

Exploring the Conscious and Unconscious
Processes of Internalised Racism
in the Therapeutic Relationship
A Thematic Analysis

By
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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed_____

Date_____

Emma Ellis

16 December 2015

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*Ehara taku toa
i te toa takitahi
Engari, he toa
Takitini*

*Success is not the work of one,
but the work of many*

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Abstract

This dissertation asks how the internalised racism of racial minority clients becomes identified and treated clinically by white psychotherapists. Four psychotherapists, who self-identified as white, participated in semi-structured interviews, exploring their perceptions and understandings of how internalised racism and racism manifested within the clinical setting. The data from these interviews was analysed using thematic analysis and produced four main themes; 'manifestations of internalised racism and racism in therapy', 'dis-identification', 'therapist's explicitness' and 'connection to culture'. These themes were supported and anchored by four sub-themes. The themes represent a therapeutic process called: emergence, understanding, intervention and aim. The emergence of 'racism and internalised racism in therapy' describes both the clients' and the psychotherapists' experiences of internalised racism and racism as it emerges in the therapeutic encounter. 'Dis-identification' captures the psychotherapists' understanding of internalised racism operating as their minority client's dis-identification with their racial and cultural heritage. 'Therapist's explicitness' identifies a therapeutic intervention, the psychotherapist's communication to their minority clients about the racial differences between them. And finally 'connection to culture' captures the psychotherapist's therapeutic aim of encouraging a connection to racial and cultural heritage as a protective factor against racism and emotional and psychological difficulties.

Overview of Dissertation

Chapter One undertakes the context and rationale for the current research, outlines the research aims, and defines key terms and concepts that are used throughout this dissertation.

Chapter Two provides a critique on the literature on internalised racism, psychoanalytic theory and additional literature on cross-racial dyads.

Chapter Three describes the methodological framework, and method of data collection and data analysis employed in this research.

Chapter Four outlines how the study was conducted, starting from the recruitment of participants to the data analysis and identification of final themes.

Chapter Five explores and describes the findings from the data analysis, the main themes and sub-themes, with illustrative and descriptive extracts from the interview transcripts.

Chapter Six discusses the meaning, significance and implications of the findings, in relation to the treatment of internalised racism by white psychotherapists, and provides additional comments for implications for further research.

Chapter 1: Introduction to topic

This chapter outlines the context and rationale of this research. Beginning with a brief definition of internalised racism, a background to how I arrived at the research topic, a short overview of the literature on the topic, and the methodology and method used for this research.

Internalised racism defined

Internalised racism can be described as an individual internalising feelings of “hatred, disgust, repulsion, and other negative emotions felt and expressed by one group for another” (Dalal, 2006, p. 132). Manifestations of internalised racism range from feelings of self-loathing, shame, disgust, a disrespect of one’s own race, low self-esteem, hatred and shame of one’s skin colour, and an idealisation and a higher status attributed to light skin colour. Hunter (2002) maintains that light skin colour for African American women is a form of “social capital” that stems from a system of internalised colonialism. She writes, “Light skin is associated with Europeans and is assigned a higher status than darker skin, which is associated with Africans or indigenous people, and is assigned a lower status” (p. 176). The acceptance of these symptoms of internalised racism by the individual creates a perpetuating cycle of oppression, which Akbar describes as “psychological slavery” (as cited in Speight, 2007, p. 131).

There is a paucity of research which addresses how internalised racism exhibits itself in a psychotherapeutic interethnic dyad. Theoretical frameworks, guidelines, and interventions for treating clients who suffer the effects of internalised racism are sorely needed. Watts-Jones (2002) notes, “addressing internalised racism is a new born baby in our field...” (p. 600). She then explores the intensely private realm of internalised racism, and the difficulty for therapists who identify as white wishing to raise the effects of internalised racism with their clients due to the fear of re-enacting the history of boundary violations of racial oppression within the clinical setting (Watts-Jones, 2002). Speights (2007) similarly notes the need for research and therapists to recognise “the psychological legacy of internalized racism” (p. 133).

How I came to this topic

I was born in 1980 in Southwest London, England; a mixed race daughter to a Zambian mother and an English father. I grew up in white middle class, suburban London and have little recollection of any conversations about Zambia, being African, being of mixed race heritage or of having both a white and black parent. I also have no memories of any explicit racism being directed towards myself or my family. I do not consider myself to have had any social disadvantage in my life because of my race and cannot claim to have been a victim of overt discrimination or prejudice in any way that is memorable. In many ways I grew up feeling fairly oblivious to race and my racial identity in suburban London during the 1980s. This lack of awareness or preoccupation regarding my racial identity and the relative social ease I experienced largely reflects the liberal, middle class social attitudes of the times. These attitudes were in opposition to the institutional racism that affected Britain's poorer, racially mixed inner cities. Casting my memory back to my childhood there were, however, subtle memories, feelings, thoughts and experiences I was aware of in relation to my racial identity. I remember not liking my curly afro hair, wanting to have long straight hair like the white girls in my class, and the feeling I was ugly in comparison to them. I remember feeling slightly embarrassed about my mother being very dark skinned and having an African accent. I worried that strangers would not think my father was my father because he was white and I was brown. I remember unwanted attention from strangers touching my hair and my skin colour being commented on admiringly, which felt confusing and uncomfortable.

As a teenager I moved to Philadelphia, USA with my family in the mid 1990's. In America I was exposed to an intensely racialised society, and for the first time in my life I became acutely aware of race. It seemed to me that there was a very definitive black American experience, expression and culture that existed within the wider American culture. I moved rapidly from a vague sense of my difference to a painful preoccupation with not fitting into the African American racial mould. I was asked by African American kids of my own age "are you white or are you black?" I was told I looked black but sounded white. I felt like an anomaly in a racialised society which seemed to demand a conformity to a certain way of expressing black identity. I felt inferior, that I didn't fit in; I felt a sense that I was not black enough.

I was also vaguely aware during this period of experiencing a stifling narrowness in the representation of African American life within wider American culture. What seemed sorely missing in media representation of African American culture were nuanced, varied representations of black identity, black lives and black experiences. Instead the representations of black culture and identity were depicted often as one-dimensional stereotypes. Ward (2004) writes, "Research indicates that images of African Americans in mainstream popular culture have traditionally been quite negative and demeaning, often centered on stereotypical portrayals (e.g., the gangster, the natural athlete, the clown)" (p. 285).

As a teenager I was becoming aware of and discovering the importance of racial identity. I was vulnerable to internalising and identifying with racial stereotypes. I accepted these stereotypes as truths and measured myself and my racial identity in relation to these "thin descriptions" (Morgan, 2000) of black identity. Cokley (2002) writes, "Internalized racialism entails identifying with any stereotype about one's racial group, positive or negative, that is predicated on the belief that racial categories have innate and, therefore, immutable characteristics" (p. 477).

I found this sense of inferiority remained within me, long after leaving The United States and was exposed again in a new way after migrating to Aotearoa/New Zealand. In Aotearoa I was, and am, the subject of curiosity which is largely constructed in the form of the social question "where are you from?" I encountered this question early on in my living in Aotearoa. It seemed innocuous enough at first. My internal experience of myself was of being primarily British, so I would answer "I am British". Often this answer seemed not at all satisfactory to the asker of the question and it would be supplemented with "where are you *originally* from?" Or sometimes, "no, where are you *really* from?"

Exploring African identities in Australian society and their own experience in relation to the frequently asked question "where are you from?" Mapedzahama and Kwansah-Aidoo (2010) write, "The question for us conveys a strong sense of exclusion in that in a white dominated society it is asked, in the main, of certain groups of people who are visibly different" (pp. 4-5). I resonate with the author's sense that the question where are you from? conveys a hidden but powerful statement that my skin colour and

features are very visibly different to the white European, Māori, Asian or Pacific Island demographic of Aotearoa. In essence the question where are you from? seems to me to communicate “you are not from here” and carries with it a certain type of racialised other-ing. This othering process, as I have discovered through writing this dissertation, seems to be a fundamental aspect of the human experience. An integrated sense of self requires identifications with shared characteristics with others. This sense of identification also requires a recognition of “different others” in order to identify and understand sameness. Recognition of difference and sameness lies at the core of our personality development in childhood, and remains with us throughout our life. It seems we need different others in order to hold ourselves together. Volkan (1988) writes that there is a fundamental human need for people to have enemies and allies throughout their lives.

I felt often, as an adult, preoccupied with an acute sense of difference and possessed unexamined ideas and beliefs about black people being a somewhat homogenous group who possessed characteristics that I felt I did not have. This was the state I found myself in as I started my training as a psychotherapist and started my own therapy with a white psychotherapist. I had never before verbalised in depth my confused, painful, consuming and tangled experiences and beliefs about my racial identity. These layered experiences lived inside me in an isolated shell, buried deep with unexposed corners unknown to me. Early on my therapist directly enquired into my life experience of being from a mixed race heritage and expressed a curiosity and interest, placing importance on my being of a mixed race heritage.

This started an exploration which allowed me to begin to realise the extent to which socio-historical racial discourse had become quite lodged in my psyche, impacting my relationship with my racial identity. I have been able to see more clearly how my own racial identity had been founded on a sense of inferiority in relation to racial myths founded on stereotypes developed in my formative years. Gorman poses that, “Racial stereotypes in the media are important contributors to racial myths, which are sustained via repeated exposure” (as cited in Slaughter-Defoe, 2012, p. 41).

My therapist enquired compassionately, appropriately and openly about my relationship to my Zambian heritage. I was able to make sense of the death of my

mother being bound up in my relationship (or lack of relationship) to Zambia. It was then I could finally fully grieve in a way I had not previously been able to. As well as exposing the anxiety and fears, I could finally take a step towards reconnecting with being Zambian. I eventually took a trip, for the first time as an adult to Zambia. What occurred was a journey of a lifetime, a rich, beautiful and full encounter with relatives, new friends, the dusty land, language, music, bus trips, food, stomach viruses, laughter and many tears of grief, joy and appreciation. While I was there a relative asked me “what took you so long to come home?” Writing about the importance of having real life points of connection in relation to the establishment of a positive sense of ethnic identity, Chávez and Guido-DiBrito (1999) write:

These points of connection allow individuals to make sense of the world around them and to find pride in who they are. If, however, positive ethnic group messages and support are not apparent or available to counteract negative public messages, a particular individual is likely to feel shame or disconnection toward their own ethnic identity. (p. 41).

Although I think I will always have a complicated relationship with my racial identity, I feel a sense of pride and connection to who I am, based on something living, dynamic and whole. The racial myths I carried inside me, were partly a result of a lack of connection to my heritage. Due to this, I had a susceptibility, particularly in my teenage years, to an internalisation of racist stereotypes promoted by racialised social discourse which seemed to have had a predominantly negative effect on the formation of my racial identity.

I feel a depth of appreciation to my therapist who opened up a precious space and offered a relationship for me to explore my racial identity which enabled me to start the journey towards developing a relationship with my heritage. This allowed for the beginnings of a dislodging of the internalised racism within me to be made conscious and to be challenged. What emerged was the discovery of a rich, meaningful connection to what was always available to me. Without my therapist’s unthreatening, curious and persistent enquiry, it is doubtful if I ever could have summoned up the courage to take the steps I needed to journey into my Africanness. Based on my experiences in therapy I became curious about how other white therapists working with clients of racial minorities, brought race and internalised racism into the therapy

room. My own experiences and this curiosity are the basis of writing this dissertation and have informed my overall research question:

How does internalised racism become identified, and treated clinically by psychotherapists?

A full outline of my motivation to undertake this research will be described in the methodology chapter. My hope and aim in conducting this research is that it will encourage and influence psychotherapists to engage in conversations about race with their clients who are from racial minorities and suffering the psychological effects of racism. It is only when the light illuminates and exposes the dark corners of our soul that we can begin to move forward to destinations unknown.

Aim of this research

The aim of this research is to identify and articulate the psychotherapist's knowledge and experience of working with clients who suffer internalised racism through a thematic analysis of interviews with psychotherapists. The analysis of the interviews will focus on finding the themes of meaning related to how psychotherapists identify and understand the internalised racism of a client and which clinical interventions they use based on this identification. Existing literature on models of therapeutic practice and internalised racism will be woven into the final report of the thematic analysis. The intention of the research is to make sense of how the psychotherapists' understanding and awareness relate to theoretical understanding on this topic.

Definition of terms

In this section I will briefly provide a definition of key terms and concepts that are frequently used throughout the dissertation. Some of these terms are used interchangeably, which is problematic as it leads to the loss of nuance and subtlety in meaning. However, for the purposes of clarity of reading, it has been necessary to use terms interchangeably. This dissertation has lacked the space for a wider discussion regarding the problematic nature of the interchangeable usage of terms and concepts. Thus it is important to define them, so the reader grasps what the terms mean in context to this research.

White: The term white is a poorly defined racial category, embedded in historical, political, scientific and social discourse. The racial category white is broadly and vaguely defined on the basis of a common origin in the distant past in the Caucasus region of central Europe (Bhopal & Donaldson, 1998). The usage of this term white in everyday life seems to be characterised by visibly identifiable light skin complexion. This dissertation has deconstructed the scientific legitimacy of racial categories. However due to inescapable social mechanisms which differentiate between groups of people, racial categorisations, such as the term white, provide an explanatory and descriptive purpose. In the context of this research, the term white refers to people of European ancestry who possess light skin complexion.

Pākehā: Is a Māori word used in Aotearoa/New Zealand that became popular in the 19th century. It broadly refers to non-Māori people who settled in Aotearoa/New Zealand, it specifically is used to refer to white New Zealanders of British and Irish ancestry (King, 1991). In the context of this research the term Pākehā is used to denote to people with European ancestry who settled in Aotearoa/New Zealand.

Minority: In social discourse regarding race, ethnicity and culture, the term minority is used to define a category of people differentiated from the social majority, those who hold the majority positions of social power in a society (Valeri, 2003). In this research the term minority is used to refer to ethnic and racial groups in Aotearoa, New Zealand who are: numerically smaller than the rest of the population, do not hold a dominate position, have a culture, language, and race distinct from the majority population.

Dominant culture: This term refers to the established values, language, rituals, religion, and social customs that are often the norms for the society as a whole. The dominant culture achieves its dominance by controlling social institutions such as, media, educational institutions, artistic expression, law, political process, and business. In this research the term dominant culture is used often to refer to normative values which suppress and limit expression of other cultures and sub-cultures.

Culture/Race/Ethnicity: Despite all three of these terms being separate, distinct and possessing entirely different meanings, at times in this dissertation these terms are interchangeable and collapse into each other. This is unfortunate, however it

represents how problematic it is to describe socially constructed differences between people. I will resist defining these terms, and instead choose to problematize the issue by locating the failure in attempts to define groups of heterogeneous groups of people. Dalal (2006) sums this problem up well, “This failure to make and sustain distinctions between the three terms—race, culture, and ethnicity—highlights the idea that there is something problematic about the attempt to divide up humanity in this way (p. 153).

Summary

This chapter has outlined the context and rationale of the dissertation, primarily providing a background to how I arrived at the research question. Chapter Two will summarise and critique the existing literature on the topic of internalised racism together with literature on models of therapeutic practice for treatment of the psychological effects of racism.

Chapter 2: Literature Review

This chapter outlines, historically contextualises and critiques the literature on internalised racism. Psychoanalytic theory and the concept of the development of “the internal racist” (Davids, 2011) will be delineated and linked to a critique on the literature of clinical implications for white therapists working in cross-racial dyads.

Historical context and the conceptualisation of internalised racism

Internalised racism is a component of racism. The term racism and its theoretical conceptualisations across different disciplines became widely developed during the 1960s (Carter, 2007). Different theories and conceptualisations about racism are numerous and well researched. However, the literature concerning the concept of internalised racism is largely situated in an American social context, which focuses on the effects of the internalisation of white racism. The term internalised racism emerged within the civil rights movement. Theorists began to write of, “critical literature that [focused] directly on structural oppression while also attending to the deleterious psychological effects of internalized racism” (Pyke, 2010, p. 554). The concept of internalised racism is located within a psychological and sociological paradigm that examines the process and manifestations of internalising racial oppression which cause psychological injury to the individual (Pyke, 2010).

Williams-Morris (2000) defines internalised racism as, “the acceptance, by marginalized racial populations, of the negative societal beliefs and stereotypes about themselves” (p. 255). Lipsky (1977) defines internalised racism as, “turning upon ourselves, upon our families, and upon our own people the distress patterns that result from the racism and oppression of the majority society” (p. 6). Cokley (2002) makes the distinction between internalised racism and internalised racialism, suggesting; “internalized racism is more narrow in its scope in that it is the internalization of negative stereotypes about one’s racial group...on the other hand internalized racialism entails identifying with any stereotype about one’s racial group, positive or negative” (p. 477). Examining the psychology of the colonised person, Fanon (1982) writes, “Every colonised people, in other words every person in whose soul an inferiority complex has been created by the death and burial of their local

cultural originality, finds itself face to face with the language of the civilising nation” (p. 18).

There is a dearth of psychological and sociological research on the concept of internalised racism which is noted by several authors. A review of the literature exposes that there are limited studies on internalised racism (Cokley 2002). Hall (as cited in Pyke, 2010) notes that internalised racism was an aspect of racism least studied and most common. Pyke (2010) writes “the internalization of racial oppression among the racially subordinated and its contribution to the reproduction of racial inequality has been largely ignored, reflecting a taboo on the subject. Consequently, internalized racism remains one of the most neglected and misunderstood components of racism” (p. 551).

Implications of lack of research on internalised racism

Writing about the neglect of sociological research on this topic, Pyke (2010) contends that the failure and silence of African American scholars to study this topic is a defensive response to the fear that such research could be construed as reflecting weaknesses in the oppressed. She notes, “Those who are racially subordinated will be held responsible for reinscribing white supremacist thinking, casting it as their shortcoming rather than a problem of white racism” (p. 559). She asserts that past research regarding internalised racism focused on pathologising the individual black psyche rather than locating the problem of racism within oppressive institutional, cultural and social structures. The previous research on internalised racism was problematic in that “the larger problem of white racism seemed to disappear, leading many anti-racist scholars to reject this body of scholarship and avoid the concept of internalized racism altogether” (Pyke, 2010. p. 555). Pyke’s paper describes internalised racism as a psychological and sociological process but overall locates internalised racism in a sociological study of structure power mechanisms of white privilege, rather than a focus on the psychological mechanisms of the internalisation of racism.

Empirical studies and racial identity models

Bailey, Chung, Williams, Singh, and Terrell (2011) note that the majority of empirical studies about internalised racism which exist, focus on measuring the degree to which

black people identify and internalise white stereotypes of African Americans based on inaccurate perceptions about biological inferiority. To widen the dimensions of measuring internalised racism to include not just the internalisation of white stereotypes of blacks, some studies have developed racial identity scales “as a means of examining anti-black or self-hatred attitudes” (Bailey, Chung, Williams, Singh, and Terrell, p. 482). One such racial identity model was developed by Cross (1971) who theorised a five stage model which he initially called “the negro to black conversion experience” (Cross, 1978, p. 16). Cokley (2002) summarises Cross’s revised five stage model:

- A. The pre- encounter identity stage has three distinct aspects. Pre-encounter assimilation identity, is a stage in which racial identity is held in low regard. Pre-encounter miseducation identity is a stage in which an internalisation of negative stereotypes of blacks is believed and remains unchallenged. The third stage is the pre-encounter self-hatred identity, in which a negative, anti-black, self/ other hating view is held against black people.
- B. The encounter stage. This stage involves an encounter with racism which causes a shift in perception and an identity change.
- C. Immersion-Emersion stage is characterised by celebrating anything black or Afro-centric as good, and anything white or Eurocentric as bad or evil.
- D. The internalisation stage is theorized in two ways. The first adheres to a pro black non- reactionary identity. The second adheres to an identity that embraces a black identity that can incorporate at least two other identity categories.

The notion of a positive racial identity has been critiqued by Cokley (2002) who contends that a positive racial identity is problematic “when it covertly and unwittingly entails prejudicial beliefs about the patient’s ascribed racial group” (p. 477). This critique extends towards a wider debate related to the usefulness of an identification with a racialised identity which itself highlights a tendency to think of race or culture as possessing homogenous binding characteristics related to behaviour, physicality, sexual drives and impulses, intelligence etc. Pyke (2020) writes, “Racial essentialism is evident when we regard members of racial groups as unified around some trait, behaviour, or attitude, such as having a shared, mono-lithic experience of race and

racism" (p. 561). A postmodern critique of an essentialist position contends that the racial identity paradigm "has the disadvantage of promoting exclusionary practices within African-American communities. It has the practical impact of authenticating some blacks as *really* black and disenfranchising others who fail to meet its constraints" (Leary, 1997, p.162).

The racial identity model seems to find itself in a paradox. On the one hand, it is potentially useful as a means in conceptualising the effects of racism (which internalised racism is a part of) and in the understanding of how a self-hating racial identity develops. In addition, the development of a positive racial identity safeguards against the internalisation of racist stereotypes and assists in the development of an identification with a multi-dimensional and nuanced racial identity. On the other hand, there is a danger in reinforcing narrow, racial stereotypes and constructs, which potentially leads to a constricting experience and conceptualisation regarding one's racial identity.

These empirical studies and racial identity models usefully conceptualise and identify the processes of racism and internalised racism. However, this literature does not provide an account of how the dynamics of internalised racism are developed and impact on the intrapsychic and interpersonal world. Although often apolitical and noted for its historical silence regarding issues of racism and race, psychoanalytic theory is helpful in its conceptualisations for elucidating the unconscious mechanisms of racism and internalised racism.

Early development and racism

Racism is an unavoidable part of the developmental and socialisation process (Dalal, 2002, Davids, 2011). Dalal (2002) writes, "It follows that if racialized structures are part of 'forces' operating in the social group, then these of necessity will become internalized and part of the psychological world each and every individual within that group" (p. 200-201). Davids (2011) expounds the process of the development of normal internal racism from a Kleinian perspective and argues that racism operates at a pre-verbal level, is unconscious and universal. He begins with the assumption that the young infant experiences nameless, overwhelming, distressing and intense anxiety in relation to the helplessness of its needs. The young infant's ego must use defensive

mechanisms of splitting and projection in order to cope with this sense of internal disintegration.

This extreme splitting and projection of distress and terror on to its objects helps the infant to rid itself of these distressing feelings and to maintain a sense of the “good object” inside itself (Davids, 2011). Davids (2011) writes, “Splitting good experience from bad is considered to be a vital early developmental achievement since it protects the good experience from premature contamination by the bad, isolating it so that it can be consolidated, deepened and refined. This results in an inner sense of well-being and security” (p. 55).

In time, there is a slow and gradual development of an integrated ego which includes the introjection of the attuned caregiver who becomes an internalised good object. A capacity to bear distressing emotions of rage and hatred, without the reliance on the primitive defences of splitting and projection develops. Davids (2011) notes that this psychotic level of experience “cannot be obliterated in the course of development...alongside the normal integrating processes, the paranoid solution first glimpsed in infancy is never fully relinquished but continues to operate silently beneath the surface” (pp. 56-57).

Davids (2011) continues along this developmental trajectory in the growth of the baby’s ego capacity into childhood. He links the young child’s capacity to identify and expand the good object to its wider socio-cultural environment. He notes that, “Developmental research suggests that awareness of the out-group emerges between the ages of three and seven” (p. 58). He proceeds to suggest, that it is at around age seven that a child begins to identify as a part of a wider religious, ethnic or racial group and thus forms:

...An identification *with* one’s in-group, and an unconscious identification *against* an out-group. Once this is in place, the designated bad object is roughly in line with broad social stereotyping, the full details of which may never have been spelled out to, or understood by, the child. It is enough to know that...“they”, really, are not like “us”; they are truly different, truly other. (Davids, 2011, p. 59).

Davidson is elucidating that racism develops through a normal developmental process which learns to separate good objects from bad objects. Once an identification with the features of one's own wider group is formed, the awareness of a socially excepted out-group (those of racial difference) can be the receptacles of projection. Dalal (2002) asserts that racism is not the splitting off and then projection of unwanted aspects of the self into others who are *different*. Instead it is the use of projection to create and maintain the *illusion* of difference. Social stereotyping of racial differences is used as a socially acceptable means by which to split off and project unbearable affect, which then preserves race as a means to sustain the difference between people. This "leaves no room for the object to be an ordinary human being; s/he is co-opted into being the object of racism" (Davidson, 2003, p. 9)

Rather than using psychoanalytic theory to apply to external racism, Davidson uses psychoanalytic theory to reveal the workings of racism within the unconscious. He highlights that primitive anxiety, the paranoid us-them state of early development lives within each of us, and in times of stress and regression surfaces. Davidson is highlighting that this racialised self/other experience lies deep in our psyche, and when not subject to intense anxiety can sit alongside liberal values and anti-racist morals. It lives as Davidson (2011) writes, "quietly in the background" (p. 52). However, he notes, "whilst internal racism might not, under ordinary circumstances, pose a problem it is readily mobilised in the cross-race/cultural setting, where it can turn matters racial into a no-go area" (Davidson, 2003, p. 9).

Introjection of racism

Introjection is the unconscious process in which characteristics of people or objects are incorporated into one's psyche. In the developmental process described above it is at around age three that an identification with one's own group and an unconscious identification against an out group begins to form. Davidson (2011) notes that we are attached to our internal world and our internal objects, we take things from the external world and store them internally. The experience of racism for the minority is stored internally. Being exposed to consistent representations of one's race as inferior can lead to an unconscious identification with these internalised representations. The internal world is populated by these racist introjects and used to attack and denigrate

the self. Morgan (2014) writes "...the black individual on the receiving end of white shadow projections can internalize this hostility and turn it into an attack on the self" (p. 70).

The minority marginalised group in society looks to "the larger society to construct a sense of self, members of the target group find negative images that serve to colonize and recolonize them. Through its internalization, oppression becomes self-sustaining" (Speight, 2007, p.130). The marginalised group is aware of the values and cultural ideals of the dominant group but is prevented from participating or emulating them. In order to sustain a sense of self and identity, an introjection and identification process with the dominant group's values, beliefs and norms, and a negative identification with the dominate groups portrayal of itself develops and is concretised. Speight (2007), observing that racism in a modern context is subtler and less overt writes about its representations, "racism's contemporary products are contained in media images, language, expectations, and the stuff of daily encounters that might be more easily introjected by the oppressed group" (p. 130).

The marginalised group accepts the dominant group's version of reality and itself. With limited contact with language, culture or history these stereotypical, racist and one-dimensional portrayals remain unchallenged and become unconsciously introjected and experienced as a sense of shame, self-denigration, self-hatred, and inferiority in relation to the dominant culture. When one's representation of a racialised identity is one-dimensional, racist and stereotyped, this becomes a type of racial myth which "inform[s] how individuals process subsequent information about the group or individual being stereotyped" (Gorman, as cited in Bass, Stevenson & Kotzin, 2014, p. 385). This identification with racist othering is also split off and projected out to others. Wolfenstein (1993) notes "the individual is trapped in the vicious circle of self-destructive aggression" (p. 256).

Woodard (2008) writes about destruction of an indigenous identity, of cultural alienation and the impacts of introjecting colonising ideology for Māori in Aotearoa. He writes, "The colonising ideology defined 'human' as identical to the coloniser and his world system. Inversely, the colonising ideology worked hard to construct the colonised, the 'Other' as something not human or primitive" (p. 44). He goes on to

describe that the indigenous peoples are placed in an impossible bind in which they must choose “between the civilised European and the Indigenous primitive native...the external structure is institutionalised in the psyche, rendering the superego white and the id black” (Woodard, 2008, p.45).

Woodard describes the psychological effect of the colonising process of absorbing this civilised/primitive representation as the internalisation of the objectified other for Māori, resulting in an experience of self-alienation and self-denigration. He writes “the interiorisation of an evil prototype by minority groups is imbibed on unconscious levels and results in a morbid self-hate” (p .47). Psychotherapy without a dismantling of internalised racism for Māori, will as Woodard (2008) explains “collude with the colonial ideology, perpetuating the status quo, and maintaining the oppression of Indigenous Peoples through racist discourse” (p. 60).

Psychotherapy and internalised racism

Internalised racism does not present itself obviously. Rather it is insidious, buried deeply and unconsciously in relation to an individual’s relationship to their racial identity, situated within a historical, ancestral, sociocultural and familial matrix. There is a need for psychotherapy to address “the origins of intrapsychic experience in ways that allow us to acknowledge ancestral, sociohistorical, and spectral origins of current suffering (O’Loughlin, 2012, p. 4). Psychotherapy for clients of a racial minority suffering from the effects of internalised racism should be located within a sociohistorical context which acknowledges that “we are born into racist society[s] and operate with racist psyches” (Morgan, 2014, p. 61). The acknowledgment that historical, developmental and interpersonal nature of racism and internalised racism as a “silent intrusion of sociohistorical and genealogical legacies in our intrapsychic preoccupations” (O’Loughlin, 2013, p. 12) assists clients to move from racism being lodged inside themselves to racism being part of a collective human narrative. Many clients of colour may not enter into mental health services claiming to be suffering from the effects of internalised racism. Watts-Jones (2002) notes, “Internalized racism is rarely a presenting problem in therapy, but it is embedded in issues of self-esteem, self- confidence, depression, and anxiety, it has remained largely invisible in its impact...” (p. 593). She also writes that for therapists who identify as

white it is difficult to raise the effects of internalised racism with their clients due to the fear of re-enacting the history of boundary violations of racial oppression within the clinical setting (Watts-Jones, 2002). The issue of how psychotherapists who identify as white work with issues related to race will be elucidated.

Cross-racial therapeutic dyads

It can be extremely difficult for white psychotherapists to keep thinking about issues of race and racism. Gump (2000) writes “It is difficult to talk honestly about race when our feelings depart from ‘correctness’” (p. 619). The white therapist working with the racial minority client however has a particular emotional and intellectual task in neither avoiding nor denying the existence of race and racism as a factor in their client’s external and internal life and within the therapeutic relationship.

The issue of a defensiveness or denial in thinking about race and racism is best located again in the concept of internal racism. Davids’ (2011) model stresses the unconscious mechanisms of internal racism and the quick impulse to repress this distressing psychic reality. First there is a recognition of difference between an individual and another of racial difference. The second is that this racial other becomes a “container for unwanted aspects of the psyche which are split off and projected” (Morgan, 2014, p. 60). This splitting off happens due to the unbearable anxiety and terror of meeting difference which is rooted in the infantile helplessness delineated in the above sections. In the third step Davids (2011) describes an organizing internal template. Morgan (2014) notes that:

The purpose of this template is to cover up the racist nature of the first two steps, which otherwise provoke unbearable shame and guilt, and to provide a construct whereby subject and object are given strictly defined, unchallengeable roles and relationships. As long as these roles are complied with and the subject stays loyal to the organization, safety and freedom from the original anxiety is assured. (p. 60).

The third step of Davids’ model is the defensive process of trying to escape from unbearable shame and guilt which is evoked in the awareness of the internal racist. A quick repression or splitting off allows for some relief from the anxiety. However, the internal racist will never be confronted, felt or used clinically. Davids (2003) writes, “It

is essential for the clinicians first to face their own internal racism. Yet this may require more tolerance of our racism than our liberal instincts permit” (p. 9).

There are many, varied defences in relation to this process of repression or splitting off from the initial awareness of racist thoughts and feelings. One such defence against acknowledging racism within the self is the notion of racial colour-blindness. Despite research which demonstrates that race is automatically perceived, thus the seeming impossibility of actual racial colour-blindness, a colour-blind approach to race has become an increasingly prevalent strategy in social discourse to manage racial difference and intergroup relations (Apfelbaum, Norton & Sommers, 2012). However, the strategy (or defense) denies the role of race as an influence in people’s lives. Leary (1997) writes, “For many whites, the absence of racism is signalled by “not noticing color” and viewing “people as individuals” (p. 162). Morgan (2014) writes, “Colour blindness, ignoring difference...is more comfortable, but I believe it to be a denial and a defence against a complex array of emotions that includes anxiety, fear, guilt, shame, and envy” (p. 57).

Research

Research on the effects of white therapists addressing issues of race with minority clients, however is varied. Three studies are summarised below to provide a small account of some findings. Burkard and Knox’s (2004) study examined the link between colour-blind racial attitudes on empathy and attributions of client responsibility. Their findings show:

Therapists who scored high on color-blindness reported having significantly less empathy than did those who scored in the low range for color-blind racial attitudes. Essentially, psychologists who were less color-blind, and thus willing to acknowledge that race matters in people’s lives, showed more empathy than those who were color-blind to race and racism (p. 394).

Chang and Berk (2009) conducted a phenomenological/ consensual qualitative research study of “the conditions under which racial differences may affect counseling satisfaction...of racial/ethnic minority clients’ experiences of cross-racial therapy” (p. 522). One of the findings suggested that clients are mistrustful of therapists who do not acknowledge that racial/cultural differences can influence the therapy relationship. For therapists, being honest about potential sources of bias and

limitations can help inform and manage better treatment decisions and outcomes (Chang & Berk, 2009).

Singer and Tummala-Narra's (2013) qualitative study analysed the interviews of 13 white, Euro- American clinicians about their perspective on working with racial minority immigrant-origin clients. The findings of this study described the participants':

...Dilemmas concerning how to address race and culture in psychotherapy involved feelings of confusion and frustration...Furthermore, clinicians may be uncomfortable addressing race and culture because of insecurities about how they will be perceived or their own need to feel competent in their practices (p. 296).

The authors suggest that white clinicians would benefit from continuing education in multicultural practice with an emphasis on self-reflective exercises and discussions in a nonthreatening environment. They suggest this might minimise defensiveness and increase opportunities to increase self-awareness about racial and cultural issues.

These three studies support the claim that for the white therapist, to bring up issues of race and racism is anxiety provoking. In addition, for the racial minority client the acknowledgment of race and racism from the therapist is important. Singer and Tummala-Narra (2013) suggest that "cultural competency education" is a forum in which white clinicians can think and discuss issues of race and racism. The critique on "cultural competency" education and didactic means in relation to anxieties about cross-racial dyads in clinical practice, is the idea that a prescriptive cultural relativity perspective does not tackle the internal dynamics of the issue of internal racism. Holmes (1992) notes, "discovering more about the culture of the radically different patient may inadvertently foster too much distance from the scary and warded-off drive derivatives of patient and therapist which, in both, may initially have given rise to racially-based prejudices" (p. 2). Davids, (as cited in Morgan, 2008) also critiques the cultural relativity paradigm:

... Please note how easy it is for one, in an apparent attempt to keep an open mind, to embark on a road that leads inevitably, I think, to a position of cultural relativism that is clinically sterile. Today there is a genre of psychoanalytic writing, critical of our mainstream theories for their ethnocentrism, that advance instead alternative

conceptualizations claiming to allow for greater cultural variation... are meant to alert the clinician to the dangers of inadvertently overlooking the influence of culture, and to provide theories that are 'fairer' to the psyche of the culturally different patient. I would suggest that such approaches have the diagnosis wrong. The problem of ignoring the patient's cultural background is not so much due to defective theory as to a reluctance on the part of the analyst to acknowledge the patient's difference, which in turn reflects a fear of entering the domain of internal racism - both analyst's and patient's - within the treatment situation. Providing one is willing to enter this terrain, I find that existing psychoanalytic theories are perfectly adequate for work with the culturally different. (as cited in Morgan, 2008, p. 44).

The psychotherapist is asked again to look within their own mind for the internal racist to be used as a means to entering into the territory of racism and internalised racism in the clinical setting. Davids (2003) writes, "If we cannot reach an accommodation with our internal racist it limits...the extent to which we can work effectively across cultural and racial boundaries" (p. 9). It is argued that without the willingness of the psychotherapist to enter into the terrain of one's internal racism "a tendency to not fully interpret intrapsychic conflicts in the face of racial explanations offered by therapy patients [develops]" (Holmes, 1992, p. 1).

If the psychotherapist cannot bear the shame and guilt that arise from racist thoughts, feelings and fantasies, a quick repression, splitting off or denial can lead to a potential to collude with the client's racialised defensive organisation, to an over identification with the client's marginalised status, or a defensive denial of the client's reality of race and racism being a real issue in their lives. Race, racism and internalised racism need to be considered not just in the either-or thinking of race being externally or intrapsychically located. This is noted by Leary (1997) "such thinking falsely simplifies the complexities of understanding the intrapsychic and interpersonal milieu in which race is complexly situated. For the theorist and the clinician, the more difficult position is to locate race within the tension between these two poles" (p. 157).

As elucidated, racism lives within our minds. The white psychotherapist in treating the internalised racism of the racial minority client has an emotional and intellectual task in acknowledging that racism is not just lodged within the racial minority, or within racist social structures, but is located too, within their mind. If acknowledged, the

internal racist is the vehicle in which the psychotherapist can work effectively with clients of racial difference. Morgan (2014) illustrates this task well:

If I acknowledge a racist backdrop to our society, then as a white person I too cannot be free of the phenomenon. I also have inherited a prejudicial veil that forms before my eyes when I see the blackness of the individual. Such a veil is likely to include an embroidery of guilt, shame, and envy given that the relationship for the white liberal as opposed to the extreme racist is complicated by the hatred of the internal racist. Such shame is likely to prevent us from working through the reality of the external situation to an interpretation of the meaning of the situation for the individual (p. 73).

Summary

This chapter provided an overview and critique of the literature on internalised racism, starting with the concept defined and historically contextualised. Psychoanalytic concepts were summarised and used to account for the development and maintenance of psychological racism and linked to a critique on the literature of clinical implications for white therapists working in cross-racial dyads. Chapter Three will provide an outline and rationale for the research approach to this study.

Chapter 3: Methodology and method

Methodology

This chapter provides an outline for the research approach to this study. An identification of the research question and its relationship to the epistemology, theoretical outline, and methodology will be described. A rationale for the choice of using interviews as an appropriate method for acquiring qualitative data will be presented. Thematic analysis as a method for data analysis will be defined and its different phases will be articulated. A brief analysis of the relationship between societal racism and the intrapsychic and interpersonal mechanisms of racism will be illustrated in order to create a conceptual context in which this research is located. Finally, the method and results of the database search for the Literature Review chapter will be provided.

Identification of the Research Question

The research question was formed by my curiosity of how white psychotherapists identify and treat clients from a racial minority who are suffering from internalised racism. This curiosity was largely informed (as outlined in Chapter One) by my own experience of a cross-racial therapy. Early on in my therapy, my therapist directly enquired into my life experiences of being from a mixed race heritage and openly acknowledged the racial differences between us. She expressed a curiosity and interest, and placed importance on my racial identity and on our differences. I felt I had been given an invitation to speak freely and openly about my lifelong consuming, confusing, obsessive, painful and isolating sense of racial identity in relationship to the dominant culture.

I had, for once in my life, a space that felt safe, free and open, and a person who felt unthreatened and welcomed open conversations about race and racial identity. This was a stark contrast from my experiences in life regarding conversations about race and racism with others, which were often either denied, dismissed, controlled or just simply laden with racist overtones. This started an exploration into my own racial identity which allowed me to begin to realise the extent to which racist social

discourse had become deeply lodged in my mind, impacting and distorting my relationship with both my own and others' racial identity.

I started to feel curious about how other white psychotherapists worked with clients of colour. I had in the past, sought therapy from counsellors and psychotherapists, and my relationship with my racial identity had never been invited into the therapy room. It also never occurred to me to raise my struggles with my racial identity with these therapists, or that my emotional difficulties might have been partly connected to my own internalised racism. I wanted to discover how other white psychotherapists worked with clients of minority races. Would they invite (as my own current psychotherapist had) the client's relationship to their race, to racism and to the differences between them into the therapy room? Or would it and they remain silent? How did white psychotherapists recognise a client's struggle with their racial identity in relation to social messages about race? My urge to answer these questions helped me to formulate my research question:

How does internalised racism and racism become identified, and treated clinically by psychotherapists?

Epistemology

Epistemology deals with the nature of knowledge and provides a philosophical platform in relation to how we understand, acquire and relate to knowledge.

Epistemology is, "concerned with providing a philosophical grounding for deciding what kinds of knowledge are possible and how we can ensure that they are both adequate and legitimate" (Maynard, 1994, p. 10). The three epistemological positions of objectivism, constructionism and subjectivism lie on a spectrum regarding the nature of knowledge and the means by which it can be understood. At one end of the spectrum lies objectivism, which views knowledge and truth as being apart from consciousness. At the other end lies subjectivism, according to which, truth and reality do not exist outside human experience.

Constructionism is positioned between the two epistemological extremes of objectivism and subjectivism. Constructionism invites a philosophical challenge to the origins of knowledge being either empirically derived; from sensory experience or rationalistically orientated, and fashioned from deductive and reason based processes.

Constructionism asks us to have doubts and suspend our belief in the taken for granted notion that observation and objectivity are legitimate ways of forming understanding regarding knowledge and reality.

The terms constructionism and social constructionism tend to be used interchangeably (Andrews, 2012). In a social constructionist framework, meaning is not objective, truth is not independent of the observer nor is it entirely subjective; truth and meaning are imposed on the external by the observer. What constructionism claims is that “meanings are constructed by human beings as they engage with the world they are interpreting” (Crotty, 1998, p. 43). Both subject and object bring about the construction of meaning.

The central proposition of social constructionism is its attempt to elucidate the “processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live” (Gergen, 1985, p. 266). A social constructionist approach positions knowledge, meaning and reality in an evolving matrix of constructed discourse which asks us to “see all knowledge claims as situated, both culturally and historically. This does not invalidate knowledge claims so much as place them within particular contexts of use/value” (Gergen & Gergen, 2007, p.470).

Social constructionism fits my research project which aims to make sense of psychotherapists’ identification of internalised racism. It assumes that their understanding of internalised racism is affected by a range of social discourses about race and racism. Discourse about race and racism are social processes that occur in different forms across different social platforms and must be studied and viewed from the perspective of a fluid social process with multiple meanings. Byng (2013) writes, “When racism is viewed as a social process that takes place across different social levels and sites then we can recognize its flexibility and shifting purposes as social circumstances change” (p. 712).

The language used by psychotherapists in the interviews represent their thoughts, feelings and beliefs regarding social ideas about race and racism. Our thoughts, feelings, and beliefs or ‘individual consciousness’ are as Fay (2013) puts it “recycled versions of established ideas, emotional attitudes and beliefs of the multiple cultural

groups to which we belong and the cultural traditions in which we participate” (p. 174). Thus it is the symbolic processes, that is, the language used by the psychotherapists which will be analysed and understood to reflect wider socio-historical forces which shape thinking about race and racism.

Knowledge about race and racism

The idea of the variability between racial groups being a legitimate, objective, scientific knowledge to measure and describe differences is increasingly unconvincing. Gutin writes “patterns of genetic variation that appear at the genetic level cut across visible racial divides” (as cited in Dalal, 2002, p. 10). In his study, Lewontin (1972) identified that most of the variation that lies between the human populations is found within local geographic groups and that racial classification has virtually no genetic significance which can justify its legitimacy for continuance. Thus there may be more differences between groups within one race than there are across different races. This renders one argument which has propped up the notion of race being an objective and scientific category as bogus.

If the idea of racial differences becomes scientifically questionable and without empirical basis, the issue then needs to be relocated in its understanding of how race has been used socially and historically as a mechanism to differentiate between groups of people. Dalal (2002) writes:

Despite the difficulties of race as a *descriptive* category, it wields considerable force as an *explanatory category*. So although one might find difficulty in detailing coherent objective differences between groups of people, these imagined difference are nevertheless used by people (and their theories) as sufficient *explanation* of their aggressions. (p. 31).

Looking at race through a socio-historical lens, knowledge about race has been used as an erroneous objective descriptor marking the differences between people. This scientific knowledge has been wielded as a means to justify the superiority of one racial group over another, enslaving, colonising, subjugating, oppressing and marginalising groups of people. Race can be thought of as an empty category, (Rustin, as cited in Dalal, 2002) a social mechanism to legitimise racism and to “create an arbitrary distinction between us, the must-haves, and them, the must-not-haves, in

order to justify the exclusion of the demonised other from power and privilege” (Davids, 2008, p. 2). Thus it is this knowledge about race and racism which inevitably embeds itself in the minds of individuals that is the subject of interrogation.

Theoretical perspective

My assumptions about the topic of internalised racism will shape the way I approach the research. Crotty (1998) writes, “Inevitably, we bring a number of assumptions to our chosen methodology. We need, as best we can, to state what these assumptions are. This is precisely what we do when we elaborate our theoretical perspectives” (p. 7). I will position myself in relation to my assumptions from an interpretivist position which “attempts to explain human and social reality” (Crotty, 1998, p. 9). An interpretivist perspective is concerned with how meaning is located and interpreted in social and historical contexts. Interpretivist assumptions are coherent within a social constructionist methodology; human beings make meaning and understanding through interpretations of reality.

An interpretivist approach is suitable in interviewing psychotherapists about internalised racism due to its emphasis on knowledge being created through a process of investigative dialogues which is open to interpretation. One of my aims in interpreting the interview data is to locate and link external racism within the introjective mechanisms of internalised racism and racism of both psychotherapists and their racial minority clients. This is consistent with an interpretivist perspective which posits that reality is not and cannot be separated from our knowledge of it. My assumption is that the ‘reality’ of internalised racism as psychological phenomena which are not separate from the socio-historical legacy of racism. Dalal (2002) states, “The forms, shapes and possibilities of that individual’s internal psychological world are severely constrained by the forms, shapes and preoccupations of the larger socio-historical milieu” (p. 198).

Using an interpretivist analysis of the interview data and relevant literature on racism and internalised racism means my own values, biases, assumptions and experiences cannot be put aside in an attempt to be objective. The interpretative researcher never approaches the relationship between theory and practice as value neutral. The values of the researcher have an effect and are always implicated by the phenomena which is

being studied (Orlikoski & Baroudi, 1991). Instead the concern becomes *how* I will make explicit and acknowledge my values, potential biases, assumptions and experiences in relation to the analysis of the data set and the literature I choose to contextualise. Burr (1995) writes of the relationship between the researcher, their own perspective and the research itself: “the task of the researcher therefore becomes to acknowledge and even work with their own intrinsic involvement in the research process and the part that this plays in the results that are produced” (p. 152).

The psychotherapist’s interview narratives will be analysed through this interpretivist position. Certain extracts from the data set will be chosen to illustrate different themes of meaning in relation to the research question. My assumption is that the introjection of racism is inevitably lodged in all individuals and manifests in explicit and implicit ways. The clinical phenomena which the psychotherapists relay in the interview narrative will contain these conscious and unconscious ideas about race and racism which will be interpreted as I analyse these narratives. This theoretically orientated process is “driven by the researcher’s interest in the area, and is thus more explicitly analyst-driven” (Braun & Clarke, 2006, p. 13). The relationship between the psychotherapist’s interview narratives and my assumptions about racism being contained within every human being’s mind, will weave together to shape a construction about the knowledge of internalised racism. Knowledge being created by individuals in society is central to a constructionist approach (Schwandt, 2003).

Research Methodology

This research aims to make sense of how intrapsychic and interpersonal racism represent and reflect institutional and social racism. The language that occurs in clinical moments between the white clinician and minority clients is understood to be reflective of wider social forces. It seems reasonable then, that analysing the language used by the psychotherapists through a social constructionism lens is the means to discover the intrapsychic and interpersonal mechanisms which reflect social and institutional racism. A social constructionism methodology will be used to analyse the findings of the data set and thematic analysis will be the method in which I understand and discover the intrapsychic and interpersonal mechanisms related to social and institutional racism. This ‘inside-out’ focus to interpret the data may seem at odds with

social constructionism which warns “there is no external reality discoverable through the research process...the researcher cannot look through people’s worlds to find the evidence of the psychological or social reality that sits behind it.” (Braun, Clarke, & Hayfield, 2015, p 224,).

However, if the individual is understood to be a self-contained unit of society (Roland, as cited in Davids, 2011) it seems logical to then analyse and interpret the language of the psychotherapists as reflective of the racialised structures of society. The method of thematic analysis then becomes the inside-out tool to identify the intrapsychic and interpersonal mechanism of racism which represent the structures of societal and institutional racism. These structures inevitably become embedded in the emotional and psychological world of the individual. Dalal (2002) sums up this conceptual understanding well: “It follows that if racialized structures are part of ‘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” (pp. 200-201).

The social constructionist perspective from which to analyse the data findings then reverses this internal focus into an outside-in view. The themes produced from the data set will be analysed using literature to support a wider discussion on how the internal dynamics of racism reflect the structure and practices of social racism and institutional racism. The purpose in using the methodology and method in this inside-out/outside-in manner is to understand the matrix of social, interpersonal and intrapsychic racism. To understand the psychological mechanisms of internalised racism there is a need to locate the external social world in the world of the internal and the relational. The enquiry must then be reversed to consider the unconscious construction of social and political forces. Fay (2013) sums this inside out/outside in perspective well, “Culture is the public face of psyche and psyche the private face of culture” (p. 174). The relationship between psyche and society needs to be thought of as an interdependent matrix with no causative factor, each is “profoundly involved in the simultaneous and mutual construction of the other” (Dalal, 2002, p. 120).

Semi-structured interviews

Qualitative interviews are a method for acquiring qualitative data. Research interviews are a type of conversation in which the participants are encouraged to relay and

describe a narrative of their experiences in relation to the research topic (Braun & Clarke, 2006). McNamara (1999) proposes that qualitative interviews constitute an extremely useful way of acquiring the meaning of the story underneath the interviewee's experience. The interviewer can then pursue information on the topic in an in-depth way. Thus interviews allow a researcher access to the experiences of the participants through their told narrative from which deeper meanings can be elucidated.

Semi-structured interviews will be the method of data collection used in this study. This is a common form of qualitative interviewing. Semi-structured interviewing involves a researcher preparing a list of questions which are generally open ended. These questions serve as a guide rather than as a map to be adhered to absolutely. An informal, conversational manner which creates a climate of openness and ease, is an important stance in semi-structured interviews. This stance allows for interviewees to talk freely about their experiences and assists the ease of the interviews being analysed. Semi-structured interviews can potentially produce and generate rich and useful data. The reflexivity of the researcher, that is the flexibility, reflection, spontaneity and thoughtfulness to explore multiple directions and unanticipated accounts, is a critical aspect of effective interviews (Braun & Clarke, 2013).

Thematic analysis

Thematic analysis is a method of data analysis which identifies, organises and offers insight into patterns of meaning, or themes, across a data set in a systematic way and it has the potential to provide a rich, detailed and complex account of data (Braun & Clarke, 2013). Thematic analysis is a theoretically flexible method and can be applicable across a differing range of theoretical and epistemological approaches (Braun & Clarke, 2006, p. 2). However, theoretical assumptions which underpin the analysis of the data must be clearly stated and the appropriate fit between the theoretical framework, research methods and their aims are important. Because of its theoretical flexibility, thematic analysis fits with a social constructionist approach which underpins the research, which "seeks to theorise the socio-cultural contexts, and structural conditions, that enable the individual accounts that are provided"

(Braun & Clarke, 2006). This type of thematic analysis will be deductive or theoretically focused, meaning it will be driven by the specific research question.

Braun and Clarke's (2006) thematic analysis method is a means to identify themes and patterns across a data set through the six-phased method. The authors note in their paper, that there is little agreement about what thematic analysis is and what the steps are for implementing it. They write that thematic analysis has been a widely used but poorly branded method which involves a number of choices and decisions which are often not made explicit (Braun & Clarke, 2006). Thus the authors provide clear guidelines in conducting a rigorous thematic analysis. The current research will adhere to Braun and Clarke's six-phased approach in conducting a thematic analysis across my data set of four qualitative interviews. Next a brief outline of each phase will be provided.

Phases of thematic analysis

Braun and Clarke (2006) outline their six-phased thematic analysis method as:

1. Familiarising yourself with your data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

Despite this appearing to be a linear process, the author's note that the process is a recursive one, emphasising that moving back and forth between the different phases is necessary and shouldn't be rushed (Braun & Clarke, 2006).

Phase 1: Familiarising yourself with your data

This phase involves immersing oneself in the data by reading and rereading the data set. The authors recommend a repeated reading of the data in an active manner and suggest reading the entire data set at least once, making notes and ideas which might form potential codes later on (Braun & Clarke, 2006). The authors also suggest listening to audio recordings again. This phase begins during the process of transcribing the data into written form, which assists familiarity with the data set. At the end of this phase

an initial list of ideas about what the data is and what is interesting about it should be generated (Braun & Clarke, 2006).

Phase 2: Generating initial codes

This phase involves the production of initial codes from the data. Braun, Clarke and Terry (2015) write, "Coding is a systematic and thorough process whereby codes are derived from the entire dataset" (p. 100). Coding is a way of organising the data in a meaningful way which is relevant to the research question. The method of coding depends on whether the analysis is data driven or theory driven (Braun & Clarke, 2006). As mentioned previously my research will be deductive and theoretically focused, meaning codes will be generated from my specific research question. Codes can range from descriptive, a summary of the semantic content of the data, or more interpretive, where an analytical and interpretive insight is provided. However it is common that codes will derive from a mixture of both approaches (Braun & Clarke, 2013).

Phase 3: Searching for themes

In this phase a shift occurs in the analytical focus from coding to theme finding. The codes produced need to be analysed and organised based on finding patterns and commonalities between them. The different codes are then grouped together to create a potential theme. The goal at the end of phase three is the identification of a set of candidate themes and sub-themes that involve collating and coding the data extracts. Braun and Clarke (2006) note that at this stage it is helpful to use a visual representation to assist in sorting the codes into themes.

Phase 4: Reviewing themes

Phase four has two levels of reviewing and refining the themes. The first level involves reviewing the codes at the level of coded data extracts. Essentially this is a re-reading of the collated data extracts attached to each theme and considering whether or not they appear to form a coherent pattern (Braun & Clarke, 2006). If they appear to form a coherent pattern, a movement to the second level can occur; if this is not a reworking of the themes, the creation of new themes needs to occur. Level two is a similar process, but happens at the level of the entire data set. Braun and Clarke (2006) write "at this level, you consider the validity of individual themes in relation to the

data set, but also whether your candidate thematic map accurately reflects the meanings evident in the data set as a whole” (p. 21). At the end of this phase a thematic map which accurately represents the data set should be accomplished.

Phase 5: Defining and naming themes

This phase involves a further definition and refinement of the themes which will be presented for analysis. This final stage of defining and refining is fundamentally identifying the essence of each theme and determining what aspects of the data these themes capture (Braun & Clarke, 2006). This involves another return to the collated data extracts attached to each theme and “organising them into a coherent and internally consistent account, with accompanying narrative” (Braun & Clarke, 2006, p. 22). In addition, the authors recommend reviewing the final themes in the context of higher order themes and lower order themes to accurately represent ideas in a systematic way. Finally, the authors recommend that a reworking of the theme names may need to occur in order to be “concise, punchy, and immediately give the reader a sense of what the theme is about” (Braun & Clarke, 2006, p. 23).

Phase 6: Producing the report

Phase six involves the final analysis and write-up of the report which is the “weaving together of data extracts, analytical narrative and (in most cases) discussion of the existing scholarly literature” (Braun & Clarke, 2013, p. 107). This write-up must provide sufficient evidence of the themes within the data, which should be demonstrated through the data extracts. The write-up involves two important aspects: a polished analysis, telling of what is in the data, and why it is interesting and significant, *and* which answers the research question, in addition a polished *report*, which explains, locates and contextualizes the analysis in relation to existing theory and research (Braun & Clarke, 2013). The authors also note that there are two basic ways to use data extracts in the report; either illustratively or analytically, and sometimes a combination of both. Extracts produced in this research will be both illustrative and analytical. Findings of this study will be presented in the findings chapter.

Method and results of the database search for the literature review

Chapter Two of this dissertation provided a literature review synthesising and contextualising the current literature on the topic of internalised racism and racism

and psychotherapy. My literature search involved using three search engines: Ovid, Sage, and Psychoanalytic electronic publishing (PEP). I experimented with different search terms relevant to the research topic and entered them into the search engines. When the search terms yielded a large unmanageable number of articles, I refined the search terms, which then yielded a more manageable amount. I narrowed my search terms to six key words and sentences. The end result of this search was a total amount of 67 journal articles, which was a sufficient amount to write the literature review chapter. Below are Tables 1, 2, and 3, which demonstrate my search method.

Table 1. Results of literature search from Ovid search engine

Ovid search engine	Results	Articles yielded
1. Key words: Internalised	None	None
2. Key words: Race and Psychotherapy	1,200 articles	<i>I then narrowed the search to key words: <u>Racism and therapy</u>. See column 3, below</i>
3. Key words: Racism and therapy	591 articles	20 relevant articles gained
4. Key words: Psychotherapy and minority clients	243 articles	5 relevant articles gained
5. Key words: Cross racial therapy	3242 articles	<i>I then narrowed the search to key words: <u>Cross-racial psychotherapy</u>. See column 6, below</i>
6. Key words: Cross racial psychotherapy	178 articles	None

Table 2. Results of literature search from Sage search engine

Sage search engine	Results	Articles yielded
1. Internalised racism	2, 344 articles	<i>I then narrowed the search to key words: <u>internalised racism and mental health</u>, see column 2, below</i>
2. Internalised racism and mental health	118 articles	5 relevant articles gained
3. Race and psychotherapy	over 3,000 articles	<i>I then narrowed the search to key words: <u>Racism and psychotherapists</u>, see column 4, below</i>
4. Racism and psychotherapists	390 articles	4 articles gained
5. Psychotherapy and minority clients	165 results	4 articles gained
6. Cross racial therapy	None	None

Table 3. Results of literature search from Psychoanalytic Electronic Publishing search engine

Psychoanalytic Electronic Publishing search engine	Results	Articles yielded
1. Internalised racism	None	None
2. Race and Psychotherapy	126 articles	23 relevant articles gained
3. Racism and psychotherapists	13 articles	3 relevant articles gained
4. Psychotherapy and minority clients	1 article	1 relevant article
5. Cross racial therapy	6 articles	2 articles gained
		Total articles gained: 67

Summary

This chapter has provided an outline for the research approach to this study. An identification and rationale of the research question, epistemology, theoretical outline, qualitative interviews, methodology, and method have been described. An analysis of social racism, the intrapsychic and interpersonal mechanisms of racism has been

provided to create a conceptual context to locate the research. The method and results of the database search have been described. Chapter Four describes how the study was conducted, which involved how the data was collected, analysed, coded, and lastly how the four global themes and four sub-themes were produced from this process.

Chapter 4: Data collection and data analysis

This chapter describes how the study was conducted, starting from the initial recruitment of the interview participants, to the analysis of the data and finally to the identification of the final themes. The data was collected in the form of semi-structured interviews with four psychotherapists. Four participants were interviewed, all participants self-identified as being white or Pākehā. The participants' ages ranged from 50-65 years old. The interviews were transcribed, coded and analysed using Braun and Clarke's (2006) six-phase thematic analysis method to create initial codes, basic themes, sub-themes, and then global themes. The data analysis produced four global themes with four sub- themes.

Participant recruitment and selection

Criteria for participant selection

The first stage of the data collection process was making contact with and selecting participants. The inclusion criteria for participant selection were psychotherapists who identified as white or Pākehā. As stated previously, Watts-Jones (2002) notes the difficulty "for therapists who identify as white to raise the effects of internalised racism with their clients" (p. 599). Part of the aim of the research was to bring the experiences of white therapists and their clinical work with internalised racism out of invisibility and into language to contribute potentially to the body of understanding and skill base for psychotherapy in Aotearoa/New Zealand.

The criterion for the psychotherapists' clinical experience was over 10 years of experience. This aimed to capture psychotherapists who had a broad range of clinical experience working with varied client groups and presentations. A necessary criterion was psychotherapists who had experience working with Māori and clients of a racial minority within Aotearoa/New Zealand. To capture a range of different contexts, I added the criteria of psychotherapists who have practiced in a diversity of settings: private practice, non-government organisations, and district health boards etc. Another important category was psychotherapists who are registered with the Psychotherapists' Board of Aotearoa/New Zealand (PBANZ). In order to work legally as

a psychotherapist in New Zealand it is necessary to be registered with PBANZ and hold a practising certificate from the board. This legality is applicable to this research.

Psychotherapists from a mixed range of modalities were added to the inclusion criteria. This aimed to add an understanding of the potential differences among theoretical conceptualisations related to internalised racism. An exclusion category included psychotherapists with whom I had a dual relationship. This limitation assisted with the ease and freedom of both myself and the participants in being both interviewer and interviewed.

Recruiting and selecting participants

I began the initial recruiting and selecting of the participants by first speaking about my research and its aims at a New Zealand Association of Psychotherapists' (NZAP) monthly meeting. I left flyers and participant information sheets at this meeting which outlined the aims of the research, the inclusion criteria and my contact details for those interested in making further contact. A copy of this flyer and participant information sheet are included in Appendix B and C. In addition, I placed an advertisement in the NZAP monthly newsletter which provided a brief description of the aims of the research, the eligibility criteria, and my contact details. A copy of the advertisement is included in Appendix C. Ethics approval was sought and obtained by the Auckland University of Technology Ethics Committee (AUTEC) for both the process of recruitment and the forms mentioned above. The AUTEC approval letter is included in Appendix D. No participants were gained through this recruitment method.

Due to this method not successfully recruiting any potential participants, I amended the application form for ethics approval regarding the recruitment of participants. This addition stipulated that potential participants known to me through the psychotherapeutic community and who met the inclusion criteria of the research could be contacted directly. This amendment was granted by Auckland University of Technology Ethics Committee (AUTEC). The approval letter for this amendment is included in Appendix E. I then started to contact, via email, psychotherapists who were involved in Nga Ao E Rua, a bicultural initiative which meets monthly and whose members are engaged in consideration of the implications and responsibilities of the Treaty of Waitangi for psychotherapy practice in Aotearoa/New Zealand. I contacted

psychotherapists who were involved in Nga Ao E Rua due to the likelihood that these psychotherapists, who already had an active interest in cross-cultural therapy, might be interested in sharing their experiences of cross-racial therapy.

Of the ten psychotherapists I contacted, four indicated their interest in participating in the research. The general feedback given by the six psychotherapists who declined to participate was that whilst the research interested them, their schedules prevented them from being able to participate. All four participants who indicated their initial interest agreed to participate in the research. One of the participants was male, and the other three females, their ages ranged from 50-65 years old. All four participants identified racially as either white or Pākehā. Two participants had been born and raised in Aotearoa/New Zealand, one was born overseas, and had moved to Aotearoa/New Zealand at a young age. One participant had immigrated to Aotearoa/New Zealand over ten years ago and had lived in a number of countries. All four psychotherapists were registered with PBANZ.

All the psychotherapists had completed psychotherapeutic/ psychoanalytic training in Aotearoa/New Zealand and practised from a mixture of modalities and theoretical orientations. The psychotherapists had all previously worked in agency settings and were all now established in private practices. All four participants had over fifteen years of experience each. The psychotherapists all had experience working with Māori and clients of a racial minority within Aotearoa/New Zealand.

Ethical Issues

Ethics approval for this research was granted by AUTECH. The experience of discussing racism and internalised racism is a sensitive subject and one which had the potential to induce discomfort and embarrassment, partially due to potential elements of racism in the past or present beliefs of the participants becoming conscious and exposed. Therefore, participants were at risk of experiencing some discomfort in disclosing and describing their experiences. Given that the participants were all experienced psychotherapists and well-practiced at managing uncomfortable feelings, I expected the likelihood of distress to be minimal. However, measures were put in place to reduce the risks of distress. During the interviews I was attentive to the participant's manner, speech patterns, and body cues which might have indicated their distress.

Before the start of the interviews I informed the participants of their right to stop the interview and the audio recording at any time. I also talked with the participants prior to the interview about their rights to decline to answer questions which might cause them discomfort or distress.

The design of the research supported and implemented the principles of partnership, participation and protection, represented in the Treaty of Waitangi. The principle of partnership was supported by encouraging a mutual respect and benefit by ensuring participation was voluntary. In addition, full disclosure and transparency of the researches aims, information, and together with the interview process and research findings were conveyed to participants.

The principle of participation was supported by endeavouring to position myself as the researcher in an open, equal and collegial way which encouraged the participants to explore their knowledge, skill and experience of the topic in the interview process. This enabled a participation between myself and the interviewees that was meaningful, engaging and respectful. The principle of protection was supported in the research by ensuring informed consent and by informing the participants that they had the right to withdraw at any time without any negative consequences. Participants were also informed of their right to be able to stop the interview process and the recording of the interview at any time. The privacy of the participants was protected by ensuring that the participation of the interviewees was confidential and that any identifying material was either disguised by the use of pseudonyms or was excluded. The participants were invited to offer feedback about the experience of the interview process.

Conducting interviews

All the participants were contacted by email and where possible by telephone to make arrangements for the interviews. The information sheet and consent form were sent to the participants prior to the interviews. I arranged to meet the participants for interviews in their preferred location. Three of the interviews were conducted at the workplaces of the participants and one at the participant's home. I gave each participant a copy of the consent form prior to the interview which they read and signed. I recorded each interview which was consented to by each participant. I

informed each participant of their rights to ask for the tape to be stopped at any time during the interview.

I gave consideration to being a self-identified person of colour interviewing white psychotherapists about the sensitive topic of racism and internalised racism. Due to cross-racial interviewing (Peterson, 2006) there was a possibility for the potential of a coercive influence. I was aware that the experience of discussing this topic with a person of colour could potentially manifest in heightened awareness of the inequalities faced by minority racial groups, which was not part of the lived experience of these psychotherapists. The experience of white research participants being interviewed by a black researcher might lend towards feeling “the need to provide responses that they believe would be politically correct so that they would not appear racist or prejudiced against blacks or a minority group” (p. 71).

I attempted to minimise this potentially coercive influence by sending a list of the interview questions to the participants prior to the interview. I hoped that this would emotionally and psychologically prepare the participants for the interview topic and its different aspects. I had a heightened awareness of the need to create a climate of respect, trust and openness with the participants. I actioned this by beginning the interviews with expressing my appreciation to each participant for their openness in talking about a sensitive and difficult topic. I aimed to embody Seidman’s (2006) observations on cross racial interviewing; “interviewers and participants of good will who are from different racial backgrounds can create a relationship that runs counter to prevailing social currents. Maintaining sensitivity to issues that trigger distrust as well as exhibiting good manners, respect, and a genuine interest in the stories of others can go a long way toward bridging racial and ethnic barriers” (p. 100).

I gave thought to my own life experiences, assumptions, prejudices and preconceptions in relation to managing the intrusion of these biases on the interview process. Whilst it is widely acknowledged that qualitative research involves the close relationship between researcher and research topic, the subjectivity of the researcher is both an instrument of the research and a feature that must be mitigated in its effects on the research process (Tufford & Newman, 2012). One method of mitigating the effects of subjectivity is termed “bracketing” (Starks & Trinidad, 2007). Bracketing

is a method which entails being honest and vigilant about perspectives, beliefs and thoughts while engaging in a self -reflective process which recognises, but does not abandon, prior knowledge and assumption. The goal is to attend to the participant's accounts with an open mind (Starks & Trinidad, 2007).

I attempted this process of bracketing by asking my supervisor to interview me about the topic of internalised racism and racism. This interview was extremely helpful in exposing forgotten memories, experiences, ideas and unconscious assumptions I possessed in relation to the topic. I was able to make links between certain ideas I had about internalised racism and my own experiences which informed some of my formulations on the topic. Describing this method of bracketing, Tufford and Newman (2012) write "bracketing interviews can increase the researcher's clarity and engagement with participants' experiences by unearthing forgotten personal experiences... [helping to] develop the researcher's capacity to understand the phenomena in question" (p. 86).

The conducted interviews were semi-structured and a list of open ended questions were prepared and sent out to the interview participants. These open ended questions allowed the interviewee latitude in constructing answers. The questions served as a guide to the interview rather than being categorically adhered to. I wanted to have an informal, conversational manner while conducting the interviews to create a climate of freedom and openness for the participants. The same questions were not asked of each participant, rather the main topic and its central aspects were explored. My main aim was to create a reflexive environment and use the questions to create a general framework in which participants could explore and describe their experiences as they arose in relation to different aspects of the topic. I started the interview questions with broad and general questions; and as the interview progressed more detailed questions were asked. This helped to warm up the participants and started the interviews with ease. Below is a sample of questions that were asked of the participants:

- Can you tell me about your experiences working with clients of a minority race?
- What are your thoughts and associations concerning the term internalised racism?

- Have you had clients talk explicitly about issues of racism in their life in therapy?
- What would you say some of the major themes in the therapy have been when working with clients who are racially different to you?
- What do you notice in the transference and countertransference dynamics working with clients of difference?
- What clinical interventions have you used for clients that have suffered from internalised racism?
- Have you been able to talk about the racial differences between yourself and your clients? How did your clients respond to this?

During the interview I paid attention to both the responses of the participants as well as keeping my research question in mind to ensure that I directed the interview back to its central purpose. I was aware of my own emotional and cognitive responses to the participants. This helped me to bracket these responses and stay with the content of the participant's answers. Due to being a member of the same cultural group as the psychotherapists, I shared an understanding of theoretical discourse and terminology used by the psychotherapists. I attempted to ask in more detail or probe appropriately the language or concepts used by the participants to unearth the experience and meaning underneath these terms.

Once all the interviews were completed I transcribed each interview into written format. This process involved repeated listening to sections of the recordings to check for accuracy and to capture all the non-verbal utterances. This process of transcription was extremely time-consuming and involved a constant back and forth process between the verbal recordings and the written data. Through this back and forth process I became extremely familiar with the interview content. This facilitated the initial familiarisation with the data set which comprises part of the first phase of Braun and Clarke's (2006) thematic analysis method.

Data analysis

I began the process of analysing the data once all four interviews were transcribed. This assisted in bracketing initial ideas about potential themes generated from earlier interviews and helped in looking for themes across the complete data set. The process

of analysing the data involved implementing phases one, two, three, four and five of Braun and Clarke's (2006) six-phased thematic analysis method. The analysis involved a gradual reduction of the data, a movement from initial thoughts and ideas about the data to codes, from codes to candidate themes, from candidate themes to final themes, and then a final defining and naming of these themes. Thematic analysis is seemingly a linear process, moving from phase to phase, but in reality the method is a nonlinear, recursive and back and forth movement between the different phases. This is an essential part of the process of the analysis and reduction of data to the completion of final themes (Braun & Clarke, 2006). This process of revisiting earlier phases of the method was essential in ensuring that the initial codes and themes made analytical sense. I revisited the codes, data extracts attached to the codes, candidate themes and final themes numerous times. This ensured that the movement and grouping of candidate themes to form final themes was coherent. Thus thematic analysis while involving a reduction of data, is also a process of expansion, elimination and consideration of alternative meanings and further reductions across the data set. Next, a detailed account and description of each phase of analysis will be provided.

Phase 1: Familiarising myself with the data

As described above, the familiarisation of the data phase began when I started and completed the transcription of the interviews. This assisted in my becoming immersed in the data. In addition to becoming familiarised with the data through the transcription process, I read through each interview transcript from beginning to end again in order to become more aware of the "depth and breadth of the content" (Braun & Clarke, 2006, p. 16). I read each interview transcript in an active way which involved asking questions of the data in relation to some of the possible assumptions and worldviews which might underpin these accounts. I started to make notes and marked down ideas which identified these possible assumptions and worldviews. I also endeavoured to hold initial formulations and ideas about the data lightly in order to "hold a dual position of immersion and distance" (Braun, Clarke & Terry, 2015).

Phase 2: Coding the data

The next phase involved the production of initial codes from the data set. Due to conducting a deductive thematic analysis, codes were generated from a top down

approach. This meant existing theoretical concepts which informed the coding and analysis moved my reading of the data beyond the apparent meanings and provided more interpretation of the data content (Braun, Clarke & Terry, 2015). I viewed the data partly through a social constructionist theoretical lens which understood the language used by the psychotherapists to be reflective of a wider socio-historical discourse about race and racism. I understood this socio-historical discourse to be embedded in the intrapsychic and interpersonal processes evident in the clinical setting in and between client and therapist.

I was focused on an interpretative coding process and coded parts of the data that were relevant to my research question. Braun and Clarke (2012) note, however, that the coding and analysis process often uses a combination of both approaches and, “It is impossible to be purely inductive, as we always bring something to the data when we analyse it, and we rarely *completely* ignore the semantic content of the data when we code for a particular theoretical construct...” (p. 59). Thus the codes that were generated were both a mixture of descriptive and interpretive.

I held in mind my research question and coded data extracts which described partial and potentially identifying aspects related to the research question. In addition, I coded data extracts which interpreted ideas, assumptions, worldviews and concepts which reflected aspects of social discourse on race and internalised racism. This approach to coding the data is consistent with a deductive thematic analysis which aims to be “critical in its orientation and constructionist in its theoretical framework, examining how the world is put together (i.e. constructed) and the ideas and assumptions that inform the data gathered” (Clarke, Braun & Hayfield, p. 59, 2015).

Microsoft word was used to create a table for the coding process. Two columns were created. On the left hand side was a column for interview transcripts and next to this a column for recording the codes. I worked through the entire interview transcripts and underlined extracts from the interview data that related to my theoretical focus and research question. Once I had underlined all relevant extracts I wrote potential codes in the right hand column. I gave a number and single letter to each extract then numbered and lettered the corresponding codes in order to be able to trace and link the codes to the extracts. An example of this process (Table 4) is shown on page 45.

Table 4. Example of data extracts and interpretive/descriptive codes

Data extract	Codes
E20: ...are there times that you've worked with clients of racial difference who you haven't been able to talk about the difference between you?	
<u>S20: Yep.</u>	
E21: What do you make of that?	
<u>S21: Ummm....I think sometimes I go in different. When, if I'm....if a client's Māori....and ummm...that's my racism. I go in different, I have lower expectation that they're going to show up, this is terrible but...</u>	S17: Racism manifesting as a lower expectations for Māori clients.
<u>S22: ...But I think it's something we need to talk about as Pākehā...and I also have lower expectation around the fee....and part of that is me wanting to be generous but it's also kind of racist in a way...you know, to say, to even think that to start with...ummm...</u>	S18: A desire to talk about racism with other Pākehā.
<u>S23: Well its racist because you already on the back...kind of, assuming that someone, because their Māori can't pay your full Pākehā fee, because they probably don't have a job or...you know that's where...that's the racist bit in that I think...Its kind of..ummm... making huge assumptions about someone, rather than doing what I would do with a Pākehā person which is discussing my fee and saying , "ok so this is my fee and then...is that too much for you and I want you to keep coming and how can we manage"...you know? It's already all in my mind.</u>	<p>S19: Lower expectations thought of as both generous and racist.</p> <p>S20: Racism understood as an assumptions that the full fee can't be paid.</p> <p>S21: Racism understood as a negation of the usual negotiation process that takes place with Pākehā clients.</p>

As shown in Table 4, the data extracts were coded by either describing, summarising or interpreting the essential perception, idea or belief contained within the extract. At times this was a difficult task as it required a reducing down of the narrative to a singular impression or concept while disregarding other aspects of the narrative. In this way my own subjectivity and theoretical focus was the deciding factor in what would be identified within the narrative. I was interested in labelling the ways the

participants understood how certain clinical phenomena manifested in relation to the research question and aimed to code the extracts by highlighting these ideas or understandings. I aimed to capture a key analytical idea or concept within the data and give it a succinct label which provided a partial answer or identified some aspect of the research question and theoretical focus (Braun, Clarke, Terry, 2015).

Once all the extracts were coded I went through each interview transcript twice to ensure I maintained the integrity of the accounts from the psychotherapists. This also allowed me to recode more succinctly, or code pieces of data extract I missed that were relevant. I was careful in examining each data extract to ensure the codes captured either the descriptive content or a coherent interpretation which related to an assumption, belief or idea that underpinned the content of the extract. Because the coding was primarily focused on labelling the psychotherapists' accounts of how certain clinical phenomena manifested in relation to the research topic, a small number of codes were generated, a total of 340 codes in total.

Phase 3: Creating first order themes

Creating first order themes involved finding similarities and links between the codes which were then collated and analysed into overarching themes. Fundamentally this stage involved a re-focusing of the analysis, reducing the codes to a broader level of identified themes (Braun & Clarke, 2006). I started to think about the conceptual patterns and links between the codes and then grouped the codes into themes and sub-themes. These themes and sub-themes were represented in a few words or a word which captured the broad essence of the grouped codes. This process was another level of interpretation which required a reducing of the grouped codes into succinct labels which were coherent with the underpinning ideas contained within the clustered codes.

It was helpful to keep in mind at this phase my main aim of providing an account of the clinical phenomena between client and therapist regarding internalised racism and racism. In addition, I focused on identifying the interventions the psychotherapists used in response to these phenomena. I found it easier to organise the analysis manually rather than in computerised method. I copied and pasted all the codes into a long list which I then printed off. I cut out each individual code until all 340 codes were

separated into strips. I then laid out each individual code onto a large table in order to see each code. This was a useful method as it allowed me to see clearly all the codes and then to easily re-group and re-sort codes into separate piles of themes. The 340 codes fitted on a large table which enabled me to start the process of organising the codes into piles. The theme names were written on an index card and placed on top of the pile of codes.

The theme names were short sentences or a couple of words which captured the essential meaning of the group of codes. For example, the word dis-identification was a word contained within many of the codes which then clustered together to form a coherent first order theme. Codes that did not seem to have an essential issue or topic which matched any theme I clustered into a miscellaneous theme. Braun and Clarke (2006) note that, "it is perfectly acceptable to create a 'theme' called miscellaneous to house codes-possibly temporarily-that do not seem to fit into to your main themes" (p. 20). These sentences and words made up the first order themes. Below is an example of this process shown in Figure 1.

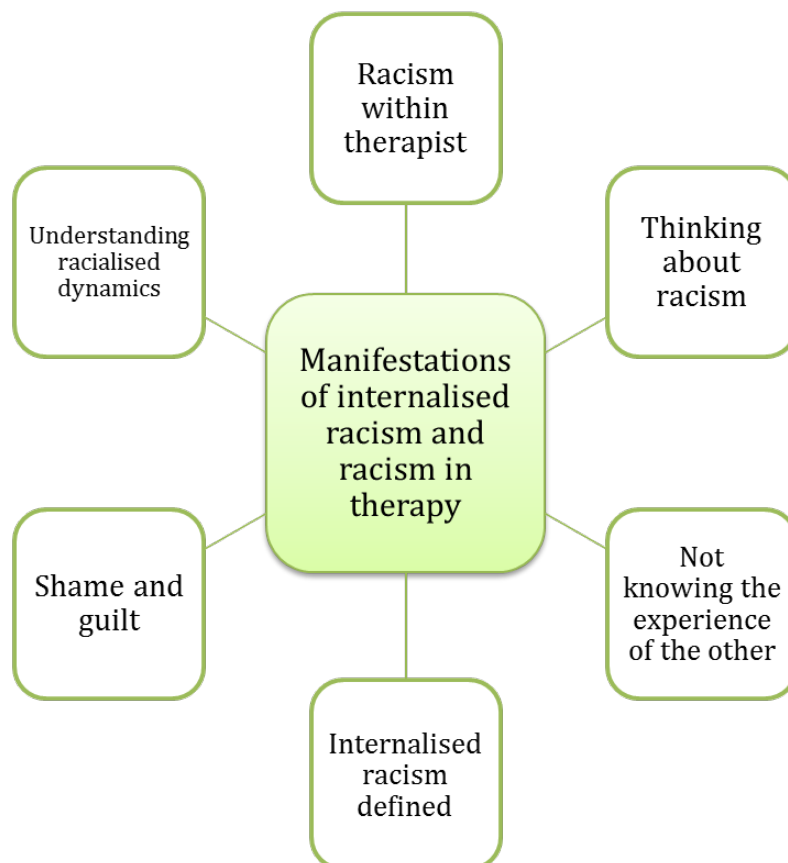
Figure 1. First order themes and coding process

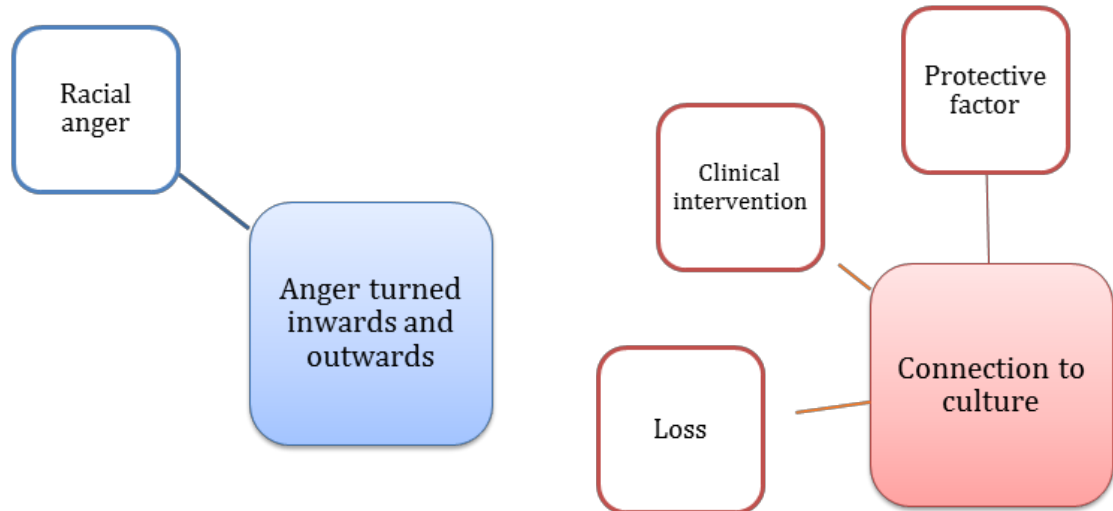


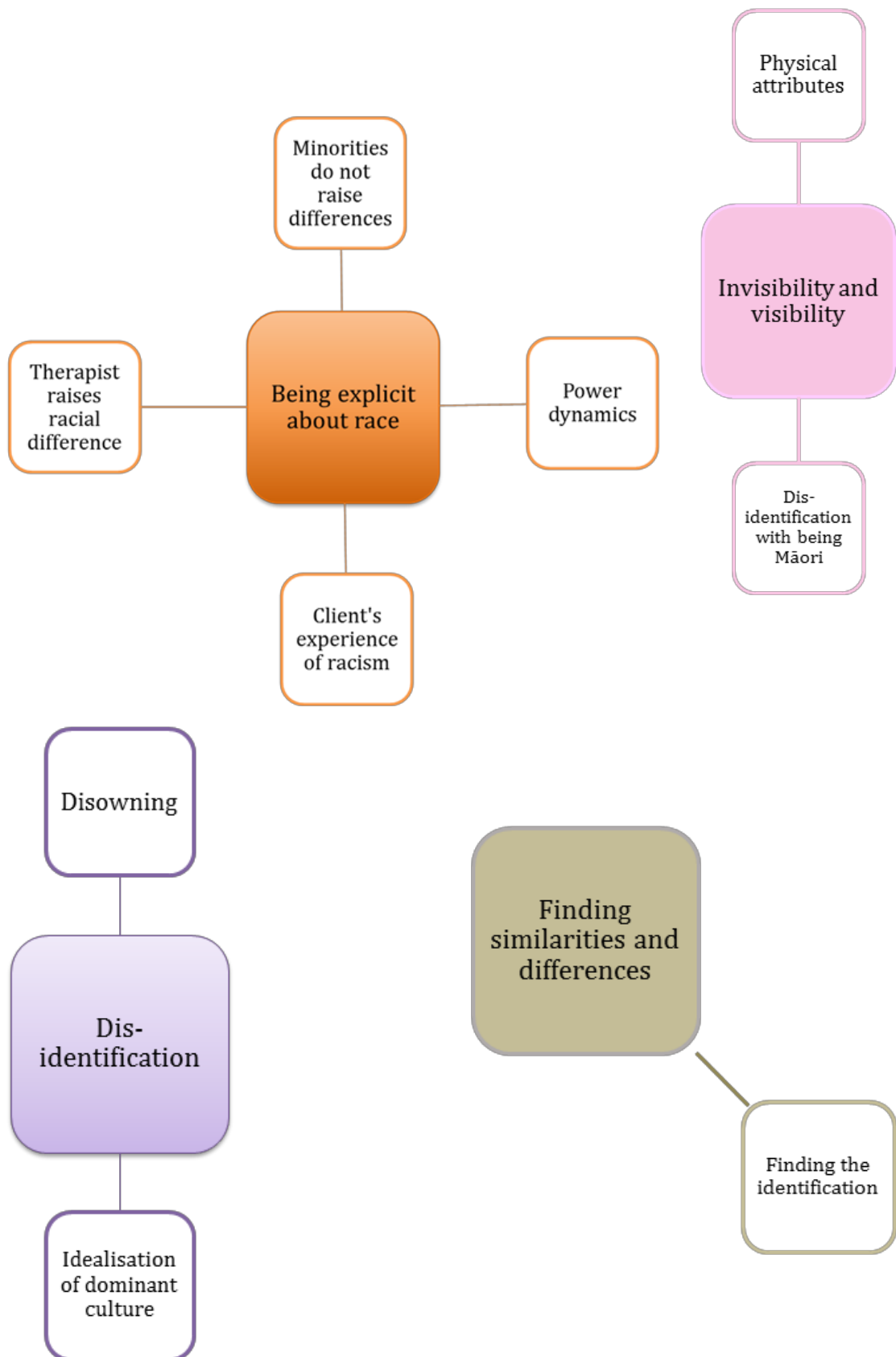
Once all the codes were clustered into themes and sub-themes I re-examined each pile of codes. The process of re-examining enabled me to decide if the codes assigned to piles were better matched to another theme/code pile, separated into a new theme or collapsed into an existing theme. In addition, this process helped me to re-examine whether the theme names actually captured the essence of the clustered codes. Returning to the data extracts at this stage was helpful in making decisions about whether the theme names captured a valid descriptive or interpretive account of data extracts. This process of re-examining the codes and theme names was at times

challenging due to multiple meanings that could be interpreted from the codes and assigned to several themes. I decided however to assign such codes into one theme, rather than into multiple themes. At the end of this process, I generated seven themes and 19 sub-themes. Below in Figure 2 is a visual representation of the themes and sub-themes in the form of a thematic map.

Figure 2. First thematic map of candidate themes and sub-themes





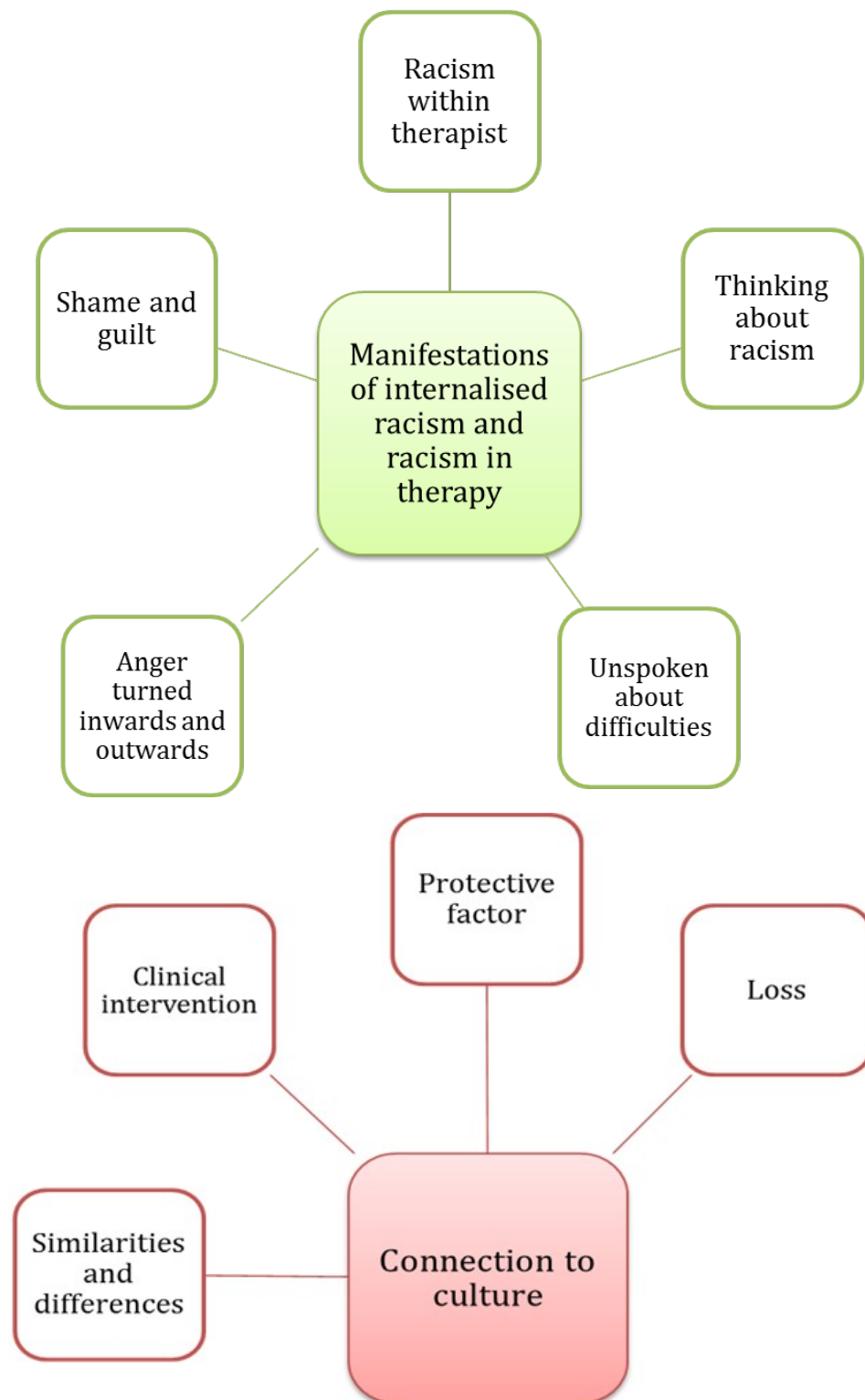


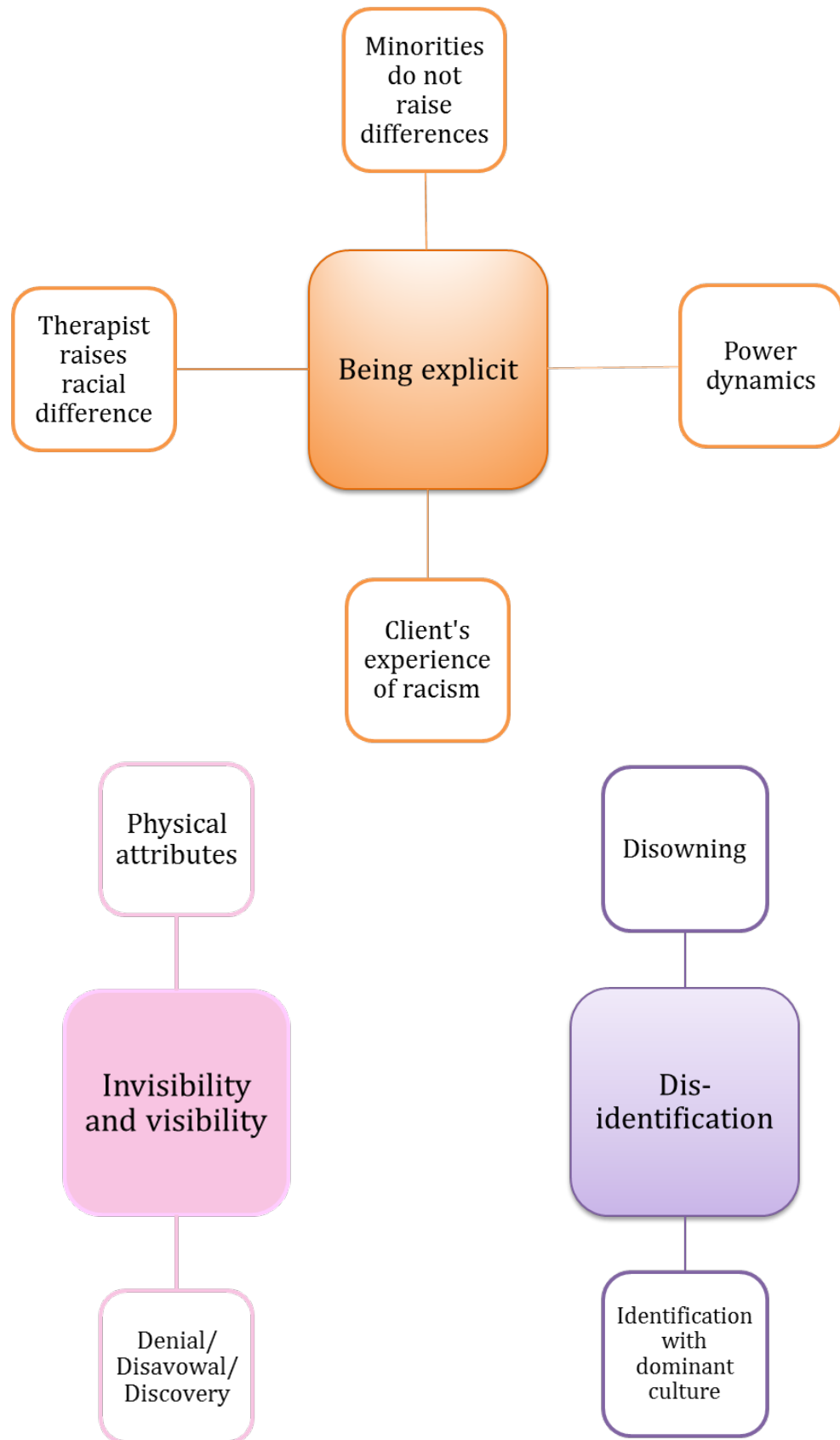
Phase 4: Reviewing themes

Phase Four involved a further refinement of the candidate themes and sub-themes. This phase contained two levels. Level one involved a further refining, reviewing and reducing at the level of the coded data extract. Essentially this meant that I read through all the collated data extracts linked to each theme and considered whether they formed a coherent pattern (Braun & Clarke, 2006, p.20). Level two involved reviewing whether the individual themes were valid in relation to the data set. The end goal of this phase was to create a final thematic map which accurately represented and reflected the main meanings and ideas in the data set. I found the process of reading the data extracts helpful in relation to whether the extracts formed a coherent pattern and whether the theme names captured the essence of the data extracts.

One of the difficulties of the thematic analysis method is the conflation and reduction of the complexity of the data. I wanted very much to present a final analysis of the data which captured the richness of the layered patterns of meaning, ideas, experiences, and concepts of the interviews. I worried that the final themes would reduce these rich layers to words or just a single word which would lose nuance and complexity. This difficulty was represented in my resistance to further reducing the seven themes and 19 sub-themes. I felt a reluctance to relinquish the themes and sub-themes. I felt that they told an interrelated story of the data. What helped at this stage was to go back to Phase Three of the thematic analysis method in order to reorder and analyse the codes into themes to see if some of the themes could be collapsed into an existing theme. As I undertook Phase Three again I was able to further reduce the initial seven themes and 19 sub-themes into five themes and 17 sub-themes. This reduction is illustrated below in Figure 3.

Figure 3. Second thematic map of candidate themes and sub-themes





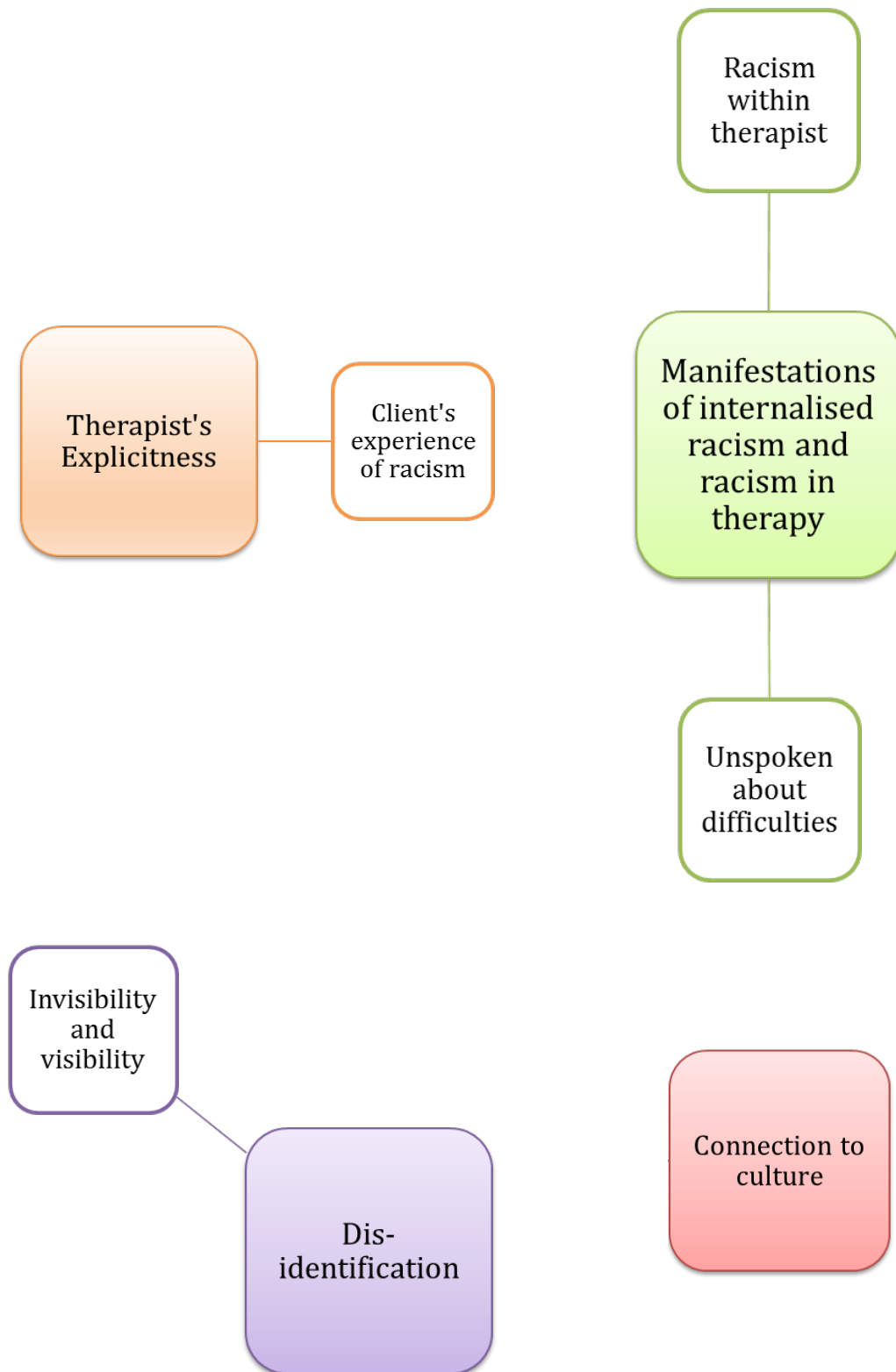
In this first reduction I collapsed the theme 'anger turned inwards and outwards' into a sub-theme connected to the theme 'manifestations of internalised racism and racism in therapy'. This was due to having insufficient data to support this being a theme. It was an important feature to retain as it related to the theme 'racism in therapy'. This sub-theme indicated part of the client's process of a movement from unconscious internalised racism to a more conscious process of anger directed at a racist society. The same process occurred for the theme 'similarities and acknowledging differences'. This became a sub-theme of the 'connection to culture' theme as it was an aspect which helped tell the story of the main theme. Part of the story of the 'finding similarities and acknowledging differences' sub-theme was the therapist's idea that the similarities and differences between themselves and their clients needed to be acknowledged in order to assist the clients in a connection to their own culture. Braun and Clarke (2006) note, "Sub-themes are essentially themes-within-a-theme. They can be useful for giving structure to a particularly large and complex theme, and also for demonstrating the hierarchy within the data" (p. 22). I continued this process of reviewing and refining a second time which involved a further collapsing a theme into a sub-theme as well as discarding 13 sub-themes. This led to the creation of the third and final thematic map. Four main themes and four sub-themes were produced. This final thematic map is shown on page 54, Figure 4.

Phase 5: Defining and naming themes

Phase Five was a further defining and refining of the themes which will be presented in the analysis once a satisfactory thematic map has been produced. Braun and Clarke (2006) describe this process, "by define and refine we mean identifying the 'essence' of what each theme is about (as well as the themes overall), and determining what aspects of the data each theme captures" (p. 22). I returned again to the collated data attached to each theme and determined the aspects of the data that the theme represented. I considered how each theme told the story of the data in relation to the research question and theoretical focus. In addition, I determined the relationship between the themes and which aspects of the data's story they told. I reworded the theme names slightly in order for them to "be concise, punchy, and immediately give the reader a sense of what the theme is about" (Braun & Clarke, 2006, p. 23). I was satisfied with the final thematic map and themes which represented and reflected the

story of the data coherently. The next chapter will fully elaborate a final analysis of the themes.

Figure 4. Final thematic map



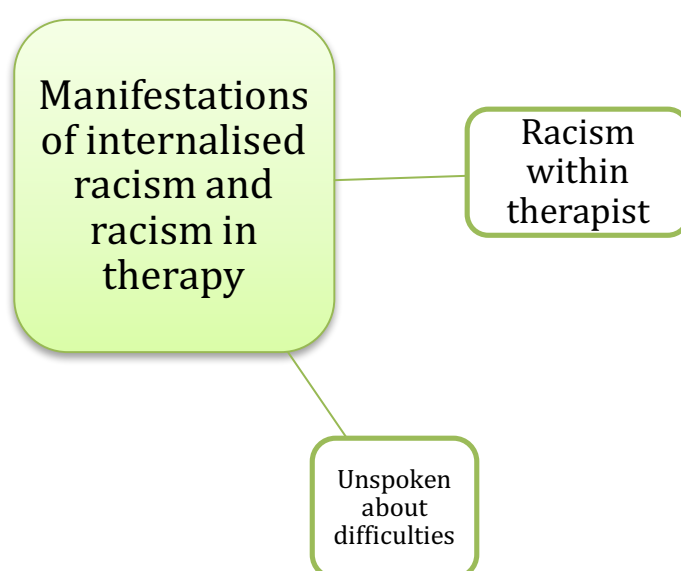
Summary

This chapter described how the study was conducted, starting from the recruitment of the interview participants, to the analysis of the data and finally to the identification of the final themes. The six-phased process of thematic analysis to create initial codes, basic themes, sub-themes, and then global themes was discussed. Chapter Five describes and analyses the four main themes and four sub-themes which have been identified in this chapter.

Chapter 5: Findings

This chapter describes and analyses the four main themes and four sub-themes which were identified in Chapter Four by using data extracts from the original interview transcripts and relevant literature. The themes, sub-themes, and data extracts will provide a thematic overview of the participants' experiences and perceptions related to the research topic. All identifying material in the data extracts of both client and therapist have been either disguised, changed, given pseudonyms or excluded.

Figure 5. Main theme, 'manifestations of internalised racism and racism in therapy' and its associated sub-themes.



The first theme, 'Manifestations of internalised racism and racism in therapy', describes both the clients' and therapists' experiences of internalised racism and racism in the therapeutic encounter. It represents a range of perceptions and experiences, from the therapist's understanding of the client's internalised racism, to a client denouncing the therapist's inability to understand their experience as a minority. The sub-theme, 'Racism within the therapist', portrays the psychotherapist's accounts of racist thoughts and responses towards minorities. The last sub-theme, 'Unspoken about difficulties', captures the psychotherapist's understanding of the client's premature departure from therapy being reflective of un-talked about racial differences and difficulties.

Aspects of the social world beyond the consulting room will arise and be enacted within the consulting room. This understanding is contextualised by Foulkes' concept of the social unconscious; the internal processes of the individual are understood as internalisations of the forces of the group (as cited in Dalal, 2002). If the group is understood to also encompass and represent society, then invariably the external, social forces of racism are internalised and enacted intrapsychically and interpersonally in a myriad of different forms.

Racial enactments which occur in the therapy reflect and represent the wider culture's attitudes in relation to race (Simon, 2003). The conceptualising of racial dynamics within the therapeutic relationship have been written about by several psychoanalytic clinicians/authors. Leary (2000) notes that inevitably all people will "drift into unintended racial thoughts, feelings, and actions to which we or others will later attach verbal labels and psychological meaning" (p. 642). Altman (2000) writes that racism is built into the ways we think and speak. He then argues that clinicians should expect to find racism in countertransferential thoughts and feelings, and such thoughts and feelings are an essential element of dealing with issues of race in psychotherapy. Leary (2000) considers racial enactments which emerge in treatment have the potential to open up new clinical understanding.

Manifestations of internalised racism and racism in therapy

One psychotherapist spoke of understanding her client's internalised racism manifesting as a sense of inauthenticity in relation to her Samoan identity. The psychotherapist describes her understanding that her client's internalised racism is perhaps intensified by the client denying or "pushing away" her Samoan-ness.

...There's another one I'm working with and she's from Samoa...from Tonga, and she...no she's from Samoa...she talked about being a "plastic islander"...and I said "what's a plastic islander?" and she went "a fake islander" ...ummmm.... She means not the real deal, she's only got brown skin, even though her father's full Samoan...so we've worked together for about a year now and I think she is more able to talk about and think about her own pushing away of being Samoan.

"Plastic islander" represents a social idea about a mixed race heritage being inauthentic which this client has internalised. In a small qualitative study Keddell

(2009) discovered that persons with one white parent and one Samoan parent were often subject to overt racism and questions of racial authenticity related to their knowledge about cultural practices. Another psychotherapist identified internalised racism in therapy with Māori women manifesting as eating disorders and weight problems. The underlying understanding seems to denote that internalised racism exhibits itself as an absorption of negative stereotypes about Māori which become accepted as fact.

I'm thinking about...you know women with eating problems...and ummm...almost like..."oh this is what we do 'cause we're Māori" ...you know "we don't know any different to getting KFC and we're just bad people so we just eat bad food". Those sort of messages that come in...and ummm...people that I've worked with have been quite obese and don't have a way of moving that because that's kind of "how it is for us, this is what we wear" in a way...

In both the above excerpts the psychotherapists seem to understand internalised racism as an acceptance of and identification with racist social messages. These examples demonstrate the introjective characteristic of internalised racism which lends itself to this acceptance of negative and narrow representations of cultural and racial identity. These accounts of the acceptance of racist social messages are contrasted with one psychotherapist's experience of her client's denigration of her.

Psychotherapist: *And that comes back to my African client, how he will chuck, absolutely chuck shame and blame, my way and I kind of like have to catch all this stuff...*

Interviewer: *How would he do that?*

Psychotherapist: *Ummm... "as a white woman you have no idea what it's like, you just try, you just...I want to see you walk... get yourself a dark skin and walk around the supermarket, just have a look then" ...and in a way I'd like to, I would really want to...*

Psychoanalytic conceptualisations recognise that denigration arises through the process of projection, the purpose is to evacuate what's inside onto something outside, leaving one territory good and the other bad (Dalal, 2002). In this account the psychotherapist seems to portray an idea that the client's sense of shame is transferred into a projective blame towards her for being unable to experience having dark skin in a white dominant culture. Instead of an introjection and internalisation of

racist representations, the mechanism used by the client seems to be a projective one. The racist, social representation is projected onto the therapist, who then becomes a symbol of the racist dominant culture which he can then attack.

Racism within the therapist

The sub-theme 'racism within the therapist' represent accounts of two psychotherapists. One psychotherapist spoke about her understanding of racism within herself manifesting in terms of "lower expectations". Another Psychotherapist spoke of unconsciously perpetuating insensitive behaviours in relation to minorities.

Ummm....I think sometimes I go in different. When, if I'm....if a client's Māori....and ummm...that's my racism. I go in different, I have lower expectation that they're going to show up, this is terrible but... I think it's something we need to talk about as Pākehā...and I also have lower expectation around the fee....and part of that is me wanting to be generous but it's also kind of racist in a way...you know, to say, to even think that to start with...

This belief of lower expectations perhaps reflects her internalisation of a racist social stereotype about Māori being from a lower social economic status. Wall (1997) notes that the mechanism for perpetuating a Māori/Pākehā binary in which Māori constitute a race category is through essentialist representations of Māori identity. Racist stereotypes of Māori identity are perpetuated through social discourse and become narrow representations which do not "acknowledge and explore the infinite possibilities of what being Māori (or Pākehā) is and can be" (Wall, 1997, p. 43). Another psychotherapist spoke of his recognition of behaviour towards minorities.

I think it's hard for me to think of being in relationship with minority without identifying at some point that sort of toe stubbing feeling of doing something that's offensive or hurtful to the other, and to recognise how unconscious that behaviour is...

In this account the psychotherapist seems to be naming the nature of unconscious attitudes and beliefs towards racial minorities which manifest in potentially offensive behaviours, or "microaggressions" (Sue et al., 2007). Racial microaggressions are subtle, unconscious, unnamed and nebulous exchanges (verbal, non- verbal, and/or visual) which characterise interracial encounters and communicate denigrating messages to racial minority groups which reinforce racism (Sue et al., 2007).

Unspoken about difficulties

'Unspoken about difficulties' is a sub-theme which relates to the psychotherapist's understanding of un-talked about issues of race and racism being enacted in the form of clients leaving therapy prematurely.

....Maybe there's something about putting a white practitioner on a pedestal...but then not being able to cope with that so often people just leaving....so I think that...that's in a way...it's not outspoken but it's something that I imagine happens, they can't...the people I've worked with can't manage that...ummm....for a length of time, you know and we possibly haven't worked long enough to discuss that...so often people I've worked with have just left...and often I don't know why.

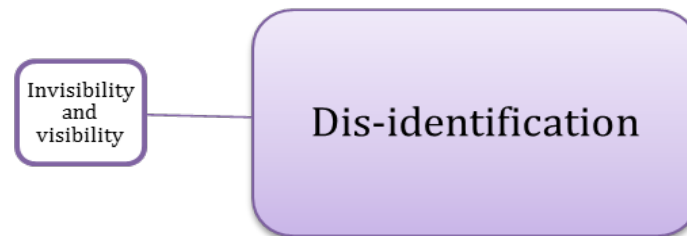
Idealisation is a way of managing difficulties with balances of power between self and other; it is those with more power who tend to be idealised (Dalal, 2002). Rather than being controlled by the powerful other, perhaps the act of leaving the therapy prematurely for the minority client is a means to have control and power themselves. Similarly, another psychotherapist speculated about the possibility of her client prematurely leaving therapy.

... I noticed with the coloured women I was working with, from South Africa, she was talking about her mother who had difficulty because she had had four children and two of the children were more white looking and two of the children were darker looking...the two whiter children could go to that school, she would put them on the train to go to that school, and the other's...it was excruciatingly painful stuff, and... it was so good that she could talk about it...but here she was sitting with a light person in the room and I also noticed that she, she kind of left after, I think about three or four sessions later.

The psychotherapist presents an idea here that there was an unspoken about racial conflict being communicated through the form of the client leaving therapy. She says "but here she was sitting with a light person in the room...", perhaps alluding to her wondering about the dynamics between herself and this coloured woman, victim of an apartheid regime recounting her experience to a white psychotherapist which was not able to be utilised in the therapy. Leary (2000) expresses her view that collaborative methods have a utility in the analysis of racial material, writing "this would include his

or her complicity in racial matters and the patient's perception of the analyst's racial experiencing and/or racial conflicts" (p. 651).

Figure 6. Main theme, 'dis-identification' and its associated sub-theme



The second theme, 'Dis-identification', describes the psychotherapist's understanding of internalised racism operating in their minority client's dis-identification with their own racial and cultural heritage and an identification with western culture. The sub-theme, 'Invisibility and visibility' describes the psychotherapists' accounts of working with Māori clients who experience a sense of illegitimacy in identifying as Māori due to not possessing particular physical attributes.

Dis-identification is a concept which elucidates the process of distancing or detaching from self-representations or aspects of self-identity. Goffman (as cited in Zou et al., 2008, p. 1153) explained dis-identification manifesting as "the desire to distance oneself from a group that one might otherwise be associated with by observers". Butler (as cited in Medina, 2003, p. 664) describes dis-identification as the "experience of mis-recognition, this uneasy sense of standing under a sign to which one does and does not belong"

Dis-identification

One psychotherapist spoke of her client's extreme attempts at changing his appearance in order to identify with the dominant culture and dis-identification with his own cultural and racial heritage.

...And he wanted to be white, he wanted to have a white mother. So in a way I represented a white mother for him, and he...with his skin, it's nearly like he wipes it with bleach, in fact I think... he did do that and any part that's dark he keeps covered up, he wants to make himself look...and he bleached his hair...we had that phase, one

phase, so he he's trying to whiten himself up and he couldn't wait to get through law school so he could live in a wealthy area so that he had to keep away from any type of poverty.

The psychotherapist conveys her client trying to “whiten himself up” through skin and hair bleaching in an extreme attempt to banish his dark skin. Hall (as cited in Hunter 2007., p. 239) suggests that the “bleaching syndrome” is the “internalization of a white aesthetic ideal, is the result of historic legacy of slavery and colonisation across the globe”. It seems that this client associates lighter skin with social status, prestige and wealth. This is alluded to when the psychotherapist says “he couldn't wait to get through law school so he could live in a wealthy area so that he had to keep away from any type of poverty”. An internalisation of the sociohistorical legacy of the denigration of dark skin, which is linked to poverty has perhaps been internalised and dis-identified with by this client. An identification with light white skin and its associated social success is longed for, to the extent of attempts to “wipe away” his own dark skin. Davids (2011) writes about the dis-ease of cultural and racial disavowal, “Once white identification is in place it cannot but call into question the relative inner peace that flowed from a normal upbringing, since that was achieved in a family milieu now denigrated on account of its blackness” (Davids, 2011, p. 113). The same psychotherapist speaks about another minority client's dis-identification with her cultural heritage and her sense of the unhappiness this causes her.

...She kind of doesn't identify with coming from, being Samoan, and what she's got from her father. So I feel like that split keeps her unhappy, because it some way she is disconnected in her own life. She's only connected with the family but doesn't have any of her own connections, and I feel like...so in some ways she's really unhappy with who she is...

The term “afakasi” is used to describe a Pacific Island, mixed race identity (Culbertson & Agee., 2007 p. 79). Marsh (as cited in Culbertson & Agee., 2007 p. 79) writes “afakasis suffer both intrapsychic confusion and social humiliation”. This intrapsychic and social humiliation is the result of navigating inclusion and exclusion from the social world which then develops into cultural alienation. In their qualitative study of “afakasi” men Culbertson and Agee (2007) write, “Participants wondered what the criteria were for their inclusion or exclusion. Belonging seemed to need to be

“earned”, yet they were not always sure how to do that” (p. 87). One way to withstand the confusion and humiliation of not knowing how to earn this belonging is a dis-identification with one’s cultural heritage.

Invisibility and Visibility

Racial essentialism, the belief that races are fixed, natural and immutable, underpins the social discourse about the possession of physical attributes and racial and cultural identity legitimacy (Storrs, 1999). This ideology becomes the organisation for a racial identity in which racial minorities in particular are subject to racist scrutiny in appearing legitimate based on physical attributes. Storrs (1999) writes, “Physical features have particularly prevalent use in the construction of racial identities and borders” (p. 203). In Aotearoa/New Zealand a Māori identity has a multitude of different meanings, markers, classifications and attributes. In their study of Māori and Pākehā students, Thomas and Nikora’s (1996) found that the Pākehā students’ conceptions of being Māori emphasised colour and appearance, while the Māori students’ concepts of being Māori emphasised cultural knowledge and language. The authors write:

Pākehā who see ethnic differences primarily in terms of physical appearance may have difficulty accepting the choice of Māori tribal groups to identify themselves with distinctive Māori traditions and cultural patterns which are different from that of Pākehā people and, at the same time, a legitimate and desirable New Zealand lifestyle. (p. 37).

One psychotherapist spoke about her horror in relation to the dominant culture’s de-legitimising of a Māori identity.

...It used to be one of the racist things in New Zealand was always “oh yeah, oh well they can claim the Māori housing, and how come those who are an eighth Māori can get more help?” and “they’re not even Māori, you know”. A lot of stuff around that in this culture, it’s very, very horrible.

In this excerpt the psychotherapist is relaying the belief that “those who are an eighth Māori” cannot legitimately claim to be Māori. Under-pinning this belief are essentialist assumptions around racial identity being legitimate through biology alone. Thomas and Nikora (1996) note that an ideological technique used by dominant ethnic groups is to deny political claims by non-dominant groups. The authors write “Pākehā who wish

to undermine political claims made by Māori people will sometimes deny the claimants right to Māori ethnicity” (p. 37).

The construction of racial identities through privileging of physical features is prevalent in society (Storrs, 1999). Perhaps in the absence of cultural knowledge and language which might mitigate the introjection of racist essentialist ideas, an identification with physical attributes become the means for constructing a Māori identity. This essentialist account of *looking Māori* is represented in the excerpt below.

And interestingly...a women I’m working with now, she’s not particularly Māori looking, and she says she the lightest one in her whole whanau. She’s got lots of brothers and sisters but she’s the one who’s taken up the Māori pathway. And another person I know is like that as well, lots of siblings who are more Māori looking but have tried to be more Pākehā, or pushed into being more Pākehā...

The construction of *Māori-ness* through skin colour is a means to shape, construct and constrain identities. In this account the psychotherapist is associating light skin colour with being “not particularly Māori looking”. Storrs (1999) notes “skin colour is the most salient physical trait employed to position people racially...” (p. 204). Racial essentialism is a dominant racial ideology which provides a foundation for how people can or cannot legitimately construct their racial identities. Inevitably the introjection of this discourse becomes lodged in the ways individuals feel able to identify with racial and cultural identities which perpetuate this erroneous racial essentialism.

Figure 7. Main theme, ‘therapist’s explicitness’ and its associated sub-theme



The third theme, ‘Therapist’s explicitness’, describes the psychotherapists’ communication to their minority clients of their understanding of the impacts of race

and racism on their lives through the naming of the racial differences between them. The sub-theme, 'Client's experience of racism', captures the minority clients relaying their experiences of racism and the psychotherapists' responses.

Therapist's Explicitness

One psychotherapist spoke of raising racial differences in therapy with minority clients when the content of the therapy related to racial or cultural difficulties.

Psychotherapist: *It's usually when they're talking about something that I think of as extremely difficult especially ahh, in terms of race, in terms of ethnicity. Like umm a Māori man who's talking about roughly man handling his children, not hitting them but manhandling them and feeling ashamed about that. And he might say "I'm ashamed to tell you" and so then I could say "so you're ashamed to tell me because...your regard for me and...it's also hard to tell a Pākehā", it will often be something that's quite...*

Interviewer: *How did he respond may I ask? Or what happened after that rather?*

Psychotherapist: *Ummm he gave me a lot more detail about what had happened.*

The psychotherapist's acknowledgment of the racial differences between himself and his client seemed to lead to the client's increased ease in disclosing an experience which he felt ashamed about. Difficulty or cautiousness in disclosing experiences which evoke discomfort or shame is characteristic of all clients of psychotherapy. Chang and Berk (2009) note that for minority clients however, concealing such experiences may reflect a strategy for negotiating interracial relationships, especially those in which there is a power differential. Power imbalances across racial divides will rarely be acknowledged by the dominant culture. The psychotherapist's communication to the client of "it's hard to tell a Pākehā" seems to convey an acknowledgement of the power imbalances related to their racial differences. The impact of members of a dominant culture recognising the inherent power differential in interracial relationships is an important feature of acknowledging and redressing social power imbalances. This also has a utility for the therapeutic relationship in which "elaboration and exploration of the reality of the differential may provide an important means of accessing the transference" (Morgan, 2014, p. 74).

Another psychotherapist spoke of naming the racial differences between herself and a client and of the client's apparent ease with their differences.

I say to her, "you know you find yourself being with somebody who's very, white, blond hair, Pākehā!" You know, but she'll shrug and say "yeah but you understand, you know" ...it wasn't a lot or something more, or... there was something that she felt comfortable with me, and I've...whenever I've wanted to push it she hasn't wanted to go there. She feels comfortable, she's telling me she feels comfortable with me.

Minority clients will differ in their sense of importance about the racial differences between client and psychotherapist. In this excerpt the psychotherapist relays her client's perception that their racial differences are not an issue which affects her sense of feeling understood and comfortable. Chang and Berk (2009) note that racial and ethnic mismatching is not inherently problematic. Factors that seem to make a difference to racial minority clients are: the therapist's comfort level working across differences; their sense of the therapist's care, respect and acceptance; the therapist's self-disclosure of personal history; and treatment satisfaction. In the accounts above, both the psychotherapists acknowledging and being explicit about racial differences perhaps mitigates the wider social phenomenon of racial colour-blindness, a disavowal of race being a feature of social life from the dominant culture which impacts the life of racial minorities (Bonilla-Silva, 2006).

Client's experience of racism

One psychotherapist spoke about her perception of her client's experience of racism being both very real and a defense against painful emotional states.

So I walk this fine line between...acknowledging that there is racism in New Zealand...because he's African and quite dark...ummmm....he's had quite a bit of experience of...being judged and you know on the receiving end of racism. However, the other thing I noticed is that I work with him when he gets anxious he gets increasingly angry. So when I umm, one of his...he's now back in Law school. When tests come up, exams come up, he has these phases where he gets more and more paranoid, and more and more angry and then everyone is racist and nobody understands, and one of the things I have to say is "hang on we're spending all this energy discussing racism and I know you've got an assignment due in three days, just talk to me about some of the questions that are going to come up" it's like I have to

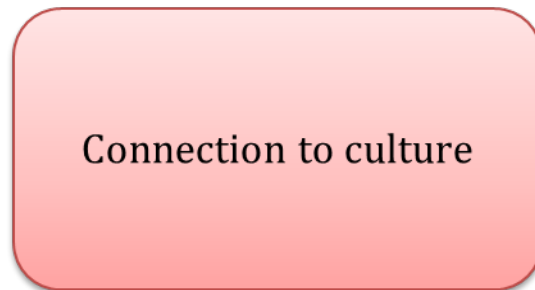
focus him back and when we do that then he calms down and racism isn't forefront...

The psychotherapist speaks about having to “walk a fine line” between her client’s real experience of racism, and the way in which he uses racism as a paranoid projection, which moves him away from his underlying anxiety and fear of failure. The psychotherapist is, however, able to interpret both the reality of her client’s experience of racism and to reveal his defensive use of accusations of racism as a means to project painful affect. Morgan (2014) notes that an analytic stance requires an understanding of the real racial divide between client and therapist, that this divide can be used as a defense and the need to interpret this to give access to transference reactions. Another psychotherapist relayed his client’s experience of overt racism and of his own countertransferential responses.

...She had a couple of young daughters, they were walking on the beach, a white man bumped into them aggressively and said “you don’t own the seabed here”. It was extremely aggressive, I just felt filled with shame “oh god”...so yeah shame and guilt. I can still feel quite keenly when I hear those stories and for me it’s quite hard keeping it out of the way...last thing they need is to deal with my responses to those things

The psychotherapist is implying that his feelings of shame and guilt in relation to a client’s experience of overt racism are potentially burdensome to the client. Perhaps the therapist is alluding to the unhelpfulness of operating from this sense of guilt and shame in relation to being able to stay present with his client’s experience. Possibly the psychotherapist’s guilt and shame in this account relate to being exempt from such overt racism in society. Writing about white identity models, Swim and Miller (1999) note “these models describe guilt and shame as a result of recognition of past and present participation in a racist society” (p. 501). It is paradoxical that guilt and shame experienced by white people seem to be part of an aspect and phase of a process of an awareness, acknowledgement and sense of responsibility for both the minority’s experience of racism and their privilege from being exempt from it. However, this guilt and shame blocks “making progress in building meaningful and productive relationships with one another and stalls positive social and economic initiatives (Steel, as cited in Monk, Winslade & Sinclair, 2008, p. 372).

Figure 8. Main theme, 'connection to culture'



The fourth theme 'connection to culture' captures the psychotherapist's sense of importance that their minority clients are connected to their cultural heritage. This theme describes the psychotherapist's ideas that their minority client's connection and identification with their racial and cultural heritage is a protective factor against the impacts of racism and their emotional and psychological struggles.

While there is much research on the promotive effects of racial and ethnic identity, fewer studies have examined the protective nature of a positive racial and ethnic identity which mitigates the impacts of racism and discrimination (Neblett Jr, Rivas-Drake & Umana-Taylor, 2012). There is, however, some literature which provides evidence that suggests a positive racial and ethnic identity in the context of racism is significant. In their longitudinal study of 108 African-American youth, Stevenson and Arrington (2009) found that cultural pride, both partially and fully mediated the impacts of perceived racism. Romero and Roberts (2003) found that, of their participants who experienced ethnic discrimination, those with a strong ethnic identity still reported high levels of self-esteem. Chavez and Guido-DiBrito (1999) note that a factor which contributes to the establishment of a positive ethnic identity which counteracts negative and racist social messages is: connection to cultural heritage through language, traditions, values and beliefs.

Durie (1999) writes that, for Māori in Aotearoa, mental health improvement and treatment must be linked to a wider context of positive Māori identity development, which includes improved access to land, language, and family networks.

Connection to culture

One psychotherapist spoke about her perception of the extremity of societal racism and of her encouraging her clients to become more connected to their own culture.

....I think it's very full on out there...I think there's more racism than we would like to think actually...ummm...I think I feel really encouraged if clients are really in touch with their own culture...and ummm I really encourage that. Some don't want to be, and obviously it's not up to me to...ummm...it's something that's really important that they have to come to which is why I think it's really good if they want to go to a Māori therapist. Because that to me is another step forward...

In this excerpt the psychotherapist seems to imply that a connection to cultural heritage is a protective factor against racism. She also seems to imply that for Māori clients seeing a Māori psychotherapist is more appropriate as a means to develop more cultural connection. Cabral and Smith's (2009) meta-analysis of racial and ethnic therapy clients found that, "Although people tend to prefer having a therapist of their own race/ethnicity and tend to perceive therapists of their own race/ethnicity somewhat more positively than others, their improvement in treatment is largely independent of therapist race/ethnicity" (p. 547). Perhaps then the idea of cultural and racial therapist matching is related to not being able to provide cultural connection for clients such as language and cultural knowledge and practices. Another psychotherapist spoke of the need for a minority client to return to his country of origin in order to "refuel".

...And his son said "look you know, why you don't go back to Malaysia?" Because he'd said 'home' he'd said something about 'home', he said "you know we've moved away from home da..da..da" and he said "why don't you go back?" You know you actually ... he resigned from his job because he didn't enjoy his job and so that's coming out of it that in fact he will for the next six months go back to Malaysia and spend some time with his father and give his son space and it's really good. So I really encouraged that, he needs to refuel and go back to his own culture for a bit.

The psychotherapist spoke of the need for the client to "refuel". This is a concept used by Akhtar (2010) in which revisiting the country of origin for immigrants is an important source of emotional sustenance which is a protective factor in the identity

dislocation and loss which occurs when immigrating. In essence the psychotherapist is identifying with her client and encouraging him to renew a connection with his cultural origins in order to gain some emotional and psychological nourishment.

An integrated racial and cultural identity for minorities is both a preventative and protective factor buffering the effects of societal racism. In addition, a strong racial and cultural identity seems to mitigate against emotional and psychological distress and support emotional resilience. A racial and cultural identity is created through a connection to culture, in which access to community, traditions, language, and land is necessary for a cohesive integration. Durie (2006) writes, "A secure cultural identity results from individuals being able to access Te Ao Māori and to participate in those institutions, activities and systems that form the foundations of Māori society" (p. 7). In the above accounts the psychotherapists convey their sense that their minority clients' connection to their cultural heritage is an important factor in their emotional and psychological well-being.

Summary

This chapter described and analysed the four main themes and four sub-themes produced by the thematic analysis by using data extracts from the original interview transcripts and relevant literature. The themes, sub-themes, and data extracts provided a thematic overview of the participants' experiences and perceptions related to the research topic. In Chapter Six the relationship of the results discussed in this chapter and the initial research question will be discussed alongside implications for further research and limitations of this study.

Chapter 6: Discussion

This chapter discusses the major themes and their relationship to the initial research question. Implications of each major theme will be described alongside the limitations of this research and recommendations for further research.

Analysis of the interview data led to the identification of four main themes, 'Manifestations of internalised racism and racism in therapy', 'Dis-identification', 'Therapist's explicitness' and 'Connection to culture'. The themes represent a therapeutic process which I have named: emergence, understanding, intervention and aim. The emergence of 'racism and internalised racism in therapy' describes both the clients' and psychotherapists' experiences of internalised racism and racism as it emerges in the therapeutic encounter. 'Dis-identification' captures the psychotherapist's understanding of internalised racism operating as their minority client's dis-identification with their racial and cultural heritage. 'Therapist's explicitness' identifies a therapeutic intervention, the psychotherapist's communication to their minority clients of the racial differences between them. Lastly, 'Connection to culture' captures the psychotherapist's therapeutic aim of encouraging a connection to racial and cultural heritage as a protective factor against racism and emotional and psychological difficulties. Three of the main themes are supported and anchored by the sub-themes which help to create a nuanced account of each major theme. Each theme and sub-theme captures an aspect of the therapeutic process, which must be viewed in context with the other themes. The themes and sub-themes answer the research question "how does internalised racism and racism become identified, and treated clinically by psychotherapists?" A discussion of each theme and its clinical implications will be explored in full.

Clinical Implications of 'manifestations of internalised racism and racism in therapy'

My analysis identified 'manifestations of internalised racism and racism in therapy' as a central theme in relation to the therapy of minority clients treated by white psychotherapists. As described in detail in the findings chapter, racism is introjected by both minority clients and white psychotherapists, and emerges clinically as internalised

racism within the client, racism within the therapist, and racialised enactments in the form of unnamed and unspoken difficulties in the clinical encounter.

Internalised Racism within the client

Internalised racism will emerge in the clinical setting as the minority client's acceptance of, and identification with, negative and narrow representations. Pyke (2010) notes that the mechanism of oppression from the dominant culture operates through the control of the construction of reality and knowledge which, cause "even the oppressed to have a stake in their subordinated identity" (p. 557). It is important for white psychotherapists to have an understanding of the psychological mechanisms of the internalisation of racism which develop into a self-hating relationship with one's racial and cultural identity. This understanding of internalised racism and how it impacts on a minority individuals' intrapsychic selves are described well by one psychotherapist.

...Racism that inevitably exists societally, institutionally, interpersonally, gets introjected by the individual from a minority culture- ...umm...and it doesn't, usually in my experience it doesn't usually manifest in anger towards the culture, the society or the individuals. Occasionally it does. But most often its manifests in some form as self-denigration, sometimes self-hate.

A clinical task for white psychotherapists is to identify and expose racist social messages which have become accepted and embedded in the minority client's construction and experience of their racial and ethnic identity. The intervention of identifying racist social messages supports the minority client's movement from an unconscious and internalised acceptance of racist representations to a more conscious ability to create and construct for themselves a meaningful racial and ethnic identity. One psychotherapist made the link between her minority client's sense of insecurity and his judgement of his cultural identity.

...He was talking about his own insecurity and I said "do you think you feel disadvantaged even though all your mates come from the same area and island as you, do you think it's because you judge...that you're an islander" and he said "yeah, actually I've never thought of that" so he hadn't thought of it but he had admitted it was probably a big part.

Minority clients rarely enter into therapy with internalised racism as their presenting problem, rather it will be embedded in psychological and emotional issues such as self-esteem, depression, anxiety, low self-confidence etc. (Watts-Jones, 2002). Thus the white psychotherapist has a task to identify and understand the larger social picture which forms the minority client's ethnic and racial identity and to explicitly name to their clients their understanding of these psychological effects of racism.

Racism within the therapist

The sub-theme, 'Racism within the therapist' represents the introjection of racism by the psychotherapist which manifests as certain attitudes and behaviours towards minorities. It can be extremely difficult for white psychotherapists to keep thinking about issues of race and racism. In addition, difficulty in thinking about internal racism is due to the fear, shame and guilt which is evoked and then quickly split off or repressed. The fear and defensiveness of entering into the territory of internal racism for both therapist and client blocks the usefulness of using racist countertransference which are "rich sources of therapy enhancing material" (Holmes, 1999, p. 319) and has the potential to open up new clinical understandings. One psychotherapist identified how she felt more racist towards different cultures.

*....I notice that I'm more racist to different people. Ummm, I worked with some Indian people, I felt much more racist...ummm...an Indian woman who I didn't feel negative towards her, but I did towards the culture that put her in a really awful position. Ummm... a similar thing with a Muslim woman from (**country deleted**)...I get quite angry about the culture and ummm...and in that way I get a bit driven in the therapy....*

This psychotherapist is naming an important dynamic in working with minority clients who may hold starkly different cultural values. In today's politically correct climate holding a view which is not thought of as tolerant towards different cultural values and beliefs, especially when one is a member of the dominant culture, provokes anxiety and fear due to the potential of being labelled discriminatory, or worse, racist. This leads itself to a silencing of inner responses and to a state of "bewilderment, confusion and paralysis" (Dalal, 2012, p. 6). The psychotherapist's anger is a useful one; it represents a sense of protectiveness and a desire for her client's autonomy and equality in the face of cultural values towards women which conflict with her own. Her

sense of "driven-ness" in therapy represents this anger based on her own value system. Rather than this making her racist, the therapist's capacity to be angry at cultural values which she finds oppressive in relation to her own is "not the opposite of tolerance, but integral to it" (Dalal, 2012, p. 8)

Racism within the therapist, as with all countertransferential phenomena, is a potentially useful and usable source of information to work with in the service of the therapy for the minority client. Rather than the impulse to quickly repress and split off racist thoughts and feelings, the willingness to enter into the territory of the "internal racist" (Davids, 2011, p. 3) opens up useful racialised conflicts within the client and the therapist. In the case above, a naming and utilising of the psychotherapist's anger towards the cultural values which put her client in "an awful position" could be the means of mobilising the anger within the client and opening up some understanding and potential movement for this woman in her life. Leary (2000) writes about the freedom to negotiate racial meanings in the treatment dyad which can potentially encompass more than just the social reality to which the client and therapist are often bound. One psychotherapist speaks about the usefulness and utility of racial anger in making some movement towards change in his client's life.

...He started to get angry about Pākehā and ummm...get angry with me really, somebody who wasn't making things better...and, but then he seemed enormously relieved to be talking about that and I had four or five sessions with him and his son and they reconciled.

Unspoken about difficulties

When racial differences or conflicts are not openly addressed they can be enacted in the clinical setting as cultural attitudes towards race and racial difference (Leary, 2000). Racial enactments are clues to the intersubjective nature of race and racial experiences. One psychotherapist spoke of her sense of unspoken racial difficulties being enacted rather than spoken about.

I think when all that messy stuff that may not be able to be talked about is happening and then someone leaves and owes me a bucket of money or something, I get pissed off and I think "oh god" you know...a racist thought will come up and it's quite hard cos...

In this account the un-talked about “messy stuff” ends in the Māori client leaving and the Pākehā therapist having a racist thought. Land deprivation and disempowerment for Māori and resources gained on the basis of acquirement through colonial authority which “denied, ignored and de-legitimised the tribal and kinship system that underlay traditional Māori society, making Māori structures and systems illegal” is the socio-historical backdrop of this therapy (Consedine & Consedine, 2005, p. 3). Earlier in the interview the same psychotherapist notes that:

....I think sometimes I go in different. When, if I'm....if a client's Māori....and ummm...that's my racism. I go in different, I have lower expectation that they're going to show up, this is terrible but... But I think it's something we need to talk about as Pākehā...and I also have lower expectation around the fee....and part of that is me wanting to be generous but it's also kind of racist in a way...you know, to say, to even think that to start with...

Guilt for historical injustices has been shown to predict pro-compensatory attitudes, such as support for resource-allocations favouring the out-group across a range of contexts (Sibley, Robertson, Kirkwood, 2005). This guilt appears to be enacted in the form of “generosity” and combined with a sense of “lower expectations” for Māori, which the psychotherapist conceptualises as “racist”. The meaning of Māori client and Pākehā therapist in this account occupies a “transitional conceptual space” (Leary, 2000) with race in a Māori/Pākehā binary being played out in a particular socio-historical enactment. Leary (2000) challenges the idea that race can be thought of as a specific disposition or essence, rather race and racial identity inhabit performative aspects which can play out in the clinical encounter.

Using an intersubjective perspective to understand racial enactments, the psychological, racial and cultural dimensions of both the client's and therapist's psyches are interwoven and play out in a type of performance (Davies, 2011). The psychological meanings of race and racial differences between client and therapist can be used as the therapeutic work through constructing and exploring the meanings of the emotional and social context of race. Leary (2000) advocates for a collaborative method in discussing racial material in therapy, one which encourages the patient to:

Offer his or her perspective on the analyst and the analyst's activity. This, in turn, requires the analyst to really listen to things he or she

may not wish to hear. This would include his or her complicity in racial matters and the patient's perception of the analyst's racial experiencing and/ or racial conflicts. (p. 651).

This stance is a brave one and one which I endorse. From my own perspective as a minority client in therapy with a white psychotherapist who is willing to be fully engaged in racial issues from the position of relationality, this "analytic collaboration" (Leary, 2000) offers great relief and a different experience from the discourse of denial regarding the impact of racism for minorities. In addition, this relationality offers an opportunity to understand the effects of race and racism as a shared construction with particular social, historical, political and emotional meanings within the therapeutic dyad. The process of therapists opening themselves up to, not just the client's experience of racism and its psychological impacts, but *their* own relationship with race and racism in relationship with the client, "involves the therapist's willingness to open herself to previously inaccessible or unarticulated aspects of her own experience, and to locate or construct versions of the patient's experience, however imperfect or painful, within her own psyche" (Davies, 2011, p. 552).

Clinical Implications for 'dis-identification'

Internalised racism operates as minority client's dis-identification with their own cultural and racial heritage. As discussed in the findings chapter, the psychotherapists were able to identify their client's dis-identification in various forms, from one client's attempts to "wipe away" his dark skin with bleach to another client's lack of identification with being Samoan. One psychotherapist spoke about how her clients may not bring internalised racism to therapy as a topic, and of her increased consciousness regarding identifying internalised racism within her clients due to thinking more deeply about the interview topic.

She grew up in New Zealand, she feels kind of white with a brown skin...but so we're kind of sideways moving into it, more now...as...particularly when she brought that up the 'plastic islander' that really highlighted for me how she disowns her own....so that's made me alert to it. So that was very helpful, if she hadn't said that I think it would have been harder for us to get to talking about it. So when you said 'this is what the topic was' I thought 'oh my god' do I even get to talk about that? That somehow it's ...they might...the clients I see might not bring it up...

The psychotherapist identified her client's internalised racism as a "disowning", or dis-identification with her cultural heritage through the client's introjection of a stereotyped representation of a mixed race identity, "plastic islander". Due to this identification with this racist representation, a white counter-identification has been formed, resulting in the client's experience of her racial identity as feeling unauthentic; "kind of white with a brown skin".

Racial minority clients will have vastly differing relationships with their racial and cultural heritage. In order to identify that minority clients dis-identify with their racial or cultural heritage due to internalised racism, an understanding of the unconscious introjection of racist representations and how this develops is necessary. Dis-identification from a psychoanalytic perspective explains how racist representations become introjected and organised into a set of object relationships (Davids, 2011). Racist representations are introjected and form bad-cultural objects. Needing positive identifications, the racial minority turns to introjecting and identifying with the dominant culture representations and a dis-identification with one's racial or cultural identity occurs. Davids (2011) ruefully notes, "White identification sidesteps the pain of being black. There is, however, a price to be paid for this...as we embrace one, we simultaneously turn our back on the other" (Davids, 2011, p. 113).

A simple way to open up the conversation for minority clients about their relationship with their cultural and racial identity is to ask. Blitz (2006), a self-identified white therapist (2006), writes, "I typically start by looking for an opening to talk about racial identity from the moment my new client and I meet, and I often find some way to work it into the conversation naturally" (p. 252). The result of assessing minority clients for the level and meanings of identification and dis-identification with their racial and cultural heritage is an increased understanding for the white clinician of their client's racial identity development. One psychotherapist spoke about his sense of his own "ignorance" in relation to not asking about a client's cultural heritage and of later "discovering" she was Māori.

...Well I'll tell you how I didn't know she was Māori and that was by not asking. So that still fills me with dread, the thought that I was that ignorant really...ummm....but she was fair and blue eyed and umm...

As stated in the findings chapter, dis-identification with one's cultural and racial heritage is a psychological and emotional means to create distance from the internalised racism in the form of identification with negative, racist representations of racial or cultural identity. Dis-identification leaves little room for the minority client to develop a more choice-driven, nuanced and conscious connection to their cultural and racial heritage, which leaves them vulnerable to the continued impact of introjected racist representations. For white psychotherapists, being alert to how minority clients distance themselves from their cultural or racial heritage is an important clinical inquiry. Blitz (2006) writes:

Racial identity is as fundamental as identity related to gender, spirituality, sexuality/sexual orientation, body image, and other important aspects of personhood. Fundamental to the development of a healthy racial identity is the need to understand race issues and racism, including how they impact self, family, and community. (p. 251).

Invisibility and Visibility

Invisibility and visibility relates to a dis-identification with being Māori based on not possessing particular physical attributes that are associated with being Māori. Visibility and invisibility is associated with a social idea about the legitimacy of cultural and racial identification based on possessing particular visible physical characteristics such as skin colour, features or hair texture etc. One psychotherapist spoke about his understanding of racial essentialist beliefs and how they become internalised into the experience of cultural identity.

I can think of another example off hand, which a Māori client identifying as not being Māori enough, for not being brown enough. And that idea that, that umm...that all kinds of things reside in brownness and Māoriness-enough. My nose isn't flat enough, you know, I'm not this I'm not that...

In this excerpt the psychotherapist is conveying the introjection of essentialist ideas which lead towards a dis-identification with cultural and racial heritage on the basis of not possessing legitimate phenotype characteristics. An active challenge to this ideology which causes a distancing from a meaningful, nuanced, pluralistic racial and cultural identity is needed in therapy for such minority clients. Rockquemore and

Brunsma (2004) write that therapists working with the racial identity development for mixed race individual should “release themselves from essentialist models of racial identity for biracial and multiracial clients...and embrace a stance that recognizes the relativity of social reality, supporting the notion that there is no single correct racial identity for mixed-race clients” (pp. 98-99).

An aim of therapy for minority clients struggling with issues of legitimacy around cultural and racial identity due to the internalisation of racial essentialist ideas, is the search for, and construction of, racial and cultural meanings outside of this racist ideology. In their study on racial identity development Rockquemore and Brunsma (2004) found that the therapy for mixed-race individuals should be focused on “a consideration of the individual’s perception of how their racial identity choice challenges and contradicts the prevailing cultural story” (p. 98).

Therapist’s explicitness

The psychotherapists in this study spoke about the sense of importance in their explicitness about raising racial differences between themselves and their minority clients. The intention behind the psychotherapists naming racial differences was varied. One psychotherapist spoke of his understanding of the difficulty for minority clients in raising racial differences being related to a social stigma around talking about race.

Interviewer: *Have there been any examples of clients bringing up differences between you, or has it always been you?*

Psychotherapist: *No...(Silence)... I umm...not around ethnicity, sometimes around other things, usually faith, but not around ethnicity.*

Interviewer: *Right, so clients have never brought it in, never named the difference?*

Psychotherapist: *No, it’s a taboo isn’t it?*

White psychotherapists acknowledging and being explicit about racial differences perhaps mitigates the wider social phenomena of racial colour-blindness. Racial colour-blindness is a belief or strategy for managing diversity and intergroup relations which endorses that racial group memberships should not be taken into account, or

even noticed (Apfelbaum, Norton & Sommers, 2012). Paradoxically, this ideology can perpetuate existing inequalities due to blindness to the reality of social inequalities for minorities. The same psychotherapist talked about his sense of minority clients not naming racial differences due to the power imbalance inherent within the therapeutic relationship and racialised power dynamics.

Psychotherapist: ... *Pākehā clients will name differences and my experience of clients that come from minorities will be that they won't so much.*

Interviewer: *What do you think that's about?*

Psychotherapist: *Well, I do think that's the power dynamic. Umm Pākehā clients will on occasion be upset with me, or angry with me, or challenge me. Ummm....have paranoid delusions about me. In my experience those things are much less common with clients from minorities and I do expect that's about the power dynamic.*

Interviewer: *it's about the power dynamic in...?*

Psychotherapist: *In therapist and client and Pākehā and non Pākehā.*

Racial minority clients may never raise the racial differences between client and therapist (Cardemil & Battle, 2003). Literature on cross-racial therapy dyads indicates the importance of the white psychotherapist being open to discussing cultural and racial concerns with their minority clients (Burkard & Knox, 2006). Chang and Yoon's (2011) qualitative study of 23 ethnic minority clients' assessment of perceptions of race found that the majority of participants avoided discussing racial, ethnic, or cultural issues due to their concern that the therapist would respond insensitively or with disinterest. Work, Estrellado, Rosenberg, Cropper, and Dalenberg's (2014) study of 35 African American and 15 Hispanic clients who had completed three months of individual psychotherapy with a Caucasian therapist identified two major themes. The first theme centred on the absence of race in the therapeutic dialogue. The second theme related to the client's perception of the therapist's discomfort when issues related to race were raised.

Client's experience of racism

The psychotherapists' explicitness concerning acknowledging the racial differences affects the clients' ease in being able to disclose their experiences of racism. The

psychotherapists' spoke about varying therapeutic processes of hearing and empathising with their clients' experiences of racism, managing their countertransferential responses of shame and guilt in relation to hearing these experiences and interpreting clients' racialised defences. White therapists acknowledging the impact of issues of race and racism results in an increased trust and comfort with the therapist for minority clients (Chang & Yoon, 2011). One psychotherapist spoke of her clients' sense of ease and comfort in using the therapeutic space as a "safe place" to contain and digest her experiences of prejudice and racial difficulties.

And she's brought in her little girl with her every time, when she's come, and I'm kind of like the granny, so the little girl comes to me and you know. It's been a very important safe place for her, but we're been able to talk about the racial stuff and the prejudice and the difficulty she had.

Acknowledging the role of racism/oppression in client's lives through self-disclosure in cross-cultural therapy potentially has positive effects in therapy for the minority client in helping the client to feel more understood (Burkard & Knox, 2004). For minority clients the white psychotherapist discussing racial difference, similarities and being willing to self-disclose their own experience in the process can be critical in developing a therapeutic climate of trust (LaRoche & Maxie, 2003). This sense of trust allows the minority client to be able to bring their experiences of racism to therapy.

White psychotherapists experiencing shame and guilt working in cross-racial dyads appears to be common (Davies, 2004). For psychotherapists, being able to hear their minority client's experiences of racism and bear the potential countertransferential guilt and shame which is evoked from being exempt from such experiences is critical. Acknowledging and utilising the racial power differential between the minority client and white therapist is essential in order to understand "the intrapsychic and interpersonal milieu in which race is complexly situated" (Leary, 1997, p. 157). The white psychotherapist's task is to balance the reality of experiences of racism and racial difficulties in their client's lives and to interpret racialised intrapsychic and interpersonal conflicts. This understanding is summed up well by one psychotherapist:

Psychotherapist: *There's two parts that I absolutely believe, when you go to Otago Law school they don't have the faintest clue, much about racist issues and as he said he'd be much better off here, so I validate that of course there's gonna be a lot of racism that he will come across...*

Interviewer: *So you validate his social reality.*

Psychotherapist: *Yeah, yeah, and then I also and help him try to look at what his part is in it...what does...does he do anything that might make them be concerned about him. Which he is generally very reluctant to ever do, so we spend a lot of time in about how he's going to sue this person for that and....these peers... because he's exceptionally isolated. So one of the things I do...I validate, I challenge him, and say "what's your part?" so I think the two parts. And he wants to educate me too, so he sends me a lot of articles on racism and tells me to read them...*

Connection to culture

LaFromboise, Coleman and Gerton (1993) maintain that factors of ethnic identity and one's attitude toward other ethnic groups are protective factors for racial and ethnic minorities that facilitate healthy psychological development. The psychotherapists in this study spoke about their sense of the importance of encouraging a connection to racial and cultural heritage for their minority clients as a protective factor against racism and emotional and psychological difficulties. One psychotherapist spoke of her aim in assisting her client to form a "stable identification" in order to be more comfortable with himself.

...Somehow he has no ease with who he is because he feels...so...that almost anybody he comes across will be judging him...and if they're not he idolises them, and then he completely devalues them. So there's no stable identification going on, so I think my task is to help a stable identification.

In this excerpt the psychotherapist is naming an important therapeutic aim in helping her client to form more stable cultural identifications in order to strengthen his sense of self in relation to others, without which he is vulnerable to more primitive modes of relating to others. A positive racial and cultural identity buffers against the internalisation of beliefs of inferiority about cultural or race due to it serving as a positive frame of reference (Sellers & Copeland-Linder, Martin & L'Heureix Lewis 2006). Pride in one's culture seems to be widely viewed as a source of psychological

resilience (Greene, 1997). This sense of pride, connection to culture and a positive sense of ethnic identity helps to mitigate against the introjection of narrow, racist representations of minority groups. Another psychotherapist spoke of her belief that if her client had more connection to her culture her emotional difficulties would be eased.

...Because often they'll talk about you know...the grief of this damaged relationship or...their lost-ness...so and those tend to be what they explicitly talk about...like the woman from Samoa...it's the loss of her ownthe difficulty with her own mother ...ummm the death of her father...all those...the overt things we spend most of the time talking about...but I also feel profoundly convinced inside myself that if they had a stronger identification with their own roots, they would a lot of their difficulties would be eased...

In this excerpt a link between a cultural identification and emotional resilience is being made. Dudley-Grant, Comas-Diaz, Todd-Bazemore and Hueston (as cited in Kitano & Lewis, 2005) note that for people of colour, connectivity, social ties, belief systems, community supports, connection to a community are primary contributors to resilience. In the absence of factors that make up cultural connection, the susceptibility to emotional and psychological vulnerability is increased.

A connection to culture, however in increasingly pluralistic societies is not a simple matter. Many individuals cannot claim a single cultural or racial heritage and pin-pointing the one culture or race to become connected to, is not straight forward. There is a danger that constructing a singular racial and cultural identity may reinforce stereotypes that are increasingly redundant and do not fit with the reality of the individual's multi-ethnic heritage. Rather than cultural connection being a singular point of connection, the therapeutic aim is wider in its task in helping minority individuals search for and construct meaningful identities with appropriate and pluralistic points of connection to culture.

Limitations

There are a number of limitations in this study. The first is the small sample size used in this research. There were some significant similarities between the participants' perspectives' and, these perspectives could also be opposing at times. Due to these factors it is not possible to determine that the findings of this research can be

transferable outside of this study. However, in qualitative research, even studies with small sample sizes can help to identify theoretical ideas that merit further exploration (Russell & Gregory, 2003).

Another limitation of this study was that the data analysis for this study focused on providing a broad thematic overview of the entire data set in relation to the research question. This type of analysis is useful when conducting research where the views about the topic are unknown and when investigating a research topic which is under-investigated (Braun and Clarke, 2006). Both factors were relevant to this current study. A limitation of this method of analysis is that it does not provide a great deal of depth and complexity because of its aim in providing a rich, broad description of the predominant themes.

A third limitation of this study is that I am a person of colour interviewing white psychotherapists. Due to cross-racial interviewing (Peterson, 2006,) there may have been a coercive influence in the experience of discussing this topic with a person of colour, which may in turn have resulted in providing responses that appear non-racist or non-prejudiced. Due to this influence, gathering accounts from the psychotherapists about their own racism and how it may impact on the treatment of minority clients may have been limited. Also, as a person of colour I have first-hand experience of the topic under investigation. This experience has impacted on how I have interpreted the data. However, from the perspective of a social constructionist and interpretive analysis my own values, biases, assumptions and experiences are not divorced from the process of analysing the data and play a part in the construction of a new discourse about the topic. I have, however, attempted to minimise and be transparent about my own biases through the process of bracketing, a process which entails honesty and vigilance about experiences, perspectives and beliefs while engaging in self-reflection which doesn't abandon prior knowledge and assumptions (Starks & Trinidad, 2007).

Recommendations for further research

There is a paucity of research regarding the treatment of the internalised racism of minority clients by white psychotherapists. This appears to be one of the first pieces of research in Aotearoa/New Zealand regarding the treatment of internalised racism and could be considered a pilot study. Further research is required and ideally such

research would include a larger sample size. In addition, further research on the experiences of minority clients of white psychotherapists is needed to discern what factors of the treatment assisted in their perspective of recovery of internalised racism. Further research could investigate the validity of the findings from this research by using the identified themes as a starting point to explore both psychotherapists' and clients' experiences in greater depth.

Furthermore, it might be valuable to conduct future research within more racially and culturally heterogeneous populations of psychotherapists to discern the differences in the treatment of internalised racism in both minority psychotherapists and white psychotherapists. This might assist with developing more understanding of the differences and similarities in the awareness and treatment of the psychological impacts of racism and internalised racism from racial majority and minority psychotherapists.

Given that a major theoretical platform and finding of this research was the awareness and usefulness of the internal racist within the cross-racial therapy, future research could focus on how psychotherapists of both racial majorities and minorities identify and use racialised countertransference in the specific cultural context of Aotearoa/New Zealand. This would provide more specific clinical knowledge for the unique cultural and racial context of this country.

Lastly, future research could also explore in more depth the factors which prevent white psychotherapists from being able to both acknowledge and identify the impacts of racism and the treatment of internalised racism on their minority clients. This would contribute to knowledge of racial colour-blindness in white psychotherapists specific to Aotearoa/New Zealand, its development, maintenance and impact on the reality of racism and its psychological impacts on both racial majority and minority individuals.

Conclusion

This study conducted a thematic analysis on semi-structured interviews which investigated the experiences of white psychotherapists treating the internalised racism of racial minority clients. The participants had all worked therapeutically with minority clients and spoke about their clinical experiences of treatment for such minority

clients. The themes of the clinical treatment have been reduced into four major themes. These themes represent a therapeutic process of: the emergence of manifestations of internalised racism and racism in therapy; the understanding of a client's dis-identification from their racial or cultural heritage, therapist's explicitness about racial differences as an intervention, and connection to culture as a therapeutic aim.

One major task for the white psychotherapists identified in this study is to identify and name the minority client's acceptance and identification with negative cultural and racial stereotypes and representations, and to link this with wider social racism. Equally the racism which becomes internalised within the white psychotherapists has a clinical utility if used relationally, and offers an understanding of the effects of race and racism as shared constructions, rather than simply being lodged in the minority client. In this study the psychotherapist's acknowledging or "being explicit" about the racial differences proved to be an important intervention for the minority clients being able to further disclose their experiences of racism. The psychotherapists understood that internalised racism presented itself as the minority client's dis-identification with cultural and racial heritage as a means to distance themselves from negative, racist representations. A clinical aim identified in this study was that for the psychotherapists, their minority client's connection to culture was a protective factor against the internalisation of racism and helped to develop emotional resilience and more integration of self.

I have gained a deeper understanding about the internalisation of racism through conducting this research and found that it is disturbingly inevitable that social, historical beliefs about race and racism become lodged in the psyches of both racial minorities and of racial majorities. Racism operates powerfully as a social discourse which does not necessarily mean overt and explicit racist thoughts and beliefs, rather it is insidious, subtle, and covert. For minorities, this has the effect of racist representations of culture and race becoming either identified with, or distanced from which perpetuate inferiority, low self-esteem, shame and other emotional and psychological presentations. For members of the dominant culture, racism becomes embedded as automatic attitudes and behaviours towards minorities even despite the conscious holding of liberal and non-racist beliefs and values. Racism, for members of

the majority culture, can present itself in subtle, defensive strategies such as racial colour-blindness, which is promoted as a means to 'deal with diversity' but paradoxically contributes to a denial of the impacts of racism, and denies the reality of the privilege of being exempt from such experiences of racism. Psychotherapy, with its emphasis on the uncovering of unconscious meanings, could assist with a wider social dialogue needed to expose the racism which becomes introjected within each of us. By shining a light on the inevitability of racism's internalisation, the construction of new knowledge and discourse is provided, which assists in the task of exposing and dismantling racism's insidious psychological effects. I hope in a small way that my dissertation contributes to such conversations, which are needed, within the psychotherapeutic community of Aotearoa/New Zealand.

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Appendix A: Participant Consent Form

Consent Form



Project title: Exploring the unconscious processes of internalised racism in the client and therapist relationship.

Project Supervisor: Margaret Morice

Researcher: Emma Ellis

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated **dd mmmm yyyy**.
 - ☐ I have had an opportunity to ask questions and to have them answered.
 - ☐ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
 - ☐ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
 - ☐ If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
 - ☐ I agree to take part in this research.
 - ☐ I wish to receive a copy of the report from the research (please tick one): Yes ☐ No ☐
- I understand this researches inclusion and exclusion criteria in relation to favouring the recruitment of participants who capture the broadest range of clinical settings and from a cross section of therapeutic modalities.

Participant's signature:

Participant's name:

Participant's Contact Details (if appropriate):

.....

Date: **Approved by the Auckland University of Technology Ethics Committee on *type the date on which the final approval was granted* AUTEK Reference number *type the AUTEK reference number***
Note: The Participant should retain a copy of this form.

Appendix B: Participant Information Sheet

Participant Information Sheet



Date Information Sheet Produced:

30th April, 2015

Project Title

Exploring the unconscious processes of internalised racism in the client and therapist relationship.

An invitation

I am conducting a qualitative study which explores how internalised racism manifests within the therapeutic relationship. I am specifically interested in how internalised racism and racism become identified and treated clinically by psychotherapists. The aim of this research is to make sense of how you understand internalised racism and how this understanding relates to social discourses about race and racism. This research contributes to completing a Masters of Psychotherapy, and I am hoping that it will also add to a more enhanced awareness and understanding of your own identification processes and clinical interventions regarding internalised racism.

Your participation in this research is voluntary and you are free to decline answering any questions you wish to. You may withdraw participation from the study at any time prior to the completion of data collection. If you choose to withdraw from the study, all of the research material previously produced, interview transcripts etc., will be destroyed at your request.

What is the purpose of this research?

The purpose of this research is an analysis of interviews and current literature on this topic which will be written up as a dissertation towards a completion of a Masters of Psychotherapy. There is a possibility that the findings and methods of the research may be produced to be published in a peer-reviewed journal in the future. Presentations of the findings and methods of the research may be presented at the national association of psychotherapy organisation meetings (NZAP), and other organisations and agencies which are related, relevant and interested in psychotherapy and this topic of research.

How was I identified and why am I being invited to participate in this research?

You have received this invitation after hearing about my research topic at a NZAP or an Nga Ao E Rua meeting, in which I made a request for volunteers who would like participate in the research by being interviewed. You then either gave me or sent me your contact details. You may have also read my advertisement on the NZAP website, or responded to an initial recruitment flyer.

You have been invited to be a participant because of your experience working with the client group this research targets. In addition you meet this research's criteria in its aim of capturing a range of psychotherapists who have practiced in a diversity of clinical settings and from a cross section of therapeutic modalities. Unfortunately you will not be eligible to take part in this research if you have an existing relationship with the researcher. This exclusion criteria are in place for ethical reasons.

What will happen in this research?

If you are interested in this study, we will undertake an initial telephone or face to face interview which will take up to 30 minutes. Should we agree to proceed, you will be asked to sign a consent form and we will meet for one 90-minute session that will allow for an exploratory, open and somewhat structured conversation. I can travel to your place of work to interview you, or alternatively a room at the AUT North shore campus can be secured for interviews to occur. All interviews will be audio taped and a transcription of interview will be shared with you via email for feedback and correction. Transcripts of the interview process will be confidential and will be stored in a locked premises, they will however be referenced extensively in the final results and publication of the study.

You will be referred to in the study by the use of a pseudonym, any potentially identifying material will be disguised or excluded. Research findings that are relevant to you will also be shared with you at a later date.

During the interview I will be asking you about your experiences working with clients of a minority race who were/are suffering with issues that you understand to be related to internalised racism and racism. My focus will be on how you have identified the client's difficulties and experiences as internalised racism, the clinical interventions you used, your countertransference and your sense of how social discourses about race effect your client, yourself and the therapeutic relationship. My aim is to facilitate your reflection and thinking regarding your clinical experiences working with clients who suffer the effects of racism.

What are the discomforts and risks?

The purpose of the interview process is it provides a structured means to explore your clinical experience and thoughts about working with race and racism with clients. I hope to provide an interview process which is dynamic, robust and helps to provide insight, a clearer identification of your own clinical process and increased awareness of this sensitive topic. I am aware that discussing issues of race and racism can generate unsettling and uncomfortable feelings. Should you become overwhelmed by the process of the interview you will be encouraged to let the researcher know about your discomfort. I will also be alert to your discomfort and will ask you directly how you are experiencing the interview process, and will ask if you wish to stop or have a break.

How will these discomforts and risks be alleviated?

The discomfort and risks will be alleviated by you asking to stop the interview process at any time. You are free to answer only the questions you want and you will always have control over the audio recording process. If you experience continued distress after the interview, you are encouraged to contact a therapist or counsellor. Free or low-cost services are available at:

- Lifeline. Free telephone counselling available 24/7, throughout New Zealand. 0800-543-354 or www.lifeline.org.nz
- Antara Natural Health Clinic. Free/low-cost therapy and other health services in Te Atatu, Auckland. www.antara.org.nz

What are the benefits?

Through the interview process, you will possibly experience an increased awareness and understanding of your own identification processes and clinical interventions regarding working with clients who suffer the effects of internalised racism. The research will also assist me in potentially gaining my Masters qualification and help to deepen my own understanding of this complex and sensitive topic.

How will my privacy be protected?

Your privacy and confidentiality is assured so that you can feel free to engage in this process without risk of being identified in the research. Any potentially identifying material will be disguised or excluded and you will be referred to by a pseudonym in the final report. All data will be kept in locked storage, separate from personal details.

What are the costs of participating in this research?

This research should not be at any financial cost to you. If however you are required to travel to the stated (and mutually agreed) location to be interviewed, you will be reimbursed up to \$20 in the form of a petrol voucher. The cost in terms of your time, as outlined above, is expected to be one 30-minute telephone conversation and one 90-minute interview.

What opportunity do I have to consider this invitation?

If you have any enquiries and questions regarding this invitation, please email me for a telephone or email conversation. If you do volunteer to participate in this research, please respond via email within two weeks of receiving this invitation. You are free to withdraw at any time (up to the completion of data collection) without consequence to you.

How do I agree to participate in this research?

You will be sent a consent form, to be signed and returned. A stamped and addressed envelope will be included.

Will I receive feedback on the results of this research?

If you indicated on the consent form that you wish to receive a copy of the report from the research findings, the research findings will be summarised and emailed to you close to the research completion date (late 2015).

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Margaret Morice, margaret.morice@aut.ac.nz, (09) 921 9999 ext 7333.

Concerns regarding the conduct of the research should be notified to the Executive Secretary of ATEC, Kate O'Connor, ethics@aut.ac.nz, (+64-9) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Researcher Contact Details:

Emma Elis, emma.michelo@gmail.com, 02102346341.

Project Supervisor Contact Details:

Margaret Morice, margaret.morice@aut.ac.nz, (09) 921 9999 ext 7333.

Approved by the Auckland University of Technology Ethics Committee on *type the date final ethics approval was granted*,

ATEC Reference number *type the reference number*.

Appendix C: Recruitment Flyer and Advertisement

RESEARCH RECRUITMENT

Are you a Psychotherapist who has worked with clients suffering from the psychological effects of racism?

My research aims to make sense of how psychotherapists understand internalised racism and how this understanding relates to social constructs of race and racism.

If you:

- a) **Have an interest in social discourses about race and how race and racism impact your work with clients**
- b) **A registered psychotherapists with over ten years of experience**
- c) **Have experience working with clients who are in a racial minority**
- d) **Identify as 'white', 'Pakeha', of European decent**

Then I would like to invite you to take part in an interview-based research project. Your participation will take up to two hours.

Contact me at emma.michelo@gmail.com and I will send you full details of the research.

Your participation in this research is completely voluntary and all personal details will be kept confidential. You have the right to withdraw from the research at any time, without any negative consequence. Any travel costs will be reimbursed in the form of a petrol voucher. An option to receive a report of research findings will be made available to you.

Appendix D: AUTECH Approval Letter



5 May 2015

Margaret Morice
Faculty of Health and Environmental Sciences

Dear Margaret

Re Ethics Application: **15/89 Exploring the unconscious processes of internalised racism in the client and therapist relationship.**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTECH).

Your ethics application has been approved for three years until 4 May 2018.

Note: The advertisement should be 'descent' no 'decent';

Note: AUTECH is still concerned with the use of the term 'white' as it does not refer to any ethnicity.

As part of the ethics approval process, you are required to submit the following to AUTECH:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/researchethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 4 May 2018;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/researchethics>. This report is to be submitted either when the approval expires on 4 May 2018 or on completion of the project.

It is a condition of approval that AUTECH is notified of any adverse events or if the research does not commence. AUTECH approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTECH grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this. If your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply there.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

A handwritten signature in black ink, appearing to read 'K O'Connor'.

Kate O'Connor
Executive Secretary
Auckland University of Technology Ethics Committee

Cc: Emma Michelo Ellis emma.michelo@gmail.com

Appendix E: AUTECH Approval of Amendment Letter



A U T E C
S E C R E T A R I A T

22 May 2015

Margaret Morice
Faculty of Health and Environmental Sciences

Dear Margaret

Re: Ethics Application: **15/89 Exploring the unconscious processes of internalised racism in the client and therapist relationship.**

Thank you for your request for approval of an amendment to your ethics application.

I have approved the minor amendment to your ethics application allowing recruitment through professional networks.

I remind you that as part of the ethics approval process, you are required to submit the following to the Auckland University of Technology Ethics Committee (AUTECH):

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/researchethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 4 May 2018;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/researchethics>. This report is to be submitted either when the approval expires on 4 May 2018 or on completion of the project.

It is a condition of approval that AUTECH is notified of any adverse events or if the research does not commence. AUTECH approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTECH grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,

Kate O'Connor
Executive Secretary
Auckland University of Technology Ethics Committee

Cc: Emma Michelo Ellis emma.michelo@gmail.com