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WHAT COLOUR IS YOUR RAINBOW? A PHENOMENOLOGICAL
ANALYSIS OF HOPE IN PERSONAL THERAPY FOR PSYCHOLOGICAL
THERAPY TRAINEES OF MIXED RACE (SOUTH EAST ASIAN-WHITE)

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Submitted in partial fulfilment of the requirements for the Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych).

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Abstract

The primary aim of this study was to gain insight into the subjective experience of hope in psychological therapies for those of South East Asian–White mixed race. Interpretative Phenomenological Analysis (IPA) was chosen as it offers a framework for exploring the lived experience of individuals and the learnings attached to that experience. Semi-structured interviews were used with five female participants who fitted the racial descriptor. Participants were trainee psychological therapists who were in or had recently been in therapy for at least one year. Four participants were recruited through advertisement flyers and I was the fifth participant. As someone who belongs to this mixed race group, I decided to use IPA creatively in order to stand alongside my participants.

The analysis led to the emergence of five super-ordinate themes each with their own subthemes. (1) The Paradoxical Experience of Hope sat above the sub-themes of ‘doing’ and ‘being’ qualities of hope. (2) The Contrast of Hopelessness emerged with sub-themes of ‘feeling stuck’ and ‘low mood’. (3) Therapists’ Qualities that Engender Hope divided into ‘being with’ and ‘active engagement’. (4) The Importance of Being Seen included three sub-themes – ‘invisibility of race’, ‘visibility of race’ and ‘hiding oneself’ through the process known as ‘passing’ (as white). Finally, (5) The Integrated Experience had the sub-themes of ‘feeling integrated in oneself’, ‘feeling integrated with others’ and ‘the split experience of being mixed race’. These are explored in detail and show that all the emergent areas demonstrate an overarching theme of paradox. The pivotal finding about the experience of hope for this particular mixed race group was that hope arose when less visible aspects of the self (especially their racial backgrounds) were ‘seen’ and acknowledged by others.

The literature on hope predominantly demonstrates its complexity at a theoretical level and this study highlights this at relational and embodied levels. Racial difference, too, is multi-layered and relational. So, by bringing together these two areas, this study acknowledges the need for psychological therapists to be aware of racial differences in the room, however subtle, and the impact on the key therapeutic experience of hope.
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Chapter 1. INTRODUCTION

1.1 Introduction

This research study explores the lived experience of hope in personal therapy for trainee psychological therapists of South East Asian–White mixed race. Whilst the focus is on the experience and development of hope within the therapeutic dyad, attention is also given to other experiences and factors – past and current – that impact on the participants’ subjective experience of hope. The phenomenological position is important because it does not assume an objective definition of hope: rather it explores the subjective experience of hope whilst identifying the main components of and influences on hope in therapy for this group. These findings will hopefully encourage therapists, whatever their racial background, to become more aware of the multiracial experience of hope and the possible impact on therapeutic outcomes in a predominantly white profession.

The relationship between hope and race is not an obvious one – however I believe it is interesting and important to explore the intersection and intricacies of the two concepts to invite an alternative discourse. In this initial chapter, I introduce my rationale for delving into hope - a factor of psychotherapeutic work that has long been seen as pervasive and critical yet which has, in my opinion, also been taken for granted. I will also locate my position in relation to the research, which leads to an overview of the mixed race experience and a brief explanation of my reasons for focussing on this particular group. As will become apparent as this research unfolds, the concept of race is complex and full of tension which makes it ‘lack hope’ at a fundamental level. Finally I will clarify some points on definitions and semantics before finishing the chapter with my research questions.

1.2 Why Hope?

Hope has been described as ‘the raison d’être of therapeutic practice’ (Cooper, Darmody & Dolan, 2003:p.2) and it is widely accepted as one of the common factors affecting outcome across all therapeutic approaches (Frank & Frank, 1991; Hubble, Duncan & Miller, 1999; Duncan, Miller, Wampold & Hubble, 2010). The positive psychology movement also invites us to increase our understanding of proactive
factors, one of which is hope (Seligman & Csikszentmihalyi, 2000). My interest in hope was sparked by O’Hara’s (2010) suggestion that hope is the ‘neglected common factor’ (p.17) in research. O’Hara (2013) went on to give attention to this area by looking at therapists’ understanding of hope and methods to operationalize it in the therapy process. He states in his conclusion that ‘given the implicit nature of hope, client views may not be obvious and so it is important that we tread carefully and respectfully when approaching the topic’ (p.160). I agree with him because there is little focus in the literature on what hope actually means for individual clients and for this reason I want to turn my attention to the implicit client experience of hope through an exploration of the subjective experience.

In discussing the concept of hope with colleagues, I have been struck by the widespread view that hope is of vital importance – yet rarely reflected on or consciously articulated. In a similar way in which acknowledgement of the therapeutic alliance has led to further study into how it can best be used to help clients, at a broad level, I aim to shift attention to the common factor of hope and make it a more widely recognized element of the therapeutic experience thus deepening our understanding. I believe that the concept of hope still evokes a mixed response in some psychological therapists and so, rather than create another definition or theory of hope, my aim is to get under the skin of the experience of both ‘generalized’ (for a positive but indefinite future) and ‘particular’ (focused on specific outcomes) hope (O’Hara, 2013; McCarroll, 2014). Moodley and Vontress (2006) also suggest that hopefulness is an under-researched concept in relation to cross-cultural research in particular, so alongside O’Hara’s call for research into hope, my aim is to address the paucity in this area and encourage research with other minority groups rather than assume a blanket experience of hope.

1.3 My Personal Position in this Research

Separate to my initial research interest in hope, but concurrently, I started to process and integrate my experience of having a Chinese Singaporean father and a white Welsh mother. I grappled with the reality of bridging the gap between ‘white’ and ‘other’ and all the emotions that came with it – confusion, shame, anger, excitement and sadness. Within this, I noticed that racial invalidation, invisibility and contempt affected my sense of belonging and feeling of hope. I also became more aware of
hope in the multiracial therapy room – whether it was named or whether I sensed it in the ether. As a client sitting with my white therapist I sometimes felt hopeful because the subject of race was being engaged with and my difference was ‘seen’; and sometimes I felt my race was ‘unseen’ and misunderstood, which robbed me of hope. As therapist, I could see that the degree of clients’ racial awareness varied greatly and I wondered (sometimes asked) how this affected their experience of sitting with me, indirectly exploring how this affected their hope. So as a mixed race woman, a psychological therapist and a therapy client, I started to get a sense of the complexity and richness of hope in relation to racial difference.

I sharpened my research focus with this in mind. I became intrigued by the complexity of both hope and issues of race and started to come across insights and experiences that married the two. Aside from my own personal interest, I want to bring into focus this particular mixed race experience because of the lack of research into multiracial groups and into the lived experience of hope.

I have witnessed racism both by those who are white and towards those who are white, so to acknowledge and locate my intentions congruently the aim of this research is not to vilify people who are white: rather the aim is to raise awareness of racial difference (no matter how subtle) in psychological therapies and to encourage honest reflection of the impact on the dynamics within the therapeutic relationship.

1.4 The Mixed Race Experience

The mixed race group is one of the fastest growing populations in the UK (Office for National Statistics, 2011) and actual figures may be even higher than quoted (Alibhai-Brown, 2007). But racial categories are merely the starting point from which research can discover the subjective experience of what it means to be mixed race (Song, 2010).

With no obvious relationship between hope and race, I have had to go beyond immediate responses to a more reflective space to give voice to an experience that is not usually named. As I have become more immersed in both the subjects of hope and multiracialism, I have had to delve into my own unconscious processes – and have invited participants to engage in a parallel journey.
By taking a key therapeutic common factor and exploring it through the eyes of a minority racial group, I hope I have highlighted the overlooked multiracial experience. In Lago’s (2011b) publication on transcultural counselling and psychotherapy, he makes a note of the ‘further complexity and challenge to life for those whose origins are ‘mixed race’” (p.173) – but states that he has not been able to include a chapter on the subject. Whilst the majority of the literature on multiracialism comes out of North America (Lago, 2011a) I also want to raise the profile of European research on race.

1.5 Racial Awareness and Professional Development

In the US, it has been found that trainees from minority racial groups score more highly in multicultural counselling competence than those who are white (Chao, Wei, Good & Flores, 2011) so this research may help to further such awareness for all therapists – regardless of their race and/or experience. This competence incorporates: understanding the worldview of culturally different clients (including differences in race, ethnicity, gender, sexual orientation, age, socioeconomic status and language); development of appropriate interventions; and awareness of one’s own assumptions, values and biases (Sue, Arredondo & McDavis, 1992).

My aim is to highlight the need for an observing self for all therapists – ‘black’ and ‘white’ - in relation to issues of race, including those in the subtler white-white and mixed race dyads. This observing self would be willing to openly explore the impact on the therapeutic process of one’s own personal position on difference. Given the Eurocentric nature of most psychological and psychotherapeutic trainings, the audience for this research is likely to be predominantly white so I particularly wish to encourage practitioners to become aware of how their racial identity, and that of their clients, affects the experience of hope in the therapeutic dyad. Although growing in momentum, there is relatively little literature on the psychic and political impact of being white (Ryde, 2009, 2011) so I hope to inspire practitioners of all races to go beyond observation to reflect on the complexities of sitting with racial difference – and how they may impact hope.
As practitioners, and certainly as trainees, we are encouraged to reflect on many aspects of personal experience and practice so I also want to inspire practitioners to develop their observing selves in relation to hope. The threads of hope, especially when interwoven with race, can be subtle so by reflecting on their subjective notions, biases and assumptions about what both they and their clients experience – and bringing some of these into consciousness – I aim to encourage psychological therapists to contemplate how these influences impact their practice, professional and personal development.

If we as therapists are able to be open to our own, and our clients’, experiences without making assumptions about hope, race, their interaction and their impact on therapy - we will be better placed to stand alongside our clients whoever they are and whatever they are experiencing. Therefore, in turn, I hope that clients will benefit from this increased understanding and self-awareness, especially those who belong to the rapidly growing mixed race group.

1.6 Definitions, Terminology and Semantics

Race, Culture and Ethnicity

Despite sometimes being used interchangeably, race, culture and ethnicity are different concepts. It is widely accepted now that race, and related terms such as ‘black’ and ‘white’ are not objective nor based on biological reality: they are socially constructed phenomena, often founded on phenotypal differences that benefit certain groups (usually the ‘whites’). Culture, on the other hand, is related to shared patterns of language, understanding and behaviour and beliefs around issues such as child rearing, money, class and rituals for celebration. Ethnicity, which is often used as a euphemism for race (perhaps because it is a more ‘comfortable’ word without the connotation of ‘racism’) is about shared racial, tribal, national, religious, linguistic or cultural origins and practices. I acknowledge, however, that within the participant group there are variations in experience and the degree of affinity with culture and ethnicity. To stay faithful to the original texts, where other authors are quoted, I will use their own words.
‘Black’ and Other Descriptors

Although broad terms such as ‘diversity’ and ‘BME’ (black and ethnic minority) are popular nowadays, some use the word ‘black’ to refer to anyone of colour regardless of their choice (Alibhai-Brown, 2007). The interpretation is political, and describes ‘those who are not the traditional power holders or members of a dominant majority group in society’ (Lago & Thompson, 1997:p.xxi). I can see the political motivation for this, however, I feel that the use of ‘black’ as a catch-all label for any non-whites disregards some of those to whom it is meant to apply and, some designated ‘black’ people find it hard to identify with the term (Dhillon-Stevens, 2011). Hence I will not be using this term myself but will retain it where others use it.

Descriptors for those of mixed race include: multiracial, multi-ethnic, biracial, mixed heritage, interracial, mixed parentage, mixed origins, coloured, multi-ethnic, dual heritage, half-caste, half-breed, mongrel and, for this particular participant group, banana and Eurasian. The descriptors span the factual and the derogatory; however, I have chosen to use mixed race to describe people ‘whose parents are of different socially designated racial groups’ (Root, cited in Pedrotti et al, 2008). Whilst I do not find any term sits completely comfortably with me, and although some argue that the term ‘mixed race’ reifies the concept of race (Parker & Song, 2001), this is the descriptor I have found used most often by mixed race people themselves (Aspinall et al, 2008).

Hope, Expectancy and Placebo

Confusion and preference over terminology and meaning has meant that sometimes hope, expectancy and placebo have been categorized together or even used interchangeably (Hubble, Duncan & Miller, 1999; Duncan, Miller, Wampold & Hubble, 2010). However, some suggest that hope and expectancy are separate, yet related, constructs (Montgomery, David, DiLorenzo & Erblich, 2003; David, Montgomery, Stan, DiLorenzo & Erblich, 2004; Waterworth, 2004) with expectancy being based on reality and hope on wishful thinking. Furthermore in psychological therapies, ‘placebo’ is sometimes aligned with hope and expectancy as it is seen to hold a different meaning to the medical notion of an inert substance (Patterson, 1985; Frank & Frank, 1991).
So, at the risk of potential confusion, I will use the language from the original texts (i.e. ‘placebo’ or ‘expectancy’) where these words can be taken to have the same or closely related meaning to ‘hope’ whilst noting that these words sometimes have subtly different meanings.

1.7 Research Aims and Questions

Whilst the potential breadth of this research is vast, these are my research questions:

- What are the subjective definitions of hope, based on lived experience, for the mixed race South East Asian-White racial group?
- What are the emotional and physical experiences of hope in the therapy room?
- How does being of this particular racial mix impact the experience of hope in personal therapy?
- What factors (including therapist factors) influence hope in personal therapy for these clients?
- What does it mean to be mixed race?

As O’Hara (2013) neatly states ‘hope is everywhere yet hardly visible’ (p.ix) and my desire for this research is to make it visible – in particular for a mixed race group who have remained, themselves, relatively invisible.
Chapter 2. LITERATURE REVIEW

I realise that I am bridging several areas of research because of the particular participant group and chosen subject matter hence this review starts by looking at literature on hope then moves on to literature on race and ends with a short section on hope and the mixed race experience. By covering these areas, my aim is to locate this study within the current and past research fields and demonstrate its relevance. I also want to note at the outset, that, due to prolific papers on hope in areas such as nursing, I am not able to include an extensive review of all the literature. It will become apparent that the areas I have chosen to focus on are those that have informed this research and which locate it within the current field. Likewise, it would not be relevant to do a full review of all the literature on race: most of the sources on race included here are clinical rather than research-based: I chose these because of their direct relevance to the mixed race experience.

LITERATURE ON HOPE

2.1 Definitions of Hope

One would usually use a dictionary for a definition; however, as this review will show, hope is too multifarious to be defined narrowly. Snyder (2000a) defines it as a positive motivational state derived from a trilogy of ‘goals, pathways and agency’ (p.9): goals are anchors of hope, pathway thoughts provide routes to achieve our goals and agency is about motivation to undertake the routes, which aligns in part with Bandura’s (1997) self-efficacy. Larsen and Stege (2010a/b) add to this predominantly cognitive construct the emotional element of wanting that which is not currently available; and Elliott and Oliver (2002) give an even broader definition - that hope is ‘at once a part of human development, a process, a theory and a source of meaning in life’ (p.174). Hope has also been conceptualised as a commodity, a process of discovery and a co-construction (Larsen, Edey & LeMay, 2007) and McCarroll (2014) acknowledges three types: hope as agency, hope as divine agency and hope through no agency (being and trusting).

These are all English definitions; however Parse (1999) notes trans-linguistic challenges in her cross-cultural research, for example, that hope in Arabic does not
have a straightforward definition, rather two definitions: *raja’a* (formal and related to the distant future) and *amal* (everyday language) (Abi-Hashem, 2001). But such multiracial and cultural awareness is rare in research and theory as hope is usually assumed to be an homogenous experience.

My personal experiences have impacted my experiences of hope. Therefore, my curiosity lies in going beyond definitions and exploring racial and cultural differences, in particular the South East Asian-White mixed race experience, and how these might impact the understanding, experience and therefore subjective definitions of hope. That said, when I was proposing this study, it was inevitable that I held an initial working definition of hope. This incorporated: dynamic process, personal significance, desire, uncertainty, being seen and validated, relational factors and mobilising action. I held this loosely, however, as I expected it would alter throughout the research process.

### 2.2 The Measurement of Hope

Prevalent in the literature on hope is the view that hope is a measurable trait and several scales have been created to quantify it. Two of the most well known are the Adult Dispositional Hope Scale (Snyder et al, 1991) and Adult State Hope Scale (Snyder et al, 1996) the latter of which was developed following criticism that Snyder’s initial scale did not address fluctuating levels of hope that may be dependent on specific life circumstances. That said, Snyder et al (1996) hypothesize that each individual would have a range within which they fluctuate. Snyder’s scales also do not acknowledge that people may have different levels of hope towards different areas of their life. In response to this weakness Sympson’s (1999) doctoral research cited in Lopez et al (2000a) created a Domain Specific Hope Scale that measures dispositional hope in six areas – social, academic, family, romance/relationships, work and leisure. Despite noting the need for domains, I would argue that a key area missing is that of mental and physical health.

Hope has often been thought of as a future-focused emotion however, the Herth Hope Scale (Herth, 1992) and abbreviated Herth Hope Index explore non-temporal notions of hope whilst Varahrami et al’s (2010) findings include a spiritual element. Obayuwana et al (1982) also devised a Hope Index Scale with the questions based
on a ‘Hope Pentagram’ (p.762) of ego strength, educational assets, economic assets, religious assets and human family support. Stoner’s Hope Scale (2004) focuses on three elements of relationship: relationship of self to self (intrapersonal), self to other (interpersonal) and self to all of life (global). The Nowotny Hope Scale (Nowotny, 1989) assesses multiple components of hope too: confidence in outcome; relationships with others; belief in the possibility of a future; spiritual beliefs; active involvement; and inner readiness. Finally, the Miller Hope Scale (Miller & Powers, 1988) is a similar questionnaire that identifies the following elements of hope: mutuality-affiliation, a sense of possibility, avoidance of seeing things in absolutes, anticipation, achieving goals, psychological well-being, purpose in life, freedom, reality optimism and mental and physical activity.

Although I have highlighted some of the main hope measures, this is by no means a conclusive list. Schrank et al (2008) reviewed the psychiatric literature in order to define hope and outline research that links hope with effectiveness. Looking at 118 papers, they found 49 definitions and 32 measures of hope. It is not appropriate here to explore further the various hope measures but it was impossible to conduct a literature review without coming across such papers.

I am pleased to say that there has been some research into the experience of hope in psychological therapies albeit using scales. Irving et al (2004) looked at self-reported hope measures before, during and after psychotherapy and found that higher baseline hope was associated with general improvement in wellbeing, functioning and regulation of emotional distress. Using Snyder’s (1991) scale, they found both agency and pathways scores were both higher in later therapy sessions. However, this study has only looked at the quantitative scores and therapy only lasted twelve weeks. Talmadge (2002) looked at the hope construct from pre-treatment up to week five of therapy. In my opinion, this is very early on in the process of psychological therapies. There appears to be little research into hope in longer-term therapy, which is where my interest lies.

These scales, and related research, demonstrate the widespread interest in hope and also the acknowledgement that hope incorporates a number of diverse elements. However, these scales have most often been used to measure hope in particular situations such as in the nursing setting, especially around cancer patients.
as well as in academic success (Snyder et al, 2002). In addition by simply measuring hope through a questionnaire, no matter how thorough or diverse, the richness of the experience gets lost and reduced to a number. Vance (1996) cited in Lopez et al (2000a) has gone some way to balance this quantitative bias by conducting her doctoral research into a narrative Hope Scale whereby hope was measured through the selection of descriptors of thoughts and feelings.

O'Hara (2013) clarifies that when we look at hope as a noun, there exists the notion that hope can be ‘discovered’ which implies hope can be quantified as it has an ‘independent existence’ (p.6) outside the person. However, I am primarily interested in the ‘doing’ of hope – the verb form – and so one of my aims is that this study goes some way to redress the balance of quantitative versus qualitative research currently in the field.

2.3 Hope as a Common Factor in Successful Therapeutic Outcome

Since Rosenweig (1936) suggested that it was a critical and pervasive factor in contributing to therapeutic change, hope has regularly featured in psychotherapeutic literature– both clients’ hope and therapists’ ability to instill hope (Frank & Frank, 1991; Snyder, 2000a). Given that hopelessness is one of the key experiences in psychopathological conditions (Beck et al, 1974), it is hardly surprising that hope has become a key point of interest in psychological therapies.

Alongside the therapeutic relationship (40%), theory of practice or technique (15%) and extra-therapeutic factors (30%), Lambert (as cited in Hubble, Duncan & Miller, 1999) suggests that hope accounts for 15% of the outcome variance, with Wampold’s meta-analysis suggesting a similar 13% being related to treatment (which incorporates the therapist, technique and placebo or hope). Although it is tempting to get drawn into them, we are reminded that the percentages are estimates (Cooper, 2008) however, it is interesting to note the role of hope, even if it is not defined or explored further. Greencavage and Norcross’s (1990) meta-analysis highlighted five categories of common factor, three of which (client characteristics, therapist qualities, change processes) were found to relate to hopefulness. However, Frank and Frank’s (1991) work suggests that the fourth category, treatment structure, also increased clients’ hope; and that a good therapeutic alliance is
reinforced by technique and vice versa, thereby also indirectly relating the fifth category to hope. This may be the reason why Frank and his daughter argue strongly that hope is the unifying factor between a wide range of therapeutic practices – including psychotherapy alongside approaches such as healing and psychopharmacology.

Duncan et al (2010), in the second edition of their seminal book, say that they feel it is not possible to consider the impact of the theory of practice or model without also considering the hope in that model – both from the client’s and practitioner’s perspective. Although this highlights the significance of hope in therapeutic outcome, it does suggest that hope is only in relation to technique factors. In my experience, however, and based on wider research, I believe hope to be related to a number of characteristics, emotions and experiences.

Whilst this study is looking at hope in mid- to long-term therapeutic work, it is worth noting that, in contrast, Coppock et al’s (2010) research into brief therapy found that clients’ perceptions of hope were unrelated to outcomes, but therapists’ perceptions of hope in their clients were positively related. Although the participants in this research are all coming from the position of ‘client’, it is worth noting the supposed power of the therapist’s view of hope in the change process. In America, the National Consensus Statement on Mental Health Recovery (Bohanske & Franczak, 2010) lists 10 Fundamental components, one of which is hope so its importance is not in question. Despite mixed views on the value of hope, and even if we have been advised not to overlook orientation-specific factors in favour of non-specific factors (Cooper, 2008), on balance, it seems that hope is an important contributory factor to therapeutic outcome and thus deserves more attention. However, the research mentioned so far has been racially non-specific.

2.4 The Process of Hope in Psychological Therapies

A number of studies have looked at hope in psychological therapy. Following his initial work on the creation of hope through both agency and pathways thinking, Snyder (2000a; 2000b) and colleagues have designed and tested a range of methods for strengthening hope in psychotherapy, one of which is ‘hope therapy’. Larsen and Stege’s (2010a/b) research into this hope-specific form of psychotherapy
distinguish explicit (ie naming hope overtly) and implicit hope strategies. The former strategies were found to be: the multidimensional use of hope (cognitive, behavioural, emotional, relational), education about hope and framing problems as threats to hope. Implicit strategies involved the creation of a strong therapeutic relationship and also the facilitation of a change in perspective for the client. Whilst these findings are interesting, they were conducted on a small sample (five) of hope-educated psychotherapists and focused on the early stages of therapy. In addition, the findings suggest that the psychotherapists who took part were quite directive in their approach (highlighting client resources, reframing, giving psycho-education on hope and externalization of the problem) which may be as a result of their training as ‘hope therapists’. Cutcliffe (2004) looked at bereavement counsellors in particular and noted three key actions: forging a relationship, facilitating cathartic release and experiencing a ‘good’ ending. These areas seem more in line with wider psychological therapies although focusing on bereavement.

O’Hara and O’Hara (2012) cited in O’Hara (2013) conducted a study asking psychotherapists how they understand and operationalise hope. The findings showed that the sources of hope were found to be: validation of the self, interpersonal support, societal support and cultural wisdom and spirituality. When asked what they found hope in, the answers included: different aspects of otherness (ie relationship, impermanence, intentionality and transcendence). O’Hara and O’Hara’s findings also show four different types of hope: hope in the client, hope for the client, hope in the therapeutic process and hope in life. I can see why hope can be categorised in this way, although in this study I am leaving the concept of hope open for participants to interpret themselves. As it is from the clients’ perspective, it will be interesting to see what their experiences have been and whether they align with the psychotherapists in this study.

2.5 Hope Across Psychotherapeutic Modalities

Whilst hope is seen as a common factor in successful outcome across all psychotherapeutic modalities (Frank & Frank, 1991; Hubble, Duncan & Miller, 1999; Duncan, Miller, Wampold & Hubble, 2010), it is interesting to note that the concept of hope is viewed differently by different modalities.
It could be argued that the humanistic school of therapy is founded on the hopeful premise that people continually evolve to reach their full potential (Rogers, 1961). Through his experiences in a concentration camp, Frankl’s (2004) humanistic-existential approach sees hope as essential for survival; and he urges those in hopeless situations to have hope, regardless of their reality by looking for meaning in their suffering. However, alongside the therapies that see hope in a predominantly positive light, psychoanalytic literature offers a multi-dimensional, some might say richer, view of hope.

Casement (1990) expresses his view of transference as a display of ‘unconscious hope’ by which the patient signals to the external world that there is a conflict needing attention’ (p.7). Cooper (2000) sees analysts’ and clients’ hopes as creating a tension between psychic possibility and psychic limit. Cooper’s (2004) later work also conceptualises hope as being positive and destructive as the patient experiences the analyst as both a new bad and new good object. Menninger (1959) cited in Nunn (1996) saw hope as a denial of vulnerability, however that suggests that hope precludes realism, which I do not think necessarily true. Looking back at the various definitions of hope, I think there are certain experiences and views of hope that allow us to see hope as a process that may incorporate elements of uncertainty and reality. Some see lost hope as an issue of resistance that must be overcome (Amati Mehler & Argentieri, 1989; Miller 1985); and French and Wheeler’s (1963) case study reviews found that patients’ preconscious hopes about therapy are repressed repeatedly before being accepted into the conscious. Similarly, Babits’ (2001) ‘phoenix juncture’ relates to the point when a patient’s unconscious hope is unfrozen by ‘a moment of symbolic death of hope... and the acknowledgment of this death by the therapist’ (p. 343).

Erikson’s (1982) psychosocial theory of development states that hope is the positive outcome of the early stage of trust versus mistrust between infant and caretaker as experienced in crucial social interactions. Suggesting a linguistic connotation with the word ‘hop’, Erikson says that ‘hope bestows on the anticipated future a sense of leeway inviting expectant leaps’ (p.60), that is to say that a child ideally exits this stage of development with the expectation that difficulties in life can be overcome. Hope is therefore also needed to face the challenges that appear at later stages of development. Building on this, Snyder (2000b) suggests that as infants learn about
pathways thinking (by experiencing and witnessing causality) and as they develop agency (alongside a sense of self), so they begin to develop hopefulness. He also purports that hope develops from a secure bond with a caregiver.

Snyder (2000a) focuses on cognition in his hope model that promotes action through agency and change through finding suitable pathways. Of all the forms of psychological therapy, I find this to be most aligned to cognitive behavioural therapy (CBT). In addition, often early on in the process of CBT an outline of possible pathways is given through the process of elucidating ways of thinking and acting that are more helpful than current unhelpful paths and this early sign of improvement can have an impact on levels of hope (Frank & Frank, 1991).

Although not an exhaustive journey through all modalities, it seems that hope is omnipresent in psychological therapies; however, the diversity of views encourages me to explore beyond the theorists’ and professionals’ views to a deeper level of individual experience. On a personal level, whilst grounded in the existential-humanistic tradition, my integrative approach has a strong object relations influence therefore I find it important to be open to all of the above views on the role and impact of hope within psychological therapies.

2.6 Hope as a Mixed Blessing

Whilst hope is generally seen in a positive light, it is not always seen as a good thing. Dembo (2013) cited in Jarrett (2013) used two cases to highlight the ethical dilemma of providing hope in cases where treatment was seen to be futile. One patient had been diagnosed with treatment-resistant schizophrenia and OCD and having had hope conveyed to her each day, she returned to work after her symptoms stopped. Patient 2 had suffered severe early trauma and had been diagnosed with PTSD and Borderline Personality Disorder. Having been told that she had a small chance of recovery, she went on to withdraw from her therapy and sank into hopelessness. The above cases support the notion that hope could have a significant negative effect on those with very severe mental health conditions so one could say that such an openness to present reality could be advisable only for those who are able to bear all aspects of their experience whereas those, for whom life is unbearable, may do better if they are allowed to have hope regardless of their prognosis. Although
Dembo concludes from these cases that it may be ethical to give positive illusions if they enhance quality of life, these are only two cases, suggesting that we cannot make assumptions about the usefulness of hope, as it is a highly personal experience.

Whilst not specific to psychological therapies, Buddhist teachings on mindfulness (which are specifically applied in Acceptance Commitment Therapy and Core Process Psychotherapy and which are becoming increasingly popular in psychological therapies in general) see hope as a future-focused emotion that lures us out of the present. Because of this we are encouraged to give up hope and return ‘to the bare bones, no matter what’s going on,’ (Chödrön, 2003:p.59).

Polivy and Herman (2002) looked into the downsides of ‘false hope’ in weight loss and suggest that an unrealistic hopeful attitude is akin to naiveté. That said, delusional hope has been found to stabilize people with schizophrenia, other psychoses and some borderline conditions (Helm, 2004), showing that hope means different things in different contexts for different people. On a darker note, outside the boundaries of psychological therapies, Frankl (2004) described situations in Auschwitz where hopeful expectations led to deeper despair when they were not fulfilled: ‘The death rate in the week before Christmas 1944, and New Year’s 1945, increased in camp beyond all previous experience... It was simply that the majority of the prisoners had lived in the naïve hope that they would be home again by Christmas’ (p.84).

Nunn (1996) states that hope is ‘associated all too commonly with unrealistic aspirations’ (p.231) and he argues that hope may sometimes function paradoxically – with despair or hopelessness at times being therapeutic. Kwon’s (2000) integrated approach to investigating the moderating role of defense mechanisms on cognitive aspects of hope found that hope interacted with defence mechanisms in accounting for depressive symptoms. He hypothesized that there exists a sub-type of low hope - ‘defensive hopelessness’ - whereby individuals motivate themselves by expecting the worst. This finding was consistent with a naturalistic stressor of exam feedback (Reff, Kwon & Campbell, 2005) however both these studies were conducted on students ie a very narrow experience and stage of life. Denial/disengagement also partially mediates the relationship between hope and depression (Geffken et al,
Similarly Norem and Cantor (1986) have shown that some people use ‘defensive pessimism’ to cope with situations that threaten their self-esteem and they also showed that reassurance negatively impacted these cases.

Finally, Weingarten’s (2010) moderated concept of ‘reasonable hope’ acknowledges the importance of uncertainty, present actions, and relational aspects of hope. Despite being a more holistic and practice-based conceptualization of hope, I still feel an absence of the client and their experiences in this work.

LITERATURE ON RACE

2.7 Race Across Psychotherapeutic Modalities

In a similar way in which hope is viewed differently across modalities, Tuckwell (2002) has looked at the ways in which different psychotherapeutic approaches take into account issues of race and culture. As they have all developed out of the predominantly white Western world, psychodynamic, cognitive-behavioural, existential-humanistic and systemic approaches are seen in their pure forms not to take into account sociopolitical issues of race. In addition, many of the underlying concepts (eg intrapsychic constructs in psychodynamic, linear problem-solving in CBT, a focus on autonomy in existential-humanistic, and a Western view of group communication and affiliation in systemic) are not overtly sensitive to race. By undertaking these forms of therapy, Tuckwell suggests that psychological therapists partake in ‘unintentional racism’, (p.61), which has led to the creation of a multicultural movement in American psychotherapy; however this, too, has been criticized for failing to take account of race issues.

In Tuckwell’s (2002) view, the psychodynamic approach best lends itself to the exploration of racial phenomena - as the processes of transference and countertransference and defence mechanisms such as projection, splitting, introjection and projective identification potentially allow for racial experiences to be brought to light and worked through. Dalal (2002) explores these notions further by looking at the work of Freud, Klein, Fairbairn and Winnicott and notes that, although none of these psychoanalysts mention race, their writings on hate, aggression and group dynamics can be taken to make inferences about possible theories of racism.
He also notes that because the movement in psychoanalytic theory is from the inside to the outside, the focus is often on projection and little weight is given to introjection and the role of socio-political influences. Davids (2011) however criticizes Dalal for focusing too much on the external world: whilst he acknowledges the impact of external power relations, he writes about ‘internal racism’ as an unconscious process that is located in a paranoid structure that reflects the external divide. Just as Tuckwell acknowledges both racism in the inner and outer worlds, I too can hold space for both of these positions, in a similar way in which I hold the tension between nature and nurture in a wider sense.

In my opinion, racial identity cannot be separated from intrapsychic and interpersonal functioning, therefore race is always present in therapeutic process. Although Tuckwell does not go far into exploring the potential within integrative therapies, my own view is that integrative approaches allow space for practitioners to incorporate their own race-related values and beliefs - which may, of course, include psychodynamic elements. This does, however, require the therapist to be aware of their own processes and beliefs around racial issues.

My own integrative framework is based largely on my own experiences within and outside the therapy room therefore I believe nothing exists in isolation (Perls, Hefferline & Goodman, 1972) and thus take into consideration wider contextual frameworks and the need to respect others’ contexts (past and present) and the differences between us. I think that ‘personal experience always take place within an ongoing intersubjective system’ (Stolorow & Atwood, 1992:p22) and whilst this includes issues of gender, disability, age, class, sexual orientation, religion and politics – this study will highlight in particular issues of race and culture.

2.8 Mixed Race Categorization

Whilst people of mixed heritage sometimes ‘choose’ to belong to a particular racial group, often it is society that makes the choice for them. When Barack Obama won the US Presidential election in 2008, he was hailed, and chose to self-identify (Good, Chavez & Sanchez, 2010) as, ‘America’s First Black President’ – overlooking the fact that he is mixed race. For political reasons, and more superficially because his ‘blackness’ is visible, the ‘one-drop rule’ deems Obama to be black: this rule was
initially created to maximise the number of slaves and has led to a widespread belief that everyone belongs to one racial group regardless of their heritage (Ramirez, 1996).

However, people who are part-white and part-South East/South Asian, South Asian or Middle Eastern are more likely to be seen as white or ‘indeterminate’ (Song, 2010) because their genotype and phenotype do not neatly match. This indeterminism is exacerbated by having to default to the ‘Any Other Mixed Background’ or ‘Other Mixed’ category on institutional forms, which is ‘one of the most invidious experiences of racism that occurs to multiracial people’ (Miville et al., 2005:p. 511). Such subtle and covert forms of racism have been found to be as traumatic as overt forms (Bryant-Davis & Ocampo, 2005) and the mixed race group that I have chosen to research is particularly susceptible to subtle racism due to their ‘invisibility’ and lack of ‘category’.

Aspinall et al (2008) write of the ‘importance of fluidity, shifting boundaries and multiplicity’ (p.20) with respect to how those of mixed race self-identify. Their research went beyond the 2001 census to enquire what the form-filling terminology actually meant for this group. They found that when asked to define themselves, unprompted, most respondents used the term ‘mixed race’ and a quarter used the term ‘half-X and half-Y’. Over half of the respondents reported a degree of fluidity around their racial identity depending on the environment.

The Office for National Statistics (2011) includes in ‘Mixed/Multiple ethnic’ groups – ‘White and Black Caribbean’, ‘White and Asian’ and ‘White and Black African’ – anyone else is ‘Other Mixed’, however in this census the Chinese were re-categorized from ‘Other’ to ‘Asian’ which a) does not feel technically correct and b) leaves me wondering where to place those of other South East and East Asian descent, such as Thai or Japanese. Whilst this may seem like an inconsequential oversight, in order to exist one must be named (Williams, 1992): this goes against the notion that categorization can be a negative experience as it allows the individual to be seen – something I know on both intellectual and embodied levels. The words of a young Filipino/European girl show how deep the impact of this can be: ‘I have even more conflict when I check the box marked “other.” I am not an other and have never been an other. I am a person of mixed race. I don’t belong in some outcast
I am a person just like everyone else.’ (Fuyo Gaskins, 1999:p.52). This indeterminate status infers that certain mixed race people do not exist and this invisibility and oppression makes it difficult for the acknowledgement and acceptance of multiracialism to become widespread. I am curious to explore how this particular mixed race group categorize themselves and whether experiences of oppression may impact on their levels of hope.

2.9 Mixed Race Identity

Katz (1996) defines identity as the ongoing interaction between, and the sum total of, biological make-up, beliefs about themselves, relationship with significant others and groups, and roles and statuses assigned to them by those people and groups. The construction of identity for anybody holds a key paradox between being distinctive whilst still being able to relate to others. However, there seems to be a more complex identity process for those of mixed race. Many writers note the unique experiences related to identity formation, family life and discrimination that are different to those within the wider framework of racial issues (Parker & Song, 2001).

With ‘black’ and ‘white’ identity created in relation to ‘the other’, people of mixed race find it harder to identify with ‘the other’ because they bridge both groups, in an ‘almost white’ mixing that is exacerbated by ‘ambiguous external racial coding’ (Williams, 1996:p.202). From the perspective of the dominant racial group, this difficulty in categorization also threatens the psychological and sociological foundations of the ‘we’ and ‘they’ mentality that determines much of our social, economic and political experience (Nakashima, 1992). Having been brought up in the UK since the age of 5, with only annual visits to Singapore and because of my need to be accepted, I ‘chose’ to blend in with the dominant British whiteness; and my original experience of aligning with one half of myself is echoed by many other multiracial people (Fuyo Gaskins, 1999; Chiawei O’Hearn, 1998). More recently, I have been able to process this unconscious ‘bias’ and start to integrate all aspects of myself without yearning for homogeneity. This personal shift has helped me remain open-minded to and respectful of the experiences of those who have taken part in this research alongside me.
Identity issues for mixed race people have been fairly widely researched and have developed from linear models (Poston 1990; Kich, 1992) to more ecological models (Renn, 2008) – all of which suggest that identity development for those of mixed race is not a smooth journey. Renn’s research highlighted five patterns of identity: monoracial, multiple monoracial, multiracial, extraracial (i.e., opts out of identification or deconstructs the notion of race) and situation identity. Root’s (1990) framework offers four possible resolutions to identity development: acceptance of the identity society assigns, identification with both racial groups, identification with a single racial group and identification as a new racial group. This shows the complexity around this process, although this model does not work for the mixed race group in this research as society is as likely, if not more so, to assign this group to being ‘white’ rather than to their South East Asian group.

Helm’s (1995) has drawn up an identity model for People of Color (as well as one for White Racial Identity as mentioned in the next section), however her first status, ‘Conformity’, (in which one’s own group is devalued in favour of allegiance to white standards of merit) feels less relevant for someone who is themselves half- or part-white.

Aligned to the idea of identity, ‘cultural homelessness’ (Vivero & Jenkins, 1999) describes particular existential challenges for those of mixed race, including ambiguous in-group and sociocultural identification, and potential attachment issues related to not having a cultural home. Therapeutic recommendations are made to explicitly identify and name the complex feelings around this ‘homelessness’ so that an identity can be formed. In addition, the stress caused by being of mixed race is less likely to be around biology and more around environmental factors (Mahtani, 2001). Given the fundamental nature of identity, what I am left wondering is whether these challenges around identity influence the therapeutic experience of hope for the mixed race South East Asian-White participant group.

2.10 White Racial Identity

Because of their part-white parentage, my chosen participant group may also have to deal with issues around ‘white’ identity: in addition, this area is of interest as the
majority of psychological therapists, and therefore the audience for this research, is also white.

White racial identity lurks relatively unexplored as it is assumed to be the ‘norm’ against which other races should be compared; and it is also assumed that the dominant group does not need to speak their name. The main function of ‘hybrid degeneracy ideology’ (Nakashima, 1992:p.166) is to keep the white race dominant, pure and in power; therefore, contrary to a widely held belief that it is only black people who carry an emotional burden around their racial identity, ‘whiteness’ too carries burdens and responsibilities and racial identity is as pertinent to white people as it is to anyone else (Tuckwell, 2002; Ryde, 2009, 2011).

Helms (1984) cited in Lago (2006) created a White Racial Consciousness Model, which suggests five stages of development: Contact (colour-blind), Disintegration (anxiety over irresolvable racial moral dilemmas), Reintegration (idealization of one’s social group whilst denigrating the other), Pseudo-independence (deceptive tolerance of the ‘other’) and Autonomy (informed positive views, ability to relinquish privileges of racism). She went on to develop this further (1995) by changing ‘stages’ to ‘statuses’ to imply the dynamic nature of the process of identity development and also added in the status of Immersion/Emersion (search for personal understanding of racism) that happens prior to Autonomy.

It seems that the main reason why ‘whiteness’ is often not discussed by psychological therapists when working with clients of a different race, is that several difficult emotions and experiences can arise in the intersubjective. These include: guilt, shame, defensiveness, judgement, physical withdrawal, a desire to please and an avoidance of the negative (Ryde, 2009, 2011).

It is understandable that difficult emotions might be avoided, however, Gushue and Constantine (2007) found that a more integrated white racial identity status in counselling and clinical psychology trainees was related to greater awareness of racism in general, rather than a colour-blind perspective. Therefore, I believe it is important for white psychological therapists to name and explore what race means for them, rather than denying their whiteness and related privilege – and also to recognise their right to engage in discussions around race (Sue et al, 2010). Dhillon-
Stevens (2012a) calls for the need for white trainee psychological therapists to explore what whiteness means for them and their client relationships. She warns that not doing so ‘has the potential to impact the therapeutic space, causing white therapists to lose grasp of the therapeutic process and their sense of self and professional role’ (p.59). Throughout history certain associations have been made with the words ‘white’ – notions of purity, goodness, holiness and honesty. Similarly ‘blackness’ or ‘darkness’ has been associated with death, evil, dirt and negative emotions (Dalal, 2002). The world has become colour-coded and the challenge is ‘how to name whiteness in a healthy way without reinforcing its hierarchical function in history and reifying it’ (Tuckwell, 2002:p.122).

With white identity clearly being an issue, I am left wondering what impact this has on the participant group in which I am interested – a group that straddles the ‘dark’ and ‘light’ sides.

**LITERATURE ON HOPE AND RACE**

### 2.11 Hope and Racial Difference

In his recent book, O’Hara (2013) cites Dufault and Martocchio’s dimensions of hope – cognitive, behavioural, affective, affiliative, temporal and contextual. The latter point is said to cover life stage based on age (e.g. the hope to have children or to find a partner) as well as our position in the hierarchy of needs (Maslow, 1954), for example our hope to have enough to eat versus our hope for a new home or a new job. In my opinion, however, what is missing from his section on context is the hope we have about our identity and our place in the world, including our racial and cultural experiences.

Although one could say that hope is common to all people, there are some arguments in favour of narrower studies based on racial and cultural difference. Tuckwell (2002) infers that the widespread global view of ‘white’ as a representation of purity, light and goodness compared to the evil and darkness of ‘black’ may impact the experience of hope in general for those in the racial minority. Williams (1996) documents the racialization of the Chinese in America in the 1830s, when the Chinese were seen as threatening to the white race in their savage and depraved
behaviours – an historical backdrop that is likely to still influence thoughts and views of such minorities.

Parse’s (1999) research across nine countries and four continents acknowledges the way that racial and cultural differences can affect our experiences of hope. In addition, Lopez et al (2000b) focus on Snyder’s Hope Theory when they say that cross-cultural research needs to be conducted to ascertain ethnic and racial differences - and Chang and Banks (2007) did just this. Whilst they cite Snyder’s (1995) previous suggestion that non-whites may have lower hope because of experiencing goal-related obstacles, the findings showed otherwise. Specifically it was also found that African Americans had strong pathways thinking; that Latinos reported greater agentic thinking; and that Asian Americans (ie South East and East Asians) were unlike other minority racial groups in that they were found to be more affected by implicit and explicit pressure to meet others’ expectations whilst also standing out as being motivated more by self-criticism than by self-enhancement.

The findings also suggest that for Asian Americans, specifically, positive affects and positive problem orientation have the greatest impact on agentic and pathways thinking. Whilst Chang and Banks (2007) admit that ‘there may be important nuances that distinguish the texture of hope across different racial/ethnic groups’ (p.100), their focus on Snyder’s tripartite model of hope means that they missed the potential richness of subjective experience.

Averill and Sundararajan (2004) put forward the theory that hope can be evaluated in terms of novelty (whether it reflects new solutions to a problem) and authenticity (if it reflects the individual’s values and interests). They suggest that Eastern cultures focus on authenticity and Western ones on novelty and put forward the idea that two types of hope exist based on these differences: hope as wishing (aligned to Eastern cultures) and hope as coping (aligned to the West). Finally, they say a third type of hope exists that bridges the two other types. Although I credit their acknowledgement of cultural differences, this paper was a theoretical analysis and was not based on individuals’ experiences. In addition, given the dominance of Buddhism in the East, the idea of ‘hope as wishing’ contradicts the Buddhist notion of trying not to attach to desires as mentioned earlier.
Although I have found limited research in this area, I believe it is not because there are no interesting qualitative differences in diverse experiences of hope: rather, given the lack of research into the multiracial group and a common tacit assumption that hope is homogenous, it seems this may be an area of crossover that has been overlooked.

2.12 Conclusions on the Literature

This review overall shows that hope runs as a thread – sometimes overt and sometimes subtle - throughout psychological therapies; however, even with diverse views, most research has focused on hope as an important factor for therapeutic change, has attempted to condense it into a theory or model or has created or used measures to quantify hope. This has strengthened my decision to take a different approach and explore the subjective experience of hope with curiosity and an open mind.

Hope research to date has looked at certain groups, such as Koreans suffering with schizophrenia (Noh, Choe & Yang, 2008), people with terminal illness (Lin & Bauer-Wu, 2003) and clients of Hope Therapists (Larsen & Stege, 2010a/b). Parse (1999) researched the structure of the lived experience of hope both with distinct groups (such as people suffering with leprosy) and the general public in a range of cultures; Perry, Taylor and Shaw (2007) conducted a phenomenological analysis of hope on people with first episode psychosis; and Smith (2007) on the experience of hope for recovering alcoholics. So, the subjective experience of hope has been researched; however it seems that there has yet to be a phenomenological analysis of hope in therapy from the client’s perspective nor research into clients of South East Asian-White mixed race.

In addition, most multiracial research to date in psychological therapies has focused on the White/Black group so there is a gap of knowledge about other multiracial groups (Pedrotti, Edwards & Lopez, 2008) or those who are of ‘dual minority mixes’ (Mahtani & Moreno, 2001). Edwards and Pedrotti (2008) performed a review of six major counselling journals (1806 to 2006) in America and found that there were 18 articles on multiracial issues (only 5 of which were qualitative). The majority were published in Cultural Diversity and Ethnic Minority Psychology, which, the authors
argue, may not even be read by the majority of psychological therapists. Furthermore multiracial research has focused predominantly on therapeutic outcomes, identity problems, issues of oppression and the matching of therapist and client: so there is a dearth of phenomenological studies that step into the realm of understanding the mixed race subjective experience.

This literature review was, in the main, a task of two halves and both areas of hope and multiracialism are, in their own right, fertile grounds to explore. As will become clear, there was a parallel risk that the whole project became a task of two halves - however I have ambitiously explored the intersection of these two experiences both in this literature review and beyond.

In terms of the individual writings, I was touched deeply by the collection of accounts in Chiawei O’Hern’s (1998) book about what it means to be mixed race. This was the first time I felt as if my experiences were shared or validated by others. On a professional level, I was impacted by Tuckwell’s (2002) book as I found this accessible and unthreatening in the initial stages of my explorations when I was becoming aware of my own vulnerabilities. As I delved further into my research, I saw that Tuckwell’s book barely addresses the mixed race experience, however her honest stance provided an overview of the main concepts and debates around race when they were new to me.
This chapter describes the methodology used in this research and provides the rationale for my choice. I also define and describe the sample population chosen for the study and explain recruitment strategies and techniques and the procedural steps of the research process. It has also been important to address limitations and criticisms of my chosen methodology and, critically, I also outline the steps taken to ensure the trustworthiness of the data and the ethical considerations. I finish with my personal reflections.

3.1 Rationale for a Qualitative Approach

It was clear from the outset of my research journey that the exploratory nature of this study would necessitate the use of a qualitative inductive research method instead of one that favours a ‘top-down’ information processing or deductive method: it has also been acknowledged that qualitative methodologies lend themselves to studying those of mixed race (Root, 1992). The number of measures for hope, as covered in the literature review, show that hope does not necessarily elude measurement – however I felt it was imperative that I use a non-positivist methodology in order to get as close as possible to the ‘embodied truth’ (Halling, 2010:p.131) of hope. Having had personal experience of the area that I am researching, my desire to get close to the experiences of a minority group therefore seemed compatible with an approach that honours individual experience, that avoids dehumanization (Wertz, 2005), as well as one that places value on the reflexivity of the subjective experience of the researcher.

Whilst qualitative methodology is always open to the accusation that it is ‘merely an account of the researchers’ opinion’ (Katz, 1996:p.184), I hoped that the ‘fresh, complex, rich description of the data’ (Finlay, 2009:p.x) would aid me in separating out the experiences of others, my biases and assumptions - and my own lived experience. In order to do justice to the multiplicity of experience, I also used a small sample size.

The constructivist paradigm that frames this research acknowledges the existence of multiple valid realities. This position also advocates a hermeneutical approach that
upholds the belief that meanings are hidden and therefore need to be elucidated through reflection. From an epistemological standing, I do not adhere to the notion of objective reality and believe that reality is socially constructed. My integrative framework incorporates an intersubjective approach and so it has been important for me to uphold the importance of the co-created client/therapist and participant/researcher dyads. Therefore the interaction between me, as researcher, and the participants would play a key role in the capture of the data. The ontological underpinning of my study is primarily constructivist in the view that reality is subjective and influenced by context (wider social context and that of researcher-participant) and individual experience. However, because of the nature of the study and its focus on a minority group. I cannot overlook the criticalist stance that acknowledges more explicitly how reality is shaped by ethnic, cultural, social, political and gender values.

Whilst the criticalist stance sits as a foundation to the piece alongside the constructivist, in that there is a social-historical context to issues around race as well as a framework of power relations, I do not aim to use this study as a ‘form of cultural or social criticism’ (Ponterotto, 2005:p.130). In addition, my aim has not been to use my biases to influence the research process. I realise that my biases and values exist and will come to talk about how I have acknowledged, described and ‘bracketed’ them as much as possible without trying to eliminate them.

3.2 Rationale for Interpretative Phenomenological Analysis

Because of the embodied nature of the research focus, I decided to take a phenomenological approach. Phenomenology refers to the study of phenomena (or the appearance of things) in order to clarify how the object world is humanly experienced and presents itself to our consciousness (Finlay, 2012). It is a philosophical system founded by Edmund Husserl that seeks to describe and understand lived experience rather than explain it. I decided not to focus on a traditional Husserlian form of phenomenology as this would have been at odds with my aim of focussing on in-depth descriptions of lived experience (Finlay, 2009).

Phenomenology incorporates an existential stance that focuses on the question of ‘being’ itself. In particular, I relate to Heidegger’s (1962) notion of being-in-the-world,
acknowledging that everything in the universe is connected and cannot be considered in isolation. In addition, it made sense to focus on a branch of phenomenology that is important when considering issues of ‘personal identity, meaning, choice, authenticity and relationship’ (Howard, 2000:p.328) all of which are fundamental within psychological therapies.

I considered several qualitative methodologies (detailed later) prior to choosing Interpretative Phenomenological Analysis (IPA). IPA takes the epistemological position that psychological inquiry should seek to understand how individuals experience and make sense of life events and acknowledges that both participant and researcher will make interpretations of experiences in order to do this. Thus this methodology has hopefully captured the complexities of the subjective experience of hope. IPA derives its theoretical roots from three major areas of philosophy: phenomenology (already covered), hermeneutics and idiography (Smith et al, 2009).

Hermeneutics is a philosophical endeavour, aligned with Heidegger’s view of phenomenology that is concerned with exploring the process of interpretation and the way our interpretations are shaped by our preconceptions and assumptions. It feels natural to me that interpretation is an inherent and inevitable element of ‘being-in-the-world’ (Finlay, 2009) and agree that it is not possible to access someone’s lifeworld directly or indeed understand phenomena without making interpretations (Eatough & Smith, 2006). This is evident in the double-hermeneutic (or hermeneutic circle) inherent in IPA, in which the researcher attempts to make sense of the participants’ sense-making (Smith, Flowers & Larkin 2009). I want to also highlight a second hermeneutic circle in which the researcher shifts between the hermeneutics of empathy and questioning, requiring different relational stances through the research process. In exploring different methodologies, this shifting felt intuitive to me and in line with my clinical practice, thereby making a more natural shift to the researcher-practitioner stance. With my personal investment in this subject matter, it has been especially important for me to make this shift and to step back from over-empathising with my participants to have the healthy scepticism of a proficient researcher, especially as Smith (2004) cited in Frost et al (2010) suggests that during analysis, empathic reading is likely to come first.
The final philosophical underpinning, *idiography*, stands in opposition to nomothetic approaches, highlighting the need to study individual experiences in detail: once gathered, these experiences can be compared and contrasted to discover divergence and convergence between them. For a minority participant group I feel that IPA is a sound choice due to this respect for subjective experiences.

IPA recognizes that the researcher’s own view of the world as well as the nature of the interaction between researcher and participant is implicated in the research (Willig, 2006). Bearing in mind the inevitability of the researcher’s role and influence in constructing meaning, it is important, in theory, when using this approach to bracket preconceptions as far as is possible, which seems to be an area of debate. Smith Flowers and Larkin (2009) clarify use of a circular form of bracketing that can only be ‘partially achieved’ (p.25) whereas Finlay (2009) is concerned that researchers who claim to ‘bracket’ whilst using a hermeneutic approach are ‘naive and confused’ (p.8). I decided to include myself as a participant in this research and will go on to explain my reasons in more depth: however, for the purpose of discussion on bracketing, the fact that I have offered my own data for analysis means that I have overtly broached this element of the methodology so accordingly I cover the ethical and procedural implications of this decision later in this section.

In making the choice of IPA, I considered using grounded theory (which is concerned with the development of theories and hypotheses) but I feel there are already a number of theories on hope and I want to bring hope to life rather than theorise about it. On practical note, I was also mindful that because of the minority group I have chosen there may be a limited supply of participants available for this research, which made IPA a better option, given its flexibility on smaller sample sizes. I also considered taking a narrative perspective (of which there are several), which doubtless would have been interesting in offering a view on how hope connects separate episodes in life to create a story that makes sense to us. However, even though there were experiences from outside therapy that affect experiences in therapy, I felt that IPA was more appropriate for focusing on the lived experience within therapy which is a more narrow focus than the broader experience of hope in life in general.
Finally, I considered using Heuristic Inquiry, HI, (Moustakas, 1990) a phenomenological approach, which brings to light not only the participants’ but also the researcher’s experiences and insights as it involves ‘self-search, self-dialogue and self-discovery’ (p.11). It could be argued that, given my ‘insider’ stance on the research area, this would have been an ideal methodology but I did not want my lived experience to be the main focus of the work. I find this an uncomfortable position and also felt that one of the key motivations for using myself as participant was to be alongside the other participants. I also noted that HI is known to be one of the less boundaried forms of research (Hiles, 2008) and, as a novice researcher I wanted a methodology that was structured, whilst meeting the needs of my research question.

Also when I considered HI, I found myself reflecting on the parallel process of ‘adapting’ to fit in with a preconceived notion of ‘normality’. I spent several months musing on this and one particularly poignant supervision session helped me to clarify my thoughts. I am very aware that when one belongs to a minority, there is often a temptation or expectation to adapt oneself to fit in with widely accepted norms and rather than replicate this behaviour in my desire to conform with research standards, I felt a strong pull to stand out and flex the original IPA methodology that I felt from the outset suited my research aim.

3.3 Using Myself as Participant

As I began to conduct my research, my own personal process continued to unfurl and after interviewing my first two participants, I found myself, ironically, feeling like the outsider – a familiar yet unwanted position. Just as I was finding my participants showing keen interest that there were other people ‘like them’, I wanted to be a more integral part of this research. I wrote in my journal:

'I’m envious that my participants get to tell their story: someone listens to them and they are included in something that feels important to tell the world. And I am the instrument of that, which in itself is a valuable role
but I want to be heard too. I want to share with this group, so as not to be 'me' and 'them' - but 'us'. December, 2012

Further reflection in supervision helped me to see that part of this research journey was for me to become more visible – not only as a worthy doctoral candidate but also as a person who had spent much of their life hiding their true identity. Part of my journey and process during my training has been about allowing myself to be seen – the vulnerable parts, the ugly, painful bits, my weaknesses as well as my strength and skills - the things that embarrass me and that have shamed me historically. I have been integrating and accepting all these parts, alongside the journey of integrating the racial and cultural experiences I have gathered along my life’s journey. Also, I did not want to be oppressed and be told 'You can't' as I was starting to realise how much both I and the group to which I belong have already been oppressed. I was excited and scared at the prospect of breaking new territory and once I made the decision to include myself in the study, I wondered, how I could do this legitimately and seamlessly and without it seeming unethical or invalid.

Smith and Osborn (2003) promote IPA as a flexible framework that allows researchers to adapt the methodology to their particular research aims and this was reiterated by personal communication with both Jonathan Smith and Virginia Eatough. They separately endorsed my idea to include myself, as long as I made it obvious throughout my write-up, which data belonged to me, whilst acknowledging the challenges that would inevitably arise because of my choice.

3.4 Criticisms and Limitations of IPA

Criticisms that can be attributed to IPA or to any phenomenological approach include the high level of subjectivity of the method. In response to the issue of subjectivity, aside from my own input, which is clearly subjective, when interviewing and analysing participant data, I have attempted to be reflective and open about potential biases. As I could relate to my participants, it was at first challenging to bracket my personal experiences (Cresswell, 1997) so I needed to continually reflect on the process. This was facilitated by my reflective journal, which also helped make transparent the interpretative process (Brocki & Wearden, 2006). However, overall I
do not feel it is appropriate to argue against this criticism as I have intentionally chosen a piece of research that is highly subjective. I do not believe that this limits its appeal or relevance. I think much can be learned from the individual experiences of others – in this case not only about racial difference but also about the wider impact of subtle, often unseen, differences. By holding this view, I also go some way to counter another criticism of IPA – that due to the idiographic nature of IPA, the findings are less generalizable than other methodologies. My aim is to produce a piece that inspires increased awareness of personal experience - not profess to assume what that experience is. (Section 3.7 on Trustworthiness further addresses some of these limitations.)

Finally I had to rely on participants having accurate memories of their experiences as well the ability to put these experiences into words. In IPA there is an assumption of an association between what the participant says and what they think. It is acknowledged that this assumption could be problematic in certain situations, as highlighted by Dallos & Vetere, (2005) who suggest that IPA: ‘assumes that participants are aware and able to reflect on their experience, which may not be justified in some cases, for example, where participants have experienced events that they are ashamed of or if they are not verbally able’ (p.74). I had to bear this in mind as I could not even assume that trainee psychological therapists would be able to accurately articulate and reflect their experiences – however this limitation would apply to many methodologies.

Based on these considerations, I believe that by using IPA for this study, I have added a valuable view to the existing research and offer the most useful information to professionals for their ongoing growth and evolution of practice. Before I go on to explain the research design, I wish to address the overt issues that have arisen from my decision to incorporate myself as a participant.

3.5 Criticisms and Limitations of Using Myself as Participant

The most obvious area of potential criticism is that of my researcher bias. Ponterotto (2005) warns in general about the potential danger within constructivist and critical theory approaches for the researcher to become enmeshed with the participants. Accordingly I had to keep an eye on this. When I received the analysis on the first
interview from my ‘critical research partner’, I realised how some of my coding had been led by my own experiences. I wrote in my journal:

'I realise that by being an ‘insider’ to the subject, I have a filter, which she, as a fully white researcher, does not have and some of my language and labelling of themes has displayed a bit of bias. Eg ’onus on client to initiate discussions on race’ versus ‘client initiates discussions...’ June 2013

To deal with my biases and values, I have been open about my experiences by becoming a participant, thereby staying within a constructivist paradigm, albeit unconventionally and to an extreme position. My reflective research journal and the content of my own interview have made my own material and stance very clear to the reader. Whilst it is always the case with IPA, it was particularly important to note differences between my experiences and those of the participants rather than simply look for similarities: because the pull for me to take part in the research was in part to stand alongside my participants, I could not assume similarity in experience. Along these lines, I had to ensure I probed in the interviews to get to the level of detail of the participants’ experiences that would not allow me to make assumptions.

Giorgi (1994) cited in Finlay (2009) argues against the researcher placing too much emphasis on their own relationship to the research, especially if the goal is to further their own growth – what Finlay (2009) refers to as ‘falling prey to navel gazing’ (p.8). I would argue that any passionate researcher should further their own growth through the research process whilst getting the balance right between reflection and indulgence. I continued my personal therapy throughout this process to allow me a place to work through my own material, thereby hopefully keeping any self-development within relevant boundaries. In addition, during the analysis and write up, I was careful to balance my attention between all the participants’ accounts.

Finally, I am expecting to be asked whether there was a point to me including myself, as some may see it as a purely self-gratifying, indulgent pursuit. For me, the key was to address in the research design a parallel process that I suspected might emerge
in the data. Because I belong to this group - a group that has been kept on the margins through a well-established doctrine of oppression – I wanted to place myself in the centre of the research but not as a lone figure, rather as a part of a group to which I belong and with whom I have shared experiences. This has felt important in honouring others’ participation as well as standing in solidarity. I hope that by stepping out of boundaries of what is considered the ‘normal’ IPA methodology, my research will be memorable through its creativity (Finlay, 2009).

3.6 Research Design

The study uses semi-structured interviews with a fairly homogenous sample of trainee psychological therapists in order to gather the data and Interpretative Phenomenological Analysis (IPA) to analyse the data. Whilst I was in the process of having my study approved by Metanoia Institute and Middlesex University, I undertook some early exploration of my topic by informally interviewing colleagues about hope: they did not belong to the particular racial group in this research but this process allowed me to mould my initial interview questions.

3.6.1 Sampling and Participants

I aimed to recruit five trainee psychological therapists. I chose this group as I felt that they would more likely be supported should issues arise in the research process (through supervision, ongoing therapy and their course). I also thought that it would be easier to target the specific group via this network. I was aware of the potential difficulty in finding suitable participants due to the specific criteria (Root, 1992). Because of the breadth and depth of the issues I was exploring I chose a small sample so I could do justice to the richness of the experiences rather than collect more superficial data from a greater number of participants. I was mindful that I would possibly need to increase this number should the data not be rich enough, or if participants withdrew. Participants were not excluded on the basis of age, gender, socio-economic status or physical disability and were recruited using purposive criteria-based sampling.

The criteria were:
i) Self-identify as South East Asian-White mixed race

ii) Be a trainee on a registered psychotherapy/psychology training (or have completed training in the previous 6 months)

iii) Have been in weekly therapy for at least 1 year with the same qualified therapist (or have ended such a relationship in the previous 6 months)

iv) Have sufficient support systems in place

v) Not be currently in crisis eg recent bereavement or diagnosis of a mental health condition or terminal illness

I did not specify the race of the participants' therapist as I was not looking specifically at racial matching or mismatching; however I acknowledged that this information would possibly emerge from the data. Based on all of this, I recruited four participants - and with me, I had a total of five.

3.6.2 Recruitment Methods

Participants were recruited using an advertisement (Appendix 1) that was posted in a number of relevant training institutes (57 in total) around the United Kingdom. I gained permission to do this by calling and or emailing the appropriate contacts who, due to the geographic spread of my campaign, printed off and posted the advert on my behalf. In some instances (<10) the course tutors also agreed to email a request on my behalf. I also posted advertisements in Therapy Today and on the Counselling Psychologist website and sent out mailings via email to the members of the UKCP Support Group for Minority Ethnic Therapists as well as the Black and Asian Therapists' Network. 3 of my participants emailed me directly and 1 contacted me via a colleague. In addition, I had 4 emails from interested parties who had misinterpreted the criteria and who were all of mixed South Asian (Indian/Pakistani)/White descent. Also I had to exclude another potential participant on the grounds that we had a personal relationship.

I sent those who matched the criteria the Participant Information Sheet (Appendix 3) and asked them to carefully consider whether they still wished to participate. All 4 agreed and we organised a mutually convenient time and location for the interview. All participants were female and ranged from Year 1 to Year 6 of part-time training courses, all based in London. 1 was undertaking a Doctorate in Counselling
Psychology (similar to my course) and the other 3 were studying towards a Masters in Integrative Psychotherapy. Their racial mixes were:

<table>
<thead>
<tr>
<th>Participant</th>
<th>Racial self-descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant 1: Lara</td>
<td>South East Asian – White (did not wish to disclose the specifics)</td>
</tr>
<tr>
<td>Participant 2: Kim</td>
<td>Thai Chinese - English</td>
</tr>
<tr>
<td>Participant 3: Angela</td>
<td>Malaysian Chinese – English</td>
</tr>
<tr>
<td>Participant 4: Norina</td>
<td>Thai – Irish</td>
</tr>
<tr>
<td>Myself:</td>
<td>Chinese – Welsh</td>
</tr>
</tbody>
</table>

3.6.3 Data Collection

Before each interview began, I went through the Consent Form (Appendix 4) with the participant and we both signed two copies – retaining one copy each. I used a semi-structured interview schedule with which I had become very familiar and which therefore was more of a guide than a crutch (Appendix 5). Interviews were recorded using a dictaphone, again with participants’ permission and I also made some brief notes to help alert me to fruitful areas to which to return at an appropriate stage in the conversation. This allowed me to stay present with the participant rather than interrupt them to follow up on potentially rich areas of data.

The interviews started with broad questions and then, taking the participants’ lead, I used potential follow-up questions to probe their responses and the details of their experiences which then helped me bracket my own ‘pre-existing concerns, hunches and theoretical hobby horses’ (Smith, Flowers & Larkin, 2009:p. 64). Sometimes the questions were asked out of sequence if it was appropriate for me to follow leads and encourage participants to develop their own narratives.

The four interviews were conducted over 24 months. This prolonged period was due to the time it took to find participants who matched the inclusion criteria. Although at times I felt impatient to progress, I was grateful for the reflective space this allowed me.
My Own Data

Through a senior member of the IPA research team at Birkbeck University, I was introduced to an experienced researcher who agreed to interview me. We spoke on the phone to ascertain the situation and clarify any initial queries. I then sent her a copy of my research proposal (approved by the Metanoia/Middlesex Ethics Committee), the interview schedule and one completed interview transcript (pre-analysis). We arranged a mutually convenient time and location for the interview, prior to which she familiarised herself with the material. This interview was also recorded in accordance with the others.

3.6.4 Data Analysis

The stages of analysis (Smith et al, 2009) I used were:

1. Transcription, reading and re-reading
   I transcribed verbatim the interview in a table within a Word document, including my questions/comments – and I numbered the lines of the transcript. I found that this process in itself was transformative, especially in one case where I felt the interview had elucidated little data: for me, what could have been seen as a mundane step in the process was exciting and it felt like the research was starting to breathe on its own. I then read and re-read the transcript to ensure full familiarity as well as repeatedly listening to the original recording to ensure correct transcription and multi-modal immersion. I chose to do the majority of my analysis by computer as I felt this helped contain the data for me, especially at times when the volume could have been overwhelming.

2. Initial Notes
   I used the right-hand column to make initial notes (see Appendices 10/11 for samples) based on Smith et al’s suggestion to make this a free textual analysis: descriptive notes on the content; linguistic comments (including pauses, repetition, laughter, tone, hesitancy etc); and conceptual comments which allowed me to being the process of interpretation.
3. Develop emergent themes
I used the transcript and above notes to inform my emergent themes – thus beginning the process of reducing down the mass of data. For my own audit trail, I kept a track of the line number and quotation that backed up my rationale for a theme. This was done within a table (see Appendix 7).

4. Creating super-ordinate and sub-ordinate themes by searching for connections across themes
I started to cluster the themes – at first keeping this broad before deciding whether I wanted to discard any themes if they were not relevant to my research aim. I kept these discarded themes in a separate document in case anything would justify later their inclusion.

5. Check back to original transcript/notes.
Whilst I stayed true to the interpretative endeavour, to ensure I had stayed close to the data, at this point I returned to the original transcript and notes.

6. Repeat stages 1-5 for the next interview
The process was repeated for each participant, bracketing, as much as possible, what had gone before to keep in line with the foundation of idiography. I did not move on the second interview until my first transcript and emergent themes had been reviewed by my supervisor and a colleague: my supervisor reviewed the themes I had put together whereas my colleague gave her own thoughts on the blank transcript. This allowed me to benefit from two different views of my approach and themes.

7. Look for patterns across all participants
Once all the interviews were analysed, I set about looking for patterns and convergences across them – using polarisation, abstraction and subsumption. I wrote each potential theme on a post-it note and spent time configuring the themes, which I then transferred to a document. I was left with a large document of sub-themes within super-ordinate themes and because of the earlier system of keeping quotes, I was easily able to link these to the appropriate participant words (See Appendix 9). This helped me to choose the most pertinent quotations to include in my write-up.
With regards to my own interview that had been conducted by an independent researcher, I completed these steps as above but returned to the process of external validation in step 6, which I had not done with the other four participants and which served as a form of triangulation.

It was important to move back and forth between the stages over a long period of time, which allowed me to step back from my initial thoughts, develop themes and gain new insights. Some of the analysis process continued into the writing up stage, which gave yet another opportunity to move backwards and forwards between the research stages.

3.7 Trustworthiness

In order to ensure the highest level of trustworthiness throughout the research process, I followed Yardley’s (2000) criteria:

Sensitivity to Context

It was important for me to do a thorough literature review on both hope and the mixed race experience to do justice to the work that preceded this study as well as my own research questions. I also read around qualitative methods and IPA to show a clear understanding of the methodological landscape and to justify my choice.

In terms of socio-cultural context, whilst I could be seen to be ‘the same’ as my participants, it was important for me to be aware of the differences between us – the variety of racial and cultural experiences and how these might impact the data.

Finally, at the levels of the interview and analysis, I tried to stay present to the conversations and transcripts when I was analysing and the use of verbatim extracts ensured I stayed close to context whilst employing interpretative skills.

Commitment and Rigour

I was committed to this study from the outset – not only for personal reasons but also because I was mindful of respecting the time and emotional energy that the participants had invested in assisting me. I wanted to honour their part by being
rigorous in my analysis, following up with them when promised and being open about the research process. I was also rigorous in terms of the purity of my sampling and the detailed level of analysis.

Transparency and Coherence

As a former financial auditor it has always been important to me to be transparent about processes and it felt natural to keep a clear audit trail that allows anyone to follow my evidence back to the original source as well as my thinking throughout the interpretation stage. The coherence of my thinking was also validated throughout the process through review by my supervisor, colleague and independent researcher.

My reflective journal has helped me greatly to be aware of my own processes such that I can share them in this study. In particular, by losing myself in the act of ‘free writing’ I have been able to articulate my own parallel processes, which I feel have been critical in making this research relevant, engaging and valid.

Impact and Importance

I believe this element of trustworthiness began with the highlighting of hope and multiracial issues as important to the participant group. Not only is the content of this research of importance to the professions of counselling psychology and psychotherapy but I also feel that by adapting IPA in a way that has not previously been done, I might influence this prominent methodology by introducing the new element of taking a more personal and integrated approach.

I also chose to take guidance from Cresswell’s (2009) trustworthiness strategies, which I found to be more ‘micro’ recommendations, thereby complementing Yardley’s (2000) ‘macro’ guidelines. The following points were taken into consideration:

**Use member checking:** I sent sections of the Findings chapter so the participants could see how their material sat with that of other participants within the greater whole.
**Use rich thick description in findings section:** I tried to achieve this by probing where appropriate key areas during interviews to get a deep description of experiences.

**Clarify researcher bias:** by including myself as participant and also by keeping and sharing sections of my reflective journal, I have clearly stated how my experiences locate me within the subject.

**Present negative information that runs counter main themes:** this fully acknowledges the lived experience of the individuals, showing that reality is made up of, at times, contradictory evidence (Yardley, 2000)

**Spend prolonged time in the field:** in my case, my ‘prolonged time’ was due to my own similar background to the participant, which gives me an understanding of the phenomenon. The negative implications of this are covered later.

**Use peer debriefing to enhance accuracy:** this has been achieved on multiple levels. A colleague has been my ‘critical research partner’ throughout this process and, alongside my supervisor, has offered an impartial and questioning approach to the study throughout its development and completion.

**Use an external auditor to review the entire project:** I have followed this in part through the review of an analysed transcript by my supervisor, a full ‘parallel’ analysis of my first interview by my research partner and a review of the analysis of my own transcript by the independent researcher who conducted the interview with me. The latter was not familiar with me, however my research partner was a colleague and friend so I acknowledge there was no full ‘objective assessment’ (p.192) as Cresswell (2009) recommends.

On balance, I feel that these two sets of trustworthiness strategies and recommendations have offered me sound and varied levels of opinion on how best to validate this research.
3.8 Ethical considerations

This study was approved at the proposal stage by the Metanoia Ethics Committee (letter included in Appendix 6) and it was conducted according to the ethical codes of the British Psychological Society (2011) and Metanoia Institute.

Confidentiality

Data was stored confidentially in secure computer files and hard copies of consent forms were kept in a secure safety box. Participants were told that the research may be published in the future and so all information would be anonymised. Pseudonyms have been used in writing–up the results and the storing of data. Participants were offered the opportunity to choose their own pseudonyms: two chose their own and two asked me to choose a name for them. I did not use participant names during the interview to protect their identities and I have blanked out identifying data of the participants and others they spoke about. One participant also requested that her South East Asian country of origin not be revealed as she felt it made her too identifiable: in this transcript I therefore refer to ‘X culture’.

Consent and Withdrawal

I obtained written and signed consent from the participants in accordance with the British Psychological Society’s Code of Conduct, Ethical Principles and Guidelines specific to research (2005) and also from Metanoia’s Ethics Board. Consent was seen and clarified as an ongoing rather than a one-off process and participants were clearly told and informed in the Participant Information Sheet (Appendix 3) that that they could withdraw at any point up to and including the final write-up.

Support

As well as being potentially exciting and enlivening, I was mindful of the risk that the research process could be unsettling for participants, evoking emotions such as confusion, loss, guilt, shame, anger. Hence I made the decision to use a trainee psychological therapist participant group, in part, because of the support they would have in place around their course, supervision and ongoing therapy – as well as their
own developed resilience, which meant they would be likely to be more psychically robust than a non-trainee group.

I realised that the participants’ therapy may have been ongoing (in three cases it was) with the therapists about whom they chose to talk in the research interview. I did not foresee a problem if unprocessed issues were raised, however, as I believed that the highlighting of such issues have been transformational to their personal therapy journey.

However, because of my responsibility to the participants, I emailed each one after the interview to debrief their experiences with their consent. They also agreed to answer any follow-up questions. Every participant voiced that the nature of the material was such that they felt they might well have later reflections. One participant emailed me several months after her interview to tell me about a book she felt would interest me in relation to hope, which confirmed the nature of collaboration that I had hoped to achieve with my participants. I also contacted them when I sent the final research piece that incorporated their material with that of other participants in order that they may validate their input. Although in place primarily for other reasons, these contact points gave me the chance to check on how the participants were feeling after the interview.

Also, I acknowledged my own need for support whilst being mindful that research is not a substitute for therapy even if it can be therapeutic (Etherington, 2004). I am still on my own journey around hope and multiracialism and so I used my reflective journal regularly as well as ongoing research supervision and personal therapy to ensure I had safe spaces to continue my own process and to be able to recognise the impact of this on my research study.

3.9 Personal Reflexivity on the Process

Initial Assumptions

Looking back, my personal experience of therapy had at times made me feel unseen, misunderstood and hopeless. This was due to a lack of racial validation and a seeming discomfort on my therapist’s part to engage in discussions about race.
Hope, however, prevailed when my therapist actively engaged with (and sometimes led) the creation of a safe space where we could explore together what it means to belong to an often-overlooked minority racial group. Because my experiences were clear to me, it seemed logical to make them overt in the data by including myself as participant.

Choice of Sample

Although there is little research into those who are of South East Asian–White mixed race, Standen (1996), himself of Korean-white origin, claims that there needs to be research into specific ‘ethnic group out-marriage’. Root (1992) warns that recruiting participants from multiracial groups often leads to selective sampling techniques but this is what this study needed. In addition, by selecting a sample of those who are of South East Asian-White mixed race, some would therefore argue that there is too much diversity of experiences. Whilst I accept that, on deeper probing, there may have emerged significant differences between the participants, I believe that the themes that have arisen in this process show areas of commonality. I also feel that the findings are relevant to a broader group of people who all have experience of being ‘unseen’ and whose racial mix is difficult to categorize. Hopefully, therefore, regardless of the participant group, this study will spark the interest of a wider audience.

Self as Participant

As already highlighted, another key area where my reflexivity has been critical is in the inclusion of myself as participant. Whilst an important element of IPA is that the data is created as a result of collaboration between the researcher/interviewer and participant, I have had to be very careful to extract my own views and input where appropriate and ensure my interpretations were made from a distance.

Song and Parker (1995) have looked at commonality and difference in in-depth research interviewing and they suggest more attention be given to assumptions that interviewees may make about the researcher’s cultural and racial identity as they may withhold or disclose certain information depending on feelings towards the researcher. I feel that it was clear to my participants that I belonged to the same
broad racial mix as them and I sensed this allowed them to open up and feel accepted from early on in the interview. This ‘knowing we were similar’ could have been because of a phenomenon that is acknowledged by those who are mixed race whereby one gets a “nondescript” feeling’ (Standen, 1996:p.256) about being similar to others. However, my aim was to clarify that I was interested in their experience and there was never any intimation that I assumed to know their experience. I believe that this was partly because of the pool from which I chose my sample (ie psychological therapy trainees) as well as the fact that it was unlikely that we had exactly the same mixed parentage, which was true.

From early on in the process, I felt that the research would not be complete for me without the inclusion of my own narrative. Despite the challenges along the way and the undoubted questioning I face, I do not regret the decision to take a more inclusive role in this study. It has been important for me to incorporate myself and be visible as a member of the participant group and I believe it adds richness to the data, which takes one step further the idea of personal reflexivity. Whilst this is not a piece of action research, I can relate to Humphrey’s (2007) advice on taking charge of the hyphen between the notions of insider-outsider, and/or researcher-participant. Rather than allow myself to be pulled or pushed along the continuum, thereby losing sense of identity in the piece and the process, I have been mindful to appreciate my unique position in becoming the hyphen itself and holding the tension between attaching myself to the two worlds whilst ‘cultivating a sense of non-attachment which allows for critical and creative growth’ (p.23).

I hope that when my participants read the research (as I have offered and some have requested) they will see that I was not objectifying them as 'subjects' - rather exploring their experiences alongside them whilst exploring my own. I also hope to open the way to other people using IPA in this way, should it be deemed successful as this self-inclusion can hopefully allow those who share in an experience close to them to analyse, share, and explore the findings in a more integrated way.

In relation to my own interview, at the end of it the independent researcher and I reflected on the impact of her being white. She said she had been aware of this during the interview and I wonder if this led her to tread carefully to avoid falling into a power dynamic. When I reviewed the transcript, there was less focus on the mixed
race experience than in the other four interviews, which suggested that the co-created experience was inevitably different with a mis-matched researcher-participant dyad than it had been with matched dyads. The use of the independent researcher has potentially tipped the balance in favour of trustworthiness at the expense of consistency.

Analysis and Interpretation

Early on in my first analysis, whilst excited by my progress, I found myself feeling slightly uncomfortable with the process of distilling the participants’ experience. Whilst the distillation process was producing rich data, I felt ‘positively disloyal’ (Gee, 2011:p.18) due to my concern that I was objectifying the individual’s words and limiting their experience, which felt disrespectful – even though I had made it clear to all participants that this was the process I would be undertaking. I wrote in my research journal

'I feel some barrier to putting my participant’s experience into ‘cubes’ of data for me to analyse and also of interpreting her experience. Who am I to interpret what she has so willingly and bravely shared with me?' August, 2013

I was reticent because I could see myself, in some way, mirroring the experience of boxing in or fragmenting precious, personal experiences. To overcome this discomfort, I found it useful to think of the importance of the research and my motivation to highlight the experience of hope that is otherwise often taken for granted – as well as the particular experiences of an often hidden group. I also took comfort in supervision and Smith, Flowers and Larkins’ (2009) words: ‘at each stage the analysis does indeed take you away from the participant and includes more of you. However, ‘the you’ is closely involved with the lived experience of the participant – and the resulting analysis will be a product of both of your collaborative efforts’ (p.91). I also reminded myself that my participants had taken responsibility for themselves when they agreed to take part and that they were neither vulnerable nor coerced in any way. Finally, I recalled several participants’ comments that it had been interesting to reflect on hope and that they would go on to think about this more
in the future. I received feedback such as ‘it’s been really interesting...’, ‘I’m really into multi-race...’ and one participant asked me for further reading as she realised how much more she wanted to explore the area after our time together.

I held on to my belief that the process would be valuable for the participants as it allowed them to digest further important elements of their therapeutic and life experiences. Whilst clearly not the same as personal therapy, I likened this process to the therapeutic skill of reflecting back to a client their experience and, if appropriate, shedding a different light on it which is so often valuable within the therapeutic dyad. By seeing my research in this way, I was able to reframe what had initially felt like a dishonouring of and potential intrusion into personal material as an honouring of these experiences.

In addition, when she reviewed my initial analysis of my own transcript, the independent researcher commented that I was on the right tracks but that my analysis lacked the detail I had achieved in other interviews. This observation had been lurking just outside my own awareness and on reflection, I was able to see that this reticence to immerse myself in my own data was due to the slight discomfort I still had about using myself as participant. It felt narcissistic and uncomfortable but I had to reframe this as essential to the research process: without a similar depth of analysis, I would be unable to justify the inclusion of my data.
Chapter 4: FINDINGS

As I had hoped, a large amount of data was generated from the interviews. I analysed the data as described in the previous chapter and this chapter details these findings. For each interview, categories emerged and these were integrated across the interviews to create themes, which I divided into superordinate and subordinate themes (Table 1 overleaf).

As I present these findings, it will become apparent that there were areas of similarity and difference between the experiences of each participant. Because of the sheer volume of data, I have selected a sample of extracts to illustrate the key areas, including those which were particularly poignant or which were contradictory to the majority. Interspersed throughout are certain extracts from my own interview, which similarly either chime with or stand in contrast to the majority. I have also drawn out a table that shows which themes presented for each participant (Appendix 8).

I acknowledge that there will have been alternative ways for me to cluster the themes, however, after several iterations and a lot of reflecting, I feel that the themes I have chosen best represent the findings. Although this ordering is required and makes the data more manageable to present, there are areas of crossover between some of the themes.

In presenting these findings, I have used the following annotations:

- Participant quotes in 'italics'
- Prosodic comments in (...) and 'italics' eg (laughs)
- Substitutions to aid comprehension eg [my therapist] instead of [she]
- ‘...’ to show that the quote starts mid-sentence or to clarify where a section of text has been excluded as irrelevant
- extracts from my reflective journal in a handwriting font eg ‘reflective journal’
- my own interview data appears in text boxes so as to allow the reader to follow this line of reflection clearly
In addition, I use the term ‘therapist’ hereon in rather than ‘psychological therapist’ as this was the word used by all the participants.

Table 1 Master Table of Themes

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4.1 The Paradoxical Experience of Hope

This theme illustrates the definitions of hope as given through accounts of the lived experience. Two broad themes emerged which I have classed as subordinate themes: ‘Doing’ qualities of hope and ‘Being with’ qualities of hope.

4.1.1 ‘Doing’ Qualities of Hope

I have chosen this subordinate theme of ‘doing’ qualities as all of the participants said that when feeling hopeful, they were drawn to take action, to change, or that
they felt energized or came unstuck from challenges they were facing. It also seemed that change and hope had a reciprocal relationship.

The person for whom change seemed to be most poignant was Angela, who said ‘when I’m sitting here and I’m aware I’m feeling hopeful, it’s always around change – it’s always around ‘I can, I can do this.’’ This highlights the idea of self-efficacy around being able to change, which, for Norina, was even clearer in terms of action: ‘(hope) kind of gives you the tools to deal with your issues but you have to kind of accept them, learn to deal with them and move on.’ For Kim it was about ‘hoping that something can progress or get better… something to do with a different direction.’

Aligned to the notion of change, Lara spoke about hope as ‘a wanting or hoping that, you know, an event of situation will turn out for its best.’

When talking about experiences in the therapy room that had made them feel hopeful, the participants were drawn to describe energizing experiences. Lara said ‘it just gives me a buzz, and… just high energy’ as well as acknowledging that the energy was not just inside her but also between her and her therapist: ‘There’ll be a different kind of energy in the room, which can be refreshing or grounding.’ For Angela, the focus on energy was around a feeling that the future was going to get better: ‘When I have hope, I believe that good things are going to happen. I feel like it is worth striving for those good things because they will happen. It gives me a little extra energy, makes things worth the effort.’

Kim located the energy in her whole body whilst describing it as being ‘a sort of unknown energy’, which I took to mean that it was hard to describe. The experience of hope as being energizing was not just restricted to the therapy room for her either: having recently discovered the practice of chanting, Kim was able to describe the hope that she got from the group practice as ‘something quite powerful… I guess it’s like singing in a way – you can feel the vibrations in your chest and you’re creating a sound and rhythm.’ The use of ‘you’ by Kim distanced her from the practice, which I interpreted as self-consciousness. Lara’s growing mindfulness practice, which she experienced in her therapy, wider life and her own client work was aligned to being hopeful: ‘It gives me great hope and I love it! And it gives me (laughs) a great kick.’
Not only was hope aligned to change and energy, but it was also seen as a way of overcoming stuckness. Lara saw hope as being ‘a way out of the rut, the rut I was stuck in before’ when she gave an example of a relationship problem. She also spoke of hope helping her overcome obstacles: ‘I will manage to get past them or jump – get through the hurdles.’ Alongside the metaphors of ruts and hurdles, Angela spoke of a black hole of stuckness, saying, ‘I think hope, in the metaphor of the black hole, hope is like someone putting down a rope ladder. It’s like someone holding their hand out to me ie my therapist.’ This highlights the idea of hope being related to another person, which I will come on to later.

Kim felt that ‘when I’ve felt hopeful has been when... I’ve been able to, or when I’ve felt, at least, something about not feeling as blocked as usual’ and this, for her, was mainly down to her experiences in therapy where she was struggling to connect with her therapist.

When asked in my own interview, the analogy I used was around computers running slowly. This was in relation to a stuck relationship pattern with my mother: ‘the computer works slowly... and then suddenly you delete all those files and suddenly you think my computer’s working a lot faster..’ I also had a feeling of being driven in a particular direction: ‘there was definitely something about direction in terms of going from being stuck to thinking ‘I can get on with the rest of my life now’ and that, that was very hopeful I think.’

This idea of doing and action came up early in the interviews and I noted this later as being the most accessible and ‘expected’ concept around hope.
4.1.2 ‘Being With’ Qualities of Hope

In contrast to the active and energizing ‘doing’ theme of hope, the participants all had experiences of feeling release, expansion and lightness when they felt hopeful. Rather than striving for change, feeling motivated or struggling against hurdles, this subordinate theme showed that when feeling hopeful, participants felt as if they could take their foot off the gas and simply ‘be with’ their experience. They did not have to do anything other than notice what was happening for them. In turn, ‘being with’ led to feelings of hope too.

The release experienced around hope brought a lightness in both the sense of a lifting or lightening of weight as well as a lighting up, or moment of insight. Norina had been dealing with a difficult friend who was taking advantage of her and she had found it hard to say ‘no’. In therapy she was able to work out that she was playing a role in the interaction and had the power to change the way in which they related. For her, this insight was ‘just like a light bulb goes off in your mind’ as suddenly there was hope that she could change the situation. I noted that Norina used the third person more than the other participants, which had the effect of distancing her from her experiences.

Angela described her experience of hope as a ‘feeling of light and lifting – both mentally and physically. It is something I reach for. Sometimes it is like a big ray of light and sometimes it is a small pin prick of light – it depends how hopeful I am at the time.’ Given her metaphor of the black hole she gets in when she is stuck, Angela also attributed the light to her therapist: ‘my therapist really does feel like the one – or has felt like the one, the one shining that light that makes you feel like it’s worth continuing. Because that’s what hope gives you, I think, I visualize hope in that way.’ I will come on to expand on other therapist qualities that engender hope but Angela was the only participant who spoke of light in relation to her therapist in particular.

Lara similarly said that hope and insight was like ‘the light bulb going off… or the light bulb shining on top of my head’ coupled with a ‘feeling of lightness within my upper body, my chest’, which she showed me during the interview by lifting her chest to a more alert state of posture.
Related to lightness was an experience of expansion and spaciousness – similar to the feeling of lightness but it was more about clarity of thought. Lara said ‘[I] felt like my mind was less clouded, um, less emotionally clouded and I just felt I could see things more clearly... something being lifted within or inside of me.’ The release, for Norina, was related to emotional release in therapy in that she said she felt more hopeful when she had ‘revealed’ her feelings. She said ‘I suppose I get angry or annoyed or upset in therapy – it was kind of a release.’

Lara also spoke of a physical shift: ‘My breathing was, you know, less restricted... ahh (sighs and lowers shoulders) it was almost like a sigh of relief in a sense.’ Norina echoed this: ‘Physically I felt as if weight lifted off my shoulders and more relaxed around shoulders not as tight’. For Norina, there was also a related experience of feeling free. She said ‘freedom and hope are interlinked as the more freer you are from negative emotions and experiences, the more it gives you hope for the future and to live life as you wish.’ This view of freedom was related to the feelings of guilt she felt from not doing the right thing – something that may have been related to her Irish Catholic upbringing, which quashed her hope.

In my own interview, the expansion was explained in a physical metaphor of ‘putting down a really heavy bag that you forgot you were carrying’ as well as an overall sense of ‘softening, loosening, not resisting, not fighting’ which I went on to reflect was ‘counterintuitive’ as it required me to ‘open and accept.’

The related ideas of hope and acceptance were echoed by Norina who felt that ‘if you kind of accept whatever issues you’re going through then you can find a way to
deal with them. But you have to find a way to accept them first I think, you know. And then I think that would give you hope then in leading a fulfilling life.’ For Norina, this experience had also been in relation to a difficult relationship – and her learning to acknowledge her role in the dynamic.

Most of the data so far has been about the release that came about as a result of hope. The idea that hope comes about when we are present and open was raised by Lara’s views of hope and her reflections about where they come from. ‘I’ve grown up from a young age in terms of a Buddhist sense of hope’ although she went on to say that her real interest in Buddhism came from her own explorations later in life. Although she did not speak about Buddhism as explicitly as Lara, Kim said ‘I feel hopeful generally when I feel connected and present’ showing with the alignment with the idea of being. Her chanting practice, which is a part of her exploration of Mahayana Buddhism, made Kim feel more present to her feelings as she was ‘taking the time out of each day to sort of just notice everything... to be more in touch with those positive feelings as well as the more difficult feelings...’ Although this school of Buddhism is found most commonly in Northern Asian countries, Kim felt that her practice served the dual purpose of putting her more in touch with the Thai culture. She said that this changed her ‘levels of hopefulness’.

Angela did not mention specifically that she practised a form of Buddhism but she did say that ‘Buddhism is the most hopeful religion... in the sense that it’s about reaching self-enlightenment’. She sent on to speak about her family:

‘...my family are absolutely practising Buddhists so, um we always, we always light incense for Buddha at the end of the evening, we go to temple, there’s a shrine to Buddha. You know, it really is a very Buddhist family, so... that definitely feels like part of, um. it feels like part of my matrix, my religious matrix.’

I wondered if one of the reasons Angela was not practising herself was because she was drawing on influences from her parents’ background (Christianity and Buddhism) as well as Islam through her recent marriage, which she acknowledged as being ‘difficult’. However, she had felt compelled in the interview, and without prompting, to speak of these Buddhist practices.
Having grown up in Ireland and being brought up Catholic, Norina said she would choose Buddhism (her mother’s religion) over Catholicism, which she blamed, in part, for her over-bearing feeling of guilt. She said her mother had ‘statues of Buddha’ all over the house and said that she was also drawn to the slower culture in Thailand, where people seemed to be more ‘self-content’. Without speaking explicitly about the act of being present, I wondered whether her mother’s Buddhist roots had influenced her to see that these practices can ‘augment the hope if you open to and accept who you are.’

Related to these explicit mentions of Buddhism, when I gave my example of the time I had felt hopeful and light in therapy I noted that my experience of hope had not lasted. I wondered in the interview what might have caused the shift in my relationship with my mother at the time. The only thing I could deduce was that I had started doing mindfulness work and ‘it seemed to be at the peak of me embracing the attitude of ‘what is, is’” and I was also ‘softening, loosening, not resisting, not fighting’ my experience, which was something totally new to me and which I associate with the ability to ‘be with’ rather than to ‘act on’.

4.1.3 Hope as both Positive and Negative

Lara raised the ‘conflict in terms of the Buddhist thinking and definition of hope versus the Western concept of hope’. She was the only participant who spoke of the potential shadow side of hope as desire but it felt sufficiently pertinent to include. She said: ‘you desire something, which sets up, sets us up for suffering, suffering in terms of, you know, Buddhism… so if you hope you’ll be inevitably disappointed if your hopes aren’t fulfilled’. She spoke of ‘being so attached, you’re consumed by hope’ which added a depth to the experience which is acknowledged in Buddhist philosophy and mindfulness but which is rarely mentioned in the therapeutic literature that generally assumes that hope is a positive experience. I noted her use of the third person, which I initially interpreted as her taking a theoretical view rather than personal one - however this tendency to theorise dissipated as she went on to share her personal experiences.
Lara also spoke about the contrasting positive view of hope, which aligned with the majority of other participants’ experiences of hope and with the literature. This was: ‘hope as a positive thing, because, um, on a basic level we need hope to carry on with our - it’s difficult to explain. In terms of survival, it’s about surviving the ups and downs of life – the vicissitudes of life and um being able to get through them - and you need to have a bit of hope to do that, I think.’

I think Lara’s later stage of training and long-term mindfulness practice allowed her to have these deeper reflections and notice how these two types of hope present in her own therapy and are hard to hold at the same time, coming ‘through from the background to the foreground and vice versa’ like in Gestalt therapy.

4.2 The Contrast of Hopelessness

It was not possible for any of the participants to speak about hope without speaking about their experiences of hopelessness. This was not something I asked about specifically however, it naturally emerged in the data.

4.2.1 Stuckness = Hopelessness

In contrast to the ‘doing’ theme of hope, the participants all had experienced what it felt like to have no momentum, direction or motivation. Angela spoke in the most depth about these experiences:

‘Yeah it’s funny when I said stuck, I thought, oh I’ve said that a few times. So... I think ‘stuck’ is a real theme for me in the sense that I felt very stuck for a lot of my life- that things weren’t changing, that things weren’t getting any better, that things...”
would, would never change. So, um... feeling like I was in a black hole and I was stuck there and there was no ladder and there was no way I was getting out.’

She also expanded on how her feelings of hopelessness and stuckness had dominated the beginning of her therapeutic experience:

‘I remember fe- when I first got into therapy feeling really hopeful about it because I was feeling pretty down. And thinking ‘well everyone says therapy’s really good’ so I went into therapy and I thought ‘This is going to sort me out’ and for months and months and months it didn’t. And I really began to lose hope. I really began to think ‘oh my god, if this is not, if this is just not doing the job then what the hell is going to do the job?’ And I remember I’d been seeing my therapist for three months or something and I just sat there crying and saying ‘I really thought this was going to help and it hasn’t and I don’t know what to do now. I don’t know where to turn now’ and just feeling absolutely hopeless. Um... and just thinking ‘what have I done? This is never going to help me.’

Ironically, when asked what made her stick at her therapy at this point, she said it had been ‘hope’ showing that the two seemingly contradictory experiences can co-present. The data later regarding therapists’ qualities that engender hope will clarify what Angela meant by this.

As a self-confessed perfectionist and someone who likes to drive herself, Lara said that she experienced feeling ‘hopeless and just stuck in a rut’ when she reached the point of draining herself and running out of energy – when she no longer had the ‘strength or motivation to do what I, what I really want to do, what I need to do, to achieve, Um... and that’s when I feel hopeless or stuck.’

For Norina, the difficult friendship that she had addressed as part of her therapy had been her sticking point due to the guilt she felt:

‘Because if you’re feeling guilty then you’re feeling that trapped as well, you can’t kind of do what you want to do to lead a life that somebody else wants to. Yeah, you would feel hopeless – I’m stuck in this position for the rest of my life so I guess that would make you feel hopeless I suppose.’
Kim’s experience of hopelessness was also to do with relationships – but in her case, it was her relationship with her therapist. She said, ‘I guess I don’t feel particularly hopeful (laughs lightly) about it changing – I don’t know. I guess I sort of see her as being quite similar most sessions.’ She felt that their alliance was stuck because she did not feel ‘able to be, to feel comfortable enough with my therapist. To be able to sort of, um, express myself at times.’ This lack of comfort and safety also made Kim feel stuck and hopeless around her own thought processes: ‘when I have felt a bit of a block or it’s felt like a bit of a risk to sort of go with what I’ve been thinking or how I’ve been feeling and to sort of feel free’: at its most extreme this was ‘weird... like a nothingness – but a kind of just like a kind of giving up, like ‘whatever’ (laughs) sort of thing’.

These extracts illustrate how, on the whole, lack of change and stickness leads to hopelessness and how hopelessness perpetuates stickness.

The contrast between the energy of hope and the stickness of hopelessness was highlighted in my own interview by the interviewer who noted that ‘when you were talking about the more positive feeling you were turning your hand forwards. And the more negative things, you were turning backwards.’ I had been unaware of doing this but it was a very clear depiction of the contrast that all of the participants felt between the experiences of hope and hopelessness.

4.2.2 Low Mood

As one might expect, all the participants found that hopelessness co-presented with low affect – be it sadness, despair or depression.
Lara said that if she felt bad about herself, like she had not met her own standards of achievement, she could sometimes ‘get into states of, ugh, what I call mini-depressions. It doesn’t last for long... that’s when I feel hopeless or stuck... it’s a feeling of ... despair at times I guess.’ There was a very physical element to this despair – ‘heavy-hearted... a feeling of sunken-ness within myself’ which she showed me by slumping down in her chair.

Norina said ‘it’s kind of depressing really’ which was echoed exactly by Kim. Kim also said ‘I kind of find hopelessness is related to sadness. If I feel sad then some of the time it’s sort of hopelessness-sadness feeling’. Having spoken about the hopelessness she felt around her relationship with her therapist, Kim also felt this brought about a resignation: ‘It’s weird. It’s kind of, it’s a bit like a nothingness – but a kind of, just like a kind of giving up, like ‘whatever’. This demotivation reiterates the stuckness experienced with hopelessness and the inability to take action or feel that change is possible.

Angela broadened the hopelessness to imply it was more of a trait of hers, which, as she had said, had initially motivated her to go to therapy. ‘Oh, I’m hope-less. I meant, that’s that is the prime example of being absolutely hopeless, I mean that black hole is the most hopeless place that exists.’ I noted her use of the present tense and the trait implied in ‘I’m hope-less’ versus a state she might have implied by saying ‘I feel hope-less’. Given the metaphor of black holes is most often used to describe depression, it is not surprising that she went on to say that ‘I can get quite down, I can get quite, er, like I lack any joy. Like there’s no laughter in my soul – that’s how hopelessness feels.’ She added to this ‘hopelessness and despair for me are very similar.’

For me, the notion of depression came out in my experiences of literally feeling weighted down or ‘de-pressed’. My maternal relationship was again the main focus for me, which I saw as ‘IT, the issue, the relationship weighs me down’. However some problems I’d been having with my partner also felt ‘like we had been dragging boulders around with us, for years’. I can see, along with many other metaphors I used, how my relative experiences of hope and hopelessness both were characterized by feeling light and free or by feeling weighed down.
The dense, heavy hopeless feelings presented themselves very differently to the uplifting, lightening, expansive qualities of hope that were shared. This contrast in experiences was one of many that came out of my analysis.

4.3. Therapists’ Qualities that Engender Hope

4.3.1 ‘Being With’

In a similar way in which some experiences of hope gave participants a sense of ‘being with’ the experience and allowing themselves to open up, expand and accept, when participants were asked what their therapists had said or done to create hope in the room, there were several factors that gave the impression that they were sitting alongside their clients’ experiences and letting those experiences ‘be’ in the room. These were listening, empathizing and offering a safe place.

Lara said of her therapist, ‘I could really feel her empathy in the room – the way she looked at me, her body language and just the sense I got from her’. She also worded this as her ‘attunement towards me’, and ‘her being able to connect with me – both on an emotional, cognitive and behavioural level’. Kim noticed her therapist’s body position: ‘well sometimes she might move forward. She might sit forward. I noticed she did that once. Um.. or she’ll kind of – something on her face will change. She might smile or she’ll be looking at me’. She spoke separately of facial expressions in particular as these seemed to be a key way in which Kim’s therapist was able to convey empathy: ‘often if I look up and she’s sort of looking or she’s sort of ‘there’ and her facial expression changes, that’s... quite, I find that empathic.’

It was not only physical signs in Angela’s therapist (‘lots of empathetic nodding, like ‘um.. god, that must be so difficult’) but she also spoke of how her therapist showed particular empathy and awareness of the difficulties she had being mixed race:

‘...part of my story has been about growing up in a mixed race household and marrying into another culture and there’s been a lot about that and she always is very empathetic and understanding and she doesn’t take long to understand how difficult it is for me – and so I get it in that way as well... And so when I’m feeling the tension of my cultures, she, it feels like she very much, like she’s genuinely feeling...’
the difficulty of how that is.’

In my experience, I spoke of two therapists with whom I had had long relationships but it was one in particular who showed very obvious signs of empathy, which made me, feel hopeful. This therapist ‘was always just very warm so the way she looked I could always tell she was completely engaged in what I was saying. There was always a real look and she would physically touch herself at the top of her chest when she felt touched, or, and I could see she was there with me.’

In contrast, whilst she spoke a little about an empathic response, Kim also painted a picture of her therapist as quite a harsh person: ‘sometimes if I perceive her as being quite stern (laughs), if she’s, I don’t know sometimes she says things in a way that’s kind of like, well I don’t know it’s just my perception probably of her being a bit critical or just a bit stern, or she’s not, she’s not, I don’t know, like - she’s not particularly warm really.’ This lack of warmth was the quality that Kim had experienced most so far in therapy so it was not surprising that she felt uncertain about her relationship with her therapist and that she felt little hope in the process.

Norina was the only participant who did not mention signs of empathy at all in her therapy experience. This did not mean that she did not experience this: rather, for her, the important thing was that the therapeutic relationship offered a secure place in which to explore her issues. ‘I felt quite safe in the role because then I knew that I was in control of where the discussion was going to go and that I could kind of decide on the topic and things like that.’ The key theme in Norina’s sense of safety was her feeling of control over what happened in the room. This was interesting as she also showed some nervousness around our interview and seemed to be relieved to find out that she was able to lead the content within the structure of the questions.

Safety came up as a theme for Kim too and similarly, whilst control was not mentioned, she felt safe because her therapist did not pressure her to speak. Kim said ‘I guess sometimes, like at the beginning of a session, if I don’t say anything and I look at her she’ll be looking round, which, I quite like that because it’s not like really intense where I’m not really knowing what to say and she’s just staring at me.’ However, she also went on to say that she felt a lack of safety when her therapist left
too much space: ‘it’s just about her saying something at the right time rather than just leaving the space’. So Kim felt hopeful when there was enough space but not so much that she felt uncontained and unsupported. In addition, she did not feel safe enough to cry: ‘I was like really trying to wipe tears away... well you’d think that would be acceptable in therapy.’ I got the feeling that having been in therapy for a year, Kim was still finding her feet in terms of the expectations of what happened in the room so she needed more ‘holding’ to make her feel safe – and ultimately to give her a sense of hope. She spoke a lot about feeling uncomfortable and unsafe and even explicitly said ‘I have often felt intimidated by her which has made me feel a bit hopeless at times - I’ve doubted whether I feel enough trust within our relationship for me to be open enough to really look at some of the stuff that would be helpful to me to look at.’

Safety, for Lara, was also around a sense of containment. She said she felt ‘able to really, you know, open up to [my therapist] more and reveal more of my vulnerable self, I guess. It was part of me which I kept concealed for a while, that, um, vulnerable, or sort of slightly fragile at times.’ She also said she felt ‘held and understood... she gives me reassurance in a way that is not so explicit, on a very subtle level.’ As before, I wonder if her ability to pick up on the implicit dynamics of the relationship was because of her being nearly qualified and therefore more experienced as a practitioner as well as a client.

Whilst I did not mention safety explicitly in my interview, I did say of one therapist that ‘I always felt that she was there with me actually. Sometimes too much (quietly then laughs). Sometimes it felt, yeah – I don’t know where that came from but sometimes too much.’ Rather like Kim saying that that she wanted space but not too much space, my comment suggested that there was a point at which I might feel like my therapist was seeing me too much – maybe at a time when I felt particularly vulnerable. I will go on to expand much more on the area of being seen later in these findings.

One obvious way in which therapists show that they are with their clients is by listening – something which many clients do not often experience with their friends and family. Kim was tentative in offering this: ‘when I notice, kind of, if I think she’s listening’ whereas Angela was much more confident that this was a key quality which
made her feel hopeful. She said that her therapist was ‘good at just like listening, listening to the tensions I have.’ Not only did present-day Angela feel listened to but so did her younger self, who she and her therapist called ‘Little Angela’: as Angela had not feel heard or seen by her parents when she was a child, she gave as an example of hope the time that Little Angela had been heard: ‘I think I remember saying, ‘she feels like she’s been heard and actually that’s alleviated her worry’.

With my therapist I had experienced ‘very much just listening and opening up to what I was saying’ and I noted that, for me, ‘this is one place, probably, with my husband to a certain extent but the one place where I can go on and on about this and talk about this for the whole hour if I want to and next week if I want to (laughs) and I’m not going to feel bad.’ This idea that someone will not put their own experience or agenda on to my experiences, helped to create a feeling of hope.

Kim was the only participant to give contrary evidence around listening. Having only tentatively stated that she ‘kind of’ noticed her therapist listening to her, she said that she felt ‘pissed off’ when her therapist was unresponsive, ‘like I’m really boring her and that she might not be listening’. This aligned with Kim not feeling safe, held or that she had experienced empathy in this relationship.

4.3.2 Active Engagement

As well as the qualities of ‘being with’ them, the participants raised active things that their therapists did which made them feel hopeful – the things which are more tangible in the room.

It was important to most of the participants that they were able to actively explore issues with their therapists: given Kim’s feeling that her therapist was at times unresponsive or disengaged, it was not surprising that she was the only participant who did not speak of this as being an important part of the experience.

Lara spoke most extensively about the experience of ‘exploring with’:
‘Gaining insight into the nature of things and myself, not just in therapy but everyday life is very important to me as it makes me understand and realise the nature of reality, keeps me grounded and in touch with myself and others around me. It brings hope in therapy because it either confirms what I’ve thought or felt myself as to why I’m the way I am, which restores confidence, faith or trust in my instincts - and self-analysis I guess! Or, if it’s a new revelation or insight that’s occurred, I feel intrigued and curious to try and see from a different (or my therapist’s) perspective... This brings hope because it creates a new ‘opening’ or release for me – like there’s a light at the end of the tunnel.’

There is an overlap here between the earlier sense of hope as a ‘being with’ quality, which, in this case, it comes about through the process of gaining insight. But this, in part, was also through Lara’s therapist looking at things ‘from a different angle’.

Norina found that her hope came from releasing her emotions as a result of exploring them first. She valued most her therapist’s sensitive questions: ‘it’s more of her questioning techniques, the questions she’d ask me. It’s not really – she didn’t say or give opinions. She would question me and then each question would lead to another question and then that would lead to the, you know, build up.’

This inquisitive nature was echoed by Angela who spoke about her therapist’s skill in relation to dealing with her multi-racial experiences: ‘She’s curious and I like that. She’s curious about my culture. She’s curious about (my husband)’s culture and that really makes a difference to me... she was curious and she wanted to know and she was really interested – and that I really like.’ It seems that through her curiosity, Angela’s therapist had reached an understanding of Angela, which Angela said ‘has given me hope’, especially as she feels that, in particular around her racial mix, her therapist ‘understands the tension in the sense that my mum never did.’

Yet again, it seems to be that hope came about through a balancing act whereby the therapists were inquisitive and curious without leading or being opinionated.

In terms of being active in the room, Angela was the only participant to explicitly say that her therapist voiced her hope for her: ‘she does let me know explicitly that she believes, you know, that things can and will be different. It’s quite an explicit
expression of hope from her – she’s quite, um, she’s quite open about that.’ In addition, Angela especially liked it when her therapist often used a phrase - ‘not yet’ - showing that she believed that Angela would get where she wanted to be. Some people believe that, as therapists, we hold the hope for our clients until they are ready however, Angela clarified that ‘It felt like my hope. I felt her saying ‘not yet’ was certainty on her part: that she had enough knowledge and experience to know that I would feel better. I was using her certainty as my hope.’

4.4 The Importance of Being Seen

The themes that follow move away from being specific experiences in the therapy room. They open up to wider life experiences and particularly start to focus on the experience of being mixed race. All of the participants spoke of how critical it was for them to feel like they were being seen in terms of their heritage, upbringing and experiences and the negative experience of not being seen.

4.4.1 Invisibility of Race

Whilst there were some positive experiences of feeling like their difference was noticed by others, on the whole, the participants spoke of how they felt like their being mixed race was not seen either inside or outside the therapy room.

Norina spoke of the ambiguity of her looks and how this left her feeling frustrated. People would often guess she was ‘Eastern European, Spanish or French’ and so by not being seen in this way, her life experiences were blanked out:

‘They just think I’m fully Ir- even though I’ve told them. And I almost feel it’s a bit kind of, not insulting but I don’t know what the word is – it’s more, um, discouraging because they’re cutting out a half of your life that’s very important. You’ve grown up so kind of half of your heritage, I suppose that’s what it is.’

I feel Norina’s language (‘a bit... kind of, not... I don’t know... um...’) suggested she did not feel like she had the right to feel these things. With her mother being Thai, Norina felt that by not seeing the Thai part of her ‘they’re cutting out my mum. Does that make sense? I find that quite... I mean when you think of it... hurtful, I suppose.’
Not only was it important to Norina to be seen, but it was also important for her to feel like other people acknowledged the influence this had on her life, something which even her therapist ‘missed the impact’ of. There was, however, one specific time that Norina remembered during the previous year when someone was able to see her Asian heritage, which made her think ‘Oh great! So she actually noticed’: this was the first experience she had had of this in 30 years.

Angela felt frustrated and angry too at not being seen:

‘What annoys me is that there is this assumption – some people assume that I’m white – it really pisses me off. And, um... why does it piss me off?... I’ve had what I call the ethnic experience and that’s very much shaped who I am as a person – and if you call me white then I feel that gets scrubbed away and that makes me really angry because it’s really important to me and I want to be, I want to be loud and proud.’

In particular, Angela did not want to feel like her mother’s side of the family was ‘erased’ nor the challenges she had faced in growing up straddling two races and cultures.

‘...why I wouldn’t want anyone to just assume I was white is because there’s times I’ve had to stand up for my culture... and I’ve, and that’s, that’s been important to me to stand up for my culture and it’s not always been easy and I think there’s perhaps an assumption that my life has been easy – because I’m middle class and to look at me I could just be like a white middle class girl, um, but it’s not been easy in some way I don’t want that to be taken away either.’

This need to be seen was voiced by Angela as echoing earlier pain from not being seen by her parents: ‘what I longed for, what I longed for in the world was to be seen by my parents –(emotional) that’s what I longed for. But that didn’t happen.’ This, she said, had been the basis of her hopelessness in life.

Kim’s experiences also echoed those of Norina and Angela:
‘Some people say I look French, some people say that I’m obviously sort of part, um, I look a little bit Chinese. A few people just say I look English. But I guess I just don’t know really (Laughs) whether [my therapist] sees it or not because people see different things – but I think it’s quite obvious and I have spent quite a lot of time with her. I mean she does know - because I’ve talked about my Dad and Thailand a bit but I don’t know if she actually saw it before or not really.’

She said she’d ‘often felt misunderstood’ by her therapist too and went on to expand that she didn’t think ‘this is only because we are racially different but I think it contributes.’

In my interview, I spoke of similar sentiments of people ‘deleting the bits that are a bit confusing or that someone doesn’t understand and then getting a highlighter pen and highlighting the bits that are easy or comfortable’ – the former being the white part and the latter being the Chinese part. I have had to deal with the same response from people whereby ‘if I say I’m half Chinese, people say ‘ooh – well, you can sort of see it’ but actually if I didn’t say anything, people wouldn’t know.’ I had never specifically thought of this as affecting my levels of hope until I started this research as I had reached a point of resignation about not being seen. Also I spoke about how when I am meeting new people ‘I feel well I can’t really talk about that because it’s a bit, not a bit uncomfortable but nobody really knows what to say. It feels like the conversation doesn’t go anywhere…’ which, I said, left me ‘confused’.

Of all the participants, Lara’s phenotype most clearly portrayed her racial mix so she did not speak of not being seen as South East Asian however she still found that her experiences were not always seen by her therapist which she partly attributed to her therapist not understanding what it was like for her having lived in ‘a Third World country’. She went on to say that she knows she’s been missed by her therapist when she has to go ‘round explaining and sometimes repeating myself’ because ‘it’s either me not being able to express or explaining it to her in a way that she understands or there’s some kind of language, you know, barrier.’ In addition, she felt frustrated when she had to repeat things: ‘it feels like ‘ugh! , you know, um, why am I having to explain this to you over again?’ which made her feel ‘a bit like a child, I suppose. I go child-like and slightly regressive, throwing my toys out of my pram.’
These words suggest, in a similar way to Angela’s experiences, that the experience of not being seen in the therapy room triggers memories of not being seen in earlier life.

Another way in which some participants felt that their race was overlooked was feeling that it had not been raised as an issue in the therapy room. It was acknowledged as being fundamental to many experiences in life – yet in many cases neither the participants as client nor their therapists had brought it explicitly into the room.

Norina only realised through our interview that the ‘Eurasian thing or upbringing about being Asian’ had been overlooked and she mainly felt responsible for this: ‘Why was it never brought up when it was such a huge part of me? And I realized then it wasn’t really my therapist – it was me. I was the one that never brought it up – you know. So that was why (laughs lightly).’ I felt that Norina’s laughter showed her embarrassment and shame around this but that she genuinely had not given the subject much thought until she had spoken to me.

Having said that her racial background ‘is related to lots of things I brought to... therapy and it’s part of who I am and my way of being’, Lara went on to contradict herself by saying that she and her therapist: ‘didn’t really address so much of, um, my eth-, you know, my racial or cultural background.’ She had to ‘refer or hint or link’ what she was saying as her therapist ‘didn’t ask, actually’, leaving Lara to initiate discussions on it.

Kim felt that, having not spoken about her racial background or experiences in therapy, it would be good to do so. ‘I guess I might feel more hopeful because it might be something – well it’s just something that’s very personal to me’ She wanted and needed to see that her therapist was ‘interested’ and she also felt that ‘I’d quite like it if [my therapist] brought it up actually. Because it, it’s like, it’s just so obvious isn’t it!? (Laughs).’ I wondered if Kim’s question was an attempt to have her feelings validated by me as this had not happened in her therapy – and her subsequent laughter was in reaction to this need for affirmation. Kim finished this reflection by making an important point about her racial mix that related to her relationship with
her therapist: ‘I don’t really have a narrative around it, I think to be able to come to that with her would be like – I think I might feel a bit closer to her in some way.’

There was an element of surprise for these participants that, on reflection, such a huge part of their lives has not been acknowledged in the therapy room although there seemed to be some confusion as to whose responsibility it is to bring it up.

4.4.2 Visibility of Race

Although not spoken about as frequently as the experience of not being seen, the participants all had times when their racial mix had been seen by either their therapist or other people and this seemed to foster hope.

Lara said that her mixed race experience had been a thread throughout her therapy work, which suggested it had been ‘seen’. Norina’s therapist spoke about the impact of her mother being Thai: ‘I remember sometimes in discussion, she’d go ‘oh it was a very different culture that your mum was brought up’ and, yeah, she did acknowledge it sometimes actually. Because I remember her bringing up comments and things like that, that did acknowledge it, you know – but not very often.’

Having said that she was not sure if her therapist saw her racial mix, Kim admitted that ‘we spoke about the fact that I’m mixed race on a couple of occasions... She seemed to understand something about the complexity around how I see myself but I felt that she had read the literature and assumed that my experience would be the same, I felt missed by her I guess and that contributes to feelings of hopelessness.’ So even though Kim’s therapist made some attempt to acknowledge her racial mix, it seems to have been done in a way that did not suggest her therapist really empathized or understood as her focus seemed to have been on the theoretical experience.

Angela had had a positive experience of her racial mix being seen in her therapy as the ‘racial thread is very much picked up and goes through our work’ and both she and her therapist raised it in the room. This is ‘because I feel she knows so much about the tensions – the racial tensions in my world, she’ll be fine about bringing it up. She often brings it up and I feel fine about bringing it up. I’ve never felt like ‘ooh I
best not say that’ – I’ve always felt absolutely fine about saying something that could be, you know, quite, you know, controversial.”

My own experience was that my first therapist would often say ‘‘Oh I suppose that’s the Chinese part of your father or that’s the Chinese influence in your family’ and he’d say things like that which I don’t feel any other therapist had been – the word brave comes to mind.’ For some reason I felt it had taken courage to be explicit and I knew that my therapist taught in Japan and so I felt he had more experience of cultures that were not his own. Although he spoke explicitly about my being mixed race, I also felt that he would ‘take everything and hold it very subtly because he never really said that’s what he was doing explicitly’. This contrasted with my second therapist who did not say anything explicitly about my racial experiences: ‘Maybe I need someone to explicitly say something, or have needed? Yeah, I think there is, because I could guess that she got it but I don’t know (R: Hmmmm) so it’s nice to have that verbal acknowledgment, I think – that’s hopeful for me as well.’ This sentiment was echoed by Kim and Norina who both said it would have been ‘helpful’ to speak about their mixed race experience with their therapists.

I also spoke more generally of the relief I had felt when people see me fully even if they did not know much about the cultures from which I come:

‘...even people saying ‘I don’t know anything about your culture’ but the fact that they might know, that they might acknowledge it exists brings like a (sigh), because I don’t have to pretend so much any more if you’re seeing that in me, then you don’t have to pretend, I don’t have to pretend. Thank god for that. Again it’s like dropping that weight.’

In referring to ‘that weight’ I was making the link between being seen and the lightness that is often felt when I do not have to try and fit in – a lightness that is echoed by earlier examples of lightness related to hope.

Kim was the only participant who spoke about how her looks had been seen as attractive which was a positive things for her. She recalls that ‘when I was in Thailand I was always being told I was pretty and... because it was quite fashionable over there to be sort of mixed race – so anything to do with my appearance I’ve
never particularly felt like insecure or upset about it.’

Ironically, being seen was not always recalled as being a positive experience. Having mentioned elsewhere in her interview the importance of feeling safe, Angela recalled the lack of safety she had experienced when she was made to feel very different as a child:

‘...people would chase me down the street – I was very unusual to them and they had never seen anything like me – and that was really very terrifying. Really terrifying. Um, and it happened, you know I used to go back quite a lot and it happened a lot. Happened all the time actually. Even when I went back when I was 18, I was chased, well I wasn’t chased but I was in a su-, you know, a shopping mall and these young boys were really fascinated and they just sort of followed me up and down the escalator and it felt very very scary.’

The fear was exacerbated by Angela feeling like her mother did not see or understand her experience – telling her ‘just ignore it’. This made her feel hopeless and full of ‘despair’. There was also a sexual element to Angela’s experience when she recalls old men in Malaysia being ‘lecherous’ when she was young which felt ‘dangerous’ to her. She remembered: ‘these horrible old Chinese men were seeing me – and I think being seen by my parents would have been safe and being seen by these other people who were strangers to me was unsafe – and so I think it’s about feeling... it’s about safety.’ Because neither of her siblings elicited this reaction, she said she ‘felt very very sort of, very lost, very like I couldn’t turn to anyone’ which ‘was very very shaming’. The repetition of ‘very’ illustrated the depth of the impact on Angela.

Lara was the only other participant who raised the issue of the way in which Asian women are sometimes stereotyped: ‘A part of me gets irritated and annoyed when I’m stereotyped or seen in a stereotypical way of how Asian women are perceived. For example, being meek, submissive or subservient.’ This misconception has led her to be firmer with people when ‘negotiating deals, contracts’ as she feels she has to prove that the stereotype is incorrect.
4.4.3 Hiding Oneself

Four of the participants spoke about this experience, which I felt aligned with the themes of visibility and invisibility.

Norina, whose father is Irish and whose mother is Thai spoke of the impact of growing up in Ireland:

‘When I was growing up all the other kids where I grew up were white and full race. I, you know, it’s a bit embarrassing but I wanted to be like them. You know, I wanted to fit in, so I didn’t want them knowing my mum’s from Thailand. I know that sounds weird – I actually didn’t. As a kid I actually tried to hide it ’cos I wanted to be – fit in.’

She laughed uncomfortably that she had acted in this way. When we were reflecting on how it had been to do the interview, she said she was pleased she had talked about it as ‘I kind of realized I have denied it a lot – I’m not saying I denied it. I just didn’t acknowledge it. I just kind of focused too much on being Irish’. The word ‘denied’ seemed to be too powerful for Norina and this may have been because she felt ashamed at this denial – but her subsequent choice of words (‘just didn’t acknowledge... just kind of focused’) had the effect of watering down her experience.

Norina also reflected on how hiding herself may have impacted her experience of hope:

‘I have to celebrate it more, I think, maybe I’ve been quite hidden with it. You know, maybe I should be a bit more outgoing with it, you know. Erm.. and then obviously if you are acknowledging it and other people are acknowledging it then it would make your hope stronger, I suppose because that’s who you are – basically.’

Kim only alluded briefly to this veiling of herself by saying: ‘I think I have tried to ‘fit in’, be the same as others especially as a teenager I really struggled to validate myself, I felt the need to copy others’ and so by copying others she had invalidated herself. Whilst Angela did not specifically talk about hiding herself, she did say that not looking fully Chinese had protected her from being called ‘chink’ at school.
Similarly, I moved to Leicester when I was 5 and remember there were no South East Asian families ‘so I defaulted to white because that was the other part of me.’ I acknowledged my thought process back then: ‘I want to be part of your group because we’re all just starting to make friends so why would I alienate myself form you? That would be a stupid thing to do.’ And I think unconsciously this all happens where I then just masquerade as white. (Quietly) Which doesn’t make me feel great saying it loud.’

The hiding of oneself contradicts the desire to be seen; but however much the participants want to be seen, as I expressed, ‘it’s very, very easy to fool people and I think... I don’t really want to fool people. I’m doing it by default. This showed the ambivalence that came up for many of the participants about being mixed race that will be expanded on in the next section. This experience of ‘passing’ was as subtle in the data as it is in day-to-day experience.

4.5 The Integrated Experience

As an integrative psychological therapist, I was struck by the fact that all of the participants were studying on integrative courses and wondered what might appear in the data around this experience. This theme brings together several areas of experience around integrating parts of the self – personally and professionally - as well as integrating with others.

4.5.1 Feeling Integrated in Oneself

Lara came across as having the strongest sense of integration racially. She said she ‘very much hold(s) the Western and Eastern cultures within myself’ and that she took the ‘best of both cultures’ for herself. She said this is ‘an implicit way of being to be both through adapting myself over many years and spending time in both countries.’ There were other influences that have helped her reach a state of integration:

‘...undertaking personal therapy, psychotherapy training and having a partner in the same profession has really helped me to consolidate my experiences, to hold and manage these tensions, and has formed the basis of my integration.’
Norina also said that ‘obviously you’ve got the best of both cultures, the best of both heritages. You can take the best bits out of each culture and heritage and integrate it into your life,’ which she saw as a ‘good thing’. She did also say, as we were ending our interview that she wanted to move back to Ireland because ‘I feel like a whole person in Ireland. Everyone there knows my mum is Thai – they know that about me. In England I feel anonymous’.

Kim’s experience of integrating her two parts was related very much to the countries themselves and her relationship to them:

‘I’ve got a lot of love for Thailand or whenever I arrive there I feel kind of exhilarated really and it feels familiar and homely… And then also I remember sort of arriving back here after eight weeks of being there and feeling a homely feeling coming back here as well - almost a slight sense of relief or just a - yeah, like a homeliness…’

I noted that ‘exhilaration’ aligned to the energizing experiences of hope – and that the ‘sense of relief’ aligned to the contrasting experience of hope as expansive and light. In addition, whilst Kim said she felt ‘lucky to know two cultures and to feel a connection with two countries’ because she identified with them both, there was a feeling of being torn between the two as well. She said that learning to speak Thai would make her feel more ‘wholesome’ which I thought was an interesting choice of word – implying ‘wholeness’ as well as a sense of being unadulterated and pure.

The idea of ‘wholeness’ was echoed by me when I spoke about how I felt - ‘more coloured in, rounded, whole?’ – when my therapist and I spoke about my experiences of being mixed race. My questioning tone implies an uncertainty about my feelings or a search for affirmation it was ok to feel those things. Regardless of my questioning, it made a difference to me that that therapist held both parts of my life.

Angela took a different view to that of integrating the best bits from her two cultures/races. She spoke of ‘not just the good stuff – it’s the bad stuff as well that I wouldn’t want to take away. The struggles, I wouldn’t want them to be taken away – they, they’re very precious to me. Those experiences are very precious to me and I
just don’t like the idea of them – of someone.... I don’t know, not seeing it?’ Echoing
her point mentioned earlier, about wanting people to ‘see’ all of the parts of her that
had struggled, she also here acknowledged why she wanted to integrate all these
bits for herself. The ‘bad stuff’ she went on to clarify was important because it related
to the family members on her mother’s side and ‘it’s precious in the sense of who
they are but it’s precious in the sense that that’s what’s made me’.

Being mixed race, therefore, it seemed has been as much of a blessing as it has a
struggle for Angela as ‘being half-Chinese has given me... access to another –
imimately to another culture. Um... to the way they see things.’ This also influenced
the way in Angela saw her professional self. She said that it was about ‘expanding
my view of the world and realising that Western culture is not ‘all that’ and there are
different ways of seeing the world and that has really helped me as a therapist. I’m
not narrow minded, I know there’s difference in the world – I’ve seen it, I’ve
experienced it and... it allows me to not take things for granted in my work.’

The experience of integrating two different racial and cultural experiences influenced
the way in which Lara also worked: ‘I bring a different side to therapy and I can relate
to those who are also different, or from a different background, different culture, very
readily and very easily.’

I could very much relate to both Angela’s and Lara’s comments and I do not think it
was a coincidence that we were all in the later stages of our training and therefore
we had had more time to integrate our professional and personal selves.

4.5.2 Feeling Integrated with Others

The theme of integrating, collaborating or connecting with others ran as a thread
throughout all the interviews. This was not surprising given the relational nature of
psychological therapies however the different ways in which this sense of integration
manifested demonstrated the many layers and types of relationship.

Angela spoke about how she felt hopeful when she got the feeling that her therapist
was supporting her during times when she went into her ‘black hole’ of
hopelessness:

‘...the idea of having a hand, having support and that representing hope to me. So if I visualise it – in the early days it was really like my therapist was holding me by the hand. That was my hope – her holding me by the hand. And... what I was then able to do was to get that support from other people around me. Um... and that increased my hope. I was like ‘OK, there are people who are willing to support me and pull me out of this place.’

The way in which Angela’s therapist showed her collaboration and support shifted as they worked together:

‘And then she’ll often say, ‘Together we’re going to take the next step of the journey.’ And that feels very hopeful – that, that we’re in it together and I’m not by myself. And that’s definitely something, the relationship, I have between my therapist and I gives me – is that we’ve done this and we’ve got this far and I’m going to help you do the next bit as well’ – so that, um... is not even holding hands, because we’re past that stage. It’s more that she’s walking the same, walking the same path as me.’

Whilst Angela spoke of her therapeutic relationship giving her hope, for Lara the experience of feeling hope in therapy was a result of her ‘work together collaboratively’ with her therapist was what ‘strengthened my relationship even more with my therapist’. That said, when she also spoke of times when her therapist had missed her, Lara said she had to ‘draw on myself, or depend on myself, draw hope and positivity from myself’, which sat in contrast to the idea of collaboration.

Lara was not the only participant to suggest that there were times when the failings in her therapeutic relationship made her feel hopeless. Kim’s interview elicited a lot of data around her feeling hopeless in therapy. The lack of safety she felt, mentioned earlier, came about due to a ‘lack of connection that I feel with [my therapist]’ and a feeling of ‘distance...the not being a connection – it’s sort of like a disconnection.’

As I mentioned earlier, Kim was still finding her feet with her therapist and she even questioned whether it would be any different with someone else – ‘What is it – like what is it about me? About her? About us?’ She shared one occasion when her
therapist had abruptly said ‘OK, your time’s up’ which made her feel ‘alone in the room’ - this led her to speak about hope and feeling alone. She said ‘I think they’re really linked actually... I was thinking that maybe they’re the same thing (laughs)’ which strongly showed how hope, for Kim, was linked to relating with others.

A very different example of connecting with others was Norina’s experience of communicating in a dream with a close family member who had passed away. She was uncomfortable initially sharing this with me but the hope was very alive in the room: ‘it gave me hope because it was actually such a vivid dream’.

The idea of feeling connected to others because of a similar experience of being mixed race or a sense of being different came up as a theme. One area in which this came up was around the shared experience of difference with others – often their therapist.

Angela recalled that her therapist had included herself in one of her comments about ‘the minority experience’ and she went on to expand on this:

‘I talk a lot in my therapy about the immigrant experience in the sense that my mum is an immigrant and it really... it has affected my upbringing. When I talk about it with [my therapist], she understands it – she gets it – I think she has said stuff like, ‘that is...’ what did she say, I think or do I get the feeling there’s empathy. And it’s not spoken between us but I’d be curious about whether it’s because she’s Jewish. I feel like... there’s something in that, what I would call ‘ethnic experience’ that she gets.’

Angela also said that in general she felt ‘drawn to people with non-Western or

Interestingly I also had a Jewish therapist and his experience of knowing what it was to be different was also important to me: ‘I think, in his own way he knew what it was to be different and I think that’s maybe the sort of – it’s really interesting. I’ve got a Jewish husband and I’ve always had a thing for Jewish people and I think they really know what it is to be different, to not be the norm and so he didn’t have the same shared racial experience as me, but he got that.’

In addition, my therapist was Buddhist and also had a link to Asia through a training programme he ran each year. This gave me the impression that ‘he understood it rather than looking at me like ‘I’m white – I don’t get it’. 
Eastern influences... because I think they understand some bits of ethnic experience that Western people don’t which include ‘having extended families and the duty and closeness that is experienced in that family unlike a nuclear Western family; the heavy influence of eating and showing affection through cooking and eating; the lack of diplomacy and stiff upper lip – these are just some obvious things that make up the matrix of my experience which I feel like other people with ‘ethnic experiences’ understand’. 

Whilst Kim did not speak in the same way about her therapist and, as we have seen, she did not feel much comfort with her, I noted that she had chosen a therapist who was a New York American. As a couple of participants noted that it was hard to find a therapist of South East or East Asian origins, I was left wondering whether Kim had unconsciously sought out someone who was not native to the UK and also therefore knew what it was to be different.

In addition to my therapist being Jewish American, I spoke of how I felt supported by my supervisor who was Asian and who I felt understood my experiences when I brought them up in supervision in relation to either client work or my training.

Lara also spoke of her supervisors whose cultural experiences and tales of how they ‘overcame difficulties’ influenced her and inspired her:

‘I have a couple of supervisors right now – and they’re Caucasian but they’re not from, um, Britain. One is Eastern European and one is from New Zealand so, um, their experience of therapy and training and working, you know, in the UK in this field, have really, yeah, impacted me and given me, I suppose, given me hope that it can be, you know, coming from a different country more or less, there are opportunities out there for people like that.’

As I felt with Kim, although Lara had not consciously chosen supervisors who knew what it was to be different in this country, she did comment that ‘especially on my training course and especially with therapists and colleagues, um, in the profession who I’ve encountered are all, um, middle class, you know, Caucasian, mainly British - and that seems to dominate the field at the moment.’
There was also an interesting pattern in that it was not only me who had been drawn to a partner who knew what it felt like to be in the minority. Angela had married a Pakistani Muslim man and was converting to Islam through choice. She was therefore putting herself in the position of integrating yet another culture and religion, which she claimed, had both positives and negatives. Norina had married a Portuguese man and also referred back to her choice of friends in her childhood. She told me that ‘there was one other girl who was mixed race and she was mixed... mixed Black. She was Caribbean, half-Irish, yeah – and I became really good friends with her. It seems I tried to hide that [being mixed race] but became friends with the only other mixed race girl in the school. Really good – like best friends, you know. And she would have been more mixed race obviously than me, you know, looking, so it was funny that we chose... yeah.’

In recounting the people she had chosen to be close to in her life, Norina also reflected on her mother’s experience of being one of the only Asian women in the part of Ireland where she lived: ‘these were the only two mixed race families out of the area where I lived out of what 15,000 people at the time growing up and it’s funny that she was friends with these two.’

4.5.3 Split Experience of Being Mixed Race

Alongside feeling integrated with others and in oneself, there was a strong theme of feeling split and ambivalent.

Lara said that ‘bringing the East and West together and integrating it, um, within myself, it’s been, you know, a struggle at times throughout my life’. She grew up in South East Asia and experienced ‘privilege’ as her grandfather was in the ‘diplomatic circle’. She found this ‘ironic, you know, looking back now, living, um, you know, in a privileged, um, you know in a privileged family amidst the adversity and dark side... the oppression, ruled by the military army...’

I noted the discomfort in the way she was speaking (‘um’) about oppression because it paints a negative picture of her homeland. She also recalled how hard it was to adapt to the English culture when she moved to the UK at the age of 8:
‘...the language, the way people addressed you or their behaviour towards you, the way they acted towards you, I very much, I was very much aware and, um, I observed it quite, um, distinctly when I was younger – you know, these differences between myself and others – between, you know, myself and my peers at school. Um, so sometimes I didn’t quite fit in – or trying to find, you know, am I more British than Asian or... ? Where am I in this culture?’

This split between cultures was also brought up by the other participants. Angela said: ‘Malaysia was not very modern – it was very backwards, backwards country and where my grandpa lives there are no white people there. I mean a backwards hamlet.’ Norina said she found the Thai culture ‘slower’ than the West and noted that in the West ‘everything’s modern, you’ve got technology, you can have a good education’. For Kim, the lack of progress in South East Asia was pertinent as her father had recently moved back to Thailand and was living ‘somewhere quite rural – where they don’t even have a phone line – and it’s (laughs) it’s quite funny for me to think about...’

Whilst not talking about geography specifically, I described my two halves as being ‘clear cut, or yin/yang’ and I attributed this in part to ‘the physical... 50/50 per cent’ and also to the fact that there had not been a 50/50 cultural influence. This in turn, had ‘partly been due to geography – that’s partly been due to which parent I’ve spent more time with, where I was educated.’

The influence of living in England for most of my childhood was echoed by Kim whose experience of feeling ‘split’ was partly because of the geographical distance between her two native countries and the fact that wherever she was she felt ‘homesick’. She told me: ‘I see it in quite concrete ‘England’s here and Thailand’s here’ – and ‘this person’s here and that person’s there’ – and, er, there’s a lot... there’s just so much I don’t really know about. I feel very – I am a bit split’.

Part of Kim’s challenge to integrate the parts of herself had been due to lack of knowledge or experience of the Thai-Chinese part of her. ‘I don’t know anything about China even though I’m a quarter Chinese so I don’t really ever say that – but I guess, well I don’t really know what that exactly means – saying I’m half-English and
half-Thai – so... (Pause)... I don’t know really, I don’t know how I feel when they say ‘are you this?’ or ‘you look a bit like that?’

This sense of having two very different parts was at times spoken about as a positive thing. Angela spoke of the ‘excitement and interest’ as well as the ‘tension of my cultures’. In her case, not only was she trying to integrate the English and Chinese parts of herself but also her husband’s Pakistani culture too. However, Angela’s experience of also taking on her husband’s culture and religion meant that she had yet one more way in which to feel like an outsider:

‘And I hate it because I hate being an outsider, I hate not knowing the customs, I hate not feeling like I belong to anything in the sense that I’m neither English and I’m neither Chinese. I hate the fact that I don’t speak Chinese and when I go over there I feel like an outsider. I hate feeling pulled by community obligations that are not my obligations and... so it is the epitome of a love-hate relationship.’

Angela also spoke about her ambivalence about the way she looked:

‘...it’s a funny one because as I say I look more English than I do Chinese because I want to look more Chinese and I get really annoyed when people think I look English – um, and then part of me likes that because I probably didn’t get as many ‘chink’ comments as other people did get.’

This ambivalence was highlighted again in a comment Angela made bout the interview experience. She said: ‘I think what has been really nice has been being able to admit how much I hate, I hate being mixed race as much as I love being mixed race’ and that by talking about his with her therapist, it had become easier to be really honest with me that things were not always positive: ‘we should be this big melting pot all the time – It’s lovely and there should be no racial tension. I get racial tension because I’ve got it inside of me.’

On top of the ambivalence towards being mixed race, the participants had all had experience of not fitting in, which had made them feel different from other people.

Angela’s feeling of being different had started at a young age. She said that ‘very
early on in my life, it was difficult because it was the sense of not being – of being different in the English system and different in the Chinese system so, um, this real sense of being, of not being of not being in either.’ On reflection, she was able to see that this reflected her mother’s experience of being ‘an immigrant’ and how that then impacted on her experience of hope as she looked to her mother for guidance and to see how to be in the world.

‘...that’s something that I picked up from her so it was never explicit... [my mother] tried to be in control and she tried to be a good mum. But actually she didn’t know the school system, she didn’t know very much so I couldn’t get my answers from her so I ended up feeling very lost. And that has definitely, that has definitely affected me growing up... I think it was part of what made me feel hopeless – if I had any hope, it made me feel hopeless. It diminished my levels of hope because what I was learning was nobody could help me.’

Norina compared herself to her siblings who looked more Thai than her and said she had ‘some concern about fitting in but also because I’m not as obviously Thai as the others would be, you know, so I felt I had to explain the whole thing and keep going on about it. ‘Oh, you know, I’m Thai (in dreary voice) and they’d be like ‘Oh, I don’t believe!’ you know what I mean.’ In addition, she said that by not discussing her racial experiences in therapy ‘it’s almost denying a part of yourself – a very important part of yourself – it’s your heritage from your mum... so it might make the hope a bit dismal’. She said this was because she had ‘never really acknowledged that part’ whilst saying she also ‘felt proud because it makes me a bit different’ – these conflicting parts of Norina showed the ambivalence implicit in her sense of being.

My own experience of not fitting in as a child has left me ‘confused’ as to what it means to belong and whether or not I want to do it: ‘I’ve never wanted to be on the inside of groups and yet I have always wanted to be on the inside of groups. I have two flip settings – one is ‘Well I’ll never totally be in the group anyway’ and the other is ‘Oh please take me’ so we can all be white.’

Kim shared my sentiment, saying that: ‘In a way it doesn’t matter to me that I don’t fit into a box but at the same time I think living in a world whereby there are well

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defined groups pulls me to want that in some way. I think I have tried to ‘fit in’ and the experience of not fitting in had, for her, at times been ‘alienating’.

As a child, Kim’s need to belong had led her to claim she had a ‘twin’. This draw to fit in but to also be seen as different creates a tension in the experience of being mixed race. Kim illustrated her own experience very clearly through an example from her recent visit to Thailand:

‘I don’t know what it would feel like to not be mixed race but I know that I struggle to feel a sense of belonging at times which I think may have something to do with being mixed race. At the beginning of the year when I went to Thailand I went to a temple. I felt drawn to take part in the rituals and prayer but I caught myself wondering whether it was ok, I felt like a fraud almost, not Thai enough or something! I did take part and actually I felt a sense of belonging and connection to the culture and myself.’

Kim even spoke of noticing differences with the Thai members of her own family as, having been brought up in the UK, she had noted that ‘there are language differences, and just differences, cultural differences’. It could be deduced that it must feel alienating to be related to people whilst at the same time be unable to communicate with or fully understand them.

It is clear that the group of participants in this study belong to an unusual group and Kim noted how this increased her sense of being different:

‘I’m aware that I don’t belong to a group, I have only ever met one other person who was English and Thai and that was in Thailand. I very rarely also meet other people who are mixed English and South East Asian.’

However, Kim told me that she had been drawn to take part in the research as it had chimed with her and intrigued her that there were other people of a similar racial mix to her. All of the participants similarly told me either before or after the interview that the project had attracted them for the same reason. Whilst this does not strictly form part of the data, I felt that it was worth mentioning alongside these data about the experience of being the ‘other’. In addition, I noticed parallels of ambivalence in other
areas, such as Lara feeling very much seen by her therapist – and then acknowledging that she could also disappoint her by not understanding certain experiences. Norina contradicted herself throughout her interview, showing the split within herself about her own experiences – for example stating that she had denied her heritage and then taking that back in the next breath. Also, Kim said that she had never spoken in therapy about being mixed race but later went on to give a brief example of this.
Chapter 5: DISCUSSION

The aim of my research study has been to discover and explore the lived experience of hope in therapy for trainee psychological therapists of South East Asian-White mixed race. In this section, I will discuss the data that emerged as a result of my research questions as well as other poignant points that emerged organically.

It was natural for the literature review to be split into two-halves as there was little area of overlap between hope and mixed race. This discussion reviews the South East Asian-White mixed race experience of hope with more coherence, albeit illustrating the split experiences where appropriate but without resigning to them. It seems that by questioning and exploring how people of mixed race can feel wholly seen and accepted, at least in the therapeutic space, I am not bowing down to the doctrine of oppression that exists for this minority group.

Before I expand on the findings in more depth, I want to provide an overview of the data. In response to the primary research question about the experience of hope in personal therapy, it came to light that the participants all had some positive experiences of feeling hopeful and were able to give specific examples of this, which kept the data grounded in subjective experience. However alongside their hopefulness, the participants also spoke about hopelessness in some detail – suggesting a relationship between these two experiences. In addition, the experience of hope demonstrated paradoxes around doing/being and the positive and negative aspects of hope in general. There was also clear data around qualities of the therapist that influenced their levels of hope and hopelessness. The data around the impact of being mixed race in therapy began to spread out into wider experiences of life for all the participants, including earlier life experiences and the training journey to become psychological therapists. This was where the data also started to overlap with the final research question around what it means to belong to this particular mixed race group. There came to light another double-sided relationship for the participants of feeling integrated and split both within themselves and also in relationship with others which influenced their levels of hopefulness. Several of these areas already mentioned also demonstrated parallels between the mixed race experience and that of hope/hopelessness too.
Having given this overview, I will expand on the findings and relate them back to the questions I set out to explore as well as the implications of them in light of the existing literature. I will end this section by addressing the limitations that I have found as well as my personal reflections on the findings.

5.1 The Contrast of Hope and Hopelessness

This section incorporates the first research question: What are the subjective definitions of hope, based on lived experience, for the mixed race South East Asian-White racial group? I found that the first of many paradoxes emerged from this initial question.

5.1.1 The Concepts of Change and Desire for It

The first thing that the participants spoke about was a feeling of change and direction around the concept of hope. A focus on the future was talked about specifically as well as being implied in their language (‘I will overcome’, ‘things will be different’). There was also a sense that the change would come from within them, giving a sense of assertion and action. This illustration of hope is one of the most common that came out in the literature, too, as seen in Snyder’s (2000a) construct of hope as being goal-focused and involving the dual requirements of agency and pathways. This as also echoed by the therapists in O’Hara’s (2012) research in the themes of impermanence and intentionality.

In addition to the idea of change, the desire for change also emerged in Lara’s interview. She spoke about the wanting and feeling of desire around hope in light of Buddhist thought. Similarly, Van Deurzen (2012) describes hope as our awareness of the value placed on a desired object, whilst still maintaining some distance from it. Lara also spoke about how attachment to our desires is likely to lead to a loss of hope as we are lured out of the present, only to be disappointed by our struggle to achieve unattainable goals (Chödrön, 2003) – a disappointment which I voiced in my interview when changes I had experienced in my relationship with my mother had not lasted.
Although Lara was the only participant to speak about this explicitly, similar views appear in the literature albeit in relation to the notion of false hope. McCarroll (2014) suggests that this false hope is actually more closely related to optimism; and, specifically with regard to psychological therapies (Helm 2004; Dembo, 2013) some believe that we need to be careful to whom we give hope, and how realistic it is, as unfounded hope has proven to be counter-productive. I would agree, however, with the common factors theorists (Frank & Frank, 1995; Hubble, Duncan & Miller, 1999; Duncan, Miller, Wampold & Hubble, 2010) that some degree of hope is critical to the continuation, and success, of psychological therapies. Certainly the data that emerged from this study showed that it was hope that kept the participants going during times of challenge and despair, as Angela explicitly stated.

This notion that the hope for change has the potential to disappoint or cause suffering illustrates one of the key subtleties around the concept of hope and collapses an assumed polarity that hope is ‘good’ and lack of hope is ‘bad’.

5.1.2 Hopelessness and Being Stuck

Although I never asked about hopelessness, it emerged naturally in the data alongside the experience of hope and was associated with a sense of stuckness, with both impacting the other. This contrasted to the experience of change and mobilisation. This stuckness was spoken about more widely in life as well as on a micro level in conversations both inside and outside therapy.

Fredrickson (2009) notes that, of the positive emotions, hope is the only one that is likely to co-present with negative emotions such as fear, despair and hopelessness. Kwon’s (2000) ‘defensive hopelessness’ backs up this idea by explaining the self-protection mechanism of expecting the worst whilst simultaneously hoping for a positive outcome. McCarroll (2014) suggests we move beyond the binary notions of hope and hopelessness to embrace their ‘mutual generativity’ (p.37) whilst McGee (1984) puts hope and hopelessness at opposite ends of a continuum. This suggests as well that they are often not an ‘either or’ experience – rather there can be a grey area along the majority of the continuum where both hope and hopelessness co-present in varying proportions.
Although from the perspective of family therapy, Flaskas (2007) suggests hope and hopelessness sit within a constellation and within that exist ‘personal intersections’ (p.195) where therapists have to hold the client’s hope and hopelessness as well as their own hope and hopelessness. The findings in this study show that hope and hopelessness do indeed interact with one another although it was only evident that the two existed in parallel for Angela who spoke about hope being the one thing that had kept her going when she had felt hopeless around her own therapy. The data otherwise suggested that hope can emerge out of hopelessness and vice versa.

In relation to this, Babits (2001) presents the notion of an unconscious assumption that historical experiences of deprivation are able to be worked through in the present: this leads to hope becoming conscious. Ironically the freeing up of this hope most often comes about in response to a therapeutic error, which, in the transference, triggers a response to early parental failings. At that point, the therapist’s ‘acknowledgement of an overwhelming mood of his own hopelessness’ (p.343) around the therapy is said to be the moment when the proverbial phoenix of hope rises from the despair shared in the dyad. The mobilising factor is the client’s experience that they can evoke a human response and be in relationship with another in a meaningful way. It takes a daring therapist to voice explicitly that they feel hopeless for their client’s situation, therefore, data on this phenomenon is not forthcoming, aside from Babits’ own examples.

We can conclude, tentatively, that hopelessness is useful in moderating unrealistic hope if it allows us to engage with painful material - however this is probably only the case if the degree of hopelessness is bearable and if it is temporary and/or outweighed by a sense of hope. As we can see from Dembo’s (2013) work cited in Jarrett (2013) there are times when hopelessness is dangerous (for example in the case of suicidal clients) or counter-productive to therapeutic work. In certain cases, however, hope needs to be balanced with honesty, especially in the medical profession in order to keep a sense of realism (Alarcon & Frank, 2012). In the case of the participants in this study, their lives and personal resources were sufficiently strong that periods of hopelessness (even longer periods such as those described by Angela) were peppered with moments of hope that allowed them ultimately to move forward in life.
5.2 ‘Doing’ Hope vs. ‘Being With’ Hope

This data emerged primarily from the second research question - What are the emotional and physical experiences of hope in the therapy room? – and it became clear that there were two contrasting and complementary experiences of hope.

5.2.1 ‘Doing’ Hope

Further to the notion of change (5.1.1) emerged the concept of the mobilising action of hope and Angela’s proclamation - ‘I can do it’ – summed this up. There was a strong feeling of energy around the experience through words and phrases like ‘buzz’, ‘unknown energy’, ‘extra energy’ and ‘it just gives me a kick’. The ‘I can do it’ attitude aligns with the notion of coping, which has been found to mediate the relationship between hope and depression, specifically in family members of those with OCD (Geffken et al, 2006). Snyder et al (2000a) found that individuals who reported more hope also had more positive thoughts and higher self-esteem, which related to coping. Related to this, high-hope individuals recover more effectively from stress (Ong, Edwards & Bergeman, 2006) and are thought to be more resilient (Clarke, 2012). In addition, optimism (closely related to hope), which has been put forward as an adaptive quality (Tiger, 1979), correlates with problem-solving coping (Scheier, Weintraub & Carver, 1986).

This mentality around coping implies a solitary experience, focusing on the ‘I can’ rather than ‘we can’. This aligns with Bohart and Tallman’s (1999; 2010) suggestion that the placebo effect is mainly the client’s personal agency in action. They say that ‘Rather than attempting to eliminate its influence, more attention might be paid to understanding its potency in mobilizing and supporting clients’ innate, self-curate processes’ (1999:p.101). This view suggests that the client decides for themselves what they take away from the techniques presented to them in therapy. So hope in oneself, in one’s ability to take action, to move forward and bring about change, might be one of the most important outcomes for therapy.
5.2.2 ‘Being With’ Hope

As the interviews progressed, a different experience of hope emerged, which took us away from the ‘doing’ of hope that was commonplace in the literature. Encapsulated in Kim saying that she felt hopeful when she felt ‘connected and present’ to all her emotions, this essentially Buddhist stance of accepting one’s situations and of being present to emotions – positive and negative - emerged subtly for most participants. This suggests that hope may have been suspended in the moment of acknowledging negative emotions, as is required if we are to stay with our pain as it arises (Hanh, 1991). Griffith and DSouza (2012) who conceptualize hope as a ‘practice’ do not, however, focus on the suspension of hope during mindfulness practice; rather they suggest that mindful awareness can ‘transform a sense of entrapment or subjective incompetence in ways that heighten hope and diminish demoralization’ (p.172).

O’Hara (2013) writes about ‘transcendent and embodied strategies’ in his findings on hope-focused strategies and McCarroll (2014), albeit from a religious angle, acknowledges the hope of surrender which exists in both Christianity and Buddhism; the only difference in the practices is that in the former one surrenders to God. Surrender is the act of ‘letting go of egocentricity... of the many experiences of disappointment,... of all that keeps us desperately seeking control’ (McCarroll, 2014:p.139). So the participants’ experiences of openness demonstrate O’Hara’s and McCarroll’s findings that being aware of and present to what is happening in and around us by grounding us in our reality can make us feel more hopeful.

In the data, there also emerged a feeling of lightness related to hope – either a literal physical or mental shift or a metaphorical ‘light bulb’ moment of illumination around a particular issue. Angela spoke of there being a ‘light at the end of the tunnel’ when she started to feel that her therapist was alongside her. I interpret this notion of light as being similar to the ‘being with’ experience of hope in general as the participants were open and able to notice their physical being – and lightness suggests a feeling of relief that follows the act of surrender.

Although the ‘being with’ experience of opening and feeling expansion could be seen as contrasting with the ‘doing’ experience of getting unstuck and making changes, both these fit well with Fredrickson’s (2008) ‘broaden and build’ theory of emotion
that states that positive emotions, such as hope, have the dual effect of broadening our attention and thinking whilst also setting us on trajectories for growth.

‘Doing’ and ‘Being with’ felt like polarized experiences when they presented in the data rather than being states that collapse and become interwoven. The participants very much spoke about them in different breaths. The ‘doing’ was about cognitive processes and goal orientation whilst ‘being with’ focused on body processes and relationships.

5.3 The Lived Experience of Hope in Psychological Therapies

In this section, I address the research question: What factors (including therapist factors) influence hope in personal therapy for these clients? This section shows areas of crossover with much of the information that is already available around the common factors in psychotherapeutic success and, again, divided into contrasting categories.

5.3.1 The Experience of ‘Being With’ their Therapist

Much of what has been raised about the participants’ experiences of their therapists in relation to hope has been highlighted by Dhillon-Stevens (2012b) in her principles for formulating a framework for anti-oppressive practice i.e. the use of empathy and the building of a good working alliance. Related non-race specific elements (therapeutic relationship, core facilitative conditions, appropriate therapist self-disclosure, and ability to navigate ruptures) have also been found to affect the level of client satisfaction in minority clients working with white therapists (Chang & Berk, 2009).

The quality of listening that the participants spoke about, that brought hope, suggested a depth of listening that goes beyond the act of hearing to a place of sustained empathy (Stolorow, & Atwood, 1987). There was a sense of their therapists being fully mindful and feeling their words and experience, akin to Stern’s (2004) present moment. This seemed to be particularly poignant when the participants had shared with their therapists their experiences of being mixed race. Where the therapists were openly curious and did not make assumptions about what
they thought or felt, this allowed the participants’ unique experiences to unfold whilst acknowledging, where applicable, the deep sense of pride, heritage and belonging to certain groups.

The way in which participants described the empathy they experienced from their therapists aligned with the relational aspects of affect attunement (Schore, 2003) and the therapists’ ability to be fully present with their experiences and to be impacted by them (Hycner, 1993). The shared experiences of the participant group aligned with some of Larsen and Stege’s (2010a) implicit hope strategies. What they called ‘witnessing hopelessness’ and ‘sharing personal stories’ are similar to the participants’ feelings of empathy and attunement that they received from their therapists. I feel that this experience of being ‘witnessed’ was also mirrored in the research process itself (Halling, 2010).

In terms of specific empathy around the experience of being mixed race, where therapists did not know what it meant to be of mixed race, it seemed that some of them were able at times to hold the tension between seemingly conflicting acts of recognizing difference and sharing a common humanity, as communicated through their empathy and the sense that they were alongside the participants. This was palpable in the room when the participants ‘felt felt’ through the experience of their therapist attuning to their internal shifts. This resonance happened through ‘right-brain-to-right-brain attachment transactions’ (Schore, 2010:p.184) and cross-modal matching (Stern, 1985) of the therapists’ facial expressions, tone of voice, gestures and postures to show they had been touched by the material. There was only one participant, Kim, who had not yet built a sufficient working alliance with her therapist to be able to experience the benefits of such a connection.

This attunement, which forms a foundation on which to reflect, was a parallel process to the participants’ experience of the research interviews. I conceptualised this as them engaging with their narratives in an empathic open setting, although this was not the intention. The development of linguistic communication transforms our ability to share experiences and to reflect on Self and Others’ states of mind – thus mentalization (Fonagy & Target, 1998) helps us negotiate meaning in our lives, partly through creating a personal narrative. O’Hara (2013) refers to the process of mentalization and related secure attachment when investigating the impact of the
relationship on hope and vice versa. ‘Self-reflection itself is an avenue for recovering a sense of hope. It may well be that this is largely due to a clearer sense of self’ (p.106). In the case of these participants, we can see that the therapeutic experiences that form the bedrock of our ability to reflect and mentalize can ultimately lead to greater hope.

5.3.2 Hope and the Therapeutic Relationship

For the participants, the experience of ‘being with’ their therapist demonstrates the importance of a strong therapeutic relationship in the fostering of hope, as found to be important for therapists too (O’Hara, 2012). This also relates to the later section, (5.5.2) on Feeling Different/Alone vs. Belonging and Connecting to Others. However, I have included it here as the role of connection with others in relation to hope was most evident when speaking about the therapy experience.

In their review of hope literature within psychiatry, Schrank et al (2008) concluded that in order for hope to be present there is a need to foster existing and new relationships, including those with a person’s network, their identity and experiences. This has been echoed as one of the elements quantified in multiple hope scales (Obayuwanga et al, 1982; Miller & Powers, 1988; Nowotny, 1989; Herth, 1992; Stoner, 2004) as well as in earlier research on the experience of hope in therapy (Cutcliffe, 2004; Larsen & Stege, 2010a/b).

The relationship incorporates the basic process of building a therapeutic alliance (Clarkson, 2003) and of the existence of Rogers’ (1957) core conditions of therapist congruence, empathic understanding and communication and unconditional positive regard – some of which were covered in the previous section on ‘being with’ the client. Frank and Frank (1991) agreed that the therapeutic relationship is key to the process of change in psychological therapies and went further to say that the despairing client is able to discover hope through their therapeutic relationship. The emphasis on the relationship has been confirmed in more recent research (Norcross, 2011). Angela spoke about her therapist metaphorically ‘holding out her hand’ to her when she was in her black hole of despair and walking her journey with her. Similarly there was a feeling of understanding, safety and trust that came out in the data too.
and Kim highlighted the downside of not feeling a strong relationship by saying that ‘being alone’ and ‘feeling hopeless’ were the same thing for her.

In a similar way in which the findings that childhood attachment bonds can be recreated or, where appropriate, repaired between client and therapist (Parish & Eagle, 2003) I can see that the early development of hope and experience of it in infancy, as theorised by Erikson’s (1982) first stage of psychosocial development, is reflected within the therapeutic experience. Angela even explicitly stated that there was a parallel here for her. Hope in therapy was found to be co-created in the therapeutic relationship and, in particular for the participants, in feelings of safety and a sense that their experience was seen. These experiences align to the period in early infancy when the mother provides consistency and safety for the child such that they develop hope in the world and an ability to cope with future challenges – through the learning of trust and mistrust. With the basis of this attachment and therapeutic alliance in place, the relationship could then develop into a fertile place for hope to grow. Simmons et al’s (2009) model proposed that secure attachment is related positively to hope and trust and negatively to burnout. Although this study looked at the model within the working relationship of supervisor to supervisee, there is evidence here to suggest that hope is indeed correlated with a secure attachment: and, as the psychotherapeutic alliance is a form or working relationship, this confirms the participants’ need to have a good connection with their therapists.

Common factors literature (Frank & Frank, 1995; Duncan, Miller, Wampold & Hubble, 2010) suggests interrelation of the factors. Rather like the relationship could be said to infiltrate all aspects of the therapeutic experience the data herein shows that the feeling of hope is influenced by the relationship and vice versa. As Lara reported, her relationship with her therapist got stronger after they worked ‘together collaboratively’ which increased her feelings of hope.

I believe we are all defined by our relationships with others (Stern, 1985) so we cannot look at individuals without considering their context as ‘the development of personal experience always takes place within an ongoing intersubjective system’ (Stolorow & Atwood, 1992:p.22). So, as our interpersonal relationships play a vital role in how we experience the world at large, it is natural for them to impact our experience of hope within that and the data shows this to be true (McCarroll, 2014).
5.3.3 The Therapist's Active Engagement

In a similar way in which the data highlighted the dichotomy of ‘being with’ and ‘doing’ in the subjective experience of hope in general, it was clear that this was mirrored in the ‘being with’ and active ‘doing’ qualities of the therapist that brought hope.

It was clear that the participants got value out of working through issues with their therapists in practical and explicit ways. They spoke of getting different views and perspectives and how this unlocked the stuckness they sometimes experienced in challenging situations. Larsen and Stege (2010b) call this a ‘change of perspective’, in terms of having a new insight to a particular problem. This engagement helped the participants achieve a sense of agency and pathways (Snyder, 2000) that mobilized them in physical and/or psychological ways.

Lara felt hopeful when she and her therapist explored things together to gain insight as it ‘confirms what I’ve thought or felt myself as to why I’m the way I am which restores confidence, faith or trust’. Despite Yalom’s (1991) advice that therapists can sometimes give advice in order to facilitate awareness and help clients make decisions, it was important in all cases that the therapists not overstep the mark into being over-directive or opinionated.

Angela was the only participant who spoke about the hope she got from her therapist’s overt expression of hope about her situation. By using the phrase ‘not yet’, Angela felt that her therapist had some experience of others or knowledge of her that gave her a positive feeling for the future. This was the only ‘explicit strategy’, as distinguished by Larsen and Stege (2010b) that came out of the data, which may have been because the participants were not having ‘hope-specific’ psychotherapy.

Although it was powerful for Angela to get this affirmation from her therapist, I feel there is danger in stating hope overtly for clients, no matter how much experience we have as practitioners, we can never know what anybody’s future holds. Some may even consider such ‘promises’ as unethical if that hope were false (Jarrett, 2013).
5.4 Being Seen vs. Being Invisible

When thinking about the third research question - *How does being of this particular racial mix impact the experience of hope in personal therapy?* - the participants were unable to see a direct link between their racial experience and the experience of hope in their personal therapy, I, however, began to see connections emerging related to being seen and not being seen by their therapist.

All the participants had times when their therapists had referred back to their racial background and mixed upbringing in relation to things they were experiencing in the present. On every occasion this was coupled with positive feelings and a sense of being understood. However, as well as these experiences of being seen, Kim experienced not being seen in the most extreme way as her therapist had only once raised the impact of her background yet she felt ‘it’s just so obvious, isn’t it?’ This experience was echoed by other participants to varying degrees.

It became clearer as the analysis progressed that the experience of being seen was fundamental to the participants’ sense of self and wholeness and therefore to how hopeful – or hopeless – they felt. This theme is echoed elsewhere in the literature throughout the narratives of those of various racial mixes (Chiawei O’Hearn, 1998; Fuyo Gaskins, 1999). Whilst ‘being seen’ is an important element of the therapeutic experience within all psychological therapies (especially in the absence of visibility and acceptance in earlier life) it was evident from its prominence in the data that there was a particularly strong need for all aspects of the self to be acknowledged for these participants. The cultural and ethnic experiences that were inherent in their stories had influenced their experience of being-in-the-world and it was vital that this was named and made explicit.

One particular element of ‘relational hope is about being known as a person’ (O’Hara, 2013:p.42) and, for this group, this included their therapists acknowledging their racial mix. In every case in this research the therapists had knowledge of their clients’ backgrounds so the material already existed in the room. Depending on their theoretical framework, each practitioner will have his or her own view of what they should bring up and what the client should bring up regarding issues of race. However, regardless of where responsibility lies, if we accept the premise that all
encounters are co-created, we could say that we cannot solely point the finger at therapists’ shortcomings as at times the participants hid themselves whether consciously or not. This does not mean that ‘colour blindness’ does not lead to frustration but maybe both sides of the dyad need to take some responsibility for raising issues of difference.

As previously said, none of the dyads in this research were ‘racially matched’ and whilst this at times caused some frustration or lack of understanding, a willingness to engage in a dialogue about racial experiences was seen to be a key component of hopefulness in the relationship. This finding is backed up by a phenomenological study (Chang & Berk, 2009) of minority clients’ experiences of cross-racial therapy where it was found that minority clients appreciated an awareness of racial difference and culture-specific knowledge.

Whilst it is recommended that therapists have the courage to make mistakes and to feel uncomfortable, there was little data in these interviews that opened the way for exploring mistakes around the participants’ racial background – an area that Angela acknowledged as being potentially ‘controversial’. One hint of this courage was me calling my therapist ‘brave’ for raising comments about the impact of my being mixed race as I acknowledged it was not easy for all therapists to do. Only once did Kim mention that she was angry with her therapist for responding to her racial experience with a textbook response rather than in a way that suggested some understanding of Kim as an individual, which left her feeling unseen. This rupture could have potentially offered some fertile ground for repair (Safan et al, 1994; Safran & Muran, 1996), however, it did not seem that Kim and her therapist had a strong enough alliance to endure an open dialogue around this. Other participants spoke of times when they felt misunderstood by their therapists but, despite seemingly sound alliances, these experiences were not followed up by either side acknowledging the misattunement. Despite the literature on ruptures, the therapists in these cases (who were described as experienced by their clients) either did not pick up on or, if they did, did not work through these mistakes that could have benefitted both parties.

Although it has been said that ‘the experience of racism is a visible difference... white people do not experience racism’ (Dhillon-Stevens, 2008:p.54), I would argue that the experiences of these participants muddies the water of a seemingly clear divide.
By bridging the worlds of ‘White’ and ‘Not White’, the racism these participants experience is more subtle and confusing. Given that the therapeutic encounter can be seen as a ‘social microcosm’ (Yalom, 2001:p.47), we could deduce that there was some racial discomfort from their therapists. Tuckwell (2002) suggests we look beyond visible difference as race is not about biological difference but rather social difference – however, in these cases, the racism was experienced as a result of perceived biological sameness. As Ifekwunigwe (2001) says ‘it is contradictory radicalised perceptions of physical differences that frequently determine and undermine the lived experiences of those who, as active agents, identify as, and/or are socially designated as ‘mixed race’ (p.46). Hopefully the data here has unveiled the lived experience of what it is like to belong to a minority group that does not necessarily fit with current theoretical constructs.

This theme of being seen (and unseen) also played out in the research process itself. By taking part in this study, the participants made themselves visible – although they are still hidden through the use of pseudonyms and through the grouping together of the data, which offers them the chance to share their opinion whilst standing alongside others who are similar to them. Lara in particular did not want to disclose her racial mix as she felt it would have made her identifiable which, for reasons only known to her, would have been uncomfortable. This illustrates one of the many paradoxes found in the data (to be expanded on in section 5.5): that people of mixed race want to be seen and to connect with others but in such a way that is safe and where their individuality is seen without them being ostracized or objectified.

With the exception of Lara, all the participants spoke of ‘passing’ (as white) – a phenomenon that seems to be particular to groups whose phenotypes belie their genotype. They used phrases such as ‘I wanted to be like them’, ‘I have denied it a lot’, ‘I’ve been quite hidden with it’ and ‘I have tried to fit in’. ‘Passing’ is a painful process and although it can be seen as a form of protection from potential racist comments, it is also used as a defence mechanism against the pain and shame of being different: ironically, however, the process of ‘passing’ itself leads to shame and pain as the individual inadvertently colludes with those who are unable to see them for who they are. This in turn leads to an ‘in-out dynamic”, which can sometimes be seen as a sign that the individuals are comfortable with different cultures and
environments – but this ‘social adaptability’ comes about, in part, because of an inconsistent sense of self and unclear identity.

Around this area, authenticity presented itself in the literature as relevant. Authenticity can mean a broad range of things including the alignment between how someone presents themselves and how they feel and the importance of authenticity has been stressed by psychodynamic theorists, such as Winnicott (1965) as well as humanistic theorists (Rogers, 1964; Yalom, 1980). Wood et al’s (2008) work on developing an authenticity scale concluded that authenticity could highlight differences between groups. Their three-dimensional authenticity model incorporates the overlapping dimensions of: self-alienation (ie an inadequate sense of identity); external influence (belief that one must adjust to others’ expectations); and authentic living (being true to oneself). The first two dimensions are signs of inauthenticity and the latter of authenticity. Wood et al spoke in particular of those who may have ‘a potential identity which is not visually clear (such as Jewish, lesbian, gay, bisexual and transsexual people, and people with unseen disabilities such as epilepsy)’ (p.397). Although the mixed race group was not listed, I noted Angela’s desire to be ‘loud and proud’ – a phrase most often used with reference to homosexuals – so I feel these participants belong to this wider ‘hidden’ group and agree that issues of authenticity may be particularly important because of the ‘additional strain of not knowing whether people would treat them differently if their true group membership was known’ (p.397).

Akin and Akin (2014) looked at authenticity as a predictor of hope in a Turkish sample. Using Wood et al’s (2008) model, their research showed that levels of authenticity predicted levels of hope, which they interpreted as consistent with research that shows that hope is related to psychological strengths such as better coping, empowerment and psychosocial functioning.

Whilst authenticity was not mentioned specifically by the participants in this research, and although Akin and Akin’s (2014) research was conducted using quantitative measures, it can be seen that by trying to fit in with the white ‘norm’ around them, some of the participants could be said to be living inauthentically by not fully acknowledging their racial mix. O’Hara (2013) understands this slip into inauthenticity as the outcome of not being able to cope with the despair in our lives -
in the case of these participants, despair around the lack of understanding and acceptance of their mixed race experience. In light of the correlation between experiences of authenticity and hope, one could tentatively draw a conclusion that the experience of hope in my research study was related to their being mixed race, in part, for these reasons.

Aligned to this, O'Hara and O'Hara's research (2012) cited in O'Hara (2013) found five blockages to hope, one of which was unconfronted aspects of the self. Whilst I understand their take on this blockage (ie not owning certain beliefs) in the case of this participant group, I feel that this blockage was related to aspects of their mixed race experience, and therefore of themselves, that had not been fully integrated thus far.

5.5 The Mixed Race Experience

In answer to the question - *What does it mean to be mixed race?* - there emerged an overarching theme of ambivalence and paradox that echoes several areas of the discussion so far. The split experience of being ‘the other’ emerged on several levels in both their internal and external worlds: the literal division brought about by geography; others’ assumptions about their heritage; their own identity; and their experience of being ‘the other’ and excluded from the majority. These findings align with the three dimensions of relationship in Stoner’s Hope Scale (2004) - relationship to self, to other and globally.

5.5.1 Internal Integration & Identity Issues

Participants spoke of having the best of both worlds and integrating both the positive and negative experiences that have made them who they are in the present. The positive experiences gave them a greater understanding of what it means to be different whilst the negative experiences included those whereby they had endured racist comments and a lack of comprehension or awareness of their race and related experiences.

One of the greatest areas of dissonance for those of mixed race is the way in which they self-identify, which emerged in the data. Mixed race people are often
fractionalised due to descriptors such as – ‘I’m half-X and half-Y’ or ‘I’m part-A and part-B’ – and the dissection of their identity appears to mirror similar experiences both inside and outside the therapy room. Miville et al’s (2005) research into how a mixed group of Black-White and East Asian-White participants self-identified when asked to choose a ‘best single race’ showed that most part-East Asian respondents chose ‘White’ and most part-Black respondent chose ‘Black’. When they explored these results, they found that many of the part-East Asian participants had chosen ‘White’ as a category based on cultural terms and not racial ones. This was echoed by Aspinall et al’s (2008) research. However, when only the whiteness is seen in a mixed race person, whether it be by the self or by others, there is a sense that the white part is privileged and ranks higher in an unspoken hierarchy (Mahtani & Moreno, 2001).

With ‘black’ and ‘white’ identity created in relation to ‘the other’, people of mixed race find it harder to identify with ‘the other’ because they bridge both groups. Most of the identity models and theories I found in the literature for those of mixed race (Poston, 1990; Helms, 1995; Renn, 2008) did not feel suitable for this particular participant group as their experiences of identity formation and discrimination are more complex that those who are part-black or monoracial (Parker & Song, 2001). In addition, they have grown up in more than one environment, which often leads to a sense of ‘cultural homelessness’ (Vivero & Jenkins, 1999). Standen (1996) calls for a stance on racial identity ‘on a micro level as fluid and malleable… rather than a stance that necessitates blood as racial identity’ (p.259). Accordingly, psychological therapists need to hold both the internal world and external worlds in order to understand such clients and I feel that the data that came out in these interviews went some way to unveil these separate worlds.

The language used to describe mixed race complexities requires careful thought as the language of race can define and oppress subjectivity and encourage silence because of the power of categorisation. Words can be wounding, which may be another reason why hope is particularly poignant in this arena. Humphrey’s (2007) work on the notion of hyphens in the insider-outsider researcher stance can help us conceptualise the potential meaninglessness of hyphenated terms such as South East Asian-White that illustrate the notion of fractionalised identity. Whilst I felt the need to use this term to clarify my participant group, we need to be aware that such
categories overlook the significance of the hyphen itself. The hyphen is a place between two worlds that can stand for uniqueness and allows an exploration of a fluid place between worlds that the participants seem to inhabit.

Language also plays a key role in a sense of identity (Williams, 1992), which some of the participants mentioned in passing in relation to not being able to communicate with their families in Asia. It seemed that the only participant who spoke both English and an Asian language was Lara and she said at times she had trouble getting her therapist to understand her because of this and so the implication was that, even though English was her first language, she was better able to communicate certain experiences in her second language.

The continual disbelief around their racial make-up implies that people of this mixed race group are ‘inauthentic dilutions of racial essences’ (Parker & Song, 2001:p.15) as the way they look raises a range of responses from ‘I would never have known’ to ‘But you don’t look (minority race)’ and so on. The findings in Aspinall et al’s (2008) study echo the participants’ frustration, anger and at times enjoyment, at their racial mix being unseen. Williams (1996) says such ‘What Are You?’ encounters reveal the social and racial disorientation of the person asking as much as it dislocates the person being asked – however she also acknowledges that this question offers the individual the chance to rethink their identity thereby illustrating race as a process of social interaction. These encounters were common to all twenty interviewees in Williams’ study and were raised by all but Lara in this study. This seems to be one particular area of shared experience for the mixed race group: however, this idea of being ‘special’ is at its best ‘fickle and at worst demeaning and alienating’ (Bradsawn, 1992:p.83) and if internalized, comes at a high cost to the individual’s identity.

Another point on identity that also emerged was the stereotyping of South East Asian women, which often angered them and made them feel objectified. Although it did not emerge during my own interview, I have had similar experiences, the most memorable of which was having my dictionary defaced at school with the words ‘Thai prostitute’. Yasmin Alibhai-Brown (2007) writes about the white men who ‘repelled... by feminist white women, turn to Asian women as ‘submissive’ and black women as ‘whores’ and some are not afraid to let their fantasies hang out’ (p.10).
For all the data on the whole revealed experiences of feeling that the South East Asian part of the participants was invisible, it seems that when it plays to stereotypes and fantasies, some people are more than happy to magnify and misrepresent it for their own whims.

When stereotypes get activated and both client and therapist are confronted with the threat of judgment of the other they can activate the stereotyped transference/countertransference response that they wish to ward off. This precarious element of the therapeutic dynamic requires honest and compassionate scrutiny, which can open the opportunity for a meeting between client and therapist, which, in turn, can activate the myriad of experiences along the hope – hopelessness continuum.

Issues around identity formation are not the sole domain of those of mixed race and, in my opinion, we cannot overlook the impact of an individual’s inherent nature (Stern, 1985), however there is no doubt that a new identity model is needed for those who are biracial – one that is not linear but which takes into account all the factors that play into identity development for this diverse group Standen (1996).

5.5.2 Feeling Different vs. Fitting in and Feeling Connected

As mentioned earlier (5.3.1), the feeling of integration and togetherness with their therapists brought feelings of hope for the participants. However, they also spoke about how not integrating because of their otherness made them feel as if they stood apart from groups, especially the dominant white majority. The experience of being different from the ‘norm’ was a thread that started in childhood, regardless of whether they were raised in the West or Asia and notions of belonging and acceptance have emerged as themes elsewhere in phenomenological research into biraciality (Gaskins, 1979) cited in Bradshaw (1992). There were also moments in the therapy room where the participants felt that either their therapists did not understand them at all (in Kim’s case) or were unable to fully grasp their experiences, thereby missing the full impact of what it means to be of mixed race.

In order to fit in, most of the participants (except for Lara) had at some point felt like
they had presented themselves as ‘honorary whites’ (Song & Hashem, 2010, p.291), a phenomenon known as ‘passing’ (Bradshaw, 1992). This seemed to be because they related more to the Western cultures where they had been raised and because of their lack of language or history of living in South East Asia. Song and Hashem suggest that this leads to an incorrect assumption that they are not able to assert their Asian identity but it may be more likely that they feel they will be rejected if they do. Miville et al (2005) says the ‘Chameleon experience’ (p.512) shows flexibility around social boundaries, which they imply enhances psychological functioning by developing increased cognitive flexibility and openness. However, I would say that is not the case when it feels it needs to be done in order to fit in. This ‘passing’ brought up feelings of guilt and shame in those who had partaken but this had not been fully acknowledged up to that point by some of the participants.

Shame researcher, Brené Brown (2008), refers to shame as ‘the fear of disconnection – the fear of being perceived as flawed and unworthy of acceptance and belonging’ (p.xxv) so if we think about this phenomenon in relation to these participants’ experiences alongside others we can see that ‘passing’ aligns to Piaget’s (1953) cited in Katz (1996) notion of ‘adaptation’ whereas racial categorization by dominant groups is similar to ‘organisation’ – both processes of which come about through the need to create equilibrium.

Taking a psychoanalytic perspective, Dalal (2002) claims the emphasis on difference is made in order to estrange and detach the ‘us’ from ‘them’, which results in projection becoming a way of generating difference. In addition, the splitting that occurs between those who are the subjects of racism and those who enact racism has been critiqued for assuming that similarity and difference are absolute states within themselves that act in opposition to each other. This view fails to recognize the link between them (Dalal, 2002) ie it is not the differences that cause racism - rather it is the assertion of specific differences and power that creates racism/race. One can become disempowered because of such perceived differences, however the participant group in this study is particularly interesting in that they feel disempowered through the dual process of being seen as the same as well as being different. They want to be seen as ‘different’ but then at times ‘difference’ itself becomes a sub-category – a category that does not honour the lived experience.
Dalal acknowledges the need for an explanation of how ‘racism’ and ‘race’ have been made normative. Just as there is a split between the enactors and subjects of racism, there also exists a split between the social and psychological in analytic thinking. Through this lens the social and psychological are seen as separate entities rather than interlinked factors in the process of differentiation. We are born into pre-existing societies that have overlapping and conflicting cultures that are embedded in power relations - and all of these factors contribute to the formation of self – ie not only do we attach at an individual level but also we attach to certain socio-political categories. Dalal references Elias, the sociologist, for explanations: historically those who were more powerful determined what was thought to be ‘good’ or ‘bad’ to distance those who were perceived to be inferior due to differences in manners and customs – and these external social structures are echoed in the structure of the psyche.

This splitting process around the creation of race and racism mirrors the sense of splitting and separateness experienced by the participants when they felt hopeless: therefore one could say that the splitting process in itself lacks hope.

There was also a subtle impact of intergenerational trauma for some of the participants. Lara spoke most clearly of the ‘oppression’, which her ancestors had experienced for generations before her. Others spoke of observing their mothers’ behaviour of being immigrants: Angela’s mother felt ‘lost’ in the British culture and Norina’s mother sought comfort in friendships with other Asian women who had married Irish men. This did not come up in my interview but I have often wondered about the impact of my paternal grandmother’s shame, in particular, around her adoption in China – something she only told her family on her deathbed. It is now known (due to eye colouring in my family) that she was the product of an interracial relationship and this was the reason for her adoption. Given I inherited her squint, which often draws attention to my unusual eye colour, I have often wondered whether the shame that has dominated my life was also, in part, inherited. In Danieli’s (1998) book on intergenerational trauma, there are chapters on the Holocaust and the impact of the conflict in former Yugoslavia, Japanese American internment and Indigenous Australians amongst many other chapters about racial
atrocities worldwide – but there seems to be a lack of literature on a more subtle form of racist trauma that may be transmitted such as that alluded to in this study.

Because of being ‘The Other’ with no clear social or cultural home, Mengel (2001) suggests that multiracial people, whatever their racial mix, inhabit a ‘third space’ (p.100), which is a panethnic space, separate to one that is shared by those of the same racial mix and those who are monoracial. Whilst I agree with Mengel that everybody who has mixed heritage shares some common ground, I feel that people who are deemed to be black according to the ‘one-drop rule’ have a different experience to those who are conversely, and incorrectly, often seen as white.

This ‘third space’ is similar to Williams’ (1992) idea of a ‘third culture’ and, along similar lines, Mahtani (2001) refers to a ‘mobile paradoxical space’, which takes its roots from feminist theory. This space acknowledges multiple dimensions that reach beyond the domains of the dominant subject – in the case of feminist theory the space allows women a place where they are not marginalised as the object. In terms of race, this ‘mobile paradoxical space’ goes beyond the notion of duality between the dominant white and ‘the other’, which is voiced so vividly by one of Mahtani’s research participants: ‘So your physicality, your whole body, totally, you know, challenges the idea that races shouldn’t mix, that this is the way things are, that these facts exist, that the truth exists in this way. Because if all this were true, then I wouldn’t exist. And I exist, therefore it cannot be true’ (p.181).

However hard it is for us to find an affinity with a group, I believe that it is in our basest nature to want to connect with others and so a shared space of fluidity and ambivalence is an important one to delineate. That said there exists a tension between this need to connect to others and our need to be separate (Fairbairn, 1952; Stern, 1985) and this tension was felt in the data through the participants’ desire to have their particular racial mix seen by others in order to acknowledge their family, heritage and cultural influences, whilst also wanting to belong to the majority group.
5.5.3 A Shared Experience of Difference

For these participants, the idea of sharing the experience of difference with others brought a feeling of integration - particularly in the therapy room. Whilst not all the participants noted this themselves, all but one (who did not specify) had chosen therapists who were of different races or who were not native to the UK. Two participants also mentioned their supervisors' backgrounds and how their belonging to a minority group had given them hope and made them feel supported. In summary, four participants had therapists who were from a different culture or race (Jewish, American and East European). Except for Norina, the participants raised the issue of self-disclosure around difference – in the main the appreciation of it in being able to relate to their therapist as someone who did not belong to the dominant white British majority. Whilst this was sometimes inadvertent disclosure on behalf of the therapist (for example due to their accent), it was still an important element in the creation of a more equal dynamic in the dyad. There is ‘considerable controversy’ (Yalom, 1991:p.90) around personal self-disclosure however sometimes facts are given away (even if the full truth is unknown) - for example visible differences, accents, items around the home – and, if the client asks there is always room to explore their reason to ask, whether or not the practitioner chooses to disclose.

Whilst nobody questions white-to-white matching of therapist and client, there is some interesting research on racial, or ethnic, matching. Meyer, Zane and Cho (2011) found that the matching of Asian American (referring to South East/East Asians) clients and therapists led to greater perceived experiential similarity: this was in turn associated with therapist credibility and a positive working alliance, which could be related to greater hope in therapy (Duncan, Miller, Wampold & Hubble, 2010). Whilst these clients were not mixed race, this study raises interesting questions around how much racial matching matters. Although one can argue that there are many other ways in which matching impacts the therapist-client relationship (gender, age, socio-economic group, religion, values, attitude etc), some believe that racial matching in particular can be healing (Watson, 2011). Others suggest that whilst racial/ethnic similarity may initially promote trust or a sense of being understood, there may be later disappointment as areas of convergence between therapist and client become apparent (Cabral & Smith, 2011). Outcomes have also been found not to improve with racial matching – rather there exists the
risk of over-identification with certain social or personal difficulties for the client that may lead to collusion (Comas-Diaz & Jacobsen, 1991). Cabral & Smith also raise the important point that matching of client-therapist leads to segregation and denies therapists the chance to work cross-culturally.

The literature on racial matching has only looked at 'like for like' matching and has not yet acknowledged the value in matching those who know what it is to be 'different' for myriad reasons. It would be difficult for the participant group in my study to find a therapist of the same (or similar) racial mix as them, as many of them raised in their interviews. UKCP membership data for 2010 (Dhillon-Stevens, 2012b) shows 0.05% of members classed themselves as ‘Other’, 0% as ‘Mixed Race’, and an overwhelming 96% as ‘White’. The Division of Counselling Psychology (Bennett, 2014) is currently made up of 6.4% ‘Mixed Race’ members, 1.7% ‘Chinese’ and 85% ‘White’. The BACP membership data (Thompson, 2014) for the same period showed that of those who responded, 90.6% were ‘White’, <1% ‘Chinese’ and 3.7% ‘Other’ which I assume, in the absence of this specific category, includes Mixed Race. Statistics are rarely complete, however, even if we allow for a significant margin of error, the white majority in the profession is overwhelming.

Finally, where partners were described in three cases, they were said to be Portuguese, Asian Muslim and Jewish – and Norina also spoke about choosing friends who were ‘different’. The phenomenon of being drawn to other people of the same racial mix which has been acknowledged in the literature (Williams, 1992) however what came out in these findings was that the experience of being different was less prescriptive and encompassed those of other racial mixes as well as those who were not white Anglo-Saxon.

5.6 The Mixed Race Experience of Hope

In looking at the data from a high level, once it had all been analysed and categorised, I was able to see some parallel experiences that brought together these two, at first seemingly, distinct experiences – and, again, these themes contained polarised positions. In a similar way in which it is a challenge to integrate racial and cultural experiences for those of mixed race, the below integrated areas took time to
appear in the analysis process. I think many people like to categorise things neatly and there was a risk that I would attempt to do this in my analysis too: that would have led ‘hope’ and ‘the mixed race experience’ to remain two distinct subjects (as seen in most of the literature review) rather than an integration of experiences that can at times appear messy and contradictory. Right from the outset of this project, I have heard from many people ‘but there’s no link between those things’ and the view that they should remain separate parallels the discomfort that some people have with the notion of multiracialism. Regardless of all of this, I feel the below points reflect the ‘far-from-tidy’ experiences shared by the participants.

5.6.1 Stuckness/Hopelessness versus Movement/Hope

The stuckness around the concept of race was evident in several participants’ views of Asia as ‘backward’, ‘oppressed’, ‘slower’, ‘rural’ and lacking modern technology and ‘materialism’, contrasted with the technology and superior education system in the West. Although in a different area, this idea of stuckness was mirrored in my experience of conversations ‘not going anywhere’ when I wanted to speak about my racial experiences. This implies a sticking point in our society about being open to talk about and explore issues of race. Similarly Lara got stuck at times trying to explain things to her therapist about her mixed race experience, which she related, in part, to language barriers. In therapy, Kim said she felt hopeless when she was unable to show her emotions and when her thoughts were ‘blocked’.

In contrast, Angela’s therapist showed curiosity about her cultural and racial experiences, allowing their conversations to flow and progress, which gave a clear feeling of hope. However, where other participants had explored issues with their therapist, which influenced their hope and progress – this had not been around the mixed race experience. They had generally found that when their therapist was open to listen without judging, that the relationship bond had strengthened, which, in turn, had increased their sense of hope.

If we look at the earlier themes of stuckness = hopelessness and movement and change related to hope, we can interpret that the West signifies progress/hope and change whilst South East Asia symbolises stuckness/hopelessness. This seems to apply not only to societies and cultures on a macro level but also on a micro level to
a feeling of all parts of themself being accepted in the therapeutic relationship, which nurtured a sense of hope.

5.6.2 Lightness = Hope/Whiteness versus Darkness = Hopelessness/’Otherness’

It was clear that hope was seen as being related to lightness (literal and metaphorical, physical and psychological). Hopelessness was heavy, depressing and dark as epitomised by Angela’s ‘black hole’, which was echoed by my ‘darker clouds and lighter clouds’ of hopelessness and hope. Alongside Lara’s experience of the ‘dark side’ of the oppression of the country where she grew up, we can see a parallel with global view of ‘White’ as a representation of purity, light and goodness compared to the evil and darkness of ‘Black’ (Tuckwell, 2002).

The polarities of Light versus Darkness/Heaviness and White versus Black are concepts that infiltrate many areas of society. Just as I was completing this study, I heard a radio programme (The Colour Black, 2015) elaborating on these concepts and echoing Dalal’s (2002) earlier work. The idea of ‘black marks’, ‘black markets’, ‘the black death’, ‘black sheep’, ‘a blacklist’ and so on compared to being ‘whiter than white’, ‘a white flag’, ‘pure as snow’ are rife in common parlance. That said, it is interesting to see how whiteness in particular is turned on its head in Asian societies: in China and India ‘white’ symbolises death and is worn to funerals and historically, vampires were thought to wear white in Asian cultures.

Although the data did not explicitly highlight the notions of ‘good’ and ‘bad’, it is implied in the themes of ‘lightness’ and ‘darkness’. We can theorise that these accepted ‘categories’ of ‘good’ and ‘bad’ could impact on the experience of hope in general for those in the racial minority because of the implicit connotation of darkness with negativity.
5.6.3 Hope = Connection/Belonging versus Hopelessness = Being Alone/Feeling Different

The final parallel was in the experience of hope coming about through connection with others – in and out of therapy and the hope that was felt when participants felt a sense of belonging and being seen for who they were. In contrast, hopelessness was epitomised by the experience of being alone (for Kim, they were the same thing). This was illustrated in the mixed race experience by the heightened sense of difference to most people, be it in the way the participants were questioned about their identity or just a wider sense of not belonging. For example, Angela spoke about how ‘lost’ and alone she felt when she was stared at for looking different.

This sense of being alone extended at times to the therapy room too, if their therapists did not see their experience or understand them – which was most evident in Kim’s account. The hopelessness from not being seen at times had a child-like quality to it and contrasted with the expansive sense of ‘being with’ that was clear in the moments when therapists had fully ‘seen’ their experiences. There was a sense of their therapists feeling their words and experience (Stern, 2004) and not making assumptions about their thoughts or feelings, which allowed the participants’ unique experiences to unfold.

5.6.4 Being Seen Leads to Hope - Invisibility Leads to Hopelessness

The assumption that is widely made – that phenotype creates racial categorization – places the participants in this research in the hopeless position of being ‘uncategorizable’ or incorrectly ‘categorized’ (Parker & Song, 2001). Although still painful, the experience of being ‘named’ because of what you look like, allows for those with clearer phenotype to be classed with others in a group to which they may or may not wish to belong. For these participants of South East Asian – White mixed race there was a sense of hope that came from standing alongside those who were similar to them. Their therapists did not have to be ‘the same’ as them: their curiosity in and naming of their clients’ difference had power in creating relationship (Chang & Berk, 2009). This gave the clients the sense that their therapists were seeing all aspects of them and the impact of being raised with multi-cultural and multi-racial influences that are often ‘hidden from view’.
It is safe to say that within psychological therapies it is acknowledged that a key element of the therapeutic experience is the emotional bond between client and therapist, especially the therapist’s ability to empathize with and ultimately feel genuine affection for their client (Rogers, 1961). Implicit in this emotional attitude is the therapist’s conviction that the client’s experience, however painful, unusual or shameful, is worth paying attention to (Hycner, 1993) – that it has value and meaning. The fact that the therapist devotes his or her full attention to the client’s experience, and bears witness to it, contributes significantly to the healing process – what Larsen and Stege (2010a) refer to as ‘witnessing hopelessness’ within their implicit hope strategies. This experience of ‘being seen’ led to greater hope in the participants and a sense of relief that they did not have to pretend or ‘pass’ as white in the therapeutic setting.

Human beings are social animals: part of our sense of self comes from our relation to other humans and through the process of being seen, acknowledged and validated by them: to a degree, this is what it means for life to have meaning. Pain comes about when people feel that they are invisible and that their experiences do not matter sufficiently for anyone to notice. In the data, the participants spoke of feeling lonely and longing for contact with others when they felt ‘different’ - and without anyone to bear witness to their lives, it seems that they had struggled to maintain a sense of their own worth. It is hard to feel in contact with other people when your racial mix puts you in a minority. I think that hope was also created in the recruitment and data-collection processes of this research as participants spoke of being curious and pleased that there were other people ‘like them’: I think that by showing an interest in and naming their experience explicitly, they felt hopeful and visible.

5.7 Personal Reflections on the Meaning of the Data

Despite these findings, several of the participants said they were not able to conceptualise a connection between being mixed race and their experience of hope. This initially made me feel disheartened and at times it was difficult to sustain my motivation. However, I managed this disappointment, ironically, through hoping that my instinct was correct - that the material would be of interest. I can now see that the
subtleties of the experience, rather like the subtleties of the racial mixes, needed to be explored for patterns to emerge. A benefit of this not being immediately obvious was that I felt the participants did not have to ‘please’ me in their answers so hopefully felt comfortable enough to simply voice what they thought and felt. I was also struck by how many of the experiences shared by the participants had also played out in the doing of this research, I have at times felt invisible – in the main because the relationship between hope and mixed race is not an obvious one. I wrote in my reflective journal:

'It’s judgement that I fear, judgement that what I want to do – and even who I am – is pointless and uninteresting. I fear that I’m making a mountain out of a molehill and feel this every time someone asks me what my research is about. Nobody has ‘seen’ me properly so far and I feel my research is not being ‘seen’. May, 2012

Whilst I might think I do not hide myself as much as I used to, I had an interesting experience when I attended a one-day IPA workshop. The facilitator asked each of us about our research and when I explained my study, she said ‘I bet people wonder why a white woman is doing this piece of research.’ If someone said that to me now I would explain my relationship to the research, but then I sat in silence feeling shamed and alone. I wonder if I did not speak up because I was wearing what I have called the ‘white veil’? As the process unfurled my confidence grew and I am now better able to speak about my research with confidence and clarity. I feel this parallels the identity processes that I felt were happening to varying degrees for the participants around owning their space, no matter how marginal it may be, in wider society.

I also experienced periods of stuckness in the research process that were related to a sense of hopelessness. Why should I work so hard to finish if the piece is of no interest to people anyway? What if this is seen as something that should not be brought to light? In July 2012, as I was doing my first analysis, I wrote in my journal: ‘I find myself moving between fear and excitement, paralysis and energy’ as my hope oscillated. Especially during the first 18 months after having my baby, I felt
like I should be pressing on and re-engaging with my project but at the same time I felt stuck and anxious. I noted in my journal in March 2015: ‘My indecision is wearing me out’. I felt totally stuck and hopeless and the experience was very draining. The shift I needed came through practical changes. I realise now that I had been trying to focus on my research at a time when I did not have the capacity - mental or physical – to re-engage with the endeavour. Once my paid work quietened down and the space opened up, my hope was re-ignited along with my energy. This mirrored the dichotomy of stickness/hopelessness and energy/change that emerged very clearly in the interviews.

As I said in the introduction to this section, I noticed that rather like McCarroll (2014) suggests moving beyond binary notions of hope and hopelessness, so it has been important to avoid the trap of keeping separate subjects of hope and the mixed race experience to look for areas of overlap. This too parallels the integration of races that these participants embody. I question if and how I could have done this more seamlessly. I wonder if this is the self-critical part of me or an impact of being mixed race that means I struggle more than others might with the notion of integration.

Finally, my experiences in both personal therapy and my own client work have been influenced by this research. I expand on this in the sections on Implications for Psychological Therapies (6.3), however, in short, I am more forgiving of my therapist for her lack of knowledge around multiracial issues and am more confident to raise them myself. I feel hope in her openness to learn and understand so that she can integrate this information into her own reflections. In my client work, regardless of the racial mix in the room, I am more aware of the unseen differences that my clients may feel and the difference between us. I am especially aware of the need to bear witness to those experiences that may feel shameful and that bring relief through being named. Having always had an awareness of this, I feel I have moved yet further from theoretical comprehension to an embodied and open understanding. I use my bodily experience to help inform me of things that may be difficult to admit at a cognitive level, such as potential or perceived power disparity and discuss this in supervision. As uncomfortable as this may be, my willingness to engage helps me take a step closer to my clients’ experience.
5.8 Limitations and Weaknesses of the Study

5.8.1 Trainee Psychological Therapists as Participants

I gave careful consideration to my decision to use trainee psychological therapists. I wanted to acknowledge the client as the most important factor in therapeutic change (Bohart, 2000) and believe that this justified using trainees to recruit a group that may otherwise have been hard to reach.

Despite advertising to 57 courses (that covered trainings in Counselling Psychology, Integrative Psychotherapy, Person Centred Counselling, Humanistic, Transactional Analysis, Psychosynthesis, Gestalt, Psychoanalytic, Body Psychotherapy and Psychodrama) across 23 agencies that offer placements to trainee psychological therapists from a range of modalities, in Therapy Today, and on the UKCP, BACP and BPS websites all of the participants were studying on integrative courses. This unintentional bias in the sample raises the question of what the data may have looked like if some or all the participants had been trained in different modalities. However, I am left wondering if it was coincidental that these trainees whose very being embodies integration were attracted to a modality that mirrored this.

Potentially related to this is the impact of self-selection, which is inevitable in a study where participants volunteer. Were these participants drawn to this study because they had reflected more – or less – on the impact of being mixed race? Were they still in the process of integrating themselves - whereas those who chose not to volunteer might have been at a more evolved stage of racial awareness? Without a ‘control’ group it is hard to answer any of these questions and therefore the impact this may have had on the data.

Also it could be assumed that trainees within the profession have a higher baseline of hope for various reasons. Having chosen to embark on training, these participants could be seen to have a more hopeful view about the value of psychological therapies. In addition, with hope being an accepted common factor in the outcome of psychological therapies, would the theoretical aspect of training have instilled a more hopeful view of human nature? In addition, these participants may have been more self-aware, specifically around race and hope, than clients who are not in
professional training - so my sample may not be truly representative of the whole of the South East Asian-White mixed race group. That said, self-awareness should not be assumed as a given of professional training and without having expanded the target group, this too remains an unknown. Also, the mental health issues experienced by these participants may not have been as extreme as some populations (Noh, Choe & Yang, 2008), which would affect their experience and levels of hope. These potential biases may have skewed the data as a non-trainee group may have been less hopeful or less coherent. However, on the other hand, one could say that those who choose to train as therapists may have had hopeless experiences in earlier life that have drawn them to heal themselves and others (Jung, 1951).

Whichever way the bias may have swung, this ‘state’ baseline of hope could have had an impact not only on the participants’ experiences in life, but also on their view of training and personal therapy. In addition, a degree of ‘trait’ hope may have been influenced by the stage of training as participants developed their psychological processes, stage of racial integration, reflective capacity to bring the unconscious processes into awareness and ability to hold tensions. That said, the participant who spoke the most about being ‘hopeless’ was at a later stage of training so I believe that we cannot tell with this small sample what the exact influence and impact of these potential biases - but it is worth bearing in mind for future research in this and similar areas. To counteract this or to clarify the influence, one could incorporate an appropriate hope measure that highlights either or both of the participants’ state/trait levels of hope. The inclusion of a quantitative measure could, however, be seen as out of kilter with a qualitative methodological stance so such a change would need to be carefully considered and justified in the process.

On balance, the advantage of using this group for ethical reasons justifies the sample. The data shows that the subject matter was highly charged and dislodged some experiences and reflections that these participants were able to manage – both personally and with the support of their ongoing therapy and the holding environment of their training.
5.8.2 Researcher Bias and Participation

The aim of this study was to capture the participants’ experiences in their purest form, however, by taking the decision to be a participant myself, I had to work hard to set aside my own interpretative bias. One could argue that it was impossible and, to some extent, undesirable to ignore my responses and experiences, so in some respects having my own interview experience and generating my own data meant that I was as transparent as I could be.

My reflective journal and supervision also helped me a great deal in attending to my biases, processes, and writing blocks (Cameron, 1995; Etherington, 2004) especially at the earlier stages of data collection and analysis, which took place prior to my own interview being conducted.

It is challenging to be curious about what the impact might have been on the study had I not shared a similar racial background to the participants as I believe that such a piece of research could only be of interest to a researcher with a shared background. There is bound to have been an impact on the data collection and analysis as I may have interpreted data through my own personal experiences.

5.8.3 Cultural & Racial Limitations

Noh, Choe and Yang (2008) note the limited validity of single-culture studies and Cooper, Darmody and Dolan (2003) address this in their trialogue in which they share similarities and differences on hope from the Canadian, Irish and American cultures. So because I narrowed my research down to the UK and also the racial make-up of the participants, I may be open to criticism for purposely excluding those of other racial backgrounds. I hope, however, that my chosen research methodology and the reasons I have already given justify my decision to research the lived experience of South East Asian-White mixed race participants. I believe that even with a narrow population, much insight has been gained from this research, even if it is considered within this limitation. What this research may do is therefore encourage research into other racial groups, allowing for comparison to see how they feel about hope.
5.8.4 Regional Limitations

Despite the widespread adverts I posted out and email requests, I ended up with a sample of participants who all lived within the M25 and 3 of whom lived in Central London. Research has shown that those who live in more metropolitan areas may have different views on being mixed race (Song, 2010) and we could tentatively suggest that these participants may have been drawn to live in London because it is such a multicultural and multiracial city. That said, it is impossible to tell what impact it would have had on the data if the participants and therapists had been living in a rural environment where the demographic was more homogenous.

5.8.5 Other Potential Factors

Whilst I had remained open to finding differences between male and female experiences, all of my participants were female and in their late 20s to late 30s. Song (2010) draws attention to the fact that mixed race women are often sexualised more than mixed race men so this may have skewed the data – although only two participants raised this.

I was also aware that therapist factors may have come into play in the experience of hope in the therapy process – for example gender, theoretical approach and, of course, race. However, because I had selected a mixed race group of such minority status, I decided not to specify the race, gender or theoretical approach of the therapist. What gets missed in this piece, therefore, are any potential issues of matching/mismatching of client and therapist. The four participants all spoke of female therapists (sexual orientation not mentioned) and I was the only person who spoke about experiences with both a female and male therapist.

Finally, I started out with an awareness that there may also be differences in attitudes towards and experiences related to hope within the group that could not be accounted for by race – for example, socio-economic status and age (Farsimadan, Khan & Draghi-Lorenz, 2011). The mixed racial experience of the working class may well be different to those of the ever-growing middle class (Alibhai-Brown, 2007) and this too may well impact on their experience of hope.
Chapter 6: CONCLUSION

In this research, I hope that I have stayed on the right side of ‘hypersensitivity’ (Alibhai-Brown, 2007:p.156) regarding issues of difference as I acknowledge that many people, regardless of their race, sometimes feel different. One of my ambitions for this research was to highlight the need for a heightened awareness of the differences we all carry, especially those that are unseen – and I have no doubt that some of the findings herein could have been found with many participant groups who feel marginalised or invisible.

6.1 Summary of Findings

6.1.1 The Influence of Being Seen on the Experience of Hope

The experience of being wholly seen and validated is critically linked to the experience of hope. When others bear witness to both the positive and negative influences of being mixed race, hope springs forth: this does not eradicate the painful aspects of these experiences but it goes some way to reducing the shame of being different – and the added shame of not owning one’s difference.

On the other hand, hopelessness is, in part, created when we are ‘blended in’ with a majority group for the sake of categorisation or simplicity - or because of ignorance. Although psychological therapists would agree that it is fundamental to ‘see’ the experiences of our clients, the experiences of this group and those who similarly carry ‘invisible’ differences hopefully highlight the importance of reflecting on all the aspects of individuals and even those they try to hide from themselves or the outside world.

6.1.2 The Paradox of Hope

From talking to colleagues and other professionals, I got the sense that whilst hope is taken to be a common factor in success in psychological therapies, most people take it for granted – and once given the space to reflect, other thoughts and feelings arose.
Hope is multi-layered, textured and complex. It can be something we have or do. It can be related to action or inaction. Hope can be a motivating and uplifting force or it can be demotivating if unrealistic or unfounded. Hope comes about through feeling connected to others and this sense of trust has its roots in early infancy. Finally, hope and hopelessness are closely related – and can co-present or jostle to take the foreground.

The paradoxical experiences around hope were: the ‘doing’ vs. ‘being with’ experience of hope; the pull of hope and hopelessness (and related dichotomies of change vs. stuckness and connection vs. being alone); and the contrasting experiences of hope through their therapists’ active engagement with the clients as well as their capacity to simply be with their clients in the shared therapeutic space.

6.1.3 The Split Experience of Being Mixed Race

The key polarizations in this area were: being visible and invisible (including hiding themselves); a sense of a split self alongside an integrated self; and a strong feeling of difference coexisting with a pull to connect with others.
The experience of coexisting paradoxes between two cultures echoed a sentiment from my training – the idea of holding the tensions between different theories and ideas within an integrative framework. Whilst integrative training courses are very popular nowadays, it was striking that every participant was studying on an integrative training. One could say that most psychological therapists are drawn to the profession because of their experience of being alienated and/or a drive to understand past personal difficulties (Bager-Charleson, 2010), however there seemed to be a particularly poignant parallel experience between the journeys of these participants to integrate themselves professionally and personally.

This research project has elucidated how challenging it is for those of mixed race to feel a state of cohesion on multiple levels. In contrast to a criticism that has sometimes been levelled against integrative therapists (that they avoid taking a stand or making a choice) it could be seen as a positive trait that those inclined towards this way of working and thinking have personal experience outside of the profession of honouring individuality and the value of incorporating different experiences and perspectives.
6.1.4 The Connection Between Hope and the Mixed Race Experience

What influenced hope in therapy for this group primarily was the experience of being wholly seen and understood – including both sides of their heritage and the tensions between their two races/cultures. When the participants felt that they had not been wholly seen, they felt frustrated, alone, let down and hopeless.

They also experienced hope through a sense of connection and a shared understanding of what it is to be different - both with their therapists and others. This feeling of collaboration in the therapeutic dyad mirrored a feeling of belonging to a group or ‘the majority’ outside of therapy. There was a parallel experience between feeling alone when they felt hopeless and feeling apart from the majority because of being different racially.

The way in which the participants spoke about their experiences of hope in general highlighted a theme of lightness whereas hopelessness and related emotions were dark. This paradox was echoed in themes of ‘Whiteness’ as pure and light and ‘Darkness’ or otherness as negative.

Finally, there was a sense of flow and change around hope compared with a
stuckness and related frustration and at times depression around hopelessness. This was similar to relating hope to progress in the West and relating stuckness to Asia and its lack of developmental progression.

6.2 Recommendations for Future Research

The literature has offered thought-provoking material and there are still few studies that explore the entirety of the mixed race experience. Even in the process of taking part in these interviews the participants gave me feedback that they had enjoyed having space to talk about their experiences; however I regret to some extent not choosing a narrative methodology, which may have benefitted my participants further in their explorations. Because our racial identity is in part created through our narrative (Spikard, 2001), there is a strong argument for more narrative-based research for this racial group.

It would also be fascinating, and challenging, to attempt to create a model of identity development that encompasses elements of both the multiracial and white identity models that would help us to understand the experience of the ever-growing and ever-diverse mixed race group.

As regards research into hope, I would urge more research into the lived experience of hope from the therapist's perspective to acknowledge the intersection of hope within the dyad (Flaskas, 2007). In addition, further research into other more specific groups would allow the chance to see whether the experiences herein are generalizable.

It is clear that throughout this research there was a strong overarching theme of paradox and polarity that manifested in almost every thematic area. I am left wondering whether these participants struggle more to integrate perspectives because they embody the notion of struggle to integrate polarisations - or would other participant groups also find it hard to integrate some of these experiences? This is a question that lies outside the boundary of this research but would be interesting to explore.
Finally, because of the chosen participant group of trainee psychological therapists, and the limitations of the findings based on this (5.8.1) there is potentially scope to conduct this research on other groups including those with a less developed sense of self and less self-awareness.

6.3 Implications for Psychological Therapies

6.3.1 Development of the Observing Self around Race

Hubble, Duncan, Miller and Wampold (2010) raise awareness of 'the newest common factor: the therapist' (p.41); and whilst they do not list all the ways in which psychological therapists should track their outcomes, it would make sense to me, based on this research and other literature on race, that practitioners consider their views and stance on their own racial and cultural background, that of others and the meaning, effect and function of such differences. In addition, I feel it is important to explore how the interaction of difference impacts on the therapeutic process.

This study will hopefully help practitioners to re-evaluate the need to embrace difference as a need to go beyond embracing difference to a point of questioning how one’s own background, values, beliefs and biases might contribute to oppressive practices. I acknowledge that this is a highly sensitive area that requires an individual to touch upon difficult and potentially hidden processes – but processes that I feel need to be brought to light. I find this notion explained well by Davids (2011) as the exploration of how ‘racist mechanisms operate in a non-racist mind’ (p.19): his words hopefully give some encouragement in their suggestion of the divide between conscious, intentional racism and that which exists based on the existence of a ‘racial other’ that sits alongside other internal objects in what he calls the ‘normal’ mind.

It has been suggested that ‘black’ clients cannot use the full extent of therapy where therapists have little or awareness of race-specific issues (Dhillon-Stevens, 2011) and I believe that colour-blindness is more likely to exist in a therapist when a client’s phenotype does not make clear their racial difference, hence why I wanted to specifically bring into focus the potential subtleties of multiracialism. Based on this research, I feel it is particularly poignant that, as practitioners, we follow the steps of
accepting our naiveté where we do not have sufficient knowledge about a client’s race or culture, and where possible, commit to learn about issues of difference (without expecting our clients to educate us) so that we do not stereotype and so we incorporate cultural and racial considerations into our practice. Just as the therapist is said to hold hope for the client until they can hold it for themselves, if the therapist is to be an effective container for the unprocessed emotions of the client, then they must be aware of the impact of all racial experiences, no matter how subtle.

I believe it is also critical that psychological therapists be open to issues of power within cross-racial and cross-cultural dyads (Dhillon-Stevens, 2012b) especially due to the subtle and subversive nature of racial dynamics for the mixed race group in this research and those who have similar racial identities that are not apparent to an outsider. In the words of Gill Tuckwell (2002), ‘Unless the therapist has come to an awareness of themselves as a racial being, and can understand their own race in their perceptions of themselves and others, their capacity to work in depth with their clients’ issues will be impeded’ (p.93).

6.3.2 Development of the Observing Self around Hope

O’Hara (2013) claims the topic of hope is ‘a good example of the gap between theory and practice’, a gap which he has made significant progress in closing by making hope visible and in motivating us to think about how we, as practitioners, operationalise hope. That said, he has done so from the therapist’s perspective. Although it is invaluable for psychological therapists to become more aware of their conceptions and experiences of hope in the therapeutic process, I hope that this study makes a start in focussing more on clients’ experiences.

I would argue that by categorizing ‘hope’ alongside ‘placebo’ and ‘expectation’ we are not doing justice to the diversity of experience. This study shows that hope is experienced in part through relationship with others and whilst I would not be so bold as to rule out the common factors findings, I would invite psychological therapists to keep an open mind as to what hope means to their clients – and themselves – and in particular, what it means in relation to their racial backgrounds and the interaction of these in the room.
6.3.3 Training on Race

I have observed that the way in which race is dealt with in training environments depends greatly on tutors, their own racial awareness, the material being taught, and the racial diversity (or lack of) amongst colleagues. It has been found that counselling psychology trainees feel anxious, helpless and misunderstood when it comes to issues of race and they find a passive approach to training unhelpful (Sue et al, 2010).

Although the remit of the research was not to make recommendations regarding training, I have noted some points that may be of use or interest to those who are impacted by this study. With racial elements on training courses in the psychological therapies usually being ‘added on’ (Watson, 2011), I hope I have highlighted the need for more ‘integrated’ training courses whereby issues of race and culture are interwoven into all training material - as similar issues are interwoven in clients’ presenting material – thus reaching what Tuckwell (2002) calls the ‘Infusion Stage’ (p.154) of training. In addition, it may be useful to use explicit techniques, such as the use of genograms to help locate clients’ racial and cultural experiences, as this has been found useful with Asian families with diverse cultural heritages (Lim & Nakamoto, 2008).

The participants’ comments on hope showed that it was something that they knew was important but to which they had devoted very little conscious thought. There was more variety in the reaction to talking about the experience of being mixed race. Some participants (who were in the later stages of training) had processed it more than those who were in earlier stages of training. This made me realise that even if race and hope are not adequately covered in many psychological therapy training courses, the requirement for personal therapy as a part of these trainings plays a critical role in supporting trainees to process their racial awareness.

6.3.4 Impact on Research Methodologies

By embarking on this research, I have broken new methodological territory. Whilst it is acknowledged that the researcher is ‘present’ in studies conducted using IPA
(Smith et al, 2009), by putting myself in the data as participant, I have opened up the possibility for other researchers to use themselves within this methodology. Many researchers, particularly qualitative researchers, choose to explore phenomena that are close to their own personal experiences or that touch them in myriad ways. By including myself as participant, I have been able to make explicit my own biases and experiences. This new methodological tool allows the researcher’s data to stand out (for reasons of validity) whilst sitting alongside that of other participants without dominating. It was particularly important to do this in this piece that is, in part, about the damage caused by invisibility – however, I can envisage other subjects where this may be of value to the researcher as well as the research process.

6.3.5 Impact on My Professional Practice

This research process has shifted my practice in far-reaching ways. I am now far more aware of the intersection of hope and hopelessness – both that of my clients and my own – in the therapeutic space. Whilst I have always seen the importance of hope in psychological therapies, I no longer see hope as a uni-dimensional factor nor do I take it for granted.

I also no longer make assumptions about the racial experiences of others. I am more confident about creating a sensitive opening to explore differences in the room and impact on the power dynamics. I also more readily note my clients’ invitations to explore experiences of race and take these as a sense of readiness that they feel a suitable degree of trust to name these.

I have a greater awareness of the power dynamic inherent in racially mixed dyads: although the perspective on power can be influenced by many other factors (gender, professional-layperson, class, age etc) this research process has shone a spotlight on the subtle power that those who are ‘white’ (and ‘pseudo-white’) hold over those of other racial denominations.

I have the confidence to name issues of difference in professional settings like supervision (individual and group) and also in other arenas like Open Space groups where I have brought the difficult and often overlooked subject of racial difference to
a overwhelmingly ‘white’ group and opened up a fruitful, enlightening and uncomfortable debate.

In summary, I sit with my clients with an openness that is more expansive that it was prior to conducting this research. I hope that this piece can inspire fellow psychological therapists to explore their own positions and assumptions around hope and race with less fear of shame or judgment. The longer we keep hidden these critical aspects of experience, the more we collude in maintaining misconceptions and assumptions, particularly around the experience we call ‘race’.
REFERENCES


Bennett, G. (2014) Email to Sarah Krantz on 8th June 2015.


Thompson, I. (2014) Email to Sarah Krantz on 8\textsuperscript{th} June 2015.


APPENDIX 1: FLYERS/MAILING FOR TRAINING INSTITUTIONS AND BME TRAINEE SUPPORT GROUPS (where appropriate)

REQUEST FOR RESEARCH PARTICIPANTS

TITLE: WHAT COLOUR IS YOUR RAINBOW? A PHENOMENOLOGICAL ANALYSIS OF HOPE IN PERSONAL THERAPY FOR PSYCHOTHERAPY TRAINEES OF MIXED RACE (SOUTH EAST ASIAN-WHITE)

My name is Sarah Krantz. As part of my Doctorate in Counselling Psychology and Integrative Psychotherapy (a joint programme between Metanoia Institute and Middlesex University) I am researching the experience of hope in personal therapy for psychotherapy trainees. In particular am I interested in the experience of trainees of mixed race (South East Asian-White).

Do you self-identify as part South East Asian and part white? Are you also training to be a psychotherapist – or have you finished training in the last six months?

If you answered ‘yes’ to both these questions and think you may be happy to be interviewed confidentially about your experiences, please contact me using the details below. I’ll be happy to answer any initial questions you may have and send you more detailed information.

My supervisor is Dr Saira Razzaq, who can be contacted if you have any concerns or questions that you don’t want to address to me. (saira.razzaq@sky.com, 0208 946 5306).

Thank you very much for your time.

Contact: Sarah Krantz - e: sarah@sarahkrantz.com  t: 07976 724187
APPENDIX 2: PARTICIPANT APPROACH LETTER (where appropriate)

Dear (NAME)

Thank you for your initial interest in my research. My name is Sarah Krantz and as part of my training to be a counselling psychologist and integrative psychotherapist I am undertaking a research project on hope in personal therapy for psychotherapy trainees of South East Asian-White mixed race. The aim of the research is to help improve the understanding of the lived experience of hope within psychological therapies.

Included in this letter is some detailed information about the research, what it would mean for you if you decided to take part, potential benefits, risks etc. Please do read this and then, if you would like to take part, please fill in the attached initial consent form and send to me (using the enclosed stamped addressed envelope) or by email using the details at the end of the information sheet. I will then be in touch with you to discuss this further.

Thank you for taking the time to read this letter and for your support.

Yours sincerely

Sarah Krantz
Counselling Psychologist & Psychotherapist in Training

Please detach by tearing here and return in SAE*

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I am interested in taking part in your research project on hope in psychological therapies. I agree to being contacted by you to discuss this further.

Name ______________________________________  Tel - ________________________________

________________________________________  Date ________________________________

* If potential participant is approached via email, the initial consent will be gained by requesting a reply via email of the above wording.
APPENDIX 3: PARTICIPANT INFORMATION SHEET

Research Title: WHAT COLOUR IS YOUR RAINBOW? A PHENOMENOLOGICAL ANALYSIS OF HOPE IN PERSONAL THERAPY FOR PSYCHOTHERAPY TRAINEES OF MIXED RACE (SOUTH EAST ASIAN-WHITE)

Before you decide to take part in this research, I would like you to understand why the research is being done and what it involves.

Please take some time to read the following information carefully and if you would like to ask any questions, please get in touch with me using the contact information at the end of the sheet.

• What is the research about?

The research involves talking to mixed race trainee psychotherapists (specifically South East Asian and White) about their experiences of hope in their personal therapy.

• What is the aim of the research?

The aim is that this information will help achieve a better understanding of the experiences of hope in individual therapy for people of mixed race. The research is being carried out as part of my Counselling Psychology & Integrative Psychotherapy doctoral degree at Metanoia Institute and Middlesex University.

• Why have I been asked?

You have been invited to take part as you are a trainee psychotherapists who is required to be in personal therapy: you also self-identify as being of mixed race (South East Asian-White) You are amongst a number of people who have been approached.

• Do I have to take part?

It is completely your decision whether or not you take part in this research. If you decide to take part you will be given a copy of this information sheet to keep and you’ll also be asked to sign a consent form. If you decide to take part you will be free to withdraw at any time and without giving a reason.

• What will happen if I decide take part?

If you agree to take part, I will contact you by telephone for an initial discussion (10-15 minutes) about the research or via email. If you decide to continue after this, we will arrange a time for you to be interviewed: interviews can take place at a number of settings eg your home, my training institutions or at a neutral space convenient to you, depending on what you feel most comfortable with. The interview will last about 90 minutes.
You will be asked questions about your experiences of hope during therapy. The interview will be recorded on a dictaphone and recordings will be kept safe and locked away at all times. Then at a later date you’ll be asked to review the section of the research that includes your input so you can confirm that what has been written represents accurately what you said during your interview.

Please note that, in accordance with the quality assurance process, the project may be selected for audit. This would mean that a designated auditor could request to see your signed consent form. If this were the case, the designated auditor would be the only person to have access to your form.

• **What are the possible disadvantages of taking part?**

It is possible that during the interview personal and upsetting events may be discussed. Should you wish to talk to someone after the interview, I will help you to arrange this. I will also contact you one month after the interview to debrief your experience.

• **What are the possible benefits of taking part?**

The aim is to make the process as insightful, collaborative and enjoyable as possible. Whilst I can’t guarantee it, you may find that talking about what you have experienced/are experiencing in therapy will help you to gain further understanding about the process and the insights you had. You may also gain some understanding of how being mixed race affects your experience of hope.

• **What will happen if I give my consent and then change my mind?**

You are free to change your mind at any stage up to the submission of my thesis for marking. At this point, any information collected will be destroyed.

• **Will any information on me be kept confidential?**

All data will be stored, analysed and reported in compliance with the UK’s Data Protection Act (1998). Any information about you that is used will have your name and address removed so that you cannot be recognised from it. Information collected in the interview will be recorded and then transcribed. All information that is collected about you or given by you will be kept confidential and any information which I include in the report of the research will be anonymous, meaning no one will be able to tell who you are.

The information gathered will only be used for this piece of research and will not be used by anyone else for any other purpose. The information collected will be kept until my thesis has been marked and will then be destroyed. If you wish, at the end of the research process and prior to destroying my copy, I will give you a copy of the recording of our interview together.

As part of my role, the only time when I would be required to break confidentiality would be if I had any concerns about any potential harm to children, to you or to others.

• **What will happen to the results of the research?**
The results of the research will be used as part of my training to be a Counselling Psychologist & Integrative Psychotherapist. A copy will be held in the library at Metanoia Institute and at the British Library. The research may also be published in professional journals: if this happens at a later date, I will contact you again for your permission and will give you the chance to review the paper in advance of its publication. You can get a summary copy of the findings if you wish. You will not be identified in the findings or any research report.

• Who is organising and funding the research?

I am personally organising and funding the research. I am not being paid for doing it and it is part of my training.

• Who has reviewed the research?

This research has been reviewed and approved by the Metanoia Research Ethics Committee. The approval process is designed to protect your safety, rights and wellbeing. I am also supervised by Dr Saira Razzaq, whose contact details are at the end of this document.

• What do I have to do to take part in the research??

Please contact me using the details below and/or by returning the detachable slip at the bottom of the letter in the SAE. I will then contact you for a further discussion about the research and to answer any questions you may have. If you then decide to continue, we will arrange an interview time/date and location. When we meet, we will both sign two consent forms so we each have a copy to keep.

• Further information and contact details

Sarah Krantz
sarah@sarahkrantz.com
Tel: 07976 724187

Dr Saira Razzaq
saira.razzaq@sky.com
Tel: 0208 946 5306

Thank you very much for your time and support.
**APPENDIX 4: PARTICIPANT CONSENT FORM**

**WHAT COLOUR IS YOUR RAINBOW? A PHENOMENOLOGICAL ANALYSIS OF HOPE IN PERSONAL THERAPY FOR PSYCHOTHERAPY TRAINEES OF MIXED RACE (SOUTH EAST ASIAN-WHITE)**

Participant Identification Number: ________________________________

Name of Researcher: Sarah Krantz

<table>
<thead>
<tr>
<th>Please Initial</th>
<th>1. I confirm I have read and understood the information sheet dated ‘.............’ for the above study, and have had the opportunity to ask questions.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason. If I choose to withdraw I can decide what happens to any data I have provided.</td>
</tr>
<tr>
<td></td>
<td>3. I understand that my interview will be taped and subsequently transcribed.</td>
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<tr>
<td></td>
<td>4. I agree to take part in the above study.</td>
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<tr>
<td></td>
<td>5. I agree that this form that bears my name and signature may be seen by a designated auditor.</td>
</tr>
</tbody>
</table>

____________________________    __________      ______________________
Name of Participant         Date         Signature

___________________________     __________
__________________________
Name of Researcher         Date         Signature

(Note: 1 copy for participant, 1 copy for researcher)
APPENDIX 5: INTERVIEW GUIDE

Participant Information
i) Gender __________________________________________  ii) Age ________________________________
iii) Training Course _______________________________ Year ___________________
iv) _______________________________ (self-defined)

v) Period of therapy: Start ________________________ End _______________________
vi) Regularity of therapy _______________________

vi) Type of therapy _______________________________________________________

vii) Race of therapist (if known) __________________________________________

viii) Gender of therapist ___________________________________________________

Body of Interview

1. How do you define hope in personal therapy, based on your own experiences?
How does this compare to hope in general for you?

2. What particular experiences in therapy have led to this definition of hope?
Possible prompts: What was it about that particular experience? How did you feel at the time (bodily sense, emotions)? What was going through your mind? How do you think this impacted your therapy?

3. What impact do you think your therapist’s race has/had on your experiences of hope in therapy?
Possible prompts: Whether similar or different: How is this for you? How does this make you feel about your race? How does this influence your experience of hope? (prompt bodily sense, emotions, thoughts)

4. How racially aware do you feel your therapist is/was?
Possible prompts: What makes you think that? Have you had open conversations with your therapist about race? What do you feel about this? How does this influence
your experience of hope? (prompt bodily sense, emotions, thoughts). If not, how would it feel to have an open conversation about race?

5. In terms of hope in therapy, can you tell me what you think about the impact of being mixed race?

Possible prompts: How does this affect your levels of hope? (prompt - bodily sense, emotions, thoughts).

6. Are there any experiences outside the therapy room that have influenced your levels of hope in personal therapy?

Possible prompts: What was it about that particular experience? How did you feel at the time (bodily sense, emotions)? What was going through your mind? How do you think this impacted your therapy?

7. Based on our conversation today, is there anything else you’d like to share with me?

Closing Questions

8. How has it been talking with me today?

9. In what way has our conversation changed how you feel about hope in therapy?

10. In what way has our conversation changed how you perceive your racial identity?
APPENDIX 6. METANOIA ETHICAL APPROVAL

RESEARCH SUPERVISOR DECLARATION

- As supervisor or principal investigator for this research study, I understand that it is my responsibility to ensure that researchers/candidates under my supervision undertake a risk assessment to ensure that health and safety of themselves, participants and others is not jeopardised during the course of this study.
- I confirm that I have seen and signed a risk assessment for this research study and to the best of my knowledge appropriate action has been taken to minimise any identified risks or hazards.
- I understand that, where applicable, it is my responsibility to ensure that the study is conducted in a manner that is consistent with the World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects (see http://www.wma.net/e/policy/ethics.htm).
- I confirm that I have reviewed all of the information submitted as part of this research ethics application.
- I agree to participate in committee’s auditing procedures for research studies if requested.

Signed: [Handwritten name] 
(Supervisor) 

Print name: [Handwritten name] 
Date: [Handwritten date]

STATEMENT OF ETHICAL APPROVAL

This project has been considered by the Metanoia Research Ethics Committee and is now approved.

Signed: [Handwritten name] 
(On behalf of the Metanoia Research Ethics Committee) 
Print name: [Handwritten name] 
Date: [Handwritten date]

Please note that the Metanoia Research Committee meets twice during each academic year. Submissions between these meetings are dealt with by chair’s action in consultation with one other committee member.
# APPENDIX 7: TABLE OF EMERGENT THEMES (ALPHABETICAL) BY PARTICIPANT

<table>
<thead>
<tr>
<th>EMERGENT THEMES</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance brings peace, hope and freedom</td>
<td></td>
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<td>*</td>
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<tr>
<td>Accepted more than those who are fully Chinese</td>
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<tr>
<td>Achievement leads to hope</td>
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<tr>
<td>Adapts self to ‘meet’ therapist</td>
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<tr>
<td>Adapts self to fit in wider society</td>
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<tr>
<td>Aligning physical and mental selves in therapy</td>
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<tr>
<td>Ambiguous looks</td>
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<td>*</td>
<td></td>
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<tr>
<td>Ambivalence about being mixed race</td>
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<tr>
<td>Ambivalent towards parents</td>
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<tr>
<td>Angry at assumptions about her race</td>
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<tr>
<td>Angry at not being listened to</td>
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<tr>
<td>Annoyed at people making assumptions she’s white</td>
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<td></td>
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<tr>
<td>Anxious in therapy</td>
<td>*</td>
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<td>*</td>
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<tr>
<td>West is developed vs. Asia as 'backward'</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
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<tr>
<td>Asian part often not seen</td>
<td>*</td>
<td></td>
<td>*</td>
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<tr>
<td>Being ‘too seen’ is uncomfortable</td>
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<tr>
<td>Being alone and hopelessness are the same/similar things</td>
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<td>*</td>
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<tr>
<td>Being different made her feel lost/alone</td>
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<tr>
<td>Being heard/listened to brings hope</td>
<td>*</td>
<td>*</td>
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<tr>
<td>Being mixed race is important to her</td>
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<tr>
<td>Being neither ... or</td>
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</tr>
</tbody>
</table>
Benefit of being part 'white'  
Benefits of being mixed race  
Black hole of hopelessness  
Blames self  
Bodily release when feel hopeful  
Brief interlude of tension in relationship  
Buddhism bridges racial gap  
Buddhist influence  
Can feel alone when therapist misses her  
Can't consciously link race and hope  
Can't think when blocked  
Challenge to integrate parts of self  
Change came about without effort  
Child-like feeling when not seen  
Complimented on her looks  
Congruence brings hope  
Connection to people in afterlife gives hope  
Containment brings support  
Contradictory view of therapist  
Conversation gets stuck  
Created own identity  
Criticises self for therapeutic failings  
Culture shock when moved to this country  
Curious about therapist  
Depression co-presents with hopelessness  
Destructive force of hope  
Different behavioural norms between cultures  
Disappointed when hope went
<table>
<thead>
<tr>
<th>Statement</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dislikes feeling of not belonging</td>
<td>*</td>
</tr>
<tr>
<td>Distant relationship with therapist</td>
<td>*</td>
</tr>
<tr>
<td>Does not want to be like everyone else</td>
<td>*</td>
</tr>
<tr>
<td>Doesn’t belong to either race</td>
<td>*</td>
</tr>
<tr>
<td>Drawn to people who are different/not white</td>
<td>*</td>
</tr>
<tr>
<td>Has had to be self-reliant in life</td>
<td>*</td>
</tr>
<tr>
<td>Energy is in one place when present</td>
<td>*</td>
</tr>
<tr>
<td>Ethnic experience has shaped her</td>
<td>*</td>
</tr>
<tr>
<td>Experience of being split between two countries</td>
<td>*</td>
</tr>
<tr>
<td>Experience of expansion when hopeful</td>
<td>*</td>
</tr>
<tr>
<td>Experiences of oppression in Asian cultures</td>
<td>*</td>
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<tr>
<td>Fallibility of therapist</td>
<td>*</td>
</tr>
<tr>
<td>Fashionable to be mixed race</td>
<td>*</td>
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<tr>
<td>Feel ‘nothingness’ when hopeless</td>
<td>*</td>
</tr>
<tr>
<td>Feel hopelessness in body</td>
<td>*</td>
</tr>
<tr>
<td>Feel hopelessness when therapist is stern</td>
<td>*</td>
</tr>
<tr>
<td>Feeling empowered/ in control gives hope</td>
<td>*</td>
</tr>
<tr>
<td>Feels blocked in therapy</td>
<td>*</td>
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<tr>
<td>Feels connected when therapist is empathic</td>
<td>*</td>
</tr>
<tr>
<td>Feels hopeful when free of negative emotions</td>
<td>*</td>
</tr>
<tr>
<td>Feels hope when therapist understands her</td>
<td>*</td>
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<tr>
<td>Feels hopeful that therapist is with her</td>
<td>*</td>
</tr>
<tr>
<td>Feels hopeless when doesn’t feel safe with therapist</td>
<td>*</td>
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<tr>
<td>Feels hopeless when feels judged</td>
<td>*</td>
</tr>
<tr>
<td>Feeling Description</td>
<td>Rating</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Feels hopeless when feels vulnerable in therapy</td>
<td></td>
</tr>
<tr>
<td>Feels safe when held in therapy which brings hope</td>
<td>*</td>
</tr>
<tr>
<td>Feels scared in therapy</td>
<td></td>
</tr>
<tr>
<td>Feels she looks mixed race</td>
<td>*</td>
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<tr>
<td>Feels tension of two cultures</td>
<td>*</td>
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<tr>
<td>Felt ‘dark’ when lost hope</td>
<td>*</td>
</tr>
<tr>
<td>Felt ‘I can do this’ when had hope</td>
<td></td>
</tr>
<tr>
<td>Felt good to explore feelings with therapist</td>
<td>*</td>
</tr>
<tr>
<td>Felt hopeful when felt integrated/less split</td>
<td></td>
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<tr>
<td>Felt liberated when made changes</td>
<td>*</td>
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<tr>
<td>Felt lifting in tension</td>
<td></td>
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<tr>
<td>Felt loose and spacious when hopeful</td>
<td></td>
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<tr>
<td>Finding own path</td>
<td>*</td>
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<tr>
<td>Frustration when not seen by therapist</td>
<td>*</td>
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<tr>
<td>Get to root of issues in therapy</td>
<td>*</td>
</tr>
<tr>
<td>Gets annoyed with stuck</td>
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<td>Gets hope from Buddhist practice/mindfulness</td>
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<tr>
<td>Gets hope from therapist's experience</td>
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<td>Gives up when hopeless</td>
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<td>Good enough therapist</td>
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<td>Got family in Asia</td>
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<td>Grounded feeling brings hope</td>
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<td>Guilt dominates her experiences</td>
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<td>Had to lose guilt to be hopeful</td>
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<tr>
<td>Hard and easy to remember hopeful feeling</td>
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<td>Hard to express self in therapy</td>
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<tr>
<td>Hard to hope for self</td>
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<tr>
<td><strong>164</strong></td>
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<tr>
<td>Topic</td>
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<tr>
<td>Hard to think about identity</td>
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<tr>
<td>Has become Westernised</td>
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<td>Has denied heritage</td>
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<td>Has had to stand up for her culture</td>
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<td>Has talked a bit about being mixed race in therapy</td>
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<td>Has two parts to herself</td>
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<td>Hates having community obligations</td>
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<td>Hates not belonging</td>
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<td>Haven’t talked about identity in therapy</td>
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<td>Haven’t thought about therapist’s racial awareness</td>
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<tr>
<td>Heritage/family not seen</td>
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<td>Holds tension of different cultures</td>
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<td>Hope as a positive thing</td>
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<td>Hope as a process</td>
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<td>Hope as future-focused</td>
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<td>Hope as negative attachment/suffering</td>
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<tr>
<td>Hope came after lightness / lifting</td>
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<td>Hope came from therapist listening to her and younger self</td>
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<td>Hope comes from acceptance</td>
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<td>Hope comes from seeing emotions</td>
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<td>Hope comes from feeling together with therapist</td>
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<td>Hope comes from feeling unblocked</td>
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<td>Hope comes from therapist seeing her</td>
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<tr>
<td>Hope different as client or therapist</td>
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<tr>
<td>Hope for something to change or improve</td>
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<tr>
<td>Hope gives energy</td>
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<td>Statement</td>
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<tr>
<td>Hope hadn't been relevant for her</td>
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<tr>
<td>Hope happens when you see change/progress</td>
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<tr>
<td>Hope has its own fluid energy</td>
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<tr>
<td>Hope is action focused</td>
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<td>Hope is complex</td>
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<td>Hope is hard to describe</td>
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<td>Hope is hard to identify</td>
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<td>Hope is integral to therapy</td>
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<tr>
<td>Hope is light/hopelessness is dark</td>
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<td>Sense of light around hope</td>
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<td>Sense of lightness around hope</td>
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<td>Hope is linked to self-belief</td>
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<td>Hope is necessary for survival</td>
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<td>Hope is reassuring</td>
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<td>Hope is remembered</td>
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<td>Hope is transient</td>
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<td>Hope makes things possible</td>
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<td>Hope means moving in a different direction</td>
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<td>Hope is taken for granted in therapy</td>
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<td>Hopeful when broke -ve pattern in relationship</td>
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<td>Hopeful when feels autonomous</td>
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<td>Hopeful when feels comfortable in therapy</td>
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<td>Hopeful when not anxious</td>
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<td>Hopeful when present</td>
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<td>Hopeful when trusts therapist</td>
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<td>Hopeless when therapist misses her</td>
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<tr>
<td>Hopelessness is dense</td>
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166
<table>
<thead>
<tr>
<th>Topic</th>
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<tr>
<td>Hopelessness = stuckness</td>
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<td>Hopelessness through lack of connection with therapist</td>
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<td>Identity crisis</td>
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<td>Illumination in therapy brings hope</td>
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<td>Importance of professional over racial alignment</td>
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<td>Independence from family</td>
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<td>Influence of Western education</td>
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<td>Integrates different views of hope</td>
<td>*</td>
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<tr>
<td>Feels congruent when seen</td>
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<tr>
<td>Integration of personal and professional</td>
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<td>Intergenerational influence</td>
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<td>Knowledge of two cultures</td>
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<td>Knows but can't express self in therapy</td>
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<tr>
<td>Linguistic barriers/communication can be problematic</td>
<td>*</td>
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<td>Living life on her own terms gives hope</td>
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<tr>
<td>Longed to be seen by parents</td>
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<td>Looks more English</td>
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<tr>
<td>Looks protect from racist comments</td>
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<td>Loses confidence when not seen</td>
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<tr>
<td>Loses hope when not seen</td>
<td>*</td>
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<tr>
<td>Loss of perfect self leads to hopelessness</td>
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<tr>
<td>Lost hope when therapy didn't seem to work</td>
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<td>Low mood of hopelessness</td>
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<td>Loyalty to therapist</td>
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<td>Mindfulness as coping mechanism</td>
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<td>Mixed feelings about being multi-racial</td>
<td>* * *</td>
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<td>Mixed race experience is in enriching</td>
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<td>Topic</td>
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<tr>
<td>Mixed race experience not focus in therapy</td>
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<td>Sudden moment of change</td>
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<td>Need to be understood</td>
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<td>Need to overcome challenges</td>
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<td>Need to prove self as the other</td>
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<td>Need to share experience</td>
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<td>No hope when no change</td>
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<td>No narrative about race</td>
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<td>Non-judgmental approach of therapist</td>
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<td>Non-verbal empathy</td>
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<td>Non-verbal mis-attunement</td>
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<td>Not speaking language = barrier</td>
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<td>Not thought much about being mixed race</td>
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<td>Objective view</td>
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<td>Onus on client to raise issues of race</td>
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<td>Oppression in East</td>
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<td>Overcoming adversity gives hope</td>
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<td>Past impacts on present</td>
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<tr>
<td>People don’t want to talk about mixed race exp</td>
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<td>Perfectionist</td>
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<td>Physical and mental change when hopeful</td>
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<td>Positive attitude when hopeful</td>
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<td>Predominantly white profession</td>
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<td>Present-focus as resource</td>
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<td>Privileged position of choice</td>
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<td>Profession getting better racial representation</td>
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<td>Professional role models give hope</td>
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<tr>
<td>Topic</td>
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<td>------------------------------------------------------------</td>
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<tr>
<td>Protective of therapist</td>
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<td>Questions own experience</td>
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<td>Race can be controversial</td>
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<td>Race is important to issues brought to therapy</td>
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<td>Race is not important to issues brought to therapy</td>
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<tr>
<td>Racial mis-match in therapy not an issue</td>
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<td>Racial mix not seen by therapist</td>
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<td>Rationalisation brings hope</td>
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<td>Re-enacts early experience</td>
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<td>Relates to those who are different</td>
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<td>Relationship problems worked on in therapy</td>
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<td>Religious overtone re hope</td>
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<td>Reparative relationship brings hope</td>
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<td>Retreats with other people</td>
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<td>Sadness is related to hopelessness</td>
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<td>Sense of alone-ness</td>
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<td>Sense of being different</td>
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<tr>
<td>Sexualisation of mixed race women</td>
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<tr>
<td>Shame of being different /not white</td>
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<tr>
<td>Shame of hopelessness</td>
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<td>Shared experience of difference with others</td>
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<td>Shared experience of difference with therapist</td>
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<td>Shifting balance in minority representation</td>
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<td>Shocked at the change</td>
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<td>Stands alone</td>
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<td>Stereotyped view of Asian women</td>
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<td>Strength of relationship is key</td>
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<td>Struggle to fit in</td>
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<td>Stuck in relationship dynamic - leads to hopelessness</td>
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<tr>
<td>Stuckness is big theme for her</td>
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<td>Sunken feeling when not seen</td>
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<tr>
<td>Tension of positive and negative racial experiences</td>
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<td>Tension of racial match/mismatch</td>
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<td>Terror of being different</td>
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<tr>
<td>Therapist and client raise issues of race</td>
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<tr>
<td>Therapist annoys her when she is too directive</td>
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<td>Therapist can be direct</td>
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<td>Therapist discloses nothing</td>
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<td>Therapist doesn't direct</td>
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<tr>
<td>Therapist doesn't fully understand racial tensions</td>
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<td>Therapist explicitly expresses hope for client</td>
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<tr>
<td>Therapist explores with her</td>
<td>* *</td>
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<tr>
<td>Therapist facilitates emotional release</td>
<td>*</td>
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<tr>
<td>Therapist gives different point of view</td>
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<td>Therapy gives her space</td>
<td>* *</td>
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<td>Therapist gives permission</td>
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<tr>
<td>Therapist has helped her get un-stuck</td>
<td>* *</td>
</tr>
<tr>
<td>Therapist holds hope</td>
<td>*</td>
</tr>
</tbody>
</table>
| Therapist holds tension of two cultures | * *
| Therapist is curious | * *
| Therapist is Jewish | * |
| Therapist is white | * * * * |
Therapist journeying with her brings hope
Therapist refers to influence of being mixed race
Therapist remembers things
Therapist sees bigger picture
Therapist summarising brings hope
Therapist used humour
Therapist uses body to convey empathy
Therapist wants to learn about cultures
Therapist's empathic response
Therapist's experience is important
Therapist's facial expressions convey empathy
Therapist's phrase 'not yet' is very hopeful
Therapy has taught her to believe in hope/brought it to life
Therapy can be too uncomfortable
Thinks she looks mixed race
Training has helped process exp of being mixed race
Trusts therapist
Understanding root of issues brings hope
Feels unsafe when can't read therapist
Unburdened when things changed
Unsettled childhood
Wants to be fully seen
Wants to be proud of her experiences/roots
Wants to connect more to 'other' culture and country
Went into therapy because she was stuck
West as privileged
West is light – East is dark

What are you?' experience

White veil

Working with partner through things

Would have been helpful to talk about race

Would feel hopeful if acknowledged race herself/ was congruent

Would be hopeful if therapist brought up race

Would feel closer to therapist if talked about race
### APPENDIX 8. MASTER TABLE OF SUPERORDINATE THEMES BY PARTICIPANT

<table>
<thead>
<tr>
<th>Themes</th>
<th>Participant</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Me</th>
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<tbody>
<tr>
<td><strong>1. The Paradoxical Experience of Hope</strong></td>
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<td>1.1 ‘Doing’ qualities of hope</td>
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<td>1.2 ‘Being’ qualities of hope</td>
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<tr>
<td><strong>2. The Contrast of Hopelessness</strong></td>
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<tr>
<td>2.1 Feeling stuck</td>
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<td>2.2 Low Mood</td>
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<tr>
<td><strong>3. Therapists’ Qualities that Engender Hope</strong></td>
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<td>3.1 Being with</td>
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<td>3.2 Active Engagement</td>
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<td><strong>4. The Importance of Being Seen</strong></td>
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<tr>
<td>4.1 Invisibility of Race</td>
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<td>4.2 Visibility of Race</td>
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<td>4.3 Hiding Oneself</td>
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<td><strong>5. The Integrated Experience</strong></td>
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<td>5.1 Feeling Integrated in Oneself</td>
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<tr>
<td>5.2 Feeling integrated with Others</td>
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<td>5.3 Split Experience of Being Mixed Race</td>
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### APPENDIX 9. PARTICIPANT QUOTES AND LOCATION FOR SUBORDINATE THEME STUCKNESS = HOPELESSNESS

<table>
<thead>
<tr>
<th>Participant</th>
<th>Line no</th>
<th>Quote</th>
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<tbody>
<tr>
<td>1 – Lara</td>
<td>188</td>
<td>&quot;I just haven't got enough, you know, strength or motivation to do what I, what I really want to do, what I need to do, to achieve, Um... and that's when I feel hopeless or stuck&quot;</td>
</tr>
<tr>
<td>2 – Kim</td>
<td>877</td>
<td>&quot;...but if I think about the relationship – my relationship with her - I guess I don't feel particularly hopeful (Laughs lightly) about it changing – I don't know. I guess I sort of see her as being quite similar most sessions&quot;</td>
</tr>
<tr>
<td>3 – Angela</td>
<td>247</td>
<td>&quot;I think 'stuck' is a real theme for me in the sense that I felt very stuck for a lot of my life- that things weren't changing, that things weren't getting any better, that things would, would never change. So, um... feeling like I was in a black hole and I was stuck there and there was no ladder and there was no way I was getting out.&quot;</td>
</tr>
<tr>
<td>4 – Norina</td>
<td>320</td>
<td>&quot;Because if you're feeling guilty then you're feeling that trapped as well, you can't kind of do what you want to do to lead a life that somebody else wants to. Yeah, you would feel hopeless – I'm stuck in this position for the rest of my life so I guess that would make you feel hopeless I suppose.&quot;</td>
</tr>
<tr>
<td>5 – Sarah</td>
<td>126</td>
<td>&quot;Because the stuckness was the hopelessness. The sort of 'well it's never going to change’ It was almost that part of me that was very willing to be complacent at that point. 'Well I’ve been in therapy for X number of years and that’s never going to change.'&quot;</td>
</tr>
<tr>
<td>Line</td>
<td>Initial Comments</td>
<td>Key: Descriptive comments / Linguistic comments / Conceptual comments</td>
</tr>
<tr>
<td>--------</td>
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</tr>
<tr>
<td>935</td>
<td>Dislikes feeling</td>
<td>Chinese and I get really annoyed when I have to speak Chinese.</td>
</tr>
<tr>
<td>936</td>
<td>of not belonging</td>
<td>Chinese because I want to look more English than I do.</td>
</tr>
<tr>
<td>937</td>
<td>Being neither...</td>
<td>English, um... it’s a funny one because I’m not speaking either.</td>
</tr>
<tr>
<td>938</td>
<td>Not speaking...</td>
<td>I grew up in a place where I was stopped.</td>
</tr>
<tr>
<td>939</td>
<td>Language = barrier</td>
<td>I grew up in a place where I was stopped.</td>
</tr>
<tr>
<td>940</td>
<td>Hates having...</td>
<td>Could not recall what she just said.</td>
</tr>
<tr>
<td>941</td>
<td>Community...</td>
<td>Interpreting her experience.</td>
</tr>
<tr>
<td>942</td>
<td>obligations</td>
<td>Interpretation of emotions.</td>
</tr>
<tr>
<td>943</td>
<td>Love/hate...</td>
<td>Interpretation of emotions.</td>
</tr>
<tr>
<td>944</td>
<td>relationship</td>
<td>muddy path to a path that works for us together so it’s not all bad,</td>
</tr>
<tr>
<td>945</td>
<td>I grow up in a...</td>
<td>Hates being an outsider as does not understand all the customs.</td>
</tr>
<tr>
<td>946</td>
<td>Annoyed people</td>
<td>Hates being an outsider as does not understand all the customs.</td>
</tr>
<tr>
<td>947</td>
<td>Things have...</td>
<td>Interpreting her experience.</td>
</tr>
<tr>
<td>948</td>
<td>Learned...</td>
<td>Happiness learned negotiating skills.</td>
</tr>
<tr>
<td>949</td>
<td>Not knowing...</td>
<td>Interpreting her experience.</td>
</tr>
<tr>
<td>950</td>
<td>Annoyed people</td>
<td>I grew up in a place where I was stopped.</td>
</tr>
<tr>
<td>951</td>
<td>Dislikes feeling</td>
<td>I grew up in a place where I was stopped.</td>
</tr>
</tbody>
</table>

**Emergent Themes:**

1. **Resistance to being an outsider.**
2. **Hate used a lot.**
3. **Parallel experience to her mother not knowing the language.**
4. **Contrast of good and bad — parallel to love and hate.**
5. **Sense of belonging to the part that I feel like an outsider.**
6. **School system which led to feeling of outsider.**
7. **Draw back to something said a little earlier.**
I think she's English.
Looks protect from racist comments. / Benefit of 'being white'.
Annoyed/angry at people making assumptions.
Wants to be fully seen. Doesn't want to be like everyone else.
Ethnic experience has shaped her.
Wants to be proud of her experiences.

Experience has shaped her. - good and bad.

 parasite is quite young language - maybe from a line art - want to stand apart. - want to acknowledge the different experiences compared to the norm. - want to acknowledge the different experiences compared to the norm.

R: I hear that part of you that said you almost appreciate bits - well you don't.

Felt more like anger than.

I think there's a question - how can I express this? - that is mistaken for white. What annoys me is - not looking too Chinese.

Because, it's really important to me and I want to be loud and proud. Does not want to be like everyone else. Ethnic experience has shaped her. Does not know what to say - feels she should maybe say more - maybe to you.

I don't really know what to say - feels she should maybe say more. Deutsch is quite young language - maybe from a line art. This may have had some

Amplifying - also likes it as was more accepted for looking white.

deutsch is quite young language - maybe from a line art.
<table>
<thead>
<tr>
<th>Transcript of my own interview</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergent Themes</strong>:</td>
<td></td>
</tr>
<tr>
<td>Relationship problems worked on in therapy</td>
<td></td>
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<tr>
<td>Brief interlude of tension in relationship</td>
<td></td>
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<tr>
<td>Felt lifting in tension</td>
<td></td>
</tr>
<tr>
<td>Hope came after lightness / lifting</td>
<td></td>
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<tr>
<td>Hope is remembered</td>
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<tr>
<td>Hope is transient</td>
<td></td>
</tr>
<tr>
<td>Stuckness is big theme for her</td>
<td></td>
</tr>
<tr>
<td>Sudden moment of change</td>
<td></td>
</tr>
<tr>
<td>Hopelessness = stuckness</td>
<td></td>
</tr>
<tr>
<td>Hope happens when you see change</td>
<td></td>
</tr>
<tr>
<td>Shocked at the change / Blames self / Unburdened</td>
<td></td>
</tr>
</tbody>
</table>

**Initial Comments**

**KEY: Descriptive comments / Linguistic comments / Conceptual comments**

- Stuckness is a key concept in the transcript, referring to the individual's experience of feeling stuck in their relationship with their mother.
- The transcript highlights the importance of relationship issues, particularly the tension and conflict that exists.
- There is a focus on the individual's hope and the moments when they feel a sense of relief or change.

** Footnotes**

40. I'm really feeling good. It's a good feeling all the time.

39. This is what I was feeling.

38. She said she felt relief.

37. I was really feeling good.

36. I was really feeling good.

35. It was really feeling good.

34. It was really feeling good.

22. This is a big step forward.

23. It's a big step forward.

24. I felt that thing was lifted.

25. It's a big step forward.

26. It was a big step forward.

27. It was a big step forward.

28. It was a big step forward.

29. It was a big step forward.

30. It was a big step forward.

31. It was a big step forward.

32. It was a big step forward.

33. It was a big step forward.

31. It was a big step forward.

30. It was a big step forward.

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22. It was a big step forward.

21. It was a big step forward.

20. It was a big step forward.

19. It was a big step forward.

18. It was a big step forward.

17. It was a big step forward.

16. It was a big step forward.

15. It was a big step forward.

14. It was a big step forward.

13. It was a big step forward.

12. It was a big step forward.

11. It was a big step forward.
**Possible at that time**

- Physical and mental change
- Had more space in head
- Issue was less dominant unless she just got used to the discomfort
- You – disordered self. Pragmatist who can't see contradictions ideas that this relationship

**Feeling hopeful**

- There is change in the way of being in particular
- Potentially again shows uncertainty – maybe because she is looking back now and
- Feel hopeless

**Contradiction**

- It's easy to remember because I'm not currently in that place but it's hard to remember cognitively
- Maybe easy to remember but hard in the sensations
- Why was it possible at that time? Why was it possible? Why was it difficult to remember it?

**Suddenly hopeful feeling**

- Hard on self as if it's all to do with her
- Lacked understanding of why hope disappeared
- Does this frustrate her

**When things changed**

- Physical and mental change
- When hopeful
- Sudden moment of change
- When things changed

**When things were different**

- Sense of loss
- Why was it possible? Why was it difficult to remember
- Hope was transient
- Hope makes things possible
- Hope is transient