jacobsen (1995) highlight different types of countertransference which are: *anger and resentment, need to prove competence, avoidance, impotence, guilt, good enough, and fear*. Comas-Diaz and Jacobsen (1995) postulate the countertransference of BME therapists needing to prove competence where there is a struggle with superiority and inferiority issues and this may lead them to seek validation and strive to prove their competence. Bonovitz (2005, p.63) claimed that "in the face of racial difference, feelings of hopelessness may pervade the treatment". This indicates countertransference feelings of hopelessness in the therapist, which was established in this study, as a result of what therapists considered to be a misalignment which triggers anxiety of being misunderstood. This study fits with Comas-Diaz and Jacobsen (1991; 1995) theory as the BME therapists sense that clients see them as less than which seem to be a result of their insecurity. What this study enabled was to establish that the insecurity was a shared feeling by all therapists regardless of their racial identity. However in the BME therapists the insecurity seems to stem from being seen as incompetent, which links to the transference of tokenism (Comas-Diaz and Jacobsen, 1995). For example, most BME therapists' experienced shame and humiliation when gifted by their clients, which suggests the countertransference of identification with the downtrodden (Tan, 1993).

## Chapter 6: Conclusion

Explorations of race and the experience of racial difference between therapist and client in the therapeutic encounter have been infrequent, which is reflected in the paucity of literature. This lack of attention to race has been attributed to psychoanalysis being dominated by White middle class professionals, who, according to Morgan (2002, 2008) may not consider race as a significant aspect of their experience. Dalal (2006) and Suchet (2004) argue that the racialised subjectivity is likely to be carried by BME people, which is reflected in the experience of BME psychotherapists in the psychoanalytic psychotherapy profession. This low ratio of BME psychoanalytic oriented psychotherapists means that issues of difference are muted. Another view on the lack of dialogue around race in the psychoanalytic discipline is that the exploration of race is shunned because it triggers a lot of anxieties, as it is linked to racism and other painful parts of our history such as Anti-Semitism, apartheid, and imperialism (Leary, 1995, 1997; Suchet, 2004).

Indeed there are arguments that Freud's identity as a Jewish psychoanalyst and founder of Psychoanalysis, who had direct experience of Anti-Semitism, may have played a role on him focusing on gender and sexuality in developing psychoanalytic theories (Gilman, 1993). These arguments are stimulated by what appears to be an acknowledgement of the validity of the interplay between the external and internal world in relation to our social and psychic realities (Gentile, 2013). This view considers that the social realities which include race, gender, sex, culture are aspects which are inextricably linked with the internal psychic reality (Gentile, 2013; Spurling, 2019). The ever growing multicultural population renders the necessity for therapists to create an understanding of how they work with clients who are racially dissimilar to them. This study achieved that by gathering rich data from 14 psychoanalytic oriented therapists of diverse racial background- 6 White, 4 Black, 2 Asian and 2 Half White and Asian, in relation to how they work with clients who are racially dissimilar to them.

The study adopted IPA as a qualitative research methodology (Smith, et al, 2009). While remaining conscious of the philosophical tensions between phenomenology and psychoanalysis, and on-going debates around this, a psychoanalytic lens was integrated making this study a hybrid of the two. This cross-fertilization was considered enriching to the analysis process as it enabled meaning to be discerned from 2 different perspectives, phenomenology and psychoanalysis. The merging of psychoanalytic and IPA could also be seen as enhancing the dialogue between the two paradigms, viewing them as complimentary not incompatible from a research perspective. The study discerned 5 superordinate themes and 18 sub themes. The outcomes showed that among other differences such as culture, class, ethnicity, and gender, race was a significant factor in shaping the relationship, as far as the dynamics between internal world (transference) and external world (racial difference) is concerned. The visibility of skin colour made race an omnipresent phenomena, which the therapist had to attend to. Culture was however seen as akin to race which caused blurriness on its conceptualisation and its discernment in the work, an area of complexity for most therapists, also lacking research.

The findings of this study highlighted the significance of exploring racial difference in the room, with the client as the avoidance of race is counter therapeutic to the clinical process. The early stages of the relationship were particularly critical, where the therapist had to work sensitively around the racial difference due to the anxieties about being misunderstood triggered by colour difference. Race was considered a tool in accessing the client's unconscious world and also enables a framework for transference manifestations. Exploring race in the therapeutic space allowed a deeper way of working with the client as it dissipates some of the anxieties the client may have regarding the relationship, linked to other unconscious aspects of themselves.

Dreams also illuminated some of the anxiety the client experiences in relation to racial difference with the therapist (Freud, 1900; Myers, 1977). Most crucially, the exploration of racial difference has to be meaningful to both client and therapist who have to be consciously reflective on the any racial material in and out of the sessions, and address its meaning, not ignoring it. The therapists' subjectivity was also crucial in relation to subjectivity - how the therapist experiences themselves and objectivity - how others view the therapist. This was an area of complexity considering the non-binary nature of race and the powerfulness of other aspects of subjectivity such as culture and class which are even more salient.

Therapists experienced a range of countertransference feelings which are very much linked to not just the present, the relationship, but the past history and societal forces. A point of huge significance is that race was not only a salient issue for BME therapists, but all therapists. The misconception that race was only relevant to BME therapist was thwarted by the way all therapists reported their work which was in many ways similar as far as the competences they employ is concerned. The interracial dynamic, regardless of the pairing triggers similar feelings of not being understood, as well as culture, and class playing a role in how this relationship evolves and the connectedness with the client. The assumption that similarities in race mean client and therapist understand each other was also debunked as same race doesn't necessarily mean shared experiences as culture equally has a powerful meaning to therapists. Also, the non-binary nature of race mean that people can have the same skin colour but subjectively identify as racially different, but share the same culture of class. This is why race is considered a social construct in this thesis, something that is created, an absent present (Dalal, 2006; Nayak, 2006; Rustin, 1991). The major difference in countertransference feelings (Heinmann, 1950) was that White therapists carried the burden of being seen as racist and guilt for historical issues, while BME therapists carry the burden of being seen as not being good enough and shame related to their history in society.

## Chapter 7: Clinical Implications

### *NHS*

Garner (2003) discusses her experience as a White therapist, working in an NHS setting providing psychotherapy services to BME clients. She highlights the difficulties of therapists working with clients who are racially and culturally dissimilar, due to them not having shared histories. This discrepancy between staff and patients in mental health service has been highlighted by Littlewood and Lipsedge (1993; 1997). Aralepo (2003) argue about the plight of the BME male in the UK and the perceived inequality in accessing mental health services, exploring the way mental health workers can interact with and react to BME clients. The findings of this study can work as an evidence base to therapists who work with clients who are racially dissimilar to them in the NHS settings, receiving psychoanalytic oriented therapy. The study validates the significance of race and highlights the therapeutic value of therapists exploring race with the client.

### *Training, Supervision and Private Practice*

The introduction of psychosocial studies in the UK psychoanalytic training institutes Frosh and Baraitser (2008), Spurling (2019) is incomplete without studies based on robust research which corroborate the notion of attending to the psychosocial differences in clinical practice. Leary (1995) argues that “psychoanalysis has not been able to establish an effective clinical theory on working with race and racial difference” (p. 648). The findings of this study compliment the psychoanalytic psychosocial initiative, and could be integrated to the literature and evidence base for psychosocial understanding. Elements of this study could be incorporated into the teaching modules, as part of the new literature to support psychosocial studies. The psychoanalytic training is accredited by BPC and BACP which is committed to bringing awareness to diversity and inclusion. This study inevitably serves as evidence base of the active engagement with race within the psychoanalytic discipline, in keeping with the current enterprise run by BPC and BACP.

This study is in keeping with Knox's (2013) declaration that the UK psychoanalytic discipline need to move from a theory based approach, to a research approach, emphasising the need to engage in process and outcome research. As highlighted earlier, there is now a drive to include diversity training in the syllabus of psychoanalytic training, attending to our socio cultural differences, including race, class, culture, gender and sex (Gordon, 1993; Tummala-Narra, 2009; 2013; Ciclitira and Foster, 2012). This does not only help the students in the training, but the supervisors who supervise their work. Despite these efforts, it is vital to note that there is clear lack of coherence in how therapists work with difference and whether there are any competences they follow (Spurling (2019). This affects how the teaching on working with difference is delivered. This study which is based on robust evidence from a qualitative study gives a comprehensive outline of some of the therapists' competences which they follow when working with difference. Equally, Patel, et al (2000) and Sue and Sue (2013) strongly argue the need for mental health professionals including psychotherapists and supervision training to acquire specialist training in diversity in order to improve their competence. The study will work as an evidence base for supervisors who may be supervising other therapists or trainees working with racial difference.

Frank Lowe, a psychoanalyst based at the Tavistock Centre in London, seem to be taking up the work of Frantz Fanon (1925-1961) in addressing the post-colonial experiences of Black people, psychopathology of colonisation, and racism. He set up a model called "*The Thinking Space*" and wrote a book entitled *The Thinking Space: Promoting thinking about race, culture and diversity in psychotherapy and beyond* (2013). This model was developed to help practitioners reflect on their work with marginalised and disadvantaged groups in the society, paying attention to issues around racism, classism, homophobia and hostility towards people seen as different. It opens up the space for people to reflect on their own attitudes, biases, and prejudices, promoting curiosity in order to get to know and learn about the "other". The model adapts Bion's theories of "knowing" and "knowing about"

which pays attention to content of learning (what) and process of learning (how). This model is now widely adapted in other psychoanalytic training institutes as part of psychosocial learning and by other independent psychoanalytic oriented practitioners. This study compliments this enterprise by providing robust research evidence base on the significance of race as a psychosocial element, and how therapists can work with it.

### *Ethnic matching in the UK*

The late Jafar Kareem who developed the Nafsiyat, a London based Intercultural counselling service for BME people in 20 different languages, argued that Western-trained therapists have a specific difficulty in acknowledging what it is like to be Black, hence struggle with addressing client issues in the transference (Kareem and Littlewood, 1993). Kareem and Littlewood's initiative lies in what is understood to be commonality in issues which affect BME, therefore requiring the attention of BME therapists. The issue of ethnic matching has been very present in the UK, albeit very political and controversial. There have been a lot of arguments for same race therapeutic dyads due to the assumptions that there is a common understanding between therapist and client of the same race. While it is important to acknowledge one's individuality from a diversity perspective, this study has concluded that ethnic matching is not the answer to successful psychoanalytic work. This study provoked a very critical notion that although therapist and client can be of the same race, that does not necessarily mean that they have shared experiences, as they might be from totally different cultures, nationalities, ethnicity, and most importantly social class. There is a high likelihood for therapists and clients to be from different races but have shared culture and class, which is equally a powerful, experience where there may be more commonalities. This study has highlighted the complexities of our identities, and how crucial it is to pay attention to other layers of our differences and sameness that we may overlook.

## Chapter 8: Limitations and Future Studies

### *Limitations*

There are several issues which may be considered to be limitations in this study. The most pertinent is my subjectivity as a Black woman and a psychotherapist researching on issues related to race may have impacted other therapists. This may have an effect on how some of the participants responded to the interview questions for the fear of being seen as prejudiced. It is curious whether therapists would have responded in the same way, if the study was conducted by a non-Black, or a lay researcher.

This study used IPA as a research methodology with sits within the phenomenology epistemology and a social science methodology. I have argued the rationale for using IPA and acknowledged the tensions in using a phenomenological epistemology, in investigating psychoanalytic experience. Considering there are psychoanalytic research methodologies such as the one developed by Frosh and Saville-Young (2011; 2012), Hollway and Jefferson (2000; 2013), Holmes (2018), Hinshelwood (2013), which focuses on countertransference and reflexivity, the psychoanalytic depth of this study may be strengthened by adopting either of these methods. This is despite the weakness of psychoanalytic research methods as discussed in the methodology section.

The study could have been enhanced by interviewing clients as well as therapists in order to get views from both the service users and service deliverers. Again, considering the study used literature worldwide, the sample could be extended to therapists from different parts of the world where psychoanalysis is practiced. This is because there maybe difference in attitudes or experiences around race which shapes how one conceptualizes it, considering the variance in post-colonial history between UK, USA and South Africa.



### *Future studies*

This study could be further developed by carrying out a quantitative research to compliment the findings in order to get wider perspectives from psychodynamic and psychoanalytic trained psychotherapists. There could also be a comparative study between Black, White and Asian therapists specifically discerning their experiences of working with difference. This study could be conducted for supervisors as they are the key people in the discipline making sure that psychoanalytic work is practised safely.

This study has attempted to bridge the gap between psychoanalysis and phenomenology paradigms which is ambitious. Psychoanalysis is condemned for lacking interdisciplinary dialogue; so like other studies such as those by Professor Midgley (Barros, Kitson and Midgley, 2008; Weitkamp, Klein and Midgley, 2016; Jaffrani, Sunley, and Midgley, 2020), this study could be encourage further studies which may attempt to cross fertilize psychoanalysis and phenomenology. This dialogue is essential as it may lead to a middle ground on how phenomenology and psychoanalysis may richly work in collaboration, from a research perspective. More psychoanalytic research could be carried out with this study serving as a reference.

This study discerned that culture was a salient organiser of the experience between therapist and client which is also conflated with race. Based on the outcome of this study, research that investigates the experience of race and culture distinctively is crucial both for research and clinical purposes. The findings of this study can lead to further research which creates a better understanding of the nuances between culture and race in the psychoanalytic encounter.

This study highlighted the significance of other forms of difference such as class, culture, ethnicity and gender. It opens up the possibility for more robust research in

these areas, which enriches the psychoanalytic body of knowledge and enhances our clinical practice.

## **Glossary**

### *Use of terms*

Psychotherapist, therapist, and analyst are used interchangeably

Client and patient are used interchangeably

Psychotherapist is used to refer to any psychoanalytic trained psychotherapists which includes psychodynamic psychotherapists and psychoanalytic psychotherapists

White and Caucasian are used interchangeably

The term Black is used to capture the experience of BME people

Study, thesis, project, and research are used interchangeably to refer to this research project

Analysis and therapy are used interchangeably

*Abbreviations*

BME- Black, Minority and Ethnic

CASP- Critical Appraisal Skills Programme

CBT- Cognitive Behavioural Therapy

BACP- British Association of Counsellors and Psychotherapists

BPC- British Psychoanalytic Council

EAP Assistance Programme

IPA- Interpretative Phenomenological Analysis

IAPT- Improving Access to Psychological Therapies

RSA- Republic of South Africa

UK- United Kingdom

UKCP- United Kingdom Council for Psychotherapy

USA- United States of America

**Appendix 1 Data Abstraction Table**

<b>Author/s and Year</b>	<b>Title + Source</b>	<b>Sample + Methodology</b>	<b>Geographical Context</b>	<b>Summary of Findings</b>	<b>CASP Rating</b>
Altman, N. (2000)	Black and White thinking: A psychoanalyst reconsiders race  Psychoanalytic Dialogues journal	Theoretical  Case Studies	Unites States of America	Explores race as a social construct. Uses the notion of Black and White to illustrate the problematic dichotomised thinking around race. Argues that race and racism are organised by the same rational-irrational racial polarity. Uses 2 case studies (one from Kimberly Leary and one from his own practice to illustrate working with racial difference and the importance of attending to countertransference. Concludes that unconscious racism is to be expected in interracial therapy and reparative efforts depend on an acknowledgement of the transference-countertransference matrix.	Moderate
Aralepo, O. (2003)	The White Male Therapist/Helper as (M)other to the Black Male Patient/Client: Some Intersubjective Considerations  Free Association journal	Theoretical	United Kingdom	Written from an intersubjective psychoanalytic perspective, explores how the subjectivity of the white male therapist as (m)other can influence the subjective sense of self in a black male client. Uses his reflexive roles as Black male	Weak

				therapist and client. Author did not use any case studies to illustrate his ideas	
Bonner, C. E. (2002)	Psychoanalytic theory and diverse populations: Reflections on old practices and new understandings  Psychoanalytic Social Work journal	Theoretical  Case study	United States of America	Discusses transference and countertransference arguing that treatment of diverse populations requires the incorporation of new theories and concepts for understanding the intersection of clinicians' and clients' racial and ethnic identities. Using a case study, author concludes that race should be incorporated in supervision, teaching and training of psychoanalysts, professional social workers, and other mental health professionals	Moderate
Coll, X. (1998)	Importance of acknowledging racial and cultural differences: Please don't let me be misunderstood.  Psychiatric Bulletin	Theoretical  Case studies	United States of America	Argues the importance of acknowledging race and cultural differences in psychoanalytic work. Declare that race is a useful vehicle in the expression of transferences. Defines culture, race and racism and how these can be experienced in the work. Argues that the therapist need to be able to contain and make sense of any feelings triggered by racial prejudices which may be real or imagined (projections).	Moderate

				<p>Uses case studies to illustrate how race was central to his work with his clients,</p> <p>illustrating how it is important not to ignore the racial difference, but use it in deepening the clinical process.</p>	
Comas-Diaz, L. and Jacobsen, F.M. (1995)	<p>The therapist of colour and the white patient dyad: contradictions and recognitions</p> <p>Cultural diversity and mental health journal</p>	<p>Theoretical</p> <p>Case Studies</p>	United States of America	<p>Argues that the dynamic between Black therapist and White client involves contradiction and recognition which permeates the dyad through mechanisms of projections and identification. Explores the transference and countertransference responses where there is a power reversal. Concludes that resolutions of contradictions can lead to recognition of paradoxes, the acknowledgement of ambivalence and a tolerance of dissimilar parts of the self.</p>	Strong
Dalal, F. (1997)	<p>A transcultural perspective on psychodynamic psychotherapy: Addressing internal and external realities</p> <p>Group Analysis Journal</p>	Theoretical	United Kingdom	<p>Argues the role of skin colour in structuring the psyche and the internal object world is colour coded. Acknowledging culture and colour differences with clients enables them to build trust and work on their internal world. Claim that therapists need to work</p>	Weak

				<p>through the experience of working with racial difference and culture so they can be able to address it and avoid transference to be experienced as difficult. Considers social values to be internalised in identify formation and considers race to be an invention. Distinguishes between race and culture and argues that transference should be central to the work where racial difference exists and therapists should acknowledge racial external differences while also attending to the transference.</p>	
Devereaux, D. (1991)	<p>The issue of race and the client-therapist assignment</p> <p>Issues in Mental Health Nursing journal</p>	<p>Theoretical</p> <p>Case studies</p>	United Kingdom	<p>Argues that the race of the therapist is vital in the manifestation of transference and countertransference phenomena in interracial psychotherapy. Concludes that that failure to recognize the racial difference can impede therapeutic progress, while sensitive confrontation may be a valuable tool in the recognition and communication of emotionally charged feelings.</p>	Moderate
Esprey, Y.M. (2017)	The Problem of Thinking in Black and White: Race in the South African Clinical Dyad	Theoretical	South Africa	Written from a relational psychoanalytic perspective, the paper addresses race as a social	Weak

	Psychoanalytic Dialogues			construct and how difficult it is to talk and write about race. Argues that race interrupts the capacity to think and reverie, using Bion's theory of thinking. Uses the vignettes to demonstrate how to start talking and thinking about race in an intersubjective space.	
Gelso, C. J. and Mohr, J. J.(2001)	The working alliance and the transference/countertransference relationship: Their manifestation with racial/ethnic and sexual orientation minority clients and therapists  Applied & Preventive Psychology journal	Theoretical  Case studies	United States of America	Explores the working alliance, transference and countertransference, interactions between them- extends to the areas of race/ ethnicity and sexual orientation. Case studies examined working alliance, transference, and countertransference on interracial dyads. Concludes that theoretical examination will generate further research	Moderate
Hamer, F. M. (2002)	Guards at the gate: Race, resistance, and psychic reality  American Psychoanalytic Association journal	Theoretical  Case studies	United States of America	Discussed the relationship between racial material and resistance as well as the constancy and fluidity of race as intrapsychic content. Uses the metaphor of Guards at the gates to describe the resistance to analysing race. Concludes that both internal and external factors are important in the analysis of racial material in the transference.	Moderate
Hill, A. and	The couple as social microcosm:	Theoretical	South Africa	Explores issues of xenophobia,	Moderate



Poss, S. (2009)	Some reflections on the impact of loss and difference on reparation in South Africa today  Psycho-analytic Psychotherapy in South Africa	Case studies		trauma, loss and apartheid on the country as a collective psyche. Uses a case study of a black couple to argue the impact of race of transference and countertransference and the shared unconscious.	
Heyer, G. (2016)	Race, religion and a cat in the clinical hour  The Journal of Analytical Psychology	Theoretical  Case study	United States of America	Argues that racial and religious identities can be used to of distance the pain, fear and rage of intergenerational traumas. Uses a case study of her work with a black female client over a 17 year period. Concluded that race and religion can be powerful vehicles for the transference and countertransference.	Moderate
Holmes, D. E. (1992)	Race and transference in psychoanalysis and psychotherapy  The International Journal of Psychoanalysis	Theoretical  Case studies	United States of America	Explores the role of race in elucidating transference manifestations. Concludes that race can be a useful vehicle for the expression and elaboration of transferences of defenses	Strong
Kilian, D. (2010)	Contextual twinship: Race in my post-apartheid therapy room  Journal of Psychoanalytic Self Psychology	Theoretical  Case study	South Africa	Writes about therapy in post-apartheid South Africa and the concepts of race and identity. Concludes that twin ship and unspoken trauma are transference needs between a therapist and	Moderate

				patient of different cultural and racial backgrounds.	
Knight, Z.G. (2013)	Black client, white therapist: Working with race in psychoanalytic psychotherapy in South Africa  International Journal of Psychoanalysis	Theoretical  Case study	South Africa	Explores the difficulties of articulating issues of race in the South African psychoanalytic context which reflect the struggle within the global psychoanalytic community. Discussed ongoing political tension on racial grounds and the consulting remaining a space of meaningful engagement. Concludes that the racial 'contact' between them triggered a racialized transference and countertransference dynamics, which contained the space for racial healing.	Moderate
Krohn, D. (2016)	Breaking the chains of psychological handcuffing: Transference to a young, White therapist  Clinical Social Work Journal	Theoretical  Case study	United States of America	Explores clinical issues, of race, repetition of abuse and working with trauma. Highlights interpersonal dynamics that could infuse the treatment relationship stimulated by racial difference.	Moderate
Leary, K. (1995)	Interpreting in the dark. "Race and ethnicity in psychoanalytic psychotherapy"  Psychoanalytic Psychology journal	Theoretical  Case studies	United States of America	Argues and concludes that racial issues provide a framework for the treatment alliance and highlight key transferences and resistances.	Strong
Leary, K. (1997)	Race, Self Disclosure and "forbidden talk": Race and	Theoretical	United States of America	Writes from an intersubjective psychoanalytic position arguing	Strong

	Ethnicity in Contemporary Clinical Practice.  Psychoanalytic Quarterly	Case studies		that race and ethnicity can frame the psychoanalytic work. Considers race talk to be difficult yet crucial in an interracial therapy. Considers client and therapist talk about race with a degree of self-disclosure from the therapist can deepen the clinical process. Argues the need for contemporary psychoanalysis to develop new meaningful conceptualization of race which considers social realities and personal psychology.	
Leary, K. (1997)	Race in the psychoanalytic space.  Gender and Psychoanalysis	Theoretical  Case studies	United States of America	Extends the psychoanalytic critique of gender and gender identity to race and racial identity. Argues that if race is only seen as a social construction, which negates the intrapsychic and interpersonal milieu where race is situated.	Strong
Leary, K. (2000)	Racial enactments in dynamic treatment.  Psychoanalytic dialogues.	Theoretical  Case studies	United States of America	Explores racial enactments in the psychoanalytic encounter from an intersubjective perspective Racial enactment concerns cultural and racial attitudes towards race which constitutes idealization. Envy, jealousy, and devaluation.	Moderate
Leary, K. (2012)	Race as an adaptive challenge: Working with Diversity in the	Theoretical	United States of America	Extends the concepts of the racialized subjectivity in the	Moderate

	clinical consulting room. Psychoanalytic psychology	Case studies		consulting room arguing that race should be understood as an "adaptive challenge". Draws attention to the racial enactments in the consulting room which can either be a problem or an opportunity depending on the loyalties valued and habits.	
Liggan, D. Y. and Kay, J. (1999)	Race in the room: Issues in the dynamic psychotherapy of African Americans  Transcultural Psychiatry journal	Theoretical  Case study	United States of America	Illustrates an integrated model of psychological stress -bio psychosocial formulation which considers negative internal models of relationships considering black matriarch, emasculated black male, the white authority figure and the black self-rejected image. Argues that a dynamic model in which the therapist enters the experience of the black patient and establishes fixed points of reference for the elucidation transference/countertransference issues.	Moderate
Mendez, T. (2015)	"My sister tried to kill me": Enactment and foreclosure in a mixed-race dyad  Psychodynamic Psychiatry journal	Theoretical  Case studies	United States of America	Explores the complexities of multiracial identities and how this can go beyond the binary of Black and White race. Explores how the client's visible race maybe in contrast to using the relational psychoanalysis concepts of dissociation, enactment and	Moderate

				relational trauma the paper examines multiple racial realities.	
Miles, C.G. (2012)	Racial difference in therapy  Psychoanalytic Inquiry Journal	Theoretical  Case studies	United States of America	Argues that the culture of lower-class and underclass African Americans is different from that of the professionals who treat them. Concludes that therapists must carefully examine their own preconceptions about people from other races and be prepared for racialized transference and countertransference.	Moderate
Qureshi, A. (2007)	I was being myself but being an actor too: the experience of a Black male in interracial psychotherapy.  Psychology and psychotherapy journal	Theoretical  Interpretative Phenomenological Analysis- 1 Case study	United States of America	Examines the experience of interracial psychodynamic psychotherapy of an African-American in therapy with a European American therapist, using IPA. Concludes that the depth of the therapy experience was limited by the therapist not explicitly addressing race.	Strong
Qureshi, A. and Collazos, F. (2011)	The interracial therapeutic relationship: challenges and recommendations.  International review of psychiatry journal	Theoretical	United States of America	Argues that culture and race related factors can lead to poor quality of service provided to clients of different racial backgrounds to the therapist. Argues the importance of cultural competence and discusses therapeutic complexities in interracial therapy.	Weak
Rosen, D.,	Interpersonal complementarity in	Theoretical	United States	Examines which socio-	Strong

Miller, A. B., Nakash, O., Halpern, L., Halperin, A, M. (2012)	the mental health intake: a mixed-methods study  Journal of counselling psychology	Mixed methods study- 114 videotaped sessions	of America	demographic differences between clients and providers influenced interpersonal complementarity during an initial intake session. Results indicated significant interactions between client's race/ethnicity and provider's race/ethnicity.	
Shonfeld-Ringel, S. (2000)	Close encounters: Exclusion and marginalization as an inter-subjective experience  Studies in Social Work journal	Theoretical  Case studies	United States of America	Examines literature on racial difference, inter-subjectivity, transference and countertransference. Argues there are ways of bridging the racial and cultural differences through cultural rituals and symbols.	
Smith, B. L. and Tang, N.M. (2006)	Different differences: Revelation and disclosure of social identity in the psychoanalytic situation  The Psychoanalytic Quarterly journal	Theoretical  Case studies	United States of America	Propose three classifications of identities- innate and visible- race or gender; innate but invisible- sexual orientation; acquired or achieved- marital status or political affiliation Concludes that these variables, affect the transference-countertransference dynamics	Moderate
Suchet, M. (2004)	A Relational Encounter with Race  Psychoanalytic Dialogues journal	Theoretical  Case studies	United States of America	Argues that a racialized subjectivity is usually carried by those with darker skin colours. Explores the transference-countertransference dynamics between an African American client mandated to	Strong

				treatment and the author, a white analyst born in South Africa. Concludes that race was central to therapy.	
Tang, N. M. and Gardner, J. (1999)	Race, culture, and psychotherapy: Transference to minority therapists  The Psychoanalytic Quarterly journal	Theoretical  Case studies	United States of America	Explores racial stereotypes in psychoanalytic psychotherapy. Highlights that "race" and "culture" have sometimes been used synonymously. Clinical experience indicates that there is some overlap in the themes of transferences racial minorities. Concludes that African American therapist projections are more often based on racial stereotypes, while Chinese-American therapist, projections are based more on cultural assumptions.	Strong
Thomas, B. (2008)	Seeing and being seen: Courage and the therapist in cross-racial treatment  Psychoanalytic Social Work journal	Theoretical	United States of America	Argues that distortions based upon racial difference between the therapist and patient can lead to clinical impasse. Concludes that therapists must use transference responses to move beyond their own fears and distortions.	Weak
Tummala-Narra, P. (2007)	Skin colour and the therapeutic relationship  Psychoanalytic Psychology journal	Theoretical  Case studies	United States of America	Addresses the relevance of skin colour as an aspect of race, highlighting the idealisation of lighter skin shades and denigration of darker skin shades. Explores how skin colour variations have an	Moderate

				effect on the intrapsychic and interpersonal processes of both therapist and client. Dynamics of skin colour in the transference are illustrated through the use of case studies.	
Tummala Narra, P. (2013)	Psychoanalytic applications in diverse society  Psychoanalytic psychology journal	Theoretical  Case studies	United States of America	Argues that psychoanalytic practitioners need to engage with diversity, which may require reshaping of theory and practice. Working from an intersubjective orientation, applies case discussions to elaborate the complexities of identity in relation to the social context- race, gender, sex, and class.	Weak
Vontress , C.E.and Lawrence, R. (1997)	Historical Hostility in the African American Client: Implications for Counselling.  Journal of Multicultural counselling.	Theoretical	United States of America	Argues that unique psychology of BME is informed by historical forces of slavery and societal forces of discrimination, which impeded on the transference triggering the fear mistrust and paranoid feelings in the interracial dyad	Weak
Yarborough , C. (2007)	Being the only one: Finding connection through the shared experience of "otherness"  Smith College Studies in Social Work Journal	Theoretical  Case studies	United States of America	Explores the challenges interracial psychotherapy, working through cultural, racial, socio political and power issues. Highlights the poor training in transference in interracial therapy dyads, which leave therapists unprepared for practice.	Moderate



				Concludes that there is a necessity of addressing transference and countertransference issues stimulated by racial difference.	
Yi, K.Y. (1998)	Transference and race: An intersubjective conceptualization  Psychoanalytic Psychology journal	Theoretical  Case studies	United States of America	Argues that race-based transference in the psychoanalytic literature have been infrequent. Explores the influence of the analyst's race and culture in the development of transference. Concludes that the analyst needs to be aware of race and culture issues	Strong

## Appendix 2 Master Table of Themes

### Master Table of Themes for the 14 Participants

#### Participants' Racial and Gender Identities in Abbreviation

White Female	WF
Black Female	BF
White Male	WM
Black Male	BM
Asian Male	AM
Asian Female	AF
Mixed Asian and White Male	MW+AM
Mixed Asian and White Female	MW+AF
Jewish	J
Oriental	O

#### Transcription notation Table

I:	Interviewer
P:	Participant
...	Indicates a short pause
...	Indicates omission of words in verbatim
[pause]	Indicates a longer pause
***	Represents an inaudible comment
Capital Letters	Used to denote emphasis
[ ]	Short interjections made whilst someone was talking e.g. [I: okay
[ ]	Short interjections made whilst someone was talking e.g. [I: okay
[ ]	Short interjections made whilst someone was talking e.g. [I: okay

### 5 Superordinate Themes and 18 Sub Themes

#### **Superordinate Theme 1: Skin Colour Visibility and the Misalignment**

##### ***Sub theme 1- The Personal and the Social Self (11 Candidates)***

**Melody WF:**... I've not had a shared experience of growing up as a young black man in this country who feels that maybe he is marginalized because of his colour and his social background. p267-269

**Gillian BF:** She went to Marlborough boarding school ... but it was obvious that we were from very different places and she was actually struggling with her visibility in the world. p283-286

**Chance BM:** There's a historical conflict between white and black that's embedded unconsciously and is pervasive, which is different from everyone else p.103-105

**Karim MA+WM:** ... for people who either they are maybe Chinese, Japanese, African, Caribbean, I guess there's more of a feeling of unknown and a sort of sense of ooh will I understand this person, will they be okay, will they be like me enough p212-216

**Loice BF:** ...clients sometimes assume that I am going to understand something that they are talking about... again we understand what is that kind of connection that they are yearning for. p256-257

**Jennifer WF:** ...if I'm working with a black man, there's a complete block because the person thinks oh she just doesn't understand, or it could be that they want to get the white perspective on something...p.422-425

**Alex WM:** I was sort of acknowledging that I wasn't part of that community and that I was racially different p436-441

**Claris WF:** ... perhaps the client sees me as Caucasian and maybe that I can't understand something of what is being said about whatever, race. p188

**Donald WM:** ... black guy, and we had an initial interview... he did not come back, I remember the words I used to him in that – 'I wonder why you've come to see a little old white man like me'. p134-139

**Hanson AM (O):** I had to unlearn some of my preconceptions, what I knew about racial difference from as a child... I had to unlearn during the session.p124-127

**Annette MA+WF:** ..sometimes they are wondering whether you really appreciate what they are talking about, or whether it's so far removed from your own experience you are really not going to understand what it is. p200-204

**Tony BM:** So we allowed ourselves just to talk about what it's like to be with someone who you can't speak of their experience. p154-155

### ***Sub theme 2- Privilege, Shame and Guilt (11 Candidates)***

**Melody WF:** ...it's all very well me sitting there going I just see it as a pro, but... I'm coming at it from someone who is white. p269-270

**Gillian BF:** I was left feeling in the countertransference, I was not good enough.p376

**Penny AF:** ...sometimes is my own internalised shame and sense of inferiority borne out through my life experience p174-175

**Chance BM:** ...a middle class, rich, wealthy woman... she was quite philanthropic, so working with me kind of allowed her to think that she was helping black people or poor people or disadvantaged people, that her money was going to a good cause, basically.p236-241

**Karim MA+WM:** So that was contempt, because she's actually from a very elite family. So that I think was about elitism. We are the elite and so if you are not like us you are less than p524-526

**Jennifer WF:** That I might be seen as prejudice or seen as... It's not prejudice but more oppressive p676-677

**Alex WM:** ...client's expectation of racism really, that I think that if they are aware of me as being white. p110-112

**Ruth WF (J):** ... I was hoping that she doesn't feel judged, that she doesn't feel that I am in the position of the superior psychotherapist who knows better. p244-266

**Donald WM:** .. as the beneficiary of British imperialism, that there's a truth that I am that and I think I might well be perceived as that.p330-333

**Hanson AM (O):** ..sometimes, I am feeling that I am wearing clothes that doesn't really fit...sometimes if I exaggerate I feel a little bit foolish. I seem to lose my footing. p142-145

During the training I had a feeling that I am one of the few. I felt like an adopted child p256-257

**Tony BM:** And his response to me was, "Well I quite like being with you, you know, because you're from the street." And I'm like, "Am I really?"p140-150

### ***Sub theme 3- Therapists Vulnerability and Insecurity (12 Candidates)***

**Melody WF:** ... there's already a difference in power there which I think very often the therapists don't want to acknowledge. p339-341

**Gillian BF:** And we are actually talking about somebody who is from South Africa and where they have had black helpers coming in. So that is there in my mind p368-370

**Penny AF:** I think being aware of the traces of shame and inferiority and envy that I might have of middle-class Caucasian clients is quite important because p184-186

**Chance BM:** ... black people are seen as less good than white people. So it's in the social fabric of Western society p141-143

**Loice BF:** ...how it plays out in not just our relationship but his relationships outside of our therapeutic relationship. So yes, power, control, authority p129-131

**Jennifer WF:** I think it is more difficult to address racial difference because then for me I get into oh I'd better be careful what I say here, I might put my foot in it and say something wrong, I might cause offence. p657-660

**Alex WM:** ...the sense that they have the idea that I'm racist in some way and ... maybe that somehow because I'm white I can't understand them p581-586

**Ruth WF (J):** So with the second one, I was a bit like overcautious but eventually it turned out to be on the contrary a good thing to be Jewish for her.p201-203

**Donald WM:** I might have been less forward with him than I might have with a white boy. p193-194  
...he's got very long hair and I commented to him and it felt a little bit risky p237-238

**Hanson AM (O):** That made me think about the movie I saw, the actress, the fantasy I had about them. I think that made me feel more anxious because I think that would give them a power in a way p107-109  
...because Korean is my mother tongue but I struggle more and I find keeping the boundaries p147-148

**Annette MA+WF:** So is that something that you are avoiding discussing because you don't think it's an easy topic to discuss or you would be seen as being racially prejudiced by bringing it up. p385-387

**Tony BM:** And then the power to collude is so strong. It's so strong, because it's like, 'no, we are one.' p419-420

...It's a bit of a paradox enters into that space, because I'm the dominant psychotherapist. p300-302

## **Superordinate Theme 2: Othering and the Other**

### ***Subtheme -1 Therapists Ambivalence of the Different Other ( 7 Candidates)***

**Jennifer WF:** ... I was quite anxious about working with this person, but I still to this day don't know whether it was because of the skin colour, might say prejudice or [ ] or whether it was his anger and I was thinking well if he had been white, how would I have felt? p141-145

**Alex WM:** .... I think that he and I both sort of love and hate each other... mean, we have talked about me being white and him not being white p372-377  
...my immediate answer would be about sort of racial stereotypes...what the client thinks I'm capable of or expects of me as somebody who is racially different, I think. p504-507

**Ruth WF (J):** I didn't have any kind of strong countertransference that was different from anyone else, apart from fearing that they might have something because I'm Jewish and they might know about it, that they might come and come with their own ideas, as the first one p198-201

**Claris WF:** I also unconsciously perhaps wonder if maybe the client would have wanted a black therapist p230-232

**Karim MA+WM:** So I have a client who is Albanian and they start talking and I'm like whoa, that's what your country is like, then they are whiter than me, or same colour as me, but it feel very other, how far can we go... p142-144

**Donald WM:** ... anybody coming to see a white professional, a middle-class, prosperous, white professional like myself is bound to have all sorts of feelings of grievance related to the experiences of disadvantage and prejudice and outright deliberate humiliation, racial hatred which they are likely to have experienced p289-293

**Tony BM:** And I thought that was always just, 'What's up with these white therapists? ... I didn't survive my therapy in those two situations.... Nothing good came of it. p381-386

***Sub theme 2- Clients Ambivalence of the Different Other 13 Candidates)***

**Melody WF:** So I'm always kind of pushed back...so it always feels like we never quite go there, quite go somewhere.p109-111

**Gillian BF:** ... It can be painful because a patient might turn up expecting Gillian Whitehead to be white and she's not and then I get rejected. p67-69

**Jennifer WF:** ... he almost didn't come and see me because of my name, or because of my surname. ...And he actually phoned up the office to say, "Look, I'm not going to come," and they said no, no, no, come and see me, so he did come. So he was a bit taken aback then when he realised I was a white woman p261-266

**Alex WM:** both of those people have done is behaved towards me as though they expected me to be able to understand up to a point and that there has been that sort of hanging back from me, a sort of assumption that there's something that I just wouldn't get...p197-198

**Ruth WF (J):** It was more her fantasies about who am I to be and how I might impose my ideas because of my racial difference and the impact on her and after a few months she had to finish because she thought "it's difficult for me, I have too many negative fantasies p110-113

**Claris WF:** Quite often the client feel uncomfortable talking about it... I'll be able to interpret it if it's in the room. p89-9289-92

**Donald WM:** but these Black boys self-referred and that doesn't happen so frequently. p147-149

**Penny AF:** They might be quite censored in some of the material that they bring for fear of offending me or being seen to be in any way bigoted or racist. p150-152

**Chance BM:** I've spoken to them on the phone, "Why don't you come along and we'll have a consultation?" and when they come and they see me their face registers shock, horror and surprise, which is quite amusing. p347-350

**Karim MA+WM:** So I guess the people who feel that I'm too other, they can decide already by my name and maybe they don't turn up, or they turn up with a little bit of suspicion and then they check out. p240-242

**Hanson AF (O):** ... they may comment, like, 'You're from China?' or they ask me where I'm from. 'From your English, you're not born here.' But still I think I wouldn't reveal, p288-290

**Annette MA+WF:** So that can produce I think a withdrawal from the client, that they sort of step back a bit and stop engaging so much because they have reached a point where they think... almost like there's no point carrying on because you perhaps haven't understood and then I'll ask them and say p204-207  
When there's a difference, I suppose I see it sometimes with clients, that I think they wonder if I understand the world they are talking about. Do I grasp their experience because they imagine it's so different from my own? p182-185

**Tony BM:** I was picking up on her being scared all the time, and me scaring her and me being the demon in the room for her p372-377

### ***Sub theme 3- Therapists Experience of Rejection (9 Candidates)***

**Melody WF:** So he won't allow me to think that maybe I can try and understand or that there is the capacity for us to try and understand p108-109

**Gillian BF:** .... they are expecting me to be white and I'm not white, what do you think happens? "Yes," and there is a disappointment p83-84

**Penny AF:**... the patient herself was also a psychologist and she was black and she took very negatively to being allocated me as a therapist p94-96

**Loice BF:** ... I've had black clients who didn't want to see me and made it very clear. p230

**Karim MA+WM:** Someone actually straight out told their... when they were referred to me, straight out said, "No, I don't want to see an Indian therapist" p240-242

**Jennifer WF:** ...He almost didn't come and see me because of my name, or because of my surname p280

**Alex WM:** ... it's about a sort of hanging back, perhaps a sort of expectation that there's something that I just wouldn't get, a sort of denial of difference perhaps or the idea that I might deny a difference 415-418

**Ruth WF (J):** she asked me, "Where is your name from?" and eventually, as I honestly answered, she went on Google and she told me, "I find out". That had an



impact because she turned it into like, “Because of what I hear about you, your group of people being Jewish, I’m wondering whether you are going to have a domineering kind of influence on me,” and she used these words in Italian like saying, “because I know some people are kind of controlling the world,” and got paranoid and left .p128-135

**Tony BM:** Yes. So when I was doing my voluntary placement where I studied. I had a few people like, “How did I end up with you?” [Laughs] “What’s the process? Who’s put this together?” p696-698

### **Superordinate Theme 3- The Mutual Connection; Racial difference as a Catalyst**

#### ***Sub theme 1- “It’s in your face”- Intersubjectivity and the Ubiquity of Race (12 Candidates)***

**Melody WF:** ... it has to come out in the work, doesn’t it, because otherwise it’s not being acknowledged ... then it’s like it’s what gets hidden-p336-347

**Gillian BF:** If I’m in a relationship with a white man and we don’t have a discussion about our differences, we are screwed. p440-441

**Chance BM:** Ethically, ... what are we doing if we are not talking about it, if it’s not mentioned? p430-431

**Karim MA+WM:** Well it’s relevant that I won’t have gone through life in that way and I guess because colour in particular, you walk around with it, so it’s so instant, p165-167

**Loice BF:** I think it is important, yes, to acknowledge it because it’s real, it’s there. It would be a denial of something real if it wasn’t thought about and talked about. p100-103

**Alex WM:** I think it’s in the room, it’s in the work p372

**Ruth WF (J):** I wouldn’t sweep it under the floor in any way. p330-331

**Claris WF:** In the world outside the room there is a reality and that reality is that people are different and that is a discussion that I wholeheartedly believe in that we should be discussing it in the room p369-372

**Donald WM:** So when there's something that's so in your face, as it were, a different skin colour, that must affect the interaction and it's something which I think has to be talked about. p259-261

**Hanson AM (O):** I think in a way it is the heart of the matter. It is like figuring out who we are, isn't it?. p177-180

**Annette MA+WF:** I think it's something you need to be aware of, definitely in a session. I think it is in the room, if someone is of a different colour, I think it's there p165

**Tony BM:** I think especially when there is a difference in racial colouring between client and therapist. It's an absolute must conversation. p121-122

### ***Sub theme 2- Race as an entry point (12 Candidates)***

**Gillian BF:** ... I am definitely the nanny that strapped her on my back and carried her around when she was a kid, a lost and forgotten person, carer, in this client's life. p142-144

**Penny AF:** ...she imagined that I was only here for purposes of window dressing, to tick ethnic minority boxes and that she had been fobbed off with someone secondary, which of course gave us a very helpful way into talking about her sense of inferiority, shame and the very negative sort of self-perception that she had. p92-102

**Chance BM:** She came to see me for something not connected with race but race came to be spoken about because she came unconsciously to work through some of those issues around blackness and what that meant for her to incorporate her blackness p304-308

**Karim MA+WM:** So if someone says to me, "You don't seem English," and they'll probably know from my name but I'm not going to say, "Ooh I wonder what you make of that," ...you are not going to deny it. But I think it's a deepening because it sort of creates the space, the possibility sphere, we can go deeply into difference and race and if race is relevant that's probably going to be a big part of someone's experience. p511-517

**Loice BF:** I kind of just see how they struggle with it internally themselves...but part of the work in my job is to bring things out into the open,... for them to feel safe enough to do that. p154-159

**Jennifer WF:** It's almost something that she didn't want to think about because in this particular situation she was seeing herself as not being good enough and of

course I then ended up asking myself, well look, am I giving something off here so she doesn't feel good enough, p345-349

**Alex WM:** I think he probably came to see me because I was white and I think it's probably quite important for the way we talk about things 243-246

**Ruth WF (J):** ...client that I had who was Muslim, black and a single mother, this client, for example, I felt very much connected to her sufferance because she grew up with a very controlling family and with a vulnerable mother and I could personally connect to that because of my own personal experience p214-218

**Claris WF:** And usually once it is in the room and once we have spoken about it it frees up more space for us to work. p97

The thing that I never do is ignore it, I always name it and I find that it becomes a very useful tool in the room and usually there's a relief by the client that I've been able to make that distinction, that perhaps the client sees me as Caucasian and maybe that I can't understand something of what is being said about whatever, race, but once it's out in the open then it can be spoken about more freely. P. 184-190

**Donald WM:** Well, as I say, it could be a hook to kind of hang the negative transference on-p303

**Hanson AM (O):** Revealing my identity may get in the way, may stir up some of their own fantasy, but is it really important? p 304-305

**Tony BM:** ... people are not able to articulate their own personal struggle and own it, being black trumps so much. And so it's like I can't know your struggle. p540-542

So sometimes they don't project it on, they have a tough time speaking about what they believe is the negative projection of the Afro-Caribbean or black stereotype p326-327

### ***Subtheme 3- Racial Difference Fostering Growth(11 Candidates)***

**Melody WF:** So you are learning from each person that you see, you learn something from that experience p237-238

**Gillian BF:** ... she was somebody who had been sexually abused from when she was a baby and I think there was something about my being different that made it possible for her to feel that she could feel safe with me...I was the unknown p114-118

Again, I'm a safe pair of hands.p148

**Penny AF:** I think it's been invaluable talking about difference and acknowledging it and addressing it. p368-371

**Chance BM:** I think working from a psychoanalytic perspective, if it's not present then you are not working with the unconscious p220-221

**Karim MA+W:** I've found with some fully white clients they have their own story, their history about why they are different in some way, so this sense of maybe you are different enough to understand me seems to create some link, whether it's imagined or real which p228-232

**Loice BF:** ... there might be some kind of discomfort but in the discomfort there's growth ...if we don't bring it into light then it becomes something that's shameful and feared p286-294

**Jennifer WF:** I think had I been an Asian woman, ... he might not even have told me about his sexuality but because there was a difference, he trusted me enough to tell me p293-296

**Alex WM:** ... I think he's able to talk about it in a particular way partly because I'm white p364

**Ruth WF (J):** They might even think they trust more a Jewish person because they were so persecuted and they will understand what I mean to be different or to feel different p209-211

**Claris WF:** ... she felt too vulnerable in a relationship with somebody who wasn't so different from her, whereas she could seek safety in somebody who was different from her or she could hide a little bit. p274-277

**Tony BM:** So what racial difference enabled us to do was to work around how it felt to be different. And I think in doing that between me and him in the room, there was a potential for him to understand something about his wife.p197-200

But I think once it can be discussed and approached, if survived, it's a great help to the therapy. p125-126

having worked through some of the racial issue, we're so much more connected on that gender issue, me and him. p176-177

#### ***Sub theme 4- Fear and Avoidance of Recognizing Difference (9 Candidates)***

**Melody WF:** So I worked with an Iranian lady who never wanted to accept that there was any difference... I think it's too much for her to think about, so when difference did come up it was really difficult. p78-83  
I think it can bring up a lot of feelings and I think there's either a denial or people don't always want to think about it. p519-520

**Gillian BF:** There is a tension there. It's difficult. I never assume that somebody is going to stick with me, ... If we get past the first three or four sessions ... I'm home and dry. p93-96

**Loice BF:** you don't get to work through some of the preconceived fears of what it might be like to work with other... So there's something of an idea that gets reinforced, it's not safe to go outside of that. p73-277

**Alex WM:** ... they are at those times more conscious of the difference between us, if that makes sense, and some sort of barrier perhaps to my understanding. p113-115

**Ruth WF (J):** If I manage to reduce her paranoia and be able to keep her in there... then I think it would be very beneficial for the person. p518-519

**Claris WF:** ... To say that everything is perfect and great and difference doesn't matter, I think is not really acknowledging something that could potentially be quite painful as well and then how much has the therapist colluded with the client... p392-396

**Donald WM:** I would see differences being something which all of us as humans struggle with and have a potential hostility to and when you have differences that are kind of very overt p265-267

**Annette MA+WF:** There's all the things that the person thinks about themselves being labelled as Chinese or Asian or Black or whatever, there's so much caught up in your identity, so from what you experience of yourself in the world, yes, how other people relate to you because of the way that you look, there's so much bound up with that that you are avoiding so much other than just a person's colour. p396-401

**Tony BM:** If it's there and it's causing a blockage, then... []. If it's there, like I said, get it out of the way p736-737

### ***Subtheme 5 Bringing It Into The Room-Engaging the External World (11 Candidates)***

**Melody WF:** So with my Iranian lady she kept not wanting to acknowledge that there was difference, so then it did get acted out outside of the room, so when the political circumstances changed and there was a Brexit phobia here she very much felt as if she was on the outside and I think she then experienced me as being somebody who couldn't understand what that meant for her to no longer feel welcome in a country that she had considered to be... that she was a part of. p383-388

**Gillian BF:** I would say something about the difference in the room, that there is a difference here and I wonder how it might sit with you p258-259

**Penny AF:** I would say, the affect that Brexit had on the consulting room because actually almost all of my clients brought it up in different ways and one of the big criticisms of, say, their families or people in their social groups who voted to leave Europe was the bigotry, the small mindedness, and I felt keenly aware in those moments of my otherness and what the fantasies of that might be p154-159

**Chance BM:** . Usually something comes up outside, unconsciously shows itself, which allows us to explore more what the blocks are to having an authentic person to person relationship ...p81-82

**Loice BF:** I think for the most part it is me that kind of introduces it, which is interesting in itself because it shines a light on is it safe to talk about difference? p149-151

**Alex WM:** So I'm thinking about an incident he told me ...somebody made a racial comment to him which he was very shocked by and he told me about that incident quite early on in the work... I still sort of wonder, if he was setting down a marker at that point p349-352

**Ruth WF (J):** ..another client of mine knows because she made this comment that, "I was kind of welcomed in a Jewish family when my family was not very stable, I found stability there and I love to go and see them," and somehow in the transference I wonder if I'm not [ ] that kind of mother that took care of her for some time p177-181

**Claris WF:** if a client perhaps has had a bad experience or wants to say something that is racially challenging, for instance, that white boy has been more privileged or whatever but feels that they can't because of my colour but it comes into the room, I then think about how obviously my client views me, how do they view me p114-118

**Donald WM:** I feel under a lot of pressure at times to shy away from talking about difficult issues to pretend that my patient and I see things in the same way when actually we don't and those differences need to be gone into. p420-423

**Hanson AM (O):** Revealing my identity may get in the way, may stir up some of their own fantasy, but is it really important? p319-320

**Annette MA+WF:** ... one client who is half Chinese and half English, she brings it up when she talks about her mother's experience of racism, and her mother is Chinese, and how she feels, both sorry and angry towards her mother, sorry for the racism she has experienced but also she has anger issues because her mother hasn't understood her own problems, and then she's talked about the racism she has experienced and then, yes, I might ask how she feels I'm relating towards her in the session. p246-253

## **Superordinate theme 4- Multiplicity of identities-The Pandora's box**

### ***Sub theme 1- Therapists' Uncertainty of Subjectivity and Belonging (8 Candidates)***

**Penny AF:** ... I wouldn't say that I could feel and really own my own ethnicity until really quite recently but I'm also an outsider in India, I'm British, and I don't speak any Indian languages because my experience in many ways has been very international because of my parents' careers and moving round the world. Yes, I suppose I don't feel rooted in any particular place other than London at this moment in time p.312-318

**Karim MA+WM:** I usually just say half Indian because that other half seems obvious, but if someone asks me, I say half Indian, half Australian, although of course my mum is white Australian not Aboriginal. p20-22

**Loice BF:** I would describe myself I suppose as black, British, with Caribbean descent. My parents are from Jamaica. It changes. I mean, quite simply black, British. p16-18

**Jennifer WF:** Well, you might be white, but because of your name I'm assuming that you've got connections with another culture like the Asian community p220-221

**Ruth WF (J):** Jewish, white. European, Well yes, Caucasian for 500 years and before European, Spanish p19-20

**Claris WF:** I always thought of myself as an 'other' because I was brought up Italian-American and Italian-Americans are not necessarily seen as white in the US and where we're from, but as I've gotten older I think now I just see myself as, I don't know, Caucasian, I suppose, so it's changed. p14-18

**Hanson AM (O):** That's a tricky one. Oriental. Asian other. Usually that's the box I tick. Asian other. 10-11

**Annette MA+WF:** I suppose I don't think of myself as primarily Caucasian.p32-33 Well I'm saying English because I live in England as opposed to Scotland, Wales or Ireland, yes.p47-48 English. But then my father who is the Englishman isn't actually English, he's half Scottish and half Welsh. 52-53

### ***Sub theme 2 Subjectivity and its Ambiguity -Race, culture, Ethnicity, Nationality, Language, Gender, Religion, Disability (10 Candidates)***

**Melody WF:** ...there will also be things about difference, about class, about money, about nationality, about language, because I work with lots of people who don't have English as a first language. p202-206

**Gillian BF:** ...there often the fact that they are racially different but class can be a real issue as well and they both can sometimes feel quite powerful in the room p62-66

**Penny AF:**... there are so many other differences between us as human beings p118-119

**Chance BM:** I can work with somebody who is predominantly white but different ethnicity and it can take a while to develop, yes, a sufficient authenticity in the relationship 78-80

**Karim MA+WM:** I think gender can combine in a way so that the experience for and with culture, so for a Muslim woman, particularly when you combine race and religion culture, in the sense of what I found is Muslim, non-white women are probably going to have had a very sort of restrictive second-class experience growing up p539-544

**Donald WM:** he was of Pakistani origin, ...but I think he would not identify himself as ethnically different to me, I would think. p59-61

**Jennifer WF:** I've done a lot of work with deaf people, so culturally with deaf people, identify as having a different culture to say people who are hearing, and sort of within that as well I've worked with people of different skin colour as well who identify as culturally deaf and in my experience it's been the cultural difference and not necessarily skin colour that has been more important to people p97-102

**Alex WM:** She was Muslim as well, so that was definitely always present in the room, that she was Muslim, and she wore a headscarf. And she spoke about that, about being a Muslim woman, but what she didn't speak about was race until I brought that in, that it was different at she was non-white and I was white. p396-400

**Annette MA+WF:** ... So the people I see who are of a different colour tend to be in a different culture and probably from a different country actually altogether p148-149

**Hanson AM (O):** Even the white Caucasian clients, amongst them there are so many differences like age and the way they speak, class, individual differences. p83-85

### ***Subtheme 3 -Race and Culture Conflation – The Conjoined Twins (9 Candidates)***



**Gillian BF:** So I think for me the key thing is not to assume that I know because we are both of the same race and that we might share cultural values. p225-227

**Penny AF:** ... culturally and class wise I may not have very dissimilar experiences to many of my patients, p258-260

**Karim MA+WM:** ...that combination of otherness of colour and otherness of culture, where they combine is where I feel like I have to really hold back on what I think I know about how human societies work p275-279

**Loice BF:** I suppose in my experience bringing the difference into the room is an important factor of the work because there is the obvious difference of colour, of cultural difference p76-78

**Alex WM:** ... most of my clients are white but from quite a broad range of cultural backgrounds even though they are white p24-25

**Ruth WF (J):** It's informed by the difference in racial and cultural background. It has an impact p98-99

**Donald WM:** this - that the difference can be subsumed under something that's obvious like gender or culture or skin colour when it has deeper roots. p267-270

**Hanson AM (O):** Psychotherapy, the way I see it these days, there is an element of, this is a European invention, white European, based on their culture to some extent, in many ways. p138-140

**Annette MA+WF:** ... for me the difference between say colour difference and culture are very much bound up together. p135-137

## **Superordinate theme 5 - Working with Racial Difference as a Process**

### ***Sub theme 1- Fear of Relational Damage and Reparation (6 Candidates)***

**Gillian BF:** Well, I've been given a gift, I got given an Easter egg recently and they... I think the Easter egg... Do you know when somebody gives you something and it feels awkward p347-349

**Chance BM:** ...A client's denial of difference, insisting that we are all the same and everybody is treated the same p195

**Loice BF:**... it feels like for him to be a white man going into a country where there's obvious splitting and how that kind of reflects our role in the work, him coming to me for help and me getting paid by him.p121-124

**Tony BM:** Because when he first said it I could just see him twinge as well. He didn't know if he was picking the right words, he didn't know if he was offending me. p151-152

**Alex WM:** ...I have some sort of sense what their racial identity means to them, which I think I probably pay more attention to with people who are not white.p148-149

**Donald WM:** ... I think I may have challenged him less than I might otherwise have done to a White boy. p175-176

### ***Sub theme 2- Dream; The Lens into the Unconscious (4 Candidates)***

**Gillian BF:** ... if my visibility is completely ignored, and especially if it comes up in dreams, in stories that are brought into the session in very subtle ways, what am I doing? p479-482

**Chance BM:** She had a dream about an animal, she didn't know the name of the animal, but it was a particular kind of animal that's found only in the southern hemisphere, so Australia because it had a pouch, but it was a thing of curiosity, a thing that you poked and didn't get kind of close to and it was understood as the black aspect, the black part of her in the work.p311-316

**Loice BF:** I had a client who talked about dreaming that black ink was being poured into her and we explored how that was symbolic of her experience of me getting into her and so it was a nice segue to explore and just to see how she felt about having a black therapist p82-85

**Jennifer WF:** ... what came up in a dream was that this person is looking for me. .. I had been off sick, so she was in the position of looking for me in this dream but then it ended up in a shop where there were lots of trinkets and she referred to these trinkets as trash and they were made in her country of origin. p333-339

### ***Sub theme 3 -Authenticity and Meaning Making (12 Candidates)***

**Melody WF:** ... It's about their experience of the world, isn't it? So if you are not talking about something then you are denying something about their experience I think. p506-508

**Gillian BF** ... in the same way that I deny a discussion about my visible difference, I might be inviting the patient not to disclose certain issues as well, that there are things that you can remain silent about. p255-266

**Chance BM:** I think what works is if you are able to have a connection with a person, an intersubjective relationship with somebody, because relationships is key, not where you come from 382-385

**Loice BF:** I think it needs to be managed skilfully, it needs to be managed in a way that hasn't got this kind of tick-box agenda of we need to just... because then there's something that's inauthentic, it's just like okay this is just an exercise that we need to do just to kind of... p301-305

**Jennifer WF:** ... it shouldn't be just oh let's have a conversation about it just because there's an obvious difference in the room. It's got to be purposeful.p714-171

**Alex WM:** ...they might say, "Oh yes, you are white, I'm black," but there might be more to it 542-543

**Ruth WF (J):** I will really talk about it because it's there, not ignore it, and link it to their own material and their own particular issues they are bringing to work p451-453

**Claris WF:** The thing that I never do is ignore it, I always name it and I find that it becomes a very useful tool in the room p184

**Donald WM:** ... the patient and I are trying to do is to investigate the truth of who they are, of how things are and that will involve at some stage dealing with negative transference that the feeling or sense or belief that 'I don't understand' or 'I'm hostile' or 'I'm being provocative' or 'I just don't know what I'm talking about' or whatever, that is something which has to be worked through p279-283

**Hanson AM (O):** I think in a way it is the heart of the matter. It is like figuring out who we are, isn't it? p177-180

**Annette MA+WF:** I suppose it's just acknowledging that there is a difference rather than just trying to deny it and I suppose it gives the possibility then that you can talk about what the other person feels you will or will not understand about their experience and as a therapist I hope it helps you to understand better what your client's experience is. p364-369

**Tony BM:** I think if they believe that this is an agenda of yours, it shuts it down p856-857

#### ***Subtheme 4- Time and Timing; Continuing Reflective Practice (11 Candidates)***

**Gillian BF:** So it's usually tentative small steps.p62

**Chance BM:** when they come and they see me their face registers shock, horror and surprise, which is quite amusing. As I say, I don't interpret those things right there, I wait until it comes up in the work and then I may address it, 348-352

**Loice BF:** So I tend to wait until there's a natural opening, and that's just because of my own experience of it being forced upon me to talk about difference that was so obvious, especially in my training. p 86-88

**Jennifer WF:** In my experience, I think people can launch into it too quickly as well. [ ] Let's start working together and then see what sort of emerges and then when it feels right you begin to talk about the differences.p314-317

**Alex WM:** ...It might be important to acknowledge it at some point early on. It's bound to be in the work, so it has to be talked about at some point. p526-529

**Ruth WF (J):** I don't have a timeframe. I don't put it out there therefore ever present p345

**Claris WF:** And it's actually quite dynamic and can be worked with. p103

**Donald WM:** ... with this one black guy who came to me I felt it was something that had to be talked about from the get-go, otherwise I would like to be on the lookout for it in the material p363-365

**Hanson:** When I bring it up, I bring it up in a very general term, in the context of they might have anxiety about opening up to a stranger, someone who they don't know.p237-239

**Annette MA+W:** I think they are forever present and you bring them up when you think it's appropriate. p219-220

**Tony BM:** It's always present and it can be picked up in the beginning, it can be picked up anywhere, so long as both parties feel comfortable in doing so, safe in doing so. p812-814

## Appendix 3 Information Sheet



### Information sheet

**Title of Project:** Does racial colour difference between client and therapist affect the transference relationship? If it does, how does it emerge, and do therapists engage with it, to establish a therapeutic relationship: An Interpretative Phenomenological Analysis

**Researcher Name:** Joyline Gozho, (Psychodynamic Psychotherapist) Doctorate in Clinical Practice Student, Exeter University

**Summary of the Study:** Thank you for considering participating in this research project, which seeks to examine and generate an in-depth understanding of the nature of the transference relationship that develops when a psychoanalytic oriented therapist is working with clients of a different racial colour background to them. The main objective of the project is to gain an insight into whether racial colour has an impact on the transference, and consequently the development of a therapeutic relationship. The project will also seek to explore how issues of racial colour difference emerge in both conscious and unconscious material, and how these get elaborated in the therapy room. Please take time to consider the information carefully and please do ask any questions on anything that you might not fully understand. You may also wish to speak to other therapists about the study, to help you understand it better. Your views in this study will add to the psychoanalytic body of knowledge, particularly issues related to racial diversity and creating a better understanding of the transference.

**Purpose of the research:** This project seeks to explore therapists' experiences and views on whether racial colour has an impact on the transference, and whether it affects the development of a therapeutic relationship. The overarching goal of this project is to understand the meaning of racial colour difference in the

psychoanalytic context, in order to enhance our competence and practice as therapists. Through interviewing therapists from Caucasian, Asian, and Black, and use of Interpretative Phenomenological Analysis (IPA) which is a qualitative research methodology, to analyse the data, I hope to discern some common and divergent themes on the therapists' lived experience in the psychoanalytic encounter, where there is racial colour dissimilarity. Considering the increasingly diverse world we live in, carrying out research to gain insight into experiences of therapists of diverse racial backgrounds is important. The psychoanalytic discourse has so far fallen behind in exploring issues of racial diversity, both theoretically and from a research perspective. Psychoanalysis has also relied heavily on single case studies, which is out of step with modern day research. This project therefore seeks to integrate race into psychoanalytic thinking, practice, and as a theoretical concept, through the use of a more robust qualitative research methodology (IPA).

**Why have I been approached:** You have been approached for this project because you fulfil the criteria of the participants required in this project which are:

\*You are a psychodynamic/psychoanalytic trained psychotherapist of Caucasian, Black or Asian of Indian and Pakistani background

\*You have at least 3 years post qualifying experience

\*You have worked with clients who are racially dissimilar to you

I am recruiting 6 therapists from the three cohorts (Caucasian, Black and Asian), in total 18 participants. Both male and female therapists are invited to participate and will be equally represented. Participation is entirely voluntary and there are no rewards for participating.

**What would taking part involve:** I will meet with each participant at a mutually agreed time and place, and carry out individual one hour face to face interviews. If

you volunteer to participate, written consent will be sought- a consent form will be send to you. There is no reward or for taking part in this study.

**What are the possible benefits of taking part:** As therapists serving a diverse society, this project aim to improve our competence and practice when working with clients of racially dissimilar background to us. The project also helps explore and extend the meaning of the transference and its development, from the classical theory, into contemporary thinking. The project will also integrate race as a concept into psychoanalytic thinking and into the theoretical framework. The project also seeks to understand how therapists perceive the transference relationship and the real (therapeutic relationship).

**What are the possible risks of participating:** Considering the nature of this research project, there are no foreseeable risks to participants. However, in the event of any questions causing distress during or after the interviews, I am offering face to face or skype sessions as a form of support. I also have another psychoanalytic trained psychotherapist who is available to offer additional support. I am also able to refer you to a psychotherapy service based in the London Bridge area, called Westminster Pastoral Foundation (WPF), where you can be seen by a qualified psychotherapist without delay. I will be willing to pay for 6 sessions, which is standard for time limited work at WPF. Please do let me know without delay whether you would like to receive any support and we can discuss the best way you can access it. I will also set some debriefing space at the end of the interview schedule, to allow time and space to reflect on the interview process

**What will happen if I don't want to carry on with the study?** In the event of you changing your mind about participating, you can withdraw you consent up to 12 weeks after the interview date, with no explanation, and without prejudice- all data related to you will be destroyed. However if you wish to withdraw much later, after the 12 week period, when the data has already been transcribed, processed

(analysed) as part of the study, and destroyed, I give my assurance that no identifiable information will be in the final thesis.

**How will be information kept confidential:** All interviews will be audio recorded, labelled in pseudonyms in order to protect participant's identities, stored safely, and transcribed at a later date. Identifiable data will be stored separately and destroyed along with the anonymised data. Following the transcription, all data will be stored on a USB stick that is password protected and encrypted using Microsoft Bitlocker. The data will further be backed-up and stored on a weekly basis on an external hard drive that is password protected and encrypted using Microsoft Bitlocker. Finally, the data will be permanently stored (five years) on either a data server provided by the University of Exeter (pending approval) or via an Amazon cloud server (S3) on which I would purchase and maintain storage space for the purpose of this research. I will store the data for five years on the chosen server solution (Exeter or Amazon). I am proposing five years in case of further research or publications based on the collected data. After that the data will be securely deleted. In alignment with the United Kingdom Data Protection Act (1998) and General Data Protection Regulation (2018) guidelines, the data will always be used in an anonymous manner and not be shared without the consent of the interviewees. All material from the interviews used in the thesis will be anonymised. Any sensitive, identifiable patient data that might have been mentioned in the interviews will be omitted in the main thesis, for confidentiality purposes. Exeter University endeavours to be transparent about processing of data during research and maintain the highest standards of research ethics, in line with confidentiality. Please visit [www.exeter.ac.uk/dataprotection](http://www.exeter.ac.uk/dataprotection) should you wish to view more information on Exeter University Data Protection policies.

**What will happen to the results of this study:** This study will be presented at the British Psychoanalytic Council (BPC), and Foundation of Psychotherapy and Counselling (FPC), annual conferences. Part of this study will be submitted to the Journal of Psychoanalytic Psychotherapy for publication.



**Who has reviewed this study:** This project has been reviewed by the Research and Ethics Committee at Exeter University. The project will be supervised by Dr Janet Smithson at Exeter University.

**For further information and contact details:** Please contact me on [ig583@exeter.ac.uk](mailto:ig583@exeter.ac.uk) if you wish you discuss any aspects of this project. You may also contact my supervisor Dr Janet Smithson on [J.Smithson@exeter.ac.uk](mailto:J.Smithson@exeter.ac.uk) or the Chair of Exeter University Psychology Research Ethics Committee Dr Nick Moberly on [n.j.moberly@ex.ac.uk](mailto:n.j.moberly@ex.ac.uk) who can also help you answer any questions you might have.

Thank you for your interest in this project and taking your time to read this information sheet.

Researcher: Joyline Gozho

## Appendix 4 Consent Form



### Consent form

Participant Identification Number:

**Researcher Name:** Joyline Gozho, (Psychodynamic Psychotherapist) Doctorate in Clinical Practice Student, Exeter University

**Title of Project:** Does racial colour difference between client and therapist affect the transference relationship? If it does, how does it emerge, and do therapists engage with it, to establish a therapeutic relationship: An Interpretative Phenomenological Analysis

*Please add your initials in each box*

1. I confirm that I have read the information sheet dated..... (version no.....) for the above project. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
  
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without my legal rights being affected.
  
3. I understand that taking part involves face to face interviews that will be audio recorded. These recordings will be stored safely and destroyed soon after use. No identifiable data will be published and any verbatim from the interviews will be anonymised in the main report.

4. I understand that relevant sections of the data collected during the study may be looked at by members of the research team and individuals from the University of Exeter, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

5. I agree to take part in the above project.

\_\_\_\_\_  
Name of Participant      Date      Signature

\_\_\_\_\_  
Name of researcher      Date      Signature

*Please sign both sheets and retain one sheet*

## Appendix 5 CASP Appraisal Tool

Was there a clear statement of the aims of the research?	Yes	Can't tell	No	Comments
Is a qualitative methodology appropriate?	Yes	Can't tell	No	Comments
Was the research design appropriate to address the aims of the research?	Yes	Can't tell	No	Comments
Was the recruitment strategy appropriate to the aims for the research?	Yes	Can't tell	No	Comments
Was the data collected in a way that addressed the research issue?	Yes	Can't tell	No	Comments
Has the relationship between the researcher and the participants been adequately considered?	Yes	Can't tell	No	Comments
Have ethical issues been taken into consideration?	Yes	Can't tell	No	Comments
Was data analysis sufficient and rigorous?	Yes	Can't tell	No	Comments
Is there a clear statement of findings?	Yes	Can't tell	No	Comments
How valuable is the research?	Yes	Can't tell	No	Comments

## Appendix 6 Interview Schedule



### Interview Schedule

#### *Background information (scene setting)*

- -How do you best describe your racial identity?
- -In terms of practice and racial colour diversity, which race have you had more contact with in your therapy practice?
- -How long have you been practising as a psychotherapist/psychoanalyst?
- -Where is your practice?
  - Is it attached to an organisation or private?
- -How many times a week do you see your clients?
- -What is your average caseload?
- -Do you work in a time limited fashion or open ended?
- -What is the longest you have been in a therapeutic relationship with a client of a different race to you?

#### *Interview questions:*

1. How would you describe working with clients of a dissimilar racial colour background to you, with regards to building a therapeutic relationship?  
(prompt- what are your thoughts about the relevance of racial colour difference in your work, is the racial colour difference relevant? If it is how?)
2. What is your experience, views, and thoughts about racial skin colour difference and the transference relationship between therapist and client?  
(prompt- please give examples, tell me more about the countertransference feelings)

3. Can you please tell me who brings the issues of racial colour difference first and how do these issues get worked with – how do you engage with them? (prompt- is it necessary to talk and explore the difference? do you have a time frame or are they forever present?)
  
4. How do issues of racial colour difference emerge in the work, in both conscious and unconscious material? (prompt- in session experiences and out of session experiences, please elaborate on how these manifest and how you engage with them)
  
5. Based on your experience, what are your views about ethnic matching in psychotherapy? (prompt- do you see any pros and cons in working with racial colour difference? If there are these pros and cons, what are they?)
  
6. Do you see any benefit in discussing racial colour difference with your clients? What are the pros and cons of not discussing it? (prompt- do you think not exploring it has any relevance to the depth of the work?)

## Appendix 7 Ethics Approval

### Joyline Gozho e-Ethics Application outcome decided (eCLESPsy000696 v5.5)

Flag for following up. Start by 19/10/2018. Due by 19/10/2018.

You replied on Fri 19/10/2018 18:52

E

ethics@exeter.ac.uk

Thu 27/09/2018 13:26

- Gozho, Joyline;
- Smithson, Janet

Dear Joyline Gozho,

Application ID: **eCLESPsy000696 v5.5**

Title: **Does racial colour difference between client and therapist affect the transference relationship? If it does, how does it emerge, and do therapists engage with it, to establish a therapeutic relationship: An Interpretative Phenomenological Analysis**

Your e-Ethics application has been reviewed by the CLES Psychology Ethics Committee.

The outcome of the decision is: **Favourable with conditions**

#### **Potential Outcomes**

<b><i>Favourable:</i></b>	The application has been granted ethical approval by the Committee. The application will be flagged as Closed in the system. To view it again, please select the tick box: View completed
<b><i>Favourable, with conditions:</i></b>	The application has been granted ethical approval by the Committee under the provision of certain conditions. These conditions are detailed below.

<b>Provisional:</b>	You have <b>not</b> been granted ethical approval. The application needs to be amended in light of the Committee's comments and re-submitted for Ethical review.
<b>Unfavourable:</b>	You have <b>not</b> been granted ethical approval. The application has been <b>rejected</b> by the Committee. The application needs to be amended in light of the Committee's comments and resubmitted / or you need to complete a new application.

Please view your application [here](#) and respond to comments as required. You can download your outcome letter by clicking on the 'PDF' button on your eEthics Dashboard.

If you have any queries please contact the CLES Psychology **Ethics** Chair:  
**Lisa Leaver** [L.A.Leaver@exeter.ac.uk](mailto:L.A.Leaver@exeter.ac.uk)

Kind regards,  
CLES Psychology **Ethics** Committee

Flag for following up. Start by 27/10/2018. Due by 27/10/2018.

You replied on Fri 26/10/2018 19:30

Reply

Moberly, Nick

Fri 26/10/2018 14:18

- Gozho, Joyline;
- Smithson, Janet

Hi Joyline,

Given that you are having problems with the VPN, I'm happy to approve this change via Chair's action, so long as your recruitment methods and procedures remain the same. I've made a note of this on the online application.

Kind regards,  
Nick



**From:** Gozho, Joyline  
**Sent:** 26 October 2018 10:51  
**To:** Moberly, Nick  
**Cc:** Smithson, Janet  
**Subject:** Re: eCLESPsy000696 v4.4

Dear Nick,

I have made contact with the **ethics** department and it looks like I have to go through the process of contacting the IT department for the VPN etc, which will take a lot of time which I don't have. I will therefore stick to my originally exclusion criteria, which is not a problem in terms of recruitment.

Thank you very much for all your support.

BW

Joyline

## Appendix 8 Participant Interview Page (Gillian)

Page 5

... countertransference to her to begin with was one of... It was mixed because here, again... It was mixed because she was coming to me purely because I was black. Her mother is white and her father is black and her description of her father is not a nice description at all. So I think what I picked up from her was a great deal of anxiety about not failing.

**I: Right.**

**R:** Couldn't fail. So I'm on a pedestal, really having to be good and also I need to fix her because her father broke her and I'm going to be the black therapist who is going to fix her. And of course, she'd come to sessions... she'd miss a session. "How am I going to fix you if you are not there?" So she wants the bottle, but she's thrown it away, she's puking it all up at the same time, and she's rubbish, she's ugly, she's repulsive, and I'm not really interested in her. So that took... that's been a two-year piece of work. That's really sort of settled... It's settled down and the transference has changed in as much as she does turn up, she looks forward to the sessions and she has actually allowed herself to take in something and it feels to me like she has digested something and I think my countertransference has been a really interesting one because yes I'm a black woman and yes I want to be feeding her and nourishing her, but actually I've had to really hold back and just allow her to take what she needs rather than me assuming because we are both black, that I can fix her, I know what she needs. So I think I have tried to be interested and curious in her in a way that she didn't really feel that she had had that. And there's a beautiful example that came out the other day because she would say, "Well, I pretend that I am... I've got friends who have black parents and they have definitely got the culture right, but mine is fake". Almost as if she is asking me to say, "Well yours isn't fake". But I had a little memory and I said, "But I remember you talking about the taxi driver who used to come and visit you guys quite often and he was black, he was in your life for quite a while. What did you take in? The same way that you're... I'm just wondering if you can take in what I'm giving you and not be aware that you are taking it in in the same way that he gave you lots of things and you are saying you are still not black enough, you are not quite black". And she got that. She said, "Oh I never thought". So I think for me the key thing is not to assume that I know because we are both of the same race and that we might share cultural values. It doesn't mean anything. So not taking it for granted. And really just sort of sitting and exploring that with her and noticing that when I want to say, "Oh so this is what it's like when we might..." I might want to comb her hair and tell her, "Oh your hair is looking this way today," and she dresses a certain way that might reflect or say so. I might say, "Oh I see today this is what you are saying about us". I don't know whether that answers your question.

**I: That is very powerful. It really, really takes me into the depth of my questions and the answers. Hopefully, I get a lot of material**

## Appendix 9 Debriefing sheet



### Debriefing

- I wonder how you found the interview questions- how did it feel for you?
- Is there anything about the questions that you found difficult to process or deal with emotionally?
- Could you give me some feedback on how you found the whole process?
- How would you describe how you are feeling right now?

Closing statement: As indicated in the information sheet, I and a colleague who is a psychotherapist are available to offer face to face or Skype support, should you find any material from this interview distressing. I am also able to refer you to a psychotherapy service based in the London Bridge area, called Westminster Pastoral Foundation (WPF), where you can be seen by a qualified psychotherapist without delay. I will be willing to pay for 6 sessions, which is standard for time limited work at WPF. Please do let me know without delay whether you would like to receive any support and we can discuss the best way you can access it.

If you have any concerns regarding the project or the aftercare following the interview, you may wish to contact my research supervisor, Dr Janet Smithson on [J.Smithson@exeter.ac.uk](mailto:J.Smithson@exeter.ac.uk) or the Exeter University Chair of Psychology Research Ethics, Dr Nick Moberly, who is contactable on [n.j.moberly@ex.ac.uk](mailto:n.j.moberly@ex.ac.uk)

## References

- Aitken, G. and Dennis, M. (2012). Incorporating gender issues in clinical supervision and clinical psychology. *Theory Practice and Perspectives*, (2): 118-378.
- Akhtar, S., & Tummala-Narra, P. (2005). *Psychoanalysis in India*. In S.Akhtar (Ed.), *Freud along the Ganges* (pp. 3-25). New York: Other Press.
- Altman, N. (1995) *The analyst in the inner city: Race, class and culture through a psychoanalytic lens*. Hillsdale, New Jersey: Analytic Press.
- Altman, N. (2000) Black and White Thinking. *Psychoanalytic Dialogues*, 10 (4) :589-605.
- Altman, N. (2004) History Repeat Itself in Transference: Countertransference. *Psychoanalytic dialogues*, 14: 807-815.
- Altman, N. (2006). Whiteness. *The Psychoanalytic Quarterly*, 75, 45-72.
- Altman, N. (2010). *The analyst in the inner city: Race, class, and culture through a psychoanalytic lens* (2nd ed.). New York, NY: Routledge.
- Anzeu, D. (1986) Freud's self-analysis, trans. Peter Graham. London: Hogarth Press. *Psychoanalytic dialogues*, 14: 807-815.

Aralepo, O. (2003). The White Male Therapist/Helper as (M)other to the Black Male Patient/Client: Some Intersubjective Considerations. *Free Associations*, 10 (3): 382-398.

Aslami, B.A. (1997). Interracial Psychotherapy: A report of the treatment of an Inner City Adolescent. *Journal of American Academics in Psychoanalysis*, 25 (3): 347-356

Bager-Charleson, S. (2010) *Personal Development in Counselling* . London: Sage. Learning Matters.

Barros, M Kitson, A, Midgley N. (2008) A qualitative study of the experience of parents attending a psychoanalytic informed parent toddler group. *Early Development and Care* 173 (3), 273-288.

Barrott, J. (2004) 'Understanding black issues: A response', Association for University and College *Counselling Journal*: Autumn issue, 9-11.

Bion, W.R. (1962). *The psychoanalytic study of thinking*. *International Journal of Psychoanalysis*, 43, 306-310.

Bion, W. R. (1959). Attacks on linking. *Int. J. Psychoanalysis*, 40:308-315

Bion, W.R. (1967) Notes on memory and desire. *Psychoanalytic forum*. 2 (3): 272-280.

Berger, D. (1979) *The Jewish- Christian debate in the high middle ages :A critical Edition of the Nizzahon Vetus*. Philadelphia: Jewish Publication.

Bonner, C. E. (2002). Psychoanalytic theory and diverse populations: Reflections on old practices and new understandings. *Psychoanalytic Social Work*, vol. 9 (no. 2); p. 61-70.

Bollas, C. (2015) *When the sun bursts. The enigma of schizophrenia*. Yale: Yale University.

Bonovitz, C. (2005). Locating Culture in the Psychic Field: Transference and Countertransference as Cultural Products. *Contemporary Psychoanalysis*, vol. 41 (no. 1); p. 55-75.

Bovell, G.B. (1943). Psychological Considerations of Color Conflicts Among Negroes\*. *Psychoanalytic. Rev.*, 30(4):447-459.

Bradding (2015) *Thesis*. P52 section 2.3.5.

Brannen, J. (2007). Mixing Methods: The entry of qualitative and quantitative approaches into the research process. *International Journal of Social Research Methodology*. Volume 8 Issue 3 pp. 173-184

- British Association of Counselling and Psychotherapy (2017) Ethical framework.  
<https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/>, accessed 15th October 2019.
- Braun, V., and Clarke, V., (2006) Using thematic analysis in psychology.  
*Qualitative Research in Psychology*, 3:77-101.
- Bright, G. (2013) *Making sense of Ologies*, In: Bright and Harrison (Ed),  
*Understanding Research in Counselling*, pp. 55-95. London: Sage.
- Bright, G. and Harrison G. (2013) *Understanding Research in Counselling*, London:  
Sage.
- Britton, R. (1989) The missing link: Parental sexuality in the Oedipus complex. In:  
R. Britton, M. Feldman and E. O'Shaunessy (eds.) *The Oedipus Complex  
Today: Clinical Implications*. London: Karnac Books, pp. 83–102.
- Brown & Landrum-Brown, (1995) Counsellor Supervision: Cross Cultural  
Perspectives. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C.M.  
Alexander (Eds) *Handbook of Multicultural Counselling*. Pp. 263-286.  
Thousand Oaks, California: Sage.



Brown, L. S. (2010). *Feminist therapy*. Washington, DC: American Psychological Association.

Burr, V. (2003) *Social Constructionism*. Second Edition, London: Routledge.

Burr, V. (2015) *Social Constructionism*. Third Edition, London: Routledge.

Carp, D.V. (1989) Toelrating countertransference: A mutative process.

*International Journal of Psychoanalysis*, 70: 287-294.

Chiesa and Fonagy (1999). From the efficacy to the effectiveness model in psychotherapy research: The APP Multi-centre Project. *Psychoanalytic Psychotherapy*. 13 (3): 259-272.

Ciclitira, K. and Foster, N. (2012). Attention to Culture and Diversity in

Psychoanalytic Trainings. *British Journal of Psychotherapy*, 28(3):353-373.

Cohen, R. and Kennedy, P. (2000). *Global Sociology*, Basingstoke: Palgrave.

Cohen, L, Manion, L, and Morrison, K. (2011) *Research methods in Education*, 7th Edition. London Routledge.

Coll, X. (1998). Importance of acknowledging racial and cultural differences:

Please don't let me be misunderstood. *Psychiatric Bulletin*; vol. 22 (no. 6);

p. 370-372.

Comas- Dias (2006). Latino Healing: The Integration of ethnic psychology into psychotherapy. *Psychotherapy, Theory, Practice, Training*. . Volume 43 (4): pp 436-453.

Comas-Diaz, L. and Jacobsen, F.M. (1991). Ethno cultural transference and counter transference in the therapeutic dyad. *American Journal of Orthopsychiatry*,61 (3).

Comas-Diaz, L. and Jacobsen, F.M. (1995). The therapist of colour and the White patient dyad: Contradictions and recognitions. *Cultural Diversity and Mental Health*, Vol 1 (2), 19-106.

Constantine, M.G. & Sue, D.W. (2005) Strategies for Building Multicultural Competence in *Mental Health and Educational Settings*. Hoboken, NJ: Wiley

Constantine, M.G. & Sue, D.W. (2007) Perceptions of racial microaggressions among black supervisees in cross-racial dyads. *Journal of Counselling Psychology* 54: 142-53.

Curry, A.E. (1964). Myth Transference and the Black Psychotherapist. *Psychoanalytic Review*, 51D (4): 7-14.

- D'Agostino, A, Mancini, A Rossi Montia, A. (2019) Phenomenology in  
Psychoanalysis: Still an Open Debate? *Journal of Psychopathology*, Vol.52,  
No. 2.
- Dalal, F. (1993). Race and racism: An attempt to organize difference. *Group  
analysis*, 26: 277-293.
- Dalal, F. (1997). A transcultural perspective on psychodynamic psychotherapy:  
Addressing the external and the internal realities. *Group analysis*, 30 (2):  
213-215.
- Dalal, F. (2001). Insides and outsides: a review of psychoanalytic rendering of  
difference, racism and prejudice. *Psychoanalytic studies* 3 (1).
- Dalal, F (2002). *Race, colour and the process of racialization: New perspectives  
from group analysis, psychoanalysis and sociology*. Brunner: Routledge
- Dalal, F. (2006). Racism: Process of detachment, Dehumanization and Hatred.  
*Psychoanalytic quarterly*, 75: 131-161.
- Danto, E. A. (2005). *Freud's free clinics: Psychoanalysis and social justice, 1918-  
1938*. New York, NY: Columbia University Press
- Daivids, F. (2006) Internal racism, anxiety and the world outside: Islamophobia post  
9/11, *Organizational and social dynamics*. 6 (1): 63-85.

Davids, F. (2008) Review of F. Dalal, Race, Colour and the Processes of Racialization. *International Journal of Psychoanalysis* 84(6): 1648–1653.

Davids, F. (2011) *Internal Racism: A Psychoanalytic Approach and difference*. London: Red Globe press.

Denscombe, M. (2010). *The good research guide for small scale and research projects*. 4th Edition. Maidenhead: McGraw- Hill Open University Press.

Denzin, N.K. 2009). The elephant in the living room: extending the conversation about the politics of research. *Qualitative research*, 9: 139.

Devereaux, D. (1991). The issue of race and the client-therapist assignment. *Issues in Mental Health Nursing*, vol. 12 (no. 3) p. 283-290

Dixon-Woods, M., Sutton, A., Shaw, R., Miller, T., Smith, J., Young, B, et al. (20097). Appraising qualitative research for inclusion in systematic reviews: a quantitative and qualitative comparison of three methods. *Journal of Health Services Research and Policy*, 12, 42-47.

Downing, D.L. (2000) Controversies in psychoanalytic education: The issue of race and its relevance to psychoanalytic treatment. *Psychoanalytic review*, 87:355- 375.

- Easterby-Smith, M. and Malina, D. (1999) 'Cross-cultural collaborative research: toward reflexivity', *Academy of Management Journal*, 42(1): 76-86.
- Emerson, P. and Frosh, S. (2009) *Critical Narrative Analysis in Psychology: A Guide to Practice*. Basingstoke: Palgrave MacMillan.
- Esprey, Y.M. (2017) The Problem of Thinking in Black and White: Race in the South African Clinical Dyad, 27 (1), pp. 20-35.
- Etherington, K. (2004) *Becoming a Reflexive Researcher*. London: Jessica Kingsley
- Eatough, V. and Smith, J. A. (2006). 'I was like a wild wild person': Understanding feelings of anger using interpretative phenomenological analysis. *British Journal of Psychology*, 97, 483-498.
- Fischer, N. (1971). An Interracial Analysis: Transference and Countertransference Significance. *J. Amer. Psychoanalytic Association*. 19:736-745.
- Finlay, L. and Gough, B. (2003). *Reflexivity: A practical guide for researchers in health and social sciences*. London: Wiley
- Finlay, L. and Madill, A. (2009) Analysis of data, In Finlay and Evans, K. (Eds) *Relational Centred research for psychotherapists*. Chichester: Wiley Blackwell.
- Freud, S. (1900). *Interpretation of dreams*, New York, Avon Books.

Freud, S. (1905) Fragment of an analysis of a case of hysteria. In J. Strachey (ed) *The standard Edition of the completed works of Sigmund Freud*, Volume 11 (1893-1895). London; The Hogarth Press and Institute of Psychoanalysis

Freud, S. (1912/1958) Recommendations to physicians practicing psycho-analysis. Standard Edition 12. London: Hogarth Press, pp. 111–120.

Freud, S. (1915). *Introductory lectures to psychoanalysis*: 28. Analytic Therapy p. 507. Penguin Freud Library. Vol 1. Published in 1991. London. Penguin Books.

Freud, S. (1918). From the History of an Infantile Neurosis, . Standard Edition. Volume 17. Pp1-122.

Freud, S. (1925). *An Autobiographical Study*. SE, 20. 7-74.

Frosh, S. (2004). Freud, Psychoanalysis and Anti-Semitism. *Psychoanalytic Review*, 91 (3): 309-330

Frosh, S. and Baraitser, L. (2008) Psychoanalysis and psychosocial studies. *Psychoanalysis, Culture and Society* 13(4): 346–365.

Frosh, S. and Saville Young, L. (2011). Using psychoanalytic methodology in psychosocial research: Researching brothers. In J. Mason and A. Dale (eds). *Understanding Social Research: Thinking Creatively About Method* (pp. 49–61). London: Sage

Frosh and Saville -Young (2017) Psychoanalytic approaches to Qualitative psychology, Qualitative, In *Sage Handbook for Qualitative Research in Psychology*, London, Sage Willig Stainton.

Gardner, L.H. (1971). The Therapeutic Relationship Under Varying Conditions of Race. *Psychotherapy: Theory, Research and Practice*, 8, 78-87.

Garner, L.H. (2003) Making Connections: Developing a Racially and Culturally Sensitive Psychoanalytic Psychotherapy in NHS Psychotherapy Departments. *British Journal of Psychotherapy*, 1 (4): 503-514.

Gaztambide, J. (2014) I'm not black, I'm not white, what am I? The illusion of the color line, *Psychoanalysis, Culture and Society*, 19 (1), pp. 89-97.

Gilman, S.L. (1993). *Freud, Race and Gender*. New Jersey: Princeton University Press.

Green, A. (1986). *On private madness*. London: Hogarth Press

Greenhalgh, T. (2014). *How to read a paper: The basics of evidence- based medicine*, 5th Edition. Wiley, London.

- Gentile, K. (2013) Bearing the cultural in order to engage in a process of witnessing. *Psychoanalytic Psychology* 30(3): 456–470.
- Gill, M. M. (1982) *Analysis of the transference*. Vol 1. New York: IUP.
- Goldberg, E. L., Myers, W. A. and Zeifman, I. (1974). Some Observations on Three Interracial Analyses. *Int. J. Psycho-Anal.* 55:495-500
- Goldsmith, B.L. ( 2002) Experiences in working with the “other”: Barrier or catalyst to the clinical encounter, *Journal of College Student Psychotherapy* Volume 17, Issue 1, 24 May 2002, Pages 55-62
- Gordon, P. (1993) Keeping Therapy White? Psychotherapy Training and Equal Opportunities. *British Journal of Psychotherapy.* 10 (1) 44-9.
- Gordon, P. (1996) ‘A fear of difference’ ,Some reservations about Intercultural therapy and counselling’. *Psychodynamic counselling*, 2 (2) : 196-208.
- Greene, B. (2006) African-American lesbians and gay men in psychodynamic psychotherapies? In: Moodley, R. and Palmer, S. (eds), *Race, Culture and Psychotherapy. Critical Perspectives in Multicultural Practice*, pp. 163-76. London: Routledge.



Griffiths, M. (1977) The influences of race in psychotherapeutic relationships.

*Psychiatry Journal Study Interpersonal processes*, 40 (1): 27-40

Hamer, F.M. (2002). Guards at the gate: Race, resistance and the psychic reality.

*American Psychoanalytic Association Journal*, 50 (4): 1219-1237

Handley, N. (1995) The concept of the transference: A critique. *British Journal of*

*Psychotherapy*, 12 (1): 49-59.

Harper, D. (2012) Choosing a Qualitative Research Method. In Harper and

Thompson (Ed), *Qualitative Research in Mental Health and Psychotherapy:*

*A Guide for students and practitioners*, pp. 83-99. Sussex: Wile and Sons.

Harper, D. and Thompson, A.R. (2012). *Qualitative Research in Mental Health and*

*Psychotherapy. A guide for students and practitioners*, Sussex: Wiley-

Blackwell

Heimann, P. (1950) "On counter transference". *International Journal of*

*Psychoanalysis*, 31:81-4.

Heyer, G. (2016). Race, religion and a cat in the clinical hour. *Journal of Analytical*

*Psychology*; vol. 61 (no. 4); p. 434-449

Hill, M. E. (2002). Skin color and the perception of attractiveness among African Americans: Does gender make a difference? *Social Psychology Quarterly*, 65, 77–91.

Hill, A. and Poss, S. (2009). The couple as a social microcosm: Some reflections on the impact of loss and difference on separation in South Africa today. *Psychoanalytic Psychotherapy in South Africa*, Vol 17 (1), p20-35.

Hinshelwood, R.D. (2008). Social Science and Psychoanalysis: Marriage or Infection? *Organizational and Social Dynamics*, 8(2):115-137

Hinshelwood, R. D. (2010). Psychoanalytic research: Is clinical material any use? *Psychoanalytic Psychotherapy*. Vol 24, No 4, 362-379.

Hinshelwood, R.D. (2018) *Research on the Couch: Single-Case studies, Subjectivity and Scientific Knowledge*. London: Karnac.

Hoggett, P. (2008) What's in a hyphen? Reconstructing psychosocial studies. *Psychoanalysis, Culture and Society* 13(4): 379–384.

Hollway, W., & Jefferson, T. (2000). *Doing qualitative research differently: Free association, narrative and the interview method*. London: Sage.

- Holmes, D.E. (1992) Race and transference in psychoanalysis and psychotherapy. *International Journal of psychoanalysis*,73 (1).
- Holmes, D. E. (2006). Racial Transference reactions in psychoanalytic treatment: An update. In Moodley and Palmer (Ed) *Race, Culture and Psychotherapy: Critical Perspectives in Multicultural Practice*, p61-369. London: Routledge
- Holmes, D. E. (2012). The African American experience: Psychoanalytic perspectives, In. Akhtar, S. (Ed) *The African American Experience*, p 363-824. Pennsylvania: The Rowman Publishing Group
- Holmes, J. (2018) *Reflexive research: A practical psychoanalytic guide to reflexive research*. The reverie research method. London: Routledge
- Jaffrani, A.A., Sunley, T., Midgley, N. (2020). The building of epistemic trust. An adoptive family experience of metallization based therapy. *Journal of Infant, Child and Adolescent Psychotherapy*, 1-12.
- Javier, R.A. and Rendon, M. (1995) The Ethnic Unconscious and Its Role in Transference, Resistance, and Countertransference. *Psychoanalytic Psychology*, 12:513-520.
- Jemenez, J.P. (2009) Grasping Psychoanalysts' Practice in its Own Merits *International Journal of Psycho-Analysis*, 90(2):231-248.

- Jones, E. (1953) *The life and works of Sigmund Freud* .Penguin books limited,  
Middlesex: Harmondsworth.
- Jones, E. E., and Windholz, M. (1990). The Psychoanalytic Case Study: Toward a  
Method for Systematic Inquiry. *Journal of the American Psychoanalytic  
Association*, 38:985-1015
- Joseph, B. (1985) Transference: The total situation. *International Journal of  
psychoanalysis*, 66 : 446-454.
- Karon, B. & Vandenbos, G.( 1981) *Psychotherapy of schizophrenia: The treatment  
of choice*. North Vale, New Jersey. Jason Aronson.
- Kennedy, J. (1952) *Problems posed in the psychoanalysis of Negro patients*.  
*Psychiatry*, 15 : 313-327.
- Knafo, D. (1999). Anti-Semitism in the clinical setting: Transference and  
countertransference dimensions. *Journal of American Psychoanalytic  
Association* (47 (1): 35-63.
- Kernberg, O. F. (1987). An ego psychology-object relations theory and approach to  
the transference, *Psychoanalytic quarterly*, 56: 197-221.

- Kernberg, O.F. (2006) The coming changes in psychoanalytic education:  
*International Journal of Psychoanalysis* 87: 1649-73.
- Kilian, D. (2010). Contextual twinship: Race in my post-apartheid therapy room.  
*International Journal of Psychoanalytic Self Psychology*, vol. 5 (no. 4); p.  
483-487
- Klein, M. (1926) *Psychological foundations of child analysis: in psychoanalysis of children*. London: Hogarth Press.
- Klein, M. (1946). Notes on some schizoid mechanisms. *International Journal of Psychoanalysis*, 27: 99-110.
- Klein, M. (1952). The origins of transference., *International Journal of Psychoanalysis*, 33:433-438.
- Klein, M. (1957). *Envy and Gratitude: A Study of Unconscious Forces.*, New York: Basic Books.
- Knight, Z. G. (2013 ) Black client, white therapist: Working with race in psychoanalytic psychotherapy in South Africa. *The International Journal of Psychoanalysis*. vol. 94 (no. 1); p. 17-31
- Knox, J. (2013). The analytic institute as a psychic retreat: Why we need to include research evidence in our clinical training. *British Journal of Psychotherapy*. 29 (4) 424-448.

Kovel, C. C. (1988) *White racism: A psychohistory*. London : Free Association

Kovel, C. C. (2000) Cross-cultural dimensions of sadomasochism in the psychoanalytic situation. *Journal of American academy of psychoanalysis*,28 :51-62.

Langridghe, D. and Hagger-Johnson, G. (2009). *Introduction to Data Analysis in psychology*. (2ndEd) Harlow: Pearson Edition

Layton, L. (2006) Racial identities, racial enactments and normative unconscious processes. *Psychoanalytic Quarterly* 75(1): 237–269.

Layton, L. (2018) Relational theory in socio-historical context: Implications for technique. In: L. Aron, S. Grand and J. Slochower (eds.) *De-idealizing Relational Theory*. New York: Routledge.

Layton, L. (2019) Trans generational hauntings: Toward a social psychoanalysis and an ethic of dis-illusionment. *Psychoanalytic Dialogues*, 22 (2), pp. 105-121.

Leary, K. (1995) “Interpreting the dark”; Race and ethnicity in Psychoanalytic Psychotherapy. *Journal of Psychoanalytic psychology*. 12; 127-140

- Leary, K. (1997a) Race, self-disclosure and forbidden talk: race and ethnicity in contemporary clinical practice. *Psychoanalytic Quarterly*. 66: 163-189.
- Leary, K. (1997b) Race in Psychoanalytic Space. *Gender and Psychoanalysis*, 2(2): 157-172.
- Leary, K. (2000) Racial enactments in dynamic treatment. *Psychoanalytic dialogues*, 10, 639-653.
- Leary, K. (2012). Race as an adaptive challenge: Working with Diversity in the clinical consulting room. *Psychoanalytic psychology*. 29 (3): 279-291
- Lee, D. L., Sheridan, D. J., Rosen, A. D., and Jones, I. (2013). Psychotherapy Trainees multicultural case conceptualization content: thematic differences across three cases. *Journal of Psychotherapy (Chicago, 111)*, 50 (2) 206-212.
- Lemma, A. (2003). *Introduction to the practice of psychoanalytic psychotherapy*. West Sussex: Wiley
- Liggan, D. Y. and Kay, J. (1999). Race in the room: Issues in the dynamic psychotherapy of African Americans. *Transcultural Psychiatry Journal*, 36 (2): 195-2019.
- Littlewood, R. & Lipsedge, M. (1993) *Aliens and Alienists. Ethnic Minorities and Psychiatry*. 3rd edition. London: Unwin Hyman.

- Littlewood, R. & Lipsedge, M. (1997) *Aliens and Alienists. Ethnic Minorities and Psychiatry*. 2nd edition. London: Unwin Hyman.
- Lowe, F. (2006) Racism as a borderline issue: The avoidance and marginalization of race in psychotherapy. In: Foster, A. et al. (eds), *Difference: An Avoided Topic in Practice*, pp. 43-60. London: Karnac.
- Lowe, F. (2008) Colonial object relations: Going underground black-white relationships. *British Journal of Psychotherapy* 24(1): 20-33
- Lowe, F. (2013). *The Thinking Space: Promoting thinking about race, culture and diversity in psychotherapy and beyond*. The Tavistock Clinical Series. London: Karnac
- McLeod, J. (2007) *Qualitative Research in Counselling and Psychotherapy*. London: Sage.
- McLeod, J. (2011) *Qualitative Research in Counselling*. 2<sup>nd</sup> Edition. London: Sage.
- Mendez, T. (2015) "My sister tried to kill me": Enactment and foreclosure in a mixed-race dyad, *Psychodynamic Psychiatry*, 43 (2), pp. 229-241



Midgley, N. (2006). The inseparable bond between cure and research: clinical case study as a method of psychoanalytic inquiry. *Journal of Child Psychotherapy*, 32 (2)

Mitchell, S. A. (1988). *Relational concepts in psychoanalysis: An integration*. Cambridge, MA: Harvard University Press.

Miles, C. G. (2012). Racial difference in therapy. *Psychoanalytic Inquiry*, vol. 32 (no. 2); p. 205-220

Moher, D., Liberati, A., Tetzlaff, J., Altman, D.G.: PRISMA Group (2009). *Preferred reporting items for systematic reviews and meta analyses: The PRISMA statement*. Ples Med, 6, retrieved 14th JOctober 2019 from <http://www.prisma-statement.org>.

Money-Kyrle, R.E. (1956) Normal Countertransference and some of its deviations. *International Journal of Psychoanalysis*, 37: 360-366

81.

Morgan, H. (1998). Between fear and blindness: The white therapist and the black patient. *British Analytic Psychotherapy Journal*, 34 (3): 48-61.

Morgan, H. (2002) Exploring racism. *Journal of Analytical Psychology*, 47: 567-581.

- Morgan, H. (2007) The Effects of Difference of 'Race' and Colour Supervision. In *On Supervision: psychoanalytic and Jungian analytic perspectives*. Petts, A. & Shaplet, B. (Eds) London: Karnac
- Morgan, H. (2008). Issues of 'Race' in Psychoanalytic Psychotherapy: Whose Problem is it Anyway? *British Journal of Psychotherapy*: 24, 1.
- Morgan, H. (2014) Between Fear and Blindness - the white therapist and the black patient. In Lowe, F. (Ed) *Thinking Space*. London: Karnac
- Moskowitz, M. (1995). Ethnicity and the fantasy of ethnicity. *Psychoanalytic Psychology*, 12, 547-555.
- Myers, L. (1988). *Understanding an Afro-centric world view*. Dubuque, IA: Kendall/Hunt.
- Nayak, A. (2006). After race: Ethnography, race and post-race theory, *Ethnic and racial studies*, 29: 3, pp 411-430.
- National Institute for Clinical Excellence [NICE] (2011). Common mental health problems: identification and pathways to care. Retrieved on December 10, 2019 from <https://www.nice.org.uk/guidance/cg123/resources/common-mental-health-problems-identification-and-pathways-to-care-35109448223173>

- New Associations (2018). *News, analysis, opinion for the psychoanalytic community*. Issue. 26, Autumn 2018.
- Norcross, J.C., Beutler, L.E., and Levant, R.F. (2005) *Evidence based practices in mental health: Debate and dialogue on the fundamental questions*. Washington D.C: American Psychological Association.
- Ogden, T. H. (1983). The concept of internal object relations. *International Journal Of Psycho-Analysis*, 64:227-241.
- Ogden, T.H. (1992). Comments on Transference and Countertransference in the Initial Analytic Meeting. *Psychoanal. Inq.*, 12(2):225-247.
- Olusoga, D. (2016). *Black and British: A forgotten History*. England: Macmillan Publication
- Parker, I. (2005). *Qualitative Psychology: Introducing Radical Research*. Maidenhead: Open University Press.
- Patel, N., Bennett, E., Dennis, M., Dosanjh, M., Mahtani, A., Miller, A. & Madirashaw, Z. (2000) *Clinical Psychology, 'Race' and Culture: A Training Manual*. Leicester: BPS Books.
- Pazella, A. E., Pettigrew, J., and Miller-Day, M. (2012). Researching the researcher as an instrument: an exercise in interviewer self-reflexivity. *Qualitative Research*, 12: 165-185.

- Pietkiewicz and Smith (2012). A Practical Guide to Using Interpretative Phenomenological Analysis in Qualitative Research Psychology. *Psychological Journal*, London and Katowice.
- Pinderhughes, C. (1973) Racism in psychotherapy. In C. Willie, B. Kramer, B. Brown eds; *Racism and mental health*. Pittsburgh; University of Pittsburgh Press.
- Poussaint, A. (1980) Interracial relationships and prejudice. In :H. Kaplan, A. Freedman, B. Sadock, eds., *Comprehensive textbook of psychiatry*; Volume 111 (chapter.56,p.3155-3160) Baltimore: Williams & Wilkins.
- Qureshi, A. (2007). I was being myself but being an actor too: the experience of a Black male in interracial psychotherapy. *Psychology and psychotherapy*, vol. 80 ; p. 467-479
- Racker, H. (1957). The Meanings and Uses of Countertransference. *Psychoanal Q.*, 26:303-357.
- Reason, P. (1998) 'Three approaches to participative inquiry', in N. K. Denzin and Y. S. Lincoln (eds), *Strategies of Qualitative Inquiry*. London: Sage.
- Reich, D. (2018). Who we are and how we got here: Ancient DNA and the new science of the human past. England: Oxford University Press.

Rosen, D. C., Miller, A. B., Nakash, O., Halpern, L., Halperin, L., and Alegría, M., (2012). Interpersonal complementarity in the mental health intake: a mixed-methods study. *Journal of counselling psychology*, vol. 59 (no. 2); p. 185-196

Rustin, M. (1991) *Psychoanalysis, racism and anti-racism. The good society and the inner world*. London: Verso.

Ryan, J. (2018). Class, Identity, politics and disavowal. In *New Associations: New, analysis, opinion for the psychoanalytic community*, Issue 26, Autumn 2018.

Saville Young, L. and Frosh, S. (2010) 'And where were your brothers in all this?' A psychosocial approach to text on 'brothering'. *Qualitative Research*, 10(5), 1–21.

Searles, H. (1963). Transference psychosis in the psychotherapy of schizophrenia  
In *Collected Papers on Schizophrenia and Related Subjects* New York: Int. Univ. Press, 1965.

Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*. 65 (2): 98-109.

Smith, J. A. (2004). Reflecting on the development of Interpretative Phenomenological Analysis and its contribution to qualitative research in psychology. *Qualitative Research In Psychology*, 1 (1) 39-54.

- Smith, J. A. (2008). *Qualitative Psychology: A practical Guide to Research Methods*. London: Sage
- Smith, J. A., Flowers, P., and Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory Methods and Research*. London: Sage Publications.
- Smith, J. A. and Osborn, M. (2008). *Interpretative Phenomenological Analysis*. In J.A. Smith (Ed), *Qualitative Psychology: A Practical Guide to Methods* (2nd Ed). London: Sage.
- Smith and Tang (2006). Difference differences: Revelations and disclosure of social identity in the analytic situation. *Psychoanalytic Quarterly*, Vol 75 (1). pp 295-321.
- Shonfeld-Ringel, S. (2000). Close encounters: Exclusion and marginalization as an inter- subjective experience. *Studies in Social Work Journal*, 71 (1): 5-59.
- Spencer, L., and Ritchie, J. (2012). *In pursuit of quality*. In D. Harper, and A.R. Thompson (Eds), *Qualitative Research in Mental Health and Psychotherapy: A Guide for Students and Practitioners*. Sussex: Blackwell Publishers.
- Spurling, L. (2019) Mapping the field of psychoanalytic psychosocial practice. *Psychoanalysis, Culture and Society Journal*, Vol (24): 175-196.

Stolorow, R. D. (1988). Transference and the therapeutic process. *Psychoanalytic Review*, 75, 245-254.

Stolorow R.D., Atwood G.E. (1992) *Contexts of Being: The Intersubjective Foundations of Psychological Life*. Hillsdale (NJ): The Analytic Press; 1992.

Stolorow R.D., Atwood G.E., Branchaft, B. (1994) *The intersubjective perspective*. Northvale (NJ): Jason Aronson

Stolorow R.D. (1997) Dynamic, dyadic, intersubjective systems: An evolving paradigm for psychoanalysis. *Psychoanalytic Psychology*. 1997;14(3): 337–46.

Stolorow R.D., Atwood G.E., Orange D.M., (2002) *Worlds of experience: Interweaving philosophical and clinical dimensions in psychoanalysis*. New York (NY): Basic Books.

Stolorow R. D., (2013). Intersubjective-systems theory: A phenomenological-contextualist psychoanalytic perspective. *Psychoanalytic Dialogues*, 23 (4):383–9.

Stolorow R.D, Atwood GE (2018). *The Power of Phenomenology: Psychoanalytic and Philosophical Perspectives*. New York: Routledge.

- Suchet, M. (2004) A Relational Encounter with Race. *Psychoanalytic Dialogues*, 14:423-438.
- Sue, D.W. & Sue, D. (2003) *Counselling the Culturally Diverse: Theory and Practice*. New York, NY: Wiley.
- Summers, F. (2014) Ethnic invisibility, identity, and the analytic process. *Psychoanalytic Psychology*, 31 (3), pp. 410-425.
- Tatum, B. D. (1992). Talking about race, learning about racism: "The application of racial identity development theory in the classroom." *Harvard Educational Review*, 62, 1-24.
- Thomas, L. (1992) 'Racism and psychotherapy: Working with racism in the consulting room-An analytic *review*', In Kareem, J. & Littlewood, R. eds *Intercultural Therapy*. Oxford: Blackwood Scientific Publications.
- Timimi, S. (1996). Race and Colour in Internal and External Reality. *British Journal of Psychotherapy*, 13(2):183-192
- Tuckett, D. (2012) Some reflections on psychoanalytic technique: In need of core concepts or an archaic ritual? *Psychoanalytic Inquiry*, 32 (1): 87-108



- Tummala-Narra, P. (2004) Dynamics of race and culture in the supervisory encounter. *Psychoanalytic Psychology* 21(2): 300-11.
- Tummala -Narra (2007).Skin Colour and the Therapeutic relationship. *Psychoanalytic Psychotherapy*, Vol (24): No 2: pp 225-270.
- Tummala-Narra, P. (2009) Teaching on diversity. The mutual influence of students and instructors. *American Psychological Association* 26(3): 322-34.
- Tan, R. (1993) Racism and similarity: Paranoid schizoid structures. *British Journal of Psychoanalysis*, 10 (1)
- Tang, N. M and Gardner, J. (1999). Race, culture, and psychotherapy: Transference to minority therapists. *Psychoanalytic Quarterly*, vol. 68 (no. 1); p. 1-20
- Tang, N. M. and Gardner, J. (2006). Interpretation of race in the transference: Perspectives of similarity and difference in the patient/therapist dyad. Race, Culture and Psychotherapy: *Critical Perspectives in Multicultural Practice* p. 89-397
- Taylor, D. (2010). Psychoanalytic approaches and outcome research: Negative capability or irritable reaching after fact and reason? *Psychoanalytic Psychotherapy*, Vol 24 (4) 398-416.

- Thompson, A. R., and E, Chambers. (2012). *Ethical Issues in Mental Health Research*, In Harper, D., and Thompson, A. R., *Qualitative Research in Mental Health and Psychotherapy*. A guide for students and practitioners. Sussex: Wiley- Blackwell,
- Turner, D. (2018). Privilege, Supremacy and Shame. *Therapy Today*, 30-33.
- Tuckett, D., Basile, R., Birksted-Breen, D., Bohm, T., Denis, P., Ferro, A., Hinz, H., Jemstedt, A., Mariotti, P. and Schubert, J. (2008) *Psychoanalysis Comparable and Incomparable: The Evolution of a Method to Describe and Compare Psychoanalytic Approaches*. Routledge: London.
- Vontress, C. E. (1974) Barriers in Cross, cultural counselling. *Counselling and Values Journal*, 18 (3): p. 160-165.
- Vontress, C.E. and Lawrence, R. (1997). Historical Hostility in the African American Client. Implications in Counselling. *Journal of Multicultural Counselling*, (2) 16-32
- Wachtel, P. L. (2009). *Knowing oneself from the inside out, knowing oneself from the outside in: The "inner" and "outer" worlds and their link through action*. *Psychoanalytic Psychology*, 26, 158-170.

- Wallerstein, R.S. and Fonagy, P. (1999). Psychoanalytic Research and the IPA: History, Present Status and Future Potential. *International Journal of Psycho-Analysis*, 80(1): 91-109
- Weitkamp, K, Klein, E., Midgley, N. (2016) The experience of depression: A qualitative study of adolescents with depression entering psychotherapy. *Global Qualitative Nursing Research*, Volume 3, 23333393626649548
- Williams, A. L. (1996). *Skin color in psychotherapy*. In R. Foster, M. Moskowitz, & R. A. Javier (Eds.), *Reaching across boundaries of culture and class: Widening the scope of psychotherapy* (pp. 211–224). Northvale, NJ: Jason Aronson
- Willig, C. (2001). *Introduction to Qualitative Research in Psychology ; Adventures in Theory*. Buckingham: Open University Press.
- Winnicott, D. W. (1949). Hate in the countertransference In *Through Paediatrics to Psycho-Analysis* New York: Basic Books, 1975.
- Winnicott, D.W. (1960) The theory of the Parent Infant Relationship. *International Journal of Psychoanalysis*, 41: 85-595.

- Winnicott, D.W. (1965). Ego distortions in relation to True and False self. In M. Masud and R. Khan (eds) *The maturation process and the facilitating environment. Studies in theory and emotional development* (pp 140-152). London, England: Karnack Books.
- Winnicott, D.W. (1967). *Mirror role of the mother and family in child development. Playing and Reality*. London: Routledge.
- Wohland, P., Rees, P., Norman, P., Boden, P. & Jasinska, M. (2010) Ethnic Population Projections for the UK and Local Areas, pp. 2001-251. *Working paper published by the school of Geography, University of Leeds*.
- Yarborough, C. (2007). Being the only one: Finding connection through the shared experience of "otherness", *Smith College Studies in Social Work Journal*, vol. 87 (no. 2-3); p. 189-199
- Yi, K. Y. (1998). Transference and race: An intersubjective conceptualization. *Psychoanalytic Psychology*, vol. 15 (no. 2); p. 245-261
- Yi, K. Y. (2012). Transference and race: An intersubjective conceptualization. *Culture and Psychotherapy: Critical Perspectives in Multicultural Practice Journal*, p. 74-382