What are trainee Child and Adolescent Psychotherapists' experiences of working with patients they identify as of a different race to themselves?

Joe Horner

A thesis submitted for the degree of Professional Doctorate in Child and Adolescent Psychoanalytic Psychotherapy

Tavistock & Portman NHS Foundation Trust

University of Essex

Submitted September 2022

CONTENTS

ACKNOWLEDGEMENTS

I wish to express my sincere thanks to all of the participants involved in this study, whose openness and honesty I have great amount of respect for.

Thank you to Danny Isaacs, my researcher supervisor, for his continued support and sharing of his expertise throughout the project. Great thanks to Geraldine Crehan and Sarina Campbell who facilitated the ‘Difference; Diversity; Identity’ workshop I attended, especially to Geraldine who helped me to form my ideas at the start of the project. And thank you to Krisna Catsaras who gave up some of his time and supported me to develop some of my ideas towards the end of the project.

Finally, thank you to Paul for generously giving up his time to support me and to Lily for her continued patience, support and ideas throughout.

ABSTRACT

This study explores the experiences of trainee child and adolescent psychotherapists working with patients they identify as of a different race to themselves. It begins with a literature review the findings of which establish that race, and more broadly difference, has been marginalised within the psychoanalytic profession.

In this study five students enrolled on the Tavistock and Portman's child and adolescent psychoanalytic psychotherapy training were interviewed using semi-structured interviews. Alongside a field diary, the interviews comprised the phenomenological data for the project. These interviews were transcribed and analysed using the qualitative method of Interpretative Phenomenological Analysis (IPA). This analysis produced four superordinate themes scaffolded by a number of subordinate themes. The first superordinate theme 'Emotional responses to talking about race' was made up of three subordinate themes: 'Fear & Anxiety', 'Danger/breakdown and primitive feelings' and 'Hard to think'. The second superordinate theme 'Location of the difference' consisted of three subordinate themes: 'In the patient', 'In the therapist', and 'Both/avoided'. The third superordinate theme 'Clinical Technique' produced two subordinate themes 'Whose responsibility is it?' and 'Bringing race into the transference'. The final superordinate theme examined 'The role of the training, service supervision and analysis'.

The study highlights how alive race is in the minds of the therapists interviewed and yet how often it can be absent or avoided in their work. Clear distinctions are made between the participants identifying as white and black in both their emotional responses to talking about race and clinical technique. The need for greater amounts of support for trainees to enable them to engage more openly with their patients is

highlighted. Finally, a number of implications for practice are discussed. My role as a white, male researcher and its impact on the research is considered throughout the thesis.

Key words: race; child and adolescent psychotherapy; difference; cross-racial therapy, psychoanalytic training

CHAPTER ONE: INTRODUCTION

This chapter gives a brief overview of the background to my interest in the topic and explores how my experiences in a number of different environments have shaped my desire to research the topic in a formal way. It describes how I developed the research question for this project and outlines the core aims of the project. Finally, it gives an overview of the whole thesis, giving a brief summary of each the chapters.

1a. Background to the project

As I have chosen to complete a research project focusing on race, a central marker of identity in modern Britain, it feels important to acknowledge aspects of my own identity and past that have shaped my interest. Disclosure of certain markers of identity is essential when researching in this area as a means of acknowledging the impact these have on the project. But I have chosen to discuss more than just a few markers of my own identity. Such disclosures feel self-exposing but I think a degree of self-exposure and openness forms a central part of the process of learning around race and I hope it might, in a very small way, encourage others to engage honestly and openly with the topic. It also feels important to acknowledge that undertaking this project is, inevitably, part of my attempt to make sense of and come to terms with my own identity. I am someone who identifies as white, middle class and male. Although there are of course many other aspects to my identity, these feel the most pertinent to this project. I grew up in London and attended primary and secondary schools attended by an extremely diverse group of students. I feel these environments played a central role in shaping my interest in ‘difference’ and a curiosity about the atmosphere in which conversations around this topic take place. These experiences contrast with those of my time in sixth form and university where I interacted

predominantly with other white middle class people and where the atmosphere in which ‘difference’ was discussed felt very different. On leaving university I worked in a number of different settings, predominantly schools, in which staff and students came from a wide range of backgrounds. These were environments in which race, class, gender, and many other aspects of identity were discussed regularly, often in a lively, passionate and at times heated way. In contrast, in other spaces I inhabited at this time where white people were the majority, race was not discussed or was done so in an atmosphere of anxiety where words were chosen carefully.

In my second year of training as a child and adolescent psychotherapist at the Tavistock and Portman clinic I attended an elective seminar entitled ‘Difference; Identity; Diversity’. In this seminar the first term was dedicated to exploring race and ethnicity. This was an environment in which I could discuss my own clinical experiences, as well as hear those of others alongside reading psychoanalytic literature in relation the topic. My experience in the workshop led me to want to explore the topic in a more formal way. Primarily, I was struck by how fragmented the workshop could leave me feeling, even as someone with a prior interest in the topic. I often felt tense, unsure of myself and a desire to self-censor and these feelings did not appear unique within the group. I was left wondering how this impacted on my abilities to address differences, such as race, with my patients. Also, I felt strongly engaged with the readings on the seminar but shocked at how neglected the topic of difference had been within the profession. These experiences made me want to explore further both why this was and how the apparent anxiety around this topic and its relative neglect might impact on clinicians’ clinical practice.

Why race?

There are several reasons why I decided to study race specifically rather than difference more widely. Firstly, I was struck by the strong and visceral emotional reactions that 'race' can stir up. Whilst other topics also stir up strong emotions, it appeared to me that it was race that most consistently elicited such striking reactions. This made me want to understand more about what might be provoking them. I had also observed that conversations about race could often shift to being centred around other differences and that this was sometimes caused by a defensive attempt to avoid the uncomfortable feelings that race could stir up. I therefore chose to focus on the specificities and nuances of this topic. Finally, I often felt myself confused about race. It might initially have seemed concrete, but when I unpicked my assumptions, they often did not make sense. For this reason, I wanted to explore it further. While the reasons discussed above explain why I have chosen to study race specifically, I have not lost sight of the ways the topic relates to other areas. As race is a central facet of identity, many other areas of difference overlap and interlink with it. An intersectional lens is therefore important when addressing identity. For this reason, I sometimes discuss other aspects of difference when they became salient to the discussion.

1b. Developing the research question and aims

Aveyard (2015) writes that often an important starting point in developing a research question is the dilemmas that arise within a clinical environment. As I have described, in my clinical work as a trainee child and adolescent psychotherapist I was facing difficulties addressing race with my patients. My experiences did not seem unique as other trainees were reporting similar experiences in the workshop I attended. My starting point was identifying that I wanted to explore the experiences of other trainees when addressing race with their patients during clinical work. I

chose a qualitative approach as this is identified in the literature as the most appropriate method to understand and explore clinicians' experiences (Turpin et al., 1997). Maxwell (2013) suggests the formulation of the research question goes through a number of stages that help the researcher to narrow down the focus of the areas to be explored. Initially I had aimed at investigating the experiences of trainee child and adolescent psychotherapists whenever race had entered their clinical work. However, given the scope of the project and the need for greater specificity, I chose to focus on exploring the experiences of such clinicians when working with patients they identified to be of a different race to themselves.

Dunleavy (2003) outlines how developing a central research question allows the researcher to identify a number of interrelated issues for exploration within the research as well as aims for the project. In developing my research question I identified the following areas of interest relating to trainee child and adolescent psychotherapists: to develop an understanding of the particular clinical dilemmas and issues they face when working with patients they identified to be of a different race to themselves, to explore how they understand the concept of race and relate to it personally and professionally, to explore the theoretical framework they use to inform their work and to explore their experiences of their placements and training schools in supporting them with this work.

Once I had completed this process I was able to begin to develop my overall aims for the project. Thomas & Hodges (2010) outline how only once the research question has been developed can the aims of the project begin to be established. Such aims have to be broad, rather than specific, with the details of how these aims are addressed developed through goals or objectives. I will discuss the goals for this

project in more detail in the research design chapter. For this project I established the following aims:

1. To gather phenomenological data that captured the lived experiences of trainee child and adolescent psychotherapists working with patients they identified as of a different race to themselves.
2. To contribute to the evidence base of empirical research involving psychotherapy and race.
3. To understand the clinical implications of the project's findings on future practice.

1c. Overview of the thesis

Chapter 2 is a review of the literature related to my research question. This is split into two sections; a narrative phase and a systematic phase. The narrative phase explores the core principles that orientate the project drawn predominantly from psychoanalytic literature. The systemic phase is a more formal approach which reviews the empirical research literature relevant to this project. In this section I also outline how literature was found and appraised. Chapter 3 describes the 'research design' including the choice of data for the project, the setting and the participants, the details of ethical approval, my method of data analysis and my own reflexivity within the project. In chapter 4, I present my findings, followed by a more detailed discussion of these findings in chapter 5 in which implications for future practice are examined. The thesis finishes with some concluding remarks in chapter 6.

CHAPTER TWO: LITERATURE REVIEW

2a. Introduction and Aims

Within academic practice it is considered important to provide a literature review to capture the literature available on one specific topic. By searching and then presenting this literature in a systematic way, researchers enable the information on a given topic to be summarised and analysed and helps to present the research within the context of the field of study. The literature review is usually conducted in the early stages of the research. This helps create research agendas and develop a research question. However, not all methods view this as the best approach. For example, when using Classical Grounded Theory, the theory is built up from the data. The conceptual comparisons that form part of the literature review can only take place after patterns within the data have been identified which avoids pre-framing the research problem and keeps the data central to the analysis. However, for this piece of research I will be using Interpretative Phenomenological Analysis (IPA) which offers a more flexible approach. Although this approach is inductive, like Grounded Theory analysis, it leaves room for outside theory to further the analysis (Smith, Flowers & Larkin, 2009, p.105). Conducting the literature review prior to analysing the data is therefore possible provided the data remains the primary source of interpretation.

Aveyard & Sharp (2013) describe how a good quality literature review must be one that incorporates a systematic approach to literature searching, appraisal and reanalysis. This enables the reader to assess that the quality of the review as well as ensuring that all the available literature is incorporated. Aveyard (2015) outlines how a sound literature review must contain a description of the literature search process,

as well as an account of how the literature was evaluated. Approaches to conducting a literature review can broadly, but not exclusively, be grouped up into two approaches; ‘systematic’ and ‘narrative’. A ‘systematic’ approach involves a comprehensive and methodical approach to analysis. This must be distinguished from a more formal approach also often called ‘systematic’ which has formal and strict protocols that aim to give ‘concise summaries of the best available evidence that address sharply defined clinical questions’ (Mulrow et al. 1997, p. 389). Such reviews describe a comprehensive methodology that aims at identifying all available literature on the topic to answer a specific research question. In contrast, a less formal systematic approach to a literature review, while using similar principles, does not use such strict protocols and may look to answer a range of questions or aims. Narrative approaches to literature reviews are also less formal in their approach but can still provide a comprehensive and in-depth analysis of the relevant literature. Baker (2016) describes how a narrative approach can help establish the theoretical framework and contextualise the research in a given field.

Aims

In this literature review I will be using both a narrative and systematic approach. Whilst this is a piece of empirical research, I will be using some fundamental concepts in both data collection and analysis. Therefore, the literature review begins with a ‘narrative phase’ reviewing these core concepts which draw primarily, but not exclusively, on psychoanalytic theory to establish the theorical framework from which the project was developed. This is followed by an ‘empirical phase’ in which I review more formally the relevant empirical research around the topic. I will outline how I searched for literature and how I appraised and analysed it.

2b. Narrative Phase

This phase focuses on the core concepts on which this project is drawing on. My starting point was attending the ‘Difference; Identity; Diversity’ workshop as part of my training as a child and adolescent psychotherapist at the Tavistock and Portman trust. I used the reading list from this workshop as a starting point to identify relevant literature which allowed me to read around the topic and acted as a signpost to further literature.

‘Race’ as a socially constructed category

The term ‘race’ first appeared in the English language in the early 1500s as a generalized way of categorising individuals based on a shared language or nationality. However, there are many earlier documented examples in Britain of darker skin, and other physical characteristics deemed ‘foreign’, being associated with negative or non-human qualities. Fryer (2018) demonstrates that as far back as the second century the Devil was described as ‘the black one’ and by the seventieth century in Britain it was commonplace to depict the Devil as a black man and describe those with darker skin as monstrous, demonic, or ape like creatures.

It is not until the eighteenth century that ‘race’ began to be used frequently to categorise humans. Dalal (2002) argues that this shift was triggered by a growing body of scientific evidence that confirmed individuals with darker skin were part of the same human species. ‘Race’ was used as a way of acknowledging this, whilst at the same time maintaining the demonic or bestial associations to darker skin. Dalal highlights that this ‘scientification of race’ (Dalal, 2002, p.13) gave these constructed divisions weight and suggests that the primary motivation was economic, to defend the continued use of the slave trade. Throughout the eighteenth and nineteenth

centuries ‘race’ continued to be presented as a fact of the social and natural world, categorising individuals through appearance and linking certain behavioural characteristics with specific ‘races’.

It is now clear that the use of ‘race’ as a way of categorising individuals has no scientific grounding. Modern genetics, for instance Jones (1994), demonstrates that there are no separate groups within humanity and that ‘individuals - not nations and races - are the main repository of human variation for functional genes’ (Jones, 1994, p.246). Genetics now backs up the sociological and anthropological argument that ‘race’ is a socially constructed categorisation of individuals which is not fixed but constantly changing and context dependent. As Garner (2010) argues the use of ‘race’ goes beyond the fact of physical difference between individuals in the attempt to link culture and behaviour with physical appearance. Akala (2019) demonstrates this with his description of the different ways in which he is perceived across the globe as someone who identifies as mixed-race:

‘In Britain and the USA I am racialised as black, in South Africa I am coloured, in Brazil I am a Carioca, a person from Rio, across the Caribbean I am ‘high coloured’ … In northern Africa, where I pass for a brown-skinned Amazigh local, darker-skinned black people are regularly referred to as Abeed, meaning slave, and I am not because I am light enough to ‘pass’… in all places I am treated accordingly’ (Akala, 2019, p.77)

Rustin (1991) has argued that race is therefore ‘an empty category’ (Rustin, 1991, p.57) and should be seen as a purely psychological phenomenon despite the fact that the construct has material consequences, including affecting access to resources, employment, education, and health. He suggests that racism has become

a way for people to externalise unwanted aspects of their internal worlds. I will develop this relationship between the internal and external world later in this chapter.

Race, Cultural Difference and Ethnicity

Fleming (2020) highlights how within everyday language and academic literature, terms such as ‘race’, ‘racism’, ‘ethnicity’ are often used interchangeably and therefore can be hard to pin down. Using Bourdieu’s (1977) concept of culture she argues that any definition of ‘cultural difference’ needs to be flexible and be understood as meaning different things dependent on the context, time, and place. This way of conceptualising ‘cultural difference’ echoes Stuart Hall’s (2017) understanding of ‘race’ and ‘ethnicity’. Hall argues that part of the reason why ‘race’ persists as a concept, despite clear evidence that it is an arbitrary way of categorising individuals, is because of its ‘fixed’ and binary nature. Hall contests that, because ‘race’ uses physical differences as a way of making meaning and creating difference, it creates an easily perceived order to life. He goes on to identify a possible alternative, ethnicity. He argues that ethnicity can be conceptualised as closed or open. Closed forms are grounded in geography and are unchangeable in nature, much like the categorisations using race. Open forms do not rely on exclusion; they are in flux and allow for collective identifications to change depending on the historical conditions.

Racism

Defining ‘racism’ is complicated by the fact that the concept of ‘race’ is socially constructed, dependent on context and in flux. Garner (2010) highlights how a common misconception of ‘racism’ is that it only exists in isolated incidents of racial aggression or within specific historical contexts. He argues that a definition of

‘racism’ needs also to encompass the power relations and structural elements involved. Garner’s definition of racism contains three elements: ‘1. A historical power relationship in which, over time, groups are racialised (that is, treated as if specific characteristics were natural and innate to each member of the group), 2. A set of ideas [ideology] in which the human race is divisible into distinct ‘races’, each with specific natural characteristics, 3. Forms of discrimination flowing from this [practices] ranging from denial of access to resources through to mass murder.’ (Garner, 2010, p.9). Dalal (2002) develops this idea suggesting that any act that uses ‘race’ as an organising force is an act of racism. ‘Racism is a form of organizing peoples, commodities and the relationships between them by making reference to a notion of race’ (Dalal, 2002, p.27). However, Dalal acknowledges that his definition, whilst helpful in understanding racism at a sociological level, makes no references to the psychological components of racism and does not include any reference to the emotions or internal processes involved. It would seem that in order to fully understand racism an account that also considers these factors is necessary.

Psychological components of racism

Frantz Fanon’s book ‘Black Skin, White Masks’ (1952) is a foundational text. It is one of the first accounts that examines the psychological effects of racism on those who have been colonised. The previous psychoanalytic literature about race and racism focussed on individual pathology and internal development. Fanon’s work is important because it shifts the lens onto the colonial context and its impact on the psyche. He describes how external power structures are maintained and how colonialism provokes powerful psychological responses. Much of his thinking continues to hold relevance today.

Central to Fanon's account is the importance of language in shaping 'the colonial situation'. He states that 'a man who possesses a language possesses as an indirect consequence the world expressed and implied by this language' (Fanon, 2008, p.2). Fanon argues that the language of empire is used to assert power and maintain the colonial hierarchy which is strongly shaped by race. 'All colonized people - in other words, people in whom an inferiority complex has taken root…position themselves in relation to the civilizing language: i.e., the metropolitan culture' (Fanon, 2008, p.2). Embedded in the language of white colonial culture is what it means to be 'white' or 'black' or 'other', what it means to be human or not human and therefore what is considered good and bad. Those who have been colonised can therefore only assimilate into the colonising culture through adoption of this 'civilizing' language. The colonised must reject those parts of themselves labelled 'primitive' and therefore 'the more he rejects his blackness and the bush, the whiter he will become' (Fanon, 2008, p.3). Fanon outlines how the white colonial language is used to maintain this divide. He states 'if you took the trouble to note them, you would be surprised at the number of expressions that equate the black man with sin…Darkness, obscurity, shadows, gloom, night, the labyrinth of the underworld, the murky depths, blackening someone's reputation; and on the other side, the bright look of innocence, the white dove of peace, magical heavenly light' (Fanon, 2008, p.166). Fanon highlights how language maintains the racialised power structure, a process that continues to be pertinent within popular culture and media. This may also be relevant to psychoanalysis, where frequent use of words such as 'primitive' could be seen as a manifestation of what Fanon is describing.

Fanon also highlights how history and science, alongside language, are used by the dominant colonising culture to assert power. He gives examples such as the false

claim that ‘the black man [is] the missing link between the ape and…the white man’ (Fanon, 2008, p.13) and the comparison of brain sizes or physiologies to assert the inferiority of the colonised. In ‘Black Skin, White Masks’ and his later book ‘The Wretched of the Earth’ Fanon articulates how rewriting and erasing of history is used to present the coloniser as the cultured, civilizing force. The ‘native’ is presented as part of nature who ‘has no culture, no civilization, no “long historical past”’ (Ibid. p17) so allowing colonisation to be justified as a humanising and civilising undertaking disguising ‘its true intentions which are exploitative and economic’ (Dalal, 2002. p94).

Fanon uses psychoanalytic observation and theory to show the profound impact the ‘colonial situation’ has on the internal psyche of the colonised. He shows how race is used as a vehicle to project undesired feelings, attributes and emotions and how these projections are unrelenting, ranging from life threatening racialised violence to more subtle and unconscious projections within everyday language. He suggests that through this dynamic, the internal world of the native is left deeply split. The colonial situation is internalised and ‘white’ European culture is idealised while ‘black’ native culture is denigrated and rejected. An unconscious defensive identification with white European culture develops in order to cope. Black colonised individuals are left with a sense of inferiority and self-alienation as the realities of the colonial attitudes undermine attempts to assimilate. He states that ‘a normal black child, having grown up in a normal family, will become abnormal at the slightest contact of the white world’ (Fanon, 2008. p.122). Fanon is highlighting that feelings of inferiority caused by colonialism happen at an unconscious level and are not inherent, as many continue to argue.

The systemic aspects of racism

Fanon's work does not give a full account of the origins of racialised prejudice. He makes it clear that the problem is located between society and the individual but he does not fully explain why black skin in particular is targeted or how the process of discrimination works at a systemic level. Building on the work of Fanon, Dalal (2002) attempts to answer this question. Drawing upon different disciplines including group analysis, psychoanalysis and sociology he argues that racism has its origins in the external world as a means of maintaining power structures.

Dalal begins by examining the psychoanalytic literature on race, concluding that psychoanalysis as a discipline has often located the cause of racism in the individual. He highlights that many early theorists including Freud, Klein, Fairburn and Winnicott fail to address the issue of racism directly so their ideas can only be used to understand racism in relation to internal unconscious processes. He then examines more modern literature concluding that many authors continue this trend and even those who do address racism directly generally begin focus on the internal world. He argues that many authors position themselves outside of socio-political dynamics and therefore 'psychoanalysis stripped of history is bound to read events in internalist ways' (Dalal, 2002, p.211).

Dalal argues that 'one will not be able to comprehend the nature of the black's anger without incorporating socio-political history into the analysis' (Dalal, 2002, p.212). He argues that race is used to divide society as a way of maintaining hierarchical power structures which are part of group formations. He continues that 'it follows that if racialized structures are part of these 'forces' operating in the social group, then these of necessity will become internalized and part of the psychological world of each and every individual within that group' (Dalal, 2002, p.201). In parallel with Fanon, Dalal suggests that the origins of racism in the mind can be found in the

external colonial situation which shapes the internal world along racial lines so the ‘the personal is the social personalized’ (Dalal, 2002, p.217). The external dynamics within the group therefore shape the internal world of the individual and that the differences and discrimination expressed through racism are manifestations of power and hierarchy within the group.

An internal account of racism

Fakhry Davids (2011) draws on a different aspect of Fanon’s work. While Dalal examines systemic racism within the group, Davids discusses how racism develops in the mind. Davids’ thesis is that a concept of a ‘racial other’ exists universally. The relationship between the self and other is situated within a defensive organization in which the ‘racial other’ forms part of an ‘out group’. Building on John Steiner’s (1987, 1993) work on pathological organisation, Davids suggests that intense anxiety can cause the organisation to be employed. He terms this ‘internal racist organisation’ where persecutory anxiety and intolerable feelings are projected into the racial ‘other’. This is deemed pathological because these feelings are then experienced as external causing the individual to be unable to perceive the outside world accurately. In healthy depressive functioning we do not usually experience such anxiety but, when normal functioning is interrupted, the internal racist organisation may be employed. This organisation asserts control of the mind and ‘the projection that lies at its core is built on sophisticated awareness of the social meanings of difference in the outside world’ (Davids, 2011, p.51). Only when the individual moves out of this paranoid-schizoid state of mind, and accepts the projection as being caused internally, do they become more closely in touch with external reality and depressive functioning returns.

Davids describes how this internal racist structure develops. He uses Kleinian theory to outline how in the early months of life the baby functions in a paranoid-schizoid state where the most prominent care giver cannot be experienced as whole and so is split off into good and bad experiences to protect good internal objects. Using developmental research showing that, at around 8 months old, stranger anxiety emerges (Spitz, 1950). Davids suggests that the family are now experienced by the baby as whole objects incorporating both good and bad experiences. The paranoid anxieties are, however, not fully left behind and are now located in the stranger; figures outside the family are now treated with suspicion. Through reality-testing these projections develop and by 12-15 months the child begins to develop a sense of ‘in’ groups and ‘out’ groups. Davids uses research, such as that of Clark and Clark (1947), to show that children as young as 3 may associate darker skin with negative attributes. Following the waning of Oedipal dilemmas the child has developed an internal racist organisation, using external world power structures to shape how primitive anxiety is managed.

Davids describes how phantasy is experienced as reality. When used as a defence, the internal racist organisation must be in control and everything in the external world must be structured to fit its beliefs, e.g. black skin being associated with undesirable attributes. Davids suggests the visibility of skin tone may enable the unconscious processes to be more easily hidden. When met with experiences that challenge its assumptions, the internal organisation tends to respond defensively. Internal racism can be uncomfortable to confront and so may be tolerated by being projected into figures in the external world, such as a bigoted figures or right-wing groups. In doing so individuals lose touch with self-understanding and, as a result, at times of intense anxiety the internal racism is likely to be expressed.

Further Psychoanalytic literature about race

Lowe (2008) examines how the legacy of empire and slavery, where black-white relations were expressed through power and control, shapes our internal and external worlds today. He argues that such relationships are part objects, where splitting and projection dominate. Using a single case study of a mixed-race female, Lowe demonstrates how her experiences in an external white world caused her to perceive the black parts of herself as inferior and frightening and in consequence 'the need to deny, split and project the unwanted black part of herself was increased' (Lowe, 2008, p.26). Using further case material Lowe shows that this 'internalized colonial relationship' (Lowe, 2008, p. 27) leads to external dynamics where white individuals can project deprived and unwanted parts of themselves into black individuals. Conversely, black individuals can project the competent and knowledgeable aspects of themselves into white individuals. Lowe suggests that such dynamics are responsible for the structural racism found in education, health and wider society.

Altman (2021) explores the concept of 'whiteness' showing how there can often be an unconscious guilt in white people linked to privilege. Using clinical examples, he shows the implications both of holding onto a sense of guilt and avoiding it. He highlights how 'much of what passes for "guilt" is actually guilt avoidance' (Altman, 2021, p.6) picking up on the difficulty in distinguishing between experience and defence against experience. Drawing on Klein's theory of reparation he emphasises the important role of taking responsibility for damage caused. Reparation can only come through white individuals both accepting such responsibility and validating others' feelings of hurt or damage without requiring those impacted by racism to support them in managing their feelings of guilt.

Morgan (2021) develops this idea of guiltiness and true reparation further. She proposes that the white liberal faces an internal dilemma. On the one hand they are part of, and benefit from, a society which systemically privileges them. Inevitably such individuals may have racist thoughts or act out in ways that reinforce this systemic discrimination. Conversely, there is a clear narrative that racism is something that is bad and undesirable challenging the white liberal's belief in themselves as 'good'. Guilt about such thoughts or actions cannot be worked through or mourned and so is managed by a vertical split in the psyche with investment in white privilege and awareness of racist thoughts on the one side and rejection of racism on the other. The tension this generates is managed through a disavowal of the racist parts of the self through methods such as a 'colour-blind' approach or avoidance of engaging with race as a topic making it a taboo subject that is never fully addressed.

The dynamics of discussing race

There is a growing body of literature that examines the dynamics, both internal and interpersonal, that occur when discussions around race take place. Although not drawing on a psychoanalytic lens, DiAngelo (2018) explores how there can be a fragility within white people when confronted with issues of race which leads to emotional responses such as anger, fear or guilt and behaviours such as withdrawal, argumentation or silence. These responses maintain the status quo through shutting down discussion. DiAngelo uses the term 'racial stamina' to describe the ability to tolerate and address such feelings so that genuine discourse, that does not reinforce racialised power dynamics, can take place.

Morgan (2021) builds on these ideas psychoanalytically using Bion's conception of emotional links. She argues that, by reacting defensively or claiming colour-blindness, white individuals are using a '-K' link and so 'ignore the reality of…privilege and our own racism… freezes our curiosity and silences our capacity to have ordinary conversations and to hear black individuals' experiences' (Morgan, 2021, p.23). Crehan & Rustin (2018) also use Bion's ideas, exploring how difference is addressed in Work Discussion seminars on the pre-clinical child psychotherapy training course at the Tavistock. They discuss 'epistemic anxiety' which describes the anxiety evoked when learning is felt to threaten one's sense of existential security and identity. Using a vignette from a Work Discussion group they propose that such anxiety can be evoked during discussions involving difference, such as race, and relates to a fear about 'knowing' which may be unconsciously avoided. They argue that this could account for the relative lack of engagement within the psychoanalytic profession around ideas of difference, as well as why such discussions are often absent within the Work Discussion group context. Citing a different reason for a shut down in thinking Brooks (2014) describes how curiosity is often blocked by individual's tendency to identify and idealise during conversations about race. This results in a similar dynamic within which exploration is avoided.

Ellis (2021) examines how race can elicit often extreme, unconscious, bodily reactions that shut down thought and conversation. His book draws on research about trauma, neurophysiological perspectives and psychodynamic theory to examine how the trauma of racism and Britain's colonial past, which is held in the body, impacts on the psyche. He explores how this trauma affects people from differing backgrounds in different ways in modern Britain and discusses the

nonverbal dynamics at play around conversations involving race to aid individuals to engage in meaningful grounded dialogue.

The white-black binary

Morgan (2021) describes how a white-black binary causes difference to be orientated in the relation to 'whiteness'. She outlines how the binary exists in a paranoid-schizoid split where whiteness holds goodness and blackness badness. This shuts off exploration of nuance. The result is that 'as a racial category, 'white' is defined not so much by what it *is* but by what it is *not*' (Morgan, 2021, p.12) enabling white people to regard themselves as raceless. Morgan points out that taking 'white' as a default position can lead to assumptions of entitlement to space and safety but can also lead to the sense of fragility described by DiAngelo (2018) as it can be harder to see other perspectives when perceiving oneself at the centre, rather than the margins. Conversations about race can challenge this viewpoint triggering a defensive response as well as claims of 'colour-blindness' or ignorance about race which reinforce neutrality and privilege.

Race and the psychoanalytic profession: Literature

Several authors have highlighted how marginalised the issue of race has been within the psychoanalytic profession (examples include; Altman, 2006; Dalal, 2002; Davids, 2011; Lowe, 2014; Moodley & Palmer, 2006; Morgan, 2021). Lowe (2014) suggests that the roots of this avoidance may date back to Freud's own Jewish identity and his desire to be accepted by the Christian establishment of the 19th century. Others, such as Dalal (2002) and Davids (2011), have written about a desire within psychoanalysis to create a universal theory of the mind and how this may have led many authors to avoid issues of difference. Lowe (2014) has highlighted the

profession's focus on the internal world with external world issues being seen as irrelevant.

Morgan (2021) examines active racism within the profession and psychoanalytic literature. She explores how Freud and Jung's theories are underpinned by ideas drawn from colonial anthropology that are inherently racist. These are commonly used without their connotations being reflected upon. She argues that the core literature needs to be examined so the profession can begin 'decolonising the theory' (Morgan, 2021, p.82).

Dalal (2002), in an analysis of psychoanalytic literature, concludes that even when the profession has engaged with issues of race most studies treat issues of racism and prejudice as a symptom, the external expression of an internal dynamic. This avoids any analysis of external dynamics or the interplay between the external world and the mind. His review also reveals that much of the psychoanalytic literature focuses on the individual racist subjects themselves with little space given to the impact of racism on those suffering such discrimination. Such accounts do not address why and how racism happens between specific groups or its impact on those discriminated against.

The place of race and difference on psychoanalytic trainings

It is widely documented that the topic of race, and more widely issues of difference and discrimination, have consistently been either absent or a tokenistic add on in psychoanalytic trainings (See; Dalal; 2002; Lennox; 2013; Lowe, 2014; Morgan 2021). These authors have highlighted how this leaves practitioners unequipped to deal with issues of race within a clinical context, more prone to turning a blind eye and, at worst, likely to take up unconscious racialised roles with clients. Lowe (2014)

argues that this absence ‘undermines self-confidence and competence within the profession…and strengthens common underlying fears that these issues are too overwhelming to deal with’ (Lowe, 2014, p.14). Several of these authors have highlighted the need for race and thinking about difference to be integrated into trainings in other professions, such as social work. Bowden-Howl (2021) describes attending the ‘Difference; Identity; Diversity’ seminar during his training as a child psychotherapist at the Tavistock and Portman clinic. He describes how helpful this was in learning about how diversity manifests in a clinical context. However, he points out that this seminar was only an optional choice and was not a core part of the course at his time of training.

Demographics of the profession

The psychotherapy profession continues to predominantly consists of those from white and middle-class backgrounds with limited efforts to change the demographics of those accepted onto trainings. Limited access to psychoanalytic psychotherapy within public services, alongside its reputation as a middle-class activity, mean that those accessing this form of treatment have historically tended to be white and wealthy. Morgan (2021) suggests that this may have contributed the silence within the profession on race. Lowe (2014) has suggested that there has been an unconscious wish within the profession to avoid the pain and discomfort that working with difference can generate. As it receives NHS funding, child psychotherapy training has had greater diversity than adult trainings. However, with students facing barriers to accessing mandatory preclinical training courses, the profession still remains disproportionally white.

2c. Systematic Phase

This section will focus on the empirical research relating to the topic. There is a limited amount of research addressing the research question directly, so it has been organised into related areas of research.

I searched for all the literature in this phase using the database PsycINFO. To access the widest range possible of literature in my given area I broke my research question down into three sections: ‘therapists’, ‘psychoanalysis’ and ‘cross racial’ and then created a list of synonyms for each term as detailed in a table in the appendix (see Appendix 1). I then conducted an individual search for each group of synonyms using the Boolean operator ‘OR’. The three searches were then combined with the Boolean operator ‘AND’ to produce a final search involving all three of these concepts. I then applied several limiters to this search to refine my results. I applied the limiter ‘English’ under the Language section so that the results would only include literature that could be accessed in English, as I did not have resources to translate non-English papers. I also used two limiters under the ‘Methodology’ section: ‘empirical study’ and ‘qualitative study’. I used the ‘empirical study’ limiter as in this systematic phase all research is from empirical research. I used the ‘qualitative study’ limiter because my project examines the *experiences* of child and adolescent psychotherapists, a topic which lends itself to qualitative research studies. Finally, I worked through the literature produced by the search selecting the studies that most closely linked to the areas I have outlined below.

In this section I have chosen to include empirical research conducted in the UK and Europe. Studies from the USA and one study from South America were identified in my literature search. These studies were analysed and written up using the same processes as those from the UK and Europe but have not been included for two reasons. Firstly, many of the findings identified were very similar to those presented

in the UK and European literature and therefore did not bring sufficiently new ideas to warrant inclusion. Secondly, when novel ideas were identified they often appeared very specific to the context in which that research was being conducted and therefore too far removed from the context in which the present project is situated. I felt that this distance meant that these studies also did not warrant inclusion. The lack of research identified outside of the UK, Europe and USA is likely to be partly reflective of the Eurocentric context within which much of academic research is conducted and published. Dennis (2018) describes the great need to decolonise all forms of education. This links to the need within the psychoanalytic profession to re-examine its concepts and ideas, which is developed further later in the project.

Child and adolescent psychotherapy, cross-racial psychotherapy & race

I did not locate any research examining the experiences of trainee child and adolescent psychoanalytic psychotherapists working with patients they identify as of a different race to themselves. The only published study I could locate involving child and adolescent psychoanalytic psychotherapists examined qualified therapist's fantasies about cultural difference. Fleming (2020) interviewed eight qualified child psychotherapists using an 'open interview approach'. Using thematic analysis to analyse the data she identified two fantasy structures. The first was 'difference as dangerous' where 'cultural difference' was linked with negative emotions and behaviours such as violence, perversion, child abuse, neglect and shame. The second was 'the profession in peril' where cultural difference was felt to threaten the profession. Discourse analysis was then used and revealed two further themes: 'Neutrality' in the therapist' where the therapist is imagined to exist outside of 'cultural difference' and 'the location of the difference' in which all of the difference, and its negative associations, is located in one individual in the patient-therapist

dyad with the other felt to be ‘normal’. Fleming concludes these findings suggest that powerful projections around cultural difference are present in the consulting room. She argues that it is imperative that more thought is given to the relationship between child psychotherapy and cultural difference so that prejudices are not replicated when working across cultures.

Other sources of literature were found in non-published theses of doctoral students who have qualified as child and adolescent psychotherapists. Junor-Sheppard (2018) used a single case study of a patient examining the transference relationship to assess the usefulness of cross-cultural child psychotherapy in the patient’s development of ‘self’. Using the Grounded Theory Method, clinical session notes from a four-year period of three times weekly psychotherapy work with the patient, who was from a different cultural background to the therapist, were analysed. Junor-Sheppard’s thesis highlights the importance of the therapist, when working cross-culturally, understanding the external social and cultural contexts of the patient, and therefore the denigrating and idealised racialised images they may experience within society. He suggests that when this is done the transference relationship can be a powerful tool in helping to understand how the patient has been racialised by the external world and to ‘deracialise the self of the patient from this background’ (Junor-Sheppard, 2018, p.158).

Millar (2015) discusses race as part of a single case study in his doctoral research. He used the Grounded Theory Method to analyse his clinical session notes from a two-year period of both 3 and 4 times weekly and once weekly work in which he and the patient both identified as ‘mixed-race’. He highlights the importance of the therapist using countertransference to help understand the patient’s internal world and their relationship with race, gender, and attachment. He also discusses the

binary approach to race in the psychoanalytic literature with focus on ‘white’ and ‘black’ issues while the nuances of identifying as ‘mixed race’ are ignored. Both Millar and Junor-Sheppard identify the importance of child psychotherapists being willing to engage with their patient’s racial, religious, cultural and gender identities and the ways they shape the patient’s internal world. Techniques such as transference and countertransference can only be properly utilised if the therapist can do this.

Psychotherapy and cross-racial therapy: UK

There is a wider body of literature, although still very limited, in the UK exploring the dynamics and impact of race on cross-racial adult psychotherapy. Much of this research has been conducted outside of the psychoanalytic profession with the majority involving psychodynamically informed therapists and counsellors. Dos Santos and Dallos (2012) conducted one-to-one semi-structured interviews with three white British psychotherapists and their three black-Caribbean clients. Thematic analysis was used and revealed two themes from the therapists’ interview transcripts: ‘You Mustn’t Say a Wrong Word-Anticipating and Negotiating Political Correctness’ and ‘Dilemmas in Identifications with the Client Group’. Two themes were identified from the client interviews: ‘No Race Talk in Therapy’ and ‘Use of Strategies to Distance Racial Experiences from Therapy’. It is striking that all four themes link to avoidance of race within the therapy. The authors suggest this has significant implications for therapy with a patient-therapist dyad across different races, as fundamental aspects of the client’s identity and their impact on psychological well-being were not being discussed in the therapy.

Other UK based research also highlights the absence of ‘race’ and ‘culture’ in cross-cultural psychotherapy. Farsimadan, Draghi-Lorenz and Ellis (2007) conducted a study comparing the ‘working alliance’ and ‘perceived therapist credibility’ where patients from ethnic minorities were matched with a therapist from either a similar or different ethnic background. Both measures were significantly more positive in matched, compared to cross-cultural, dyads after variables such as age, gender and length of therapy were corrected for. The authors highlight the need for more training of practitioners to work with clients from ethnic minority backgrounds. They suggest more research is needed to explore whether such training would shift ethnic minority perceptions of therapists from different backgrounds.

Jim & Pistrang (2007) interviewed eight British-based patients from Chinese backgrounds about the impact of cultural difference on their therapeutic relationship with British therapists from several disciplines, including psychotherapy. IPA was used to analyse the interview data and four themes were identified; ‘cultural encapsulation’, ‘cultural formulation’, ‘cultural liberation’, and ‘culture is not important’. The researchers highlight the diverse and subtle ways in which culture manifested itself in the therapeutic relationship and the importance of the therapists not only being able to acknowledge these but to also be able to incorporate these dynamics in their formulation of their client’s issues.

Common themes in these adult studies are that discussions relating to ‘race’ and ‘culture’ can be consciously and unconsciously avoided by white therapists, that this may impact on both the working alliance and the patient’s perceptions of the therapist and that therapists need to be supported in working with these issues.

Psychotherapy and cross-racial therapy: Europe

Research in other European countries have similar findings that white native therapists can feel unprepared for working cross-racially. Asfaw et al. (2020) interviewed 10 psychotherapists about their experiences of working with adult refugees in Germany. Thematic analysis identified ‘Expectations towards psychotherapy’, ‘Cultural challenges - differences in explanatory models (belief systems)’, ‘Communication-related issues’ as themes. The researchers suggest the therapists often felt unequipped to deal with issues that arose from working cross-culturally. Only one had received training relating to working cross-culturally. They outline relevant techniques and tools that can help facilitate the therapeutic alliance that were not being utilised by the therapists interviewed. For example, many voiced frustrations at working with a translator despite evidence which suggests that when therapists have received adequate training in working with a translator, this can strengthen the therapeutic alliance.

Al-Roubaiy, Owen-Pugh & Wheeler (2017) interviewed ten adult male Iraqi refugees living in Sweden who had all undertaken psychotherapy treatment since living in the country. IPA was used to examine their experiences. When these patients felt understood there were several positive themes: ‘Getting things off my chest’, ‘Counteracting marginalisation’ and ‘Therapy as helpful’. However, several more negative themes also were identified with some patients experiencing treatment as racist or culturally insensitive and perceiving therapists as lacking in competence and not transparent. Clients repeatedly stated they felt that their native, white-European therapists could not fully appreciate how their ethnic minority status impacted on their psychological wellbeing and therefore avoided topics related to this.

These two studies from Germany and Sweden build on the findings of the UK studies confirming the importance of white, native therapists actively engaging with,

and understanding, the specific issues faced by ethnic minority populations. The study in Germany found that therapists felt unprepared and unsupported to do this. The Swedish study highlighted the damaging impact of this problem with patients feeling not understood or further marginalised. At worst racial roles and hierarchies were reinforced by the therapy. A common theme is the importance of therapists being able to access support in helping them with cross-cultural psychotherapy.

All of the research presented here and the majority that has been conducted within the psychotherapy profession in the UK and abroad examines the experiences of 'white', native therapists and their patients from different cultural and ethnic backgrounds. This could be because the profession is, for the most part, still very white. However, it could also be viewed as centring the white experience, with other experiences marginalised. Whilst this research is both relevant and important, to find examples of research examining therapists from other racial backgrounds working with patients from different backgrounds to themselves, studies from both other talking therapies within the UK must be considered.

Other talking therapies, race and cross-racial therapy: UK

There is a wider body of research exploring cross-racial and cross-cultural therapy within other talking therapy disciplines, especially counselling. Spalding, Grove & Rolfe (2019) used semi-structured interview with eight counsellors from black, Asian and minority ethnic (BAME) backgrounds about their experiences of working with white clients. Using thematic analysis three themes were identified: 'training as colour blind', 'experiencing client reactions' and 'working with "race" in the counselling process'. The therapists interviewed felt they were unprepared by their training to deal with encountering issues of race. However, unlike some of the

studies discussed previously where issues of race were consequently marginalised, these therapists had developed a wide range of skills and methods to include issues of race and difference in their work. Some therapists emphasised how the differences with their clients could be used and that this formed an important part of their practice. The authors also highlight the lack of research examining the experiences of therapists from BAME backgrounds.

McKenzie-Mavinga (2005) conducted research examining how both black and white trainee counsellors in the UK understood ‘black issues’, both in their training and in their therapeutic work with clients. This study examines the impact of a change in the curriculum of the training that aimed to introduce more thought about black issues. In phase one of the study, the researcher interviewed qualified counsellors some of whom highlighted the need for more thought around issues of race and culture on trainings. This led to the second stage of the research in which discussion of black issues was introduced onto the counselling course curriculum through workshops. Finally, a questionnaire evaluating these changes was filled out and the results analysed. This revealed that trainees felt more supported with black issues in all areas of the training and personal development.

Gaitanidis, O'Driscoll, & Dickerson (2016) conducted a study examining white trainee counselling psychologists’ experience of racial difference. The authors used Critical Discursive Psychology (CDP) to analyse data from eight semi-structured interviews and two focus groups with the same eight white trainee counselling psychologists. They found that these trainees tended to inhabit one of three stances when addressing racial difference: ‘colour-blindness’, ‘interculturalism’ and ‘pluralism’. Trainees drew upon each one of these positions at different times, depending on the context of the conversation. The trainees found it hard to balance a desire for

openness, associated with ‘pluralism’ with a need for professional competency which drew upon generalised understandings of racialised groups linked to ‘interculturalism’. The authors outline how these different stances produce an unclear approach in which trainees alternate between privileging and excluding difference whilst at the same time advocating a ‘colour-blind’ approach.

The research from other disciplines, primarily counselling, is helpful in exploring the experiences of black and ethnic minority therapists. It highlights primarily that this is an under-researched area that requires more thought to be fully understood. All three studies identify the need for greater space on trainings to support therapists working with patients from different backgrounds. Spalding et al. (2019) suggest that therapists from non-white backgrounds are more likely to seek out ways of introducing issues of difference and race into their practice. McKenzie-Mavinga (2005) demonstrates how helpful it can be for therapists when trainings introduce onto the curriculum more thinking about race, culture, difference.

Concluding remarks

This literature review had two aims; to present a ‘Narrative’ phase in which the core concepts that are central to the project were discussed, and to present an ‘Empirical’ phase where a more formal search for empirical research relating to the project was outlined. Several striking themes emerge from the findings in both the Narrative and Empirical sections. The lack of research conducted in the UK within the child and adult psychotherapy professions seems to reflect the silence within the psychoanalytic profession more generally around the topic of race. Authors such as Lowe (2014) and Morgan (2021) have outlined how this silence is not just within research but also within the wider theoretical literature. Lowe (2014) suggests that

this could be in part an unconscious institutional response because of guilt about a lack of investment and a desire to maintain the status quo. Another striking feature was the lack of research examining the experiences of non-white therapists when working with clients from different backgrounds. This may be partly because the profession remains predominantly white but it also appears to reflect a dynamic in which white experiences are foregrounded. Both the psychoanalytic literature and much of the empirical research identified the need for more training for therapists to support working with difference. It is also clear that there is a need for greater research in this area, something that this project hopes in a small way to contribute to.

CHAPTER THREE: RESEARCH DESIGN

3a. Aims and Goals

As outlined in the introduction, the research question I developed was 'what are the experiences of trainee child and adolescent psychotherapists working with patients they identified as of a different race to themselves?' This question was scaffolded by three aims:

1. To gather phenomenological data that captured the lived experiences of trainee child and adolescent psychotherapists working with patients they identified as of a different race to themselves.
2. To contribute to the evidence base of empirical research involving psychotherapy and race.
3. To understand the clinical implications of the project's findings on future practice.

Thomas & Hodges (2010) describe how research aims are broad and overarching. In contrast research goals are specific and outline how each aim is going to be addressed. I therefore established several goals for the project to address these aims.

1. To conduct a series of in-depth interviews with a small number of participants that capture the lived experience of these participants. The content of these interviews will form part the data for this project.
2. To produce a field diary that documented my experiences within the interviews, the content of which will also form part of the phenomenological data used in this project.
3. To conduct a literature review around the topic that will situate the project within the wider body of literature and empirical research.

4. To address the implications of my findings for future practice in a discussion chapter in the thesis.

I describe my rational and process of the data collection, sampling, the setting and analytical method in more detail below.

Several issues arose as I began to plan the project. Whilst the project ideally would examine the experiences of trainee child and adolescent psychotherapists across multiple training programmes, due to time constraints I would only be able to recruit participants currently enrolled on the Tavistock's child and adolescent training programme and so excluding participants from the other four training schools within the UK. Although this meant I would not capture the experiences of trainees on different trainings, it would also allow for a more in depth look at the specificity of the training at the Tavistock. Equally, at the time of recruitment, the Tavistock had the biggest cohort out of all of the training schools so this gave me a sufficient pool to recruit from. Another issue related to conducting my project during the Covid-19 pandemic. Ideally, I would have conducted the interviews face to face but, due to restrictions on the access to the Tavistock building and the national and regional lockdowns, I had to take the decision to conduct all of my interviews via the zoom videocall platform. There is a growing body of evidence that the use of video calls can be a productive way to conduct qualitative research (See: Archibald et al., 2019, Braun, Clarke & Gray, 2017 & Hewson, 2008). Although there were disadvantages to using zoom; such as issues with technology interrupting the interviews and it being a less intimate form of communication, there were some advantages. Using the zoom platform gave greater flexibility on interview scheduling and was a secure way for the interviews to be recorded.

3b. Data

As discussed in the introduction, I decided to use qualitative methods to gather phenomenological data. Smith, Flower & Larkin (2009) describe how a phenomenological approach takes the stance that an individual's experience can be used to extrapolate meaning about a broader idea. Research projects using this approach look to explore participants 'rich, detailed, first-person account[s] of their experiences' and therefore 'in depth interviews and diaries may be the best means of accessing such accounts' (Smith, Flower & Larkin, 2009, p. 56). I reviewed whether individual interviews, focus groups or a combination of the two would be the best way to collect the participants' experiences. Given the anxiety-provoking nature of the project, I concluded that individual interviews would offer the best way to engender a free discussion. Individual semi-structured interviews would give more scope for the researcher to build up a relationship with the participant, hopefully allowing the participant to feel at ease and able to speak openly. Additionally, an individual semi-structured interview would allow space for flexibility to explore topics that arise during the interview. I therefore decided that my data would be drawn from two sources: semi-structured interviews with a small sample of participants and field diary in which I would document my personal experiences of the interviews.

Prior to the interview I asked each participant to think about one or more pieces of work that they had conducted with patients they identified were of a different race to themselves. They were also advised that there would also be space within the interviews to reflect on additional relevant experiences if they wished.

Pietkiewicz & Smith (2012) document how it can be helpful to prepare an interview schedule before conducting the interviews (See Appendix 2). An interview schedule

can help prompt participants, guide them if they feel questions are too general or abstract and help to facilitate the general flow of conversation. Drawing upon the work done when creating my research question, I decided that the interviews would comprise of four sections:

1. How the participant understood the concept of race and related to it.
2. Exploring the clinical work the participants had chosen to talk about.
3. Exploring the participants theoretical frame of reference in such work.
4. Exploring the role of the training school, their placement and their analysis in supporting them in this work.

One potential disadvantage of using semi-structured interviews is that the researcher becomes the 'primary expert' and begins to lead the participant through their use of closed question. Pietkiewicz & Smith (2012) describe the importance the researcher being able to ask open ended questions 'free from hidden presumptions' (Pietkiewicz & Smith, 2012, p.366). So, to ensure the questions were sufficiently open, I reviewed my interview schedule with my research supervisor. In addition, during my training I have had opportunity to develop active listening skills through my work with patients and so I planned to use these skills to avoid the risk of falling into the role of the 'primary expert'.

The interviews were recorded using the 'record' function of zoom, which produced two files, a video and audio recording of the interview. The video file was deleted immediately after the interview. The audio recordings were transcribed verbatim by myself as soon after the interview as possible, and the recordings were then deleted. This formed the first stage of my data analysis. This process was explained to the participants prior to the interviews.

Morrell-Scott (2018) outlines how the use of field diaries in qualitative research is consistent with a phenomenological approach because it can support the capture of the phenomena taking place in the interviews. She describes how diaries can be a useful tool to 'identify patterns of behaviour but can also be used to provide a greater insight into how individuals interpret situations' (Morrell-Scott, 2018, p. 28). By using a field diary and reflecting on my experiences directly after the interviews, I hoped that, I might build on the findings within the interview data itself to develop a more nuanced understanding of what had occurred. The diary took the form of a notebook in which I made notes shortly after each interview and subsequently when anything relevant occurred to me. The diary process was not prescriptive; I made notes on anything that arose in the interviews that I felt was of significance or stuck out.

The interviews took place between June and August 2021 and lasted 60-75 minutes. Given the delicate nature of the topic discussed, support was offered to the participants in case they became overwhelmed during or after the interview. It was explained to participants that interviews could be paused, or stopped altogether, should they wish. At the end of the interviews, I signposted them to places where they might access support should they feel they needed it. This included colleagues, supervisors, their training analyst and the placements in which they worked where a free talking service would be provided. Finally, a follow up email was sent in which the opportunity for a debrief meeting with myself was offered, together with contact details for my supervisor and the head of Academic Governance and Quality Assurance at the Tavistock should the participant wish to raise any concerns with them (see Appendix 3).

3c. Setting and Participants

Due to the Covid-19 pandemic, all the interviews took place via video call using the zoom format. To safeguard the participants as well as to maintain the confidentiality of the interviews, I made sure that, when conducting the interviews, I was in a secure and private setting. The participants were asked at the start of the interview to ensure they too were in a confidential space. I used different zoom meeting links for each of the interviews and used the 'lock' function to stop the interviews from being accessed by anyone else. Finally, I explained to the participants that, if either one of us felt that confidentiality was at risk of breach during the interviews, we would pause and reschedule where appropriate.

A number of decisions were made about the recruitment process prior to it beginning. As outlined above, all participants were recruited from the Tavistock's child and adolescent psychoanalytic psychotherapy training. As I was a student on this course, there was a risk that I might have had a relationship with the participants outside of the interviews. To minimise this, I did not recruit from the same year group as myself, or anyone that I worked within my service. In addition, in the participant information sheet (see Appendix 4), I invited any potential participant who considered themselves to have a personal relationship with me to think about how the new information gathered in the interview might impact on our existing relationship. This approach had the advantage of keeping a distance between myself and my participants. However, at the time of the interviews I had just finished my third year and was a more experienced trainee. My approach therefore created the disadvantage that the sample pool from which I was recruiting was made up of a disproportionate number of less experienced trainees who had potentially less clinical experience to draw from. I had initially hoped that I might use a targeted approach to recruitment to allow me to interview trainees of different ethnicities so

that comparisons could be made between participants. However, given the size of the project, and time constraints on it, I decided to recruit on a first come basis. The advantage of this was that I could conduct the interviews in a timelier fashion. However, the disadvantage was that the demographic make-up of my sample was dictated by who expressed an interest first.

Participants were recruited through two different methods. In the initial stage of recruitment, I presented the project at workshops attended by each of the year groups I was hoping to recruit from with a brief opportunity for questions offered. A second phase of recruitment then took place in which, upon my request, the head of research posted information about the project on a communal forum accessible by all trainees and teaching staff on the training. This post contained similar information to my presentations in the workshops and gave a short overview of the project, the inclusion/exclusion criteria and how to enquire about taking part (see Appendix 5).

I had hoped to recruit between 6-8 participants for the study. In total five individuals enquired about taking part, all of whom went on to participate. Given the time constraints, and taking into account that the project had a phenomenological rather than quantitative approach, I decided to end recruitment at this point as I felt five interviews would generate sufficient data. After an initial expression of interest, participants were sent a participant information sheet via email (see Appendix 4) and asked to contact me once they had read this to confirm they still wanted to take part. They were then asked to complete a consent form (see Appendix 6) and, once this was completed, the interviews were arranged at a time that suited them. To protect the anonymity of the participants being interviewed I assigned each of them a number between 1-5. These numbers do not represent anything other than a way of distinguishing one participant from another. Below I outline how each participant

personally identified in relation to race using their own language in the interviews as this information is important to contextualise the findings of the research. This disclosure does not compromise the anonymity of those taking part.

Participant Number	**Self identified race**
1	white British
2	white other
3	white European
4	white Jewish
5	black

Below is a further table that outlines some of the other characteristics of the participants involved in the study. In order to maintain the anonymity of the participants involved these identifiers have not been linked to their corresponding participant number.

Gender	All 5 participants were female
Year of training	2 participants were in their first year of training 2 participants were in their second year of training 1 participant was in their fourth and final year of training
Religion & cultural background	1 participant identified Jewish 4 participants did not disclose this information

The interviews took place in the summer of 2021, after the academic term had ended meaning that all participants had completed at least one year of their training.

3d. Ethics

Ethical approval for this project was granted through the Tavistock's Research Ethics Committee (TREC) on 22nd April 2021 (see Appendix 7). Thomas & Hodges (2010) describe how the process of seeking ethical approval forms a central part of safeguarding the safety and welfare of the participants in the study, as well as helping to ensure that researchers 'successfully meet and uphold these ethical principles and standards in practice' (Thomas & Hodges, 2010, p. 98). Ensuring the protection of the anonymity of the participants was an important consideration during the process of applying for ethical approval. Given the sensitive nature of the topic it was felt that participants would be able to speak more freely around the subject if every effort was made to maintain their anonymity. To achieve this, all audio recordings of the interviews were stored in a password protected folder and were destroyed once the transcription had taken place. All copies of the transcripts of the interviews were stored in a locked cupboard which only I had access to. During the transcription process all identifying features were either removed or changed. Each participant was given a randomly assigned number that was used to identify them. The only other individual who read the transcripts from the interviews was my supervisor, and only after they had been anonymised. Once the project is complete, all hard copies of the transcripts will be stored in a locked cupboard and kept for 5 years before being destroyed. Participants were informed of this process through the participant information sheet and consent forms. It must be noted here that the child and adolescent psychotherapy training is relatively small and the profession equally not large. This makes it harder for complete anonymity to be guaranteed, despite all the steps taken. To ensure they understood this risk, it was included in the participant information sheet (see Appendix 4) outlining the project. Having read this, they were required to give informed consent before proceeding (see Appendix 6).

As the participants would be speaking about their clinical work it was also important to consider the confidentiality of the patients they chose to discuss. At the start of the interviews, participants were asked to protect confidentiality as much as possible when speaking about patients. However, it was acknowledged that when speaking freely on a subject it is not always possible to maintain complete confidentiality. As such, participants were assured that during the transcription process every effort would be made to remove or change any information that could make their patients identifiable. Also, in selecting vignettes to use in the final thesis I have deliberately omitted any text that might identify the patients being talked about. Finally, as described above, recordings and transcripts are kept in a protected place and destroyed in a fixed time period.

3e. Analytical Method

For this project I have chosen to use Interpretative Phenomenological Analysis (IPA) to inform my approach. In this section I will give some background on the IPA method before outlining the reasons why I feel it was the most appropriate form of research method for this project. Finally, I describe how I adapted the method set out by Smith, Flowers & Larkin (2009) in my data collection and analysis to fit the needs of this project.

IPA is a qualitative form of research that draws on three strands of philosophical thought: phenomenology, hermeneutics and idiography. The approach draws on phenomenology as a method of making sense of individual experiences or phenomena. A phenomenological standpoint is one that aims to explore an experience and distinguish what makes it different to others. IPA therefore can be regarded as inductive, or ‘bottom up’, because any ideas or theories are drawn from

the data, rather than coming from the preconceptions of the researcher. IPA draws on hermeneutics through its approach to meaning making within research. An IPA approach takes the position that acknowledges the researcher's role within the process of data collection and analysis. Through the concept of the 'double hermeneutic' process it outlines how, on one level, the subject will be attempting to make sense of their experience and, at the same time, the researcher will be decoding that meaning and making sense of the meaning making (Pietkiewicz & Smith, 2012). Finally, IPA draws on an idiographic approach through its focus on the particular. An idiographic approach centres the importance of the individual experience arguing that only through understanding the individual can meaningful ideas be extrapolated about the group.

The central reason I chose to use IPA as a research method for this project was the focus of this project on attempting to document and make sense of individual clinician's *experiences* of working with patients they identify as of a different race to themselves. IPA's focus on meaning making means that, rather than describing the data or theorizing about it, it attempts to understand how individuals make sense of their lived experience. This makes it a better fit for my project than other research methods. The double hermeneutic (Smith, Flowers & Larkin, 2009) approach to data analysis used by IPA is a good method to capture insights relating to the topic of enquiry. IPA allows the researcher to acknowledge the impact of their own identity on the data collected and the analysis of the data. In a topic such as race, where identity plays such a central role, considering both the subject's and my own identity and the relationship between the two, feels vitally important. Finally, IPA encourages critical exploration which looks beyond surface level interpretations of the data. Built into its theory is a belief that there may be something meaningful in the data even if it

is not actively said or expressed by the subject (Pietkiewicz & Smith, 2012). As a researcher, who is also a psychotherapist, I am interested in exploring the role of unconscious process in the interviews and IPA enables this within its method. There exists some slight tension between the psychoanalytic and IPA approaches regarding the place of interpretation of the data. Whilst psychoanalysis draws on a clear theoretical framework that is then used to make sense of clinical material, IPA instead takes an inductive approach in which theories or ideas emerge from the data. However, it is accepted that it is possible to maintain an inductive approach to analysis, whilst using a psychoanalytic lens to help inform thoughts and ideas (Smith, Flowers & Larkin, 2009, p. 105). Throughout the project, I have therefore monitored my interpretations of the data to make sure the data is kept central, with psychoanalytic theory then used to speculate on ideas coming out of the data.

Data Analysis

Broadly speaking I followed the approach to data analysis as outlined by Smith, Flowers & Larkin (2009), although some adaptions to this were made to fit the needs of this project. It is important to note that due to relatively short amount of time during which the data collection took place, the data analysis of all the interviews took place after I had finished collecting all of the data. The data analysis began with the transcription of the audio recordings of the interviews. All interviews were transcribed verbatim by myself. Once this was completed, I read through the transcripts a number of times but without attempting to make sense of what was being said. During this stage I documented a few broad comments in a notebook. This allowed me to familiarise myself with the data in the interviews. An ‘initial noting’ stage then followed in which I made ‘explanatory comments’ next to the text (see Appendix 8). Following the guidance set out by Smith, Flowers & Larkin (2009) these comments

could be grouped into three different forms, which I distinguished using different coloured pens. The red pen represented ‘descriptive’ comments which reviewed *what* the participant had said and the green pen ‘linguistic’ comments which focus on *how* the participant answered including the use of language, tone and punctuation of speech. The blue pen represented ‘conceptual’ comments drawing upon conceptual ideas and theories about the participants responses. This was the most time-consuming part of the analysis as a detailed and careful approach was required to examine the data. The comments reflected the participants original words or my own interpretation of the data or sometimes both, whilst others focussed more on one or the other.

After completing these explanatory comments, I moved on to developing emerging themes from these comments (see Appendix 8). This involved returning both to the explanatory comments, and to the data itself, to ‘attempt to produce a concise and pithy statement of what was important in the various comments attached to a piece of transcript’ (Smith, Flowers & Larkin, 2009, p. 92). This was delicate process as such themes needed to be close enough to the data to be meaningful, yet at the same time concise enough to capture the essence of what was being expressed. I completed the emerging themes for all five interviews before moving onto the next stage of the analysis.

The next stage of the data analysis involved grouping these emerging themes together to form subordinate themes. This was done for each individual interview separately, one after the other. As I wanted to map out the groupings but also make links between them, I used post-it notes and laid these out on a large flat surface. Different coloured post-it notes were used to delineate what was being represented. Green/yellow: emerging themes, pink: subordinate themes and orange: links

between subordinate themes. The numbers next to each emerging theme represented the number of the participant being interviewed and then the line number from the relevant transcript to allow me to refer back to the original data if necessary (see Appendix 9 and 10). One method of grouping the emerging themes was using ‘abstraction’ in which patterns between the themes were identified resulting in them being clustered into a subordinate theme. Another method was through ‘polarization’, where stark differences between emerging themes were clustered together that were linked by a theme or idea. Finally, subordinate themes were grouped when there was a significant frequency with which in the emerging themes had occurred within an interview.

Once the grouping of the subordinate themes had been completed for the five interviews, they were laid out in a table (see Appendix 11). Due to the relatively large number of these themes, a clustering exercise then grouped those themes that were closely linked (see Appendix 12). The subordinate themes were then compared across the five interviews and organised into overarching ideas to produced four superordinate themes (see Appendix 13). A master table was then produced showing the subordinate themes grouped under the superordinate themes and showing line numbers linking them to their location in the transcripts (see Appendix 14). Although each subordinate theme may not be represented in every single interview, it has been selected because of its relevance to understanding the higher order superordinate theme. It is important to acknowledge that not all subordinate themes are represented in every interview. Given the complexity of the topic and the size of this project it is inevitable that some themes could not be fully explored. These could form the basis of further enquiry in a future project.

3f. My place in the research and reflexivity

In this study I have chosen to write using the first person. This is a deliberate decision and was taken to reflect the double hermeneutic aspect of IPA. Whilst I am examining the participants responses in the interviews, at the centre of this is the fact that it is *me* making sense of these experiences. To write in the third person, I feel, would suggest that I am attempting, in some way, to distance myself from the data and the analysis.

An important part of this project is considering the role of my own identity in the research. As I have discussed in the introduction I identify as white, middle class and male. All these facets of my identity will have had an impact on both the data I collected and my analysis of it. Equally, with all the participants, there existed a power differential in relation to our roles within the interviews as participant and researcher. Prior to conducting the interviews, I had some preconceptions about my how my identity would impact on the data I collected. I wondered whether participants identifying as white might feel more at ease with a researcher who also identifies in the same way. Equally, I speculated about whether this might increase the risk of the collusion of avoiding important aspects of experiences being unconsciously missed due to fear of stirring up uncomfortable feelings. I also wondered whether participants identifying as not white might feel more cautious, perhaps aware that there was a power differential relating to race between myself and them which, if not managed carefully, could inflict pain. To some extent, these dynamics did appear during the interviews. All four of the participants identifying as white expressed how they felt more comfortable speaking with me about race because of my identity as a white researcher. The only participant identifying as black spoke of their vigilance about taking part. Prior to the interview they had not recognised my name but described the feeling of reassurance they felt once they

saw me, having seen me within other contexts in which difference was being discussed. Another aspect of identity, nationality, was also raised during the interviews with the two participants identifying as white but non-British. They commented on my British identity reflecting their feelings of difference on the course. Throughout my data analysis I reflected on my own lens. I was aware of being more drawn to white narratives that reflected my own experiences and was aware of making conscious efforts to not let this alienate other experiences.

Within any data analysis it is impossible to achieve objectivity and indeed it would be questionable to attempt to strive for this. However, it is also important to create a degree of triangulation within any research to avoid unhelpful degrees of subjectivity. Therefore, throughout the project I have had regular reviews with my research supervisor to support with all stages of the project. Alongside this, through my studies, I have attended regular group research supervisions in which I have been able to present aspects of my data collection and analysis. This has formed a helpful way of providing a degree of scrutiny to the project. I am also very grateful to the supervisors and seminar leaders who have taken an interest in the project and who have given up their time to offer reflective spaces to discuss it.

As I have outlined above, my approach did raise the likelihood that I would not be able to restrict participants to those with whom I had had no previous contact as I was recruiting from my own, small, training programme. I had attended seminars with three of the participants prior to the interviews taking place. However, my relationship with these participants was not close and we had not spoken outside the seminar. I had never met the other two participants prior to the interviews. It is possible such prior contact impacted my data collection either because participants were more at ease, having a degree of familiarity with me already, or by making

them more reserved, feeling they could not be completely open with someone they already knew slightly.

CHAPTER FOUR: FINDINGS

4a. Introduction

In the following section I will examine each superordinate theme drawing on vignettes from the interviews to present how the themes manifested themselves for each participant, whilst also making links across the interviews to examine connections and contrasts. I have chosen to order the superordinate themes in what I judge to be their significance to the project. For the first three superordinate themes I have chosen to analyse each subordinate theme separately as they contain complex ideas in need of separate detailed description and analysis. For the final superordinate theme, I have chosen to evaluate it as a whole as I deemed it to benefit from a less detailed approach.

Within the transcripts the following notations have been used:

"…" represents where a section of the vignette has been omitted. Omissions have been made due to the size constraints of the project and have been done without altering the original meaning of the quote.

"[pause]" represents where the participant took an extended pause in speech.

"[Text]". The text included within such brackets is to explain what or who the participant is referring to, if it is not obvious from reading the selected vignette verbatim or if details have had to be removed to protect confidentiality.

4b. Superordinate theme 1: Emotional responses to talking about race

The first superordinate theme encapsulates some of the different emotional responses the participants reported experiencing during the interview itself, in the work with the patients they chose to talk about and in other contexts where race was

being discussed. Three subordinate themes scaffold this overarching superordinate theme: ‘fear & anxiety’, ‘danger/breakdown & primitive feelings’, ‘hard to think’. These subordinate themes are not exhaustive and the participants described a wide range of emotional responses. However, these responses have been selected because of their significance, prominence across the five interviews, and because of noticeable contrasts between participants.

As Appendix 14 shows all participants made at least one reference to each of these subordinate themes during the interviews. However, the meaning and quality of the emotional responses was inevitably different.

Subordinate theme: *‘Fear & anxiety’*

All participants reported varying degrees of discomfort in response to talking about race. This discomfort appeared primarily to manifest itself in fear, worry and anxiety. The degrees to which these emotional responses were experienced did vary between participants. The strength and intensity of the feelings being described by some participants was striking.

> *I would like, from the wealth of material that I have talked about today, I would like, I would hope, to convey the message that these things, it’s very frightening. People think I am a professional, but it can be very frightening for me too… That would be one of the most important things for me to pass on, is that this is how we feel. I believe that many people feel like that. I might be wrong. But I believe lots of people are frightened to talk about these things still, in a society that, you know, for such a long time has been multicultural. It’s extraordinary. It’s extraordinary that we experience this level of fear and pain and anxiety. (Participant 3, lines 974-990)*

Such strong responses to talking about race were common throughout the interviews. The repeated use of the word ‘frightening’ by this participant is noticeable. It suggests such discussions can leave this participant in a reactive and uncontained state of mind in which it would likely be hard to maintain reflective thought. It is also interesting how the participant shifts from the first person singular to the plural ‘we’, perhaps driven by a sense of not wanting to be alone with such intense feelings. It might also be suggestive of some shame or guilt attached to these responses which is more easily tolerated when situated in a collective response. It is unclear who the ‘we’ refers to here. Possibilities might include everyone in British society, other white people or maybe a hope that I, as the interviewer, also feel the same way.

Whilst all participants reported some degree of fear or anxiety, participant 5, the only participant identifying as black, also spoke of a more positive emotions being evoked by the interview. In the following extract they are answering a question about the experience of talking about race in the interview:

> *So, the answer is I feel good to talk about this, because I am trying to understand and I think I got the hint of it. I am in the beginning of this journey, erm, the search for knowledge and understanding about the different race, culture and class…So I feel good about that today. (Participant 5, lines 192-202)*

Participant 5 was the only interviewee who reported experiencing such positive feelings when reflecting on the experience of talking about race in the interview. This was reflected in my diary where I have noted that the atmosphere in the interview felt freer and livelier, in comparison to the other four interviews (See Appendix 15).

There could be many reasons for this marked difference. However, it does appear that those participants identifying as white experienced more intense and more frequent episodes of fear and anxiety when talking about race.

The drivers behind these responses of fear and anxiety were mixed, with some participants having clearer ideas about what lay behind them and with different reasons being sighted. Participant 5 painted a vivid picture of how the threat of racism could leave them with anxiety and how alert they had to be about others' perceptions of them. Here they discuss how this is manifested in a clinical context:

> *As a black person, I am always aware of others, I have to become aware of the others prejudice that they might have against the colour of my skin, or even from the way how I speak. So, I was kind of aware of that. And that so, you know, I have to be extra sensitive…So it's my perception, me being aware of how the defences on, how do they perceive me, and being very sensitive to that, understand that it might take more work for me, and more time for them to get to see me as a person, rather than to see me as a black [gender]. (Participant 5, lines 585-599)*

Such experiences were in contrast to the participants who identified as white. There was a repeated theme amongst this group of an anxiety about whether such conversations would expose racists parts of themselves.

> *It's a very, very difficult theme to discuss. And, for example, before this interview I was thinking oh my god, you know, I have to be really careful. I don't have to kind of say something that will be perceived as something, you know, white fragility, let's say. (Participant 2, lines 131-135)*

> *I think it feels, you know, there are sorts of genuine aspects of yourself that feel like they're being uncovered. Which I guess, I guess is true, with anything in the work, but this feels particularly exposing because I think it's not something I've worked through properly in my analysis, either. So, I think it's, it's quite an uncovered sort of raw territory in me. (Participant 1, lines 550-557)*

Participant 3 raised a slightly different reason at the source of the fear and anxiety they could be left with.

> *But I think it feels uncomfortable because I think there's a deep fear. You know, your mind's with the internal racists, you know, it's uncomfortable, that people have more than each other. Inequalities do exist, they're very much real and present. And I can see that it comes through in my work, but I want to keep on track. (Participant 4, lines 191-196)*

In all three of the above extracts, participants are raising how the anxiety is driven by a fear of internal parts of themselves being exposed. Participant 2 also appears to be touching on their sense of a tense external atmosphere around which these conversations can take place. Participant 4 appears to be suggesting that an awareness, on some level, of inequalities can drive anxiety and fear.

Two of the participants described differences in their internal responses to working with patients from different racial backgrounds. Here participant 4 describes their experiences with a patient from Asia, compared to the other patient they chose to discuss, who they identify as black.

> *It was, it was a lot freer. And I'd say it was a lot more kind of creative as well. And it's a natural flow in the session between us. (Participant 4, lines 767-769)*

Exploring what lay behind these differences clearly stirred up discomfort for participant 4. However, they do speculate that, in their work with their black patient, there is a greater fear of causing offense.

> *It's the fear of me being with my black young person that it, I could say something that would be more offensive. (Participant 4, lines 744-745)*

This fear of causing offensive could be linked to worries about causing harm but also could be about self-exposure, a fear that they might expose parts of themselves that might be viewed as racist. It feels significant that these anxieties were greater with their black patient.

Subordinate theme: '*Danger/breakdown and primitive[1] feelings*'

Within this theme there, again, appeared to be a distinction between the responses of the participants identifying as white and black. Amongst all white participants a common theme in the interviews was the sense of danger that went with talking about race. Closely coupled with this was a repeated worry about how such conversations might lead, or have led, to breakdown in relationships both clinically and professionally.

> *And I think, learning, learning how to have these sorts of tensions in the work and these sessions, which feel quite explosive, and when there's a fear of*

[1] As referenced early in the thesis the use of the word primitive could be viewed as problematic. However, I have chosen to use it here as it reflects the language used by the participant.

> *something being damaged, and a fear that we won't be able to recover from it. (Participant 1, lines 527-530)*

> *But I also wanted to, again, I repeat myself, that it's a very delicate [pause], and could be explosive, and very painful. I mean, I think it stirs the [pause] one of the biggest pain, psychic pain, that one can experience. (Participant 3, lines 955-958)*

> *All I know is that when, in our organisation, when somebody tried to kind of speak about race and diversity in the staffing team, it led to a massive fall out. (Participant 4, lines 609-611)*

This sense of danger was often reported as being experienced in the period before race had been discussed in the clinical work and appeared to inhibit those participants from raising race in the therapy sessions earlier. However, when race had been raised, two of the white participants reported positive experiences.

> *And I think what seemed to come out of it was a sort of [pause] what seemed to me anyway, like a kind of euphoria at the fact that we, we'd kind of gone through it, and we'd survived it. (Participant 1, lines 358-360)*

> *It just felt like there was a kind of like, a palpable sense of relief. It felt like we were a bit more attuned and it kind of enabled him to bring, you know, to embrace those parts of himself. (Participant 4, lines 401-403)*

In both cases participants report a sense of relief and attribute this to their patients. However, it also raises the question if it is also reflective of their own sense of relief. Participant 1's use of the word 'survived' points towards a fear of breakdown in the relationship and possibly the subsequent sense of relief could reflect that this did not happen once race had been discussed in the work.

Whilst participant 5 did not talk so much about a fear that relationships would breakdown, they did make a number of references to the 'primitive feelings' that they felt are stirred up when race is discussed which links to the sense of danger described by the other participants.

> *When we talk about race and differences, you can go to very deep profound feelings…you're touching very primitive feelings…So when you talk about race, this is something here, in the here and now, that you can use as a stone to attack the other in a much profound, in a deeper level. So, you use a very strong and powerful weapon to hurt the other. (Participant 5, lines 524-535)*

All participants highlight the high stakes relating to these conversations. This sense of danger may be behind the palpable sense of relief reported by two of the white participants when race was brought into the work without disruption to the therapeutic relationship. However, there feels a distinction to be made between participant 5, who talks about the danger of racial violence being enacted, and the other participants who appear to be anxious about a danger of something explosive occurring, perhaps a worry about what talking about race will provoke in their patients and the consequences for their relationship with them.

Subordinate theme: '*Hard to think*'

A repeated theme throughout the five interviews was a sense of how conversations about race can cause a shutdown in a capacity to think or be curious.

> *But I think kind of why it was so significant, because we started talking about his cultural identity, but then he'd come in one day, and he'd come in with his hair cornrowed, and I'd have this mental block. And I was so frustrated with myself, because I hadn't explored you know, the significance of us talking*

> *about cultural identity…I noticed that, you know, when you finish a session, it's just that frustration like why didn't I pick it up? (Participant 4, lines 272-278)*
>
> *You know, we all have the blind spots. And that there are areas about ourselves that some, some trainees, and people in general like, really, human beings, are just scared to, to, to get in touch with…A person to be curious, about that, they need much work, to access areas that is hidden. And how terrifying is that, it's terrifying. I have empathy, because it's terrifying. Especially if you are in a position where you supposed to know, but you haven't thought about it. (Participant 5, lines 915-923)*

The white participants reported that the primary driver of this shutdown in thinking and curiosity appeared to be guilt and shame about not knowing enough or not having done enough learning about the topic. It was striking how these participants could move into self-critical states of mind.

> *So how do I understand race? Erm [pause] it's a difficult theme to discuss, to think about also, because it brings personally a sense of guilt. But because I think I haven't thought enough about it. It's difficult for me to sit down when I prepared for the interview. And I was trying to kind of think, how can I prepare myself? (Participant 2, lines 66-71)*

This critical voice was experienced internally, but also provoked by my questions in the interview. Three of the participants reported a shutdown response when I asked if they drew on particular theory relating to race to inform their work. Here participant 4 responds to my question about this.

> *4: [Pause] See, I'm experiencing the shutdown now.*

Interviewer: It feels like I'm putting you on the spot?

4: It's strange, because I'm thinking like now even, yeah, there's definitely a shutdown in my thinking that's just happened.

Interviewer: That's really powerful. Do you think around the fear of not knowing enough?

4: Yeah, I'd definitely say it is. Erm, [pause] yeah, it's almost like a blankness, which is frustrating, because I kind of feel, when this interview ends, I'm sure I'd have had more ideas that come to my mind.

(Participant 4, lines 972-989)

Conversely, many participants reported a desire to be well informed or to have all the answers. Many were reflective about this, pointing out that they could see that this was a defensive move towards certainty as a way of managing their feelings of inadequacy or guilt around the topic.

I was thinking shall I read before the interview, shall I prepare, and then I was like, this is confusing if I prepare myself for the interview, to kind of find ideas or find the perfect words, and I was like no, no, it's not [pause] this is not the point of the interview. So, I think, yeah, I realised that I have a lack of, kind of, yeah, the vocabulary. Which is why it feels, uncomfortable for me to think.

(Participant 2, lines 828-834)

All participants reported that conversations about race could provoke an internal shutdown that made it harder to think or be curious. A primary cause of this shutdown appeared to be a feeling that they had not done enough or did not know enough, although this was reported most widely in participants identifying as white.

This harsh internal self-criticism could stir up feelings of guilt and shame which caused, with some, a pull towards a defensive desire for concrete, certain ideas.

4c. Superordinate theme 2: The location of the difference

The second superordinate theme addresses how and where participants located 'difference' in their clinical work and more broadly in relation to themselves. It was striking how polarised the descriptions of this could be within the interviews, with the difference sometimes being located in others, or at different times and with different participants, within themselves. For some participants it felt as though there was a pull to locate the difference all in one individual, possibly as a way of managing the uncomfortable feelings that holding or acknowledging differences can often stir up. For other participants the difference could be ignored and avoided altogether. Less frequently it was located both in the participant and in others. Three subordinate themes are therefore explored: 'difference located in others', 'difference located in the therapist' and 'difference avoided or located in both'.

Subordinate theme: '*Difference located in others'*

Participants who identified as white more regularly moved into narratives that located the difference in others.

> *I think I've always thought about race as being something that doesn't sort of involve me. And again, more recently, sort of thinking about race in terms of my own race. And I think it's something I've always thought about race as meaning different race. Whereas actually thinking now a lot about my own race and what it means to be white British, and you know, all the things that other people might think or feel or assume about me based on my own skin colour and nationality and culture. (Participant 1, lines 41-47)*

Here we see the participant describing viewing race historically as something that does not involve them. In this way all of the racial difference is located in those that are viewed as not white, so being white is set as a baseline from which anyone different is viewed as 'other'. Other participants found that in preparing for the interview they noticed how they could locate all of the racial difference in their non-white patients. Here we see the participant reflect on how they chose which patients to discuss in the interview.

> *I think the first thing I went for when I agreed to take part in this research, and I thought, okay, and the first things that really smacked me in my face, was their skin colour…And after I had thought about these cases, and I prepared them, I thought, but I was different to every single child, because I never treated a child from my own country. So, they were all different to me. You know, all of them were different to me. But I went for [pause] I went for the skin. Er [pause]. But you know I could talk about my entire caseload, I suppose. (Participant 3, lines 822-845)*

Later in the interview, when I asked about why this might have happened, the participant struggled to identify why and the conversation moved on to different topic, suggesting something about this point inhibited curiosity. However, it does suggest that, potentially, difference can be situated within a binary, sitting either in 'white' or 'non-white' with skin tone being used a primary marker for race.

For others the differences between themselves and their patients could feel so great that it left the therapist feeling overwhelmed and deskilled.

> *I had a really intense emotional response to this during this session. It made me realise how actually I don't know what this woman has been through*

> *because it's so different from my [pause] we're different in the sense she's from a different race, we're from a different country, from a different background, cultural backgrounds, it was really difficult for me to actually understand how is it possible for somebody to have to go through this life...can she perceive me as someone who can actually provide her support? Or am I going to be too little, you know, in terms of, you know, can I [pause] because our differences were huge that I had kind of encountered in the room. (Participant 2, lines 246-280)*

Here we see a fluctuation between locating the difference in the patient when 'she' is used and then acknowledging the differences between the therapist and the patient when 'our' is used. This gap was felt to be so wide that it left therapist feeling emotionally stirred up and unsure of whether they could offer any help. This too could be seen as a reaction to managing the complex feelings stirred up by the differences between therapist and patient. These differences, because of being perceived to be very large, may be felt to be too hard to be thought about.

Subordinate theme: '*Difference located in the therapist*'

The three participants who more frequently located the difference within themselves were participant 2 and 3 who identified as white other and white European and participant 5 who identified as black. Participant 2 in particular reported that, when reflecting on her clinical work, her own differences, primarily regarding nationality and language, could stop her from exploring the patient's relationship to race and the racial differences between them.

> *Because for me as a new trainee working in London, I was more focussed on my difference, if it makes sense, on the session. Because me, in my mind,*

> *she's British. I kind of forgotten that she's from [country]…So my difference kind of overshadowed her background. (Participant 2, lines 604-613)*

Later in the interview the participant reflected on how they had regrets about this.

> *So, for me, in my mind, again, this is me being you know blind in terms of the colour bit, so that's something I have to really think again, again, but for me, it's kind of more, they are British. I am not British. So, my difference, my perspective comes first. Except it's absolutely wrong. (Participant 2, lines 760-764)*

There are some understandable reasons as to why this participant located much of the differences within themselves, such as being new to Britain and English not being their first language. However, one might speculate that, as a result, some of the challenging conversations and emotions in relation to race were unconsciously being avoided.

Participants 2 and 3 both spoke of their complex experiences of being white but not British. In this way they were faced with holding onto the fact that in some respects they held privilege but at the same time could often feel 'other' or marginalised.

> *I am an immigrant in this country. And although I am white, European, and I live in a largely white European country, now I have felt very different at times. (Participant 3, lines 47-48).*

Later they reflected on the impact of this in their clinical work.

> *I find it still quite difficult that my own difference, I don't have a place in this society, in this country for my personal difference. And yet, I have to work very hard to find the space for other people's differences. And this is ongoing, you*

> *know, this is something that I need to work through, which I think complicates and adds complexity to my clinical work. So, but, I, at the moment, I'm recognising it as something I need to figure out within myself, you know, and pay attention to. (Participant 3, lines 540-545)*

Part of what is being raised here is the complex task that these therapists face in navigating multiple identities. When the therapists themselves feel that they are different, it may be challenging to explore the differences held by the patient. In my diary I noted that that this dynamic was not something that I had anticipated or considered before, assuming that it was more likely that the therapists would locate the difference within their patients (See Appendix 16). It made me reflect on the complex task of holding onto the specific dynamics of race whilst also maintaining an intersectional lens and that focus on skin colour alone can ignore, or even defensively avoid, the complex task of exploring multiple identities and power dynamics.

Subordinate theme: '*Difference avoided or held in both*'

Two of the participants reported that when difference was raised within the therapy session, they sometimes avoided it altogether, with other issues being prioritised.

> *I suppose I remember very, erm [pause] as if it was yesterday, when she talked about her religion, and how important it was for her. I think in that moment, I didn't take it much into consideration because her mental state was really in a bad place back then. So, for me, at this point, I was more focussed on her mental difficulties, rather than what she actually tells me right now, and why the religion is very important for her culture. And again, only through supervision, kind of thought about that. (Participant 2, lines 628-635)*

Although this participant is highlighting how there were others issues that needed to be addressed in the work, it is striking that something the patient is reporting to be important to them was not explored. It does not sound like it was an active choice by the therapist to ignore the religious and cultural aspects of the patient's identity. It could be speculated that instead the differences within the relationship were unconsciously avoided, perhaps as a way to manage the difficult feelings that they might stir up. The participant outlines how only through supervision were they able to take this more into consideration, suggesting that something had been missed by not bringing the differences more actively into the room. This was not the only example. Participant 3 also described how other issues sometimes got prioritised and only looking back could they recognise this.

In a number of the interviews, it was possible for the therapist to hold onto the complex, and often painful idea that both they themselves and the patient could hold the difference. Participant 5 spoke of their experiences of the interview for the child psychotherapy training.

> *Even in my interview, I was asked, how do I deal with people that is different to me? And that I started there. I said, well, you are all very different than me, in my screen. And I wonder how do you manage that? Is it a question for me to answer? Or is it a question for you to answer. Because I am the difference. (Participant 5, lines 184-188)*

Here we see clearly how the differences can be located all in one individual. Participant 5 highlights how the interview question places all of the difference in them and points out that in fact the interview panel are also very different. Such an

interview question risks creating an ‘in/out’ dynamic with white skin being laid down as the baseline from which all other difference is judged.

4d. Superordinate theme 3: Clinical technique

The third superordinate theme is centred around clinical technique. This is made up of two different subordinate themes; ‘Whose responsibility is it?’ and ‘Bringing race into the transference’. Participants spoke of the clinical dilemmas they faced when working with patients they identified to be of a different race to themselves. Some of these centred around how active to be as a clinician in bringing in topics relating to race and difference. A related dilemma involved being unsure how to introduce these topics, with many participants outlining their struggles with bringing race directly into the transference relationship.

Subordinate theme: *‘Whose responsibility is it?’*

Many of the participant spoke about how, even though race was perceived as a central part of the work, it had either taken a long time to come into the therapy sessions, or had never been discussed at all.

> *I think from the very beginning, I felt very aware of our racial difference and it’s been something that has come up very explicitly in the work more recently, but it took a while for us to get there. (Participant 1, lines 146-150)*

> *I think it felt very uncomfortable, but also very [pause] relieving at the same time, and it felt like something we were actually talking about, something that was probably the biggest thing that had been in the room the whole time, actually. (Participant 1, lines 219-222)*

Here we see that the participant has had a very keen sense of the racial differences in the work from very early on but this was not explicitly addressed for quite some time. They also acknowledge their sense that, in fact, this had been the most important thing for the whole time. It is striking that an important aspect of the work took such a long time to be discussed and perhaps, relating the previous themes, this points towards significant inhibition in addressing race directly. This was not an isolated experience in the interviews. Here participant 4 reflects on how race was first avoided, but once it was addressed it became a very important part of the work.

> *No, no, no it was definitely, it was trying to avoid something. But it was so not conscious as well, it's kind of like I can't believe that it took a lecture to kind of awaken my thoughts and be in touch with something that was [pause] Because you know, like not bringing that up, if I hadn't addressed that…it would have been a stumbling block in the work, definitely would have been, you know, what emerged from it was very rich material afterwards, I felt. (Participant 4, lines 387-393)*

Equally, participant 3 here paints a vivid picture of having many pressing thoughts and ideas internally, but that in fact none of these ever entered her work with the patient. They also outline how such thoughts were not encouraged or explored by her supervisors, relating to the fourth superordinate theme I discuss below.

> *It was interesting that, you know, even though we never talked about it, what was going on in my mind a lot was about it [race]…Equally I was never encouraged by my intensive case supervisor or my placement supervisor who was a parent worker, to explore these things or to even ask me, you know, you know, what do you make out of this? That he is a black boy. Have you*

> *ever worked with a black child before or dark-skinned child before? And it never came up and equally I never raised that you know. But I, in hindsight, I realise some [pause] I had some thoughts and ideas going on in my mind that never stayed unexplored completely. You know, I still don't know actually [pause] erm, [pause] how would I address these things? To be honest, I have to be honest, I don't have the language, I don't know still to this point how I should be addressing these things with families. (Participant 3, lines 252-274)*

Here the participant speaks openly about their struggles in finding a way to articulate some of the many thoughts and questions around race that they were having. The therapist and their supervisor's silence surrounding the case is striking. As with the previous two interviewees, questions around race were active in the mind of the therapist but were not brought into their work. When the reasons for these admissions were explored, participants, in part, flagged the anxiety and fear of danger/breakdown discussed in superordinate theme 1. However, participants also spoke of dilemmas centred around clinical technique. Three of the participants voiced their uncertainty about how active to be about bringing race and difference into their work.

> *It feels like I could probably finish the work with him and never really bring it up. But then I feel like I'd have sort of [pause] missed something so obvious and big. And yet, is that just me thinking that it has to be obvious and big and kind of wanting to bring it in? Or would I be missing something by not? And I guess it's that question of [pause] I don't know, do you, do you always assume that race is part of the work if you and your patient are of a different race? (Participant 1, lines 640-647)*

This seemed a central dilemma for the participants interviewed who identified as white. There appeared to be an underlying anxiety about being more active about bringing race into their work, posing the question of whether it is their responsibility or their patient's? These participants, such as in the vignette above, often appeared uncertain about how to answer this question often voicing contradictory thoughts about how active to be. Such uncertainty is striking given how important many of the participants felt it was in their work and raises the question as to whether they would face the similar dilemmas around other topics.

Participant 5 was much clearer about how they approach racial difference in their clinic work. For them race was always present and they had more straightforward ideas about how active to be about discussing race with their patients.

> *So, it's very apparent for me in terms of race, the way how I say things, the others are all different. But how I acknowledge the difference is how I acknowledge race…And so, you know, the race, and the racism, can be displayed across all my, all my clinical work. (Participant 5, lines 115-127)*

Here we see a contrast in clinical technique across the participants interviewed. The participants who identified as white appeared often to be grappling with the fact that race felt very present but they felt unsure whether to raise it. It appears that participant 5, on the other hand, readily acknowledges racial difference as part of wider discussions about difference with their patients.

Subordinate theme: *'Bringing race into the transference'*

A related clinical dilemma reported by participants centred around if, and how, to bring race into the transference. All of the white participants voiced some degree of

uncertainty about doing this. This primarily related to the discomfort this stirred up and, again connecting to superordinate theme 1, a fear of how exposing it could feel.

> *So [pause] but I think it's the, it's the hardest, race is probably the hardest thing to take into the transference, because it's also very much personal. And so, I think it feels, you know, there are sort of genuine aspects of yourself that feel like they're being uncovered. (Participant 1, lines 549-550)*

> *I think [pause] I think it's more difficult to think of race of directly with people of colour in that moment during the session. It's easier to think after the session has finished…In that moment is different [pause] more difficult to discuss during the session, if that makes sense. (Participant 2, lines 691-695)*

> *It's interesting with both of them, I'm still not kind of making enough transference interpretations. I'm still afraid and fearful to link it to myself, that's definitely there. (Participant 4, lines 844-846)*

Here we see three participants voicing their struggles with bringing race and difference directly into the transference with their patients. Although still a question of clinical technique, I feel that this dilemma has a different quality to the question of responsibility discussed above. The participants that voiced uncertainty around bringing race into the transference were generally describing an inhibition within themselves, rather than whether it should be done in the first place. Indeed, some of the participants even expressed their clear regrets about having not done it more frequently in their work. Here participant 3 reflects on not bringing race directly into the relationship with one of their patients.

> *And everything else went on in my mind never came out, it was just kind of living in my head. And I really wish in hindsight that I [pause] explored these*

> *things with my patient. I think it would be, you know, really enrich my work really a lot. But there will be opportunities in the future, in my future clinical work. (Participant 3, 505-509)*

These dilemmas appeared again to be isolated to those participants identifying as white. Participant 5, on the other hand, spoke about how they regularly bring the racial differences between themselves and their patients into the transference.

> *The way how he, he's connected and able to open up and talk about his culture, in the sessions, it's, er, you know, it's from somebody that he looked at me, thinking, you will understand me, you know, there is this thing, you won't be scared of my aggressive feelings…I understand that there is a transference from his side and his phantasies about who am, I might be, you know, and but yeah, it was very interesting to see that, as well. (Participant 5, 1015-1024)*

Here participant 5 discusses their work with a child they identify as black, but from a different race to themselves. They are describing how they have used the ways in which the child relates to them around race, culture and identity to inform their work and support the patient to understand themselves better. Here the participant is outlining how their own identity can be used as a tool to support their clinical work. Although earlier in the interview they do describe some inhibitions about doing this, these centred around a worry about being the recipient of racism in a clinical setting. These feel very different anxieties to the ones being voiced by the participants identifying as white.

4e. Superordinate theme 4: The role of the training, analysis & service supervision

Part of the interviews explored how well prepared the trainees felt in conducting the clinical work they had chosen to discuss; alongside the types of support they had received and things they felt would help with such work in the future. The participants reflections on their experiences in relation to this forms the fourth superordinate theme.

All five participants spoke clearly about their sense of not feeling prepared to carry out the work they had chosen to discuss. Many of the participants spoke about their experiences of issues of race being discussed in their weekly intensive supervision. In addition, some also spoke about their experiences of bringing their work to small group supervision and seminars on the course. A repeated theme that arose from these participants was that they felt in these discussions race and difference had not been adequately addressed.

> *I felt like I was sort of feeling my way for the first time with something that felt like brand new territory. Erm, [pause] and even, I think, when I took it to supervision, I don't feel like we really stayed on it. I just, I don't actually think we even have really properly thought about it in my intensive supervision. (Participant 1, lines 783-787)*

> *I still haven't had that kind of maybe rich discussion around it. I think this is the most I've definitely spoken about race. And it's, you know, the idea of the project, but yeah, it's not [pause] And I don't know, even with my small supervision group…I don't know that it felt like a safe necessarily space to think about it in. (Participant 4, lines 548-552)*

This inadequacy of discussion around race in their supervisions on the course was echoed in the lack of discussion in the supervision they received on their placements.

> *In my other service, though [pause] erm, [pause] I think we have [pause] I think it is, when we talk about difference it feels as if more they have a kind of tick a box, you know…And this can be a problem that, I think, genuinely we're not thinking much. (Participant 2, lines 932-940)*

> *I think it's important, again, to say that no one in my supervision, asked me, have you ever worked with a black child? Or how do feel about this? What does it stir in you? Is it clinically important, do you think? So, I think, you know, people, it needs to be mutual. It's, it's me, in a learning environment, to bring it up. But it's also I would expect it in the future for my seniors, and people who are helping me clinically, to bring it up as well. (Participant 3, lines 931-936)*

This lack of support through the course and from their services left many of the participants feeling that they had to go away and do their own learning around the topic. There were even reports that calls for greater support from the training were not listened to.

> *Well, you know, it's hit and miss isn't it because, you know, I became aware of the webinars, culture diversity webinars that was given, was offered. And I didn't get to know about these webinars through my training, which was so disheartened. And that every time I felt like, every time I actually proposed, make a proposition for our leaders, to emphasise the psychoanalytical training, and the differences, I feel like I'm pushed away. And that, and, and, I*

> *had to go elsewhere to look for my knowledge. (Participant 5, lines 1188-1190)*

Three of the participants also reported that discussions about race and difference were either absent from their analysis or they were not fully satisfied about how it was discussed.

> *But this [race] feels particularly exposing because I think it's not something I've worked through properly in my analysis, either. (Participant 1, lines 555-556)*

> *Because I was thinking, even speaking about it [race], I'm not sure even in my own analysis I've thought about it enough. (Participant 4, lines 189-190)*

> *My own personal psychoanalysis has helped me to manage it. Although I felt that my, I still feel I talk to my analyst about it…but for her, it's still difficult too. (Participant 5, lines 881-884)*

However, all the participants also accepted that, whilst they felt the course had a responsibility to provide them with greater support, they too had a responsibility to be interested and seek out learning opportunities for themselves on the topic.

> *I think it's easy to sort of [pause] erm [pause] put my own ignorance down to, sort of, not having been, sort of, given the opportunity or, whereas actually, I feel like, I also, you know, if I want to bring it up in the seminar, I can, nothing's actually stopping me from doing that. But I also don't think that there is a platform or habit to thinking about it, or being encouraged to think about it, like we are about so many other things, you know. (Participant 1, lines 797-803)*

Many participants spoke about what they felt would be helpful to them in feeling more prepared to work with patients of a different race. The most common request was for greater support in supervision, both in their services and on the course. Linked to this was a consistent call for supervisors to have their own support around the topic.

> *Well, again, it's supervision. It's absolutely fundamental to have support when you need it, and the right type of support… I think the entire cohort should participate in an interview like this, and in a study like this, honestly, and even, even our teachers you know, our supervisors. (Participant 3, lines 953-975)*

A number of the participants spoke about a desire to have a specific space of some kind in which issues of race and difference could be thought about. However, others were not fully clear about whether these issues needed their own separate space or should be integrated throughout the course.

Despite the inadequacy of overall support that has been described, three participants described how experiences on the course and in their service supervision, where race had been addressed, were invaluable in supporting their clinical work.

> *And it wasn't until I'd had like Frank Lowe's lecture if I'm honest, it kind of just kicked in thinking, like, why didn't you say anything?...Yeah it really did, it was a really useful lecture. I kind of wish I had it earlier though. (Participant 4, lines 349-371)*

> *I am interested to understand and to talk about it. And, err, I had a good fortune to have teachers, that were also encouraging me to address the differences, if that came into the room, if that was, excuse me, something that was present in the sessions. (Participant 5, lines 360-363)*

> *[My service supervisor] She is very interested in culture and diversity and race and class. She kind of talked to me…and she told me now we have to also encounter, you know, think of race and difference…she made me more alert on what the existence of problems maybe are. (Participant 2, lines 926-934)*

Throughout all five interviews the general feeling was that, for these participants, race was either not being discussed, or properly addressed, within supervision on the course and in their services, within seminars or their own analysis. This lack of thinking and curiosity appears very much reflective of the participant's experiences with their patients, where, in a similar way, such conversations were often being avoided.

CHAPTER 5: DISCUSSION

I now explore each of the themes in more detail examining the links between the literature and empirical research discussed in the literature review and the findings of this project.

5a. Superordinate theme 1: Emotional responses to talking about race

Subordinate theme: '*Fear & anxiety*'

The strong emotional responses reported by the participants were striking. All five participants reported varying degrees of discomfort stirred up by conversations about race, with the most common emotions named as fear and anxiety. These responses were described in all contexts in which race was discussed, including with their patients, with friends or colleagues and within the interview itself. Ellis (2021) drawing on neuroscience and research on trauma, describes how conversations about race can cause 'inner distress and discomfort, along with feeling psychologically unsafe' (Ellis, 2021, p. 130). One way these internal states can be managed is by moving into, what Ellis terms, a 'non-relational mode' of functioning (Ibid.). Ellis describes how in these states of mind tension and self-blame are avoided but, as a consequence, reflective functioning is reduced and empathy and compassion is shut down. At worst this can lead to the individual looking to re-impose the dynamics of racial hierarchy. In addition, it can also include responses that avoid acknowledging the racialised dynamics at play such as unconsciously ignoring the topic or proposing that all individuals are equal and therefore race does not need to be addressed. The participants who reported the highest intensity of fear and anxiety described how these responses could have a prohibitive effect leaving them feeling less confident or less inclined to talk about race with their patients. Such

strong emotional reactions raise the question about how, and if, race can be adequately addressed if the topic leaves the therapist in such paranoid and fragmented states of mind.

The most common fear amongst all the white participants was of self-exposure with two participants being unsure what might be exposed and two others concerned about enacting racism or being perceived by others as racist. Davids (2011) contends that there exists in the mind a universal concept of the racialised 'other' which is situated within a defensive structure which he calls 'the internal racist organisation' (Ibid.). Such an organisation is mobilised at times of acute anxiety with unwanted feelings being split off and projected into the racialised other. This fear of self-exposure reported by the white participants might reflect that, at an unconscious level, there may be some awareness that such a structure may exist within themselves. However, at the same time, it was clear from the participants responses they were very much consciously aware of racism in the external world and felt that prejudice is wrong. Davids suggests that it can be uncomfortable to confront the realities of an internal racist organisation and therefore this can be managed by projecting it out into bigoted figures in the external world. However, doing this makes it more likely that the internal racist organisation is disavowed, as associations to such groups are undesirable. Equally, without a conscious awareness of these structures, at times of heightened anxiety, the internal racism might be more likely to be expressed. The finding that participants' accounts of race seemed to be unconsciously avoided due to a fear of racist parts of themselves being exposed, appears to support with Davids' assertions. This highlights the need for therapists to be supported in engaging with, and exploring, the internal racism that Davids describes.

The responses of participant 5, the only participant identifying as black, differed in two ways. Although they reported anxiety around discussions of race these primarily centred around having to be vigilant about whether they would be subjected to racialised enactments. This came from regular lived experiences in which they felt marginalised, othered or attacked because of their race. This led to a latent anxiety, which had a very different quality to the fear and anxiety expressed by the white participants. Ellis (2021) argues that transgenerational transmission of trauma, alongside being faced with racial micro and macroaggressions in the present, can leave marginalised individuals feeling defensive, dissociated and internally unsafe. Participant 5 described a cautious and vigilant approach to conversations about race, in which they have had to develop skills to manage such responses within themselves. My experience as the interviewer was that this felt different to the paranoid and fragmented states of mind described by the other four participants. Participant 5 was also positive about participating in the project. In contrast, although the four white participant expressed gratitude for the opportunity of taking part, none expressed any positive feelings in relation to our discussions about race. Such contrasting responses suggest that black and white therapists face differing challenges in managing the different emotions that talking about race can provoke.

Subordinate theme: *'Danger/breakdown & primitive feelings'*

A closely linked theme reported throughout the interviews was the feeling that conversations about race can stir up vivid worries of imminent danger and relationship breakdown. Here, again, a distinction can be made between the responses of the four white participants and participant 5, the only black participant. Whilst participant 5 did not describe anxieties about danger or breakdown they did make several references to the 'profound' and 'primitive' feelings that race can stir up

which centred around how race can be used as a tool to aggress. The four white participants, on the other hand, all spoke of the sense of danger that conversations about race can stir up. Phrases such as ‘going into deep waters’, ‘entering risky territory’ were used regularly by the white participants alongside adjectives like ‘explosive’ and ‘volatile’. Perhaps participant 5 was more in touch with the realties and consequences of racialised violence whilst the white participants felt less comfortable explicitly naming it as an attack.

Several of the white participants spoke about their worries about what conversations about race would provoke in their patients; there was a reported fear that raising race would provoke something so dangerous or explosive that it would lead to a breakdown in the therapeutic relationship. Fanon (2008) writes about how the white world uses race to project undesired and unwanted feelings. These feelings can include qualities such as violence, overt sexuality, and greed. He describes how this can be done in a wide range of ways from overt threats of violence through to subtle everyday language. Such projections may account for the differing responses participant 4 reported to experience with patients from differing backgrounds. They described a greater sense of fear and worry with their patient they identified as black compared to their patient from Asia. This could represent how people from different backgrounds can be projected onto in differing ways with black identities often associated with violence and aggression. The intense language used by all of the white participants raises a question of the extent to which the sense of danger they described was their own projections onto their patients. This possibility may be supported by the fact that two of the white participants reported that, when race was raised with their patients, it had brought rich material and moved the work forward rather than provoking violence or threatening the therapeutic relationship.

When Fleming (2020) interviewed qualified child and adolescent psychotherapists about their fantasies about racial difference, she found that ‘difference was associated with violence, rape, paedophilia, sexual abuse, child abuse, cheating and dishonesty’ (Fleming, 2020, p. 175). The participants I interviewed were less explicit in their associations relating to difference. However, the language they used regularly suggested an imminent sense that they could provoke some form of violence in their patients. Fleming argues that therapists, by coming into contact with difference, feel their own sense of identity and culture threatened and therefore create a split by projecting all the danger and badness into other cultures ‘to maintain a feeling that one’s own culture as good and normal’ (Fleming, 2020, p.176). This links to the second superordinate theme explored below, in which I examine how there was a propensity amongst some of the participants to locate all of the difference in one individual, be that themselves or the patient.

Altman (2021) explores another possible reason for why such feelings of danger and breakdown might be stirred up in the white participants. He outlines how there is a, sometimes unconscious, awareness amongst white individuals that they are afforded many advantages because of the colour of their skin. Such an awareness can lead to an anxiety that those without such advantages might feel wronged, have a strong sense of unfairness or even feel angry about this discrimination. Altman argues that ‘anticipation of such anger may lead to a background persecutory fear…that may be thought of as a form of guilt, i.e. in the form of anticipation of punishment’ (Altman, 2021, p.31). He relates this to a fear of retaliation that individuals can experience when functioning in a paranoid schizoid state of mind. As the anticipation may operate at an unconscious level, this can lead to the individual acting in ways to avoid the guilt, rather than to actively acknowledging the unfairness and empathising

with those suffering from its consequences. Such an anxiety appears to be reflected in participant 4's interview in which they spoke about how their own awareness of inequality can leave them with a residual underlying fear and it also may account for some of the other white participants sense of danger and breakdown. Such stark emotional responses from the participants interviewed highlights the importance of therapists being offered opportunities to explore the ways in which they project unwanted or undesirable feelings along racial lines, may split and project into others to maintain a sense of 'goodness' about their own identity or how a fear and anticipation of punishment may have an inhibitory affect in exploring race with their patients.

Subordinate theme: *'Hard to think'*

Across all five interviews participants reported how conversations about race could make it hard to think, causing an internal sense of shutdown and hindering curiosity in themselves and others. Morgan (2021) argues that the anxieties and discomfort that are stirred up when one is confronted with difference can lead to a defensive reaction in which the individual attempts to avoid such feelings. Speaking from the white perspective, she outlines how this can manifest itself in a 'colour-blind' approach which shuts down curiosity or exploration of race. She argues that Bion's concept of emotional links can be used to explore the dynamics at play when race is discussed. The paranoid-schizoid links of 'L' and 'H' can represent the idolised / denigrated binary that is set up when racism is enacted. However, also at play can be the 'K' and '-K' links. In failing to acknowledge difference, a '-K' link is manifested whereby there is 'an active avoidance of awareness where the truth would disadvantage the individual or the group were they to allow themselves to know' (Morgan, 2021, p23). A 'K' link, on the other hand, requires facing the challenging

emotions involved in getting to know something, as distinguished from simply knowing about something. She describes this avoidance as being part of a 'white fragility' that 'freezes our curiosity and silences our capacity to have ordinary conversations and to hear about a black individual's experience' (Ibid.). Crehan & Rustin (2018) develop these ideas when reflecting on why issues of difference can be hard to raise and discuss within Work Discussion groups. They argue that an epistemic anxiety can be provoked by conversations around difference because these conversations can disrupt a person's sense of identity and worldview. By defending against such anxiety, issues of difference can be avoided or shut down. Following this, it would appear then that the shutdown in thinking described by the participants may have its roots in defending against the anxiety and discomfort raised by the topic. In defending against such anxiety therapists are likely to find it much harder to be present, curious and exploratory with their patients when addressing issues such as identify, difference and race.

All five participants reported their own sense of having not done enough work on, or not knowing enough about race. However, the nature of this internal voice was described quite differently by the white participants as compared with the only black participant (participant 5). Whilst participant 5 described using this internal voice to drive them to seek out new opportunities to learn about the topic, the other four participants could move quickly into self-critical states of mind that appeared to shut down curiosity. This happened most commonly within the interviews themselves in response to questions about whether there was particular literature they had drawn upon to inform the work they had chosen to discuss. White participants reported either a shutdown in thinking in response to this or self-criticism. It feels of

significance that in my field diary I noted on a number of occasions across the interviews an observation within myself of moving into a critical, or more uncomfortably, even triumphant states of mind when a participant said something I deemed to be problematic (See Appendix 17). As Davids (2011) describes, an individual can avoid the shame and guilt stirred up by their own racism by projecting it into others. Just as the participants described a harsh internal voice that can cripple curiosity, I appeared to be ridding myself of my own internal critique by turning it outwards, towards the participants during the interview. Some participants reflected on managing this internal voice through an avoidance, conscious and unconscious, around the topic. Brooks (2014) outlines how thinking and curiosity can be shut down when talking about race because of our tendency to identify and idealise. We may protect ourselves and our theories by moving into states of mind that block thinking. Participant 2 in particular reflected on how they could recognise an internal pull to certainty as a way of managing a sense of not knowing enough.

5b. Superordinate theme 2: The location of the difference

Subordinate theme: *'Difference located in others'*

A striking feature of the interviews was how the participants discussed locating differences within the therapeutic relationship in one individual, rather than describing a process in which both therapist and patient acknowledged the multitude of differences between them. This is reflective of Fleming's (2020) findings in which qualified child psychotherapists, when speaking in a professional capacity, consistently located the difference in others. Fanon (2008) describes how language, history and science are used by the white culture to assert what it means to be white and therefore what it means to be black or 'other'. He argues that those who have

been colonised are therefore caused to ‘position themselves in relation to the civilizing language: i.e., the metropolitan culture’ (Fanon, 2008, p.2). Fanon is describing how a baseline of whiteness is created around which everything else is orientated. Morgan (2021) develops these ideas from a psychoanalytic perspective outlining how this creates a split between white and black in which no nuance, or shading of colour, can exist with whiteness defined more by what it is not rather than what it is. She argues that this can make it harder to comprehend the experiences of those who are marginalised as this requires a shift of viewpoint and acknowledgement of the privileges afforded by whiteness. Three of the four white participants frequently located difference within the therapeutic relationship primarily in their patients. Participant 1 recounted how historically they have viewed race as something that did not involve them. This may indicate that whiteness is being taken as a baseline with all difference located in the ‘other’. For participant 3, the racial differences within the therapeutic relationship became centred around skin colour. They described how, when choosing which patients to discuss in the interview, they focussed solely on skin tone and so neglected their own differences as someone who is white but not British. Participant 2 described oscillating between locating difference within the relationship and within their patients. This difference could often feel too great leading to a shutdown in the therapist’s ability to explore it. It could be argued that by locating the difference in others, the uncomfortable feelings associated with holding on to ‘otherness’ could therefore be avoided. Such avoidance, as identified in this project, is likely to have a great impact on therapists’ abilities to explore their patients’ relationship to identity and to think about its impact within the therapeutic relationship.

Subordinate theme: ‘*Difference located in the therapist*’

I had not anticipated that some participants would locate all difference within themselves. I had assumed that this would be unconsciously avoided because it can be hard to be the one holding the difference, and therefore it would be placed in others. However, both approaches had the effect of negating any exploration of the difference held within the relationship and of the patient's own identities. The extent to which this could happen was striking. There were reports of the therapists concentrating so much on their own difference that they negated to address important aspects of the patient's identity. It appeared that there was a strong, and often unconscious, pull to avoid acknowledging the patient's difference so that it perhaps felt safer to locate the difference within themselves. Participants 2, 3 and 4 spoke about the dilemmas they faced holding multiple identities, specifically around ethnicity, race and nationality. This was in contrast to participant 5 who outlined how they could feel othered in relation to many aspects of their identity. Participants 2, 3 and 4 discussed the complex task of assimilating their experiences both of feeling 'othered' in relation to their nationality or ethnicity while at the same time holding privilege in relation to their whiteness. In my field diary I reflected on how this had come as a surprise to me (See Appendix 16). Perhaps, in a similar way to some of the participants, I had focused on race, excluding other salient differences. Turner (2021) outlines the complex task of acknowledging the specificity of the dynamics of race, whilst at the same time holding an intersectional perspective when working with difference in a clinic setting. A move to concentrate, or foreground, one aspect of difference over others can often be used defensively as a way of avoiding the complex and sometimes painful task of making sense of power and privilege. This, again, highlights the need for trainee therapists to be given opportunities to explore

their own identity and how this intersects with other areas of difference and impacts on how they may respond to others from different backgrounds.

Flemings (2020) reports that qualified child psychotherapists who were foreign-born felt more 'different' earlier on in their careers and this feeling tended to diminish over time. This seemed to correspond to my findings whereby the three participants who identified as non-British, 2, 3 and 5, all described locating the difference within themselves at times during the interview. As all of my participants were in training, this would appear to correlate with Fleming's findings suggesting that as therapists become more experienced their own differences can get less foregrounded.

Subordinate theme: '*Difference avoided or held in both*'

Participants also described managing difference within the therapeutic relationship by avoiding it completely. Several reported that other issues, such as the patient's mental health, were prioritised in the therapy. Whilst there were clear clinical reasons given for this it was striking that the patient's identities in relation to race and culture were completely avoided, even when the patients had communicated how important these aspects of their identity were to them. Such avoidance created a similar result to locating difference in one individual. It stopped any ability to reflect on the differences within the therapeutic relationship and also about the patient's own relationship to different aspects of their identities.

Less common, although present, were accounts from the participants of being able to hold onto a sense that both patient and therapist could have complex range of multiple identities. When this did occur, the differences could be held between them both and this appeared to allow for greater exploration of the transference. Such use

of the transference as a therapeutic tool to explore difference is discussed in more detail in the following superordinate theme.

5c. Superordinate theme 3: Clinical Technique

Subordinate theme: *'Whose responsibility is it?'*

The three of the four participants identifying as white spoke regularly of the clinical dilemmas involved with how active they should be in raising the topic of race. Participants 1 and 4 presented an intriguing description of how race was a central part of the work but had taken a long time to be raised. They described uncertainty about how it should be raised and whose responsibility it was to raise it. Similarly, participant 3 painted a vivid picture of many thoughts and ideas going on internally for them, yet none of these were vocalised and they did not form part of the work with their patient. These descriptions appear to reflect the results of other clinical studies. Dos Santos and Dallos (2012) interviewed three white British psychotherapists as well as their three black-Caribbean clients. In this study the therapists reported feeling unsure about whether it was their responsibility to raise race with their clients, while the clients reported feeling that they were not invited to talk about race causing them to develop strategies to keep it out of the therapy. The reluctance of the participants' in the present study raises questions about whether they faced such dilemmas around other topics. A number of participants reflected on how they were more active in raising ideas or thoughts around other topics that they felt more confident in discussing. The doubts about whose responsibility it was to raise the topic of race appear to have had an inhibitory effect and could be seen as a way of avoiding the potential discomfort raising this topic may bring. However, for these participants such dilemmas did not appear to relate to concerns about

maintaining their neutrality, which has been flagged as an issue within the profession by other authors (examples include; Dalal, 2002; Davids, 2011; Fleming, 2020 & Morgan, 2021).

In contrast, participant 5, the only participant identifying as black, reported a much clearer sense of how active to be in relation to raising race, speaking about how it entered into all of their clinical work. This was done in direct ways, but also more broadly through exploring the differences within the clinic relationship in which race often played a part. The empirical research discussed in the literature review involving other talking therapies describe similar findings. Spalding, Grove & Rolfe's (2019) study interviewed counsellors from black, Asian and minority ethnic backgrounds. Despite these clinicians stating that they felt unprepared by their training to deal with encountering race in their clinical work, all had developed a wide range of skills and methods to incorporate working with difference in their clinical practice. Interestingly, participant 5 expressed the view that bringing race into their work was not a clinical dilemma because it was present in all of their clinical work and therefore needed to be addressed. Indeed, posing this as a clinical dilemma could be seen as another manifestation of the way in which race, and difference more broadly, is avoided.

Subordinate theme: *'Bringing race into the transference'*

All four participants who identified as white spoke about the challenges they faced with bringing race directly into the transference relationship with their patients. It appears that these therapists were articulating how delicate they found bringing race directly into the relationship with their patients. The reasons for these difficulties primarily centred around how personal race felt to them, as well as a fear about what

bringing it into the transference would expose about themselves. These difficulties seem to connect to the fear, anxiety and danger that were explored in the first superordinate theme. The fear of self-exposure appears to be a central dilemma faced by these therapists. Morgan (2021) writes about how white liberals are faced with the contradictory experiences of a belief that racism is abhorrent as well as an awareness, on some level, that they might behave in ways that reinforce systemic discrimination, as well having racialised thoughts or ideas. She contends that a vertical split in the psyche develops as a result and, to maintain a sense of the 'good' self, the racist parts of the self are disavowed. This leads to a collusion in which race is not fully engaged with or avoided. Perhaps some of the anxieties expressed by the white participants are reflective of a similar split in which there is an unconscious fear that bringing race directly into the transference will reveal parts of themselves that are felt to threaten the other more empathetic and caring parts of themselves.

There is, again, a contrast to be drawn here between participant 5 and the other four participants. Participant 5 spoke of their experiences of using the transference to help their patients to better understand their relationships to race, culture and identity. This is reflected in other research on the topic. In his single case study, Junor-Sheppard (2018) demonstrated how the transference relationship can be a powerful tool in helping the patient to better understand how the external world has racialised them. Millar (2015), again using a single case study, showed how counter-transference can be used to help to develop a more nuanced understanding of the patient's internal world and how it is shaped by their relationship to race and gender. Both these studies highlight how the use of the countertransference and transference is contingent on the therapist's willingness and openness to engage

with how the patients racial, religious and gender identities have shaped their internal worlds.

5d. Superordinate theme 4: The role of the training, analysis & service supervision

All five participants reported the absence of discussions about race in their supervisions on both the training and on placements. Participant 3 disclosed that no supervisor throughout their training had raised the topic within supervision. All of the other participants outlined that, when race had been raised in supervision, they felt it often had not been adequately addressed. A similar absence or lack of adequate support was reported within the small group supervisions and seminars on their training. Participant 4 spoke about feeling that the topic could not be raised in their small group supervision because it did not feel a safe enough environment. Three of the participants spoke about their sense that there is not a culture in which issues of difference and race can be adequately discussed in their experiences on the training so far. The absence of difference, diversity and race on psychoanalytic trainings is well documented (examples include: Dalal, 2002; Davids, 2011; Lennox; 2013; Lowe, 2014 & Morgan, 2021). Several authors have considered why the topic might be so absent within psychoanalytic trainings. Morgan (2007) contends that because there is a need to maintain an image of oneself as ‘good’, white supervisors can project out their internal racism onto more overt external examples of racism. In doing so a ‘colour blind’ approach is held in which difference is either avoided or not fully addressed. Indeed, two of the participants in the interviews outlined how they felt it was easier to avoid topics such as race when both supervisee and supervisor were white. Dalal (2002) has discussed his experiences as a black trainee in supervision with a white supervisor. He describes how his supervisor asserted that

he was not aware of the patient's race and therefore it was not a significant issue to him. This is reflected in participant 5's description of making requests for a greater place for difference and diversity on the training and such calls being pushed back. Lowe (2014) has argued that the absence of discussion of difference on psychoanalytic trainings can be viewed as a defence against facing reality. He contends that the lack of investment in diversifying trainings and the maintenance of the status quo stirs up unconscious guilt within the profession which, in turn, leads to a lack of engagement as a way of defending against this guilt. He also argues that when the topic is included on trainings it can often have a tokenistic feel to it. This was again reflected in the participants responses with participant 2 stating that, when race is raised in their service supervision, it can feel like 'a box is being ticked'.

The absence of learning and discussion about race was reflected in the empirical research involving both psychotherapy and other talking therapies. Most of the studies in the empirical section of the literature review highlighted the lack of support for trainees on both psychotherapy trainings and in other talking professions. In McKenzie-Mavinga's (2005) study the impact of the introduction of a workshop addressing 'black-issues' for counsellors in training was analysed. The study found that this increased trainees from all backgrounds confidence in discussing 'black issues' with their patients. This seems to reflect the interview data collected in the current study. Three participants outlined how helpful they had found the support on the occasions it had been provided. This was reported for support provided both in supervision and through events specifically focused on race and difference.

Another source of potential support the participants raised was within their analysis. Gibbs (2009) outlines the importance of trainees examining their relationship to race and culture in their own analysis. However, here too the participants reported that

race was often absent. Three of the participants described how, although race had been present in their analysis, it had not been adequately addressed. Participant 5 spoke of their sense that they had to be the one to push for race to be discussed. Participants 1 and 4 both spoke about their concerns that, without race being more prominent in their own analysis, it could leave them vulnerable to acting out, or ignoring, the topic with their own patients.

Dennis (2018) describes the importance of being able to critically reflect on ideas and concepts that have been developed in western, colonial contexts so that academia can begin to disentangle itself from racist and racialised assumptions and beliefs. Morgan (2021) explores this in relation to psychoanalysis arguing that there is a need for the profession to 'loosen our transference to our founding fathers and let them rest in their own era, we can acknowledge their flaws and allow the possibility of re-visioning and re-energising our theoretical base' (Morgan, 2021, p. 83). Within the interviews only participant 5 made any reference to the need for a re-examination of psychoanalytic concepts in relation to race. Such an absence could be in part reflective of the status of the participants as trainees, potentially feeling less able to be critical of the profession. However, it also highlights the need within the profession to be more actively engaged in thinking critically about its foundational ideas and concepts. Such critical thinking is vitally important if its theories are to be decolonised and disentangled from racialised ideas and beliefs.

5e. Some reflections on reflexivity

Throughout the project I have been aware of an internal push to not speak out on the topic of race for fear of dominating the conversation or centring my own experience as a white individual. Such countertransference responses to the topic has had an

inhibitory effect on my ability to engage with the project, making it harder to feel able to speak honestly and to be curious and exploratory. These responses appear to closely match some of the participants responses in the interviews through their reports of a shut down in thought and avoidance of the topic. There are a number of reflections about this that I think are important to raise in relation to how this has impacted on my collection and interpretation of my data. I have conducted this piece of research whilst still a trainee studying at the Tavistock. My interpretation of my data is likely to have been influenced by this, and potentially impacted on my ability to speak out and be openly critical of an institution of which I am still a student. Equally, the self-critical nature of my countertransference responses described above may have impacted on my sense of authority about speaking out on the topic. I hope to have actively engaged with these thoughts and feelings throughout the project to mitigate their impact but they are still likely to have influenced my interpretation of my findings.

CHAPTER 6: CONCLUSION

6a. Summary

There are a number of central themes that have run throughout this thesis. The findings highlight how race is very much alive in the minds of trainee psychotherapists in their clinical work, much of which is being consciously and unconsciously avoided and unexplored. Such avoidance undermines clinician's confidence in adequately addressing the topic and leads to important aspects of the patient's identity being unexplored and, at worst, racialised power dynamics being re-enacted in clinical settings. White clinicians in particular appear to be often left feeling fragmented and unable to think in response to the topic. The importance of all trainee therapists being given opportunities to explore their own identities, internal racism and responses to race has been highlighted. The findings have also highlighted the differing challenges that clinicians from different ethnic backgrounds face in addressing race clinically. I hope that a contribution of this project is also that it is an attempt at an open and honest account of a white, male researcher trying to make sense of, and engage with, the topic of race. I hope that this may help others to better understand their own relationship with race or to further engage with the topic and therefore support them in their clinical work.

6b. Implications on clinical practice, the training and the profession

> *For me, you know, to think about these things, it's a very, it is a very hard work because you needed to learn how to do the work on your own. Which is, you know, it would be better if, you know, the thinking about the 'others' would be part of the psychoanalytical way of thinking…I feel the knowledge about the way we think about 'us' and the 'other' is already there, psychoanalytically*

> *speaking…all those theories, they are all there for us to explore in how these developing in the element of differences in equality. (Participant 5, lines 717-726)*

I think the participant here is expressing two important things. Firstly, that the psychoanalytic profession has some ideas and theories that can be very helpful in understanding race and racism, some of which I have discussed in this project. Secondly, that thinking about these topics does not form a significant enough part of the training and is not prioritised sufficiently by clinicians as an area of importance. I feel that an important concept here is DiAngelo's (2018) idea of 'racial stamina'. DiAngelo (2018) outlines how the fragility that exists within white western culture can often lead to a collusion amongst white individuals that race is a taboo topic to be avoided. This leaves white individuals ill equipped to sustain prolonged engagement with the topic given the amount of discomfort and fear it can provoke. DiAngelo argues only through repeated engagement with the topic can the stamina required to sustain such conversations without becoming defensive be built up. If race is absent within trainings, in analysis and on placements then trainees are only going to get opportunities to build up their tolerance in engaging with topics such as race in their personal lives. As one participant stated, the interview in this project was the most they had ever talked about race. It must be acknowledged that since these interviews have taken place there have been changes made within the course to support greater thinking in this area. The difference, diversity and identity seminar is now a compulsory module for all students. However, given the complexity and delicacy of this work, there still needs to be greater space, time and thought given to the topic within the profession.

There are a number of different implications for practice highlighted by the findings that link to this need for greater support for clinicians in training. The strong emotional responses reported by participants leave them more vulnerable to avoiding the topic or enacting racial microaggressions and enforcing racialised power dynamics. Clinicians therefore need support to help make sense of these emotional responses and to help them to be more able to think and be curious about the topic with their patients. The role of training analysts might also be pertinent here. It was reported by a number of the participants that race was either absent or not adequately addressed in their personal analysis, which impacted on their capacities to explore difference and identity with their patients. There was a clear pull to locate all of the difference within the therapeutic relationship in one individual as a way of avoiding the complexity and discomfort that addressing difference can stir up. This appeared to relate to clinician's difficulties in bringing race directly into the transference as well as concerns about whose responsibility it was to bring it up. I would challenge the idea that it is the patient's responsibility to raise the topic and would argue that part of the therapist's role is actively exploring all parts of a patient's identity. Studies such as Dos Santos and Dallos (2012) have repeatedly found that patients will pick up on the clinician's willingness to engage in conversations about race and will find ways to keep it out of their therapy if they are not invited to engage in open and curious discussions around it.

The relative absence within the interviews for calls for the psychoanalytic profession to re-examine and decolonise some of its core concepts and ideas is striking. Authors such as Morgan (2021) have highlighted the need for a more active and critical reflection of theory so that the racialised ideas and beliefs that underpin some of these concepts can be examined and reassessed.

6c. Future research

The strong emotional responses reported by the participants in this study demonstrate that race is very much alive in the psychoanalytic consulting room yet at the same time many of these thoughts, experiences and ideas relating to this are not being explored. This silence mirrors the relative absence of discussion about race within supervisions, trainings and analyses as well as the within the wider body of empirical research on the topic. I hope that this demonstrates that this is clearly an area that warrants further investigation and enquiry. One future area of research could be exploration of how race intersects with other differences within clinical contexts to bring a more nuanced understanding to the topic. Equally, the project has highlighted the differing challenges clinicians from different backgrounds face in addressing race with their patients. Further research targeting therapists of specific ethnicities may bring a more detailed and nuanced understanding of these therapists' experiences. This project has also only explored the experiences of therapists when there is a racial difference within the therapeutic dyad. It therefore may be of value to explore how race is addressed clinically when therapist and patient both identify as the same ethnicity. It may also be enlightening to explore the experiences of trainees attending other training schools and from a wider range of backgrounds. The findings of such research could also then be compared with the experiences of qualified child and adolescent psychotherapists. Finally, given the changes that have been implemented on the course since the research was conducted, it may be of value to conduct a similar project exploring the impact of these changes on current trainees' experiences.

6d. Limitations

A central tension I have felt throughout the project relates to its specific focus on race. Whilst I feel that there are features of race that are unique, it also feels vital that the ways in which race intersects with other forms of difference, power and privilege is not overlooked. It has, at times, been challenging to know how to hold onto the wider intersectional picture whilst at the same time stay specific to race. In choosing to focus on race I hoped to explore and highlight the specificities of racialised dynamics as they occur in a clinical setting. A limitation of this study may therefore be that by focusing specifically on race an exploration of its nuanced relationship to other forms of difference, power and privilege has been missed.

Other aspects of the project may have limited its reliability. The fact that interviews took place over zoom, although this had some advantages, meant the data collection was done in a less intimate way. Face to face interviews may have allowed for a greater degree of closeness to my participants and therefore greater understanding. This is reflective of other empirical studies, such as Archibald et al. (2019), which have highlighted the impact of technical difficulties when using video call on developing a close relationship with participants. In this study I have only recruited from current students on the Tavistock and Portman's child and adolescent psychoanalytic psychotherapy training. I have therefore not captured the experiences of trainees on the other four trainings within the UK. As a current student on this course, I also had a prior relationship with several participants. Although this could have been advantageous, allowing participants to feel more at ease, it could also have limited the study with participants feeling inhibited by our pre-existing relationship. In line with IPA epistemology the study had a small sample size. Although this allowed for an in-depth examination of participants experiences it did limit the range of experiences captured. Whilst the variety within the participants I

recruited with regards to race enabled helpful insights, a bigger or different sample may have allowed for more nuanced comparisons. The decision to excluded empirical literature from outside the UK and Europe may also have limited the scope of the literature review. Doing so meant that comparisons with findings from different contexts could not be made which may have supported a more nuanced understanding of the findings of this project. Finally, my own identity as a white researcher must be considered. Although this did appear to bring some advantages, with white participants disclosing this made it easier to discuss the topic, the only non-white participant described how this may have had an inhibitory impact on the data collected. Partly because of my white identity, I also feel the project has at times been directed more towards the white perspective at the expense of others.

6e. Some personal reflections

In the introduction to this thesis, I outlined my belief in the importance of honesty and authenticity involved in the learning process around race so it feels necessary to acknowledge some of my own experiences of undertaking this project. These reflections will inevitably relate to my identity as a white researcher. Regularly throughout this project I have experienced a sense of internal persecution which I have referred to at different points in this thesis. While such feelings may be an inevitable part of the learning process, I think a degree of this internal persecution relates to the topic itself. The nature of these feelings has shifted during the project but predominantly has centred around the following thoughts:

-As a white person I should not be speaking out on this topic in such a public way. I should not be the loudest voice in the room or dominate the conversation.

-You don’t know what you are doing, and others will read this project and be critical of your naivety.

-Look at how much better I am compared to all these other white people who are not engaging with race as much as me! [triumph]

It does feel exposing to disclose my internal thoughts in this way. However, I think it is interesting that they mirror so closely many of the participants’ experiences documented in the interviews. They also provide a barometer to monitor the internal shifts I have noted within myself as the project progressed. The internal persecution has lessened, and I now feel much more able to engage with the topic authentically and honestly. DiAngelo (2018) uses the concept of racial stamina as a way of encouraging those identifying as white to engage more with the topic. Such stamina inevitably involves facing internal discomfort. However, DiAngelo suggests, and as my experience reflects, this discomfort will decrease with time and is an enriching and valuable process.

REFERENCES

Akala (2019) *Natives: Race and class in the ruins of Empire.* Hodder & Stoughton: London.

Altman, N. (2006) Whiteness, in *The Psychoanalytic Quarterly.* LXXV, pp. 45-72.

Altman, N. (2021) *White Privilege: Psychoanalytic Perspectives*. Routledge: London.

Al-Roubaiy, N. S., Owen-Pugh, V., Wheeler, S. (2017) Iraqi refugee men's experiences of psychotherapy: clinical implications and the proposal of a pluralistic model, in *British Journal of Guidance & Counselling.* 45(5), pp. 463-472.

Archibald, A. M., Ambagtsheer, R. C., Mavourneen, C. G. & Lawless, M. (2019) Using Zoom Videoconferencing for Qualitative Data Collection: Perceptions and Experiences of Researchers and Participants, in *International Journal of Qualitative Methods.* 18, pp. 1-8.

Asfaw, B. B., Beiersmann, C., Keck, V., Nikendei, C., Benson-Martin, J., Schütt, I. & Lohmann, J. (2020) Experiences of psychotherapists working with refugees in Germany: a qualitative study, in *BMC Psychiatry*. 20(1), pp. 588.

Aveyard, H. & Sharp, P. (2013) *A Beginner's Guide to Evidence Based Practice*. Open University Press: Maidenhead.

Aveyard, H. (2015) *Doing a literature review in health and social care. A practical guide.* Open University Press: Berkshire.

Baker, J. D. (2016) The purpose, process and methods of writing a literature review: Editorial. Association of Operating Room Nurses, in *AORN Journal*. 103(3). pp 265-269.

Braun, V., Clarke, V., & Gray, D. (2017) Innovations in qualitative methods. In B. Gough (Ed.), *The Palgrave handbook of critical social psychology* (pp. 243–266). Palgrave Macmillan: Basingstoke, England.

Brooks, O. (2014) Race and our evasions of invitations to think: how identifications and idealizations may prevent us from thinking, in F. Lowe (Ed.) *Thinking Space: Promoting Thinking About Race, Culture and Diversity in Psychotherapy and Beyond*. (pp. 35-55). Routledge: London.

Bourdieu, P. (1977) *Outline of a theory of practice.* (R. Nice, Trans.). Cambridge University Press: Cambridge.

Bowden-Howl, J. (2021) Looking out whilst considering what lies within: engaging in further thought about one's own relationship with diversity and difference, in *Journal of Child Psychotherapy*. 47(1). pp 6-17.

Clark, K. B. & Clark, M. B. (1947) Racial identification and preference in Negro children, in T. Newcomb and E. L. Hartley (Eds.) *Readings in Social Psychology*. (pp. 169-78). Holt, Rinehart & Winston: New York.

Crehan, G. & Rustin, M. (2018) Anxieties about knowing in the context of work discussion: questions of difference, in *Infant Observation,* 21 (1), pp. 72-87.

Dalal, F. (2002) *Race, Colour and the Process of Racialisation: New Perspectives from Group Analysis, Psychoanalysis, and Sociology*. Brunner-Routledge: London and New York.

Davids, F. M. (2011) *Internal racism: A psychoanalytic approach to race and difference.* Red Globe Press: London.

Dennis, C. A. (2018) Decolonising Education: A Pedagogic Intervention, in K. G. Bhambra, K. Nişancioğlu and D. Gebrial (Eds.) *Decolonising the University.* (pp. 190-207). Pluto Press: London.

DiAngelo, R. J. (2018) *White Fragility: Why It's So Hard for White People to Talk About Racism.* Beacon Press: Massachusetts.

Dos Santos, O. & Dallos, R. (2012) The Process of Cross-Cultural Therapy between White Therapists and Clients of African-Caribbean Descent, in Qualitative Research in Psychology. 9 (1), pp. 62-74.

Dunleavy, P. (2003) *Authoring a PhD. How to plan, draft, write and finish a doctoral thesis or dissertation.* New York: Palgrave Macmillan.

Ellis, E. (2021) *The Race Conversation: An essential guide to creating life-changing dialogue*. Confer Books: London.

Fanon, F. (2008) *Black Skin, White Masks*. New York: Grove Press. (Original work published 1952).

Farsimadan, F., Draghi-Lorenz, R. & Ellis, J. (2007) Process and outcome of therapy in ethnically similar and dissimilar therapeutic dyads, in *Psychotherapy Research.* 17 (5), pp. 567-575.

Fleming, A. (2020) Child psychotherapists' fantasises about working with 'cultural difference', in *Journal of Child Psychotherapy.* 46 (2), pp. 168-190.

Fryer, P. (2018) *Staying Power: The History of Black People in Britain*. Pluto Press: London.

Gaitanidis, A., O'Driscoll, S. & Dickerson, P. (2016) A discursive analysis of White trainee counselling psychologists' experience in racial difference, in *Counselling Psychology Review.* 31(2), pp. 33-45.

Garner, S. (2010) *Racisms: An Introduction.* SAGE Publications: London.

Gibbs, I. (2009). Race, culture and the therapeutic process. In M. Lanyado & A. Horne (Eds.), *The handbook of child & adolescent psychotherapy: Psychoanalytic approaches* (pp. 114–125). Routledge: London.

Hall, S. (2017) *The Fateful Triangle*. Harvard University Press: Cambridge, Massachusetts.

Hewson, C. (2008) Internet-mediated research as an emergent method and its potential role in facilitating mixed-method research. In S. N. Hesse-Biber & P. Leavy (Eds.), *The handbook of emergent technologies in social research* (pp. 525–541). The Guildford Press: New York.

Jim, J. & Pistrang, N (2007) Culture and the therapeutic relationship: Perspectives from Chinese clients, in *Psychotherapy Research,* 17 (4), pp. 461-473.

Jones, S. (1994) *The Language of the Genes: Biology, History and the Evolutionary Future*. London: Flamingo.

Junor-Sheppard, S. (2018) *An Investigation of the Transference to Determine the Usefulness of Cross-cultural Child Psychotherapy in the Development of the Patient's Self.* Professional Doctorate thesis: Tavistock and Portman NHS Foundation Trust and University of East London.

Lennox, K. T. (2013) Empires of mind: Colonial history and its implications for counselling and psychotherapy, in *Psychodynamic Practice.* 19 (2), pp. 117-128.

Lowe, F. (2008) Colonial object relations: going underground Black-White relationships, in *British Journal of Psychotherapy.* 24, pp. 20-33.

Lowe, F. (2014) Thinking Space: The Model, in F. Lowe (Ed.) *Thinking Space: Promoting Thinking About Race, Culture and Diversity in Psychotherapy and Beyond*. (pp. 11-34). Routledge: London.

Maxwell, J. (2013) *Qualitative Research Design: An Interactive Approach*. Sage Publications: California.

McKenzie-Mavinga, I. (2005) Understanding black issues in postgraduate counsellor training, in *Counselling and Psychotherapy Research.* 5(4), pp. 295-300.

Millar Jr, T.E. (2015*) Race, Identity and the Transference/ Countertransference: A Mixed-Race Patient and a Mixed-Race Psychotherapist – A Single Case Study.* Professional Doctorate thesis: Tavistock and Portman NHS Foundation Trust and University of East London.

Moodley, R. & Palmer, S. (2006) Race, culture and other multiple constructions: an absent presence in psychotherapy, in R. Moodley and S. Palmer (Eds.) *Race, Culture and Psychotherapy: Critical Perspectives in Multicultural Practice.* (pp. 11-27). Routledge: London.

Morrell-Scott, N. E. (2018) Using diaries to collect data in phenomenological research, in *Nurse Researcher*. 25 (4), pp. 26-29.

Morgan, H. (2007) The Effects of Difference of ‘Race’ and Colour in Supervision, in A. Petts and B. Shapley (Eds.) *On Supervision. Psychoanalytic and Jungian Analytic Perspectives.* (pp. 187–203). Karnac: London.

Morgan, H. (2021) *The work of Whiteness: A Psychoanalytic Perspective*. Routledge: London.

Mulrow C.D., Cook, D.J. & Davidoff F. (1997) Systematic reviews: critical links in the great chain of evidence, in *Annals of Internal Medicine*. 126(5), pp. 389–91.

Pietkiewicz, I. & Smith, J.A. (2012) Praktyczny przewodnik interpretacyjnej analizy fenomenologicznej w badaniach jakościowych w psychologii. *Czasopismo Psychologiczne*. 18(2), pp. 361-369.

Rustin, M. (1991) *The Good Society and the Inner World*. Verso: London.

Smith, J. A., Flowers, P., & Larkin, M. (2009) *Interpretative phenomenological analysis: theory, method and research.* Sage: London.

Spalding B., Grove J. & Rolfe A. (2019) An exploration of Black, Asian and Minority Ethnic counsellors' experiences of working with White clients, in *Couns Psychother Res*. 19, pp. 75–82.

Spitz, R. A. (1950). Anxiety in infancy: a study in its manifestation in the first year of life, in *International Journal of Psychoanalysis.* 31, pp. 138-143.

Steiner, J. (1987) The interplay between pathological organisations and the paranoid-schizoid and depressive positions, in *International Journal of Psychoanalysis*. 68, pp. 69-80.

Steiner, J. (1993) *Psychic Retreats: Pathological Organisations in Psychotic, Neurotic and Borderline Patients.* Routledge: London and New York.

Thomas, D. & Hodges, I. D. (2010) *Designing and Managing Your Research Project: Core Skills for Social and Health Research.* Sage: London

Trawalter, S., Richeson, J. A., & Shelton, J. N. (2009) Predicting behaviour during interracial interactions: A stress and coping approach, in *Personality and Social Psychology Review*. 13, pp. 243-268.

Turner, D. (2021) *Intersections of privilege and otherness in counselling and psychotherapy*. Routledge: Oxon.

Turpin, G., Barley, V., Beail, N., Scaife, J., Slade, P., Smith, J.A., Walsh, S. (1997) Standards for research projects and theses involving qualitative methods: suggested guidelines for trainees and courses, in *Clinical Psychology Forum*. 108, pp 3-7.

APPENDECES

Appendix 1

Table of search terms

To help find the widest range of literature possible I identified as many relevant synonyms relating to my key concepts. The synonyms are detailed in the table below. Quotation marks were used to search for exact expressions and the * symbol allowed me to search for terms and words irrespective of their ending.

Concept one: therapists	**Concept two: psychoanalysis**	**Concept three: 'cross racial'**
therapist	psychoan*	"cross racial"
clinician	psychodyn*	cross-racial
psychoanalyst	psychoth*	intracultural
psychotherapist		"cross cultural"
counsellor		"cross-cultural"
"talking therapy"		intercultural
		transcultural

Appendix 2

The Tavistock and Portman
NHS Foundation Trust

Interview Schedule

Project Title

What are trainee Child and Adolescent Psychotherapist's experiences of working with patients they identify as of a different race to themselves?

1. Race as a concept

-How do you understand the term 'race' as a concept?

Prompts:

-How do you understand race in relation to yourself?

-How does it feel talking about race? Why do you think it feels like this?

2. Clinical Work: Descriptive

-Introduce section; I am now going to ask to get a descriptive account. start broadly: (where do people start?) -One or two cases:

-Tell me about the work you have chosen to talk about:

Prompts:

Can you describe what happened in the work? What arose and went on?

Length of treatment, setting, regularity, family involved?,

Why these cases in particular?

Was race and the differences between you a feature of the work? If it was:

-In what form did this take?

If it wasn't:

-Why do you feel this didn't come into the work? Was it just not of significance to this case?

or did it feel like something that could not be addressed? What were the blocks?

-What was it like to be a part of this work:

-How did the work impact on you personally and professionally?

What feelings did it stir up during the sessions?

What feelings did it leave you with afterwards?

Does it feel differently looking back on it now to how it did at the time?

3. Conceptual/Theoretical understanding

Preface: we may repeat ourselves, but I'm going to ask you about..

-How do you understand what went on in the work from a theoretical perspective?

Prompts:

-Were there particular elements of theory that you drew on during this work?

-How do you understand what went on from a psychanalytical perspective?

-Did you draw any particular or supervisory experience to help make of what went on?

-How do you understand what went on from any other perspectives?

-Are there any other things that feel of significance that haven't been mentioned?

-Are there reasons why you picked these case(s) in particular?

4. Training

Preface: we may repeat ourselves, but I'm going to ask you about..

-How well prepared did you feel to carry out this piece of work?

-How well supported did you feel in carrying out this work?

-What might help or benefit you when working with a similar case in the future?

Appendix 3

Follow up email

The Tavistock and Portman NHS
NHS Foundation Trust

Dear [Participant Name],

I am writing to thank you for your contribution to my Doctoral Research Project. I hope you found the experience a helpful one and I value your participation in the interview.

If following taking part in the study there are any issues concerning you I hope that you are able to access the support network around you including colleagues, supervisors or your training analyst. However, if this isn't possible then I would encourage you to contact the Human Resources department of the trust in which you are currently employed. All services will be able to provide a free confidential talking service that could be a space that you could use to reflect on and process taking part in the interview.

If you have any questions, would like any further information or would like to have a debrief meeting with me my contact details are:

Email: joe.horner@ghc.nhs.uk

Phone: 01242634050

If you have any concerns about how the study has been conducted please contact myself, my supervisor Dr Danny Isaacs: disaacs@tavi-port.nhs.uk or Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk).

Kind regards,

Joe Horner

Appendix 4

The Tavistock and Portman
NHS Foundation Trust

Participant Information Sheet

Project Title

What are trainee Child and Adolescent Psychotherapist's experiences of working with patients they identify as of a different race to themselves?

Who is conducting this research?

My name is Joe Horner and I am Child and Adolescent Psychotherapist in Doctoral Training studying at the Tavistock and Portman NHS Trust. I also work for Gloucestershire Health and Care NHS Foundation Trust. This project is being sponsored and supported by The Tavistock and Portman Centre and has been through all relevant ethics approval (TREC). This course is overseen and certified by The University of Essex. I have designed the study and will conduct the interviews and data analysis.

What is the purpose of this study?

In this study I hope to explore trainee Child and Adolescent Psychotherapist's experiences of working therapeutically with patients they identify to be of a different race to themselves. It aims at capturing a descriptive account from the therapist of what went on in the work whilst also exploring how the therapist understands these experiences.

What will taking part in the study involve?

You will be invited to take part in an individual interview that will last no longer than 75 minutes. All interviews will be audio recorded. During the interview I will ask you to identify one or more patients who you identified to be of a different race to yourself and to speak about the experience of working with them in a clinical context. It will be a chance for you to talk freely about this clinical work, with prompts from myself. I would also be interested to find out how you understand the concept of race. The interviews will be aimed to be conducted face to face, however, if this is not possible due to COVID-19 they will take place via telephone or video link at time that is convenient for you.

Who can take part in the study?

All participants will be expected to be currently studying at the Tavistock and Portman Trust on the Child and Adolescent Psychoanalytic Psychotherapy course (M80). All will be expected to have had some experience in this role working with patients they identify as of a different race to themselves. I will not be interviewing any one in the same year group as me or who I work with in my placement in Gloucestershire CAMHS. Despite this, as a fellow student on the course, I may still have some form of relationship with you. I would encourage you to consider before taking part how any new information gathered in the interview maybe impact on our existing relationship.

Do I have to take part?

There is no obligation to take part in this study and it is your choice whether or not you decide to be involved. If you do agree to take part then you can then withdraw your data without giving a reason up to three weeks after the interview. If you do decide to withdraw from the research all data collected from you will be permanently destroyed and not used in the data analysis. There is a three-week limit as after this point the data I will have begun to analyse and process the data collected.

How will I use the recorded data?

The recorded interviews will be transcribed and analysed by myself and will form the data for my doctoral thesis that I am completing as part of my studies. It my also be used in future academic presentations and publications. All audio recordings from the interviews will be destroyed by the time the projected is completed. During the transcription process I will anonymise any identifying details to maintain the confidentiality of those involved or being talked about in the study. As such any identifying details will have been anonymised in the final doctoral thesis or any future publication of the work. Confidentiality may be limited in the event where a participant discloses imminent harm to themselves or others.

What will happen to the recorded data?

The Tavistock and Portman NHS Foundation Trust is the sponsor for this study based in the United Kingdom. I will be using information from you in order to undertake this study and will act as the data controller for this study. This means that I am responsible for looking after your information and using it properly. I will keep identifiable information about you from this study for 5 years after the study has finished. The interview will be audio recorded and transcribed by myself.

Your rights to access, change or move your information are limited, as I need to manage your information in specific ways in order for the research to be reliable and accurate. To safeguard your rights, I will use the minimum personally identifiable information possible. I will use your name and the contact details you provide only to contact you about the research study. I am the only person who will have access to information that identifies you. I may be assisted in the analysis of this information by senior colleagues, but they will not be able to identify you and will not be able to find out your name or contact details.

All electronic data will be stored on a password protected computer. Any paper copies will be kept in a locked filing cabinet. All audio recordings will be destroyed after completion of the project. Data from the study will be retained, in a secure location, for 5 years. Electronic data will be password protected and any physical copies will be stored in a lockable filing cabinet.

If you would like more information on the Tavistock and Portman and GHC privacy policies please follow these links:

https://tavistockandportman.nhs.uk/about-us/contact-us/about-this-website/your-privacy/

You can find out more about the legal framework within which your information will be processed by contacting the sponsoring Trust's Clinical Governance and Quality Manager, Irene Henderson: IHenderson@tavi-port.nhs.uk

Are there any benefits to taking part?

The interview offers a period of time in which to consider past clinical experiences. It is an opportunity to reflect on these experiences with someone is genuinely interested and curious about

them. The study is also an opportunity to contribute to psychoanalytic thought in this area and it is hoped the results of the study will contribute to greater thought in this area.

Are there any risks to taking part?

There are no direct risks to taking part in this study. However, I am aware that this is area that each individual has a very personal relationship to and as such can stir up strong feelings. As such anyone taking part in the study will be sent a debrief email in which they will be provided with details of how to access a confidential service which they could use to reflect on the experience of the interview and what it may have stirred up.

Contact Details

Please do not hesitate to contact me if you have questions about the project or would like to discuss anything further.

Joe Horner

Email: joe.horner@ghc.nhs.uk

Telephone: 01242 634050

Address: Evergreen House, Charlton Lane, Cheltenham, GL53 9DZ

Alternatively, any concerns or further questions can be directed to my supervisor:

Dr Danny Isaacs

Email: disaacs@tavi-port.nhs.uk

If you have any concerns about the conduct of this research, the researcher or any other aspect of this research project please contact Simon Carrington, Head of Academic Governance and Quality Assurance (academicquality@tavi-port.nhs.uk).

Thank you for considering taking part in this study and taking the time to read this information. If you are willing to take part in the research please complete the consent form provided

Appendix 5

Recruitment post

The Tavistock and Portman NHS
NHS Foundation Trust

Dear all,

My name is Joe Horner and I am current student on the Child and Adolescent Psychoanalytic Psychotherapy training at the Tavistock and Portman NHS Trust. I am also on placement in Gloucestershire Health and Care NHS Foundation Trust.

I am contacting other trainees currently studying on the Child and Adolescent Psychoanalytic Psychotherapy Training at the Tavistock with the hope of recruiting for my qualitative research project. The title of this project is 'What are trainee Child and Adolescent Psychotherapist's experiences of working with patients they identify as of a different race to themselves?'.

The project is in an enquiry into trainee Child and Adolescent Psychotherapist's experiences of working therapeutically with patients they identify to be of a different race to themselves. I will be asking participant to think of one or two patients, current or past, that they identify as of a different race to themselves. It hopes to capture a descriptive of the work as well as explore any aspects of the work they feel were of particular significance. Alongside this it aims at exploring the therapist's conceptual understanding of what went on in this work from a psychoanalytic perspective and any other perspectives that the participant feels is relevant. The project may also involve some exploration of how the participant understands the concept of race and relates to it personally.

I am hoping to interview between 6-8 trainees. All participants will be expected to be currently enrolled on the training and have some experience of working with patients they identify to be of a different race to themselves. I will not be interviewing anyone in the same year group as myself or that works in my service. The interviews will last between 45-75 minutes and will take place either on site at the Tavistock and Portman Trust or online over video call, at a time that is convenient to you.

If you are interested in taking part please find the attached Participant Information Sheet which contains more background on the study. If you would like to take part in the project please contact me on this email address stating your interest in participating in the project.

Best wishes,

Joe Horner

Appendix 6

The Tavistock and Portman
NHS Foundation Trust

Participant Consent Form

Project Title: What are trainee Child and Adolescent Psychotherapist's experiences of working with patients they identify as of a different race to themselves?

Name of Researcher: Joe Horner

I confirm that I have read and understood the Participant Information Sheet, been given time to consider its contents and ask questions. I confirm I have been given time to ask any questions I have about the study and these have been answered satisfactorily.	
I understand that participation in this study is voluntary and I am free to withdraw at any time, or withdraw any unprocessed data previously supplied. I understand that I can withdraw my data up to three weeks after the interview has taken place.	
I understand that the interviews will be recorded and transcribed by the researcher as described in the Participant Information Sheet.	
I understand that information I give in the interviews will be kept confidential by the researcher unless I or anyone else is determined to be at risk.	
I understand that direct quotes from the interviews may be used in this research study but will be anonymised and held securely by the researcher.	
I understand that the results of this research will be published as part of a Doctoral Thesis and may form part of future publications or academic presentations.	
I understand that all data collected from the interview will be destroyed no longer than 5 years after the study has finished.	
I understand the interviews may involve the risk of emotional upset or discomfort, that I can stop the interview at any point and that I will be offered a chance to debrief after the interview has concluded.	
I confirm that I _____(Participant Name) have understood all of the above and what is required of me and I consent to participate in this study.	

Contact Details:

Researcher: Joe Horner Email: Joe.Horner@ghc.nhs.uk

Signature: _____

Date: _____

Supervisor : Dr Danny Isaacs Email: DIsaacs@Tavi-Port.nhs.uk

Participant's Name (Printed):_____

Participant's Signature:_____ Date:_____

Thank you for agreeing to take part in this study.

Your contribution is very much appreciated.

Appendix 7

The Tavistock and Portman NHS
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699
https://tavistockandportman.nhs.uk/

Jo Horner

By Email

22 April 2021

Dear Jo,

Re: Trust Research Ethics Application

Title: What are trainee Child and Adolescent Psychotherapist's experiences of working with patients they identify as of a different race to themselves?

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

Please be advised that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

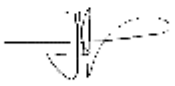
If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Best regards,



Paru Jeram
Secretary to the Trust Research Degrees Subcommittee
T: 020 938 2699
E: academicquality@tavi-Port.nhs.uk

cc. Course Lead, Supervisor, Research Lead

Appendix 8

Extract from Interview 1

1

Yeah. And not really knowing what to say, to be honest. And it actually led to a very open and honest conversation, which I think has [pause] it led to her being able to get very angry Erm, and [pause]

Interviewer

What was that like for you?

1

It felt kind of [pause] I think it felt very uncomfortable, but also very [pause] relieving at the same time, and it felt like something we were actually talking about something that was probably the biggest thing that had been in the room the whole time, actually.

Interviewer

It felt like it had been very present but not been able to be articulated?

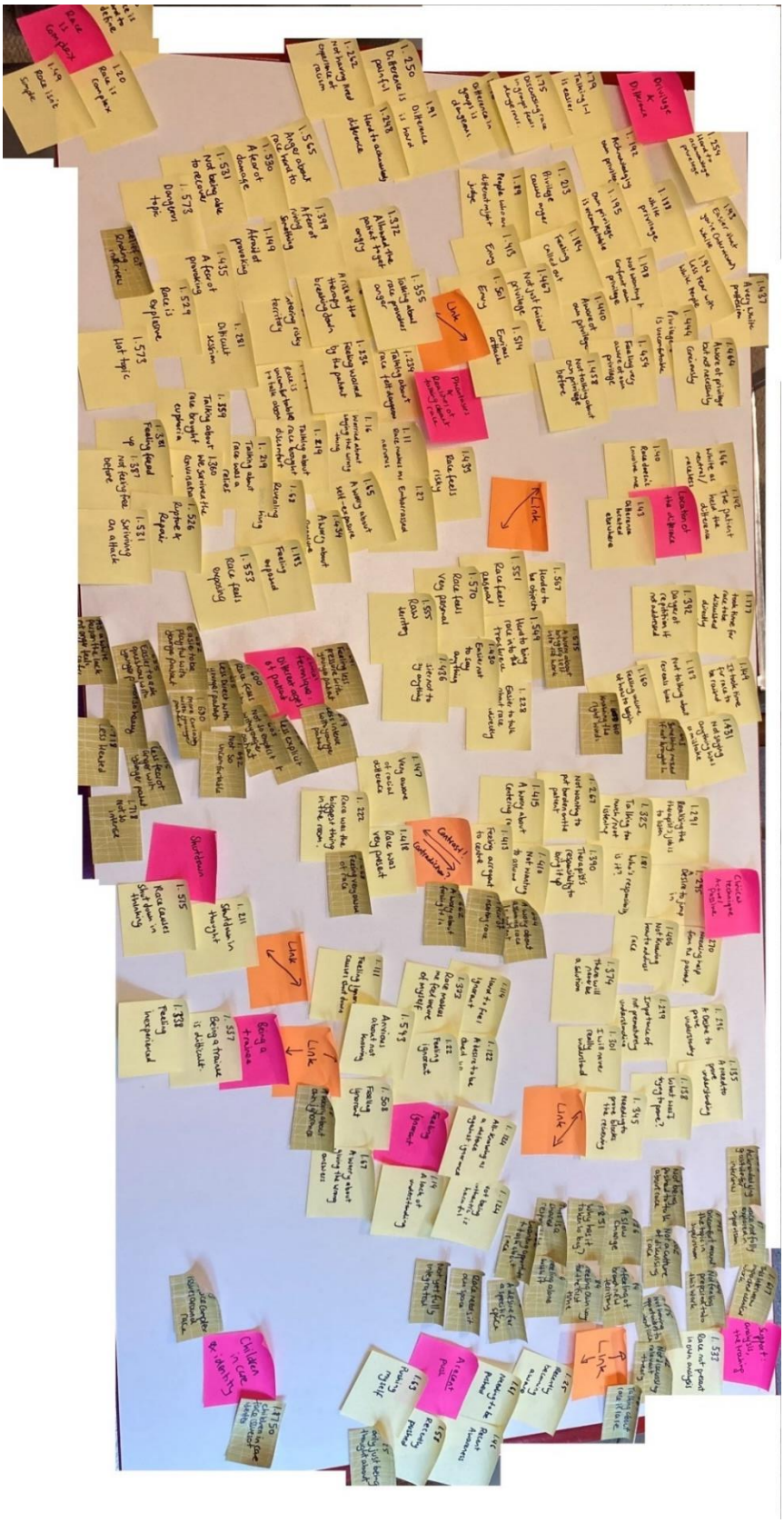
1

Yeah. And I think it had been present in the form of her talking about erm, other people, really. So I think it had been sort of located in other people and what she thinks other people think of her when they see her. The assumptions she thinks other people make of her. Erm, partly based on her appearance, but also sort of links to other things as well.

Erm [pause] But it felt sort of like, yeah, like something that hadn't been said was finally being said, but it also felt it felt like a warning.

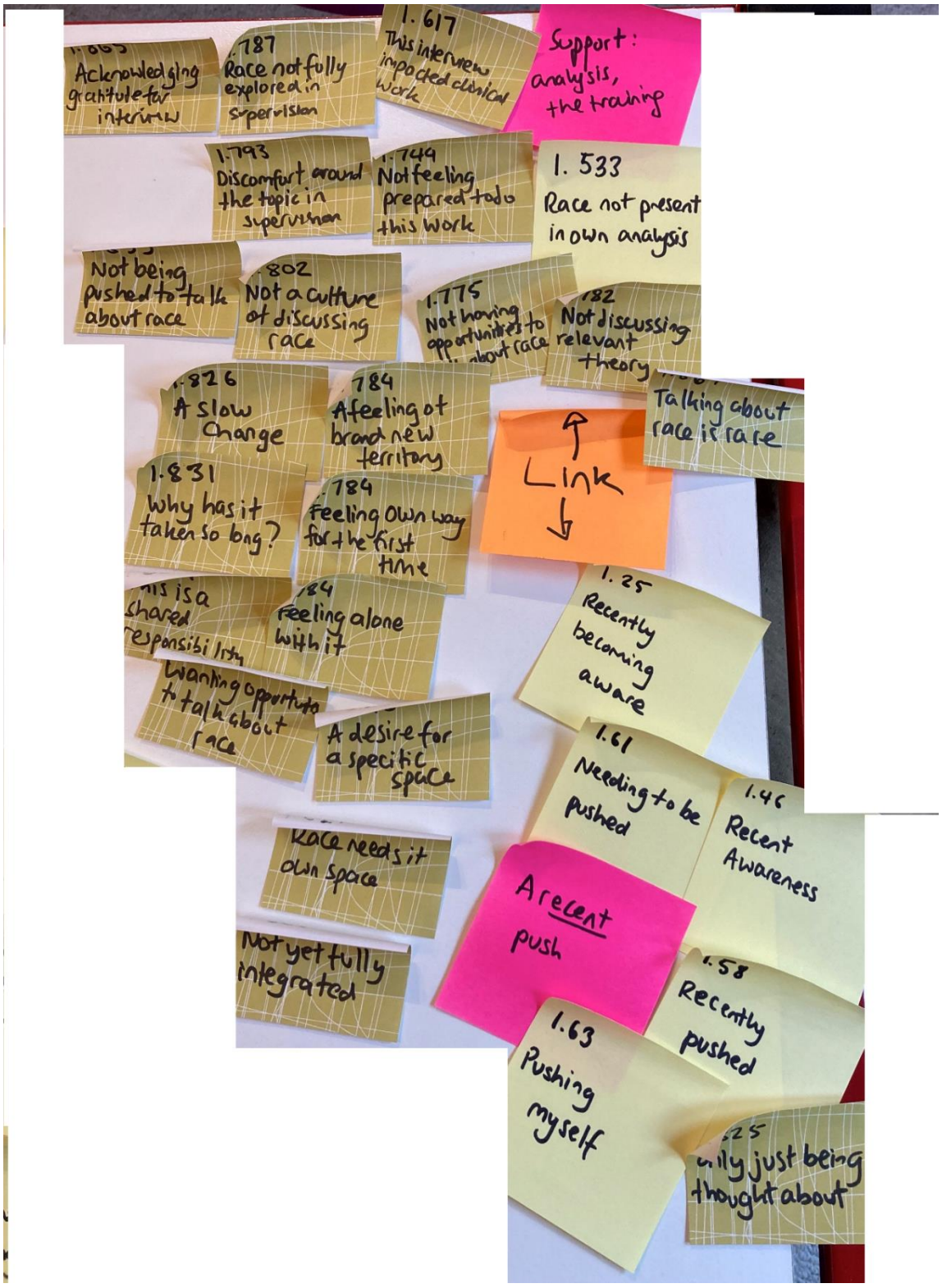
Appendix 9

Overall grouping of emerging themes from interview 1



Appendix 10

Example of two subordinate themes grouped from interview 1



Appendix 11

Table of all subordinate themes

1	2	3	4	5
Fantasies & Realities of talking about race -Danger/Risk -Exposure -Rupture/repair	Emotional responses to talking about race -Guilt -painful -Hard to think	Emotional responses to talking about race: -Frightening -Delicate -Explosive / damaging -Pain	Emotional responses to talking about race: -Fear -Shutdown -Desire for certainty -Different responses with patients from different backgrounds	Emotional responses to talking about race: -Feels good to talk about race -Fear being the victim of a racist attack -Race touches on primitive feelings
Privilege & Difference	The gap is too big		Uncomfortable with privilege	
Location of the difference (patient)	Location of the difference (therapist)	Location of the difference (patient)		Location of the difference (both)
	The experience of being a white non-British therapist	The experience of being white but not British		The experience of being a black therapist
Clinical technique: different ages of patients				
Clinical technique: Active/Passive	Clinical technique: Hard to work in the transference	Race very present internally but not explored	Clinical technique: hard to bring into the transference	
			Race very present but not explored	
Feeing ignorant	Harsh internal voice/not done enough		Needing to be open to explore	The importance of wanting to explore
Support: analysis & the training	Not feeling prepared/skilled	Not having the tools	Not feeling supported by training or analysis	Not supported by the training, analysis and

				service supervision
	What helps?	The role of the training		
		Managing competing demands as a trainee		
		The role of psychoanalysis to help understand race		Psychoanalysis as a tool to understand race and racism
A recent push		A recent engagement		
Children in care & identity			Mixed race: not fitting in anywhere	
Race is complex	What is race?	Race is more than skin colour	Race is complex and confusing	What is race? Power and division
				The relationship between black families and CAMHS

Appendix 12

Table after clustering exercise

1	2	3	4	5
Fantasies & Realities of talking about race -Danger/Risk -Exposure -Rupture/repair Feeing ignorant	Emotional responses to talking about race -Guilt -painful -Hard to think Harsh internal voice/not done enough	Emotional responses to talking about race: -Frightening -Delicate -Explosive / damaging -Pain	Emotional responses to talking about race: -Fear -Shutdown -Desire for certainty -Different responses with patients from different backgrounds Uncomfortable with privilege	Emotional responses to talking about race: -Feels good to talk about race -Fear being the victim of a racist attack -Race touches on profound feelings
Location of the difference (patient) Privilege & Difference	Location of the difference (therapist) The experience of being a white non-British therapist The gap is too big	Location of the difference (patient) The experience of being white but not British		Location of the difference (both)
Clinical technique: Active/Passive Clinical technique: different ages of patients	Clinical technique: Hard to work in the transference	Race very present internally but not explored	Clinical technique: hard to bring into the transference Race very present but not explored	The experience of being a black therapist
A recent push	What helps?	A recent engagement	Needing to be open to explore	The importance pf wanting to explore
Support: analysis & the training	Not feeling prepared/skilled	Not having the tools	Not feeling supported by	Not supported by the training, analysis and

		The role of the training Managing competing demands as a trainee	training or analysis	service supervision
Race is complex	What is race?	Race is more than skin colour	Race is complex and confusing Mixed race: not fitting in anywhere	What is race? Power and division
Children in care & identity				The relationship between black families and CAMHS
		The role of psychoanalysis to help understand race		Psychoanalysis as a tool to understand race and racism

Appendix 13

Table of superordinate themes

Emotional responses to talking about race	Location of the difference	Clinical Technique	The role of the training, service supervision and analysis
Fear & Anxiety	In the patient	Whose responsibility is it?	The training
Danger/breakdown & primitive feelings	In the therapist	Bringing race into the transference	Analysis
Hard to think	Both/avoided		Service supervision

Appendix 14

Master table of superordinate and subordinate themes

Themes	Line References
1. Emotional Responses to talking about race	
A. Fear & Anxiety	
1. A fear of being exposed	1.16, 1.65, 1.68, 1.183, 1.434, 1.553
2. A worry about exposure	2.135
3. Fear of being accused of being racist	3.305, 3.308, 3.361, 3.384, 3.511, 3.795, 3.825,3.832, **3.979,** 3.982, 3.987
4. Fearful of being viewed as racist/enacting racism/inequalities drive fear	4.77, 4.80, 4.145, **4.195,** 3.323, 4.324, 4.326 ,4.451, 4.469, 4.500, 4.553, 4.569, 4.600, 4.661, 4.764, 4.801
5. Anxiety about experiencing racism/ Feels good to be talking about race!	5.37, **5.194**, 5.511, 5.535, 5.585, 5.985
B. Danger/breakdown and primitive Feelings	
1. Afraid of provoking/causing damage	1.234, 1.355, 1.399, 1.433, 1.435, 1.469, 1.529, 1.530, 1.565, 1.573
2. Going into deep waters/distress	2.133, 2.135, 2.135, 2.339, 2.341, 2.687
3. Race is explosive/race is delicate	3.145, 3.170, 3.351, 3.511, 3.956, 3.957
4. Something will unravel/a massive fallout	4.495, 4.609
5. Race stirs up primitive feelings	5.524, 5.526, 5.534, 5.628, 5.1070
C. Hard to think	

1. Feeling ignorant/a desire to know it all	1.14, 1.22, 1.22, 1.67, 1.111, 1.114, 1.122, 1.124, 1.124, 1.211, 1.333 1.508, 1.515, 1.543
2. Feeling ignorant/Not done enough	2.70, 2.72, 2.114, 2.334, 2.163, 2.628, 2.821, 2.829, 2.865, 2.872
3. Feeling inhibited/shutdown in thinking	3.146, 3.239, 3.258, 3.316
4. A pull to certainty/a shutdown in thinking/ self-critical	4.83, 4.85, 4.132, 4.135, 4.138, **4.271,** 4.283, 4.319, 4.340, 4.341, 4.343, 4.352, 4.365, 4.386, 4.516, 4.518, 4.986, **4.917,** 4.1010
5. Fear of unknown blocks curiosity	5.914, 5.927
2. <u>The location of the difference</u> ***A. In Others***	
1. The patient held the difference	1.40, 1.43, 1.46, 1.142
2. The difference located in others/ the gap is too big	2.247, 3.327 2.331, 2.604, 2.656, 2.761,
3. Difference located in the patient	3.825, 3.847, 3.883
5. Others can be different to	5.108, 5.116
B. In the Therapist	
2. I am always different	2.463, 2.465, 2.473, 2.607, **2.604,** 2.608, 2.613, 2.619, **2.762,** 2.766
3. Harder to locate in oneself/ Everyone is different to me	3.49, 3.103, 3.540, 3.704, 3.844, 3.845, 3.856
5. Being given all the differences/ Always aware of how different I am	5.105, 5.138, 5.185, 5.188, 5.644, 5.1006

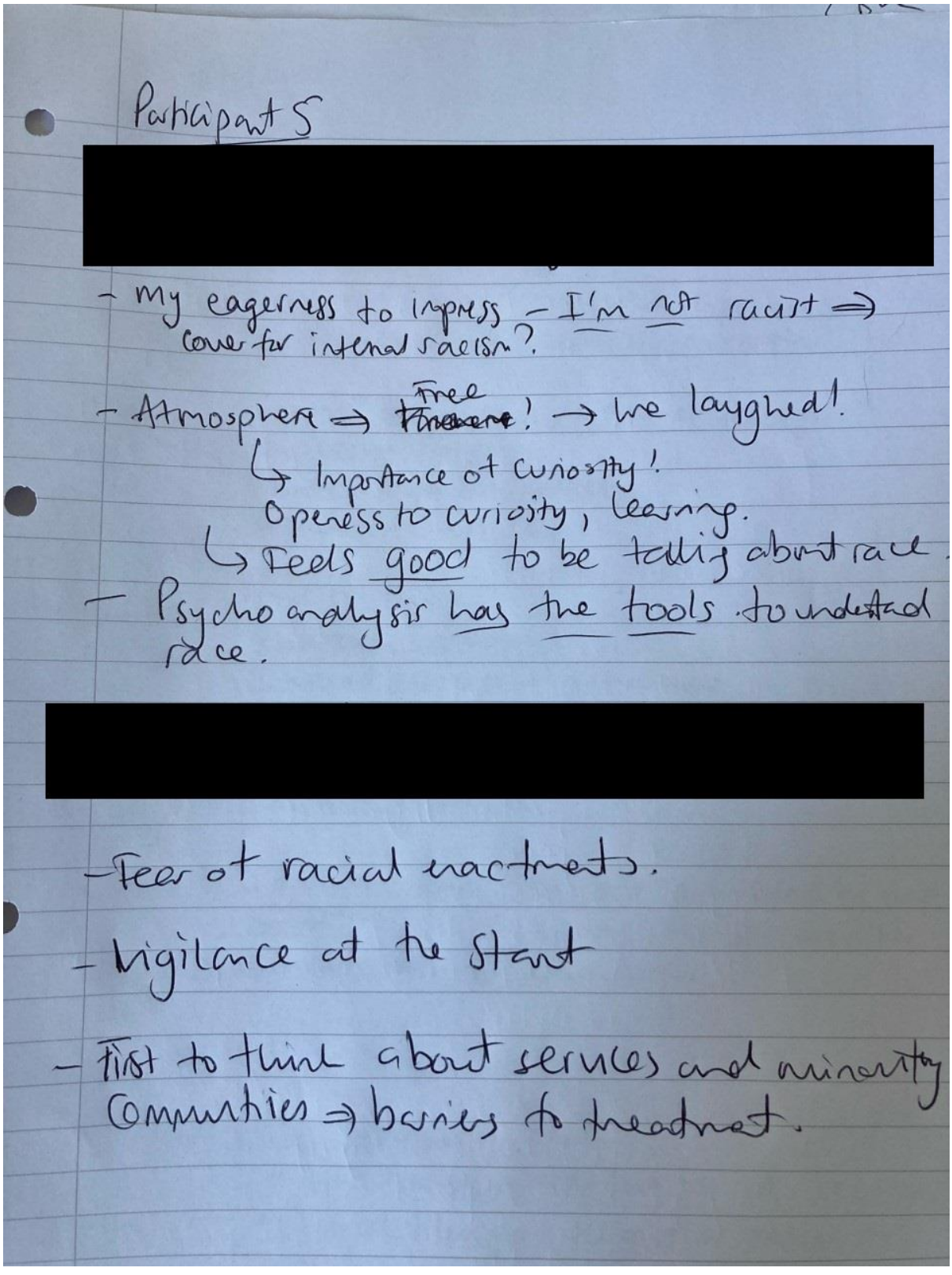
C. Both/Avoided	
2. Difference is avoided	2.305, 2.307, **2.630**, 2.637, 2.649, 2.651, 2.666, 2.689, 2.701
3. Both can hold differences+ Difference avoided	3.522, 3.847
5. Both can hold difference	5.118, 5.127, 5.402, 5.510, 5.681, 5.790, 5.1009
3. <u>Clinical Technique</u>	
A. Whose responsibility is it?	
1. Race was the biggest thing/A worry about bringing it in	1.81, 1.222, 1.267, 1.147, 1.410, 1.413, 1.415, 1.418, 1.622, 1.644, 1.649, 1.668
3. Race very present by not explored	3.234, 3.257, 3.270, 3.338, 3.343, 3.348, 3.371, 3.373, 3.485, 3.597, 3.654, 3.695, 3.785, 3.799, 3.823
4. Race was unconsciously avoided for some time/ integral part of the work	**4.389**, 4.275, 4.312, 4.911, 4.714, 4.866, 4.286, 4.102, 4.424, 4.303, 4.282
5. Race is always present in my work/Always have to consider how I am perceived	5.127, 5.170, 5.316, 5.507, 5.585, 5.589, 5.591, 5.597, 5.600
B. Bringing race into the transference	
1. Hard to bring into the transference, very personal	1.228, 1.430, 1.436, 1.470 1.549, 1.551, 1.555, 1.567, 1.575
2. Delicate to interpret race in the transference	2.64, 2.490, 2.507, 2.656, 2.670, 2.672, 2.697
3. Did not explore patient's relationship to whiteness/ Regret at not exploring more	3.507, 3.687, 3.736, 3.772, 3.777

4. Hard to bring race into the transference	4.483, 4.846, 4.849, 4.945, 4.946, 4.947, 4.954
5. My black identity can be used to help others	5.162, 5.313, 5.324, 5.329, 5.331, 5.448, 5.614, 5.656, 5.1002, 5.1017, 5.1080
4. The role of the training, analysis & service supervision	
1. Not integrated into the course, not present in analysis, not fully explored in supervision	1.533, 1.744, 1.775, 1.775, 1.782, 1.784, 1.784, 1.784, 1.787, 1.793, 1.802, 1.826, 1.833
2. Not feeling prepared or supported. Needing to do own research	2.290, 2.800, 2.951, 2.622, 2.1017, 2.940, 2.162, 2.936, 2.290, 2.981
3. A desire for more support/ not present in supervision/ not encouraged to explore	3.235, 3.269, 3.386, 3.434, 3.488, 3.495, 3.928, 3.933, 3.936, 3.953, 3.974
4. Race not present in supervision, lack of diversity in cohort, when support has been offered it helped, not present in analysis	4.193, 4.205, 4.207, 4.211, 4.215, 4.217, 4.220, 4.279, **4.347,** 4.375, 4.528, **4.537, 4.548,** 4.551, 4.862, 4.870, 4.1022, 4.1025, 4.1032, 4.1035, 4.1056, 4.1088, 4.1153
5. Having to do a lot of learning on my own, Not feeling supported in supervision, Not feeling supported by own service, Support on the training hit and miss	5.1189, 5.763, 5.1034, 5.1027, 5.1090, 5.1188, 5.1230, 5.1222, 5.1214, 5.1208, 5.1180, 5.1205, 5.1196, 5.1174, 5.1062, 5.1031, 5.734, 5.361

*Line numbers in bold indicate quotes which particularly resonated with me during the analysis process.

Appendix 15

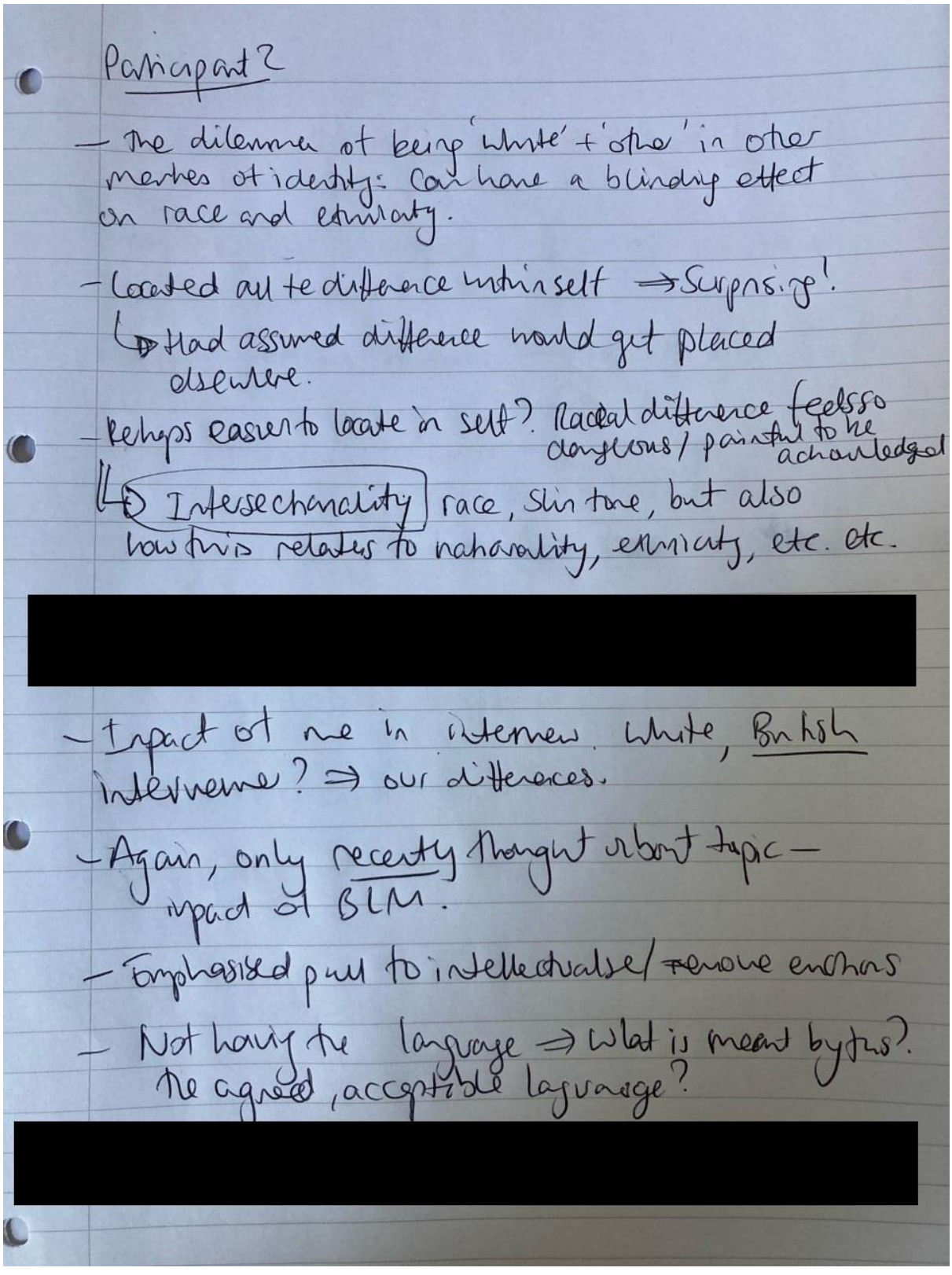
Example of diary entry from participant 5



*Some entries redacted to maintain participant confidentiality

Appendix 16

Example of diary entry from participant 2



Participant 2

- The dilemma of being 'white' + 'other' in other markers of identity: can have a blinding effect on race and ethnicity.
- Located all the difference within self ⇒ Surprising!
  - Had assumed difference would get placed elsewhere.
- Perhaps easier to locate in self? Racial difference feels so dangerous / painful to be acknowledged
  - Intersectionality race, skin tone, but also how this relates to nationality, ethnicity, etc. etc.

[redacted]

- Impact of me in interview. White, British interviewer? ⇒ our differences.
- Again, only recently thought about topic – impact of BLM.
- Emphasised pull to intellectualise/remove emotions
- Not having the language ⇒ what is meant by this? The agreed, acceptable language?

[redacted]

*Some entries redacted to maintain participant confidentiality

Appendix 17

Example of diary entry from participant 1