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**‘Black women’ Therapists impressions of the social  
differences of ‘race’ and gender in the therapeutic process:  
A poststructuralist phenomenology narrative exploration**

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## Abstract

*“Thinking about congruence implies [thinking] about difference...If there was no difference there would be no process and [therapeutic] progress.” Schmid, 2001p218*

This study uses a hermeneutic phenomenological approach incorporating post-structuralist principles to explore ‘Black’ women therapists’ accounts of their lived experience of social differences (race and gender) in their clinical practice. It aims to provide rich descriptions of the women’s experiences, which are understood as grounded in wider socio-political processes and contexts. This methodological approach was adopted to acknowledge the socially constructed nature of race and gender and reduce the reification of these terms. It allows an explicit focus on the experiences of ‘black’ female therapists in their clinical interactions with white male clients, including the extent where these social differences impact on therapists’ concepts of self and the developing therapeutic relationship with white male clients.

Ten ‘black’ women psychotherapists from different therapeutic orientations and working in a range of contexts were interviewed about their experiences of working with white male clients. Three distinct but interrelated narrative structures emerged as prominent across the participants’ accounts: race and gender as markers of difference; relating through difference; and finding self beyond social division. The study found race and gender, as intersecting contextual factors, could influence therapists’ ‘self-states’ and meaning-constructions within the therapeutic relationship. For most participants, race-related issues were more present than gender-related ones; participants’ accounts underlined the prominence of the internal psychological challenges they experienced when engaging with racial issues in the therapeutic process. In contrast to identity developmental model, the findings suggest therapists’ identification with these categories is better understood by the use of subjectivity and positionality, concepts derived from post-structuralist discourse. Such use highlights the shifting, fluid and temporal nature of these social processes.

Participants’ accounts suggested that self-reflexivity and relational forms of reflexivity allowed them to find ‘self’ in the context of race and gender differences with clients. Highlighting the significance of these factors for ‘black’ female therapists and the importance of addressing difference related to race and gender within training. The study concludes by making recommendations for the normalising and validation of therapists’ experiences in supervision and training, so that ‘black’ female therapists can be supported to find ‘self’ beyond the social divisions they may encounter in their practice.

# 1. Introduction

This thesis explores 'black' women psychotherapists' accounts of their experiences of working with race and gender differences in their clinical practice. Whilst there exists a body of literature examining racial differences in the therapeutic process, research aimed specifically at intersecting contextual factors has been sparse. This project seeks to add gender to the contextual factors which may affect black therapists' clinical work. Its main objective is to explore how the intersecting social categories of race and gender influence therapists' experience of 'self', as well as their interactions with white clients in the therapeutic relationship.

In broad terms, the project asks: how do 'Black' women therapists experience, and engage with issues of difference relating to their race and gender? Using an intersubjective relational framework, the study seeks to explore the therapists' intra-psychic and interpersonal processes within the relational dyad of working with white male clients.

In particular, it examines what happens to 'Black' therapists' self-concept within this dyad. Do issues of race and gender differences become salient? If so, how does the therapists engage with and manage these processes? What kind of transference and counter-transference issues emerge, and to what extent does it impact the working alliance? Such questions and issues are among those I have confronted in my own clinical work.

This study aims to move beyond a mere descriptive understanding of the therapists' accounts of their experiences by combining a phenomenological philosophical framework with a post-structuralist approach. While these have traditionally been considered as oppositional, it has been argued that, in tandem, they offer a critical stance that enriches the understanding of lived experience (Del Busso, 2008). This study therefore seeks to enter the life world of participants (in order to understand and describe it) while at the same time maintaining a critical distance. An explanatory dimension is included, using a post-structuralist hermeneutic that underlines participants' accounts of their experiences. Here, participants' accounts of their lived experiences are seen simultaneously as being-in-the-world, through felt and sensed materiality, and as interpreted through the discursive production of meaning. From this perspective, the study seeks to highlight the way experiences are constituted through the dynamics of the socio-political context.

In order to look closely at how gender and racial variables in combination impact on the therapeutic process, the study does not explore the complex array of other contextual factors that may influence the therapy process. These include sexual orientation, disability, age and class (Diamond and Lee, 2006; Lago & Smith, 2003). While this omission will inevitably limit

the scope of the research, I have chosen to focus exclusively on race and gender to generate findings that is qualitatively nuanced and which enable a sharper focus. Including other intersecting factors would have generated more complexity, which might have been difficult to manage given the specific time-frame for the research.

## **1.1 My relationship to the research topic**

During training, I became aware in placement practice sessions that my experience of working with mostly white male clients often involved a 'power struggle' that needed to be addressed before I could establish a sound working alliance with them. Compared with my work with other categories of clients, my encounters with white male clients tended to be more difficult, producing mixed feelings on my part. On the one hand, I wanted desperately to support them; on the other hand, I was uncertain of my effectiveness when working with them. I felt unsure of my level of empathy at times and often experienced what I would now describe as a sense of "mutual anxieties" (Muran, 2007p.263).

My own insecurities regarding my professional expertise were heightened and fed by the social stereotypes I saw as surrounding black people, in particular black women: for example, the myth of the aggressive black woman, and also that of the passive black woman. These were stereotypes which I had both internalised and sought to distance myself from. I have come to see this way of being embodied in my interactions with clients was one that left me feeling disempowered in my work. As I sought to avoid presenting myself as the "aggressive black woman", I sometimes found it difficult to keep boundaries or challenge clients when it was necessary. I now see that something on my part was trying to keep the therapeutic relationship "safe". I was also aware, at times, of possible transferences from white male clients of their doubts about my competence and credibility as a black woman therapist. These experiences left me with the conviction that some of the struggles I encountered might be related to the challenges of cross-racial and cross-gender work and that an exploration of these issues might be of value for other counsellors and therapists in training.

During training, I was fortunate enough to participate in a module exploring the therapist's 'self'. This was where I first became self-aware of how my personal history as a black woman of Nigerian origin might be impacting my practice. I was curious as to how my own history as someone coming from a former British colony might affect my perceptions of taking an authoritative position with white clients. When working with white female clients, I very early on found that our shared background as women often gave a sense of familiarity that allowed



us to engage with our differences, both cultural and 'racial'. I was aware of my own internalised racism and sense of inner conflict, both related to this historical background, which I saw as producing tensions and contributing to my difficulty in working with white male clients. As a trainee with limited experience, I was nevertheless aware of how transference and counter-transference issues in therapy might relate not only to race, culture and ethnicity, but also to my gender. While I found it relatively easy to work with women clients, whatever their racial, cultural or ethnic background, it was different with some of my white male clients. There was less of a problem with black male clients however then I had little experience of working with them.

During training, I made sense of these experiences by seeing them as related to the visible differences of race and gender between myself and white male clients. I wondered if my being a black woman led my clients to perceive me as inferior to them, creating problems with the ability to see me in a position of relative authority. When I turned to the literature, I was surprised to find very little written on this kind of relational dyad from the perspective of black female therapists. The research that existed mostly took the form of reflective commentaries by American scholars, within the context of US race-relations. There seemed to be an absence of empirical studies on the experiences of black female psychotherapists practising in the UK.

In addition to this, my own personal curiosity was stimulated: I wanted to understand the underlying phenomena. I felt that a research study focusing on race and gender differences in the therapeutic process might generate useful findings for counsellors, who could be facing similar challenges in their clinical practice, and for supervisors in their training and curriculum when supporting their trainees.

My evolving thinking also led me to conclude that research on 'Black' therapists' experiences in clinical settings had yet to connect with other factors, such as class, gender and sexuality. At the time, only a handful of researchers in the UK had addressed this territory: for instance, work by Dhillon (1997) and Dhillon-Stevens (2001; 2004; 2005) into the interconnections between oppression to the self and anti-oppressive practice (AOP) in psychotherapeutic education. That the understanding of black experience tends to be dominated by male perspectives is supported by the absence in racial discourses of the interlocking factor of gender. The omission of gender is telling in that it acts to further separate the construct of multiple oppression race and gender.

## 1.2 Rationale for the current study

Working with difference plays an important role in the field of counselling, in part because of the increasing numbers of 'Black' and ethnic minority people entering the profession. My research study seeks to contribute greater awareness of issues that may be faced by these therapists in training and clinical practice. It is hoped that the study will yield insights into the complex, nuanced ways in which racial and gender differences influence the professional experiences of 'Black' female therapists.

Exploring the dynamics of working with race and gender issues will contribute to existing knowledge of therapists' training needs regarding working with difference. I hope that by identifying the resources that 'Black' female therapists have found most useful in supporting their professional work, this study will inspire further research and dialogue within the profession, in particular on how to present differences, racism and diversity during training so to better prepare trainees for their future work with clients. In such a way that therapists can feel confident to working with the emergent relation dynamics associated with all contextual issues (race, gender, disability, sexuality and class) in their practice. It is important that trainees receive the necessary support from their clinical supervisors and training organisations to confidently work with these issue if it arises in their future work with clients.

The therapeutic relationship has been considered significant in effecting change in clients (Horvath and Luborsky, 1993). Empirical research studies have highlighted the importance of establishing a good working alliance for a successful therapeutic outcome. Horvath (2001), for instance, argues that the emergent quality of mutual collaboration between therapist and client is more significant than the particular type of therapeutic orientation adopted. This is consistent with Greenson's (1967) proclamation of the therapeutic alliance as the core central element in effective therapy. In this reading, the therapist is seen as central to the process of establishing the working alliance which lies at the heart of the therapeutic relationship.

The role played by the therapist has been extensively highlighted in contemporary psychoanalytical literature (Aron, 1996; Stolorow and Atwood, 1992, 1996; Benjamin, 1999). Here, therapists' subjectivities were seen as potentially influential factors in the co-construction of meaning in the therapeutic process, adding to the fact that the on-going, mutually reciprocal subjectivities of therapist and client are now seen as inevitable facet of therapy.

This relational turn illuminates the crucial role of the therapist's 'self', and self-in-interaction, in the co-created therapeutic process and working alliance. This has opened the way for a

focus on contexts, something that traditional theories have hitherto discouraged. There is now a greater focus on how therapist subjectivity may influence the process, perhaps by interacting with the client's subjective frame of reference (Aron, 1996; Benjamin, 1999; Renik, 1993, 1996; Altman, 1996). This requires the therapist to take into account what she brings to the table, including her race, ethnicity and gender. These are always instrumental in evoking the clinical themes that develop in the course of the work.

Within mainstream counselling literature, research has tended to focus on race, ethnicity and cultural differences, rather than multiple oppressive factors such as gender, sexuality or class. By the same token, the literature on gender differences tends to be from the vantage point of white women, often with the race dimension absent. Recently, however, women of colour have been voicing their experiences of working with issues of difference through reflective commentaries and case-study vignettes. Much of this work originates in the United States (Holmes 1999; Greene 2007; Greene and Kelly, 2010; Leary, 1995; 2006; Ellis, Gardner and Tang, 1999).

In Britain, where 'Black' therapists still form a minority within the profession, much of the literature on contextual factors such as race or gender has been from the perspective of white therapists. However, with increasing numbers of 'black' therapists now entering the profession, there is a need to take into account specific training and supervision needs that may apply to this group, so that they emerge with the appropriate skills as well as awareness of issues they may encounter in their practice. The literature on working with diversity within counselling and psychotherapy professions can only be enhanced, and perceived as more equitable, by encouraging all to grow in new areas. At present, the emphasis tends to be on 'white' therapists 'growing' in relation to their 'racially different' clients. The findings of the current research are therefore intended to contribute meaningful knowledge geared to facilitating the promotion of diversity issues within the training of therapists (Dhillon-Stevens, 2005; Mavinga-Mckenzie, 2009).

Existing literature and research relevant to this discussion tends to focus primarily on racial differences. Little attention has been paid to the complexity added when other forms of oppression, such as gender, sexuality and disability are included (Dhillon-Stevens, 2005). There is therefore a need for research to attend to these complexities added to therapeutic practice, for example, the idea of the multiple forms of oppression salient when race, gender, sexual orientation, disability and socio-economic status are experienced as factors impacting on the individual lived experience. By looking at race and gender differences in the context of the 'Black' female therapists' accounts of their experience of difference in clinical practice, I

aim to provide accounts that seem to me missing, or side-lined in the literature on difference and diversity.

The current research seeks to contribute to this growing awareness of the complexities and nuances which emerge when factors such as race and gender differences are considered. The knowledge gained from the study can contribute to therapists' awareness of what they bring to the therapeutic process; facilitate such awareness during training; and strengthen the supervision support given to 'Black' women therapists around issues related to working with differences and diversity in counselling and psychotherapy.

Nevertheless, I have become more aware of the complexities that arises when using political term like 'Black' in describing women from 'minoritised' communities. How the use of such term could be potentially perceive as reductive, misleading. And may not apply to how individuals might identify themselves or their self concepts. However, as a political concept, I have chosen to retain the concept of 'Black therapists' mostly to highlight the often commonly shared experience of racialised process that most minority women experience in the UK.

### **1.3 Aims and objectives of the study**

This research study aims to investigate 'Black' women therapists' experiences of 'race' and gender difference in their clinical practice, primarily in (but not limited to) the context of working with white male clients. With its specific focus on the experiences of 'Black' women therapists, the study seeks to enrich understanding of the *specific* experiences of 'black' women therapists in the UK. Findings from the research are intended to strengthen knowledge base; contribute to training and supervision; help with the provision knowledge, and insights, and in general add to the literature promoting diversity within psychotherapy and psychology.

The aims of the study can be summarised as follows:

1. To investigate the experiences of 'Black' women therapists working with issues of race and gender in their clinical practice.
2. To understand what happens between 'Black' female therapists and white male clients in relation to their visible social differences.
3. To understand the experiences of the therapist if and when these social differences become salient in the room.
4. To contribute to therapeutic practice by identifying the knowledge, and attitudes therapists' utilise when working with diversity issues.

5. To provide recommendations for supervisors, trainers, therapists and researchers related to working with 'race' and gender difference.

### **1.3.1 Research questions**

To address the objectives set out above, the study seeks to explore the following research questions:

1. What are the experiences of 'black' female therapists?
2. How do 'Black' women therapists experience racial and gender difference?
3. What happens to the therapist's self-concept in the process when issues of race and gender become salient? How do the therapists manage these issues?
4. To what extent, and in what ways, do issues of difference influence the therapeutic interactions and developing relationship?

## **1.4 Defining race and gender: terminology and language problems**

### **1.4.1 Race**

In counselling and psychotherapy, the notion of race is often theorised as a construct to highlight its reductive and essentialist aspects with respect to defining individuals and groups of people. Writers and scholars from various academic fields now see race as a categorical term with limited usefulness in terms of knowledge production: the general consensus is that race is a construct that is at times necessary when doing research.

Within the constantly evolving developing discourse on race, post-colonial theorists like Appiah, (1992, p.270) underline the importance of stating clearly that race is "socially constructed, historically malleable, culturally contextual, and produced through learned perceptual practice". This in order to recognise and acknowledge race as a construct that is "partly contextual". For instance, Modood et al (1997) noted race, as having no actual scientific validity (see too UNESCO statement on race), and thus offer no explanatory value within social science. Nevertheless, they acknowledge that while this is true, race as a phenomena is a 'real' social phenomena arising from the process of racialisation and racism in contemporary Britain. It is for these reasons race is often placed in inverted commas to reflect it as historically and locally prescribed ways of thinking, seeing and talking shaped primarily by colonial history and socio-political context in the UK and US (Gunaratnam, 2003). In contrast to race, I have chosen to place in inverted commas 'Black' rather than

race to reflexively highlight the visibility of skin colour difference, so often associated with racial differences, along with the political meanings often attached to it.

In counselling and psychotherapy, race, ethnicity and culture can be used interchangeably, albeit with subtle variations when used to emphasise specific cultural and ethnic variations in groups. However, while race is commonly used to place people in distinct groupings, as specified by superficial biological characteristics such as skin colour differences, hair texture, and so on (Fernando 2002). Ethnicity on the other hand is used to ascribe a shared sense of kinship, group affiliations, on the basis of religion, culture and language and so on. (Fernando 2002, Modood 1997).

It is common to see race and ethnicity being used interchangeably, in part because of the similar value ascribed to them by society. For instance, as a categorical term to account for mental health problems suffered by ethnic minority (Sashidharan 1986 and Fernando 1988).

Whereas ethnicity and race can be seen to relate to group identity. However, such usage is contested by some to make both terms indistinguishable, and therefore misleading due to other important boundary markers that separate ethnic groupings, including the criterion of familial kinship (Modood et al 1997). In this study, I chose to reflect complexities surrounding both terms (race and ethnicity), by highlighting this in each participant account where such distinctions about their 'selves' have been made or self-identified.

Similar to ethnicity, culture is considered to be group practices, values and beliefs. But as a construct constantly shifting and evolving that makes it arguably complex and thus often defined in several different ways, especially when construed in terms of age, demographic factors, and ethnography (d'Ardenne and Mahtani, 1999; Patel et al, 2000; Lee, 2006). When invoked, cultural difference tends to be used in opposition to the majority culture; consequently black and other minority ethnic groups are assumed to have a different culture from that of the rest of the population in the UK. Similarly, value judgements attached to race are sometimes ascribed to culture. In this sense, culture (as opposed to race) can be seen to delineate more subtle forms of difference that figure prominently in multicultural discourse.

Despite these subtle distinctions, most scholars deem race, culture and ethnicity to be interrelated somehow due to the complexities surrounding their usage. Nevertheless, the importance of highlighting and discerning the differences between them have also been emphasised (Modood et al 1997). This in order to distinguish and reflect the varying needs of the individual ethnic groupings. For instance, within South Asian, religion might be given a greater saliency in self concepts.

Having the above debates in mind, in this study the term race is understood as “operating under erasure” and I have used it in that way (Hall 1981, in Gunaratnam, 2003, p.39). This in order to minimise its reification whilst allowing for production of meaningful, if ambiguous, knowledge to do with diversity. It should be noted, however, that some writers have argued that such a project is impossible (Fish, 1995, cited in Lago 2011, p.134).

Social theorists have highlighted the “treacherous bind” (Radhakrishnan, 1996, p.81) into which researchers can fall when using race as a conceptual tool. Gunaratnam (2003) identifies the fundamental epistemological tension underpinning the use of race or ethnicity as a research construct. She argues that even when these terms are used to “uncover oppressive relations of power”, the naming process often involves the risk of “reproducing ‘race and ethnicity as essentialised and deterministic identity categories that can re-constitute these very power relations” (Gunaratnam, 2003, pp.32-33). To guard against this, she argues for the importance of adopting a “double research practice” and a “radical reflexivity” (p.35), enabling researchers simultaneously to work with and against race as a conceptual tool.

I share Gunaratnam’s (2003) concern to develop a research approach capable of illuminating heterogeneity, areas of ambiguity and partiality without reifying the ideological content of race. This enables a point at which the meanings attached to ‘race’ and ‘ethnicity’ as categories can be positioned for the purposes of empirical research. Such an approach makes it possible to see the problems surrounding the use of race as a construct, thereby revealing its complexities and tensions. These can then be held in mind throughout the research process, helping to make it more transparent and enabling the teasing out of discrepancies and incongruities (D’Andrea, 2005; Delgado-Romero et al, 2005).

With the above in mind, I have chosen in this study to use race as a conceptual construct to distinguish ‘non-white’ population from the white population. Further as I have highlighted earlier, I am aware that making such racial dualism, could be interpreted or seen as making the term race, ethnicity and culture less distinguishable. Where there have been cases where ethnicity or culture were highlighted or identified, I have strived to highlight this area of distinction as it relates to the participants’ self concepts.

The placing of the term ‘Black’ within inverted commas is my way of identifying and acknowledging the term as a socially constructed language, albeit with historical significance, and political, sociological and psychological underpinnings (Dhillon-Stevens, 2011). In contrast, I have chosen not to use the term ‘BME’ (Black and Minority Ethnic), whilst acknowledging its increasing usage to delineate and distinguish between different non-white

and white minority groups in the UK to recognise the similarity or shared racialised process of identification that members of these groups encounter.

My choice of the term 'Black' recognises both its political significance and its material existence. To denote how the experience of racism together with gender inequality derives from visible differences can have profound, embodied effects on an individual's experience: psychological, emotional, cultural, economic, political, and historical. In this sense, 'Black' as a political term is used to represent the experiences of minority groups such as those of African, South Asian or East Asian descent. Nevertheless, in doing this research, I have become aware of the complexities that arise in knowing what terminology to use, and through the research process realise that not everyone may agree with the way I have used these terms. However, it is important here to acknowledge that whatever terms used are unlikely to capture the complexities of the topic and as such my use of such a definition may not be shared by all.

Nevertheless, as suggested by Brah (1996), 'Black' as an identity construct allows for recognition of racist experiences as often structured around colour, phenotype and culture. Finally, throughout the study I aim to keep my conceptualisation of race rooted exclusively in the context of race relations in the UK.

### **1.4.2 Gender**

Gender, another social construct, plays a role in the definition of the self in most societies and cultures. The connection between gender and identity, and the social practices which express and reproduce it, has been at the forefront of feminist discussion within psychotherapy and counselling. Like race, gender reveals relations of difference, whether in terms of physical attributes or relations between dominant and marginalised discourses (Inga-Britt Krause, 1998).

As noted by feminist psychoanalytic writers, gender identity can have a powerful impact on organising individual psychic experiences (Scheverian, 2006). Feminist theorists have also posited that gender differences (in contrast to sex differences) are a construct without any biological basis. Yet from our formative years we are socialised to perceive ourselves and others in gender terms. For some, these experiences can lead to a sense of gender-related worth, with a determining effect on an individual's choices in life (Natiello, 1999). In this sense, "gender...remains a crucial modifier, a key element of patterned form in the continuous processing of perception throughout life" (Lester, 1990, in Scheverian, 2006, p.146).



Black feminist writers have been active in discerning the interlinking of race and gender in the lived experiences of black women (Carby, 1982; Mirza 1997). Here, race-and-gender is viewed as a distinct form of oppression, outside the awareness of white women. In contrast to mainstream feminism, such writers view the interdependence of race and gender as essential to an understanding of the social position of black women in the British context. For most black women, they argue, race and gender, while analytically distinct, are not independent variables; rather, they mutually inform – and deform – each other as intersecting social identities (Brah and Phoenix, 2004).

## **2. Literature Review**

In this review chapter, I critically examine the literature and research on the subject of race and gender differences and their impact on the therapeutic relationship within psychotherapy and counselling. Specifically, I look at how existing work, from both multicultural and psychoanalytic perspectives, engages with the effect of these differences on the working alliance and on transference and countertransference development within the therapeutic process.

As part of this review process, I will examine theoretical models of racial identity development as these pertain to the therapist's self and identity process. Using the post-modernist notion of the self to critique this model, I will illustrate how post-modernist ideas relating to the 'self' favour use of the concept of multiple subjectivities, rather than a single identity development model, as a means to research social identities. I will then look at empirical research on how each of these variables influences the developing therapeutic process.

Through this interrogation of the literature, I aim both to locate myself in the field and to reveal gaps in the field regarding the ways in which race and gender may intersect to constitute multiple social identity factors influencing the therapeutic process. By identifying such gaps within multicultural and mainstream psychotherapy research, I aim to show how the findings of this research study might contribute to training, supervision and practice.

This literature review also strives to provide an overview of the many and varied research areas that have informed my study. By doing so, I seek to present a literature review framed by a relational and dialogical position where "each texts speak to the others as in conversation, identifying themes, connections [to] generating knowledge" (Walker, 2015, p.2). I thereby invite the reader to see the articles selected for review as being in dialogue

with each other: as connected and in conversation rather than being in opposition to one another. In other words, I have sought to engage a creative process which “takes us deeply into the relationship between knowledge, self and the world...a construction and a creation that emerges out of the dialogue between the reviewer and the field” (Montouri, 2005, p.375).

This will therefore involve a shift away from merely locating myself within the existing knowledge field. It will be an attempt to engage with this field, and enter into a dialogue with it as an active participant in the co-construction of meaning and interpretation in relation to what is voiced in this literature review. This is in contrast with a traditional, positivist literature review framework that separates the reviewer from the authors under review.

With the above in mind, the selection of literature for inclusion in this review was done primarily on the degree of relevance to my research question. A second criterion was my aim to draw attention to gaps found in the literature regarding the interlinking contextual factors of race and gender identities. This review therefore examines literature on racial difference in counselling and psychotherapy as this relates to the research, and also gives brief account of psychoanalytic writings and research on gender differences and their influence on the therapeutic process.

## **2.1 Differences relating to race and its impact on the therapeutic relationship**

The presence or absence of race in the therapeutic process continues to generate debate. In some cases, it has been viewed as a significant variable, where visible differences, such as physical features, “can be a salient marker that are easily encoded and powerful in shaping initial impressions, that can affect the process and outcome of psychotherapy” (Fuertes and Gelso, 2000, p. 212). Here, racial difference is seen as a potent trigger for projection, with implications for therapists’ credibility which in turn affect the therapeutic process and outcome (Smedley, 1993; Davis and Gelsomino, 1994; Holmes, 1999; Constantine, 1999; Moodley and Dhingra, 2002; Redmond and Stanley, 2002; Tinsely-Jone 2001; Tummala-Narra 2007). Such writers underline the importance of therapists paying attention to race difference, given clients’ perception of race as significant in cross-racial therapy (Davis and Gelsomino, 1994; Chang and Yoon, 2011). On this basis, they argue for the importance of therapists developing the necessary skills to address racial perceptions that may have an effect on the therapeutic relationship.

### **2.1.1 Racial differences and the case for racial/ethnicity matching in therapy**

That there are issues regarding the impact of racial differences on the therapeutic process is not surprising, given the ambiguity that surrounds the construct of race itself, and its associated meanings and meaning constructions within wider society. In this contested environment, some authors have suggested that racial or ethnic matching may offer better conditions for successful therapeutic outcomes (Farsimadan, Draghi-lorenz and Ellis, 2007).

Farsimadan, Draghi-Lorenz and Ellis (2007) carried out a quantitative study examining the impact of ethnically matched and non-matched dyads on the working alliance. The study explored two hypotheses: whether the ethnically matched dyads yielded significantly more positive outcomes than the unmatched counterparts, and the extent to which other process variables, including age of client, length of therapy, outcome and therapist credibility, mediated the relationship between ethnic matching and outcome ratings.

While the findings suggested that ethnic similarity between therapist and client was indeed linked to positive outcomes, they also identified other factors as playing an important role in predicting positive therapeutic outcomes, irrespective of these differences. Among these factors were the quality of the working alliance and clients' ratings of therapists' credibility, which emerged as stronger predictors of outcomes. This suggests that while cultural differences can potentially affect the therapeutic outcome, other factors can facilitate a positive therapeutic outcome, irrespective of the ethnic differences between therapist and client. The authors found that in mixed dyads the emergent relational dynamics contributed more to working alliance problems. Significantly, the study outcome points to the importance of the working alliance in working cross-culturally.

I concur with the view that, given the increasing diversity of British society, racial and ethnicity matching may not always be feasible. A greater priority may be exploring ways in which therapists can be better supported as they work with these issues (Vontress, 1988). It should also be underlined, as Tribe (2008) points out, that working cross-culturally has great advantages for therapists; it is likely to enhance all aspect of clinical work by encouraging active reflection and on-going consideration of the therapists' own values, assumptions and biases, thereby enriching their reflective practice.

A qualitative study carried out by Pandya and Herlihy (2009) further lends support to the idea that the therapeutic alliance plays a more significant role than racial or ethnic matching in generating positive outcomes. The researchers found the quality of the therapeutic alliances established was more crucial to outcomes than culturally-specific factors. However, this study looked at the issue from the point of view of 'white' therapists working with culturally or

racially different clients: the nine clients selected to participate all came from non-white backgrounds.

In contrast, findings from research carried out by Chang and Berk (2009) concluded that despite the universal elements of core therapeutic processes, “the dynamics of racial/ethnic mismatches introduce unique challenges to the therapy relationship that may require attention and flexible adaptation to basic therapy skills” (p.532).

It is interesting to note that while there has been an increase in research exploring and theorizing experiences of working with racial and cultural issues in counselling and psychotherapy over the past two decades, the experiences and perspective of ‘black’ therapists remains an underexplored area (Patel et al, 2000; Sue and Sue, 2002; Constantine and Sue, 2005).

### **2.1.2 The limited research on ‘black’ therapists’ experiences in UK literature**

In the British context, there is a scarcity of empirical research and literature regarding ‘black’ therapists’ perspectives on these issues (Dhillon-Stevens, 2011). For most UK-based research exploring racial difference as a variable impacting on therapy, the focus has been on how ‘white’ therapists can provide effective therapy for ‘black’ clients, rather than vice-versa.

This can be attributed to several reasons. Firstly, the abundance of research focusing on white therapists working with their racially/culturally different clients may reflect the idea of the ‘neutral’ therapist: that is, someone whose subjectivities are deemed to have little influence on therapy outcomes. A consequence of this is that ‘difference’ has been examined primarily in the context of the ‘culturally different’ client, who is often envisioned to be ‘black’. Such a positioning of ‘difference’ has therefore reinforced the stereotype of black people as primarily clients in the mental health field, as opposed to providers of care (Patel, 1998). It could be argued that such a stance acts to preserve the status quo, in the sense that what is presented as ‘different’ is always done so in relation to the (implicitly reinforced) norm of the white, middle-class, able-bodied therapist.

Davis and Gelsomino (1994) offer another reason for the limited research into ‘black’ therapists’ experiences of working with white clients. They suggest this might be because ‘black’ people have considerable contact with the ‘dominant’ culture and might therefore be less impacted by cross-cultural misunderstandings. While to some extent I share this view, my own experience as a ‘black’ therapist suggests that it may minimise or discount the

particular challenges faced by 'black' therapists working with issues of difference, and thereby marginalise the specific training they may need.

From this perspective, it would appear that most studies have been written as guidelines to help white therapists work competently with their racially and culturally different clients (Atkinson, 2004; Lago, 2006; Sue and Sue, 2008). Such a stance can also be read as subscribing to a Eurocentric view whereby 'white' is regarded as the "human ordinary" (Apple, 1998, quoted in Ryde, 2011, p. 95) and 'non-white' as having a race and therefore possessing 'otherness' and 'difference'. This leads in turn to locating work with racial and cultural differences as something primarily done by the white therapist working with a client from a different racial background.

The paucity of research on 'black' therapists' experiences might also be connected with the relatively small number of 'black' practitioners in the field (Moodley and Dhingra, 1998, 2002; Patel, 1998). It has been argued that 'black' therapists face particular difficulties when raising issues to do with race owing to the complexity and sensitive nature of the subject (Joseph, 1995; Leary, 2006).

Given the situation described above, it is not surprising that 'black' therapists often find themselves left to locate external resources outside their training as additional support. In their research into the personal and professional development of clinical psychologists, Goodbody and Burns (2009) found that psychologists from 'black' and ethnic minority backgrounds reported drawing on alternative discourses and external training outside of mainstream psychology to address these issues themselves. Participants reported that in training little attention had been paid to their lived experience as members of socially disempowered groups. Watson's (2004) research on 'black' trainee counsellors' experiences of training revealed that in many cases participants did not find their training accommodated issues relating to race and cultural differences.

The fact that such findings have surfaced repeatedly has encouraged researchers such as Mavinga-Mckenzie (2004, 2005) to highlight the relevance of attending to 'black issues' in counselling and psychotherapy training. Arguing that such issues are not just about racism, and that awareness of them encourages and promotes diversity of experience rather than high levels of emotional angst and/or resistance, she recommends the normalisation of these issues in training so that they can be openly discussed.

Interestingly, more recently the idea of researching the experiences of 'black' therapists has gained momentum (Dhillon-Stevens, 2011). In relation to the UK's demographic diversity, however, research in this area remains marginal. This research gap has been seen to result

in poor or insufficient knowledge on many critical training needs of 'black' therapists. Shah (2010), in an IPA study examining the critical experiences of 'black' or ethnic minority trainee psychologists on their journey to becoming psychologists, revealed the sense of isolation often experienced by 'black' therapists when seeking to manage their social differences in training and supervision. Their experiences were evocatively captured by two superordinate themes: 'the handicap of not being white', and 'the challenges and dilemmas of highlighting race and culture issues'.

In an article based on the findings of their research into diversity issues in training, Ciclitira and Foster (2012) highlight the inadequate attention paid to issues of social difference (race, gender, disability, sexuality) in psychotherapy training. They found a correlation between this factor and minority trainees' difficulties with openly discussing various aspects of their social differences. Such findings suggest a direct connection between the limited research on 'black' therapists' experiences and the insufficient training reported by 'black' therapists in the British context.

In the United States and Canada, there exists a substantial body of research on therapists of colour engaging with racial differences in the therapeutic process. While some of this research is relevant for the current study and provides useful insights, it is of limited relevance to the British context. More UK-based research would be likely to reveal the nuances generated by the intersection of different cultures within the therapeutic relationship.

### **2.1.3 The impact of racial differences on process issues in therapy**

Having outlined where this study sits in terms of the existing literature, I now turn to key issues raised in the literature regarding the impact of racial differences on the dynamics and processes involved in therapy.

Within the available literature concerning 'black' therapists (much of it originating in the United States and Canada), the focus has been on how 'black' therapists manage their new professional identity and how this interacts with their pre-existing personal identity within the therapeutic process (Bank, 1975; Jackson, 1973; Gardner, 1971; Grier, 1967; Jackson, 1973; Griffith, 1977; Yi, 1998). These authors propose that 'black' therapists often experience internal conflicts arising from their struggle to be accepted by white clients whilst keeping their 'Black' identity. Their research underlines the importance of therapists having the capacity to resolve issues relating to their black identity in order to work effectively and competently with both black and white clients. However, it bears emphasis that the racial identity of North American 'black' therapists will have been shaped by a historical context and

pattern of race relations very different from that of the UK. In addition, given that most of the studies cited above were undertaken in the 1960s and 1970s, a period of intense racial conflict in the USA, they may not relate to contemporary 'Black' experience in the UK. Such literature also reveals a tendency to overgeneralise and oversimplify the experience of 'black' therapists, to the exclusion of other contextual factors such as gender and class (Brah, 1996). Nonetheless, these writers were pioneers in revealing and acknowledging the way in which therapists' racial differences can influence the therapeutic encounter

Despite the relative dearth of literature addressing issues of racial differences in therapy in the UK, a number of studies are relevant to the current study (Kareem and Littlewood, 1982; Dhillon-Stevens, 2004, 2005; McKenzie-Mavinga, 2005; Thomas, 1995; Littlewood and Lipsedge, 1997; Lago and Thompson, 1999; Patel et al, 2007).

Kareem and Littlewood (1982) were pioneers in bringing racial issues in therapy into awareness and highlighting the experiences of 'black' therapists working with clients. They used the concept of 'cognitive inconsistencies' to describe the issues that emerge when a white client encounters a 'black' therapist, arguing that because the 'black' therapist is perceived to come from a disempowered minority, this might make it difficult for the client to see them as holding the potentially powerful position of therapist.

I have had experience of this in my own clinical experience. On one occasion, when working with a male client who was clearly engaged, I sensed that he was also finding it hard to deal with being vulnerable in the room with me. It became necessary for me to highlight the difference between the therapeutic context and the outside world. In the process, I made an informed choice to clearly state how, in terms of structural power, outside of the therapy process his experience of our evolving therapeutic relationship might be different in terms of his sense of feeling powerless. By bringing this into the room, I was aware how it visibly reduced the level of anxiety he was experiencing with me, and this action facilitated a better working alliance between us.

Kareem and Littlewood (1982) suggest that negative transference occur if the client is unable to reconcile these strong polarities. This lead to client dropping out of treatment or experiencing resistance to forming an alliance with the therapist, in the sense of establishing trust, an emotional bond and goals that facilitate a successful therapeutic outcome (Gelso and Carter, 1994). Whilst on some level I share their view, I also see this as putting the onus on the client and as neglecting the co-created nature of this process. It should also be noted that in many cases these experiences were described from the perspective of 'black' male therapists working with white clients. The lack of intersectionality of race and gender identities reduced the ability of this research to resonate fully for me.

Some North American researchers have alluded to the concept of 'cognitive inconsistencies', which seems implicit in the series of counter-transferential reactions that black therapists are said to experience (Yi, 1998; Comaz-Diaz and Jacobsen, 1995). On the basis of their findings, these writers highlight the role of transference and counter-transference in the construction of experience and what it means to be a therapist of colour. For instance, Yi (1998) argues that it is important for 'Black' therapists to reflect on their black identity, cultural values and assumptions in order to maintain an effective therapeutic relationship with white clients.

Comaz-Diaz and Jacobsen (1995) argue that 'black' therapists might need to show their competence because of their own insecurity, as well as expected client perceptions of their 'incompetence'. This implies that 'Black' therapists are likely to experience feelings of not being 'good enough' when working cross-racially within the clinical encounter. Their research highlights the relevance of counter-transference in cross-cultural therapeutic encounter and its role in the establishment of trust and acceptance. However, these writers do not consider the influence of other factors (such as gender and class) on the experiences of therapists of colour.

It could also be argued that studies such as that of Comaz-Diaz and Jacobsen (1995) are based on anecdotal vignettes and lack evidence to support their claims and assertions. In the absence of more robust empirical evidence, their paper offers little more than an exploratory commentary on 'black' therapists' experiences.

The term 'racial pre-transference', first coined by Curry (1964), is now commonly used in the cross-racial dyad to describe ideas, fantasies and values ascribed to the 'black' psychotherapist by their client prior to their meeting for the first time. Curry argued that in order to establish a therapeutic alliance, the 'black' therapist needed to engage with the client's pre-transference before fully working through the transference. Curry's work provides insights into the potential impact of therapists' racial differences on the therapeutic process. As Grier (1967) notes, if pre-transference tendencies are properly handled and interpreted, this can act as a catalyst to the discovery, and working through, of deeply entrenched neurotic attitudes held by the client. However, both Curry (1964) and Grier (1967) stop short of providing a perspective on 'black' therapists' self-concept in this interpersonal dyad or on therapists' management of their own pre-transference in relation to racial issues.

Leary (1995, 1997, 2000) argues for the existence, between white client and black therapist, of a shared process she terms 'racial enactment'. She posits racial issues should not be seen as belonging only to the patient or the therapist; rather they should be understood as dynamic constellations with relevance to all parties involved, as co-constructions of racial



experiences that happen where both therapist and client become pulled into playing roles associated with their different culturally positioned roles. Leary explains this as being derived from “our collective susceptibility to the cultural milieu in which we live and is a part of the consulting room” (Leary, 2006, p.85). Here, the emergent relational dynamics that occur within the cross-racial dyad are seen not so much as obstacles as the inevitable actualisation of cultural, racial attitudes toward race and racial difference.

Swartz (2007) provides an example of this in research using an intersubjective psychoanalytic framework. The study demonstrates how racial difference as a variable in the therapeutic process reflects past experiences of deeply entrenched and racialised structural divisions in South Africa. These divisions were revealed as salient in shaping the negotiation of power in therapy; they affected participants’ capacity to engage freely with the exploration of unconscious communication.

The actualisation of deeply entrenched racialised and gendered attitudes was reflected on by Leary (1995, p.136), who recalled a male patient who saw her as “wild, provocative woman” and was “alternately fascinated and repelled by her”. Leary noted that the freedom with which her client felt able to speak of his transference reactions and her own ability to deal with it helped to further the therapy.

Following the relational turn in psychotherapy, researchers from relational and intersubjective orientations have recommended using the intersubjective lens (as demonstrated by Leary and Swartz) to understand emergent processes associated with contextual factors such as race and gender (Leary, 2006; Altman, 2000). Intrinsic to this is the notion that both therapist and client have different sets of experienced realities, with neither being more valid than the other. This underlines the relevance of the therapist’s position (Altman, 1996) and is part of a growing emphasis on the need for therapists to be aware of how their social position and subjectivity may influence their evolving relationship with their client (Yi, 1998, 2006; Altman, 1996; Aron and Putnam, 2007; Greene, 2007). No longer is the therapist assumed to be ‘neutral’ and ‘objective’; rather they are seen as participants in the co-created reality who need to understand their own subjectivity.

Only a few empirical research studies have been carried out on the issues ‘black’ therapists face as a result of their multiple identities in the therapeutic space. The research that exists varies in terms of approach and content, with research into ‘Black’ therapists’ experiences still very much in its early stages.

In these studies, analysis and interpretation has been done on the basis of case studies which express particular experiences. For example, Moodley and Dhirga (2002) focused

specifically on how 'Black' therapists address racial differences with their white clients. Patel's (1998) study of 'Black' trainee and qualified clinical psychologists used grounded theory to look at participants' experiences of working cross-culturally. It shed light on how participants' negotiation of their personal and professional identities could become entwined with power issues arising from social differences with clients. For instance, therapists reported instances of white clients making covert racial remarks, which the therapists interpreted as the clients' way of managing feelings of discomfort, avoiding vulnerability, and attempting to gain power in the therapeutic process.

Several studies suggest that therapists often feel ill-equipped to address race-related issues or their racial difference in therapy (Maker, 2005; Tinsley Jones, 2001; Knox et al, 2003; Bartoli and Pyati, 2009).

Maker (2005), a Muslim clinical psychologist of Pakistani origin, offers a vignette in which she describes her own encounter with a client's racist and stereotypical attitudes. Only later did she realise that the client's stereotypic description of middle-eastern women in fact represented the client's beliefs about herself. Maker writes of how her ability to directly confront and explore the meaning of race and gender with her client allowed both of them to further explore their cultural identity, which in turn deepened their relationship. She highlights the significance of the ability of the therapist to address issues of racism and racial differences in therapy with confidence, seeing this as contributing to a better therapeutic outcome.

Bartoli and Pyati (2009) conceptualized an integrative therapeutic framework, drawing on multicultural, feminist, social justice and ethical theories, to offer guidelines to help therapists understand and address racially charged moments in clinical work. The first element of the framework is that the therapist should have a contextual understanding of racial remarks. Secondly, the therapist should hold in mind the possibility that racially charged comments may be connected with the client's presenting concerns. Thirdly, the therapist needs to investigate the possible meanings of the comments within the context of the therapeutic relationship. Fourthly, the therapist should engage reflexivity in order to clarify their own motivations and possible counter-transference reactions. Finally, therapists are advised to be mindful of their interventions, and aware of the emotional impact such interventions might have on the client and the therapeutic relationship.

I see this framework as offering an integrative, contextual approach to addressing potential ruptures arising from racial and gender differences between therapists and clients. It demonstrates the interactive, complex nature of clients' and therapists' racial backgrounds in the context of therapy. However, it fails to address the therapist's own self-concepts within

this dyad and the question of how therapists should manage issues connected to their social position whilst maintaining an authentic relationship with the client. My view is that contemporary relational and intersubjective theories may offer us more useful theoretical tools to address and manage such dynamics.

In relation to the current study, while the studies cited above provide helpful resources and insights into understanding race as a significant contextual variable in therapy, they tend to view 'black' therapists as forming a homogenous entity. Much of the literature also fails to take into account other intersecting variables, such as 'gender', sexuality, class, disability and other individual differences. Awareness of the myriad complexities and nuances brought to the therapeutic relationship by the intersectionality of these factors with racial difference would, in my view, prove invaluable to therapists, trainees and supervisors.

From my own clinical experience as a 'Black' woman therapist, I am aware that at times gender and race have been variables I have needed to consider and be aware of when interacting with clients. Indeed, with some clients these factors became salient and had such an impact that an impasse resulted. On such occasions, I have needed to reflect on my possible contribution to the situation in order to authentically negotiate and work through the process with the client. While I am not suggesting that every therapeutic relationship involving cross-racial or cross-gender dyads is doomed to be problematic, there is much to be learned about how the culturally derived position of both therapist and client influences the clinical process. Moodley (2005), for example, describes how a social construct like gender can provide a form of holding environment in which the race-related mutual anxieties of both client and therapist can be discussed.

## **2.2 Gender differences and their impact on the therapeutic relationship**

Attention to power dynamics, both in society and in the therapy room, has been the hallmark of psychotherapeutic feminist writing regarding the influence of gender in the clinical process. The emergence of feminist literature within psychotherapy provided an opportunity to look at women's "unique" experiences and the problems they face in society as a result of the oppressive hegemony of patriarchal discourses (Horney, 1981; Chodorow, 1979; Julia, Kristeva 1977). Psychotherapy began to recognise the importance of a comprehensive gender theory to guide research and practice (Benjamin 1993; 1995).

Some writers on gender issues have pointed to possible differences in gender characteristics and expectations that can be brought into the therapeutic dyad, suggesting that these might

account for some of the differences between what women and men encounter during therapy and counselling (Chaplin, 1989; Maguire, 2004; Schaverien, 2006).

More recently, it has been suggested that the therapeutic process can be affected by the therapist's gender and that such issues as gender identity, gender roles, intimacy and sexual orientation can either create obstacles or alternatively facilitate the process. This line of research argues that therapists' perceptions of power, dominance, and the role of women may affect how they respond to their client, as well as the client's reactions to them (Schaverien, 2006). Gender-related variables are seen as having the potential to affect therapeutic transference and counter-transference (Schaverien 2006 and Maguire 2004). However, empirical research on these factors presents inconclusive findings (Felton, 1986; Gornick, 1986; Beutler et al 2004; Bowers and Bieschke 2005).

Earlier research by Jones et al (1987), which found gender to impact on therapeutic process and outcome, suggested that female therapists tended to rate themselves as more successful than male therapists, particularly with female clients. Another study from this period (Fenton et al, 1987) found clients, regardless of gender, agreeing that female therapists formed more effective therapeutic alliances than did male therapists. Both studies showed that clients, regardless of gender, who were treated by female therapists, experienced more symptomatic improvement and reported generally more satisfaction with treatment than those treated by male therapists. A major limitation of these studies, however, was their reliance on female therapists who were 'white'. It could be argued that their findings may not be applicable to 'black' female therapists. It is plausible that the ways in which 'black' women therapists are perceived in relation to power and dominance in society may influence their credibility in the perception of clients. Their multiple identities of race and gender may also influence how they may experience themselves within the therapeutic process.

More recent research has suggested that gender can influence clients' choice of therapist, rapport-building, and the therapeutic outcome (Gerhart and Lyle, 2001; Blumer and Barbachano, 2008). Norms associated with gender roles have been found to play a potentially important role in determining the strength of the therapeutic relationship (Carli, 1991). Once viewed as unimportant or marginal to the success of the therapeutic relationship, gender is now held to matter. For example, Gehart and Lyle (2001) argue that no matter how experienced a therapist may be, occasions still arise when gender-related issues can create obstacles for both client and therapist. This might be in the way therapists tacitly convey important values through their selection of materials presented in interventions, their comments or how they emotionally react to the client's responses.

Such research underlines the importance of awareness of gender difference to creating a productive relationship. However, as with research on racial differences, the focus on gender is problematic given the way, in practice, gender is cross-cut by many other social variables such as race, class, culture and age.

## 2.3 Identity development models and post-structuralist concepts of subjectivity

A review of the literature reveals a number of different models of racial identity development. Common to all of these, however, is the idea of a sequential process of development, a set of stages through which humans proceed towards achieving a healthy sense of racial or ethnic identity (Atkinson et al, 1989, 1993; Sue and Sue, 1990; Cross, 1995; Helms, 1995; Tuckwell, 2002).

Regarding identity development among therapists, Atkinson et al (1989) identify a five-stage process:

- The first stage is one of **conformity**, where the individual has very limited awareness of their own race or culture and typically identifies more strongly with the dominant ideologies on race, in the process internalising racist ideas.
- In the second stage, **dissonance**, the individual has racial awareness but remains confused and conflicted, experiencing feelings of anger and loss as they search for their own group role models with which to identify.
- The third stage, of **resistance and immersion**, finds the individual immersed in minority culture, aware of racial issues and oppression, and rejecting dominant ideas on culture and race.
- This in turn leads to the fourth stage, **introspection**, where the individual questions their rejection of dominant culture and experiences conflicting feelings of loyalty towards their own minority race or culture. In this stage there is sense of a struggle for self-awareness.
- In the fifth and final stage, that of **synergetic articulation and awareness**, the individual begins to experience a sense of resolution of the inner conflict between embracing both dominant and minority cultures. They gain a healthy sense of their own race and culture and become active in challenging oppression.

In the case of 'black' therapists, Helms and Cook (1999) argue that the stage in which they find themselves may influence how they approach racial issues with clients. It may also influence their perception and interpretation of transferences and counter-transferences that

emerge in cross-racial therapeutic work. Helms and Cook (1999) stress the importance of therapists being aware of their own racial identity development if they are to work competently with racial issues in therapy.

Racial identity interaction models have been developed to take into account the racial identity evolution of both therapist and client (Atkinson and Thomson, 1992; Helms 2007; Fischer and Moradi, 2001; Sue et al, 1996). Such models imply that both parties bring to therapy their own organising principles in relation to their racial identity, and that these organising principles can influence the co-construction of meanings (Lago, 2011).

However, racial identity models have been criticised for a number of limitations, including their lack of attention to how race interrelates with other forms of difference, and their oversimplification of difference (Diamond and Gillis, 2006; Phoenix, 1994; Speight et al, 1991). It has also been pointed out that within therapy the racial identity of therapist and client may reveal little about their relationship with their identity or about their interactional styles in therapeutic sessions (Carter, 1995).

From the perspective of post-colonial feminist studies, writers such as Brah (1996) have critiqued racial identity models for their surface-level treatment of difference and lack of attention to differences *within* groups. Brah (1996) argues that for individuals 'difference' holds heterogeneous meanings, and that these are often dependent on distinct modalities of 'experience': the individual's 'social relation', 'subjectivity' (how individuals make sense of themselves at both the conscious and the unconscious level) and 'identity'. With respect to 'race', Brah argues, this means moving beyond a surface-level view of the production of racialised boundaries towards examining their content, consequences and salience for the individual. How the individual perceives an event will vary according to how 'she' is culturally constructed and the political repertoire of cultural discourses available to her. Brah (1996), along with other social constructionists (Omi and Winant, 1994, cited in Gunaratnam, 2003, p.44), advances the claim that 'race' and ethnicity involve socially produced, heterogeneous and dynamic processes of being and becoming.

'Black' feminists have also considered how the social categories of race and gender can position black women ambiguously (Mirza, 1997; Lewis, 2000). From this perspective, models of racial identity development are not seen as offering a complete representation of 'black' women's development. For instance, the building of black identity primarily out of the effects of racism and prejudice has been seen to result in the positioning of 'black' individuals within a 'victimhood discourse' (Aziz 1997) and in pathological identifications that recreate knowledge based solely on pre-determined and unchanging 'essences' (Gunaratnam, 2003).

Critics emphasise the importance of deconstructing, of subjecting identity concepts to critical analysis, rather than viewing them as fixed and universal (Hall, 1992).

A further limitation of the identity development model is its conceptualisation within the specific context of the United States. This may limit its relevance to individual minority identity development in Britain.

In light of the above debates, the current study will seek to understand 'black' women's experience of race and gender differences in their clinical practice within a framework in which race and gender identities are understood as integral. However, the term 'subjectivity' will also be drawn upon as a means to bridge the gap between participants' understandings of themselves and the representation of these constructs within the wider context. While identity development models suggest a linear progression, it is possible to think in terms of a back-and-forth movement: a recursive racial developmental process.

As with other identity models, there is the potential for neglecting the intersectionality and multiple positioning of 'black' therapists' identities, thereby totalising their individually-situated experiences. Nonetheless, as this research is looking at both race and gender, it can be argued that it seeks to explore how these intersecting factors influence the therapeutic relationship, thereby recognising and acknowledging the experience of 'difference'. This approach, I would argue, allows for a richer, more nuanced and dynamic analysis, capable of engaging with multiple dimensions.

### **3. Methodology**

#### **3.1 Overview of theoretical framework underpinning the study**

I begin this chapter by presenting an overview of the theoretical framework I draw upon in my clinical work and which informs the ontological and epistemological position adopted in this study. As an integrative psychotherapist, I take the position that people are intrinsically relational and that individual existence is always intertwined with the social world in which people find themselves. In this way, self-experiences – our subjectivity – can be seen as constantly evolving and reorganizing to respond to changing contexts and our interactions with others. From this position, I bring into the research the idea that self and identity form a

constantly evolving intersubjective process characterised by human desire for 'mutual recognition' (Benjamin, 1990) and 'mutual regulation' (Orange et al, 1997).

My perspective is influenced by post-modernist ideas such as 'self as construction' (Hoffman, 1998), the view that individual and social aspects of human experience are interdependent and irreducible to one another. In all experience, I would argue, there is a dialectical interplay of figure and ground. The individual is invariably located within their social field of interpersonal relations, a realm characterised by unconscious invitations to react and respond in different ways within various interpersonal interactions out of awareness. Here I am in agreement with Stern's (1997, p.154) assertion that "we move in and out of self-states on the basis of our perceptions of the interpersonal [social] world that faces us." Embedded within our interpersonal field, we are both active and passive. The field is "neither simply the result of own unconscious internal choices nor a force or filter imposed on us by others. It is both simultaneously." (Stern, 1997, p.158)

It is within this two-person framework that I position my research practice. I see my research activity as primarily a co-created endeavour characterised by the "fusion of horizons...[between researcher and researched] where we expand knowledge of ourselves through engagement with others" (Ricer, 1981, in Langdridge, 2008, p.49), and by an interactive process of "reciprocal mutual influence" (Stolorow and Atwood, 1992, p.18). That research activity comprises both an understanding of the experiences of the participants and that of oneself as researcher.

My thinking has been strongly influenced by existential phenomenological thinkers, who take a holistic view of the individual and explore the dynamic interconnections between persons and their social world. Merleau-Ponty's ideas particularly resonate with me through the light they shed on the human condition, human intentionality and the embodied nature of existence (Merleau-Ponty, 1962, 1964/1968). I see the external world as paralleling, and constituting a reflective observation of, one's inner subjective world. This holistic view is in opposition to Cartesian mind/body dualism, which distinguishes between two sorts of substances: those that are extended in space (*res extensa*) and those that are purely mental (*res cogitans*).

This holistic approach to my research involves not simply 'looking' but rather attempting to perceive mindfully and in depth. It encompasses an embodied research perspective that "offers active involved observation in all of one's being, including cognition, sensation and emotion" since "truth does not 'inhabit' only 'the inner man' ...man is in the world, and only in the world does he know himself" (Merleau-Ponty, in Langdridge, 2007,p.37). I therefore



adopt a critical realist, interpretivist position regarding the notion of 'truth': that while there exists a real, observable world, this world is also one which is socially constructed (Finlay 2009).

Following Gadamer (1975) and Ricoeur (1971), I privilege the role of language and meaning (as used within a given context) in the understanding of lived experience. I see both thinkers suggesting that we organize ourselves through language and symbolism, which also limit us. These epistemological bases, which are interrelated and mutually supporting, inform my choice of methodology and underpin the theoretical framework of this study.

### **3.2 Choosing a methodological approach**

When choosing a research method, I sought one that embodied a critically and theoretically informed approach that brought together ideas and thinking from a range of fields. As an integrative psychotherapist, such an approach was in line with my personal and professional framework. In the context of this research it seemed necessary, too, in order to understand participants' experiences in ways capable of taking into account the dialectical tension inherent in researching race and its "treacherous binds" (Radhakrishnan, 1996, p. 81). I sought both to honour participants' meaning-constructions of their lived experiences, and to produce knowledge that challenges and transforms, rather than reproduces or reifies.

I began my search for a methodology, contemplating my own philosophical values and assumptions and my subjective experience of being a black woman, psychotherapist and trainee counselling psychologist. Given my philosophical standpoint, it was clear a qualitative research approach would be best suited to the exploration of participants' lived experience and sense-making. I was not interested in doing research that involved measuring outcomes or establishing causal relationships. In my view, the idea of using self-reports as measures to examine participants' responses to these constructs and therapeutic outcomes moves away from their experiential phenomenological lived experiences. It also fails to account for the conditions in which these experiences are embedded and are being negotiated. It could also be argued that this kind of research is reductive, as it limits the data obtained from participants.

Further, as a psychotherapist who values the experiential process as a way of gaining understanding of the human condition, I found positivist models and quantitative methods at odds with my philosophical stance. Similarly, the implicit assumption of quantitative methodology that there exists a single identifiable truth "to be found" in the world, and that this can be measured (Denzin and Lincoln, 2011, p.2) runs counter to my own

epistemological and philosophical standpoint: that of the holistic, embodied and socially constructed nature of 'truth'.

On this basis I decided that a qualitative research approach would be best suited for this study. I went on to examine various methodologies, all of them variants of phenomenological analysis. My choice lay between the different versions.

### **3.2.1 Phenomenology**

Phenomenology traces its roots to Husserl's exploration of the relationship between consciousness, thinking, the thing thought and the element of intentionality which creates the phenomena of experience (Husserl [1936] 1970). The word phenomenology derives from the Greek terms *phenomenon* and *logos*, the former meaning appearance in its different forms (including those which are disguised or latent) and the latter denoting discourse or analytical thinking (which helps facilitate this appearing). For Husserl (1936), thinking is always done by an individual who experiences things personally, and all thinking has to be of something that is possible to experience.

There are many variants of phenomenological enquiry, but all aim "to capture as closely as possible the way in which the phenomenon is experienced within the context in which the experience takes place" (Giorgi and Giorgi, 2003, p.27). Whether through the use of rich description or narrative, the aim is to see things in their appearance. However, van Manen (1990) suggests that it is more suitable to talk about retrospection rather than introspection, since a phenomenon cannot be analysed at the same time that it is being experienced; it can only be recalled afterwards.

Applied to research, a phenomenological approach seeks to identify, and gain understanding of, essential aspects of experience, often by reflecting on situations and experiences (which may be transcribed as texts). The aim is to draw out what is essential in the phenomenon while not letting any pre-set beliefs and assumptions influence the outcome (Martin, 2002; van Manen, 1990).

### **3.2.2 Descriptive phenomenology**

In my search for a suitable phenomenological method, I considered using Husserl's descriptive phenomenology (Husserl, 1931), which proposes that understanding and meaning can be understood through the individual's experience of being in the world. I saw the strengths of this method lying in its focus on the lived experience of the individual and

their unique psychological representation of the phenomenon (Giorgi and Giorgi, 2008). However, two problems arose in relation to using this for my research topic.

Firstly, descriptive phenomenology appears to examine only how people live through and perceive situations. I was sceptical of how this method could embrace the embeddedness of an individual within their given social context. I felt the method would not allow me to explore individuals' accounts of racial and gender difference in sufficient depth, in part because of its inability to add an interpretative layer to understanding lived experience, which goes beyond describing meaning as expressed by participants (Langdridge, 2007). I wanted a method that offered additional analytical layers that could deal with the complexity of human identities and provide a 'perspectival shift' in understanding the surface accounts of participants.

Secondly, I believed that my close personal involvement with the topic, in addition to my own philosophical view of the co-constructed nature of research, would not allow for a bracketing of prior knowledge. Husserl's descriptive phenomenology takes the view that it is possible to recognise the difference between one's own understanding of a phenomenon and that of others, and that researchers can 'bracket' their own subjectivity by adopting a phenomenological attitude that tries to stay open to the phenomenon by bracketing much of what is already known through the analysis of participants' accounts. I was unconvinced by this idea. Research on race and gender identities carries personal resonance for me as a black woman, and from the outset I was aware of how this resonance would inevitably influence the research process. It was likely to be present in the selection of questions, in my embodied presence during interviews, and possibly during the analysis process. I wanted a methodology that would allow my subjectivity to be actively involved in a more hermeneutic way.

### **3.2.3 Interpretative Phenomenological Analysis**

My reservations concerning descriptive phenomenology led me to explore the possibility of employing Interpretative Phenomenological Analysis (IPA) (Smith & Osborn, 2008). IPA, a phenomenological research method commonly used within the field of psychology, is regarded as a more established method to understanding lived experience (Willig, 2008). It is considered a more dynamic process, one in which researcher's personal feelings and worldview are understood as the lens through which participants' experiences are examined. IPA is informed by 'symbolic interactionism' (Giddens, 2001), a process that incorporates both the personal and the social construction of meaning. IPA involves a double hermeneutic process characterised by participants' constructions of their world and the researcher's

meaning-making of participants' constructions. The findings thereby produced constitute an interpretation, rather than an unqualified reflection, of the participant's experience. In this sense, IPA recognises, and takes into account, the influence of the researcher's subjectivity on the interpretative process.

To some extent I saw IPA as suited to my purposes. However, I was also aware that IPA had been criticised for treating participants' accounts in naïve and individualistic ways (Del Busso, 2008). This is seen to result from its neglect of the social-political and relational/material contexts through which lived experience is constituted. Such an approach can result in reductionist analysis, and it could be argued that IPA "has not yet been theorized adequately" and therefore lacking in phenomenological conviction (Langdridge 2007).

I was also troubled by methodological constraints surrounding the use of social constructs such as race and gender. One criticism is that the use of such constructs may result in unrealistic and superficial understandings of individual experience, ones that minimise or fail to account for the complexity of human identity. Empirical research based on their use has been criticised for producing knowledge based on essentialised notions of difference, however well-intentioned (Diamond and Gillis 2006).

### **3.2.4 Post-structural approaches**

Post-structural approaches have been seen as having the potential to offer more sophisticated explorations when using identity constructs. They are seen to allow for an understanding of how individual's unique experience is shaped by the interplay of forces in their social world.

Gunaratnam (2003) discusses the fundamental epistemological tension and risk always present with using race and ethnicity constructs. She argues that such constructs often end up being reproduced as "essentialised and deterministic identity categories that can re-constitute these very power relations" (Gunaratnam, 2003, pp.32). While noting the relevance of these concepts to understanding the lived experience of marginalised individuals and groups, she urges researchers to develop a critical approach capable of dealing with the difficulties and contradictions involved in the use of these concepts. This suggests the need for a research approach that incorporates post-structuralist principles and views social discourse and lived experience as co-constituted. Such an approach would shed light on how social discourses can both impact lived experience and be questioned and contradicted by experience.

Such an approach allows constructs such as race and gender to be used as research tools while moving beyond the binary thinking implicit in them to explore their densely entangled interdependency with social relations. According to Gunaratnam (2003), this approach helps illuminate the heterogeneity of, and areas of ambiguity and partiality within, any category of difference. This counteracts the danger of reifying unified, fixed notions of difference between supposedly homogenous social groups.

My search for a research methodology therefore led me to opt for a post-structuralist approach. In contrast to the phenomenological emphasis on lived experiences, post-structuralist methods such as discourse analysis focus on the discourses individuals draw on in the construction of meaning (Philips and Jorgensen, 2002). This approach enables a reading of the function of discourse for participants in the interview setting as well as their wider social context (Willig, 2008). It also produces findings whose focus is on discursively constituted subjectivities and discourses, as these relate to wider power relations.

At the same time, there were evident challenges in using such an approach for the current study. Firstly, it could be argued that post-structuralism with its exclusive focus on language is insufficient as a tool to deal satisfactorily with 'race' and gender as subjectively lived and as the material existence of the individual in the world (Ramzanoglu et al, 1999). In addition, its focus on reaching beyond social binary constructs has been found to produce a paralyzing effect that leaves participants with no stable reference points for naming oppressive practices (cited in Lago, 2006).

Against this, Sampson (1993) and Diamond (2005) argue that using a post-structuralist approach does not mean neglecting the realities of individual subjective lived experience. They posit that the use of such an approach can help destabilise social categories, thereby challenging their hegemony. From this point of view, social differences like race and gender can be rethought and transcended in ways that allow for the production of emancipatory knowledge. This form of knowledge could be understood as more enriching and liberating for people through its ability to identify how these constructs may be impacting their life.

Post-structuralism offers a route by which constructs like race and gender can be critically examined and challenged. Such possibilities resonated with me in an embodied way that had a transformative impact. However, I remained unconvinced about undertaking a purely discursive analysis. I saw this as potentially presenting some major limitations in relation to a study that seeks to produce an account of lived experience. Further, I recognised that lived experience is constructed in the context of a world which is simultaneously material, spatial, temporal and understood through language (as a system of signs) and discourse (as constructing 'regimes of truth') (Foucault, 1980; Langdridge, 2007).

With the above in mind, I found it necessary to adopt critical analytical strategies that could incorporate both phenomenological and post-structuralist principles. Here I found Langdrige's (2008; 2007) critical approach to phenomenology and narrative offering a way by which phenomenological and post-structuralist principles could be applied to the analysis of lived experience, in tandem with an exploration of the wider socio-political contexts in which experiences are lived through and negotiated (cited in Del Busso, 2008).

### **3.3 Chosen methodology: Post-structuralist hermeneutic Phenomenological narrative analysis**

The methodology chosen for this study is derived from a critical approach to phenomenology and narrative as articulated by Langdrige (2008, 2007). This suggests ways in which a post-structuralist phenomenological narrative approach can be used not only to provide rich description of lived experience but also to offer insights into the wider socio-political contexts in which such experiences are negotiated.

Langdrige's (2003) approach draws on the ideas of existential phenomenological thinkers, in particular the French philosopher Ricoeur. Ricoeur (1970) formulated two forms of hermeneutics: interpretation as recollection of meanings; and interpretation according to a school of 'suspicion', which seeks to reveal the "illusions and lies of consciousness" according to certain theories (Ricoeur 1970, p.32). Distinguishing between discourse and language, Ricoeur argued that discourse is the spoken language which exists temporarily to give meaning to what is said when one person addresses another. In contrast, he saw language as a system of signs that exists outside time. In written discourse, the possibility of capturing the intention of the author fades, such that any appropriation of meaning must always remain an approximation. Appropriation is the way in which we attempt to interpret meaning.

Ricoeur (1981) argued that a text is both taken at face-value (and described from a phenomenological standpoint) and also interpreted hermeneutically. This demands a search for hidden meanings through the interpretation of symbols and myths. A key element of Ricoeur's perspective is that we always speak from somewhere – that is, we always occupy a certain ideological position. This means that the subject, including oneself, must be subjected to a hermeneutic critique. I saw this reflexive stance to be particularly conducive to the current research.

Langdridge (2003) points out that rather than simply using post-structuralist approaches, which Ricoeur charged with reducing individuals to the “product of linguistic forces” (Langdridge 2003, p.32), Ricoeur brought together embodied being-in-the-world and language, encouraging a focus on individuals’ actions as well as lived experiences with the possibility of a hermeneutic critique.

This combination enables an analytical process that requires the researcher not only to engage empathically with the phenomenological detail of the experience recounted, but also to do so through a hermeneutic of ‘suspicion’: in the case of the current research, through the lens of post-structuralist black feminist theory (Langdridge, 2004; 2008, van Manen, 1998). ‘Suspicion’ here involves a critique or interpretation of the conditions through which particular ways of making sense of specific experiences are made possible; for instance, through the contextualization of experience in terms of discursive resources and dominant discourses. Langdridge noted that this kind of critical approach to phenomenology was particularly appropriate for research into issues involving power and politics (Finlay 2009).

This approach combines phenomenological concerns with the content of experience with social constructionist concerns with the function of discourse through a critical (post-structuralist) hermeneutic. Such an approach allows for the ‘double research’ practice strategy advocated by post-colonial researchers such as Gunaratnam (2003). It makes room for the exploration of specific experiences (as recounted by participants) along with the contextualization of such experience in wider power relations through a critical hermeneutic. It offers a strategy for producing research findings that acknowledge the socially constructed nature of race and gender and address underlying hegemonic ideologies and discourses. Such a method therefore goes some way to encompasses both micro and macro levels of analysis.

### **3.4 Procedure**

On the basis of Langdridge’s ideas, Del Busso (2008) offers guidelines for performing the analytical steps of post-structuralist hermeneutic phenomenology narrative analysis. Six distinct stages are identified, as set out below.

#### **3.4.1 Reflexivity: initial reflexive engagement**

This consists of the researcher’s reflexive evaluation of their own position in relation to the major concepts used. In the case of the current study, I needed to think through, and feel through, my responses to the constructs of race and gender by using a preferred hermeneutic: in this case, post-structuralist, black feminist, post-colonial theory (As

*evidenced in section 3.5.1 and 3.5.2*). This process involved my exploring the basis for my initial impressions in relation to my own being-in-the-world. It also included paying attention to the concepts used in the text: for example, race, black, white, gender, man, woman. This provided the basis on which I could reflexively explore my first impressions of a participant's account in relation to my own embodied experiences. I could then explore how my own lived experience might impact on my reading of each participant's account.

### **3.4.2 Identification of particular experiences explored in participants' accounts**

In this second stage, I sought to identify experiences as described by participants at various points during interviews (*available as transcribed text, see appendices H and K*). This stage involved engaging a 'phenomenological sensibility' by engaging empathetically with participants' descriptions and striving to capture something of the 'is-ness' of a given experience (cited in Finlay 2011) in order to understand the experience as lived through by the participant. In order to do so, I strove to avoid making premature value judgements by staying close to the participants' 'near- experience' and paying close attention to the details described as well as the meaning-making process taking place of participants accounts.

This process was achieved by adopting, and slowing down, the process von Eckartberg (1998) calls "dwelling". This was attempted in order to absorb the content of what was being said as fully as possible and to gain insights into what might be revealed implicitly (Finlay, 2011). This process allowed for the identification of meaningful units and the interrelationship between the meanings of parts and wholes. Specific experiences could then be explored analytically by attending to details, structure, emphasized aspects, and the manner of construction and telling (*see Appendix K*).

### **3.4.3 Identification of themes within and across participants' accounts**

The third step consisted of my identifying the main themes in each participant's account. Here I paid attention to the metaphors used, what was emphasized and the topics whose recurrence suggested that they were of particular concern to the participant. This was an iterative process in which I sought to pull out emergent themes which could then be forged into larger narratives (*see Appendix G, H and K*). Once major themes were identified, the relationship and connections between them were then explored.



#### **3.4.4 Identification of narratives across participants' accounts**

The fourth step involved exploring how the telling of experiences in the context of themes formed one of more narratives. This involved paying attention to how specific experiences were described, and how they fitted into the story being told, as well as to the tone and rhetorical structure of that story (*see Appendices G and K*).

#### **3.4.5 Construction of 'self': identifying participants' construction of subjectivities**

In this phase of the process, I explored participants' accounts with the aim of identifying how they talked about themselves and how they constructed their subjectivity. I posed questions such as: How does the participant construct herself through the experience recounted? What is the function of a particular construction of 'self' in relation to the topic of race and gender difference, and to the construction of a narrative? Answering such questions involved considering how a participant constructed their identity (e.g. as black, female, and so on) (*evidence in Appendices G and K*).

#### **3.4.6 Hermeneutic: critique of the text through a preferred hermeneutic**

In this final stage of the process, a hermeneutic of suspicion (in this case, post-structuralist black feminism/cultural studies theory) was applied to interpret the described experiences, narratives and constructions of subjectivity. The interpretation sought to contextualise participants' narratives of experience by placing them in relation to wider social and cultural dynamics and power relations (*See chapter 5*).

### **3.5 Reflexivity**

Reflexivity refers to the process by which researchers examine their own frame of reference and position in relation to the research topic. Finlay (2008) highlights the significance of this aspect for the production of research in terms of the researcher being critically self-aware of their impact on the research. Reflexivity in this context is defined as the:

...process of continually reflecting upon our interpretations of both our experience and the phenomena being studied so as to move beyond the partiality of our previous understanding and in particular research outcomes. (Finlay, 2003a, p.108)

Here, the researcher takes a step back from initial pre-understandings to gain some distance towards critically and reflexively interrogating them:

As new thoughts and insights begin to challenge these pre-understandings, the researcher then makes interpretative revisions and the ground is re-covered. (Finlay, 2008, p.17)

Finlay (2003) thus highlight the significance of this aspect for the production of good research. Taking this a step further, Langdridge (2007) encourages the researcher to also subject 'them-self' to a critique, using hermeneutic critical social theory.

In the case of the current study, I decided to use post-structuralist black feminist theories and cultural studies on 'Black' women as the means to develop my own self-critique. These theories were used to interrogate the impact my background and personal location might be having on every stage of the research process (see section 3.5.1). This was in line with what Shaw refers to as "radical constitutive reflexivity" defined as "the explicit evaluation of the self" (Shaw 2010, p.243). As part of this process, I kept a research diary in which I noted down my personal reflections. As will be seen below, I made the attempt to critically turn this gaze upon myself by reflecting on the ways that I have used these categories, in relation to my own standpoints and location. As well as the way how these categories, though recognised has construct can have a personal influence in my interpretation of participants accounts including during the interview process.

### **3.5.1 Positioning of the self**

In the opening chapter of this study, I have given an account of my social, cultural and historical location and of the therapeutic experiences that have contributed to my undertaking this research. This account reveals how my particular background and history have influenced me and afforded me a certain way of seeing. On the basis of these experiences, I see my position within British society to be that of the 'Other'. I would argue that this enables me to identify with some of my participants' accounts of their lived experiences. I have therefore needed to consider how my close proximity to participants' own experiences may have influenced the embodied intersubjective process of the interviews, including the choice of questions and the co-construction of meaning. This occurred in the interview process , where I became more aware of the complexities involved in using terms like 'black' or 'white' to describe social differences. This became more evident in the way a contrast emerged in how myself and a participants made use of the term 'white'. For instance, where I perceived

white as predominantly European, these participants perceived white in a broader term and include those from outside Europe, for example, Turkey.

I was aware that my occupying the position of the 'Other' did not mean I would necessarily be able to represent participants' accounts of their lived experiences "with legitimacy and authenticity as an 'insider'" (Oguntokun, 1998, p.526). Unlike most of the participants I was born outside the UK, and I saw this difference as possibly contributing to differences in our worldviews and experiences. While I saw myself as occupying an 'insider' position in relation to my participants, I also felt this position to be quite complex. It seemed to necessitate both taking an insider position and a reflexive distant position. What Finlay (2008) refers to as a 'dance':

In a context of tension and contradictory motions, the researcher slides between striving for reductive focus and reflexive self-awareness; between bracketing pre-understandings and exploiting them as a source of insight. (2008, p.1)

As an insider, I was in this sense an involved observer, and perhaps also what Behar (1996) calls a "vulnerable observer": a term which succinctly captures the emotional process and relationship I have with the research. I was aware that my subjective experience of internalised racism, my inherited legacy of colonisation and narcissistic injury from modern forms of subtle racial oppression were elements in my personal history that would inevitably be active in the co-construction of meaning during analysis. I did not consider myself to be totally free of these pre-understandings and assumptions; rather I saw them as supporting my ability to develop an empathic understanding of participants' constructions of meaning. Nevertheless, I was wary of imposing my own worldview on participants' accounts or colluding with them in other ways. I was therefore challenged to find a way of holding the tension inherent in being both 'insider' and 'outsider' as I undertook my research. This process was aided through supervision and by interventions by peers and colleagues from different cultural locations.

### **3.5.2 The illusion of the researcher's subjectivity (interrogating my own assumptions and beliefs pertaining to the research)**

Prior to the interview process, it was important for me to think through my understanding of the major identity constructs: 'black', 'white', 'female', 'male'. While aware of the socially-constructed nature of these categories (Gunaratnam, 2003), I also believed, on the basis of my personal experience, that they had some level of resonance with lived experience. They

seemed relevant to the process of identifying the different experiences emerging from working with issues of difference and diversity in therapeutic practice, especially since my literature review had revealed the very limited quantity of research on 'black' female therapists' experiences.

However, I was also aware how the use of these concepts (race, gender, black, white) might influence the kind of knowledge produced in the research. I struggled with the question of how to use these constructs without reifying them or reproducing stereotypical notions and oppressive hegemony. I was aware of how the use of these terms could reinforce fixed notions of 'identity', notions that have been argued to treat identities in an essentialist way, with resulting deterministic effects.

At the same time, in line with post-colonial thinkers, I was aware of the importance of retaining these constructs of as way of distinguishing one marginalised group's experiences from those of others ( Spivak, 1988). Further, I found the use of such concepts as subjectivity and positionality in relation to these constructs to contextualise participants' experiences had been advocated by some post-structuralists (Mama, 1995; Brah, 1996; Lewis 2000). There seemed to be a way in which I could use these constructs, not to objectify my participants but rather to confer upon them the status of subject. This would give 'black' female therapists 'voices'; it would help them attain visibility within multicultural and psychotherapeutic discourses; it would enable their 'voices' to contribute to therapeutic practice.

As the research progressed, I became increasingly concerned about the focus of my research and its connections with a controversial, sensationalised and potentially stigmatising area. This reflects the dynamics of the representation of black women in general, which Phoenix (1987, cited in Burman and Chantler, 2003, p.303) describes as "normalized absence/pathologised presence". Here, Black women's experience is viewed as typically only attended to when it deviates (usually in problematic ways) from the received norm, and is otherwise overlooked or assumed to fit into the norm.

My concerns about such implications were somewhat eased by the view of contemporary anti-racist feminist researchers that it is possible to use these constructs, both theoretically and methodologically, by adopting practices of reflexivity that "allow us to become answerable for what we learn how to see" (Haraway, 1988, p. 583). Such practice encourages critical and reflexive thinking during research; as Gunaratnam (2003) notes, researchers interrogate their own standpoints and experiences, make explicit the conditions through which their findings are produced, and are transparent about how their presence and subjectivity may have contributed to the research process and outcome.

### **3.5.3 Reflexivity in action**

As a psychotherapist, I was familiar with the practice of being both relational and reflexive. From the outset, I considered a variety of ways in which participants could become co-collaborators, taking an active position in the production of their accounts. I was concerned with how my own embodied experiences might influence the design and data collection stages of the research, particularly my interpretations of participants' accounts. I found personal therapy helpful as I strove to work through some of the personal issues being evoked for me by the process of taking up the research. I remember particularly well a sense of anxiety and foreboding about taking up a topic that on the surface appeared 'controversial'. The word controversial was actually used by my well-meaning white female therapist, until I explained more fully my reasons for doing the research. At the time, her reaction to the subject caused me to wonder about my personal motivations. I had to look deep within myself to see what was indeed driving me towards this particular topic. To my surprise, I recalled certain experiences with considerable sadness, something which hinted at the emotional weight of the work ahead.

I continued this reflexive 'inner' search throughout the research process, including 'private' experiences relating to the research topic as well as my experience of living through the research process. People I encountered both in my private life and within the professional field took a personal, emotionally engaged and at times suspicious interest in my research topic. The notion of a 'black' woman therapist researching 'black' women therapists' experience of their work with white male clients often generated considerable interest, and sometimes awkward questions.

I was at first perturbed by these reactions. Naïve as I was, I had expected my choice of research topic to be favourably received, especially given the limited research in the area. However, such reactions and responses did make me wonder what elements of my own personal life might be contributing to my interest in this area. They also evoked in me considerable irritation and confusion; they seemed to tap into certain issues central to the research, issues I was wary of raising for fear of being stigmatised. On further reflection, however, I realised that my own familiarity with issues of race, gender and difference might make me more comfortable than others with exploring these issues. This insight became a touchstone that helped me move forward with the research. Being able to hold this in mind allowed me to make explicit the many aspects of my own experience which inevitably played a role in the production of the research.

## **3.6 Ethical Considerations**

Prior to commencing the research study, an application for ethical approval was sent to the ethics committee of the Metanoia Institute at Middlesex University (see Appendix B). Throughout the research process, I strove to maintain an attitude of openness, respect and inclusivity in relation to how interviews were conducted, given the sensitive nature of the topic. I was mindful to work ethically with participants by using self-reflexivity and to being transparent by examining how my own background and position might impact the interview process as well as the analysis.

### **3.6.1 Consent**

Participants' consent was requested during recruitment and selection phase, before the interview process and during the final debriefing. This approach was adopted as part of the ethical process, and given the power dynamics involved, that participants felt empowered and were aware they could withdraw from participation in the research at any time.

### **3.6.2 Confidentiality and anonymity**

At all stages of the research, particular attention was paid to protecting participants' identity by observing confidentiality and anonymity. Personal distinguishing details about participants were disguised and pseudonyms were assigned to each case during the analysis and writing of the research. Confidentiality was guaranteed by ensuring that recorded tapes could only be accessed by the researcher and access to transcripts was limited to the researcher and supervisor.

### **3.6.3 Discomfort and harm**

Aware that some individuals might find it difficult to disclose their experience of the sensitive issue of race in relation to their therapeutic practice, I was concerned about the levels of discomfort participants might experience during interviews. In view of this, I aimed to be mindful of letting participants take the lead about what they were willing to disclose. While in general this was achieved, there were some occasions when I felt I had interrupted participants or come in too quickly, owing to my own passion and enthusiasm regarding the subject matter.

After each interview, time was set aside for debriefing. This provided a space in which any strong emotions participants had experienced in relation to the topic could be aired and discussed. At this time, participants were reminded of their continuing right to withdraw their

consent. Most of the responses were positive, with some participants speaking of feeling energised by participating in the interview. They also spoke of being curious about the outcome of the research.

From an ethical perspective, therapists are obligated to protect clients from potential harm and prevent harm wherever possible (beneficence). They are equally responsible for not inflicting harm upon clients (non-maleficence) (Lee and Kurilla, 1993). These obligations were taken into account at every stage of the research process. As far as it was possible to deduce, inviting the participants to share their experiences did not prove harmful, either to them or to their clients.

### **3.6.4 Invasion of privacy**

The danger of intruding on participants' privacy was considered. According to Langdridge (2007), this ethical dimension is particularly important when researching sensitive issues. This seemed to apply in the current research, where I was asking therapists about their experiences of race and gender in the therapy room. I sought to avoid this danger by attuning to participants' reluctance to talk about particular issues. I also attempted to maximise participants' privacy and security (Yardley 2000) by carrying out interviews at participants' homes or at a place of their own choosing. Simultaneously, for participants who were interviewed at home, this allowed a level of symmetry to emerge between us (Holloway and Jefferson, 2000).

### **3.6.5 Misrepresentation**

Throughout the research process, the issue of misrepresentation was something I was keenly aware of. At every stage I wanted to maintain fidelity to participants' own accounts of their lived experience. In order to achieve this, I involved peers as well as my supervisor in checking the analysis. My attempts to be transparent and open while interviewing, and my willingness to self-disclose when so requested by participants, also helped reduce the likelihood of misrepresentation. This is in line with Black feminist standpoints that consider as paramount the authentic representation of Black women's experiences while balancing this against the need to safeguard Black women from possible exploitation and appropriation.

### **3.6.6 Giving consideration to power processes**

Attending to power processes that may emerge in research, both during interviews and analysis was something I became more aware of in the later stages of the study. In part, this was due to my own personal framework of seeing participants more as collaborators and co-

researchers than as traditional 'research subjects'. My sense of my developing relationship with my co-researchers was that it was essentially egalitarian. However, as the research progressed, I became aware this might not totally be the case. I gradually realised the powerful position my control of the analysis put me in, and this seemed to require further ethical consideration.

It was important for me to think through the power processes again. Levinas (1969) argued for the necessity of allowing oneself to be constrained as part of ethical human relating (cited in Finlay, 2011 p.162). This perspective became important as I began to analyse my findings. I felt I needed to manage the tension between my own freedom and spontaneity and my concern to remain faithful to, and respectful of, participants' accounts of their lived experience.

### **3.7 Issues of validity and trustworthiness**

In previous chapters, I have sought to clarify the emphasis I place on reflexivity and the transparent examination of my location as a black woman and therapist. I have attempted to identify where my personal worldview and theoretical framework may have contributed to the constitution of meaningful components during the research.

In the appendices to this study, I have provided extracts from a section of transcripts (see *appendix F*). These provide evidence of the data and the emerging themes, and supplemented with the summary of individual participants' idiographic accounts provided in Appendix K.

The issue of validity in qualitative research remains a moot topic. Some argue that assessing the quality and validity of a research piece is highly subjective. Others argue that the diversity of methodologies used within qualitative research necessitate different methods of evaluation (Yardley, 2000). Nevertheless, there is a consensus that having some guidelines or criteria to follow can help researchers evaluate the quality of their work.

According to Yardley (2008), establishing the validity and trustworthiness of research involves gauging the soundness and rigour of the research, as well as the contribution it makes in terms of useful knowledge. To this end, Yardley outlined four broad criteria: sensitivity to context; commitment and rigour; transparency and coherence; impact and importance. These four criteria were used for evaluation and in demonstrating the validity and trustworthiness of this research.



### **3.7.1 Sensitivity to context**

This was highlighted by Yardley (2000) as one way of assessing research validity. It is seen as enabling researchers to explore new topics and uncover new phenomena through the analysis of subtle, interacting effects of contexts and time (Camic, Rhodes and Yardley, 2003). In this study, sensitivity to context is demonstrated by the thorough scrutiny of existing literature relevant to the topic. This enabled me to identify gaps in multicultural as well as mainstream literature, thus prompting my investigation of race and gender differences.

### **3.7.2 Commitment and rigour**

Commitment and rigour, advocated by Yardley (2000), were maintained throughout the research process through the care paid to data and the scrupulous noting of apparent convergences and divergences within participants' meaning productions.

The use of triangulation has been noted as possible way of evidencing the rigour and validity of research. In the current research, it could be argued that a variant form of triangulation was undertaken through the use of research supervision. This is in line with Smith's (2010) contention that a supervisor's audits of their student's work (for example, checking interview transcripts against emerging themes) can be used as evidence demonstrating validity. In this research, the emerging themes were made available to my research supervisor as the work progressed, so that the themes could be read in the context of participants' individual accounts. The themes were also checked for coherence and comprehensibility. The findings were discussed and reflected on through email correspondence and Skype conferences. Some examples of this audit trail are presented in appendix J.

The validity of the research was also strengthened by the intervention of external professional qualitative researchers with experience in the field of phenomenology. I felt these differences in our subjective backgrounds were important, since the role of the external researcher was to check participants' extracts against the themes identified. This process reinforced the consensus that the themes evidenced the credibility and trustworthiness of the research.

### **3.7.3 Transparency and Coherence**

Yardley (2000; 2008) argues that the degree to which research demonstrates transparency and achieves coherence is one measure of validity and trustworthiness of the findings. This involves looking at the extent to which the study makes sense as whole and whether there is a fit between theoretical approach and philosophical assumptions.

In the current research, I have demonstrated this firstly by providing a detailed rationale based on the interrogation of existing literature in the area. Secondly, I have shown how my own experience in the clinical field alerted me to this area. I would also argue that there is a fit between the theoretical framework adopted, the underlying philosophical assumptions, and the methods used. Taken together, I see all of these factors as demonstrating the coherence of the research.

Transparency relates primarily to the presentation of the findings, the care taken to demonstrate how the data were analysed and the effort to present the research clearly and cogently. This was achieved and demonstrated throughout the research by the careful attention paid to the data analysis, by the layers of reflection woven through the whole research, and by the hermeneutic iterations. Every attempt was made to take account of the complexity of the data, in order to move beyond superficial understanding (Langdrige, 2007).

#### **3.7.4 Impact of findings to knowledge and practice in the field**

With respect to this dimension, I see the value of the study as being the insights it offers into the individual experience of 'black' female therapists and how their subjectivity may influence the co-created therapeutic process. Such insights will increase awareness of the challenges often experienced by 'black' female therapists in the field, thereby adding a fresh dimension, and will also have important implications for training, supervision and clinical practice.

### **3.8 Data Collection**

#### **3.8.1 Participants and recruitment**

Ten 'black' female psychological therapists between the ages of 33 and 54 were recruited from a variety of therapeutic orientations and backgrounds. Three were qualified counselling psychologists, two were counselling psychologists in training, one was a clinical psychologist, two were gestalt and transactional therapists in their final year of training, and the remaining two were an accredited counsellor and a psychotherapist.

While participants were not selected on the basis of their therapeutic approach, it was important they were familiar with psychodynamic concepts such as transference and counter-transference and had some experience of working within a cross-racial and cross-gender dyad.

Some participants were contacted through the Black and Asian therapists network (BAATN). Others were contacted using snowballing methods. All agreed to take part in a semi-

structured interview on the basis of written information outlining the purpose of study (see appendix C). All signed consent forms prior to the interviews taking place.

Participants were also asked to complete a demographic form (Appendix E). Three participants were of African origin, two were of South Asian origin, and five were of African-Caribbean descent (see Appendix I for participants characteristics). All the women were able-bodied and all identified (verbally) as heterosexual.

### **3.8.2 Interview procedure**

Each participant was asked to choose where their interview took place in order to increase their level of comfort. Most chose their own home address, with a few opting for their place of work.

Participants were interviewed using a semi-structured approach, which seemed best suited to the research, in part because the researcher was a novice. The approach also recognised the importance of adopting a collaborative, conversational style due to the sensitive nature of the topic (Charmaz, 2006). Through this, participants were given the freedom to explore their sense-making and the significance they attached to their experience. They were also able to change direction, alter or amend questions, and explore novel and unexpected issues as they arose (Smith and Osborn, 2008).

The interview schedule consisted of both open-ended and closed questions to encourage participants via leads as well as to tap into the core of their experiences. As a novice researcher, I found having an interview schedule helpful. It allowed me to stay close to the research topic and provided a framework that facilitated discussion. However, at times I found the interview schedule becoming a hindrance, perhaps steering me away from a participant's process or disrupting the flow of conversation. Nevertheless, for majority of participants, this appeared not to be an issue and they felt comfortable to talking freely on what they chose to disclose. Interviews lasted between forty and sixty minutes, with ten minutes reserved at the end for a thorough verbal debriefing.

### **3.8.3 Reflections on the interview process**

As already noted, I kept a research journal, which became a reflective space and source of therapeutic support. The aim of the journal was to facilitate my own evolving self-awareness, in terms of my beliefs, assumptions and thinking on the material. I therefore noted in my diary my 'felt sense', 'intuitions', and embodied reactions.

In the case of one interview, as I read through the transcript and reflected on the notes I had jotted down afterwards, I became aware of how cautious we both were at times during the interview process. I felt that there had been some kind of parallel process occurring between myself and the participant. At times it was as if we had both been gripped by fear, as if both anxious about 'speaking the unspeakable'. On reflection, it occurred to me that at such moments we were gripped by what in my opinion can be understood as unconscious presence of the "cultural third" (Gilbert and Orlans, 2011, p.155). I have used the "cultural third" here to mean the racial, cultural, political and social forces that are in the wider field (including within the counselling and community) that influence us. This daring to talk about the forbidden seemed to be a common experience within the black communities. To me, it conveyed the idea that we might also struggle with our own prejudices and assumptions in our interactions with the white 'other' and when daring to own these perspectives in light of the reality of racism.

With a couple of other participants, I was aware of feeling intimidated as I interviewed them. In their presence, I felt I needed to be particularly mindful in my questioning. My sense of this at the time was that I was picking up on a projective identification process (Ogden 1979 p.359); that both my participant and I were gripped by the cultural shame evoked by discussing the subject. In Angela's case, my perception was that by reporting having undergone some personal struggle in this area she was admitting to having a 'chip on her shoulder'. For me, too, this sense of shame and fear of being seen to have a 'chip on my shoulder' for undertaking this research was present (perhaps as a kind of parallel process) throughout the process. For Asha, Ola, Neesha, there were instances during the interview process where confusion emerged in terms of how they understood the use of terminology such as, 'black' and 'white'. For participants like Asha, defining my use of these terms more explicitly allowed her to be able to contrast her own definition of her self-concept and how she relates to my definition of these constructs. With participant like Ola, it was interesting to see the differences in how we both saw these terms and also the resultant confusion arising from it.

As I analyse the data, I became aware of how these concerns were reflected in the way some participants initially responded to my search for recruits. Some responses revealed some suspicion towards me, as well as fear of stigmatisation. Throughout the research process, I was aware of this tension in participants' responses to me, as well as an internal struggle within myself as I became aware of the paralyzing effect this tension could sometimes have on me. At times I questioned whether to proceed with the research. What value could it really have for practitioners? The words, "so what?" would often enter my mind unbidden.

In time, I began to realise that some of these concerns ran parallel to what was implicit in the participants' narratives around their experience of raising these issues. Often their fear of being stigmatised acted to stop their voices being heard or reinforced feelings of alienation or marginalisation within the therapeutic world. I realised that the internal conflicts I was experiencing were also part of the process and this became part of my analysis and findings.

## 4. Analysis and findings

### 4. Overarching phenomenological analysis of participants' narratives

Three interrelated narrative structures, with attendant themes, emerged from the transcribed interview texts (*See Appendix G and K for a more detailed breakdown of the iterative process of the analysis*). Table 1, below, presents these in summary form.

**TABLE 1 – Master Table of Overarching Themes**

Narrative Structure	Themes
<b>4.1 Race and gender as markers of difference</b>	<b>4.1.1</b> Embodied Self as 'Other' with multiple layers of difference
	<b>4.1.2</b> Difference embodied, always in the field – an ever present horizon
<b>4.2 Relating through race difference</b>	<b>4.2.1</b> Feeling hyper-aware of difference
	<b>4.2.2</b> Feeling inferior and rejected
	<b>4.2.3</b> Managing clients' reactions: doing a 'double- take'
	<b>4.2.4</b> Shifting vulnerabilities: therapists' potential to feel shame and anxiety
	<b>4.2.5</b> Managing power processes: feeling pulled into oppressive power dynamics
<b>4.3 Finding self beyond social divisions</b>	<b>4.3.1</b> Using self-awareness and self-reflexivity to manage emotional reactions
	<b>4.3.2</b> Using relational reflexivity to move beyond differences
	<b>4.3.3</b> Creating space for acknowledging social differences
	<b>4.3.4</b> Normalising and re-negotiating power

Three distinct interrelated narratives emerged (*see appendix K for a more nuanced idiographic account of each participant's narratives*) from my analysis of 'black' women therapists' stories of working with race and gender differences in their clinical practice: *race and gender as markers of difference; relating through difference; and finding self beyond social divisions*. The narratives were those prominent across participants' general accounts as well as their specific experiences to do with race and gender difference in therapy. These narratives described the women's experiences of their racial and gender differences as manifested in the therapeutic process. These were stories of 'a quest for meaning' and 'working across social division'. Participants spoke of their attempts to find meanings in experiences and clients' reactions within therapy that touched on issues of difference. Sometimes such stories were constructed as narratives of 'a therapist's journey into emotional vulnerability', and related to the women's construction of 'self-as-Other'. These 'selves' were built largely on their personal experiences as 'Black' women living in a racialised UK society. Such stories told of their embodied experiences as the 'socially devalued and marginalised Other' and the potential effect of this on the therapeutic process with clients.

In their narratives, participants relied for their plots on "struggles" and "tensions" they had become aware of in their clinical work with white clients. For many of the participants, their race and gender difference were sometimes constructed as 'surface differences' and treated as such. Many participants constructed their race and gender differences as having a potentially negative impact on the establishment of a working alliance with white male clients. They told of becoming aware of this by how they felt seen and reacted to by white clients.

A key temporal dimension of the narratives involved participants' experiences in training, where they felt that issues pertaining to their racial differences were often not adequately addressed, which left them without the skill-set or attitude necessary to deal with race-related issues arising in their clinical work with clients. As beginner therapists, they reported being aware of feeling unsafe to raise issues to do with their difference in training: in some cases, they feared being stigmatised or alienated by peers for raising these issues. Such findings are consistent with previous studies involving newly qualified counsellors, where participants have reported curriculum content on cultural and diversity issues as usually delivered as a 'one-off' rather than included as part of the training programme (Watson, 2004). Indeed, some participants who reported raising these issues described experiences of being shut down or further alienated by their colleagues. Feeling unsafe to discuss these issues, participants often felt left to grapple with them alone. In addition, some felt the cultural sensitivity training they received was predominantly of North American origin and did not

resonate with their own experience as 'Black' women in the UK. As **Asha** and **Jasmine** put it:

*"From my own experience I've noticed people who were on my training course... only really know about other cultures from what they are taught on the course and it isn't always the most informed. The kind of knowledge that they are getting is quite narrow. For instance, some of the literature on black and Asian clients is very much from an American perspective and now black and Asian clients in America are very different to black and Asian clients in the UK. So I do feel that in terms of that I think that they are at a disadvantage..." [Asha, line 305-313]*

*"I think possibly when I started in counselling, there was a degree of the unknown, and I was more conscious and I was thinking about scenarios, I would think about these issues beforehand, now I suppose am confident enough and experience enough to know that... to spot the issues just as they come up... I think it can be very distracting and problematic if I spent too much time planning, assuming around these issues." [Jasmine, line 526-530]*

Many of the narratives interleaved, in particular with regard to participants' varying identities within their therapeutic relationships. These identities were more often related to broader societal discourse around race than around gender, but sometimes involved both dimensions. Here, participants constructed themselves as targets of clients' prejudice and stereotyped reactions because of their difference. They described feeling disempowered, experiencing their 'selves' as undermined and oppressed in relation to white male clients, who were sometimes experienced as 'oppressors' or were assigned dominant roles.

#### **4.1 Race and gender as markers of difference**

This first narrative structure comprises two core themes. In the first, 'embodied self as the 'Other' with multiple layers of difference', participants reported how, as 'black' women, their race, ethnicity and gender difference were part of the multiple layers of difference between them and their white male clients. In the second, 'difference embodied, always in the field – an ever-present horizon', participants told of their awareness of the significance of social context (both their own and that of clients) in the therapeutic process. As psychological therapists, they were aware of holding both their personal identity and their professional identity in the room with clients. They reported their race and gender identities as visible differences marking them as the 'Other'. Their experience of being the 'Other' was embodied and integral to their self, and they did not feel able to separate it from their professional identity. It was an integral aspect of their self-identity, always present in all their encounters with others, as the following two extracts reveal:

*"I bring myself, all of me, that's the professional side, the cultural side, being a woman, and a black female as well. It's all, you know – and the struggles of black people and, you know, the awareness of my parents. I can't, you cannot divorce that, and I don't divorce it."* [Becky, line 136-140]

*"I do bring difference into the therapeutic space because I feel that I can't ignore my ethnicity and I feel that I don't think the client does either"* [Nicky, line 58-59]

In her encounters with white male clients, Becky is aware of her 'black identity', and the history of oppression and struggle related to this. This theme of the embodied ever-present horizon is also prominent in other participants' accounts of how they construct their selves in interactions with white clients within the developing interactive dyad.

#### **4.1.1 Embodied self as 'Other' with multiple layers of difference**

Regarding the construction of self, narratives focused on participants' construction of themselves as 'Other' on the basis of their racial and gender difference. This construction of 'Self-as-Other' largely derived from their life histories and embodied lived experiences as 'Black' women in British society. As participants grew up, they became aware of being the 'Other' because of their 'race', ethnicity, culture and gender. They spoke of various social contexts in which they felt 'different', marginalized or devalued for their difference. As a result of these experiences, participants were aware of being seen as the 'Other' by their white clients and feeling alienated by this. An example of such experience was told by **Ola**, who reported the *"feeling that on many different levels, as a woman, in terms of my age, in terms of my ethnicity, in terms of my colour,"* she experienced herself as the Other in her interactions.

**Nicky** told of experiencing overt racism primarily from white males. But she also suggested an intertwining of race and gender in her she perceives and construct her experience:

*"Yes, I think that is there because I feel very comfortable with women than with men. I think it's mainly to do with the gender. Yes. And I guess as well the racism that I have experienced, the overt racism has mainly being from white males. I think I'll be very prepared for a white male client to say I don't want to work with you. Or to say, 'yes, I'll come back' and then not return"* [Nicky, line 210 -224]

As the above extracts reveal, participants' perceptions and how they might construct their lived experiences tended to make them anticipate potential prejudice reactions from their white clients. Participants saw their life experiences as contributing to their awareness of being seen as the 'Other' by their white clients, and to feel alienated by this. As **Debbie** put it,



*"So I don't have any tangible evidence but it's just what my body was telling me. Something tells me that no matter how good or what I'm doing with this person, there's always going to be that." [Debbie, line 80-83]*

Debbie's sense of the evolving interaction with a client was that of struggling to maintain a working alliance with them. In the process, she reported feeling ineffectual as a therapist, along with a sense of feeling rejected, which she thought had something to do with her race and gender difference.

However, some participants were also aware that this could make them better attuned to race-related issues when interacting with others. As **Debbie** put it:

*"I'm so attuned to the responses I think of racism and prejudices, um, I think okay. Um, I think the problem that some people experience with me is that I look one way..." [Debbie, line 215-219]*

For Debbie, her past lived experience of racism and prejudice relating to her visible difference had made her hyper-aware of physical appearance and to become aware of this in her interactions. Whilst she values her difference and express this in her physical presentation: the way she dressed and her general style. Debbie was aware that looking visibly different could be alienating and could sense this in how she perceived being reacted to by others.

While valuing the way their "difference" could enrich their work, participants were aware that they could also at times be judged and deemed insufficient on account of it. This is captured by **Angela** in the following extract:

*"It's like a screen. It ties in with how people see you, or where they place you and or not take some of the interpretation you have to say that they may take from someone else..." [Angela, line 162-165]*

For participants, being the 'Other' involved multiple layers of difference. Here, participants seemed to be making sense of the multiple aspects of self and the different roles they inhabited, in relation to both their personal identity and their professional identity.

For some participants, the visible difference of skin colour made race a salient factor in the therapeutic process. For instance, **Jasmine** described perceiving her client as *"blinded by my appearance"*. Visible features such as skin colour were experienced by some participants as something immediately noticed during the initial encounter and reacted to by the client. These participants consider their physical appearance or bodies as a site of existence from

which they encounter other bodies and other bodies encounter them. Their bodies cannot therefore be separated from their experience as professional psychological therapists.

In the extract below, **Ola** describes the impossibility of trying to separate her professional self from her personal self in the way she feels seen by others. For her, the two are intertwined. She knows that people ascribe meanings and values to her based on her race and gender, even as their therapist, and that they act according to such perceptions.

*“Yeah, I do definitely. I think that they are intertwined anyway, all these different layers of difference, you can’t separate blackness from gender and you can’t separate class from colour because, in terms of social attitudes or either discourses, you know there are certain assumptions that are made about class if you are a woman, there’s certain assumption made about class if you’ve got brown skin, so you can’t really separate I don’t think.” [Ola, line 508 -516]*

In this extract, Ola highlights several issues. For her, being ‘black woman’ forms an integral aspect of her being. Her skin colour plays an important role in the way she considers her clients interact with her. This was echoed by other participants, who all (to varying degrees) regarded their ‘black’ identity as a form of visible difference. For them, being ‘black’ formed a huge embodied aspect of their subjective experiences and sense of self; being ‘black’ constituted the site from which they encountered others and perceived others to encounter them. Skin colour emerges as more important than gender in their interactions with others. As **Becky** puts it,

*“I see the black more than the female, for me it comes up more...it’s like black first and then female, yeah, that’s what um, is for me more of an issue.” [Becky, 197-201]*

Participants’ lived experience of their embodied selves as ‘black’ women had made them aware of the sometimes negative social messages attached to their ‘racial’ status and skin colour. They had been made alert to the ways in which their physical, corporeal ‘selves’ as ‘raced-and-gendered-‘Others’ exist and matter in the world, and sometimes anticipated this in interactions with others. Within the therapeutic situation, while participants were aware of holding a powerful position by virtue of being a therapist, they also felt themselves rated ‘inferior’ by white clients on account of their ‘race-gendered difference’. Many participants regard this as inevitable, given their lived experience of sometimes feeling devalued in wider society.

However, participants reported that during training visible differences were often not considered, and even at times were perceived as a kind of ‘forbidden talk’. They had felt afraid about revealing their own struggles with these issues in their clinical work, for fear this might signal them as ‘unfit’ to be therapists. Implicated here is the traditional notion of therapist as someone who has to be strong and resilient enough to remain unfazed by racial issues: in some respects an idealised image. The idea of a psychological therapist possessing a ‘perfect’ self, which can then be used as an instrument in therapeutic work, seems in line with traditional Freudian notions of what psychoanalysts ought to be, notions that arguably still exist within most therapeutic orientations (Walker and Rosen, 2004). This perfect therapist should be able to withstand any emotional onslaught, no matter how mean-spirited. In other words, the ideal therapist is the ultimate embodiment of the traditional notion of a fully individuated autonomous healthy self. When managing and grappling with issues related to their race and gender, in the absence of explicit training and support participants cannot know otherwise. As **Thandie** said:

*“When we did focus on issues around race I actually felt reluctant to engage because I always felt as though I was being looked at as the professional of black (issue)ness which actually I don’t want play that role, you know I don’t want to be the black spokesperson so, erm, I always felt there was a huge amount of resistance to me in the group and nobody, and if the sort of blackness or race did come up, I hated that sense of people looking to you and noticing you then for your blackness. Actually let’s sit here and talk about race as people regardless of what colour I am.” [Thandie, line 419-420]*

Thandie and several other participants were aware of being the only minority person in their training group, and this in turn made them aware of being in the margins. Thandie remembered feeling reluctant about disclosing her ‘racialised’ experiences in her training group for fear that she would be stigmatised or feel further alienated from the group. However, reflecting on it, she saw this as a missed opportunity. Through her reluctance to talk openly about these experiences, she felt she had lost an opportunity to grapple with these issues head-on in the group.

#### **4.1.2 Difference as embodied, always in field – an ever present horizon**

Participants recognised ‘race’ and gender difference as constant factors in their interactions with others, an enduring perspective, lurking in the shadows. A participant likened this to a screen or a filter, a kind of ‘racialised lens’ that can only be removed by conscious effort. Within their clinical work, participants might incorporate this lens in their efforts to make sense of their experience and the client’s reactions to them in the co-created intersubjective relationship. Participants experienced this lens as a naturally occurring process in their work

with white male clients, where it was seen as having the potential to affect the therapeutic process negatively.

Regarding issues of social differences, **Jasmine** commented:

*“I don’t think it will ever take me by surprise...like I said, sometimes the person is not even conscious of what might be going on” [Jasmine, line 510-511].*

In respect of one particular client, she recalled that,

*“Initial response was [a] kind of wariness, something I think without a doubt he was experiencing. Erm, and it was a certain, instantly it was a kind of guardedness and then I responded to that sort of with a kind of natural inclination to feel kind of guarded ....” [Jasmine, line 45-48].*

This extract points to a kind of pre-conceptual embodied awareness in the meeting between Jasmine and her client, one that had a significant impact on the physical reactions of each of them. I find this compatible with Merleau-Ponty’s (1962) theorizing of our embodied being-in-the-world and his view that perceptual practices are tacit, almost hidden from view, and thus almost immune from critical reflection. I also find useful here Merleau-Ponty’s concept of the ‘habitual body’: the default position the body assumes. Participants’ race and gender differences can thus be understood as forms of embodiment, producing habitual bodily mannerisms. Merleau-Ponty (1962) adds that although perception is embodied, it is also learned and capable of variation.

It can be argued that this perceptual pre-conceptual awareness is what is implicitly being highlighted and described by **Ola** in the following extract:

*“In any relationship...where you have two people from different races, on some level [they are] going to be relating through race.... I’m not suggesting that you can’t transcend that, but that it’s always the same experience or to the same degree or express itself in the same way but you can’t not relate to other through the historical, cultural context of what it is to be black, what it is to be white.” [Ola, line 198-204]*

Almost all the ‘black’ women therapists see their racial and gender difference both as present “in the field” of the therapeutic relationship, and as part of a wider social system exerting its influence on all levels of human interaction (Sapriel, 1998). When Nicky comments that “*the outside world does come into the therapeutic space*”, I see this referring to the view of therapy as being embedded in, and shaped by, a historical, cultural and political space. For

her and some other participants, this means sometimes having to engage with issues related to their race and gender differences that arise in clinical practice.

Whilst cognizant of their role as therapists, some participants find it impossible to separate their professional selves from their personal identities. For them, personal, social location, and race and gender differences are all entwined in how they feel related to by their clients. This requires them to confront their own pre-conceptions: how they themselves anticipate how clients will react to them as 'black' female therapists. Reflecting on their own assumptions and perceptions enables them to feel less impacted by them. As two participants explain:

*"Because I spent so much time preparing myself for it, I knew that I just had to engage and had to hold it in the way that, the only person that it could be an issue for initially is me, because this client isn't coming to me with an issue of me being black." [Thandie, line 127-210]*

*"...You train to become something [psychologist], you know you go through life as a black woman, black woman or whatever, a certain identity. And then you train to be something else and the way you're trained, even if you're quite socially aware, politically aware... you are trained to almost think, you take on this new identity and that overrides everything else." [Ola, line 384-389]*

**Ola** felt not fully seen by the 'colour blind' position she intimated her training had taken towards issues of difference. For her, it was as if she was being suddenly told that her racial and gender identity did not matter as a professional psychologist, even though her lived experience told her that it did. Even now, looking back on her training experience, she can still feel her anger at being reduced to a psychologist whose racial experiences were not validated.

**Nicky** emphasised the importance of being alert to racist views and practices:

*"I think it is important to be aware of anti-oppressive practice, I think is very important ... As a therapist, I would say hold the tension of the factors within your identity and be prepared that racism is there, whether it is overt or covert, it is there. Your own racism and the client's racism is in the room, and you know sometime it does have to be addressed." [Nicky, line 317 -323]*

In the extracts above, participants suggest that they often hold in their awareness the possibility of their holding race-related assumptions about their white clients. Reflecting on their own race-related assumptions about clients, and holding ideas they may have about their own identity lightly, creates space for them to be fully present with the client. By using

such strategies, they become capable of different meaning constructions to do with race and gender identities, and gain the flexibility to move beyond their pre-conceptual awareness to do with their social differences.

## 4.2 Relating through ‘race-gender’ difference

Participants’ accounts are suggestive of a phenomenon of “relating through race”. This can be seen to constitute a form of enacting through historical, cultural and political space. In this space, participants may construct their ‘self’ as “powerless” or “oppressed” in relation to white male clients, who are perceived as undermining their therapist ‘self’.

Participants spoke of becoming alert and attuned to the embodied reactions of white clients, they were viscerally aware of how they were being seen by such clients. Moment-to-moment bodily interchanges suggest that this may be due to their visible difference. As **Thandie** put it:

*“Facial expression, so the change in facial expression, as the sort of, so as I opened the door and them just standing there, so just that initial split-second change of facial expression.” [Thandie, line 260-263]*

Similarly **Becky** reported how she became alert to difference in the room through her own internal body experiences:

*“Sigh... Yeah, well, sometimes it’s a stomach thing , yeah body-based, and it’s like, you know, I can feel a kind of sinking feeling in the stomach , here we go again, you know....And sometimes yeah there is a weariness, it can feel kind of, er, a, a heaviness, you know, um...do I feel I’ve got to prove myself? It can be quite exhausting at times to kind of work with it. You know, to prove that you’re okay, you are qualified, you are good enough. Yeah, sometimes it can feel a burden that you don’t need. You’re a professional, like everybody else, you just want to do the work, but you know that is part of the work.” [Becky, line 79-92]*

In the above extracts both participants described often becoming attuned to their difference by clients’ physical body reactions. As a result, Becky experienced discomfort and insecurity, with a “sinking feeling in the stomach”. Over time, the repetition of such experiences grinds her down.

### 4.2.1 Feeling hyper-aware of difference

Participants recognise becoming hyper-alert to race and gender differences through what they perceive as increased levels of discomfort and anxiety on the part of the client. This heightens participants’ own sense of their racialised and gendered selves. They become

critically aware of being the 'Other', the 'socially-devalued-other', and may at once feel the need to withdraw to protect themselves from the feelings of vulnerability this can evoke in them. They are also aware that their reactions, if not monitored or managed, may create a distance between them and the client, throwing up racialised and gendered boundaries that may have a negative influence on therapeutic interactions.

Participants find self-monitoring essential in keeping a check on their own emotional reactions to clients' reactions and for emotional management. **Debbie** illustrates this while describing her struggles to understand what seems missing in the interactions between herself and her client:

*"The quality of the contact will never happen, or didn't look as if it was going to happen. And the sort of respectable thank you ...Without doubt I did put is it something about my age, my race, what is it? I remember making notes. Yeah, because I felt something was missing and I wondered what it was in terms of the relationship...So it doesn't matter what's happening here, that's as far as we're going to go. That's my fantasy" [Debbie, line 87-99]*

Debbie sensed that her client found it difficult to trust her sufficiently in order to self-disclose. She became aware of a certain level of distance in the therapeutic space, which she attributed to her client's perception of her because of their social difference. Whilst remaining aware of this, she also found it important to hold open the possibility of there being other variables which might be impacting negatively on the evolving relationship. For Debbie, as for most of the participants, self-monitoring emerged as an essential strategy, enabling them to keep a check on their own emotional responses to clients' reactions.

#### **4.2.2 The experience of feeling inferior and rejected**

For participants reporting a feeling of somehow not being good enough. These anxieties and insecurity were particularly present early on in their career. For **Becky**, this was one of the reasons behind her decision to work primarily with people from her own community:

*"It's probably about a good eight years now and to be honest I chose this project because it was about black clients" [Becky, line 24-25]*

**Ola** described how she became aware of being seen in a reduced way by a white male client, and how she felt diminished by it:

*"Yeah, yeah. And in terms of sort of the difficult experiences, after a few sessions, he sometimes would come to the session and talk about feeling, um he would sort of question, you know, how experienced are you and question my*

*competence in a sense. He may not have used that word but it felt very much like a quite sort of strong question of my competence... at the same time also talking about... talking in a way that made me feel, um like he was sort of undermining me in some ways. It's very hard to explain, very hard to remember exactly, but I remember feeling that on many different levels, as a woman, in terms of my age, in terms of my ethnicity, in terms of my colour, it felt as though he was constantly questioning, questioning those things because somehow there was an implicit suggestion that it was inferior..” [Ola, line 44-58]*

These participants spoke of how being seen in a stereotyped way in relation to their race and gender could make them feel reduced to these identities. They were aware of feeling angry and hurt as a result, however they recognised how problematic these emotional reactions could be if they emerged during interactions with clients.

In the extract below, **Debbie** describes how, during an encounter with a white male client, she suddenly experienced herself as an object. She was the ‘Other’, aware of feeling seen by the client in a way that elevated her own sense of her physical corporeal ‘body’. It was as though she were looking in on herself from the outside. Her bodily self, her skin colour, her appearance were all made visible in that moment:

*“Um the client who almost turned away at the top of the stairs, in that moment, I became even more aware of what I looked like. Um, my size, my hair wrap, I wear colourful wraps from time to time. Um, my skin colour, my age, my gender, all became very, um highlighted and accentuated in that moment. And whilst I recognised my difference, I didn’t feel inferior.” [Debbie, line 33-37]*

In that critical moment, Debbie felt she was seeing herself in the way she sensed her white male client was seeing her. She saw the look on his face as he almost turned away: an expression of shock and disdain. She could see and feel the rejection in his eyes. She felt as if she had experienced a loss of self, and was in that moment made his property for evaluation and judgement. Feeling herself being thus reduced evoked her own awareness of her embodied existence as a ‘black’ woman.

All this disturbed Debbie, who felt pulled to feeling shame as well as to rejecting her client. However, she resisted the feeling to reject her client despite perceiving him to be rejecting of her. Later, reflecting on the experience, she saw how her confidence and the value she places on her difference kept her grounded and helped her maintain a stance that remained empathic and present, even though she might have felt disturbed.



For other participants, remaining present in the face of being emotionally challenged by their client was sometimes constructed as a struggle that could leave them feeling “oppressed”, “undermined”, even “abused”. At times they wanted to distance themselves from the client. Sometimes this led to them feeling less authentic in the interactions with the client, resulting in a therapeutic impasse or stalemate. As **Thandie** put it:

*“It’s initially a sense of dread, I almost feel, I would feel as though I have to prove myself and so of course you are caught in that dynamic of wanting to prove yourself, also not wanting to lose a client particularly when you are training.”[Thandie, line 138-142]*

As Sartre (1943; 1969) argued, we may experience and become aware of ourselves as objects when we are aware of been looked at by others. In the objectifying look cast by the other, we feel drawn and seduced into the other’s world and come to take on their perceptions. Feeling objectified, we feel alienated and denied our existence as a subject. Made uncomfortable by the look, we feel judged. There stirs in us a need to escape or distance ourselves from that gaze and that judgement. Such an orientation may become unconscious after long use, and changeable only through awareness. As lived bodies, Sartre (**ibid**) suggests, we are pre-cognitive and always in tune with our spatial and material environments. Our perceptions are formed not only by our capacity for thought and reason but also through the entire sensuous lived body.

#### **4.2.3 Managing clients’ reactions; doing a ‘double- take’**

Seven of the participants described their clients doing a ‘double-take’ on seeing them for the first time. They became aware of this through a ‘split-second’ change of expression on the client’s face, an “initial kind of shock” reaction that served to heighten their sense of being the ‘Other’. They felt the client did not expect to see a ‘black’ person as their therapist.

This ‘double-take’ moment could make the participants feel uncomfortable, anxious and fearful of rejection for their race and gender difference. To them, the client’s surprised facial expression on seeing them seemed to communicate that their bodies were not being read as those of psychologists/therapists. They felt as if they were not the expected occupant of that position. Feeling this way, they were aware of a deep sense of embarrassment and shame stirring within them, reinforcing their sense of “not been good enough” as therapists. **Angela** described her experience thus:

*“Sometimes it’s quite interesting ....people come from the door and if another therapist has gone to open the door, particular the one who look like a therapist. They immediately assume she is the one, and then when they see me, oh they*

*look...oh, oh ok, so that is quite interesting, like I said people have said oh, you are not what we expected..." [Angela, line 237-243]*

For Angela, the surprised look on her client's face when he first saw her conveyed that she wasn't the person he was expecting to see. She saw in his eyes that she did not fit the image of the therapist he had been expecting. She caught the quick look of disappointment that flashed across his face and was aware of feeling rejected and hurt by it.

However, Angela, along with other participants, became used to this look of surprise and learned to feel less impacted by it. Whereas in the past such looks could often trigger insecurities in them and make them feel not good enough, they were now able to limit its impact on their emerging interactions with clients.

Gilbert and Orlans, (2011) have described this kind of client response as a form of pre-transference that pertains to the contextual nature of all relationships. They argue that clients' reactions to therapists can be influenced not only by their personal history but also by their shared history as human beings. The latter creates a form of representational relationship in which 'race', gender, accent, class, nationality and sexual orientation can all play a part in how clients perceive and position their therapist. **Jasmine** and **Ronke** spoke about it thus:

*"Yeah, I think it does, erm, my experience up until now has been that it's generally positive, it's generally positive. Erm, I think that, I have been increasingly aware that it seems to erm challenge, erm, certain negative assumptions that they may have had. Erm, that there seem to be a degree of erm, I don't know if it is surprise or something I am kind of picking up, and I don't know whether that surprise if that's what it is, is about the fact that I am fluent in English, you know, maybe that went against the assumptions that they had, that I would somehow feel more foreign. And I kind of feel, I have often been aware that I am not what they really expected" [Jasmine, line 106-114]*

*"Um, being a black therapist, um...I kind of feel...there's this aura that kind of comes into the room when a client, some clients, few clients come in and find out, oh I'm going to be seeing a black person. Um, I try to manage it as much as I can by bringing it in the room instead of struggling with it or letting the client struggle with it." [Ronke, line 15-20].*

During the initial meeting with one client, Ronke became aware at a somatic level of feelings of discomfort in response to the look of surprise on the client's face, which made her anxious

and shamed. In the past, she had often struggled unsuccessfully to manage such feelings of vulnerability. Now, however, she decided to address it head-on with the client. She saw this as a way to help her feel less impacted and better able to connect with her client.

Ronke's sense of becoming vulnerable in the room as a result of social differences is what Greene (2007) describes as the "shifting vulnerabilities" that can emerge in these forms of therapeutic dyad. Such vulnerabilities relate to the attention therapists pay to selective aspects of their multiple identities.

#### **4.2.4 Shifting vulnerabilities – Therapists' potential to feel shame and anxiety**

The participants described being confronted with their 'race' most acutely during training. On the basis of their limited clinical experience, they were aware of a sense of fear around how white clients might perceive them. They feared being seen first for their race and judged or stereotyped as a consequence, as opposed to being seen first as a therapist.

As a British Asian Muslim, **Asha** was aware of feeling being seen first as Asian and Muslim rather than as a psychologist. She feared being culturally stereotyped by her clients. She was concerned of this potentially having a negative influence on the formation of a therapeutic alliance with them:

*"Perhaps in the beginning when I first started seeing male clients and, um, maybe there was, um, in my mind that I have these kind of my own kind of assumptions that, um, they might perhaps see me as being an Asian psychologist or therapist and that may be they might think that, oh well, you know, maybe they don't feel as comfortable in being seen by an Asian therapist and that made me perhaps... um, because I come from a different culture, that I might not be able to understand where they're coming from and their culture and their experiences. But, you know, as you said about counter-transference, I think that was my own anxieties about being judged or kind of perceived as an Asian person as opposed to being a therapist." [Asha, line 32-41]*

Asha here describes how, as a beginner trainee psychologist, she was aware of being concerned about how she might be perceived by her white clients. This made her feel vulnerable in relation to her client. For her and other participants, such feelings of vulnerability were experienced as a shift in the power dynamic between them and the client, resulting in them experiencing themselves as powerless in the interaction and perceiving their client as having the power to judge them.

Eight participants told of how, in their clinical experience with white male clients, they could at times feel "not good enough" because of their 'race' and gender difference. They feared being racially or culturally stereotyped or perceived their client to be judging them as inadequate. On occasion, this led them to experience themselves as somehow inferior. In the isolated episodes when this occurred, they were aware of needing to manage the feelings of mutual anxiety that were evoked in order to be therapeutically available to their clients.

For some therapists, these moments triggered embodied experiences of shame, which were described in very physical and visceral ways: participants described feeling "weary", "exhausted" and "heavy in the body".

*"I left the room with a very heavy feeling. So I was very aware of feeling – oh one of the reasons why I think I was aware of my response to him was I found myself in the room constantly trying to justify myself, and if it wasn't verbally it was in my head..., so talking about all the experience I had, talking about my qualifications" [Ola, line 113-121]*

Ola here described experiencing herself as inferior in relation to her white male client. She noticed these feelings somatically in her body as if feeling weighed down by it. It was a challenge to regain her own sense of power as a therapist. In her perception of the clients' negation of her, she was aware of constantly needing to remind herself of her professional position and her own power as therapist.

In their narratives, all the participants spoke of being aware of feeling vulnerable and perceiving their white male clients in a more powerful position when social difference was a salient factor in the room.

#### **4.2.5 Managing power processes: feeling pulled into oppressive power dynamics**

Some participants reported becoming aware of power issues that sometimes emerged in the therapeutic relationship, issues they saw as related to their social difference. This was especially noticed in situations where they perceived the client viewing them as inferior and relating to them on that basis. In the emerging interactions, participants felt pulled into oppressive power dynamics in which they would act out certain historically related structural dynamics: for instance, experiencing themselves as powerless in relation to the powerful figure of the client. They became aware of it by the way a client would react to them: perhaps feelings of hostility or indirect aggressive behaviour directed at them by the client. While at times aware of feeling powerful by virtue of being the therapist, they also experienced feelings of powerlessness.

As trainees, participants were aware of feeling deskilled at managing these power processes with their clients. Where they perceived being seen in a reduced way by the client because of their difference, they felt drawn into an oppressive power dynamic they associated with wider social structural power dynamics. For instance, they experienced themselves as powerless in relation to white male clients, who were then imagined as powerful figures:

*“Yeah, I think later on as I was becoming more frustrated with this patient, because there was a real barrier there. I couldn’t like, um...you know as hard as I was trying I couldn’t sort of re-establish like the relationship and make it a workable kind of relationship because he didn’t like. That’s, that’s how I felt and I think possibly over time I did start thinking he’s, he’s also probably very racist as well, as well as me being a girl, you know being a young woman and, and a student and Asian.” [Neesha, line 250-255]*

In this extract, Neesha was aware of struggling to maintain a working alliance when social difference became a salient factor in the room. She perceived the client in that moment as difficult and attributed his lack of engagement to his diminished perception of her as a young woman, a student and from a different ethnicity. She saw these factors as possibly influencing the client’s belief in her as a therapist.

For a few participants, the experience of engaging with these processes could make them feel deskilled, devalued and emotionally challenged. They were aware of lacking the relevant knowledge and skills to understand and engage with these issues therapeutically. However, **Ola** found that having her experience empathically validated through supervision enabled her to move beyond her sense of being oppressed” by her client:

*“I felt often really, um...these sound like really harsh, really strong words but, but this is generally how I felt at the time, although obviously there’s been self-reflection afterwards, but at the time I felt very oppressed, and, um, and sometimes almost abused as well I suppose. It sounds quite strong, but there was something about his presence that, that left me feeling not, um...yeah. Much more than just not valued or, you know something quite sort of strong I felt from being with him.” [Ola, line 78-82]*

In the above extract, Ola describes a sense of being oppressed due to not knowing how to respond to what was being presented in the room. Not knowing how to work with the power dynamic resulting from social differences between her and the client led her to experience herself as reduced and ineffectual.

### 4.3 Finding self beyond social divisions

When narrating their experiences of working with race and gender issues, participants described the various strategies they used to help them engage with, and transcend, racial and gender differences in their clinical work with clients. Most participants reported a growing confidence in their ability to address these issues as they gained more clinical experience. They reported that better self-awareness helped their ability to manage their own assumptions and emotional reactions towards clients. For these participants, the use of self-reflexivity and relational forms of reflexivity seemed to act as a sort of bridge, enabling them to move beyond such differences in their relationships with clients.

Their journey to finding self beyond social divisions came from the increasing confidence they developed as their experience as practitioners grew. Their level of sophistication in grappling with this issue were matched with their abilities to choose to notice these social differences of race and gender. To address this subject and hold it within the therapeutic process. For instance, one participant, (Asha) noted that using a more psychodynamic framework where she learnt about transference enhance her self awareness in relation to this issue. Whilst in Ola case, her post-training in Family Systemic training enhanced her understanding of power issues and potential structural relations that emerges in therapy.

#### 4.3.1 Using self-awareness, self-reflexivity to manage emotional reactions

Many participants alluded to self-reflexive practices geared at managing their assumptions and emotional reactions towards their clients, with four describing them in detail. In the immediacy of their interactions, participants recognised and acknowledged the importance of monitoring own reactions towards clients. They used this awareness to pay attention to behaviours that served to enhance the therapeutic relationship and build trust between themselves and their clients.

*“Erm, from the minute he walked into that room and responded physically to me. He walked in and then he seemed to stop short and then he looked at me, nothing was said for a few seconds. Erm and then he eventually very formally shook my hand and sat down. And at the time, I was very aware as I took some notes of his background..., I become quite aware of the certain assumptions which I had about him.... then I responded to that .... by erm making a particular effort to be relaxed and to make him feel relaxed and so it was kind of coming from the sense of unease that was in the room and that need to kind of make him feel relax and at the same time to kind of deal with my own response to him.” [Jasmine, line 37-52]*

*“Even for a white client, for example if a client comes from an area where racism isn’t high, you have got to be aware that you may be holding certain pre-*

*transferences at that person, so you need to have that awareness there.”*  
[Nicky, line 329-332]

In the above extracts, Jasmine and Nicky demonstrate the importance of self-awareness in this area. Jasmine showed how she used her knowledge of the social location of both herself and her client to understand what was occurring between them. She then used this as a guide to work with the client in a way that facilitated the establishment of trust between them.

#### **4.3.2 Using relational reflexivity to move beyond difference**

For the four participants who described the ‘stuck’ places they reached in their interaction with clients. These suggest a sense of feeling unable to move the therapy beyond ‘barriers’ to do with ‘race’ and gender difference. These participants found that relational reflexivity, whether through supervision, collaboration with colleagues or personal therapy, provided the ‘transitional space’ (Winnicott, 1971) in which they felt safe to grapple with these issues. Three participants described the resulting validation and normalising of such experiences proved transformative: it enabled them to progress beyond these social divisions within the therapeutic process. As Ola put it,

*“She was helping me to see, look at issues of power really, which was around...my supervisor helped me to reflect on...she got me to describe some of the things that we’d talked about then she said, she was really validating...And it was really validating because it just helped not only to normalise what I was experiencing, not do lots of you know minimising it because it may be difficult for her to hear or she didn’t quite understand ...she was saying how can I acknowledge and understand...validate myself [because of] what’s happening in terms of power but also find ways of giving him more power...giving him choice.”* [Ola, line 125-172]

#### **4.3.3 Creating space for acknowledging social differences**

Five of the participants reported creating space where the race and gender differences between themselves and clients could be openly acknowledged. They felt that naming and making their difference more visible was like addressing “the elephant in the room”. Having their difference made visible seemed to lessen their own anxiety, derived from their fear of rejection and of being stereotyped. This was enough to facilitate a better connection between them and the client:

*“As of that time, the minute I enter the room and I’m seeing somebody different from me I find the opportunity to make sure the differences are brought to the upper [surface] and trying to give them the chance to talk about it, how he or she feels, yeah so. It is something I’m aware of and I talk about. ...It has helped*

*to clear the air so much. Um, I think the reactions, I kind of feel I've got from people is shock. ....The body language is just, a kind of shock, ...So that clears the air and helps us to work through the main issues. Any time, I avoid that or leave that aside, it's something that stays hanging somewhere, you understand?" [Ronke, line 339-420]*

#### **4.3.4 Normalising and re-negotiating power**

Holding in mind contextual theory helped some participants attune to power issues with clients. Drawing on this enabled them to change their interventions in ways that recognised the client's context, which the therapist could now engage with without reinforcing the client's position of power. This became a means to facilitate a relationship of equalised, mutual power. As **Ola** put it:

*"So drawing on power, thinking about power, um, drawing on you know issues around power difference and then her helping me to think about what might I do to facilitate the relationship rather than feeling stuck, you know because it very much felt stuck for a long time with us both trying to prove ourselves to each other and actually she helped me to facilitate a different kind of approach that..." [Ola, line 419-426]*

Ola showed how becoming aware of, and thinking about, power processes in relation to contextual differences helped her understand the unconscious processes occurring in the room with the client. By using a contextual lens to understand the power struggle in the room, she felt liberated in a way that facilitated her authentic self and enabled her to use this self in generating an alternative experience of shared power and mutual power in her interventions with her client.



## Chapter 5. Moving beyond binaries: post-structuralist hermeneutic reflections on the findings

As mentioned in earlier chapters, race and gender identities are recognised as social constructs, rather than things in themselves. Their use can limit our ability to have an expanded understanding of the complexity of the individual, who can become confined by these identity constructions.

In line with this view, I feel it important to acknowledge that race and gender differences are social constructs (which are both relational and contextual) whilst also recognising their material reality and the embodied effects they can have on individuals. This means that while identifying these terms as socially constructed, I do not take for granted their meaning nor do I make assumptions regarding their effects.

On the basis of the above considerations, in this chapter I critically examine the themes that have emerged from participants' narratives through the lens of post-colonial, post-structuralist, 'black' feminist concepts of 'subjectivity' and 'positionality' (Brah 1996, Alcoff 1988). I use these concepts as a way of interpreting and discursively grounding participants' narratives within a broader racialised and gendered discourse. This fits in with the 'critical' approach articulated by Langdrige (2008), which suggests ways in which a post-structuralist hermeneutic phenomenology can be applied to analysis of accounts to explore both participants' rich description of their lived experience and the wider socio-political context in which experiences are lived through and negotiated.

The concept of 'subjectivity' I refer to here relates to viewing identities as constructed through our narratives. In this sense, identity is a continuous process; constructed through our ongoing interaction with the world. This is in line with the post-modernist notion that the 'Self', the part of us that not only experiences life but also actively shapes it. The self is fluid rather than static, and constantly responding to changing contexts, and influenced by its interactions with others. In the case of the current study, participants' constructions of their race and gender identities can be thus understood as both relational and contextual.

Following Alcoff (1988, p. 434), I adopt the concept of positionality as "a location for the construction of meaning, a place from where meaning is constructed, rather than simply the place where meaning can be *discovered*" (italic in the original). By using the concept of 'positionality' I aim to show how the narrative identities constructed by participants allowed them a determinate, yet fluid, experience of their multiple identities, one that did not fall into essentialism. For instance, through their narratives they constructed a narrative identity as 'black women' that gave them access to horizons of meaning that could be utilised in their

clinical interactions with white male clients. In other words, their construction of their identities did not involve a fixed notion of identity; rather it came about through a process whereby each participant interpreted and reconstructed their own life history, within the horizons of meanings and knowledge available to them at the time.

In line with the above definition of subjectivity, the concept of 'positionality' can be seen to include participants' constructions of their identity in their narrative accounts as relational and identifiable only within a (constantly moving) context, and as a place from where meaning (for instance, of being female and 'black') is being constructed and discovered.

Using the concepts of subjectivity and positionality to understand participants' narratives, I see the participants utilising their social position as 'black' women not as a locus of an already determined set of values (Bhabha, 1984; Rahman, 1983) but a place from which they can interpret their lived experience and construct meaning in relation to it. Through their uptake of the social position of 'black' women, participants were enabled to place themselves within a shifting, mobile context, in which they possessed the agency to choose what they made of this position and how they might alter it.

From this viewpoint, the women emerge as significantly more than mere recipients of socially constructed identities. At the same time, they suggests identities that were embodied, but were shaped as part of a historicised, fluid movement. Their narratives could then be seen as both a product of their own interpretation through the reconstruction of their history, albeit as mediated by the cultural discursive contexts they draw upon. This idea enables an understanding of participants' narratives that avoids nominalist ideologies. It offers a framework that argues against such views as "oppression is all in your head" or "you have a chip on your shoulder". It also highlights participants' ability and agency to alter their narrative identities and context.

Through using the concepts of 'subjectivity' and 'positionality' in relation to the narratives, two key themes emerge. The first is the idea of a self and identity process, which relates to the narrative findings of race and gender as markers of difference, and difference as an embodied, ever-present horizon. The second theme, 'black' identity and the self in the therapeutic process, discusses participants' experiences of race and gender identities and how these impact on their self-concept and interactions with others. This theme underpins the narrative structure of finding self beyond social divisions.

## **5.1 Sense of self and identity process**

As seen from the narratives, the significant themes for most participants related to their experience of 'self', their identity process, and the idea of 'self as 'other' with multiple layers of difference. For them, difference was experienced as embodied, always in the field, and with an ever-present horizon.

### **5.1.1 Race and gender as markers of difference**

When describing the lived experience of their race and gender differences, participants constructed the theme of the 'embodied Other with multiple layers of difference'. I saw their use of the rhetorical structure of 'visibility of difference' as a way they could emphasise their felt experience of this phenomenon. By this means they show how difference becomes socially situated, how they formed from particular social relations encompassing visual visible elements (i.e. skin colour, hair textures, sex, physical appearance). This enabled them to locate social differences in a particular context such as the cross-racial, cross-gender therapeutic encounter.

Participants' accounts of their process of racialisation as 'black' women appear in line with feminist concepts of the 'Other'. For instance, writers like Mirza (1997) and Mama (1995) are among those from 'black' feminist, post-colonial studies who have illuminated many of the issues and experiences faced by 'black' women in the UK context. Their work reveals how dominant members of society can project unwanted negative aspects of themselves onto minority groups, thereby reinforcing and reproducing positions of domination and subordination (Griffin, 1991; Fine, 1994). People treated as 'Other' are often marginalised, have fewer opportunities and experience social exclusion.

It can be argued that the themes emerging from participants' narratives can be understood in relation to this process of 'Othering'. Brah (1996) has explored this in racial practices, suggesting that because racism is often structured around colour, phenotype and culture as signifiers of superiority and inferiority, this has influenced the racialisation process of people of African-Caribbean and South Asian origin in post-colonial Britain. She goes on to argue that this does not mean that there is no racialisation of white subjectivity; rather, because 'white' is a signifier of dominance, this process is often not manifestly apparent to white groups. However, the process of 'Othering' means that Black and Asian people and white groups are often relationally positioned within these structures of representation (Brah, 1996; see also Seshadri-Crooks, 2000).

I concur with Tate's (2001, p.209) view that "being black in contemporary Britain, skin colour signifies. It is a mark of ethnicity, status, identity and selfhood." One participant in the current research used the metaphor of a 'screen' to describe her experience of it:

*"It's like a screen. It ties in with how people see you, or where they place you and [whether] or not [to] take some of the interpretation you have to say that they may take from someone else..." [Angela, line 162-165]*

Here, Angela describes the impact of racial discourses on her self-concepts and interactions with others in the clinical context. Her narrative identity can be understood in the light of this process of discursive construction of *difference* (emanating from dominant racialised discourses) in which "black people, men and women continue to be placed as other...[and] as black others [can also be] imprisoned by discourses of skin" (Tate, 2001, p209).

It could be argued that participants' construction of their 'selves' in this way is restrictive and reveals a disempowering effect on their subjectivities. However, I am in agreement with the view of post-colonial and 'black' feminist writers that participants' use of such rhetorical structures as visibility of skin colour needs to be understood as the deliberate adoption of 'strategic essentialism' (Spivak, 1988). This positionality allows them to voice their unique experiences as it relates to their 'black' female identity (Mirza, 1997, 1994; Fuss, 1989). Here, I concur with Fuss (1989, p.91) that "any critical position which successfully deconstructs 'race' as an empirical fact but fails to account for its continuing political efficacy is ultimately inadequate."

It could be argued that participants' constructions using the rhetoric of visibility position them within an essentialist discourse, since such constructions rely on specific 'surface' physical and phenotypical signifiers that can be said to generate racialised and gendered boundaries and erase other internal differences or divisions (Sayyid, 2000). Such constructions therefore appear to offer a one-dimensional account (Diamond, 2006). Nevertheless, it could be argued that by using these signifiers to describe their experiences, participants are positioning themselves as "racialized, gendered subjects" (Mirza, 1997, p.4), thereby collectively highlighting their presence and making their experiences more visible within counselling and psychotherapy discourses where arguably their voices are notably absent. In this sense, participants' narrative identities can be seen as contextual, as evidence of participants using their position as 'black' women to invoke their agency when speaking of their difference, uniqueness and otherness in relation to diversity issues in counselling and psychotherapy. This position concurs with the view of Fuss (1989, p.91) on working with 'race' as a political socially constructed concept, but also knowing it is a biological fiction.

Such a perspective promotes the purpose of understanding the specificity of participants' experience. It also allows us, as 'black' women often placed in marginal positions within society, to distinguish our experiences and respond to what can be seen as the silencing or absence of our voices within counselling and psychology discourses.

Black feminists writers such as Mirza (1997) argue that the paradox of visibility and invisibility has always been a defining issue for 'Black' women. Further suggesting that 'Black' women's identities have been constituted through the experiences of dealing with objectification and combatting racism, even if this does not mean they should be seen as forming a homogeneous group.

On the basis of my findings, I concur with Mirza view that identity, while a social construct, also seeks to recognise 'Black' women's shared processes of racialisation and structural oppression. For most (but not all) participants, their self-identity as 'black' women therapists is constructed through physical signifiers as skin colour and gender, which symbolise the boundary marker they use to define and construct their 'selves' and subjectivity.

However, this process also necessitated the women engaging in a rhetorical struggle around the use of essentialist terms. Their narrative selves were sometimes constructed as fixed, with racialised and gendered boundaries in their interactions with others. These identities held in tension with other 'selves', suggesting that participants' 'selves' could be construed as fluid, contradictory, contingent and always in a process of 'becoming' (Mama, 1995).

*"Yeah, I do definitely. I think that they are intertwined anyway, all these different layers of difference, you can't separate blackness from gender and you can't separate class from colour because, in terms of social attitudes or either discourses, you know there are certain assumptions that are made about class if you are a woman, there's certain assumption made about class if you've got brown skin, so you can't really separate I don't think. And even if you are in a middle class environment or you now become a therapist or something that is regarded as middle class, I still think those assumptions about class are made. There's this assumption that you've come from a working class background... if you're black." [Ola, line 508-518]*

In the above extract, the participant's narrative appears to suggest a deterministic identity boundary constituted through a racialised, gendered discourse; the concept of being the 'Other' embodies an oppositional position to whiteness, thereby producing racialised and gendered boundaries (Tate, 2001). The excerpt also suggests the participant has internalised race discourses which place socially ascribed value judgements on her body, and is revealing a 'self' that is fixed, constant and lacking movement. She appears to have

constructed a fixed notion of self and identity, one that implicitly accepts the discourses of race and constructed binaries, with disempowering implications.

However, as noted by Tate (2001), such acceptance of the rhetoric of 'skin discourses' can also be seen, simultaneously and reflexively, as a rejection of this discourse. When talking of their experiences of being invisible to white others, **Ola** and **Angela** (in the above extracts) observe that they often appear visible only through already familiar stereotypes surrounding their black identity. Their narratives, and those of other participants, capture their experience of race and gender differences as social, embodied perceptual practices with the potential to impact on the clinical process.

### 5.1.2 Difference as an embodied, ever-present horizon

This theme can be seen to capture the framing assumptions participants were aware of bringing to their perception and understanding of their interactions with clients. These assumptions derived from their specific history and social location. This would appear to link participants' experiences and identities as constitutive features in the process of constructing meaning, without making them all-determining. Once again, this points to the fluid character of their identity.

In a book aptly titled *Thinking Through Skin*, Tate (2001) argues that because racial identity works through visibility, the experience of race is first and foremost one of perception, whose specific mode is learnt through experience. In the current research, for instance, participants described becoming aware of when racial and gender issues emerged in their therapeutic interactions as a result of their lived experience. As one participant noted, *"I'm so attuned to the responses I think of racism and prejudices."* [**Debbie**, line 215-216]

Tate (2001, p.211), citing Gilroy (1993), proposes the idea of "double consciousness" for black people living in a racialised society, arguing that this form of double vision, which enables double perspectives to be maintained on reality, is not uncommon. She argues that this also reveals a necessary 'conflictual other', one which often structures our feelings in relation to 'black' identity and racism. Tate sees this as revealing the individual's agency in their 'black' identity constructions. In relation to the findings of the current study, this can be seen in one participant's articulation of the stereotypes which are attached to her identity as a 'black' woman and which form part of her lived experience. When constructing her identity as a 'black' woman, **Jasmine** articulates these stereotypes while at the same time indicating the possibility for change, for a shift in this subject position:

*"I think with a black therapist even when you are working with a black client, you are dealing with issues about...which do relate to the position of black*

*people as minority in this culture, black or white, people might be questioning your intelligence as well, because of assumptions they have about black people and whether or not I am going to have the depth of understanding required to help them.” [Jasmine, line 406-412]*

Weekes (1997) also alludes to this idea (though not explicitly) when arguing that because black individuals are members of a marginalised group, it is not simple for them to move from identity to identity without also acknowledging their identity as ‘black’, which is often the main way others respond to them.

## **5.2 Black identity and the self in the therapeutic process**

### **5.2.1 Finding self beyond racialised-gendered discourses**

In contrast to previous themes located around the binaries of ‘race’ and gender, the theme of self beyond racialised-gendered discourse captures participants’ efforts to find ‘self’ beyond social binary divisions. Participants utilised various strategies to access constructions of self that are different from those decreed by the subject position in which they were placed by hegemonic social structures. In many ways this theme also represents participants’ experiences of the tensions and “internal psychological challenges” (Dhillon-Stevens, 2011, p.106) they get caught up in as they seek to define a self located outside the dominant ‘black’ identity discourse. As Calhoun (1994) notes,

...‘Black’ people face a problem of recognition both within and from others because of socially sustained discourses of... what is appropriate or valuable to be...[and which] inevitably shape the way we look at and constitute ourselves with varying degrees of agonism and tension. (Pp.120-121)

Participants described such experiences in the consulting room with white ‘Others’ when offering narratives that were less constructed around racial and gender binaries and where difference was perceived as less of a barrier. Such narratives identify participants’ ‘selves’ and their subjectivity as sites of contestation. Brah (2004, 2006) point to this as evidence of ‘black’ women’s agency: of their resistance to racialised discourses which often only pathologise their experiences.

Through these narratives, the women describe their sense of self and subjectivity as a process of ‘becoming’. As Tate (2001) notes, “a woman’s skin is significant in her struggle to become a subject as it is not only a site of socially constructed oppression but it is also one of the movement away from such oppression by creating ‘an-other’ position” (pp. 212-3).

Participants attain this 'an-other' position through their use of various forms of reflexive practice.

Participants' narratives of finding selves beyond social divisions find echoes in the work of post-structuralist feminists such as Brah (1996), who suggest that despite the lived experiences of race and gender difference, 'black women' often find 'spaces' or possibilities which enable them to use their own constructions of 'experience' to gain insights into connections between social location, power and difference. Describing such spaces in terms of 'multiple positioning' and 'intersectionality within multiple axials of difference', Brah (1996) argues that it is here that the identification of 'black' women can be best understood. In this regard, factors such as religion, class, and nationality are seen as relevant to the way 'black' women experience their social differences. Although this was not explored in the current study, one participant, **Asha**, saw being a Muslim as intertwined with her experience of her racial and gender social differences. In her clinical work, she felt her clients recognised this aspect of her identity and she felt validated and respected for it:

*"So when he spoke to me, he was, I think there was a lot of transference, um. He was trying to show a lot of respect towards me, making sure that he didn't use any kind of terminology that would be offensive to me.... "[Asha, line 137]*

This suggests that participants' accounts of their experiences are best understood as complex, relational and located at the intersection of structure, culture and agency (Brah, 1996).

Finally, it could be argued that working with the impact of race and gender issues in their clinical work, participants used their multiple positions as 'black' women therapists to construct a space, and a self, less afflicted by restrictions and disempowerment.

### 5.3 Concluding remarks

This chapter has sought to explore how participants' accounts of their experience can be understood through the use of such concepts as 'subjectivity' and 'positionality'. On the basis of the narratives analysed for this research, it has been argued that 'black' women's lived experience of their difference can be better understood as shifting, multidimensional and pursuing an axis of *difference* (Brah, 1996). By grounding participants' accounts in a meta-narrative of racialised and gendered discourse, I have provided insights into the social, cultural, and wider power relations from which participants' social experiences are negotiated and in which their accounts can be understood.



## 6. Discussion

This chapter begins by considering the findings of the current study, in particular the key dimensions to participants' experience that were identified (*visibility of difference, shifting vulnerability, differences as an embodied, ever-present horizon, negotiating power processes, and access to self beyond division*). These dimensions will be examined in relation to the research questions posed and previous research in the field in an attempt to highlight the contribution made by the study. The chapter then turns to a discussion of the research methodology, before exploring the strength and limitations of the project. The final section explores the implications of the findings of the research for practice, including supervision and training.

### 6.1 The findings in relation to the research questions and the existing literature

The aim of this study was to investigate how social categories of identity – in this case, race and gender – are experienced by 'black' female therapists, both in relation to the self and in their interactions with white male clients in their clinical practice. To this end, two central research questions were posed: What are the experiences of 'black' female therapists working within a cross-racial and cross-gender dyad? How are the issues of racial and gender differences experienced and managed by the therapists?

With regard to the above questions, a survey of the literature suggested that race might be a more significant variable than gender for 'black' women therapists in terms of its influence on the therapeutic process (Atkinson et al, 1989; Atkinson and Thompson, 1992; Helms and Cook, 1999).

However, the majority of 'black' female therapists participating in the current study did not make such distinctions. On the basis of their embodied life experiences, they reported race and gender identities to be intertwined and impossible to separate. For some participants, these identities were also seen as intrinsically related to their existence in the social world. This account is consistent with the findings of 'black' feminist, post-colonial cultural writers that race and gender function as intersecting factors in the embodied existence of 'black' professional women in Britain (Puwar, 2004; Mirza, 2006). Both authors have highlighted the cultures of exclusion that can often operate within contested social spaces and argue that

these are the embodied social conditions which 'black' professional women in certain professional spaces have to negotiate daily.

In the current study, participants' embodied experiences of their social differences in their clinical context lend support to this idea. The few participants who noted the specific role played by gender difference either found it a facilitative factor enhancing their work with clients or felt it played a more significant role than race when they were working with white male clients, where it was seen as having the potential to impact negatively on the clinical process. However, these concerns appeared linked to the specific contexts in which these participants worked.

The findings from the study regarding the significance of racial differences, in particular their potential to negatively impact the therapeutic alliance, appear consistent with the findings of previous research. They provide empirical evidence to support the assertion that, in the British context, race is more likely to create a different dynamic in the therapeutic process when compared with other differences, such as gender, sexual orientation, class, disability, and age (Dhillon-Stevens, 2011).

Participants' accounts of the challenges they face when working with issues of difference find echoes in previous research (Dhillon-Stevens, 2004). On the basis of her research, Dhillon-Stevens (2011) argues that race can have an emotional and psychological effect on 'black' therapists' self-concept in the therapeutic dyad with white clients. Noting the "different concoction in the dynamics" (p.106) when a 'black' therapist interacts with a white client, she argues that this mix can bring about a variation in the quality of the interaction, one which might not occur if the therapist were white. Similar views have been advanced by others who have drawn attention to the impact that visible difference like skin colour can have on the therapeutic relationship (Dalal, 2002; Morgan, 2002; Tummala-Narra, 2007).

### **6.1.1 Visibility of race and gender difference as a trigger for both therapist and client**

As noted by researchers like Tummala-Narra (2007), the visibility of differences such as skin colour can play a powerful role in shaping initial impressions and subsequently the therapeutic process. Most participants' accounts suggest that the visibility of differences between them and their clients is significant to their clinical interactions. Though from this perspective race and gender differences are treated at a surface level, participants' accounts are consistent with the findings of writers that suggest colour can provoke primitive internal responses in both therapist and client (Dalal, 2002).

Regarding participants' experiences of impact of skin colour differences on the therapeutic process, it bears emphasis that within the professional field this factor is difficult to acknowledge, therefore less written about. This 'colour-blind' stance may result from the fact that race is a difficult subject to talk about. Even when it is explored, it is often beset with confusion and contradictions (Lowe, 2008).

In the current study, the issue of skin colour emerges as one contributing dimension to some participants' experience of difference. This is consistent with previous research in this area by Nair (2008, p.167), who found that "internalised racism associated with skin colour is elicited in some cross-racial dyads, resulting in trainee therapists' feelings of intimidation, fear, low self-worth, critical self-consciousness and a questioning of expertise". Nair (2008) found that a client's 'white' skin had the potential to be emotionally destabilising for 'black' trainee therapists, in turn affecting their therapeutic competence. However, it is important to point out here that Nair's study was carried out in the heavily racialised context of post-apartheid South Africa, therefore may not reflect the British context.

Nevertheless, within the British psychotherapeutic field, writers who have sought to address the impact of colour difference in clinical settings argue that it can be a potent subject. They suggest skin colour often can arouse unconscious anxiety, which in turn provoke stereotypical responses (Dalal, 2002; Davids, 2011). Dalal's (2002) work uses post-structuralist theory to explain the relationship between skin colour, power and oppression. He argues that categories such as 'black' and 'white', historically constructed to maintain a particular hierarchical ordering, have been internalised, giving rise to what he calls our "social unconscious", understood as something deeply embedded in society, language and the collective psyche.

I concur with Dalal (2002) that such internalisation often results in skin colour being perceived in hierarchical terms, with the colour constructed as more powerful idealised, while the one constructed as less powerful is marginalised and stigmatised (Seshandri-Crooks, 2000). However, there is a danger here of reinforcing oppressive discourses, in particular the idea that people can only be understood on the basis of surface differences and associated 'discourses of skin'. Dalal's argument fails to identify other factors that may also be influential in shaping identities.

Dalal's (2002) position would seem to imply that differences related to skin colour can be difficult to overcome, no matter how well-intentioned the individual. At the same time, Dalal (2002) recognises that in relation to psychotherapeutic practice the racist backdrop to our society needs to be taken into account, and that acknowledging this rather than adopting a colour-blind approach is an initial step to tackling the problem. It can be argued that such a

stance highlights the importance of addressing 'race issues' (Mckenzie-Mavinga, 1995, 2009) in psychotherapeutic training, given the impact of such issues on our collective social unconscious. In relation to the current study findings, this stance suggests that it is crucial for 'black' therapists to recognise the inevitable internalisation of racist ideology that exists in society and bear this in mind as they seek to understand the emergent process between themselves and their white clients.

The findings of the current study are to a degree consistent with the therapist racial identity model (Atkinson et al, 1989, 1993) in that participants' identification with their racial identity status attunes them to racial stereotypes, which in turn affects their thoughts, feelings and behaviour during sessions. However, the current study found that, rather than constituting a sequential developmental process, these processes are often dynamic, multidimensional responses to individual clients.

The findings of the current study suggest that concepts such as 'subjectivity' and 'positionality' facilitate an improved understanding of participants' processes with respect to their social identities. Participants' accounts of their subjectivity in relation to their race and gender identities emerge as contradictory, fluid and shifting. Yet within these fluidities are enduring elements of identity in terms of narrative and biographical life accounts.

For instance, participants' accounts suggest their life histories as 'black' women make them more attuned to the racial and gender dimensions of relationships. However, in the situations where 'black' female therapists reported social differences between themselves and clients as potentially hindering the working alliance, they pointed out that these were isolated cases, often occurring when they were trainee therapists with limited experience. Some participants spoke of feeling better able to manage such experiences as they gained more clinical experience, suggesting that greater levels of experience in the field helped them engage better with these issues. A few even claimed that these social differences were of potential advantage in their work, enabling them to offer clients alternative perspectives.

Habermas (1972) argues that reflection is the experience most facilitative of the process of freeing the individual to become a subject. The current study reveals how during sessions participants made creative adjustments within themselves that enabled them to move beyond awareness. Through the practice of various forms of reflexivity, they were able to perceive racialised boundaries between themselves and their clients.

These findings suggest that, rather than moving through a process of development, participants experienced their sense of self in relation to race and gender as shifting, contextual and fluid, and as associated with their level of experience as therapists.

Participants' confidence was therefore found to be linked to their degree of therapeutic experience and their acquisition of skills relevant to working with issues of diversity. These factors enabled them, as one participant put it, "[to] hold the tension of these factors within your [professional] identity" [Nicky, line 323]. Such findings are congruent with those of other studies suggesting that social identities are fluid and capable of becoming more or less salient in varying contexts (Phinney and Alipura, 2006). The study findings also demonstrate that perhaps concepts such as 'subjectivity' were more apposite to understanding the emergent relational dynamic processes in cross-racial, cross-gender work context than identity models.

### **6.1.2 The impact of race and gender on therapists' subjectivity**

Most participants in the current study described becoming hyper-vigilant with respect to racial issues, emotional management and self-monitoring in their interactions with white male clients. Such findings are consistent with those of Tang and Gardner (1999), who found that, in the USA, minority therapists were more sensitive and more likely to be hyper-alert to statements and sentiments that had possible undertones of racism and bigotry than their white colleagues.

Grappling with such race-related issues was at times psychologically challenging for therapists participating in the current study. These challenges, which make demands on their emotional resources, tend to occur at the beginning of the therapeutic relationship, a time when therapists need to negotiate the racial dimensions of the relationship while at the same time being mindful of their role as therapist.

The presence of 'shifting vulnerabilities' in their narratives points to an emergent process between participants and clients, one related to their social differences and wider power relations. Here, white male clients are perceived as having more power, with participants experiencing their 'selves' as powerless and potential targets for racist abuse and rejection. From a relational perspective, such an account can be explained through the use of concepts such as "racialised subjectivity" (Altman, 1996; Leary, 2005). Such concepts offer a way of understanding the feelings of anxiety, shame and guilt (the inevitable products of racism) that emerge when racial experiences permeate the therapeutic process.

Altman (2006) and Leary (2006) argue that racialised subjectivity is bound to be present for both therapist and client, often generating mutual anxiety in the cross-racial dyad. Such anxiety can slow down the build-up of trust or make this a difficult process. Both authors advocate that therapists bear this discomfort to learn with and from the client. Leary (2005, 2006) argues this inevitably produces racial enactments which are less about racism as

behaviour, and more about race and racism as intersubjective processes occurring between both parties. In the current research, evidence of racialised subjectivity could be found in participants' descriptions of their internal experiences of shame and anxiety and how this impacted them and their interactions with clients.

The ubiquity of racialised subjectivity in cross-racial dyad is further supported by empirical evidence from a qualitative study by Buckley (2004) on cross-ethnic therapeutic relationships from the perspective of white therapists working with black clients. White therapists were found to experience powerful emotional issues such as shame and guilt, challenges to their own assumptions about their identities, and struggles in the relational process. All of this extended the time required to build trust within a cross-racial therapeutic dyad. A parallel process was revealed by the current study, with 'black' therapists describing how their experiences of anxiety and fear of rejection had negative impacts on their ability to establish a working alliance with their white clients.

The findings of the current study lend support to the argument that racial issues do indeed have a powerful impact on therapeutic relationships. Participants' accounts suggest that their life histories as 'black' women made them more attuned to racial dimensions of the relationship. It could be argued that this connects with black people's collective experience of history of oppression (including contemporary forms of oppression) within British society, a background which provides 'horizons' from which meanings can be constructed. This phenomenon reflects the "double vision" cited by Tate (2001, p. 211) and Gilroy's (2003) concept of "double consciousness". This is observed to structure black people's experience and meaning constructions when interacting with others, owing to the reality of racism. In relation to the current study, this was reflected in participants' accounts of 'difference as embodied', which suggested an assumption they were aware of bringing to their perception and understanding of their interactions with clients.

Dhillon-Stevens (2011) also refers to this process when drawing attention to the internal psychological demands made on 'black' therapists engaging in cross-racial therapeutic work. She notes that managing such demands requires a more sophisticated approach to therapy than that required of white therapists. In contrast to their white colleagues, 'black' therapists often have to manage and hold multiple processes and horizons whilst being therapeutically available to their clients.

The evidence from the current study bears out Dhillon-Stevens' (2011) conclusions regarding the challenge of grappling with this process as it impacts on the 'self' while remaining therapeutically available to client. The tension of managing 'double vision' while engaging in on-going self-management may help explain why some 'black' therapists leave the

profession. Participants reported feelings of weariness, heaviness, self-doubt and at times exasperation when engaged in this process. It should be added that the lack of a framework on which therapists can draw as they engage dynamically with these processes can partly explain their difficulties (Bartoli and Pyarti, 2009).

The findings of the current study therefore lend support to some of the existing literature on the impact of therapists' 'black' identity on their ability to work competently with the dynamic of racial issues with white clients. One important area of difference, however, is the current study's find that participants' identification with these differences is temporal and shifting. This emerges even in the case of those classified as self-aware and culturally sensitive to the impact of their identity status on self and others. Participants reported seeking support from colleagues, supervisors and peers to reflect on the processes evoked in the sessions and the need for on-going "reflection in the midst of action" (Dhillon-Stevens, 2011, p.107). In particular, they made use of supervision as a "third area" (Casement, 1990, p.60) or "potential space" (Winnicott, 1971) in which to consider alternative perspectives.

Theoretical perspectives drawing on intersubjective and relational psychoanalytic frameworks may offer sophisticated way to engage with social identities in relation to therapists' 'self' and interactions with clients. Here, I find Aron and Putnam's (2007) concept of 'self-states' explains the relationship between participants' sense of their identities and their self-experience in the therapeutic process with clients.

Aron and Putnam (2007) presented therapists' subjectivity within the clinical context as influenced by many factors, including those derived from their multiple identities. They proposed self-states – defined as the myriad ways in which people feel and act in a variety of situations – to explain therapists' self-experiences in relation to their identities and social positions within the cross-racial dyad. Therapists' self-states, they argued, can place the therapist in both a privileged and a disadvantaged position, with potential consequences for the therapist's reactions and responses in the clinical context. In the current study, some participants' accounts can be understood in this light, with their racialised subjectivity producing certain self-states related to their identities, including the 'shifting vulnerability' they experience in the dynamic process with clients.

Aron and Putnam (2007) highlight the relevance of therapists' awareness of their multiple identities in the clinical setting as facilitating greater flexibility of movement between these self-states. Therapists' self-awareness of their various self-states improves their ability to tolerate their own personal vulnerability and prevents personal reactions from interfering with the therapy. Here, personal therapy may help therapists gain familiarity with their own narcissistic injury. The greater the understanding a therapist has of what they bring to the co-

created process, the better prepared they will be when feelings relating to their multiple identities are evoked in the therapy room.

Muran (2007) discusses the role of self-states in relation to cultural positioning of therapist and client and their experience of communication and meta-communication within the therapeutic dyad. Noting visibility of differences can create mutual anxieties, he advocates that therapists recognise and address their own 'blind spot' in such situations. Although such a self-interrogation might create anxiety and feelings of powerlessness on the part of the therapist, it also result in "the expansion of conscious awareness of the details of one's experience" (Muran, 2007, p. 259).

This suggests a need for greater attention to issues related to race, gender and other contextual identities in training. Two participants in the current study suggested that including race-related issues within face-to-face live-supervision during training might have given them the necessary skills to grapple with these issues in their future work with clients. This view is supported by research findings indicating that experiential exercises can lay the ground work for critical learning and increase trainees' awareness of their potential biases, assumptions, impasses and enactment (Rogers-Sirin, 2008).

Another framework for understanding participants embodied racial experiences with their clients is Stern's (1997) concept of unformulated experience. Leary, (2005) uses concept of unformulated experience to explain racialised experiences as those that may not have been reflected upon hitherto or linguistically encoded but nevertheless remain a part of our social grammar. In the current study, it could be argued that participants' isolated episodes of what could be described as forms of emergent racial enactment in clinical encounters derive from social consciousness around racial and gender issues. Leary (2005) suggests that, rather than try transcending them, therapists should seek to create a collaborative relationship that is context-sensitive and gives careful consideration and sufficient attention to these issues. She sees this more facilitative, since collaboration can be used to create an expansive interpersonal and intrapsychic space between therapist and client. Here, race-associated emotions such as anxiety, guilt and shame can be held, diminishing the cycle of projective identification and re-introjection (Harris, 2000).

I see Leary's (2005) approach, and more generally the relational turn in contemporary psychoanalytic theory, as offering a better framework in which contextual issues such as race and gender can be addressed and managed within the therapeutic process. Such approaches offer a way of working through these issues and the interplay between them. The framework provides ways of engagements while influencing relational processes in the



therapy room, enabling these factors to be reflected upon, and made use of, in the intersubjective dynamic.

### **6.1.3 Threats posed by stereotypes in cross-race/gender encounters**

In the current study, some participants spoke of their sense of being perceived as insufficient and somehow inferior because of their race and gender difference. This indicated some identification of the negative stereotypes typically associated with their social identities. These participants were aware that their perceptions manifested themselves in distancing behaviour towards their white clients, which acted as a means of self-protection. This emergent process has been seen to result from the activation of 'stereotype threats' in the encounter (Leary, 2006). Steele et al (2002) define a stereotype threat as the fear of being appraised in relation to a negative stereotype about one's group. Leary (2006) argues that instances of stereotype threat activation are common within cross-racial dyads, while Steele (1997) and Steele et al (2002) find that situations requiring performance are often the ones that invoke stereotype threats.

I would argue that, for 'black' female therapists, the anxiety and fear of being reduced and judged negatively by white clients can be understood as a form of stereotype threat, evoked by the performance anxiety created in such encounters. The findings of the current study therefore lend support to the notion of stereotype threat, which appeared to contribute to some of the participants' experiences.

In relation to the therapeutic profession, I would argue that instances of stereotype threat experienced by participants may be explained partly by poor levels of diversity in the profession (Robertson & Kulik, 2007). 'Black' therapists remain a minority within counselling and psychotherapy, professions still generally assumed to be "white male/female, middle class, able-bodied" (Totton, 2009, p.16). In some cases therapists may have been the sole 'black' trainee in their training group. In research by McNeil (2010), 'black' psychologists reported finding themselves the only minority member of their training cohort or work team. It seems likely that for participants in the current study, hyper-awareness of stereotypes associated with their social identities may be linked to their being a minority within the profession. This could also explain some of the myriad vulnerabilities participants reported experiencing in their therapeutic interactions with white clients.

The experience of stereotype threat also appears linked to the effects of what Greene (2007, p.61) calls "coercive projective power". This is seen to be generated in a situation where therapist's and client's visions of one another are mutually negative, resulting in the re-production and re-enactment of old wounds (including, I would argue, historical wounds) and

narcissistic injuries. For Greene, this process is perceived as emergent and unavoidable, making it an important issue for therapists to consider in their evolving interactions within cross-racial dialogues. Participants' accounts in the current study provide instances of occasions when therapists became aware of being judged, deemed insufficient, or pulled into oppressive power dynamics. Greene notes that therapists' immediate responses may include ones that seek to assuage their shame and guilt. In this study, participants spoke of becoming aware of distancing themselves from the client. However, such responses may have the effect of making therapists less present or empathically attuned to the client (Greene, 2007).

Stereotype threat may also form part of what cognitive psychologists refer to as "spread": the "organising power of a single characteristic to evoke inferences about a person" (Wright, 1983, p.32, in Olkin, 1995, p.55). In other words, skin colour and other physical traits associated with one particular group are seen as having the power to produce "spread". For 'black' therapists working within a cross-racial, cross-gender dyad, this represents a further dimension they become aware of. In the current study, participants conscious of 'spread' were sensitive to how they might appear to their white client and also to how ignorance or preconceptions might undermine the client's trust. Such a response is consistent with a relational approach to therapy, which takes for granted the notion that subjectivity is socially constructed and understands the dyadic therapeutic relationship as interactively and intersubjectively constituted.

#### **6.1.4 The role of power in the cross-race/gender dynamic**

As well noted, the therapeutic relationship often involves asymmetrical interactions and the presence of a power differential, sometimes referred to as 'therapist role power' (Proctor, 2002). However, therapy is situated within a society where structural power exists. In the British context, for example, some groups (i.e. white, middle-class and male) can be seen as having more structural power than others (Totton, 2009). From this point of view, even where the power differential implicit in the therapeutic relationship exists there is also a broader, structural power equation which exists over and above therapist role power (Morgan, 2009).

Participants in the current study revealed awareness of the power implicit in their professional position as therapist. At the same time, they were aware of the structural power within British society by which they experienced themselves as disempowered or placed at a disadvantaged position as a result of social processes of exclusion, marginalisation and racism.

Alleyne (2004, p.43) coined the term “internal oppressor” to highlight the effects of historical legacy of oppression and present-day structural power within wider society, (both real and perceived), on ‘black’ people. This “internal oppressor” can be activated in the ‘black’ individual during an interpersonal engagement with a ‘white’ other, leading the ‘black’ individual to experience feelings of persecution and oppression. Alleyne (2004) describes this intrapsychic experience as a form of identity trauma that likely shape and influence the individual in their encounters with others, and from which they need to liberate themselves.

In relation to the current research, I found the notion of ‘internal oppressor’ to be of limited value in understanding participants’ accounts of their clinical interactions. For me, it seemed to pathologise the issues. In contrary, I agree with the idea that ‘internal oppressor’ as more complex, involving both the individuals’ own life experiences of power and powerlessness. Here, with the implication that individuals who have had developmental experiences of abuse of power will be more predisposed to having difficulties in this area (Batt, 1998).

Participants’ accounts from the current study suggest that these power processes manifest strongly in the context of working with white male clients, and need to be addressed if therapy is to progress. Some participants identified power issues related to racial and gender differences as factors erecting barriers or even resulting in an impasse in the evolving relationship. Such participants felt being undermined by their white male clients, or sensed such clients’ lack of belief in them, owing to their social differences. This could lead to difficulties in establishing and maintaining a good working alliance.

These ideas have been echoed elsewhere in the literature. In relation to the British context, the ways in which social structures of power enter into the therapeutic relationship and are re-enacted or reinforced was examined by Totton (2008), who emphasises the need for therapists to be aware of the implications for their therapeutic practice.

In the States, Leary (2006) notes how historically-evolved cultural power, oppression and structural division have shape the relational images ‘black’ and ‘white’ sometimes have of each other. Greene (2007) argues that in a context in which different locations of power are associated with these identities, the explicit acknowledgment of these identities can be used as an active ingredient to facilitate the therapeutic process. This claim appears to hold true for Black female therapists, as evidenced by participants’ accounts.

Participants in the current study reported how they used supervision, personal therapy and peer support to manage racial issues arising during therapeutic practice. Such strategies allowed them a ‘third space’ (Gerson, 2004) in the therapeutic encounter where multiple perspectives could be considered, thereby enabling them to make empathic connections and

adopt what could be described as a “stance of inclusion” (Hycner, 1993, p.20). By this means they found themselves able to move between their own subjective experience related to their identities and taking the position of observer.

The findings of the current study resonate with Leary’s (2000) thesis that therapists can develop a capacity to handle the narcissistic anxieties generated by their racialised subjectivity. For instance, taking a position of “third-ness” (Aron, 1996) allows therapists to consider “racial enactments” as moments of clinical discovery. This in turn opens important area of clinical understanding if handled effectively. In relation to the current study, I view Leary’s position as offering black therapists ways to dynamically engage with their social differences in therapy with clients while remaining therapeutically present.

Aron and Benjamin (1999) describe “third-ness” as moving beyond the dialectics of “doer and done to” (Benjamin, 2004, p.63) by offering therapists means to identify with client’s perspective without losing their own. This facilitate a move out of the impasse of negation that therapists experience when working within a cross-racial dyad. It permits freedom of thoughts and feelings to emerge and be explored, understood and transformed, allowing both parties to experience their racialised subjectivities within the therapeutic dyad without this becoming an obstacle to the clinical work. By adopting a position of “third-ness”, therapists move beyond the binaries that socially produced identities can create: for example, ‘the subordinate in relation to the dominant’ or ‘the oppressed in relation to the oppressor’. Therapy can be shifted beyond these zones of power struggle, and racial enactment to a space where both therapist and client feel respected and recognised.

By taking responsibility for opening up this third space, within the self and the intersubjective relationship, the therapist is enabled to build bridges to their own multiple self-states. This creates flexibility and freedom of movement in the self-states of both therapist and client, permitting negotiation and the bridging of differences.

In relation to working with social differences in therapy, ‘third-ness’ appeals to me by virtue of the sophisticated ways in which it engages social differences in clinical work. It appears to validate my participants’ racialised experiences in therapy while also offering therapists ways to handle these processes without becoming complicit with racism. It offers theoretical tools therapist can use in their clinical work to engage with emergent dynamics related to their social differences. Using such tools therapists can create a therapeutic environment where both feel empowered and able to acknowledge each other.

The current study’s findings identify social differences of race and gender as contextual factors that impact therapists’ subjectivity and interpersonal relationships with white male

clients. However, this impact emerges as temporal, fluid and shifting, in line with post-modernist notions of the self. Concepts such as self-states, as defined by relational and intersubjective psychoanalytic theorists, provide useful routes to the exploration of therapists' social identities and illumine the extent of their impact on therapists' self-experience and interactions within the therapeutic dyad.

Racial and gender differences, as well as other multiple identities held by therapists and clients, can therefore be viewed through the lens of "negotiating differences" in the therapy space. Here, differences are seen both as inevitable and as having the potential to facilitate collaboration towards a therapeutic context where, as Benjamin (2000, p.46) notes, both parties are "like subjects" with their own version of reality, freedom and power.

## **6.2 Discussion of research methodology**

### **6.2.1 Reflections on methodology**

The methodology selected for this research was a post-structuralist hermeneutic phenomenological narrative approach, as adapted by Del Busso (2008) and informed by Langdridge (2008). This combines both phenomenological and post-structuralist principles in the understanding of participants' narratives. This approach was chosen for its critical stance and its double analytical engagement with accounts of lived experience, both of which were considered suitable for research involving the use of social constructs such as race and gender, where there is a need to counteract the fundamental tension inherent in using these constructs to understand lived experience.

I remain convinced that the use of post-structuralist hermeneutic phenomenological narrative analysis enabled the exploration of the 'essential structure' of participants' experience while at the same time offering an additional layer: that of interpretative analysis through the use of a post-structuralist lens. The first layer of analysis, using a phenomenological method, allowed for an understanding of 'what is like' to be a 'black' female therapist' in the context of cross-racial, cross-gender therapeutic work. The second layer, involving the use of a post-structuralist lens, enabled account to be taken of the wider socio-political conditions in which participants' lived experiences were negotiated. The strength of the selected method of analysis therefore lies in its layers of reflection and hermeneutic iterations as it pursues the "richness and complexity of an individual lived experience" in a way that privileges agency (Langdridge 2007, p.159). By making it possible for accounts of marginalised experiences to

be voiced and appreciated, this methodology has generated meaningful information and insights.

Through the use of this methodology, I was able to provide in-depth accounts of participants' perceptions of experiences of race and gender differences in their clinical work. I was also able to locate these experiences within the respondents' wider political and social context. However, I remain cognisant of the fact that the simultaneous use of a phenomenological and post-structuralist framework might not have been possible if another phenomenological approach had been used.

It can be argued that such a research approach is better suited to individual case-study research rather than to research involving multiple participants, as was the case with the current study (Langdridge, 2009). At times, I found the process of analysing the large quantity of data generated becoming messy, indeed almost unmanageable, involving as it did time-consuming attention to the nuances of each case. However, the research benefitted from the requirement, on my part as the researcher, for honesty, transparency and critical attention to self: all important criteria within the counselling research field. The need for careful attention was particularly pertinent when engaging in "suspicious hermeneutic interpretation", in order to avoid moving far away from the participants' lived experience or imposing one's own subjectivity (Langdridge, 2009).

### **6.2.2 Sample**

Whilst the sample size of ten was considered sufficient for a qualitative study, it could be argued that the sample lacked heterogeneity: for instance, no participants were of mixed heritage. However, the absence of restrictions on therapeutic orientation during recruitment allowed for a range of therapeutic perspectives on the phenomenon. The selection of two participants from the Black and Asian Therapists Network (BAATN) might also be argued to have generated findings with a specific political orientation and in line with a political agenda, making such findings not representative of other 'black' therapists. However, the fact that the study involved only two such participants suggests that their impact on the overall analysis will not have been a dominant one.

Further, prior to recruiting the participants, I had initially set out to include specific criteria for participants' inclusion and exclusion in the selecting phase of the research. These included recruiting only final-year training students and practitioners with a maximum of three years' post-qualification. However, due to the difficulty in recruiting participants, I decided to interview any potential participant who had showed their interest by responding to my emails.

Of the participants eventually selected, three did not meet these initial inclusion criteria. The specific experiences they recounted however occurred in the context of them being less experienced psychological therapists.

### **6.3 Limitations of the study**

The focus of the study was on examining 'Black' female psychological therapists' perspectives of their experiences of social differences of race and gender in their therapeutic work with white male clients. Clients' experiences were not examined as part of this process. Their take might have been different, and adding their views to the analysis might have yielded richer and more diverse findings.

The current study focus was primarily on race and gender, lending the accounts presented certain specificity. By omitting other contextual intersecting factors, such as age, class, disability and sexuality, I am aware that the findings may not be generalisable to all 'Black' therapists. However, what the study offers is way in which using a non-generalisable qualitative methodology can producing a rich, in-depth, evocative descriptions of the phenomenon. In a study such as this, it is impossible to claim findings generated can be applied to all 'Black' female therapists. Despite sharing many salient features with regard to racial identity formation, therapists will manifest subtle variations as a result of individual personal psychology and developmental background. The research does not suggest that 'Black' women form a homogenous group; it acknowledges the experience of race and gender differences will be shaped by other factors, including class and socio-economic status. Further research in this area might explicitly explore the experience of women from particular ethnic groups (Yi, 2014), and also pay attention to intersecting factors of class, race, age and sexual orientation with race and gender. Nevertheless, the study can be argued to lay precedent for future studies concerning the contribution of intersecting factors in the exploration of 'Black' therapists' experience.

The research also fails to account for differences in worldview linked with country of origin. However, only one participant had been born outside the United Kingdom. This can be identified as a further limitation of the study, and perhaps as another pointer for future research.

With respect to gender, the study's bias towards heteronormative practices may be questioned. The research presented here uses constructions of gender identity based on heterosexual norms and does not take into account other forms of gender identity and gender relating (for example, transgender identity) which have been viewed as subverting

the gender binary (Aron and Starr, 2013). It could be argued that by using such binary oppositional terms as male/female, the research rests on an understanding of traditional gender roles as oppositional. A study using discourse analysis to consider these factors and their influences on 'Black' women therapists' experiences might yield interesting findings.

A further limitation of this study was the fact that the majority of participants' accounts were either in the context of being trainees or newly qualified in the profession. Their accounts may therefore differ from those of more experienced therapists in the field. Nevertheless, the study offer useful resources for therapists reflecting on their practice.

Finally, in the selection process of the research, attention was not paid to individual therapists' training orientations and how these differences might influence an individual therapist's understanding and knowledge base in relation to the topic. It could be argued that some forms of training pay more attention to the person and cultural location of the therapist than others and that such differences inevitably influence how therapists engage with these issues in practice. Nevertheless, the study has highlighted this as a significant dimension of therapeutic practice within a cross-racial dyad. By doing so, it underlines the importance of attending to these issues in training and diversity practice. The research findings have important implications, not just for 'black' therapists, but for all those involved in training and supervision.

## **6.4 Implications of findings for training delivery.**

This research has significant implications for 'Black' women therapists as well as for black therapists in general. It offers empirically grounded insights into the ways variables like race and gender can impact the therapeutic relationship. In addition, I suggest that my findings, as with any phenomenological study, offer a reasonably rich and evocative description of the experience of a handful of practising therapists that may be seen to complement other narratives derived from reflective article papers. Importantly, offering empirically grounded narratives based within the British context.

Through its focus on therapists' experiences, the study found that working across social differences of race and gender produced varied emergent racialised subjective experiences. Multi-layered aspects related to clinical interactions with (in this context predominantly white male clients) were identified, with some of these found to influence participants' ability to stay present with clients. These experiences were also observed to involve a shift: therapists reported moving away from negotiating racialised hegemony ideologies (experienced as



restrictive and objectifying) towards accessing a more empowered sense of self which was supportive of their therapeutic work.

These findings, I would argue, offer valuable insights into the challenges sometimes faced by 'black' therapists, particularly when engaging with issues of race and gender difference in their clinical practice. The findings are useful for trainee therapists' personal reflections in the training stage of their career, and for supervisors guiding students through areas to do with engaging with difference. It allows for space in confronting and grappling with difficult feelings in ourselves. With good supervision, trainee therapist can hold their insecurities without dismissing them. This in turn allow for the therapist openness to working with the potential tensions and difficulties arising in working with this issues. This kind of undefensiveness in the 'black' therapist allows for encouragement to grow in new areas that at present seem to be directed at 'white' therapists working with 'black' clients. The implications of the findings are therefore intended to contribute meaningful knowledge geared to facilitating the promotion of training delivery and supervision within psychology and psychotherapy training. The attention given to this complexity within supervision is key to creating meaningful supervisory relationship for the individual therapist. In addition to promoting effective support that is then internalised by the trainee therapists to use in their future work with racially different clients.

With respect to 'black' therapists and their understanding of their own psychic wounding, the research highlights the importance of self-awareness and critical self-reflexivity, key factors that have emerged as enabling therapists to find their 'self' beyond social divisions. From a more self-aware position, a therapist or practitioner can be in a better position to stay attuned and make good contact with their clients. Arguably, this form of self awareness transcends taking a cultural competencies perspective we often speak about. Nevertheless, for the black therapists owning our own prejudices and narcissistic wounds can be daunting and requires relational reflexivity that feels safe and trusting to allow all of the therapist self into the supervision room. This is in line with Lichtenberg (1990) thinking on how confluence with the "dynamic oppression" in society can be wounding to minority therapists. He went on to explain how this contact with reality of racialisation and racism can be limiting at a cost to self-confidence of the therapist in practice.

Participants' accounts also suggest that identification with racialised discourses can have an impact on 'black' therapists, potentially influencing their horizon of meaning in the therapeutic dyad. This underlines the importance of support to help them manage these processes. Examples of such support include variant forms of reflexivity, supervision and peer support. The study has demonstrated the crucial role played by the training environment in making

therapists feel safe about disclosing their concerns around these issues. Some participants found that having their racialised experiences validated enhanced their capacity to deal with issues relating to their race and gender identities. As evidence from participants' accounts points to such an approach to supervision, and in training institutions can enable conversations on race and gender issues (as well as other diversity issues) that challenge each trainees from a position of understanding. A position that is neither critical, totalising or a silencing challenge. Yet not afraid to introduce difference or question a perspective.

This study used the concept of 'self-states' to understand therapists' experiences of their racialised, gendered subjective experience in clinical interactions. The findings highlight the significance of normalisation and the validation of black therapists' lived experience in relation to these issues. Participants identified relational reflexive strategies as enabling self-disclosure and safety; such strategies helped them feel that they did not have to discount or minimise their experiences in order to be understood. This in turn facilitated participants' access to 'self' beyond social division in a manner that was liberating, self-enhancing, and helpful to their work within a cross-racial/gender dyad.

## **6.5 Conclusion**

The aim of this research study was to explore the potential impact of the social differences of race and gender from the perspective of 'black' women therapists. This was a response to a gap identified in the existing literature on race and gender. The dearth of psychological research investigating 'black' therapist experience of working with difference. And specifically, the lack of empirical study on the intersecting factors of race and gender difference in therapeutic practice is surprising, given the ever-increasing literature surrounding race in counselling and psychotherapy.

By using a theoretical framework combining intersubjective and relational psychoanalytic features, the study adopted a novel approach to looking at 'black' women therapists' perceptions of their experiences of these social differences to their clinical work. Within the therapeutic relationship with white male clients, participants reported racial identities as having a more significant impact than gender identities. However, the study also revealed that participants often found it difficult to separate these two dimensions of identity, which in many ways were intertwined. This support findings of black feminist writers that racism and gender discrimination are often intersecting forms of oppression that impact on the lived experience of 'black' women (Mirza, 1998).

Participants' reports suggested that the emotional and psychological challenges they experienced in their clinical work to do with their race/gender identities were fluid, temporal

and shifting. Such findings challenge theories of a developmental sequence to therapists' identity development. In addition, the study showed how using the concept of self-states, understood as the variety of ways people act and feel in various situations, can be used to describe participants' embodied experiences of their multiple identities in the clinical process. These ideas have consequences for therapists' contributions to the therapeutic process, in terms of 'black' therapists' subjectivity within the co-constructions of meaning and experience. The term 'racialised subjectivity' was offered in this study to explain participants' race-related experiences in therapeutic practice with white male clients. This provides a framework for understanding the mechanism underpinning such experiences: for instance, as 'unformulated experience' that is preconceptual, embodied in language and the psyche but not yet verbally reflected upon (Dalal, 2002; Merleau-Ponty, 1962). The need for normalisation of these processes has been identified (in the US context) by Leary (2006) and Altman (2004), and (in the UK context) by Mavinga-Mckenzie (2003). These practitioners have observed that such attitudes to racial issues can facilitate more openness and self-disclosure on the part of therapists, enabling a greater degree of familiarity with these aspects of self-states, an increase in individual's self-awareness and greater flexibility of movement between individual self-states relating to therapists' multiple identities.

What is fascinating in the current study is how each participant managed these processes and how they moved the therapy beyond these social divisions. Participants identified the use of critical self-reflexivity and relational forms of reflexivity as strategies that facilitated access to 'self' beyond social differences. In doing so, they highlighted the role personal therapy, supervision and training have as potential spaces in which therapists can reflect on their social identities of race and gender.

I conclude by mentioning the impact carrying out this research has had on my personal and professional life. For a start, I feel fortunate and grateful for having the opportunity to hear other 'black' women therapists sharing their experiences of grappling with social differences of race and gender in their clinical practice. In fact, my fortunate position was voiced by a participant, who at the end of the interview was honest and open enough to share her feelings of envy: *"I'm envious of your position in that you're meeting all these black counsellors and therapists, psychotherapists. I'd like to meet them too at a sort of gathering or something"* [Debbie, line: 341-343]. I see her comment as reflecting something of the isolation and fear of being stigmatised that black therapists experience in their training journey as they yearn to discuss issues of race and gender.

The findings from the research have helped to normalise and validate some of my own experiences. Importantly, they equipped me with the necessary attitude, openness and

reflexive approach to take into my own practice. A coming together of the personal and professional. As mentioned in earlier chapters, my own journey to becoming confident with grappling this issue have been acquired through becoming more open and reflective with my peers and supervisors. I remember a supervisor who helped me think through difficulties I was having around working with differences by saying that “the only problem with difference is difference”. At the time I did not understand what she meant until now. For me, it meant without addressing my difference in the room there will be no congruence or authenticity in the meeting. And without this, no progress in the process. I have had to think through the differences between who I was as a practitioner few years ago, at the start of this project and who I am now. I can already see how the research has begun to influence my practice as a clinician. In particular, it has helped me to own and acknowledge my own projections and what I bring into my practice as a ‘black’ female therapist. I now feel able to acknowledge this, and be accepting of it. I find myself with greater flexibility of movement between my different ‘self-states’, both in relation to these issues and in how more generally I approach my work with clients.

In more recent year, there have been a massive difference to my practice since I began this project. First and foremost, I find myself more comfortable with not raising the issue of social differences in the room. But, rather than shying away from the issue of race, ethnicity and culture as an academic and practitioner, I feel comfortable in my skin to tackle this head on both with clients and with the lay person. I do not see through a racial lens, but I could situate myself in that position if I choose to as a way of analyzing my reactions and those of others by not taking this for granted as the ‘truth’. Experientially, such a prospect can be challenging at times but in the clinical process there has being huge payoff for both myself and the client in moving along the therapeutic process.

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## **Appendix A: Invitation / Recruitment Letter**

Dear.....

Hello, my name is Susan Baker and I am a final year student, currently undertaking a post-graduate training in doctorate counselling psychology and psychotherapy course at Metanoia Institute. I am a black woman in my 30s, and in the process of conducting my doctorate research thesis looking at the experiences of black female therapist working with males from a different 'race'. I am writing to you to invite you to participate in this project.

The intention is to understand the specific experiences of black female therapist. This is because although there has been a lot of research done on the subject of racial/ethnicity difference within clinical setting and therapeutic relationship. However, there is less written on this subject that takes into account the intersecting contextual factors of race and gender. My aim is to generate useful findings for therapists/counsellors that contribute to the current existing knowledge regarding working with racial/ethnicity differences.

I am committed to examining and re-examining issues of differences in particular race and gender and how these contextual factors may influence our clinical work. My aim is to generate useful findings for counsellor. I am interested in interviewing you for the purpose of this study and each interview will be audio-taped and transcribed. Each interview will be treated as confidential and all participants will remain anonymous.

I will contact you as soon as I hear from you to confirm whether you have worked with male clients from a different racial background, and that you are interested in participating in this study. At any time, I can answer any questions you may have prior to the research. And if you wish, set up a convenient time and place to interview you. I will also bring a consent form for you to sign prior to the interview.

I hope that you will agree to participate in this valuable research on black women's experience in the clinical work. I can be reached at any time on my mobile: 07944423250 or via email: [suebak25@yahoo.co.uk](mailto:suebak25@yahoo.co.uk).

If you have any questions, or need clarification on the study, please feel free to contact with me through the information given above.

Thank you again for your time, and I look forward to speaking to you soon.

Sincerely,

Susan Baker

Counselling Psychologist Trainee

## Appendix B: Ethical approval



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Susan Baker  
Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych)  
Metanoia Institute

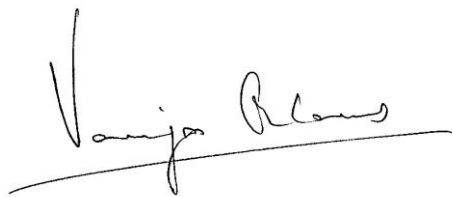
2<sup>nd</sup> December 2009

Dear Susan,

*Re: Race and Gender Influences in the Therapeutic Space: Examining Black Women's Experiences*

I am pleased to let you know that the above project has been granted ethical approval by Metanoia Research Ethics Committee. If in the course of carrying out the project there are any new developments that may have ethical implications, please inform me as research ethics representative for the DCPsych programme.

Yours sincerely,



Prof Vanja Orlans

On behalf of Metanoia Research Ethics Committee

Registered in England at the  
above address No. 2918520

Registered Charity No. 1050175

## **Appendix C: Consent Form**

**Research Study title:** What are the experiences of black female therapist working with clients of different race and gender.

**Name of Researcher:** Susan Baker

I am a final year student at Metanoia institute in the doctorate counselling and psychotherapy by professional studies (DCPsych). I am conducting a research thesis in which you are being asked to participate. My research project is on the experiences of 'black' women therapists; exploring the potential influences of race and gender in a cross-racial/gender therapeutic relationship when the clinical is of a different gender and race to the client. I will be interviewing female clinicians who are of African, Afro-Caribbean and Asian or mixed heritage.

You are being asked to participate as a female clinician from African, Afro-Caribbean, Asian or mixed heritage origin. If you agree to partake in this study, you will be asked questions about your own racial identity and how you see this affecting your work with clients who are of different race and gender from you. I will be interviewing each participant separately, and this interview should take no more than one hour of your time. Each interview will be audio-taped and transcribed.

There will be no financial benefits to you, and no other benefits anticipated other than perhaps the feelings that you have contributed to the further understanding of working with issues of differences within the therapeutic space, and as well as developing more personal insights into how you work with these factors in your clinical practice.

Confidentiality will be maintained by keeping each participant interviews anonymous; filing the transcribed interviews in a protected space, and only disclosing this with your permission. The demographic information given will be used in a way that cannot be identified as you. I will use pseudonym in discussing what you have shared in our interview. If findings are shared in scientific journal, presentations and publications, the data will be presented in as a manner that preserves this anonymity.

There are possible risks to this study, and I want to point out some that I have been able to identify. Potential risks include psychological distress related to increasing your awareness of the counter-transference feelings and thought pertaining to these issues. Thus, you should have a support system of other professionals to discuss any feelings that may arise from this process. If you do not have any support, I can provide you with names and numbers of consultants in addition, articles relevant to this phenomenon being studied.

If you have any questions, please feel free to ask them. Your participation is entirely voluntary. You may refuse to answer any individual questions, and you may also change your and withdraw from this study at any time, all the data describing your experience will immediately be destroyed.

Your signature below indicates that you have read and understood the above mentioned consent and willing to participate in this study.

Signature.....Date.....



**Appendix D:**

Therapist Information Form

Please provide the following information. Your answers will remain confidential.

Age:.....

Marital Status:.....

Race/Ethnicity.....

Academic Degrees.....  
.....  
.....

Year of professional experience as a counsellor, psychologist, psychotherapist.....

Average numbers of hours spent per week conducting counselling/therapy sessions.....

Specialty area (Check one):

.....Clinical psychology  
..... Counselling psychology  
.....Counsellor  
.....Psychotherapist  
.....Other (Please specify)

Type of setting in which you currently practice (university counselling centre etc.):.....

Estimated percentage of client seen in that service that is men.....

## Appendix E:

**Table 1: Participants Demographics**

Therapists	Ethnicity	Age	Training	Professional experience	Qualification	Practice Context
Neesha	Indian/Mauritian	33	Counselling psychology	Recently graduated	Chartered counselling psychologist	Probation Setting
Debbie	Afro-Caribbean	50	MA Gestalt	Training placement	Trainee psychotherapist	Placement Setting/ Charity organisation
Ola	Nigerian	33	Clinical Psychology/ Systemic psychotherapy	7 years post qualification	Clinical Psychologist/ systemic psychotherapist	NHS
Ronke	Nigerian	33	MA Transactional analysis	Training placement	Trainee psychotherapist	NHS and Charity organisation
Asha	Pakistani	39	Counselling psychology	5 years (Recently graduated)	Chartered counselling psychologist	Sexual clinic/NHS
Angela	Afro-Caribbean	45	Social work/ Relate counselling	5 years	Dip SW/ Counsellor	Relate/Private setting
Nicky	African	34	Counselling Psychology	Training placement	Counselling Psychologist in training	Bereavement Counselling/Placement Agencies.
Becky	Jamaican	54	Counselling psychologist/ Intercultural Therapist	8 years	Counselling psychologist	Community setting/ Alcohol recovery project
Jasmine	Jamaican	48	Counselling and psychotherapy	Recently graduated	MA Counselling & Psychotherapy	Private setting
Thandie	African	34	Counselling Psychology	Training placement	Counselling psychologist in training	Charity agency/Private setting

## Appendix F:

### INTERVIEW QUESTIONS SCHEDULE

Introducing the topic: *The following questions are designed to prompt your thoughts on your experiences of working with clients of different race and gender. I would like for you to answer these questions as honestly as you can.*

1. When we previously, you indicated you had worked with a least one white male client. How many have you worked with?
2. Are these clients from private practice or NHS settings?
3. How do you view your race and gender in the counselling relationship?
4. Can you recall any particular counter-transference responses you had with these clients? Can you describe at least one of these responses to a particular client?
5. Can you describe the process by which you became aware of your counter transference response to your client?
6. Do you believe your counter transference response was related to your racial differences? In what way? Can you describe it? Can you give examples? (Describe at least one specific example).
7. Can you recall any particular transferences responses your client had towards you to do with your race and/or gender? Can you describe at least one of these responses?
8. How did you deal with your client's responses to you?
9. Do you believe your client transferential response was related to your racial differences or gender differences or both? How did you address this issue with the client or did not address it?
10. What did you do then? How did you manage your response?
11. What do you see are the benefits of working with race and gender differences, and do you see any disadvantages?

12. Do you see other factors such as socio-economic or class plays a role in the transference and counter-transference response? Can you expand on how or how not you think they impact?
13. Some people writing about gender or race and the transference have discussed the possible influence of these factors affecting the way clients treat you? Do you think that gender and race are factors in the way clients treat you. How do you become aware of this?
14. Have there been times when you have not been aware of the racial differences between you and your client. What effect has this has on the work/relationship? Please, explain fully.
15. Before you work with white male clients, how do you anticipate they were going to react to you, in terms of race and gender?
16. Is there anything you would do differently when working with white male clients?
17. Do you feel you confront these clients as much or as often as you would clients who are of similar race or gender? Why and Why not?
18. Do you feel one's race and gender is as important in psychotherapy field?
19. Do you see race as an asset or deficit? Do you address racial issues (a) at work, (b) In your personal life?
20. Do you feel the issue of race ever disappear from who you are?
21. What advice would you give to those in the field and/ or involved in training regarding addressing racial and gender issues in therapy?
22. How has it been for you doing this interview? What thoughts and feelings have been evoked by this interview experience?
23. Any final thoughts that you feel would reluctant to share with me because of the nature of the subject?

**Appendix G: Table of themes. Random selections of participant's extracts to help make analytical process more transparent: Notes are included to illustrate initial thoughts and theoretical links around the narrative structures.**

Participant's Extract	Immediate Impression	Descriptive Emergent Themes	Narrative Structures	Participants' Construction of 'self'
<p><b>Becky:</b></p> <p><i>"I don't see how it can't be... <u>Um, I think for me I'm very political and very culturally aware.</u> I'm born in Britain although my parents are of Caribbean background.... obviously <u>I'm looking at the work through a cultural perspective.</u> So I can't see how it can't be for me. Obviously it's my stuff and I have to be aware of what's my stuff and what's the client's stuff. But I think, I hope – you know I don't come to therapy as a blank slate. I bring myself, all of me, that's the professional side, the cultural side, being a woman, and a black female as well. It's all, you know... and the <u>struggles of black people</u> and, you know, the awareness of my parents. I can't, you cannot divorce that, and I don't divorce it." [ line 130-146]</i></p>	<p>By saying she is politically and culturally aware, what does she imply here? Is she suggesting some awareness of racism and its impact? What does this mean in terms of her practice?</p> <p>being a woman, black here can be taken to mean her view of self as the Other. Interactions between being black and female. For her , being black represents legacy of struggle, racism, overcoming oppression. The importance of</p>	<p>Self constructed as the 'Other' and marginalized for it.</p> <p>Race and gender as embodied based on her lived experience of growing up, interactions with the social world, and through her parents experience.</p> <p>Becoming critically aware of race and gender through own experience of exclusion. Experiencing feeling devalued for it in her engagement with the social world.</p> <p>Constructs both identities (race and gender) as</p>	<p>Race and gender as markers' of difference</p> <p>Race and gender self experiences as embodied.</p> <p>Embodied Self as Other: Integral aspect of navigating her social world and interactions with others.</p> <p>Social differences influences perceptions both in self and others. Embodied horizon of meaning constructions.</p>	

<p><i>“So I think life issues transcend colour, but there’s context underneath that.” [ line 280-281]</i></p>	<p>addressing social difference. Awareness of difference as only surface? How does she work with these tensions or manage it in her practice?</p>	<p>entwined to how she experiences her ‘self’ in her interactions clients.</p> <p>As someone who is politically and culturally aware, her <i>difference is</i> figural for her. She is always aware of it.</p> <p>They are integral to her sense of self. It informs the way she may navigate herself in the world around her. And how she positions and locate herself in the world. Inseparable from her professional identity.</p>		
<p><b>Ola:</b></p> <p><i>“Yeah, I do definitely. <u>I think that they are intertwined</u> anyway, all these different layers of difference, you can’t separate blackness from gender and you can’t separate class from colour because, in terms of social attitudes or either discourses, you know there are certain assumptions that are made</i></p>	<p>She implies here that being ‘black’ and a woman are not separate identities for her. Both are intertwined, cannot be separated in the way she feels seen by white others, and</p>	<p>Self constructed as the ‘Other’ with multiple layers of difference. Experience of self as inhabiting overlapping spaces of race and gender.</p> <p>Lived experience as a black woman growing up</p>	<p>Embodied Self as Other with multiple layers of difference.</p> <p>Difference as present, always in the field.</p>	

<p><i>about class if your are a woman, there's certain assumption made about class if you've got brown skin, so you can't really separate I don't think. And even if you are in a middle class environment or you now become a therapist or something that is regarded as middle class, I still think those assumptions about class are made. There's this assumption that you've come from a working class background if you are a woman or if you're black." [line: 508-518]</i></p> <p><i>"Um, because it's, um, <u>a mark of difference</u> and it's a way of bringing that into the room..."[line:765-766]</i></p> <p><i>"Um, yeah, which is interesting given that I've just said that I think it always in, you know, <u>I'm always going to be....I'm never sort of non-black and non-female. But there are times when I'm interacting with somebody where that isn't at the forefront of my mind in terms of how I'm interacting or how I think I'm being seen. So yeah, definitely. But I suppose that is the same as in the world generally when you are</u></i></p>	<p>perhaps how she also experience herself.</p> <p>Experience herself as the 'Other' and feels marginalised for it.</p> <p>Sense of Anger and Sadness here?</p> <p>Hyper aware of racism in society. How do these feelings get played out in her interactions with client?</p> <p>Visibility of racial and gender difference</p> <p>Structural division related to race and gender differences.</p> <p>Hyper-aware of difference in interactions with others. How does she manage this with clients?</p>	<p>in the UK, from ethnic minority to becoming aware of being the 'Other' for her racial and gender differences. This self then constructed as 'multiple layered'.</p> <p>She is politically minded and this make her critically aware of social structural divisions and where power is sometime located.</p> <p>In relation to others, she is exquisitely aware of being potentially seen as inferior for her social location (race and gender). And these experiences can make her to subsequently feel devalued and marginalized.</p> <p>Experience of self in disempowered position for her race and gender difference. Alert to this in her interactions with others.</p>		
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<p><i>interacting with people.” [ line:533- 538]</i></p>		<p>For her, her difference is experience on the ‘surface’, visible, and embodied location of horizon</p>		
<p><b>Neesha:</b></p> <p><u><i>“I think, I start thinking with, with patients and clients I start thinking about race with them, whether I’ll have difficult engaging them. A patient comes along or goes along and I can engage in therapy and things appear to be [inaudible] a good relationship which saves time, then I get on with the work in that respect and maybe others catch my attention. But if I have engaged [inaudible] then I start to wonder what’s the problem here, why is this difficult? And then, then, it’s probably more likely that I’ll start thinking – Yeah it’s probably more likely that I’ll start thinking_”[487-494]</i></u></p> <p><i>“And, and when the race thing did come into it. I was sort of oblivious to it because you know it’s, it’s kind of not something I think about being in London and stuff, and being such a mixture of people. And then it was only gradually</i></p>	<p>Is she saying she is always aware or conscious of her difference?</p> <p>What makes her become aware of it?</p> <p>Client not engaging, sensing some barriers between them.</p> <p>Becoming aware of her racial difference, only when confronted with. Not always present for her. She is not always aware of it.</p>	<p>Her multicultural experience gives her a sense of belonging in a world among difference, rather than one of feeling alienated or marginalised.</p> <p>Aware of being the Other for her race and gender difference but not always figural for her. She only becomes aware on occasions, when confronted with it in her interactions with others.</p> <p>For her, been raised in multicultural environment with people from diverse background, she is not particularly conscious of herself as an ‘other’. Her multicultural experience gives her a sense of</p>	<p>Embodied self as the ‘Other’, but does not feel alienated for it.</p>	



<p><i>when I went into that area that it started to dawn on me that this is actually something that they notice a lot.”[151 - 155]</i></p>		<p>belonging in a world among difference, rather than one of feeling alienated</p> <p>While her difference is less figural in her mind, she can sometimes become aware of it in certain interactions. And this leaves feeling slightly anxious or to experience the interactions as difficult.</p>		
<p><b>Ronke:</b></p> <p><i>“Um, for years I’ve been in this country I kind of haven’t really noticed my difference till I had an experience with a client... Oh that evoked so much in me, I nearly stopped practicing.”[31-39....]</i></p> <p><i>“Yeah, it really woke me up and really told that, girl you are different, be aware of that, yeah. And so from that point, my colour, and my race kind of, I became aware of it.”[61-63]</i></p> <p><i>“That is who I am, I’m different, and I’m from an ethnic minority. As far as I’m in</i></p>	<p>Being confronted with racism to becoming critically aware of her difference. How did this impact on her self experience and self as the therapist? How did she manage her emotions then in the room?</p> <p>Shame, anxiety, withdrawal?</p> <p>Strong feelings of</p>	<p>Experience of racism to becoming more hyper-alert of her difference.</p> <p>Self experience as the ‘Other’ and marginalised and devalued for it.</p> <p>Becoming critically aware of her difference through interactions with a client. Being confronted with it in a painful way.</p> <p>Feeling alienated for her difference , a belief that</p>	<p>Embodied Self as the Other for her difference and feels marginalised for it.</p> <p>Race and gender differences always in the field - an ever-present horizon.</p>	

<p><i>this country or this society that would always be present for me...”[574-479]</i></p>	<p>anger present here. Sense of feeling hurt, and feeling alienated. Anger related to feeling devalued for her difference.</p>	<p>often leave her feeling sad, and infuse with a sense of shame</p>		
<p><b>Nicky:</b></p> <p><i>“Erm, I think definitely as a therapist, my experience, my life experience definitely influence, and impacts on the way that I perceive myself and others and there’s no way I can take that away, my time in Sierra Leone from the age of 5 – 11. I can’t disregard that, that’s part of my identity, it is, it does make me who I am and it does cause me to behave differently with white people as opposed to the way I am with black people, as opposed to the way I am with Africans, as opposed to the way I am with black or white British people. It does influence that. [307-314.]</i></p> <p><i>“My countertransference? I think that I always wonder about that, I always think about that, I know that it is there, as a black person in erm, um, majority of white population. I think that is</i></p>	<p>Values her difference. Essential aspects of her identity.</p> <p>What does she mean here? How does her difference influence how she behaves with ‘white’ or ‘black’ ?</p> <p>Always aware of being different. Always in the field. Does this imply being hyper-aware of her race and gender difference?</p>	<p>Self constructed as the ‘Other’ for racial, cultural, gender and at the margin for it. But feels accepted and valued for her difference.</p> <p>Her racial identity, culture and gender as integral aspect of her self.</p>	<p>Embodied sense of self as the ‘Other’ for race, gender, and culture.</p> <p>Race and gender differences always in the field - an ever-present horizon.</p>	

<p><i>normal. In my line of work there are very few black people, so it's something that's always there. It's always in the field for me."</i>[82-86.]</p>				
<p><b>Angela:</b></p> <p><i>"...it's like a screen. It ties in with how people see you, or where they place you and whether they see you as an authority figure or maybe look down on you or not take some of the interpretation you have to say that they may take from someone else, for example to a white therapist."</i>[.....]</p> <p><i>"So he got here, and then I don't know whether I was the right person, I might have been the right person in paper, but when he saw me, maybe I wasn't the right person"</i>[.....]</p> <p><i>"...you can tell they were totally shocked when I opened the door, ..... you can see it in their faces. And I just thought to myself this is gonna be fun. And they only stayed for the consultation, which</i></p>	<p>Feeling seen through racial lens.</p> <p>Experience feelings of rejection and a sense of been reduced.</p> <p>Hurt, anger and shame.</p> <p>Hint of some anger here, an perhaps here. Anger from feeling rejected and judged to be insufficient.</p> <p>Shame Feeling rejected and devalued. How does this feeling impact her in her interactions with client? What gets played out when engaging with</p>	<p>Awareness of being perceived to be different and insufficient she perceives her clients do not really see her as a therapist because they're blinded by her racial differences.</p> <p>She feels judged by them as 'inferior' somehow and therefore insufficient.</p> <p>Feelings of vulnerablities, and open to being undermined and not valued by them. It is almost as if she has internalised their views of her being insufficient and wrong.</p>	<p>Embodied self as the 'Other' and feels marginalised and devalued for it.</p> <p>Difference an-ever present horizon in interactions with white others.</p>	

<p><i>did not surprise me at all”[.....]</i></p>	<p>her clients?</p>			
<p><b>Asha:</b></p> <p><i>“..being a Pakistani Muslim, especially after 9/11 and the 7/7 bombing – it hasn’t put Muslims in a very good light and I feel that there’s lot of stereotyping there. Um, so that , I am conscious of...how people kind of tend to make judgements about you. Um, that’s probably perhaps in my personal life, but also I think on a professional level from colleagues from different professional background”[332--336.]</i></p> <p><i>“I thought they might see me as an Asian therapist, and that , oh well, because of my culture’s so different to theirs. Although I’ve been born and brought up in the UK, and I don’t consider myself to be um, traditionally Pakistani. But at the same time I do have my cultural and traditional and religious values. But I think more than um culture I think maybe I adhere to my religious values a lot more, um which I’m really aware of”[237 -243]</i></p>	<p>Anger, frustration of her race experience not validated. Is she feeling devalued? dismissed by her peers?</p> <p>What is she implying here? Does her statement here implies that her race and gender difference mattered to her in her practice? How do these emotions get played out in her work? What is implying here?</p> <p>Emphasis on culture and religious values here suggest perhaps these are more figural for her than racial identity?</p>	<p>Feelings of anxieties about being judged and stereotyped. The anxiety concerns being seen first in terms of her gender/ethnicity instead of as a therapist.</p> <p>In this sense more about not being seen in her full self as a therapist first</p> <p>Anxiety and fear have mostly been in the context of being a trainee.</p>	<p>Self constructs as the ‘Other’ more for her religion, cultural values than for her race and gender identities.</p>	

<p><i>"Um, other than that I, maybe perhaps in the beginning when I first started seeing male clients and, um, maybe there was, um, in my mind that I have these kind of my own kind of assumptions that, um, they might perhaps see me as being an Asian psychologist or therapist and that may be they might think that, oh well, you know, maybe they don't feel as comfortable in being seen by an Asian therapist and that made me perhaps... um, because I come from a different culture, that I might not be able to understand where they're coming from and their culture and their experiences. But, you know, as you said about counter-transference I think that was my own anxieties about being judged or kind of perceived as an Asian person as opposed to being a therapist"[32-41]</i></p>	<p>Her point here is important. she seem to be implicitly saying she isn't really aware of her gender/ethnicity ?</p> <p>Becoming more aware of her difference and stereotypes due to external events. This implies her difference is not always conscious for her? U</p>			
<p><b>Thandie:</b></p> <p><i>"No I never have. It's interesting you asked that because when I think of myself outside the context of being a</i></p>	<p>What is she implying here or perhaps not saying?</p>	<p>Self as the 'Other' for her race and gender identities.</p>	<p>Embodied experience of self as the 'Other' and at times at the margin.</p>	

<p><i>therapist. If I was to engage in that dynamic outside of the therapeutic world, I would have let it go over my head so if someone felt challenged - because when I have worked in hospital as a care assistant and people wouldn't want to work with me because I am black - you just have to deal with it and get on with it. So I think I have adopted that attitude to the race, and whereas with gender, many times I have perhaps brought up, how does it feel sitting opposite someone who is the same age as your daughter or along those lines. So I am more able to bring up the gender or sex, but the race I have just got used to bracketing it off somewhere."</i>[157-168.]</p> <p><i>"Yeah, mmm, Personally I feel it's important because it's just a part of who we are, so like any difference"</i> [340-341.]</p> <p><i>"You see I don't think I place too much emphasis on race so to speak, and I say</i></p>	<p>Using the word here, challenge could mean that she is aware of the impact of racism and it something that is figural for her. Although not always present. It also suggests that she has a deep and complex relationship to it ?</p>	<p>More aware of gender than race, even though this may lurk somewhere in the background.</p> <p>Race, when salient can evoke difficult feelings. With the potential evoke deep feelings of embarrassment or shame.</p>	<p>Race and gender as markers of difference.</p>	
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<p><i>that because I don't feel that, yes I am black or brown whatever way you want to describe me descriptively. But it's what's behind that that makes me me, so because I look at race so to speak with depth... so because I focus on that so the race thing is not always a big issue, and if the race thing does become an issue then it is something to be challenged personally, profession, but that is when its apparent that it is an issue until then I don't pay it too much attention."</i>[380-392.]</p>				
<p><b>Jasmine:</b></p> <p><i>"I think that for many its subconscious, for many of them are actually aware. Its stuff that they have just taken on board through the educational system, the kind of assumption there are in the media, there's stuff they have seen on the television , the stuff they see even around them."</i>[418-423.]</p>	<p>Is she implying here she's aware of negative stereotypes around her racial and gender identity? Anxiety about being judged for her difference?</p> <p>She puts a distance to these negative stereotype, perhaps suggesting being</p>	<p>Being aware of her racial and gender difference, but not always present for her.</p> <p>Experience of self as the Other , but does not feel alienated by it. She is conscious of being judged negatively for it. But confident and comfortable in her skin and does not let this influence her interactions with people. The potential to</p>	<p>Race and gender as markers of difference.</p> <p>Experience of Self as the 'Other' for her race and gender difference.</p> <p>Difference as embodied – an ever present horizon.</p>	

<p><i>“Am always aware of it, somewhere in the background, erm and I don’t think it will ever take me by surprise, and that’s obviously something, something to do with my assumptions about relationship. About relationship between black and white people. I think it’s there and it[s usually subtle and like I said sometimes the person is not even conscious of what might be going on. Erm, so it never really take me by surprise, although there are have been lots of clients have worked with where it’s not a primary issues, it’s just isn’t, not and for those people it was not at the forefront of their mind and they were comfortable you know in the session they were comfortable with the difference..”[510-522]</i></p>	<p>aware, but not always figural for her. More like in the background.Sense of being confident in her identity. Or is she guarding that area? It may be she’s alert to it, particularly when she says it will never take her by surprise.</p>	<p>be affected by it is there. she is quick to monitor her reactions and reflect on them so they don’t impact on her</p>		
<b>Participant’s Extract</b>	<b>Immediate Impression</b>	<b>Descriptive Emergent theme</b>	<b>Narrative Structure</b>	
<b>Neesha:</b>				



<p><i>“The gender was [being] a young female who was a uni student...he made comments that, his way of behaving at times with me, um, were a bit, um flirtatious at times, and at times I took it as he’s undermining me.[169-172]</i></p> <p><i>“yeah, I think later on as I was becoming more frustrated with this patient, because there was a real barrier there. I couldn’t like, um ..you know as hard as I was trying , I couldn’t sort of re-establish like the relationship and make it a workable kind of relationship”[line 250 -254]</i></p>	<p>Feeling challenged and undermined. Self conscious of her gender, age and social status.</p> <p>Sense of a distance between self and client. More to do with gender, age than race.</p>	<p>Experiencing difficulties of feeling challenged makes her become critically aware of her difference.</p> <p>For her these differences makes her feel disconnected with her clients. It evokes feelings of anxiety in her as well as in them. She can at times feels pulled into a gender oppressive power dynamic with these clients</p>	<p>Relating through difference.</p>	
<p><b>Ola:</b></p> <p><i>“Yeah, yeah. And in terms of sort of the difficult experiences, after a few sessions, he sometimes would come to the session and talk about feeling, um he would sort of question, you know, how experienced are you and question my competence in a sense. He may not have used that word but it felt very much like a quite sort of strong question of my competence. But at the same time, being very open about his difficulties and his feelings, and quite</i></p>	<p>Difficult experience</p> <p>Some suspicion of client perception of her. What is he thinking of me?</p> <p>Feeling shame and self- doubt evoked.</p> <p>Struggle to stay empathic.</p>	<p>Sense of feeling seen as ‘different’ and deemed insufficient. Perception of feeling reduced by client for her race and gender difference Sense of shame evoked Self constructed as vulnerable and powerless in relation to client.</p> <p>Feeling inferior and pulled into oppressive dynamic</p>	<p>Relating Through Difference</p>	

<p><i>sort of difficult experiences actually in past and present. So on the one hand he was opening up an awful lot, and seemed and talked about being safe to do that and being very contained around me and that. But at the same time also talking about, um, talking in a way that made me feel, um like he was sort of undermining me in some ways. It's very hard to explain, very hard to remember exactly, but I remember feeling that on many different levels, as a woman, in terms of my age, in terms of my ethnicity, in terms of my colour, it felt as though he was constantly questioning, questioning those things because somehow there was an implicit suggestion that it was inferior."</i> [Line,44-58]</p> <p><i>"– I felt often really, um- ...these sound like really harsh, really strong words but, but this is generally how I felt at the time, although obviously there's been self-reflection afterwards, but at the time I felt very oppressed, and, um, and sometimes almost abused as well I suppose. It sounds quite strong, but there was something about his presence</i></p>	<p>Struggle to stay with clients pain.</p> <p>Feels looked down upon</p> <p>Is she sensing being seen as inferior or that her awareness of her difference makes her perceive herself as somehow inferior</p> <p>Feels oppressed by the client.</p> <p>Client perceived to be in a powerful position.</p> <p>Holding in awareness client as vulnerable and client as powerful.</p> <p>Feelings of persecutory anxiety. Struggling to manage own emotions of feeling judged and stereotyped by the</p>	<p>("abused, undermined, not valued")</p>		
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<p><i>that, that left me feeling not, um...yeah. Much more than just not valued or, you know something quite sort of strong I felt from being with him. And yet at the same time he was talking about his experiences of those things, um, and his experiences of feeling as though he's never really been happy, he's never really had a strong positive sense of himself. He talked about himself as being misogynistic"[ Line, 76-90]</i></p> <p><i>"...there's no doubt in my mind as in terms of who I am professionally and personally that there are real issues of, um, of prejudice and racism and they are entrenched in society, historically, culturally and socially and politically. Therefore um, in any relationship that is, um, where you have two people of, um , or from different races, on some level it's going to be, are, they are going to be relating through race? Whether or not they can transcend that- and I'm not suggesting that you can't transcend that, but it's always the same experience or to the same degree or express itself in some way, but you can't not relate to other through the historical, cultural context of what it is</i></p>	<p>client.</p> <p>Feeling abused, oppressed.</p> <p>Experience of client as more powerful.</p>			
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<p><i>to be black, what it is to be white. So for me that kind of interaction we were having was very much about race and gender and age and um,...and what also made it easier to kind of see it in that way because he was very expressive about it in a way.” [Line, 195-206]</i></p>				
<p><b>Becky:</b></p> <p><i>“Um, I think for me I’ve always had the feeling of ...am I good enough? You know, what are they thinking. I mean I’ve had, I’ve had times when I have been introduced to white male clients and they’re shocked because I don’t know, my fantasy is that they think that you know I’m a client myself. They don’t expect to see a black counsellor so sometimes there have been initial kind of shock and that you know, evokes in me feelings of I’ve got to be good enough, you know, um.. What is it that they see when they see me?...Are they thinking, this is some sort of you know Rasta woman? What, what, you know,</i></p>	<p>Awareness of the social difference</p> <p>“They think I’m a client” What does this imply? And how does this thinking gets played out in the room?</p> <p>Feeling not good enough linked to identifying with internalized racist views.</p> <p>Hyper alert to reactions from client: shock, Surprise. What do their reactions means to her?</p>	<p>Becoming critically aware of their visible differences. Hyper-aware of her visible difference.</p> <p>she is her suddenly aware how she and the clients are different, in relation to class, gender and race. She feels a real sense of barrier there. It is something that she feels challenged by. Evokes feelings of shame.</p> <p>feelings of shame and anxiety present.</p>	<p>Relating through difference</p>	

<p><i>what's the fantasy about the woman they see, you know especially when they've had the initial kind of shock, not expecting to meet a (black ) counsellor"[line, 42 -54]</i></p>	<p>Is she angered by it?</p> <p>Strong sense of shame Feeling judged Feeling hyper aware of self as the 'Other'. Very aware of her difference.</p>	<p>Her visible differences can make her feel disconnected with her clients.</p>		
<p><b>Nicky:</b></p> <p><i>"Erm, again, I can only hypothesized, I think definitely there was some impact, erm, although he did attend 10 sessions, there were some that he cancelled, am not sure whether that was his pattern with the previous therapist, erm, what I did realised was that there'd been a lot of work with this other therapist. So I</i></p>	<p>Is she wondering if client might have ended the session because of their difference?</p> <p>Anticipate and fear being pigeon-holed as black or stereotyped</p>	<p>Some anxiety and anticipation of rejection from clients .She worries she may be seen as insufficient for her difference by clients.</p>	<p>Relating through difference</p>	

<p><i>thought to myself that it may well be possible that he was coming to an end with therapy anyway. So there were times I wondered if my race had something to do with it...." [line,66-72]</i></p> <p><i>"Yes, I think that is there because I feel very comfortable with women than with men. I think it's mainly to do with the gender. Yes. And I guess as well the racism that I have experienced, the overt racism has mainly being from white male. I think I'll be very prepared for a white male client to say I don't want to work with you. Or to say yes, I'll come back and then not return" [210-224.]</i></p>	<p>She seem to hold their 'difference' as possible reason why client ended Session.</p> <p>Fear being rejected for her racial difference. Making distinctions between gender and racial experience.</p> <p>Drawing on previous experience of racism to construct meaning of her experience. Anxiety and anticipation of for her difference based on previous experience.</p>	<p>Potential to feel shame and anxiety in being stereotyped and rejected for her difference</p>		
<p><b>Debbie:</b></p> <p><i>"The quality of the contact will never happen, or didn't look as if it was going</i></p>	<p>Aware of client not engaging.</p>	<p>Feeling hyper-aware of her difference</p> <p>Social difference seen as a</p>		

<p><i>to happen. And the sort of respectable thank you and, actually now I'm remembering some of my notes. Without doubt I did put is it something about my age, my race, what is it? I remember making notes. Yeah, because I felt something was missing and I wondered what it was in terms of the relationship. And there was a dignified, no, no, no, you know. I felt that some of the work that I did, that we did go fairly deep but there was still this, okay we're going deep here but I'm not going to have that relationship with you. So it doesn't matter what's happening here, that's as far as we're going to go. That's my fantasy?"[87-102.]</i></p> <p><i>"Um ..... I can think of two clients where I became even more aware of my colour and my, my style of dress, um, in terms of the meeting, initial meeting and the look of surprise and, um, and I remember one client was about to turn around at the top of the stairs and I sort of held my ground and, um, they looked left, they looked right, and then looked</i></p>	<p>Feeling rejected by client</p> <p>Reflecting on the process?</p> <p>Some anxiety</p> <p>Feeling not good enough</p> <p>Strong sense of shame to feeling hyper-aware of her difference. Visibility of the difference Hair, skin colour, appearance etc</p> <p>She is hyper-aware of her difference and sensed being judged. Sense of pride in her difference.</p> <p>Anxious as to how she is being perceived by</p>	<p>barrier.</p> <p>Sense of distancing and disconnection in their interactions .</p> <p>Becoming hyper-aware of her difference from noticing clients' reactions to her.</p> <p>Managing clients' reactions to her difference</p> <p>feeling shame and anxiety</p>	<p>Relating through difference.</p>	
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<p><i>back at me with, I can't believe. That's what my, I noticed was that they couldn't believe what they were seeing"[15-19]</i></p> <p><i>"Um, the client who almost turned away at the top of the stairs, in that moment I became even more aware of what I looked like. Um, my size, my hair wrap, I wear colourful wraps from time to time. Um, my skin colour, my age, my gender, all became very, um, highlighted and accentuated in that moment. And whilst I recognised my difference, I didn't feel inferior. I felt, it's either you're going to stay or not stay, but this is, my feeling was this is who I am. Um .... I didn't feel, I felt okay about myself, I felt very grounded in myself. "[line,33-37]</i></p>	<p>the client, but also values her difference.</p>			
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<p><b>Angela:</b></p> <p><i>"I think for me there was that feeling of, or just not none of what I was doing was right, I was feeling a little bit undermined, because I couldn't give him the answers which he wanted which didn't exist..."[.....]</i></p> <p><i>"...you can tell they were totally shocked when I opened the door, ..... you can see it in their faces. And I just thought to myself this is gonna be fun. And they only stayed for the consultation, which did not surprise me at all. [.....]</i></p> <p><i>"Yeah, that's right, he needed to make sure I was the right person. So he got here, and then I don't know whether I was the right person, I might have been the right person in paper, but when he saw me, maybe I wasn't the right person."</i></p>	<p>How does client reactions: shock , disdain perhaps? How is this impacting on her?</p> <p>Strong sense of feeling rejected.</p> <p>Feeling rejected for her racial and gender difference, strong feelings evoked, hurt, anger and perhaps bitterness.</p> <p>Awareness of own prejudice and assumptions</p> <p>Feeling stereotyped by client. Anger, frustration and irritation. Distancing behaviour</p> <p>Self doubt. Feeling insufficient</p>	<p>Awareness of being perceived to be different and insufficient</p> <p>Managing clients' reactions ; Doing a 'double- take'</p> <p>The experience of feeling inferior and rejected</p> <p>feeling shame and anxiety</p> <p>Feeling not valued and undermined</p> <p>In giving herself a hard time about not being a good enough therapist, it</p>	<p>Relating through difference</p>	

<i>"I think for me there was that feeling of, or just not knowing if what I was doing was right, I was feeling a little bit undermined.."[.....]</i>		is almost as if she has internalised their views of her being insufficient and wrong		
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<b>Asha:</b> <i>"Um, other than that I, maybe perhaps</i>	feeling insecure.	Limited experience as trainee to feeling anxious	Shifting vulnerabilities –	

<p><i>in the beginning when I first started seeing male clients and, um, maybe there was, um, in my mind that I have these kind of my own kind of assumptions that, um, they might perhaps see me as being an Asian psychologist or therapist and that may be they might think that, oh well, you know, maybe they don't feel as comfortable in being seen by an Asian therapist and that made me perhaps... um, because I come from a different culture, that I might not be able to understand where they're coming from and their culture and their experiences. But, you know, as you said about counter-transference I think that was my own anxieties about being judged or kind of perceived as an Asian person as opposed to being a therapist"[32-41.]</i></p> <p><i>.."I still think it's you know I haven't allowed it to rupture my relationship with my client. I haven't allowed it to interfere. But as you're talking about race and gender...in hindsight...um, maybe at the beginning of therapy with</i></p>	<p>Fear being stereotyped.</p> <p>Anxious about being rejected for her difference.</p> <p>Fear being stereotyped</p>	<p>about being rejected for her difference.</p>	<p>Therapists' potential to feel shame and anxiety</p>	
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<p><i>these particular clients. Not throughout therapy, but just at the beginning and maybe when the issues arose. So not in a negative way, you know, but there was a difference.”[211-217.]</i></p>				
<p><b>Thandie:</b></p> <p><i>“It’s initially a sense of dread, I almost feel, I would feel as though I have to prove myself and so of course you are caught in that dynamic of wanting to prove yourself, also not wanting to lose a client particularly when you are training, because you are also thinking of clients hours and so forth, yeah they are there too”.[.....]</i></p> <p><i>“I have had private clients that when they’ve come, before I put my picture on the profile and when they’ve seen that I was black, you can sort of see their face and then you can just sense the tension and the session would last maybe one or two and it would stop.”[138-142]</i></p>	<p>Sense of dread re potential of having to prove herself. Fear or anxiety around potential of rejection for her difference.</p> <p>Noticing client’s reactions to feeling disturbed? Shame? Embarrassed?</p>	<p>Feelings of Anxiety and Shame around the potential to be judged and stereotype for her difference.</p> <p>Feelings of embarrassment and shame when seen in a reduced way.</p>	<p>Feeling hyper-aware of difference.</p> <p>Managing clients’ reactions ; Doing a ‘double- take’</p> <p>Shifting vulnerabilities – Therapists’ potential to feel shame and anxiety</p>	

<b>Jasmine:</b>  <i>“And er, his assumptions about black women or whatever completely dominated that sessions and how he interacted with me...._It was frustrating, it was at times frustrating, erm obviously I was very curious about what was going on, you know. It was frustrating because it was almost as if there was a barrier there. He also was you know kind of unable to engage,</i>	<p>Sensing being stereotyped by client.</p> <p>Feelings of frustrated</p> <p>Struggles, difficulties establishing an alliance.</p> <p>Sense of a distance/disconnect between her and</p>	<p>Feeling seen in a reduced way can evoke anger and frustration.</p> <p>Feeling the need to distance self from client as a way of protection.</p> <p>Difficulties with managing the process to feeling resourceful as therapist,</p>	<p>Managing clients’ reactions ; Doing a ‘double- take’.</p> <p>Shifting vulnerabilities – Therapists’ potential to feel shame and anxiety</p>	

<p><i>unable to give much of himself. And I was aware that this barrier may not have been in place if it was someone else, maybe a white person... It's not definite, a lot of what was going on for him, he was blinded by my appearance."</i>[280 -317.]</p> <p><i>"when you can't get past that barrier and establish, erm a decent counselling relationship with somebody, erm and it becomes like an obstacle, so that's one of the issues with it is that I think you have to kind work harder, just to be able to connect with that person. I think for white therapist is not the same."</i>[389-400]</p>	<p>client.</p> <p>Some anger here or perhaps irritation?</p> <p>Feeling the need to overcome what she sense as client's racial prejudice? Difference can become an obstacle, a barrier</p>	<p>with the potential to feel shame.</p>		
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## Appendix H: Tables of recurrence of themes

<b>Overarching Themes</b>	Intv1 (Neesha)	Intv2 (Debbie)	Intv3 (Ola)	Intv4 (Becky)	Intv5 (Asha)	Intv6 (Ronke)	Intv7 (Angela)	Intv8 (Nicky)	Intv9 (Thandie)	Intv10 (Jasmine)
<b>1. Race and gender as markers of Difference</b>	x	x	x	x	x	x	x	x	x	x
- Embodied Self as 'Other' with multiple layers of <i>difference</i> .	X	x	x	x	x	x	x	x	x	x
- Difference embodied, always in the field – an ever present horizon.		x	x	x		x	x	x	x	
<b>2. Relating Through Difference</b>	x	x	x	x	x	x	x	x	x	x
-Feeling hyper-aware of difference.	X	x	x	X		x	x	X	x	x
- The experience of feeling inferior and rejected			x	x		x	X	x	X?	
- Managing clients' reactions ; Doing a 'double- take'		x		x			x		x	
- Shifting vulnerabilities – Therapists' potential to feel shame and anxiety	x	x	x	x	x	x		x	x	x
- Managing power processes: feeling pulled into oppressive power dynamics	x		x							
<b>3. Finding Self beyond social divisions</b>			x	x		x		x	X	x
- Use of self-awareness and self-reflexivity to managing emotional reactions		X		x				x	x	x
- Using relational reflexivity to move beyond differences			x	x		x				



[illegible]

## **Appendix J: Randomly selected extracts of email correspondence with research mentor/supervisor**

**From:** susan baker [mailto:suebak25@yahoo.co.uk]  
**Sent:** 26 July 2011 10:27  
**To:** Linda Finlay  
**Subject:** Re: research project

Dear Linda,

Please see the above attachment which include the emerging themes from my first attempt in analyzing one of the interview transcript. I thought I should send you this piece first to have a look at and for some feedback. I have also attached the analytic method that I plan on using for the data. Which is post-structuralist hermeneutic narrative analysis approach. Presently, I have only done up to stage 2 of the analysis and depending on your feedback will go onto the next stage. Furthermore, I would be very grateful if we can arrange a supervision to talk through your feedback or concerns and also for some guidance.

Kind regards  
Susan Baker

To  
'susan baker'  
3 Aug 2011  
Dear Susan

Thank you for this. There is some great material here and it's a good start to your project!

I think everything you've written in your themes/account so far is fine, in fact its good. I like your recognition of the ambivalence/ambiguity of your participant's positions. And you've nicely recognised the positive impact of the supervisor in turning a potentially negative countertransference round. However, your analysis so far feels a little 'distant' and formal and you may be losing something of the sense of the other and your relationship with them.

You could do more to focus more ideographically on this one participant's experience – remember that CNA is idiographic. Then language the themes in more powerful, evocative ways. Remember that you want to articulate the experience so this is a more phenomenological stage which needs to describe in a more insider way.

I suggest you spend a bit more time focusing on your participant's subjectivity and your own responses to her. Then work on developing your themes and languaging them. Then you will be ready to take a more 'outsider' perspective and start analysing the narrative/construction of self etc.

Does that make sense? I look forward to hearing from you.

This work (including reading the transcript, reflecting and writing this response) has taken an hour and half. In view of how precious our time is I'm not sure we need to talk but I'm open to it if you want to ring me/skype. Otherwise, we can just exchange emails.

Best  
Linda

**From:** susan baker [mailto:suebak25@yahoo.co.uk]

**Sent:** 24 November 2013 13:37

**To:** linda@lindafinlay.co.uk

**Subject:**

Hi Linda,

I took your advice, and tried a different method this time by writing from insider perspective. Here is what I came up with.

Further, I would be very grateful if I can have a skype consultation with you. I'm worried that I might not be approaching phenomenology methods the right way. I have read your articles on it, but I would also be grateful to talk over my concerns and worries with you.

Thank you.

Susan

**Linda Finlay** <linda@lindafinlay.co.uk>

To

'susan baker'

11/24/13 at 4:52 PM

Hi Susan

I was curious and had a quick look. Definitely a lot better! It feels much more insider.

One further thing you can do to develop your analysis is be reflexive yourself. To what extent might you be seeing your experience in her etc?

I'm happy to have a skype session but I think you're progressing your analysis fine and I'm not sure you need that discussion just now. Just progress your analysis. When it comes to writing the methodology chapter, your confusions (if any) will come out.

Best  
Linda

**From:** susan baker [mailto:suebak25@yahoo.co.uk]

**Sent:** 10 February 2014 14:31

**To:** Linda Finlay  
**Subject:** two interview transcripts with thematic analysis

Dear Linda,

Here are two of the interviews I have been working on...it's still a work in progress, but since I past my deadline (which I know was last week) to send you both interviews; I thought to send them to you now, but carrying on working on it whilst awaiting your feedback.

Apologies for sending them later than we agreed. Thanks  
Warmly,

Susan

**Linda Finlay** <linda@lindafinlay.co.uk>

To

'susan baker'

02/10/14 at 7:09 PM

Thanks Susan.

I've had a quick look and I'd say you are progressing nicely. A couple of tips for you to help you go further....

1) I notice there are quite a lot of similarities in the themes of interview 4/5. It makes me wonder if you're sufficiently focused on the idiographic, particular aspects or if you are (not unexpectedly) importing some frameworks across. Just try to hold this in your awareness and try to focus on what is particular about that individual. There will be time enough to see the commonalities across.

2) Your theme headings could be language more evocatively and your descriptions could be less cognitive/emotional and more embodied/holistic. Remember you are trying to express what it is like to be them rather than just expressing what they say or they seem to think.

I hope these two comments are helpful. I'll try to have a closer look over the next few days.

Best

Linda

**From:** susan baker [mailto:suebak25@yahoo.co.uk]

**Sent:** 10 February 2014 18:24

**To:** Linda Finlay

**Subject:** Re: two interview transcripts with thematic analysis

Hi Linda,

Your comments are very helpful....but am a bit confused about how to describe their experience in a more evocative, embodied/holistic way. I think I know what you mean, but also not quite sure: By embodiment, do you mean describing how they were with me in the room? Bringing more of the body language and non-verbal processes into the writing. I read the articles you gave me on

phenomenology and also lifeworld research but i must say that it's just very confusing to me right now. But I will keep work on it...

Thanks you so much.

Susan

**From:** susan baker [<mailto:suebak25@yahoo.co.uk>]  
**Sent:** 10 February 2014 14:31  
**To:** Linda Finlay  
**Subject:** two interview transcripts with thematic analysis

Dear Linda,

Here are two of the interviews I have been working on...it's still a work in progress, but since I past my deadline (which I know was last week) to send you both interviews; I thought to send them to you now, but carrying on working on it whilst awaiting your feedback.

Apologies for sending them later than we agreed. Thanks  
Warmly,

Susan

On Monday, 10 February 2014, 19:09, Linda Finlay <[linda@lindafinlay.co.uk](mailto:linda@lindafinlay.co.uk)> wrote:  
Thanks Susan.

I've had a quick look and I'd say you are progressing nicely. A couple of tips for you to help you go further....

1) I notice there are quite a lot of similarities in the themes of interview 4/5. It makes me wonder if you're sufficiently focused on the idiographic, particular aspects or if you are (not unexpectedly) importing some frameworks across. Just try to hold this in your awareness and try to focus on what is particular about that individual. There will be time enough to see the commonalities across.

2) Your theme headings could be language more evocatively and your descriptions could be less cognitive/emotional and more embodied/holistic. Remember you are trying to express what it is like to be them rather than just expressing what they say or they seem to think.

I hope these two comments are helpful. I'll try to have a closer look over the next few days.

Best

Linda

**From:** susan baker [mailto:suebak25@yahoo.co.uk]  
**Sent:** 14 February 2014 23:03  
**To:** Linda Finlay  
**Subject:**

Dear Linda,

Just wanted to say thank you for your comments and feedback on Interview 5. The comments were very helpful to me and useful. It helped me to see the struggles I have at times in bracketing my own assumptions/values from those of the participants. This is something I am still learning to do...and hope that it will get easier in time, as I continue the process.

I have dwelled some more on the transcript, using your feedback/comments as a guideline...this is what I came up with.

Thank you.

Susan

**Linda Finlay** <linda@lindafinlay.co.uk>

To

'susan baker'

03/02/14 at 8:58 AM

Dear Susan

Yes, definitely I can see your growth and development here! Well done. This works. I get a sense of this participant. Its evocative and nicely written.

I am also impressed that you've found some different things compared to the previous interview which is important and shows you're attending to the individuals' meanings (it needs you to bracket out previous interviews to focus on this one – there is time to find the commonalities across and then engage the discourse/narratives more explicitly as fitting your methodology).

That said, I think you could pull out her particular experience a bit more, just an extra line or two here and there: For instance, I think you could do more with her political side and her passion for inter-cultural therapy. This is all very much part of her identity that she is 'politically aware' – she said this a few times.

I think you could also do a bit more with that sense of her experiencing her clients' being 'taken aback'/surprised when they see she is black. This is diminishing and it is yet another reminder she is 'other'. Also her use of the word 'Rasta' stood out for me. Can you work with the meaning of this for her more? Does she look 'Rasta'? Might this be a 'critical voice' she hears/assumes?

But other than these comments I think you've done a fine job and I feel you're up and running now. It is important to be aware of your own growth and development as a phenomenologist and make this transparent. For instance, its common practice to show one example in the appendix of the evolution of the analysis and how you get to your eventual themes. Readers can see what you've done and it adds to transparency and evidence that you're not just making it all up or coming to the themes off the top of your head. So you might start thinking about which one you're including. The previous one might be interesting to show the shift from being intellectual to being more phenomenological but probably that is not such a good example of evolution of themes. (But it is something for you to reflexively comment upon somewhere that you had to learn this).

Another comment is that I note you have a lot of typos in your transcript and quotes. That is fine. Its just a reminder that you will need a good edit when you start writing up of your quotes.

..

And, thinking about your participant quotes, note that when you present your actual findings you might not need to have so many quotes – it all depends on what word space you have. You can be more selective anyway. When you present though, do indent the quotations (typical formatting).

I hope you find these comments helpful. This study is shaping up beautifully. Well done.

Warmly

Linda

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Dear Susan

I actually think you have done a good job here. She seems very different!!! I really like the way you've captured her feeling challenged and enriched, and also feeling Other but confidently grounded in self-identity. I, too, picked those themes up. The points that struck me were 1) how she feels strong and grounded 2) is attuned and alert to racism. 3) she can feel selfconscious. I am least convinced by your reflexivity through supervision bit and this theme seems just a theme you are putting in from the outside. Is this present and figural? If so show how. If not leave it out. You don't need to have the same theme area in each. Probably this will be a general theme but for now you are just working ideographically.

Now two suggestions for you. 1) reflect a bit more about how you feel about her and the way you two related. The process between you may reveal something about her and your reflexivity is important.

Linda

Dear Susan

I think you've done a fine job here with pulling out Neesha's particular experience and story. I feel I have a real sense of her.

Do you feel you've found a more phenomenological eye now?

So when you have finished the individual analyses are you clear about what you're doing?

Best

Linda

Dear Susan

I actually think you have done a good job here. She seems very different!!! I really like the way you've captured her feeling challenged and enriched, and also feeling Other but confidently grounded in self-identity. I, too, picked those themes up. The points that struck me were 1) how she feels strong and grounded 2) is attuned and alert to racism. 3) she can feel selfconscious. I am least convinced by your reflexivity through supervision bit and this theme seems just a theme you are putting in from the outside. Is this present and figural? If so show how. If not leave it out. You don't need to have the same theme area in each. Probably this will be a general theme but for now you are just working ideographically.

Now two suggestions for you. 1) reflect a bit more about how you feel about her and the way you two related. The process between you may reveal something about her and your reflexivity is important. 2) there is room for you to be more interpretive too and elaborate with metaphors for example.

Linda

**Linda Finlay**

To

'susan baker'

15 Feb 2014

Dear Susan

Much better! Well done. You've cracked it.

Remember that in the first instance you should expect each of your interview analyses to be different – don't assume commonality (that's the bracketing). And you want to try to pull out the special, particular idiographic meanings.

For your next analysis, try to get even more into the lived, implicit, embodied experience – not just focusing on what was said explicitly. Ask yourself, what is it like to be this person, in their body... what does their body feel like? What is their relationship with their body? You may not be able to know the answers but it's a way of getting into the lifeworld more (rather than just focusing on words). Then do the same with other lifeworld dimensions like temporality/spatiality/relations with others. Currently you are focused mostly on 'identity' (and relationship with self) so I think you're okay on that.

Also, a word about using pseudonyms - I'm assuming that you are going to use pseudonyms? Have them as your title too. Not just 'interview 5' but maybe something like 'Nina's story' or 'Nina's experience'. More than this, given that you are working with people's identity, you should choose pseudonyms which seem to reflect something of their background too. Don't go for plain white English names like Jane, Mary (I hate that when



other researchers do it!). Actually, I've started to ask participants to choose their own name if they like. It can be a hugely powerful thing for them; many really embrace that opportunity.

Best

**susan baker**

To

[linda@lindafinlay.co.uk](mailto:linda@lindafinlay.co.uk)

24 Nov 2014

Hi Linda,

These are my final two interview analysis. Again, they contain lots of grammar errors, and in need of editing -which I plan on doing at the end. But in the meantime, I hope its readable and the description of the narratives are experience - near. Any feedback from you on them will be greatly appreciated.

If you are happy with it, then I will start on the second stage of the analysis - pulling out the common themes across all participants stories.

Thank you.

Susan

**Linda Finlay**

To

'susan baker'

Jan 21

Dear Susan

Happy new year.

Yes, I like your two overarching themes/narrative structure and your analysis is shaping up beautifully.

You'll see from the attached comments that I think there are a few areas to develop: 1) you could do more analysis re: narrative structure 2) in the introduction of the two main themes, focus more on the phenomenon (and here is where you might talk more about narrative structure) rather than jumping into talking about the participants. 3) signpost your thematic structure carefully.

Well done.

Best

Linda

## Appendix K:

### 4.1 TABLE 2 – Summary of idiographic accounts of each participant's narratives

Participants	Narrative account summary
<b>Interview 1</b>	<p>For Neesha, coming from a South Asian background and having grown up in multicultural London, even though she is aware of race and gender differences, they are not figural for her. They may become so only when confronted with it. She reported only being aware of her racial and gender differences in her clinical when they become salient, for instance when she experiences some difficulties in how clients might be engaging with her. Only then, she might consider it as a factors. Mostly, though, working in probation context with male offenders, she is often aware of her gender difference and how she might sometimes feel challenged by it. In this regard, she can experience feeling both powerful and vulnerable at the same time. She recognizes her challenge in this area as coming from her own personal issues with this factor.</p>
<b>Interview 2</b>	<p>For Debbie, as a black woman from the UK, she's becomes aware of being the 'Other' through her lived experience of marginalisation. Growing up, there were times where she felt unaccepted and devalued in certain social spheres (at school or in a work context). Even though this was her lived experiences, she takes pride in her racial and gender identity. As such, she embodies this in her physical appearance through her style of dressing. For her these identities are integral aspects of her self-definition and she brings this to her clinical work with clients. Appreciating her difference allows her to value the differences of her clients.</p> <p>While her work with a majority of white clients is generally positive, she reported incidences when she had become hyper-alert to her differences through how she felt seen by the client. In such isolated episodes, she can feel reduced for her race and gender. While she may feel disturbed by this, and feel pulled to distancing from the clients, she tries not to, due to her sense of value for her difference. However, in interactions with white male clients, she report at times experiencing a difference in the quality of their interactions that appears like a barrier. Nevertheless, she can see how as she has become more confident as a practitioner, her ability to work with these issues has improved.</p>
<b>Interview 3</b>	<p>For Ola, growing up in Britain as black woman, her embodied experience was becoming aware of herself as the 'Other' for her race and gender identity. She considers these factors to be multiple layers of difference she brings to clinical work. As someone who is politically minded, her social differences are figural for her and entwined with her experience. She does not see a separation between her race and gender identity and considers them to be integral aspect of her social world, an embodied site from which she experiences others and how they encounter her. As such, in some cases, she can become hyper-alert to the social difference between her and the white male clients. In these encounters, she can feel seen as somehow inferior for her difference. She now recognizes the problematic way this can affect their evolving therapeutic relations. The</p>

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normalizing and validation of her experience in supervision helped her to move beyond these social divisions in her work.

For Ola, her journey to becoming self-aware of herself as the 'Other' came from her lived experiences of growing up through the racial socialisation in Britain as black woman. As someone who is politically minded, her social differences are figural for her and entwined with her experience. She considers these factors to be aspects of the multiple layers of difference she brings to clinical work. She does not see a separation between her race and gender identity and considers them to be integral aspect of her social world, an embodied site from which she experiences others and how they encounter her. As such, in some cases, she can become hyper-alert to the social difference between her and the white male clients. In these encounters, she can feel seen as somehow inferior for her difference. She now recognizes the problematic way this can affect their evolving therapeutic relations. The normalizing and validation of her experience in supervision helped her to move beyond these social divisions in her work.

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#### **Interview 4**

For Becky, her racial and gender identities makes her the 'Other' in UK society, and make her feel different for it. Growing up with parents who migrated from the Caribbean to the UK, she is critically aware of their experience of social exclusion and discrimination on their arrival. She feels this background history makes her attuned to the "struggles of black people". It informs her in the way she navigates herself in the world, and how she positions and locates herself. For her, her self-experience cannot be separated from her racial identity. It is embodied, and grounded in her existence. From her embodied position, she becomes aware of racism and a lack of opportunities she perceives in black people's lives. This can at times also make her to feel at the margin for her difference and not feel valued for it.

In her interactions with white male clients, these experiences can make her feel vulnerable, and to experience feelings of not being good enough or becoming hyper-alert to race-related issues. For her, she considers her gender to be facilitative in working with clients. During such moments, she's come to value the significance of supervision as a space where she can reflect on these issues so it does not negatively impact on her work.

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#### **Interview 5**

For Asha, as an Asian-British woman of Pakistani descent, she is aware of standing out, in particular for her cultural and religious differences. She values the multicultural perspectives this brings to her work, but is also aware of how she can at times feels at the margin for this.

As a beginning therapist, she was aware of feeling anxious of being stereotyped and judged negatively for this. She worried about been seen as an Asian woman as opposed to as a therapist who happens to be Asian and female. However, as she became more established in her role, she felt less anxious of this.

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#### **Interview 6**

For Ronke, moving to Britain from Nigeria, she aware of herself as being the 'Other', and difference for her ethnicity, race, and culture. For her, she became more acutely aware of her 'difference' when she felt confronted with it by a client. For her this was a painful experience. Since then, her race more than her gender is something she is often alert to in her work with clients. While she has become aware of being potentially devalued for this, she can also see the value her difference brings to her clinical work. As such, she considers her difference as advantageous to her work with white clients. In sessions, she see raising and acknowledging

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this difference as a way to engage and move beyond their social division, in addition to supervision and support from colleagues.

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### **Interview 7**

As a black Afro-Caribbean British woman, Angela is aware of growing up feeling marginalized and alienated for her race and gender identities. These experiences can be painful and can make her to feel devalued and excluded evoking in her feelings of anger. Over the year, she's learnt to manage these feelings through developing a 'thick skin' and maintaining some distance to these emotions. In her interactions with white clients, she notices and alert to being judged as different and therefore deemed insufficient. She's aware of not meeting her white client's expectations as a black woman. She sometimes recognizes this in their facial expressions or in how she perceives them to reacts to her. While she may feel this way, she values her race and gender identities as an asset that helps her to connect with diverse population.

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### **Interview 8**

As a black British woman with an African ethnic origin, Nicky has become aware of being the 'Other' and therefore different for her race, culture and gender identities. For her, these identities are a part of embodied existence that cannot be divorced. She considers this as a position from which she views the world and experiences it. While she sees herself as different because of these identities, she does not feel alienated by them. She feels a sense of belonging and acceptance for her differences. In her interactions with white male clients, she considers her differences to contribute to the process. She can become anxious and anticipate rejections from them, that being her experience in the external world. In contrast, she considers her gender similarity with white female clients to be an advantage when working across racial differences. While, she can at times become attuned to race-related issues in her therapeutic interactions, she is also aware of this, and sees the problems that arise when it happens. Thus, she considers her ability to "reflexively hold tensions of these factors" important in her work. She does so through being self-monitoring of her contribution to the process using self-reflexivity.

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### **Interview 9**

For Jasmine, being a black woman from an Afro-Caribbean background, she recognizes herself as the 'Other' for her race and gender identities. Whilst she is aware of this, it's not often figural for her in her everyday interactions. In her interactions with white male clients, while she may become aware of stereotypes surrounding her positions as a black woman in the British society, she tries not to let it impact on her in her work. Where it might impact on her, she is quick to recognize it and may become particularly alert to it in her bodily reactions and those of her client. During such moments, she experiences feeling unseen by the client or may experience the client as "blinded by her appearance". She can find herself feeling irritated, frustrated or wary, but attempts to resolve this through finding space for connection. She does this by attending to her own body processes, self-reflection and emotional management in the encounter.

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### **Interview 10**

For Thandie, growing up in the UK as a black African woman, she had embodied experiences of being the 'Other' for her 'race' and gender differences. For instance, she became aware of it in particular being one of the few minorities at her primary school. Then, she had embodied experience of herself at the margin and felt alienated. While Thandie is aware of being different for her race and gender, it is not always figural for her or at the forefront of her mind.

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Through these experiences she has learnt to cope with her sense of feeling alienated and tries not to overthink it or not make it an issue. In doing so, she can feel less emotionally impacted by it even when she might feel a sense of shame, anger or sadness for it. In her therapeutic work with white male clients, she may become alert to it and notice it in the bodily interchanges. She notices the quick change of expression on the client's face when they see her for the first time. While she may feel disturbed momentarily by this and to feel a sense of rejection for her difference, she tries to not let it impact on her emotionally. At times, she can find this difficult and feels she has to mentally prepare herself to be therapeutically available to the client. In particular, in the context of being a trainee, she has become aware of the potential for such episodes to make her feel 'not good enough' and therefore wanting to prove herself.

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