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Racial identity in psychotherapy: A study of trainee psychologists' experiences

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Faculty of Humanities

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Declaration

I, Alexandra Samakosky, declare that this research project is my own unaided work. It has not been submitted before for any other degree or examination at this or any other university.

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Abstract

Racial identity permeates psychotherapy and holds particular meaning in South Africa because of its history of racial naming, oppression and segregation. This qualitative research study set out to investigate trainee psychologists' experiences of working with racial identity in psychotherapy during the transformative process of becoming psychologists. This process involves the negotiation of their personal and professional identity. Interviews were conducted with trainee psychologists. A relational psychoanalytic framework informed an understanding of the interview exchange as a mutual engagement between two raced subjects. Interview transcripts were analysed using Thematic Analysis (TA). Four themes were identified: the difficulty of addressing racial identity in psychotherapy; the experience of White guilt; the complexity of being Black; the process of becoming a raced psychologist and the research interview as an intersubjective encounter. Findings suggest that although trainee psychologists acknowledged the importance of addressing racial identity in psychotherapy, they experienced difficulties, resulting in either avoiding the topic, or attempting to address it unsuccessfully. This links to their inexperience and fear that talking about racial issues may potentially create ruptures in psychotherapy. It would be helpful for trainee psychologists to gain further insight into how to address racial identity therapeutically during the transformative process of becoming psychotherapists.

Keywords: *South Africa; racial identity; psychotherapy; personal; professional; relational psychoanalytic framework.*

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Chapter 1: Introductions and Aims

Given South Africa's racialized history and current attention to racial identity and relationships, it is likely that race will enter the South African therapy room in a particularly contextualized manner. This research aims to explore how trainee psychotherapists negotiate their personal and professional identity alongside their racial identity, the racial identity of their patients (likely to be from diverse backgrounds) and the implications this has in psychotherapy. This is situated at the Emthonjeni Centre at the University of Witwatersrand in Johannesburg where psychotherapy is offered by trainee psychologists. Short-term psychotherapy is offered for free and long-term psychotherapy is offered at a reduced rate. It is important to note that I too am a trainee psychologist situated in the same context as my participants and that this may have implications for the research.

Trainee therapists begin their training with a situated racial history of their own, but are ethically required to interrogate how issues of racial identity can be therapeutically addressed. This demands trainees to challenge their previous assumptions and ways of being as they begin the process of merging their personal and professional identities. A second aim of the study, therefore, is to explore how trainees negotiate their racial identity in relation to the transformative process of becoming psychologists. The aims of the study are situated in a relational psychoanalytic framework which holds certain assumptions: an importance is placed on interpersonal engagements, where all relationships are viewed as mutually co-constructed and an emphasis is placed on the significance of context.

Rationale

Post-apartheid South Africa is characterised by a complex political climate with a notably diverse population. There have been increasingly urgent calls to decolonize knowledge in South Africa (Adams, Gómez Ordóñez, Kurtiş, Molina, & Dobles, 2017; Ratele et al. 2018) and particularly to ensure that psychology and psychotherapy are accessible to all, regardless of racial category, social class or historical legacy (Ahmed & Pillay, 2004). Part of this call demands that psychologists trained in South Africa should be multiculturally competent, aware of the implications of their own racial identity and able to work with others in a racially sensitive manner (Strous, 2003). The call to multicultural competence and sensitivity to racial issues in psychotherapy is also prevalent internationally (Maxie, Arnold, & Stephenson, 2006), however it is particularly salient at this point in South African history. The majority of existing literature is situated in the international context and not in South Africa (e.g. Bonovitz, 2005; Eng & Han, 2000;

Leary, 2000; Smith 2006; Suchet, 2007). While this literature is useful, it has been noted that literature addressing the South African context is limited, and much of it has been written by individuals who have emigrated, offering a removed perspective (Esprey, 2013). Since racial identity is socially constructed (Pierce, 2014), it takes on different forms within different environments. Therefore, international research cannot help to fully unpack how racial identity may shape psychotherapeutic exchanges within the South African context (Esprey, 2013).

Although it has been suggested that addressing issues of racial identity in psychotherapy may be helpful, it has also been noted that barriers appear to exist (Tummala-Narra, 2013). In South Africa specifically, potential reasons for tensions around bringing racial identity into the therapeutic space may include the dominance and affective weight of racial discourse despite apartheid having ended over 20 years ago (Boswell, 2014). It is therefore important to investigate how therapists navigate issues of racial identity in psychotherapy and in their personal and professional development.

Trainee psychologists' experiences of racial identity in psychotherapy have been under researched (Cartwright & Gardner, 2016; Nerdrum & Rønnestad, 2002; Rønnestad & Ladany, 2006). In addition to this, the majority of existing research has been based on reflections once therapy has ended rather than during the therapeutic process. Thus, this research aims to explore aspects of racial identity in a sample of trainee psychologists to highlight the ways in which they experience this dimension of their work in psychotherapy, both while engaged in the process of conducting therapy as well as reflectively.

The research is aimed at interviewing first year trainee psychologists while they are currently engaging with patients in the hope that racial identity can be processed and reflected upon with some immediacy as the process unfolds, rather than ruminating about what could have been done once therapy has concluded (Cartwright & Gardner, 2016; Eaton, 2002; Rizq, 2009).

The viewpoint of trainee psychologists on the interaction between their personal and professional development as new therapists in relation to issues of racial identity also requires further research (Christian, Mokutu, & Rankoe, 2002). Trainees' personal development parallels their professional growth, which requires the cultivation of cultural competence (Nair, 2008). Trainees also tend to be younger than more experienced clinicians and in the contemporary clinical training environment in South Africa, tend to be more racially diverse than their more experienced counterparts (Ahmed & Pillay, 2004). It is more likely that trainees are part of the 'Born Free' generation (i.e. born after the dissolution of apartheid) and it is also more likely that they will train in a diverse class. Partly for these reasons, and partly because they do not have the luxury of

experience to guide them through the negotiation of issues relating to racial identity in psychotherapy, trainee therapists are likely to offer a fresh perspective in comparison to those with more experience.

The theoretical framework chosen for this study is relational psychoanalytic theory. A number of authors have written about issues of social identity (including racial identity) in psychotherapy from this perspective (Altman, 2010; Comas-Díaz, 2011; Eaton, 2002; Esprey, 2017; Tummala-Narra, 2011; Tummala-Narra, 2015; Wachtel, 2009). This approach is able to focus on the intersections of identities and context in the psychotherapy relationship. Traditionally, psychoanalysis has fallen short in discussing and acknowledging the significance of racial identity, partly because therapist-patient relationships tended to be homogenous, largely taking place between parties who were White and middle class (Tummala-Narra, 2011). Relational psychoanalytic theory in particular has challenged this blind spot. Tummala-Narra (2015) argues, however, that aspects of psychoanalytic theory – if modified – lend themselves particularly well to engaging with multicultural and racial issues.

Previous studies have contributed to the present study in terms of providing background on the topic of racial identity and how aspects of the self are reenacted in the therapy room (e.g. Benjamin, 2010; Cartwright & Gardner, 2016; Eagle, Haynes & Long, 2007; Eaton 2002; Esprey, 2013; Rizq, 2009; Tummala-Narra, 2011; Tummala-Narra, 2013; Tummala-Narra, 2015; Williams & Sibanda, 2013). This research aims to join this conversation on racial identity in psychotherapy with a focus on the experiences of trainee psychologists' personal and professional development.

This will be done by exploring existing literature describing the negotiation of racial identity in psychotherapy from the perspective of trainee psychologists, with a focus on a relational psychoanalytic lens in Chapter 2. The methods that were used for this study will then be explored in Chapter 3, consisting of the research approach, data collection, methods of data analysis, trustworthiness, ethical considerations and reflexivity. This will be followed by the findings and discussion of the research in Chapter 4, exploring the five identified themes as well as highlighting recommendations for future research and the limitations of the study. Finally, a concluding paragraph will be provided in Chapter 5.

Chapter 2: Literature Review

The complex political climate of South Africa is filled with diverse racial identities, accompanied by racial inequality, despite apartheid having ended over 20 years ago. Within this context, trainee psychologists are expected to engage with their racial identity, the racial identity of their patients, alongside the implications this engagement has in psychotherapy. They are further expected to negotiate their personal and professional identity during the transformative process of becoming a psychotherapist. A relational psychoanalytic framework may assist in unpacking the ways in which this interaction emerges in psychotherapy. The existing literature may be helpful in unpacking these concepts, yet deeper understanding and engagement may provide further insight.

Racial Identity and Psychoanalytic Psychotherapy

Racial identity is an important aspect of social identity that becomes particularly salient within the context of racial inequality (Durrheim, Mtose, & Brown, 2011). Social identity refers to the way in which we present ourselves in society. Certain aspects of social identity, such as sexual orientation, are covert and easier to hide, unlike racial identity, which is overt. Occupancy of a particular social identity tends to give rise to various assumptions made by others, which may conflict with personal identifications, and engagement with one's own sense of social identity (Jenkins, 2014). This echoes the process whereby individual social identities may become incorrectly interpreted as collective social identities through a process of generalization (McNamara, 2012).

Over time, there has been increased interest in understanding the concept of social identity. Aspects of social identity may include "gender, race, immigration, social class, language and bilingualism, religion, sexual orientation, physical disability" (Tummala-Narra, 2015, p. 280) as well as national identity (Eaton, 2002) and their intersection. Since the focus of this research is racial identity, it is important to note that it inevitably intersects with other social identities and thus should not be viewed in isolation (Eagle & Long, 2011; Okin, 1999).

Although social identity has been studied from a number of perspectives, including that of social psychology, a body of literature has specifically explored social identity in psychotherapy from a relational psychoanalytic perspective. This body of work may be particularly helpful in unpacking trainee psychologists' experiences of working with racial identity in psychotherapy (Altman, 2010; Comas-Díaz, 2011; Eaton, 2002; Esprey, 2017; Tummala-Narra, 2011; Tummala-Narra, 2015; Wachtel, 2009). This perspective is useful in that it allows space for trainees to explore their experiences of racial identity alongside the experiences of their patients.

Further, this adds a richer understanding of the way racial identity manifests intrapsychically and interpersonally in psychotherapy since previously, traditional psychoanalytic psychotherapy was criticized for having prioritized the internal world and intrapsychic conflicts of the patient. A balance between the intrapsychic and intersubjective is perhaps the ideal to work towards (Comas-Díaz, 2011; Wachtel, 2009).

Eaton (2002) argues that broader psychological research has understood social identity from an intellectualized and distant perspective, in terms of addressing emotions and intimacy. Within a relational psychoanalytic framework, encounters are focused specifically on the importance of affect and rapport.

Further, traditional psychoanalytic psychotherapy may have lacked focus on racial identity since the majority of psychotherapists consisted of a largely homogenous group of White Europeans (Smith & Tang, 2006). This may have led psychoanalytic psychotherapy to become an exclusive practice, unattainable to those from different racial parameters. Altman (2010) echoes the argument that psychoanalytic psychotherapy was homogenous and exclusive, as deviants were classified as "unanalyzable" (p. x1x). This refers to the assumed inability of the other (non-Whites from regions outside of Europe) to be understood through psychoanalytic psychotherapy.

This highlights the importance of cultural sensitivity and reemphasizes the usefulness of a contextual approach in unpacking the "unique social and political space that South Africa occupies" (Macleod, 2009, p. 625) and how this influences the expression of social identifications. Tummala-Narra (2013) echoes the importance of highlighting social identity in psychotherapy in her critique of theory and the way it tends to dismiss individual experience. This refers to individuals being grouped according to social identification, rather than seeing and acknowledging how they may experience their social identity. This dismissal tends to compartmentalize social identity however, theory is essential in that it contains, protects and grounds the therapist, especially when confronting complex topics such as racial identity (Garland, 2019).

An equal focus on theory and individual experience aims to ground the therapist in a theoretical framework while simultaneously encouraging openness to unique aspects of the patient (Esprey, 2017). Altman (2010) describes the interaction of the personal and political as a social mirror, where the individual and the social are constantly reflecting and engaging with one another. Thus, racial identity in psychotherapy may be viewed as a dance amongst patient, therapist and context.

Since both social identity and a relational psychoanalytic perspective emphasize context, it is important to highlight the contextualization of psychoanalytic psychotherapy in South Africa as offering increased access to mental health care (Daniels, 2010). An increase in the accessibility of mental healthcare gives rise to a range of social identities in psychotherapy. Further, this range of social identities debunks the blank slate notion associated with traditional psychoanalytic psychotherapy since "mental-health care providers are not the blank screen or neutral person traditional psychoanalysts had hoped for" but rather reactive human beings with unconcealable aspects of social identities (Brems, 2000, p. 265). Therefore, the relational psychoanalytic approach aims to give social identity prominence in psychotherapy.

This shift in narrative from an intrapsychic to an intersubjective focus has been helpful in illuminating the ways in which racial identity permeates psychotherapy differently for different racial identities because of the traumatic racialised history of South Africa where race was used to position bodies socially. This remains immutable despite the social construction of race and current (post)apartheid context (Swartz, 2012).

White psychotherapists may fear moments of misstatement and misunderstanding, which may perpetuate racism despite their anti-racist attempts and Black patients may view seeking help from a White psychotherapist as a form of self-betrayal (Swartz, 2012). Black psychotherapist may worry about being on the receiving end of White guilt and racism in psychotherapy (Knight, 2013; Swartz. 2012). Further, some Black psychotherapists may experience their personal racialised identity as conflicting with their Black patients' cultural beliefs (Knight, 2013).

Racial healing between two raced subjects may seem impossible since naming difference has the potential to expose the trauma linked to a history of racial naming (Swartz, 2012). However, there are therapeutic benefits to naming difference as it enables potential barriers to be dismantled and for similarities to be uncovered. This is supported by a relational psychoanalytic framework that views all relationships as co-constructed with a mutual acknowledgement of two subjects (Benjamin, 2010; Esprey, 2017).

A further understanding of racial identity through a psychoanalytic lens can be gained from Wilfred Bion, known as one of the first theorists to acknowledge intersubjectivity (Esprey, 2017). This perspective may be helpful as a number of authors (e.g.: Eagle, Haynes & Long, 2007; Esprey, 2017; Williams & Sibanda, 2013) have used Bion's theory to help understand the implications of identity in psychotherapy.

Beta and alpha elements may be useful in further unpacking racial identity in psychotherapy, where beta refers to metabolized or unmetabolized and chaotic sensations that are yet to develop

into affects. Once these affects are developed, they become digestible alpha elements. These elements can be approached in two ways: either in the attempt to rid oneself of these unbearable sensations or, ideally to begin the process of digesting them. In doing so, one is able to sit with these negative sensations, where the transformation from beta to alpha unfolds (Ivey, 2009). The goal is to begin to tolerate and digest the discomfort often associated with racial identity, particularly within the South African context.

This is further understood through the mother-infant relationship as beta progresses into alpha with the help of the mother (Ivey, 2009). The mother holds her infant's negative beta affects and slowly feeds them back to the infant, enabling the infant to digest them. In accepting the infant's projective identification, the mother provides a 'mental skin' for the child, leading the child to a sense of inner-containment (Ivey, 2009, p. 118). This process becomes reenacted in psychotherapy, encouraging trainee therapists to trust their alpha capabilities and allow for projections and redigestions to take place with their patients (Eagle, Haynes & Long, 2007).

Trainees are further encouraged to provide a container for their patients to guide and support them towards inner-containment (Lubbe, 2014). Yet, when hatred is present, it can hinder the transition from beta to alpha. Such hatred may be triggered by differences and tensions related to racial identity (Esprey, 2017). The potential destructive nature of hatred alludes to the concept of truth being accompanied by painful feelings, which result in defensive behaviours such as displacement and splitting (Williams & Sibanda, 2013). However, Bion encouraged the confrontation of negative affect as opposed to avoidance, an idea about the productivity of engagement, which may assist trainee psychologists in working with racial identity in psychotherapy (Ivey, 2009).

Understanding racial identity in Bionian terms has the potential to enhance the therapeutic relationship in spite of difference (Eagle, Haynes & Long, 2007). Suchet (2007) warns against a dismissal of the influence of racial identity in psychotherapy as it has the potential to result in an inability to contain patients and remain thoughtful.

A relational psychoanalytic perspective alongside a Bionion understanding may assist trainee psychologists in investigating and exploring their own and their patient's racial identities with consistent curiosity. This is likely to increase multicultural sensitivity whereas decontextualizing the individual and making assumptions based on their social identity, without a consideration of both context and personal experience, may result in ruptures in psychotherapy. Decontextualization may occur when the worldview of the patient contrasts significantly with the trainee psychologist's ideology. The trainee is encouraged to acknowledge potential clashing views

and utilize these conflicts to further understand the foreign world of the patient (Altman, 2010; Bonovitz, 2005; Leary, 2006, 2012; Tummala-Narra, 2013; Yi, 1998).

"It is not so much a matter of when race and racism enter the consulting room but whether and how we notice it" (Smith, 2006, p. 3). This research takes the position of assuming racial identity is at work in psychotherapy, regardless of similarity or difference between patient and therapist. It is the challenging task of the therapist to find a balance between confronting difference while simultaneously acknowledging similarity in the room (Straker, 2006; Suchet, 2004). Further, it is important to remain aware of the possibility of being seduced by similarity, such that one does not notice difference.

Racial identity influences psychotherapy whether therapist and patient are racially different or similar (Swartz, 2007). It remains important to address racial identity, especially Whiteness, as it is described as "that which is seen and not named. It is present everywhere but absent from discussion. It is a silent norm" (Tummala-Narra, 2015, p. 281). This implies that those who are not White fall outside of the norm and are therefore rendered more visible. It is important to confront Whiteness when addressing racial identities in psychotherapy because if not, Whiteness becomes dismissed as a racial identity (Knight, 2013).

Racial identity does not exist in a void, as it is inextricably linked to various intersections of social identity such as gender, class and language (Tummala-Narra, 2015). In unpacking racial identity, an understanding of what it means to be socially and racially classified within the context of post-apartheid South Africa can be explored. Williams & Sibanda (2013) argue that in order for the full person to be seen, an acknowledgement of the racial identity of the patient and therapist is essential as "Race in South Africa has violently defined interpersonal relations, and is coded in our bodies and in our minds, we cannot afford to ignore it" (p. 121).

Esprey (2017) highlights the benefits of inviting and acknowledging racial identity in psychotherapy: "In deliberately interrogating the racialized aspects of self and other that are brought into the room, we dilute the potential for dissociation and self-deception and increase the possibility of engaging with the multiplicity of selves that engage one another in the therapeutic dyad" (p. 32). This calls for an interactive and curious approach to racial issues.

Acknowledging the significance and complexity of racial identity in psychotherapy is a challenging and often-avoided task. The tendency to circumvent racial identity in psychotherapy is connected to the history of apartheid, accompanied by feelings of indignity, and "promiscuous shame", where a collective form of shame is expressed by White South Africans towards racism of

the past while simultaneously dismissing racism in the present (Straker, 2013). Individual responsibility hides behind a national sense of shame, in an attempt to avoid having to take action in the present (Esprey, 2017).

Thinking about race in psychotherapy is not just a theoretical task, since it affects the self. Perhaps this is why it is challenging and often avoided (Esprey, 2013). An awareness of trainee psychologists' positionalities within post-apartheid South Africa and how this unfolds as they negotiate their personal and professional identities in psychotherapy is of interest. An absence of awareness may result in barriers and unexplored intrapsychic and interpersonal dynamics due to an inability to discuss difference and points of tension and discomfort thereby disabling the discovery of similarity.

Experiences of Trainee Psychologists

Phenomenological experiences of trainee psychologists' process of becoming psychotherapists and potential challenges in their first therapeutic encounters will be unpacked. The process of becoming a psychotherapist in relation to racial identity specifically will then be explored. Cartwright & Gardner (2016) argue that there is a lack of understanding of racial identity in psychotherapy, specifically through the vulnerable eyes of trainee psychologists who are in the process of developing their personal and professional identities. Although this process is subjective, there seem to be certain common factors all trainees experience (Klein, Bernard & Schermer, 2010). These include prior incidents that seem to propel trainee psychologists to seek out a profession in psychology such as early experiences of loss and the concept of the psychotherapist as a wounded healer. The value of personal psychotherapy was also highlighted as a common factor.

Early life experiences of psychotherapists are often filled with deprivation from parental figures, which may lead them to alleviate this loss by seeking intimacy from their patients (Barnette, 2007). This links to the value of personal psychotherapy as a space for psychotherapists to process these feelings of loss as it is essential that psychotherapists recognise the patient within themselves (Barnette, 2007; Spurling, 2003). A further place in which to process feelings is in supervision, which was highlighted as an essential component to the process of becoming a psychotherapist (Jacobsson, Lindgren, & Hau, 2012). This is a space where triggers from psychotherapy can be worked through and the transference and countertransference can be understood, especially when trainee psychologists become confused as to whether certain emotions are theirs or their patient's (Barnette, 2007). A relational psychoanalytic framework is helpful in viewing the countertransference as mutually constructed (Benjamin, 2010).

Many psychotherapists are often drawn to this profession because of past wounds they may be attempting to heal. The concept of the wounded healer refers to the unconscious desire to help the other, which is rooted in early experiences of pain (Barnett, 2007). It has been emphasised that it is not the wounds themselves that are of importance but rather how they have been reflected upon and processed (Barnette, 2007). Ultimately, previous pain is a part of the process of becoming a psychotherapist.

Further research explores trainee psychologist's process of becoming psychotherapists as involving a negotiation of their personal and professional identity as a process of construction, deconstruction and reconstruction. As trainees begin constructing their identity, they deconstruct previous ideas and potential misconceptions. This links to the socialization of trainees into the profession of psychology within a particular context such as South Africa (Ebersöhn, Human-Vogel, & Mampane, 2017).

As trainees construct their personal and professional identities during the transformative process of becoming psychotherapists, they are expected to become culturally competent within a diverse context. At times, this process may involve the deconstruction of traditional psychotherapy so as to create space for multicultural understanding. In doing so, this may result in trainee psychologists' demystification of the profession of psychology that, at times takes place in adverse environments. Thereafter, trainee psychologists reconstruct their personal and professional identities through the integration of psychological knowledge and its applicability in a South African context, as captured by Demmitt (1999): "the therapist who has integrated the techniques of counseling into the fabric of the soul and have moved from responding with techniques to responding as a person" (p. 289). Ultimately, this speaks to the merging of a personal and professional identity through a journey of integrating the self in relation to theoretical knowledge, practical experience and a sensitivity to cultural and contextual factors (Ebersöhn, Human-Vogel, & Mampane, 2017).

A further part of the process of the process involves the ways in which psychotherapists engage with and/or avoid the topic of racial identity (Eagle, Haynes & Long, 2007; Kottler & Swartz, 2004). Kramer (2000) argues that "Ultimately, what we have to offer is not a technique, not a theory, but who we are" (p . 24) Thus, becoming a psychologist involves a transformation of the personal and professional merging into one (Knoetze, & McCulloch, 2017).

This process includes a sense of hyperawareness, where trainees may become embarrassed about their positionality in psychotherapy, which could lead to barriers (Eagle, Haynes and Long, 2007). Difference tends to instill fear around unintentional cultural insensitivity, often resulting in the use of defenses in an attempt to alleviate this fear (Eagle, Haynes and Long, 2007; Cartwright & Gardner, 2016).

Defenses are especially high with White therapists in relation to Black patients. This may be linked to power dynamics that play out in relation to the history of apartheid alongside the discomfort involved in talking about racial identity (Chang & Berk, 2009; Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003; Morgan, 2003; Utsey, Gernat, & Hammar, 2005). An example of a defence is "colour blindness", where the existence of difference is denied and in this lies the phantasy of assumed similarity in an attempt to steer away from discussing blatant differences, such as skin colour (Esprey, 2017; Williams & Sibanda, 2013). Lemma (2016) further argues that trainee therapists' anxieties are also rooted in the fact that they are expected to grapple with the unconscious – not only of their patients but of themselves.

A further defense strategy is through the avoidance of difference in that the trainee psychologist may over or under-identify with patients unconsciously. Over-identification may involve colluding with the patient whereas under-identification may include a separation from the patient through intellect or the position of assumed power as the therapist. These responses usually result from a fear of the unknown (Eagle, Haynes & Long, 2007).

The root of this avoidance may also lie in an attempt to "preserve an idealized relationship" by compartmentalising racial similarity and difference in an attempt to deny and defend against its existence (Chang & Berk, 2009, p. 530). Simultaneously, denying a sense of shared humanity can also be used as a defense, by fixating on differences, which may result in a lack of acknowledgment of similarities (Straker, 2006). It is the challenging task of the trainee psychologist to find a balance between confronting difference while simultaneously acknowledging similarity in the room. Failing to do so may result in an absence of thinking and containment (Straker, 2006).

Certain literature addresses the importance of multicultural therapeutic competence as essential in order to work therapeutically with racial similarity and difference. An absence of this kind of competence may have the potential to eliminate the core aspects that bind the therapeutic relationship together, such as empathy and rapport (Constantine, 2002; Chang & Berk, 2009; Chang & Yoon, 2011; Fuertes & Brobst, 2002). It has been argued that these core elements increase compassion and acceptance, becoming protective factors if barriers arise while engaging with racial

identity (Chang & Yoon, 2011; Gelso & Mohr, 2001; Vasquez, 2007). Culturally sensitive conversations about racial identity in psychotherapy have been identifed as essential in strengthening therapeutic rapport and avoiding the potential minimisation of the significance of the subject (Chang & Berk, 2009; Constantine, 2002; Fuertes & Brobst, 2002).

A disregard of racial identity in psychotherapy may portray it as a taboo topic, stripping the therapeutic relationship of acknowledgement and deep engagement (Constantine, 2007; Sue et al., 2007). It is argued that an avoidance of the topic deprives the therapist and patient from exploring whether racial preconceptions are rooted in reality or the unconscious cultural transference and countertransference. Cultural transference refers to potential rigid beliefs of the therapist's social identity from the perspective of the patient, whereas cultural countertransference refers to the therapist, who may hold prejudiced beliefs about the patient's social identity (Gelso & Mohr, 2001). Cultural transference and countertransference need to be unpacked and worked through in psychotherapy in order to aim for a strong therapeutic alliance and demolish unhelpful stereotypes (Epsrey, 2017).

Other research focuses on the importance of building therapeutic rapport, compassion and empathy prior to the exploration of racial identity. This is because the patient and therapist are likely to feel more comfortable discussing contentious and challenging issues if a strong therapeutic alliance has been established (Chang & Yoon, 2011; Maramba & Hall, 2002; Sue & Zane, 1987; Vaquez, 2007). It is therefore unlikely that racial identity would be discussed in the first few therapy sessions and may rather develop as therapeutic rapport evolves (Chang & Berk, 2009). This links to the various transferential and countertransferential reactions racial identity may conjure up in the therapist and patient, which is experienced differently for different racial identities, specifically Blackness and Whiteness. For example: "White participants . . . are often concerned about appearing prejudiced, whereas racial minorities are often concerned about being the target of prejudice and/or about confirming negative group stereotypes" (Richeson & Shelton, 2007, p. 317). White participants fear that they may reveal their internal racism whereas Black participants worry about verifying these prejudiced views. An avoidance of racial identity in psychotherapy is rooted in a fear of misappropriation and whether racial identity is addressed or avoided in psychotherapy, ruptures are bound to occur, however, an acknowledgement of the topic may allow space for this rupture to be repaired.

It is a demanding task talking about difference in psychotherapy when one of the main goals is to connect. Within this lies the fear that differentiation may lead to discrimination (Reicher,

2004). Although confronting racial identity in psychotherapy may lead to a rupture in the relationship, this rupture has the ability to be repaired and worked through (Chang & Berk, 2009).

Theoretical Framework: Relational Psychoanalytic Psychotherapy

A relational psychoanalytic framework developed as a response to postmodernism and has been chosen for the purposes of this study. It contains certain underlying assumptions which include the belief that all social interactions are co-constructed (Benjamin, 2010; Esprey, 2017). Emphasis is placed on the interpersonal rather than the intrapsychic alone where both therapist and patient use their subjective experiences to understand the other. In doing so, this process becomes interpersonal as it requires the presence of another's mind to create intersubjective knowledge (Gerson, 2004). This process of mutual co-construction produces a thirdness, referring to the unique creation of a shared reality between patient and therapist (Benjamin, 2010; Seligman, 2003).

Implicit to the theory of thirdness is a rejection of the idea of the therapist as a blank slate since bringing one's identity into psychotherapy is unavoidable (Ogden, 1994). The mutually constructed reality between therapist and patient arises in the unique context of psychotherapy where no two collaborative therapeutic relationships are alike (Benjamin, 2010). Through this interactive process, the analyst becomes an engaged participant in the process of interrelatedness with the patient.

The creation of a cultural third develops when racial identity is included in psychotherapy, which can either threaten or strengthen the relationship (Gerson, 2004). In an attempt to utilise cultural thirdness to strengthen the relationship, discussing racial identity may "facilitate the survival of the relationship" through the process of rupture and repair in the analytic third (Benjamin, 2010, p. 117). Not only does this perspective view patient and therapist as engaging with one another in the creation of thirdness but also as communicating with the environment (Gerson, 2004). Therefore, the unique context within which the analytic third is created is of importance.

Since everything is viewed as collaboratively constructed through a relational psychoanalytic framework, the countertransference is also seen as mutually created as it takes into account the interaction of the patient and therapist's subjectivities. This co-constructed dynamic becomes a source of transformation for both patient and therapist as they merge their subjectivities into an intersubjective exchange. Perhaps in viewing the therapeutic relationship as a collaborative space, where two raced subjects intersect with one another, an understanding of the ways in which

racial identity manifests in psychotherapy can be explored (Benjamin, 2010). Further, this is a helpful lens in which to examine and reflect on the research relationship as well.

This framework has been chosen because it is an area in psychoanalytic writing where issues of social identity, such as gender and racial identity, have been addressed more so than other theoretical frameworks. This is particularly so because of its focus on mutual co-construction and interest in intersubjectivity where it understands the therapeutic dyad as a mutual engagement between two raced subjects.

This framework may further assist with the reflexive approach which has been a salient aspect of the research process. There are two differing views on this importance: firstly, the significance of reflexivity has been highlighted so as to avoid bias which may contaminate the research. A clear separation is made between researcher and participant so as to represent participants as authentically as possible (Shaw, 2010). Secondly, the importance of reflexivity has been a focus because the researcher inevitably informs the research process as "representation and object are not distinct, they are intimately interconnected" (Woolgar, 1988, p. 20). This research takes into account the latter, as the role the researcher plays during the interview is worthy of analysis and may assist in answering the research questions (Klein, Bernard & Schermer, 2010).

This view also aligns with a relational psychoanalytic framework as all relationships are viewed as mutually co-constructed. Therefore, implications for the researcher and participants are of equal importance (Shaw, 2010). "Without examining ourselves we run the risk of letting our unelucidated prejudices dominate our research" (Finlay, 2003, p. 108). This is especially so when racial identity is being negotiated as, without an acknowledgement of the role the researcher plays during data collection, the risk of unintentional racism and misappropriation increases.

Research Questions

1. How do trainee psychologists negotiate their racial identity as implicated in becoming psychotherapists?
2. How do trainee psychologists negotiate the racial identity of their patients in psychotherapy?
3. What are some of the ways in which the broader South African context appears to influence and shape aspects of the therapeutic relationship for trainee psychotherapists?

Chapter 3: Methods

Research Approach

In an attempt to unpack the ways in which racial identity manifested in psychotherapy, an approach of exploration and curiosity to research was helpful. Thus, a qualitative interview-based approach was appropriate as it facilitated the development of a rich understanding of trainee psychologists' experiences of working with racial identity in psychotherapy while simultaneously negotiating their personal and professional identities. This method allowed for the collection of authentic and insightful data into trainee psychologists' experiences of working with racial identity in psychotherapy during the transformative process of becoming psychotherapists (Silverman, 2014).

This study was qualitative and interpretive in that it encouraged exploration and curiosity of psychotherapy and the place of racial identity in this, from the perspective of trainee psychologists. A qualitative approach further facilitated the exploration of phenomena (Denzin & Lincoln, 2011). In this instance, it enabled the exploration of racial identity in psychotherapy from the perspective of trainee psychologists as they developed in their journey of becoming psychotherapists. This approach prioritized context and, in this instance, allowed for the ways in which context is brought into psychotherapy. It further highlighted the researcher as the primary instrument for collecting information (Blanche, Durrheim, & Painter, 2006). Context referred to a focus on understanding the meaning of cultural or intersubjective phenomena.

This was supported by the relational psychoanalytic framework that informed the interpretation of data because of its emphasis on context and mutual construction (Benjamin, 2010). This was specifically in relation to the therapeutic dyad as well as the interviewer-interviewee dynamic. This framework further assisted with a reflexive approach, as the role the researcher played during the collection of data was of interest (Woolgar, 1988).

The interview-based methodology examined the ways in which trainee psychologists negotiated their racial identity and the racial identity of their patients in psychotherapy. It further explored the development of trainee psychologists' personal and professional identities. This process was unpacked and interpreted based on subjective and intersubjective meanings that arose. With regard to the researcher as the primary instrument, the study centralised the trainee psychologist's subjectivity as a vital component of the interactional field under investigation.

Research Participants

Purposive sampling was utilised, since a specific group of people representing a population group was the target of the research project. Specific selection criteria were used to identify the most fitting samples (Lune & Berg 2016). The following sampling criteria applied: the trainee psychologists had to be in their first year of training where they had been conducting psychotherapy for at least four months. This allowed them to draw on some therapeutic experience as beginner therapists. Trainees also needed to have engaged in therapeutic work in which racial identity had been salient for them.

All first year trainee psychologists from various masters in psychology programmes at the University of Witwatersrand were invited to participate in the study via email (Ulin, Robinson, & Tolley, 2005). The class representatives of the educational and community counselling psychology courses were emailed the participant information sheet and asked to distribute it amongst their classmates. I personally distributed the participation information sheet amongst the clinical psychology class. I also approached fellow trainee psychologists personally. Thereafter, six psychology students volunteered to participate in the research.

The specific group consisted of six trainee psychologists in their first year of training at the University of Witwatersrand, comprising one educational psychology student, one counselling psychology student and four clinical psychology students. The aim was to have a diverse sample however, no Indian or Coloured trainee psychologists volunteered. This resulted in the sample consisting of three Black and three White trainee psychologists.[1] The sample was also predominantly male, with one Black female participant. Although the sample lacked diversity in terms of racial classification, gender and context, the participants engaged thoughtfully with the topic, resulting in rich and detailed interviews. Therefore no further trainee psychologists from other universities were approached.

Data Collection

Data collection focused on racial identity in psychotherapy from the perspective of trainee psychologists. An interview-based methodology was utilized for the purpose of this research due to its ability to unpack an in-depth and authentic understanding of trainee psychologists' experiences of working with racial identity in psychotherapy, alongside the negotiation of their personal and

[1] During Apartheid, individuals were classified according to one of the dominant racial categories—"White," "Indian," "Colored," "Black." In the post-Apartheid era these classifications are often still used by individuals in their self-identification.

professional identities (Crouch & McKenzie, 2006). This method was helpful in further understanding participants' racial identities and their intersection with their patients as well as with me during the interview process. A relational psychoanalytic framework was helpful in understanding the importance of this engagement as a mutual construction between therapist and patient and how this assisted with an understanding of the dynamic between researcher and participant (Benjamin, 2010).

A semi-structured approach was utilized in order to remain open to participants' varied responses. Interview questions were used as a guide, together with probing tools, all designed to elicit discussions of racial identity in an intersubjective context. (Rapley, 2011). Questions were intentionally open so as to encourage participants to explore racial identity in psychotherapy without being provided with too much direction. Certain questions were included because they were specifically aimed at exploring the intersubjective exchange during the interview process.

The semi-structured interview further acted as a tool for unpacking complexities around racial identity in psychotherapy and how this manifested during the interview process. This was explored in a reflective manner by trainee psychologists and a reflexive manner by me as the researcher (Rapley, 2011; Woolgar, 1988).

The interview schedule was developed based on the aims and research questions of the study (Castillo-Montoya, 2016). The questions were structured in order to unpack trainee psychologists' experiences, understanding and any meaning implied when negotiating racial identity in psychotherapy (Rubin & Rubin, 2012).

The duration of each interview was approximately one to one and a half hours and this process was recorded. I remained aware of my positionality during the interview process as a White South African female and how this inevitably implicated the interviewer-interviewee dynamic, regardless of similarity or difference. I interviewed participants with a relational psychoanalytic framework in mind which assisted with my reflexivity during and after the interview process by focusing on a mutually constructed dynamic (Benjamin, 2010).

Interviews took place at a time and place convenient for participants, which was my office at the University of Witwatersrand. Once interviews were recorded, I transcribed them to ensure confidentiality. Thereafter, themes were collected and interpreted. This was done by listening for themes that arose during transcription. Common themes came to light across all interviews however, negotiating racial identity in psychotherapy was experienced differently by Black and White participants, as was anticipated by the current literature on racial identity in the South

African context (Williams & Sibanda, 2013). Therefore, it felt important to identify two separate themes for Black and White participants during the transformative process of becoming psychotherapists.

The research questions were informed by my understanding of racial identity, based on recent literature I had read, as well as personal experiences of racial identity in psychotherapy and insights gained from these experiences in supervision (Rapley, 2011). Interview questions were aimed at fleshing out trainee psychologist's engagement and understanding of negotiating their own and their patients' racial identity in psychotherapy during the process of becoming psychotherapists. Thus, the purpose was not to obtain answers to the questions, but rather to unpack individual experiences, with a specific focus on racial identity (Seidman, 2013).

Method of Data Analysis

Thematic Analysis (TA) was used to analyse the data (Braun & Clarke, 2006). This form of analysis was appropriate for an interview-based methodology as the aim was to qualitatively unpack verbal material and increase understanding of common themes. It further assisted in the exploration of complex phenomena, through conversation and connection, with a focus not only on what had been said directly but what had been implied. A focus on any discomfort caused when discussing racial identity or moments where participants felt self-conscious or even excited when engaging with me during the interview process was of interest.

TA allowed for flexibility and assisted in the in-depth understanding of phenomena such as racial identity, through the collection of common themes. The TA intended to unpack trends, similarities as well as differences in trainee psychologists' experiences of working with racial identity. Further, the study was inductive as it was led by the data collected once interviews conclude. Thus, the TA was "data-driven" as it was coded in a flexible manner, without attempting to compartmentalise the data into a pre-existing coding frame (Braun & Clarke, 2006, p. 83). Once the data was transcribed, I immersed myself in the transcripts and common themes began to emerge across all interviews (Creswell, 2009). My supervisor then independently immersed herself in the transcripts and the same common themes emerged for her. Once themes were identified, I re-examined the transcripts to ascertain that the themes that had been identified adequately covered the interviews and there was a consensus that participants' experiences of racial identity had been encapsulated. Thereafter, a more detailed analysis was conducted to pull out important quotations verbatim. Finally, all information was collated for the final report (Braun & Clarke, 2006).

During my own process of going through the data, I became aware of what it means to be a trainee psychologist myself and how this may have implicated the research. This led me to include a separate reflexivity section and theme to examine mine and my participants' experience of the interview process. A relational psychoanalytic framework informed this process by highlighting the importance of mine and my participants' shared construction of thirdness (Ogden, 1994). Just as the notion of the psychotherapist as a blank slate has been debunked, so too can this be applied to the researcher-participant dynamic as I bring my own social identity into this context that will inevitably impact the research process (Shaw, 2010).

Trustworthiness

To ensure the trustworthiness of my study, certain criteria were met: credibility, dependability, confirmability and transferability (Lincoln & Guba, 1985). In order for my study to be credible, the research findings aimed to represent participants' experiences of negotiating racial identity in psychotherapy accurately. This was ensured through support and guidance from my supervisor, who independently immersed herself in the data to minimise personal bias and maximise trustworthiness (Anney, 2014). In terms of dependability, I described the ways in which the data was collected and analysed to ensure my findings could be repeated with similar participants in a similar context (Koch, 2006). This speaks to the authenticity of my study, as I aimed to represent participants accurately (Yin, 2015). It is however important to keep in mind the inevitable variability that accompanies qualitative research. Therefore, my findings intended to represent participants as accurately as possible, while remaining aware of my subjectivity (Morse & Field, 1985).

This is supported by Sandelowski (1986) who argues that in order for a study to be trustworthy, it needs to portray an individual's true experiences. Thus, this research represented interviewee's experiences of negotiating racial identity in psychotherapy during the transformative process of becoming psychotherapists, by portraying their experiences as accurately as possible through certain content verbatim. Content verbatim further aimed to address neutrality in order to remove bias as much as possible (Guba, 1981). However, an analysis of the TA was inevitably subjective, yet I provided sufficient content verbatim to avoid bias and allowed space for the reader to come to their own conclusions, in seeking to establish the confirmability of my study (Polit & Beck, 2008; Tobin & Begley, 2004). My supervisor further maximised the trustworthiness of the study with her input.

In order to realise my intent on this research having a meaningful impact on those who are not directly involved in the study such as my readers and myself as a fellow trainee, I aimed for it to

be transferable rather than generalisable (Cope, 2014). Furthermore, my intention was for the research findings to resonate with other trainee psychologists in order for the results to be applicable and transferable (Krefting, 1991). Overall, the research aimed to provide an accurate representation of trainee psychologists' experiences of negotiating racial identity in psychotherapy as they develop their personal and professional identity.

Ethical Considerations

I aimed to ensure this research was ethical, responsible and respectful to all participants. In order to uphold ethical standards, the research was submitted to the University of the Witwatersrand's Human Research Ethics Committee (non-medical) and data collection only commenced once ethical clearance was granted.

Participants were accessed via email as well as approached personally and were requested to volunteer in the research project. The intentions of the project were explained verbally and willing participants were sent an information sheet outlining the study via email. They either immediately agreed to participate or let me know once they had decided to participate. Informed consent was obtained through discussion and engagement with the participant information sheet. Participants were told that participation was voluntary and that they could withdraw from the research at any time (Christians, 2011).

Anonymity could not be ensured due to the fact that I knew the identities of the participants. It was however ensured during the write up of the report with the use of pseudonyms, alongside an obscuring of certain identifying information. Although aspects of social identity could not be concealed as this was vital to include in the report, any overt identifying information that could have jeopardised the anonymity of participants and their patients, besides for social identity aspects, were left out. This was administered in reports of findings as well as transcripts and my supervisor only had access to anonymised information. All written and spoken reports of the findings, such as the research report and conference presentations arising from it, were carefully reviewed in order to ensure that confidentiality had been maintained before the report was made public. The maintenance of confidentiality was essential in order to adhere to the confidential therapeutic space, to protect the identities of patients. It was also important to protect the identities of trainee therapists in order to ensure their patients could not be identified. Further, ensuring trainees' identities remained confidential may have increased transparency and honesty during the interview process.

Permission to record sessions was sought from participants prior to participation. It was explained that only I would have access to the recordings. Confidentiality was kept in mind throughout the write up of the study and a further final reading of the research focused on confidentiality to ensure it was in line with the ethical code in protecting the identities of participants and their patients.

There were no direct risks or benefits for this study however, it was helpful for my participants and me as a fellow trainee psychologist, to think about racial identity in psychotherapy and contemplate the transformation of personal and professional identities during the process of becoming psychotherapists.

Participants were told that quoted extracts from their interviews would be used in the write up of the findings of this research. This was clearly stated in the participation information sheet and a consent form was printed and handed to the participants to ensure they were fully aware of their agreement prior to participation. During and after the research process, all data was kept safe in a password-protected computer. This was in line with the participant's consent, in that I was the only individual who had access to the raw data. Participants will be sent a summary of the findings and a copy of the full research report if desired.

Further ethical issues that arose included interviewer bias as well as issues surrounding validity when interpreting the results (Crouch & McKenzie, 2006). To combat this, I provided content verbatim as well as direct quotations when writing up the results of the study. In doing so, I aimed to provide the reader with the opportunity to make his/her own conclusions based on the data.

Racial identity is an emotive political topic, especially within the painful political history of South Africa. Therefore, it was important to remain mindful of context during the interview process as well as during the write up of the report. A relation psychoanalytic framework was helpful in remaining mindful because of its focus on the intersections of social identity and context (Tummala-Narra, 2015). This mindfulness was utilised throughout the research process by acknowledging the impact my racial identity had in the context of the interview and during the write up of the report. This mindfulness was further exercised towards participants' experiences of racial identity in a manner that remained trustworthy in terms of the data and constructive and aware of contextual issues.

Further, it was anticipated that the topic of racial identity may lead to feelings of discomfort for participants, therefore debriefing was offered at the end of the interview process. Once the recording was turned off, participants were asked how they experienced the interview process and if they were left with any last thoughts or emotions that they would like to share. All participants engaged in a conversation with me once the interview was over, sharing with me their experience of reflecting on their racial identity in psychotherapy as well as in relation to me during the interview process. It was prioritised that participants only left the interview space once they felt contained and ready to do so because of the evocative nature of the topic.

Reflexivity

Living in a post-apartheid context, racial identity acts as a constant reminder of the past and present disparities amongst differing racial identities. Since my research took place within this context, I was aware of my racial identity throughout the interview process, as well as during the write up of the report, and the ways in which it impacted the process.

This research emphasized the importance of reflexivity as my racial identity played a significant role during the interview process and write up of the research (Woolgar, 1988). This view aligns with the relational psychoanalytic framework that informed the research as all relationships are viewed as mutually co-constructed (Benjamin, 2010). Thus mine and my participants' racial identities are of equal importance (Shaw, 2010).

I remained conscious of the ways in which racial identity manifested during the interview process in terms of power dynamics. This was highlighted when engaging with Black participants specifically: Firstly, a power dynamic emerged due to the history of unequal racial relationships during apartheid and how this has bled into the present. This may have implicated Black participants' full engagement during the interview process. Secondly, Black trainees' experiences of working with racial identity in psychotherapy was vastly different to mine, because of our racial distinction.

When interviewing White trainee psychologists, I remained aware that their experiences unfolded differently to my own, despite our racial similarity. Thus, I did not assume that our shared racial identity resulted in a replication of experiences when working with racial identity in psychotherapy. Similarly, I remained mindful not to assume difference based on racial identity when interviewing Black trainee psychologists. It was important to hold onto aspects of similarity and difference when interviewing all participants, regardless of racial identity.

Not only did I remain reflexive of my role as researcher but also of my role as a fellow trainee psychologist. This duality led to the incorporation of reflexivity in the research as a separate section and theme, so as to acknowledge the implications my identity had on the research and the ways it provided insight into my role as a trainee psychologist. I was conscious of potentially overly identifying with my participants because of our shared identity. Alternatively, I was aware that this similarity may create barriers for fear of judgement and criticism. However, I remained objective and respectful towards a range of experiences of negotiating racial identity in psychotherapy that were similar and different to my own experiences, while remaining mindful of my position as researcher and fellow trainee psychologist.

Chapter 4: Findings and Discussion

Prominent themes emerged through a process of immersion in the transcripts by myself and my supervisor. The first theme that emerged was the difficulty trainee psychologists experienced of addressing racial identity in psychotherapy. This was a process theme as it tracked the ways in which the topic of racial identity caused discomfort, unease and trepidation for trainee psychologists. Although all participants acknowledged its importance and expressed their desire to address the topic, they did not know how to do so and this was evident in their speech which consisted of pauses, hesitancy and uncertainty. The second and third themes derived from the racial identities of participants as Blackness and Whiteness was experienced differently therefore it required two separate themes. The fourth theme was aimed at unpacking both Black and White participants' experiences of what it means to be a raced psychologist in the context of South Africa. This was approached by understanding the process of becoming a psychotherapist and then what this process means as a raced individual. Lastly, the research process made me aware of my role as a fellow trainee psychologist and the implications this may have had on the research process. This resulted in the final theme on reflexivity to highlight the intersubjective exchange between myself and my participants. This was understood through a relational psychoanalytic lens because of its focus on mutual construction and context.

The Difficulty of Addressing Racial Identities in Psychotherapy

A prominent process theme that emerged from all six interviews was a discomfort about racial identity in psychotherapy. This theme filtered into all the other themes that emerged because it analysed the ways in which tentativeness was communicated when reflecting on racial identity in psychotherapy and during the interview process. This was highlighted in significant pauses which revealed unease, moments of shame about one's own racial identity and a fear that certain prejudiced views may come across during the interview process.

Moments where participants expressed their uncertainty in the way they spoke about racial identity in psychotherapy revealed the difficulty in acknowledging it at times. This resulted in an avoidance, or it was experienced as overwhelming, followed by participants losing their train of thought (Eagle, Haynes & Long, 2007). Nthabiseng reflected on the impact the South African context had when discussing racial identity, resulting in difficulties addressing it:

> "Because of our joint past history as a country, it's become very difficult for us to talk about race in general" (Nthabiseng-Black male).

> "We have become pros at it in this country where we notice race but we don't talk about it" (Nthabiseng-Black male).

For Nthabiseng, the discussion of racial identity in the context of South Africa was approached with caution and this links to a collective, national avoidance of racial identity. Nthabiseng's tentativeness cannot be separated from the context of (post-)apartheid South Africa, where racial identity is often avoided because of its link to an oppressive past (West, 2009). This was shared by Dirk who perceived a lack of safety when discussing racial identity amongst his peers. This was inextricably linked to his social identity as a White Afrikaans male and the discomfort he expressed towards this position.:

> "I wasn't always sure if it was a safe space" (Dirk-White male).

Dirk expressed his unease amongst his colleagues linked to his fear of being misunderstood or coming across as racist, unintentionally (Verwey & Quayle 2012):

> "That's always a hard thing to talk about when it's race and again, you don't know if you're saying something that's actually quite offensive, maybe racist, mmm" (Dirk-White male).

Dirk was afraid of appearing racist amongst his peers as well as in relation to me during the interview process, despite our shared racial identity. This fear seeped further into psychotherapy, where he expressed his hesitancy when discussing racial identity. Dirk highlighted the pervasive nature of social identity and the way it bleeds into all contexts. He expressed his discomfort about the history his social identity holds in the South African context when asked how he thought his racial identity intersected with other aspects of social identity for him and his patients:

> "Sho, that is loaded, um… okay. Okay, let's start with, I think, not only am I aware that I am a White male but I am also aware that I am a White Afrikaans male so, I mean, that makes it even more relevant. I mean, our parts in history, it, I mean it was, in my opinion, the oppressor was the Afrikaner. So yes, that's definitely my Afrikaner identity and then when I bring it in, especially at the community site. But like, when I spoke to that student, it was something that I was very aware of, and even though I spoke to him in English, what I thought of the whole time was, is he going to pick up on the fact that I'm Afrikaans and how is that going to, what is his experience with Afrikaans males who I feel have, I'm going to be very stereotypical here, have the tendency to be very racist. That's my experience, what is his experience?" (Dirk-White male)

Dirk's painful reflection revealed his overwhelming emotions in relation to the way he grappled with how to encapsulate racial identity in psychotherapy and the way it intersects with other aspects of social identity. This overwhelm was directed onto his social identity, accompanied by anxiety and dread that his social identity may be uncovered by certain identifiers, such as his accent (Jenkins, 2014). Dirk's experience illuminated the way aspects of social identity are often accompanied by elements of shame about one's racial identity, gender and language (Verwey & Quayle 2012).

Dirk's hesitancy to discuss racial identity, his own and that of his patients, was also felt by other participants, resulting in feelings of regret about lost opportunities where racial identity could have been addressed in psychotherapy. Nthabiseng expressed his regret when asked, with hindsight, whether he would have dealt with issues related to racial identity differently:

> "Yes! Yes, yes, yes, yes, a lot actually. Haha" (Nthabiseng-Black male).

Nthabiseng wished he could have done things differently and addressed racial identity directly. He later expressed his regret about lost opportunities where connections could have been made between him and his patients. This regret seemed to stem from a fear about addressing racial identity in psychotherapy, as it has the potential to disrupt the process of reverie (Eagle, Haynes & Long, 2007):

> "A fear that what happens when the cat is sort of let out of the bag…That's been my fear but I, it's also been a huge regret on my behalf that I haven't talked that much about race with my client" (Nthabiseng).

Nthabiseng's fear was rooted in his experience with a female patient where racial differences intersected with class differences. She expressed her dissatisfaction about not having received a birthday present, despite an expensive party that was thrown for her birthday. This struck Nthabiseng:

> "The whole therapy afterwards, I struggled to find common ground to connect with her again um, and there have been other instances like that where it just felt, I guess because of my own upbringing, it felt as though her parents had been doing good enough work, but she didn't see it that way and it sort of brought up a lot of socioeconomic issues with me where, um, things that seem like a privilege to me are a given to her and so, I would never, well I struggle to understand her point of view, and that affected therapy" (Nthabiseng-Black male).

This example revealed the potential negative consequences that can occur when difference is acknowledged in psychotherapy. An acknowledgement of class differences created a moment of disconnect between Nthabiseng and his patient. This difference was heightened because of their racial differences and how this intersected with their class differences. Therefore, an acknowledgment of difference is often avoided because of the disconnect it has the potential to create between patient and therapist (Straker, 2006; Suchet, 2004; Swartz, 2012). Further, Nthabiseng's recollection highlighted the heightened complexities that may arise when racial identity intersects with other aspects of social identity, such as class (Eagle & Long, 2011; Okin, 1999).

Difficulties negotiating these complexities were shared by other participants. Tsepho expressed his feelings of helplessness when an opportunity to address racial identity in psychotherapy and the way it intersected with sexual orientation arose with his White female patient, who identified as gender fluid:

> "I didn't know what to do in the room, where to start understanding from, um… how to be sensitive" (Tsepho-Black male).

Tsepho expressed his uncertainty about how to navigate his patient's racial identity and its intersections. This revealed how intimidating and overwhelming it was to address social identity, to the point where it felt insurmountable. Kgothatso shared these feelings when she expressed her confusion about racial identity in psychotherapy, combined with her hesitancy towards approaching it:

> "Um, and I, at that time I didn't address it, why didn't I address it?" (Kgothatso-Black female).

This captures Kgothatso's difficulty confronting racial identity in psychotherapy, as well as holding racial identity in mind when reflecting on her work as a trainee psychologist. She seemed disconcerted when the topic of racial identity was being discussed, and reflected upon this. This perplexity was shared by Sebastian:

> "With all those dynamics I was just like what?" (Sebastian-White male).

> "How do you hold a person in all their complexity at once?" (Sebastian-White male).

Sebastian shared his anxiety when he contemplated how to address racial identity in psychotherapy and the way it intersected with other aspects of social identity. At times, he seemed

to avoid answering these difficult questions during the interview. This speaks to the desire to minimize difference between racial groups and focus on similarity in an attempt to prevent potential barriers from emerging (Young, 2011). Leo, Kgothatso and Tsepho all expressed this temptation:

> "When you hear something racial you also don't want to be like, oh you know like let me present the racial differences in the room" (Leo-White male).

> "It just didn't feel like it needed to be addressed at the moment, otherwise it would have just made things really awkward for us" (Kgothatso-Black female).

> "And so, even in therapy when issues of race do come up, it's easier then, for me and for my clients to kind of just sweep it under the rug. It's just that, monster in the closet" (Tsepho-Black male).

Addressing racial identity in psychotherapy was delineated as something other or alien, evident in the use of the word "monster". This speaks to a temptation to disassociate from our own and our patients' racial identities so as to avoid "awkward" moments. The risk and danger involved in addressing racial identity in psychotherapy was expressed by participants' desire to avoid bringing it up and for the topic to rather enter psychotherapy organically, as expressed by Leo. Kgothatso and Tsepho expressed the potential racial identity has to disrupt and threaten rapport, especially when a therapeutic alliance was in the process of being established. A long-term therapeutic relationship, however, was described as being strong enough to withstand the discussion as expressed by Kgothatso when reflecting on her hesitancy confronting racial identity with her Black male patient as this may have disrupted the rapport they were in the process of building:

> "I didn't raise it at the time and it was really early days, I had only seen him for I think 4 sessions so, our relationship wasn't strong enough to even make anything like that so, ya, like, I didn't" (Kgothatso-Black female).

Kgothatso's discomfort with addressing racial identity was linked to a fear of disrupting the empathy and rapport her and her patient had formed (Chang & Berk, 2009; Chang & Yoon, 2011; Constantine, 2002; Fuertes & Brobst, 2002). Tentativeness was further expressed in relation to patients' racial identities as well as their own. Sebastian's response to what was most difficult to deal with in relation to engaging with issues of racial identity in psychotherapy incorporated his negotiation of the complexities of his own racial identity as a White male and his discomfort with the privilege that accompanies his identity:

> "I guess dealing with my own race, um, that's, dealing with my own race and really starting to understand my own privilege" (Sebastian-White male).

Sebastian's response highlighted the difficulties of engaging with his racial identity and the way it intersected with that of his patients. The position of trainee psychologist places a spotlight on the self, where a process of self-scrutiny is expected. This was approached with an element of uncertainty and caution, as participants desired to discuss racial identity, however often avoided it in psychotherapy and during the interview process. This discomfort manifested in participants losing their train of thought and they showed concern that they may have avoided answering certain questions during the interview. This avoidance was rooted in their fear that addressing racial identity may result in a rupture, leading participants to fantasise about keeping their racial identities hidden or wishing racial identity could enter the therapeutic space organically. This speaks to the temptation to focus on similarity because of the difficulties experienced by trainee psychologists when negotiating what it means to be racially classified in the broader context of (post-)apartheid South Africa (Esprey, 2017; West, 2009; Williams & Sibanda, 2013).

Trainee psychologists expressed their uncertainty as how to overcome racial barriers in psychotherapy. They wished to address racial identity yet felt impotent in knowing how to do so therapeutically. This was rooted in participants' unease in relation to the sensitive topic of racial identity and the potential therapeutic ruptures addressing it may create. Participant's anxiety manifested in either losing their train of thought or experiencing strain when attempting to express themselves.

Participants' vacillation with and sensitivity to the topic mirrored my cautious approach during the interview process where I was hyperaware of my position as a White female researcher and fellow trainee psychologist. I worried my prejudice may seep into the interview space, especially in relation to my Black participants. This may have limited deeper engagement with the topic, linked to a fear of reinstating power dynamics linked to an oppressive past (Chang & Berk, 2009; Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003; Morgan, 2003; Utsey, Gernat, & Hammar, 2005).

This shared discomfort between myself and my participants parallels existing literature describing trainee psychologists' inexperience as they develop as psychotherapists. This process is accompanied by the blooming of trainees' professional identity and scrutiny of their personal identity (Ebersöhn, Human-Vogel, & Mampane, 2017; Kottler & Swartz, 2004). Trainees are in the budding stages of working towards merging the personal and professional, therefore initial

engagements with racial identity in psychotherapy were unsuccessful, as these two identities seemed to come into conflict at times (Kadish, 2016).

Further, this links to trainees' development of multicultural competence which may increase as they progress in their journey of becoming psychotherapists (Maxie, Arnold, & Stephenson, 2006). The development of multicultural competence is increasingly challenging for contemporary trainee psychologists since an oppressive racial discourse continues to penetrate psychotherapy, despite the increase in diversity amongst trainees (Ahmed & Pillay, 2004). Current trainee psychologists are left to grapple with an oppressive history that often results in limitations in terms of multicultural sensitivity and interventions.

Participants' process of developing their personal and professional identities offered an awareness and openness in relation to diversity, accompanied by discomfort and hesitancy. This tentativeness connected to the process of trainee psychologists' working towards consolidating their personal and professional identities into one during their transformation into psychotherapists.

Despite trainee psychologists' failed attempts to address racial identity in psychotherapy, their position as first year trainees may have offered an element of openness and curiosity when engaging with the topic. Although this fresh perspective was a strength as all participants expressed their openness to addressing the topic, the results revealed this inexperience as a limitation as well.

Trainee psychologists expressed their preoccupation with timing around discussing racial identity and felt it should only be addressed once the therapeutic alliance was strong enough to withstand it. This aligns with literature highlighting the increased comfort of addressing racial identity in psychotherapy once a strong therapeutic alliance, compassion and empathy have formed, as racial identity has the potential to create ruptures that may become difficult to repair (Chang & Berk, 2009; Chang & Yoon, 2011; Maramba & Hall, 2002; Sue & Zane, 1987; Vaquez, 2007).

The unique position of first year trainee psychologists was beneficial in psychotherapy, as it allowed trainees to be in touch with their patients in an open and curious manner, because of their inexperience. It offered both an awareness and humbleness in relation to patients, opening up space for exploration. It may be helpful for trainee psychologists to utilise their inexperience by grasping onto the openness their unique position offers while simultaneously remaining aware of its limitations as they progress in their journey of becoming psychotherapists.

White Guilt

Negotiating racial identity in psychotherapy involved a process of scrutiny of what it means to be a raced psychotherapist in the context of South Africa (Strous, 2003). White trainee psychologists were confronted with their White guilt as they cannot escape the ways in which their racial identity is attached to a history of oppression and pain (Straker, 2013). Black trainee psychologists experienced what it was like to be on the receiving end of their White patients' White guilt.

Sebastian, a White male, was confronted with his racial identity and the barriers it has the potential to create. This was illuminated in relation to his Black female patient, who began idealising Whiteness and devaluing Blackness. This created discomfort for Sebastian and uncertainty about how to address it in a racially sensitive manner. This was accompanied by the temptation to avoid discussing the topic entirely:

> "Do I even want to engage with what you're saying now? Do I want to engage with the socio-political stuff that you're saying? Or am I going to go with a, the more, this is your psychic structure?" (Sebastian-White male).

Sebastian debated whether to focus on the intrapsychic or intersubjective world of his patient. He did not want to collude with her idealisation of Whiteness and devaluation of Blackness, as this went against his personal identity. Sebastian expressed the importance of addressing racial identity in psychotherapy, yet doing so was experienced as challenging, resulting in him questioning whether he should focus on his patient's psychic structure, which perhaps felt easier to address. This is connected to feelings of overwhelm and not knowing where to begin when psychotherapy mimics the socio-political landscape of South Africa:

> "Okay shit, what do I, where do I go because that relationship is playing out in the room now as well and it's so difficult to like engage with" (Sebastian-White male).

Sebastian expressed his discomfort towards his Black female patient's views of Whiteness and Blackness, which resulted in his feelings of helplessness in relation to the complexities of racial identity in a (post-)apartheid context (West, 2009). Dirk similarly expressed reluctance in negotiating racial identity in psychotherapy, specifically because of his positionality as a White Afrikaans male in relation to his Black male patient:

> "I once had a first year student and there to me, but this is something that I brought in, that was my own personal issue, I could feel the racial difference whereas it was, I wondered what he was thinking while he was with me in the room. How me being White affected the therapy but it's not something that I brought up; it was just something that was in the back of my mind" (Dirk-White male).

Dirk seemed to fantasize about separating his racial identity from the therapeutic relationship, as he viewed it as problematic and something that he needed to resolve independently, rather than intersubjectively. His words alluded to feelings of shame of his racial identity and a fear that he may be perceived negatively, because of his Whiteness. Racial identity cannot be separated from psychotherapy, as we bring in who we are which, at times is followed by moments of wanting to hide our identities (Kramer, 2000; Ogden, 1994). This shame towards one's own racial identity was expressed by Leo, a White male, who associated Whiteness with harm. When working with a Black female patient, Leo incorrectly assumed that the bullying was by White people:

> "All the surrounding friends were quite mean and bitchy, and my first thought was oh, they're White people haha" (Leo-White male).

Leo's realization that the bullies were Black rather than White was accompanied by laughter. Leo's laughter in the interview reflects an element of discomfort linked to his own Whiteness and the privilege that accompanies this position in the South African context (Suchet, 2014). Leo expressed his discomposure about certain overt social identifiers, specifically his race and privilege, which hold negative connotations for him:

> "And I think maybe if I were not sort of this person that I am, this White guy looking the way I do maybe, I'm imagining now, I could be very wrong, it might be easier to be more open with somebody else that might have had an understanding of poverty or being Black in a very, ah, sometimes a very White space. I don't know, not as much anymore. Simply the White space of therapy" (Leo-White male).

Leo's fantasy of how things may have been different if he were of a different race is relayed with discomfort and uncertainty. This is evident in his choice of wording where he doubts himself. He believes he "could be very wrong" and adopts a position of not knowing "I don't know". This speaks to the unease the topic of racial identity has the potential to stir.

Leo believed his racial identity created certain obstacles in psychotherapy when working with patients of a different race, specifically Black patients. This links to the White space of therapy he mentioned, which is connected to the history of psychotherapy as a predominantly White space

(Tummala-Narra, 2011). The view of therapy as a White space was shared by Tsepho when he reflected on his feelings of inadequacy linked to his racial identity:

> "You get in because you're Black, not because you're actually good enough" (Tsepho-Black male).

Tsepho reflected on the perception that Black trainee psychologists are accepted into a master's in psychology programme so as to dismantle the previous homogenous White profession and enhance diversity (Tummala-Narra, 2011).

When negotiating the way therapy is still viewed as a White space, linked to its homogenous history, Whiteness and White guilt were approached differently by Black participants. Most Black participants did not mention it as they were focused on the process of negotiating their own racial identity however, Tsepho alluded to the way his racial identity was viewed as inferior compared to Whiteness. He expressed his anger when reflecting on his experience of his White female patient projecting her White guilt onto him:

> "Your White guilt is being put on me, I don't deserve that White guilt from you, I don't. I don't need it as well" (Tsepho-Black male).

His anger seemed rooted in her incorrect assumption of him, based on his racial identity. Later on, Tsepho relayed a further experience, when he felt expected to hold another patient's White guilt and supress his own anger. Tsepho attempted to hide his reaction towards his White male patient's potential racism:

> "So like all his own fantasies from him being racist, like how that makes him feel versus what that makes me feel as a Black person in the chair and it was quite insightful and I think he did pick up on that which means I didn't hide it as well as a I thought, um but ya he was very compliant after that" (Tsepho-Black male).

Tsepho's patient seemed to acknowledge his potential racism in relation to Tsepho which resulted in overcompensation from the patient, in an attempt to make up for unintentional racism by playing the role of the good patient. Leo experienced a similar compliance, when attempting to make light of his racial identity in relation to his Black patient:

> "So, um, there was a child client and with her I, race came up in the room and I talked about it, I think it was a mispronunciation of a name and sort of joking saying, White people's pronunciation and we laughed then but later on, it was like, she had an angry response" (Leo-White male).

Initially, Leo's attempt to make fun of himself and his Whiteness seemed to work successfully however, it was later met with an element of compliance and then aggression from his Black patient. This resulted in Leo's uncertainty around whether or not he should have reflected on the intersection of racial identity in psychotherapy between him and his patient.

White guilt was reflected upon with hesitancy, self-doubt and shame. Participants expressed a temptation to either mock, as described by Leo, or deny their racial identity because of the potential complications it may create when acknowledged. Dirk expressed his desire to renounce his racial identity:

> "I checked what I wanted to say in my head a few times like, is this going to be sensitive or not and then I would just say, don't say it at all. And then, I think what would happen was I missed an opportunity to learn more, and also for someone to point out my blind spots" (Dirk-White male).

Dirk's self-consciousness in relation to his racial identity resulted in him becoming voiceless amongst his peers. He felt compelled to check his wording, for fear that his bias may transude into his speech. It seemed safer to keep his thoughts to himself, rather than run the risk of unintentional racism. Simultaneously, Dirk expressed a loss of potential opportunities where his prejudice could have been addressed and worked through. This impasse was shared by other participants, such as Leo (Grand, 2013). He expressed his feelings of helplessness for not knowing how to address his White guilt in relation to the racial identity of his Black patients:

> "Not becoming this like over-eager White person that wants to like fix everything and jump into an experience that you might not fully get" (Leo-White male).

> "I think it's just like so, it's such a difficult thing to navigate because ya, I mean, us, like we the students in the class, we want to belong, we also White, there is a bit of a narrative like you don't belong or the wrong things that happen, which you know, isn't like with everyone but just is some rhetoric that is out there in the world as opposed to Wits, um, but they also really want to belong and differences as a psychologist yet again not trying to overly try to be Black or understand the Black experience, I think that's the difficult part, to try and marry in all of this" (Leo-White male).

Leo desperately wanted to acknowledge racial identity in psychotherapy and amongst his classmates however, doing so was experienced as challenging. He was tentative as he worried he might be fighting a battle that was not his to fight, which may have been perceived as insensitive or further alienating for him as a White male. He expressed his struggle of wanting to understand the Black experience, yet not knowing how to do so in a sensitive manner, without trying to mask his

Whiteness. An attempt to bring together an acknowledgement of Whiteness and sensitivity of Blackness proved difficult.

Racial identity is attached to a history of anguish and suffering in the context of South Africa. Whiteness holds with it, feelings of guilt and shame because of this history. White participants expressed their desire to address racial identity in psychotherapy while simultaneously avoiding the topic. This speaks to the impasse that an acknowledgement of racial identity has the potential to create, rooted in Whiteness being viewed as harmful (Grand, 2013). This played out in White participants' attempts to mock or deny their Whiteness because of the potential barriers it has the potential create in psychotherapy. However, Whiteness filtered into psychotherapy whether denied or acknowledged. Tsepho offered an alternative perspective to Whiteness, where he expressed his anger about the expectation to hold his White patients' White guilt and what it means to be a Black trainee psychologist.

The results explored White participants' perception of Whiteness as damaging, rooted in an historical association of Whiteness with oppression, supremacy and privilege (Sue, 2006). This has bled into White participants' current experiences of their racial identity as shameful where, at times, they fantasized about separating their personal identity from their professional identity in an attempt to conceal their racial identity (Swartz, 2012).

This resonated with existing research on Whiteness in the South African context, which is accompanied by feelings of remorse (Esprey, 2017; Straker, 2013). Further, it connects to the potential to perpetuate power dynamics in psychotherapy as a result of the history of apartheid, accompanied by the discomfort of talking about racial identity (Chang & Berk, 2009; Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003; Morgan, 2003; Utsey, Gernat, & Hammar, 2005).

Guilty feelings were further accompanied by uncertainty as how to overcome the barriers these emotions created, often resulting in an avoidance of racial identity in psychotherapy (Young, 2011). This was despite trainee's acknowledgement of the therapeutic benefits of addressing racial identity in psychotherapy. This tentativeness and discomfort correlated with participants who expressed what they found most difficult to be what they found most stimulating in relation to engaging with the topic in psychotherapy. This points to the challenging process of negotiating racial identity in psychotherapy as budding trainee psychologists, yet doing so has the potential for the therapeutic relationship to flourish (Esprey, 2017). Perhaps it would be useful for these emotions to be processed interpersonally rather than independently, as racial identity permeates psychotherapy whether acknowledged or not (Smith, 2006). This suggestion is in line with a

relational psychoanalytic framework as it views all relationships as co-constructed, where two subjects have an equal influence and effect on one another (Benjamin, 2010).

One of the reasons White trainee psychologists avoided the discussion of racial identity in psychotherapy was linked to a fear that their Whiteness may be viewed negatively. This was felt to result in moments of lost opportunities where their potential prejudiced views could have been understood and processed in psychotherapy (Richeson & Shelton, 2007). Although Whiteness has evolved since the apartheid era, its hegemony remains and cannot be disentangled from the privilege that accompanies this position (Suchet, 2014).

Despite the guilt of Whiteness, White participants expressed their willingness to engage with racial identity in psychotherapy and desired to learn how to utilise racial identity in a healing manner, despite failed attempts and moments of avoidance. It is important that trainee psychologists take ownership of the role their personal and racial identity plays in psychotherapy. Only once Whiteness and the prejudice and supremacy that accompanies it is acknowledged, can racial identity be utilised therapeutically (Swartz, 2012).

Being Black

Black trainee psychologists experienced the process of negotiating their racial identity in psychotherapy differently, compared to White trainees. This is linked to the history of South Africa, where the racist discourse has seeped into the current socio-political climate (Williams & Sibanda, 2013). White participants expressed their White guilt when negotiating racial identity in psychotherapy, whereas Black participants experienced a different kind of guilt, specifically in relation to their Black patients. This was linked to an assumed similarity based on racial identity and certain cultural knowledge that was expected to accompany this similitude. Contrastingly, Black participants experienced assumed differences in relation to their White patients, or an expectation to hold their White patients' White guilt. Therefore, being Black and negotiating one's personal and professional identity is a unique experience which cannot be grouped with White trainees' experiences.

In (post-)apartheid South Africa, some Black participants experienced pressure to prove themselves as trainee psychologists more, because of their Blackness. Tsepho expressed his anger about being perceived as having been chosen to become a trainee psychologist because of his racial identity:

> "Even if I was a 98% average student, there would still be people who'd think I got in because I was Black" (Tsepho-Black male).

Tsepho expressed how he felt he had to work much harder to prove himself, compared to his White peers. Although he expressed how he felt different compared to White trainee psychologists, he also expressed his felt difference in relation to his Black patients:

> "It's funny because even with Black clients, I'm not the type of Black, well the Black clients I've had, I'm not the kind of Black person that can necessarily relate to their struggles and their identity and the way they construct being Black, which is also met with some, it feels like some persecution in the room, um, but, a bit more severe than it would be from a White person that maybe didn't expect a Black person to be their therapist… Not necessarily expecting the type of Black person I am" (Tsepho-Black male).

Black trainee psychologists expressed a different kind of guilt in relation to their Black patients, when assumptions were made incorrectly based on their racial identity, as expressed by Tsepho. He reflected on how he felt he had disappointed his Black patients by identifying as a Black person who feels White at times, because of his upbringing. Further, he is part of the 'Born Free' generation, therefore he could not fully connect to and identify with his older Black patients' struggles they endured because of their racial identity. Tsepho assumed his lack of understanding was perceived by his patients as persecutory because of his lack of cultural and historical exposure. This was shared by Nthabiseng, where he too was unable to relate to his Black female patient's experiences fully:

> "I felt awkward because it felt like things she expected me to know anyway and so, I didn't know whether I should ask or whether I should just carry the façade I guess of seeming like I know what this is about" (Nthabiseng-Black male).

Nthabiseng deliberated as to whether he should expose his lack of knowledge in relation to topics he felt expected to know, because he is Black. This caused discomfort and an internal conflict for Nthabiseng:

> "I was uncomfortable with it, and the reason I was uncomfortable with it wasn't so much that I don't hold similar beliefs because I do, but it was, I guess my uncomfortableness came because, whilst there are certain things we have in common that are similar between us… when we start to look at the broader picture of our similarity and our difference, I was uncomfortable because I felt like I was playing a certain role. Um, there were certain upbringing type of cultural customs she was talking about that I didn't experience. Um, certain hardships she was talking about when she would talk about other races that I didn't experience, and I guess I

> feel uncomfortable not being as authentic as I would have liked to be in that situation" (Nthabiseng-Black male).

Although Nthabiseng and his patient shared the same racial identity and certain cultural customs, there were differences that arose in psychotherapy that seemed to create barriers. These obstacles were experienced internally, as he did not want to disappoint his patient by revealing the way in which he performs his Blackness, in both similar and different ways, yet felt pressured to perform it in a specific way, resulting in his unease (Calmore, 2005). This connected to an assumed similarity based on racial identity as shared by Kgothatso:

> "You don't think there's much difference if you look like someone else" (Kgothatso-Black female).

This initial assumption was made by Kgothatso early in her training, where there was an assumed similarity based on covert social identifiers, such as racial identity and gender (Jenkins, 2014). This speaks to the ways in which similarity is often assumed incorrectly, based on external appearances. However, differences exist despite similarity, as discovered by Kgothatso as she progressed in her training. She communicated her experience of negotiating similarities between her and her Black female patient:

> "So, when she said that I was just like, I don't understand that, but it really made me realise that we all come from different backgrounds so, we can't look at someone based on their race and think we share something. You share something to a certain extent, but, to a larger extent it might be something completely different" (Kgothatso-Black female).

Kgothatso reflected on her experience with her Black female patient, with whom she shared similarities, such as racial identity and gender. As their therapy progressed, differences emerged interpersonally despite these similarities, highlighting the ways in which sameness is often concluded in an attempt to maintain an idealised relationship (Chang & Berk, 2009). Tsepho reiterated his discomfort when assumed similarities were made, based on a shared racial identity between him and his Black patient:

> "We've got a Black psychologist, we didn't want a White psychologist because we didn't want to explain all of this to them but now, we have to explain it to you" (Tsepho-Black male).

Tsepho imagined what may have been going through his Black patients' minds in relation to his lack of cultural knowledge. He envisioned their frustration around having to explain themselves to him as they assumed he would understand their experiences because he is Black and not White.

Tsepho's lack of understanding was accompanied by shame, where at times, he felt more connected to his White patients:

> "I've been fully assimilated into the Western culture… I've got mannerisms and accent, they say, that sounds more White than the average Black person… which makes it quite hard to identity with some of the struggles my Black clients go through… makes for an identification which I feel guilty for having with White clients" (Tsepho-Black male).

Tsepho expressed his guilt for connecting with and understanding his White patients more than his Black patients because of the way he has been immersed in Western, rather than traditional African, culture. He further negotiated his racial identity in the interview process and how he seemed to experience increased comfort in relation to difference at times, particularly towards my Whiteness:

> "If you were Black, I'd be more scared to say this because I've been judged by other Black people my entire life for the type of Black person I am so, I think it actually helped the interview in allowing me to be more honest because you are different" (Tsepho-Black male).

Tsepho expressed his increased openness during the interview process because of our racial differences. He did not experience me as expecting him to hold certain views or beliefs yet there may have been points during the interview process where I did not fully understand his experiences because of our racial differences. In psychotherapy, Tsepho seemed to encounter assumptions made by his White patients that he would not understand, contrasted against his Black patients who expected him to understand:

> "It's weird, with my White clients, it's definitely, there's definitely a power dynamic in the room. It's, sometimes you can feel like um, they try not to use maybe bigger words or speak as best as they can to try and get me to understand, they have to like slow down, um they feel like they have to slow it down in a sense but they actually don't, I'm quite capable at speaking English, I speak English. Um, ya, it just feels like compensatory behaviour for me" (Tsepho-Black male).

This painful recollection of assumed difference based on racial identity illuminates the damage that has been left behind in (post-)apartheid South Africa (West, 2009; Young, 2011). Tsepho may have worried that this power dynamic would enter the interview space because of my Whiteness and his Blackness. Tsepho's recollection elucidated the way similarity and difference are incorrectly assumed based on shared social identifiers. Kgothatso shared her experience of assumed similarity made by her Black patients where, at times, this similarity became a bit too personal:

> "I think in the third session it was, she spoke to me like she knew me for a long time, so I think it was easy for her. But then I also feel like it was dangerous… if I hadn't realised that it was getting too familiar, I think we would have gotten lost in that familiarity instead of doing the work that she actually came for" (Kgothatso-Black female).

Kgothato's personal and professional identity seemed to blur with this specific patient, where Kgothatso felt she needed to switch back to speaking English when her patient began introducing Zulu into the relationship. Interpersonally, it began to feel more personal than professional. This connected to trainee psychologists' process of negotiating their personal and professional identity and what it means to become raced psychologists in South Africa (Kottler & Swartz, 2004).

Black trainee psychologists experienced their negotiation of racial identity in psychotherapy differently compared to their White peers. Black participants expressed their guilt in relation to Black patients' incorrect assumptions that Black trainees held specific cultural beliefs, based on shared racial identity. Contrastingly, Black participants experienced incorrect assumptions made by their White patients that they would misunderstand them because of their racial differences. At times, participants' comfort increased in relation to difference whereas other times, this comfort increased in relation to similarity. This speaks to the complications that accompany assumed difference and similarity based on racial identity and the internal conflict this created for trainee psychologists as they negotiated their personal and professional identity in psychotherapy.

While White participants expressed their guilt with regard to their positionality and concern about appearing prejudiced in psychotherapy and in the interview context itself, Black participants expressed their guilt in relation to moments of disconnect with their Black patients (Richeson & Shelton, 2007). They feared being exposed for their lack of cultural knowledge, which resulted in their discomfort because of the expectation they felt to play a specific role in psychotherapy, based on a shared racial identity. This led to an internal debate: Black trainees wondered whether they should ask their Black patients to explain their experiences, or whether they should conform to the role they felt pressured to play, in an attempt to preserve a perceived idealised relationship, based on similarity (Chang & Berk, 2009).

"Shame arises from a disturbance of recognition" (Broucek, 1982, p. 370). Black trainees were struck by their lack of resonance with their Black patients at times, because of unexpected differences despite racial similarity. Recognition became murky during moments of misattunement as difference appeared to overshadow similarity between Black trainees and their Black patients, resulting in an impasse (Butler, 2004; Grand, 2013; Guralnik and Simeon, 2010).

It is presumed that we share similarities with those who look like us rather than with those who are dissimilar (Chang & Berk, 2009; Straker, 2006). Black participants were keenly aware of White patients' expectations that their Black therapists would misunderstand their experiences because of their racial differences, resulting in unhelpful barriers in psychotherapy (Knight, 2013; Swartz. 2012).

It is helpful to acknowledge that differences arise, even amongst similarity, and that it is the formidable task of the trainee psychologist to strike a balance between confronting difference while simultaneously acknowledging similarity in psychotherapy (Straker, 2006; Suchet, 2004). Furthermore, it is essential to remain mindful of the potential to become swayed by similarity, to the extent that one does not notice difference.

Becoming a Raced Psychologist

Becoming a raced psychologist presupposes the process of negotiating one's personal and professional identity (Knoetze, & McCulloch, 2017). In the South African context, this deliberation cannot be separated from racial identity and its intersections with further aspects of social identity, such as culture. Cultural rules seemed to conflict with professional rules in psychology. One place where this was apparent was in the application of language. Kgothatso expressed the impediments of certain psychological interventions when she undertook to employ an African language in psychotherapy:

> "How do you say the unconscious in Zulu…how do you say perhaps it might be because…how do you say I'm wondering?" (Kgothatso-Black female).

Kgothatso deliberated her experience of working with a Black female patient who began introducing Zulu into psychotherapy. This conflicted with her English training and fostered discomfort for Kgothatso as utilising an alternative language in psychotherapy proved to be restricting. Kgothatso began to feel as though her patient was a close friend or family member because of their shared language, resulting in a gradual switch back to English. Certain words and phrases could not be translated directly, which created a sense of conflict for Kgothatso: on one hand, Zulu seemed to heighten the comfort for her and her patient because of their similarity but on the other, it decreased Kgothatso's comfort as this similarity become too personal.

Other trainee psychologists felt expected to use the English language in specific ways, often conflicting with their regular use of language. Nthabiseng shared a sense of discomfort in relation to the role language plays in psychotherapy:

> "Um, and, it's been a very rough ride for me because I have been very frustrated I guess with certain literature around psychotherapy and particularly I guess the usefulness of, of the present theory we have and how useful it can be to more African, to a more African population, particularly because of the lack of emotional language that most African cultures have you know. It, it's this issue I've been speaking about before where a multitude of different emotions have one specific word and that's frustrating because then it can get to a point where my client says one specific word for several different emotions, and textbook wise, you look at that as, this person as guarded, as defended, as being resistant in some way, but it does have a very large, it is, a large part of it is because of a lack of emotional language and a lack of knowledge about this space because so many people have no idea about therapy, they have no idea what to expect from therapy" (Nthabiseng-Black male).

Nthabiseng articulated his frustration in relation to the potential for patients' presentations to become misconstrued if viewed in isolation, rather than considering culture in psychotherapy. Nthabiseng relayed his experience of working with a patient whose first language was Zulu. He emphasised the importance of recognising various languages contextually in psychotherapy.

Nthabiseng illuminated the power of context and his conflict between cultural and psychological rules when working with a patient who had suffered a stroke. He spoke to the risks involved when context is disregarded in psychological testing:

> "You can instantly change someone's life giving them this diagnosis without really looking at the context of why they presenting in the way that they are so, that's been, I've tried my best to sort of think about my clients' context when I offer any sort of diagnosis but I think that is limited by the fact that we're trainees and obviously we have to take what our supervisors say as the golden rule. Haha" (Nthabiseng-Black male).

Nthabiseng reflected on his experience of administering a personality test on a patient, which diagnosed her with Dependent Personality Disorder. This diagnosis could not be viewed in isolation, given the implications of her stroke, which increased her dependency on others. It felt important to consider his patient's context as without doing so, he may have run the risk of pathologizing her unfairly. He also expressed the constraints of this, linked to his position as a trainee psychologist and the rules he is expected to follow, which may clash with his personal beliefs. This connects to the process of merging one's personal and professional identity, which may come into conflict, as highlighted by obstacles experienced with interventions (Knoetze, & McCulloch, 2017).

When considering interventions, all participants acknowledged the important role racial identity plays in psychotherapy and expressed their desire to discuss it with their patients. However,

this proved difficult, as some participants did not know how to bring it up, whereas others unsuccessfully attempted to address it. Dirk recognised the importance of racial identity in psychotherapy, combined with his fear about addressing it:

> "I think I'm just referring to that one case, I think, I don't know if it is related to the question but yes, I would be much more comfortable now bringing up, if I feel the racial difference between us is an issue and I would be more comfortable now, only because seeing from case conferences and from the literature, how much it can help in the therapeutic relationship… and I haven't had the opportunity yet but if it presented itself, I would definitely grab the opportunity, I think I would be scared but I would grab the opportunity, okay, let's talk. Let's talk about what's going on here" (Dirk-White male).

Dirk acknowledged the importance of addressing racial identity in psychotherapy and his intention to discuss it however, he reflected on lost moments. This revealed the anxiety associated with addressing racial identity in psychotherapy and the perception that it needed to be approached with sensitivity and caution, at the right time (Eagle, Haynes and Long, 2007; Cartwright & Gardner, 2016).

Dirk demonstrated his eagerness to address racial identity in psychotherapy going forward, coupled with his regret about not having addressed it previously. This dismay accentuated that awareness of the therapeutic effects of addressing racial identity in psychotherapy does not result in action taken to address it (Chang & Berk, 2009). This incongruence speaks to the fear of the unknown that accompanies negotiating racial identity in psychotherapy (Eagle, Haynes & Long, 2007). Despite Leo's fear, he attempted to address racial identity with his Black female patient however, it did not go the way he expected:

> "I didn't say anything at first, I sort of just berated myself a lot, but then afterwards I did say something in the next session and she was sort of like, oh shame you know haha, thanks for trying but it's not really a thing so" (Leo-White male).

Leo shared his initial regret about a missed opportunity where racial identity could have been addressed. He attempted to remedy this by addressing it in psychotherapy however, his attempt resulted in a dismissal from his patient. Leo's disappointment linked to his expectation that addressing racial identity in psychotherapy would be curative, based on certain literature:

> "All these articles about race coming up in the therapeutic room and the healing role it was playing um, but it wasn't really like that" (Leo-White male).

Leo expressed dismay in relation to his Black female patient's response when he attempted to address racial identity. He anticipated that an acknowledgement of racial identity in psychotherapy would result in some form of healing and relief, however, this was not the case, resulting in Leo's feelings of helplessness about how to address it in a therapeutic manner:

> "I wasn't able to like, often discern like, when I do bring up race in the room, like do I say there's a power dynamic and I'm a White male therapist or do I simply mention something, like do I mention something about race like I suppose it's quite difficult for you in the room, ya" (Leo-White male).

Leo seemed to wrestle with his own racial identity in relation to that of his patients. He recognised the importance of addressing racial identity in psychotherapy yet felt immobilised as how to go about addressing it. He oscillated between stating his racial identity overtly in relation to his patient and alluding to his patient's experience of racial identity in the room. Similar to Dirk, Leo grappled with timing around addressing racial identity in psychotherapy and how to go about it therapeutically.

Sebastian further acknowledged the importance of addressing racial identity in psychotherapy and the ways in which other aspects of social identity enter the therapeutic space. He too expressed a shared sense of uncertainty about racial identity and how it can be addressed in psychotherapy while remaining restorative:

> "It's okay to bring it into the room as long as you do not derail from what does it mean to be a therapist but race, class, gender, has a place within therapy" (Sebastian-White male).

Sebastian did not elaborate on what it means to be a therapist but alluded to the potential dangers of social identity as a distraction when acknowledged in psychotherapy. There seemed to be a fear that aspects of social identity have the potential to overpower the intentions of therapy and pose difficulties getting back on track.

This related to Tsepho's negotiation of becoming a raced psychologist and the way in which racial identity in psychotherapy has the potential to derail him from his therapeutic intentions. He tussled with his professional role as a trainee psychologist, which conflicted with his personal identity as a Black male, in relation to his White patients' racism:

> "That's the thing, with the way I was brought up, in the White world I was brought up in, I'm very used to that interaction. Um, so I'm kind of desensitized. Not that it doesn't affect me, um, but, I feel like I'm very calm,

> cool and collected within that situation and I'm able to think in those situations because of various things that have happened to me growing up, which have reminded me that I am Black, and I am working within the White world and I have to pick my battles. This is therapy, it's not a battle, I'm trying to understand the client so, it's trying not to take offence but ya, it's that unconditional, that poker face, that unconditional positive regard which is like a skin that has just got thicker through the years of me growing up and how I was growing up and where I was growing up and with whom I was growing up with as well. So, I'd say, it, ya I would say I acted professionally and calm in the situation, ya I wasn't too frazzled" (Tsepho-Black male).

Tsepho reflected on his difficulties when negotiating his personal and professional identity. He expressed his pain in relation to his professionalism when racist comments were made by some of his White patients. This was despite his thickened skin which is a result of his experiences of racism prior to becoming a therapist. His relationship with Whiteness and Blackness is complex as he spoke about how, as a Black man, he holds within himself elements of both Blackness and Whiteness:

> "I think, thinking about it now, it's actually been quite tricky in a sense because locating myself racially in my own race has been quite challenging as well so it's quite hard to know whether you'd mix, or if you'd click better with a White person or you'll click better with a Black person. You just don't know because you get different kinds of Black people and different kinds of White people so there's no general kind of format. Um, but with my White clients, it's definitely been present in the room but because of the way I've been socialized and the type of Black person that I am, I guess they were more comfortable with the type of Black person I was so it didn't really affect the therapy but it's still ever-present in the room" (Tsepho-Black male).

Tsepho demonstrated his difficulty navigating his racial identity as a trainee psychologist in relation to his patients. He experienced acceptance by his White patients because he has been assimilated into the Western culture. He expressed difficulty talking about his Black patients, which parallels his uncertainty about how to situate himself racially. It seemed at times, Tsepho felt too White in relation to his Black patients because of his lack of cultural knowledge, yet too Black for his White patients because his racial identity permeated the therapy room, which is inextricably linked to the racially charged history of South Africa. Negotiating racial identity with White patients was accompanied by a level of ease because of Tsepho's history of socialization amongst Whiteness, however, with his Black patients, he grappled with the pain that accompanied this socialized position as it tended to create distance between him and his Black patients. He illuminated his discomfort about his racial identity when, rather than saying demeanor, when describing certain physical characteristics, he experienced a slip of the tongue and instead said misdemeanour. Although this could have been a linguistic error, it seemed significant in relation to Tsepho's difficulties negotiating the process of becoming a raced psychologist in South Africa. This is linked to his feelings of not fully belonging to either a Black or White racial group, as he seemed

to have one foot in each. This led to his feelings of instability and uncertainty about how to classify himself racially. This speaks to the transformative process of becoming a trainee psychologist, where the personal infiltrates the professional, until the these two identities merge into one (Knoetze, & McCulloch, 2017).

Becoming a raced psychologist entails the process of negotiating the professional rules of psychology alongside cultural rules and acknowledging that these rules may come into conflict. This connects to an acknowledgement, by all participants, of the importance of context and social identity in psychotherapy and the healing effects addressing racial identity can have. This was accompanied by a shared feeling of trepidation, as it was either avoided or approached unsuccessfully (Chang & Berk, 2009). This speaks to the sensitivity of negotiating racial identity in psychotherapy during the process of becoming a raced psychologist within South Africa.

Trainee psychologists expressed their desire to talk to their patients about racial identity and acknowledged the important therapeutic role it played. However, when some trainees acknowledged it in therapy, they experienced their acknowledgement as unsuccessful. This resulted in disappointment, as trainees shared their expectations that addressing racial identity in psychotherapy would result in some form of healing. This discontent conflicted with existing literature, which highlights the therapeutic benefits of addressing racial identity in psychotherapy (Benjamin, 2010; Constantine, 2002; Chang & Berk, 2009; Chang & Yoon, 2011; Eagle, Haynes & Long, 2007; Esprey, 2017; Fuertes & Brobst, 2002; Suchet 2014). This may link to participants' inexperience as first year trainees in the process of negotiating their personal and professional identities. This unique position created a simultaneous openness and discomfort in relation to racial identity.

A relational psychoanalytic framework was helpful when acknowledging the impact trainees' racial identities had on the therapeutic process, whether it was acknowledged or not (Smith, 2006). This is especially so in the South African context as racial identity has defined interpersonal engagements and therefore enters the therapeutic space inevitably (Williams & Sibanda, 2013). However, the topic was acknowledged with caution by participants, because of the historical weight that accompanies addressing it.

Trainees' failed attempts to address racial identity in psychotherapy may connect to their unique process of merging their personal and professional identities. Trainee psychologists experienced addressing racial identity as challenging and at times, expressed their difficulties upholding a professional stance when it conflicted with personal beliefs, such as experiences of

racism in psychotherapy. This may have resulted in trainees' first experiences of working with racial identity in psychotherapy as fraught with challenges rather than healing (Kadish, 2016).

An example where the personal and professional came into conflict was when Black trainee psychologists expressed a tension between psychological and cultural rules, such as the use of language in psychotherapy. When Black trainees attempted to utilize an African language in psychotherapy, specifically Zulu, they described moments where it limited their forms of expression and interventions, as certain words and phrases could not be directly translated from English to Zulu.

Participants expressed their frustration in relation to the limitations of psychology as, at times, it restricted them from working in their patient's first language. This contradicts Valencia-Garcia & Montoya's (2018) claims concerning the therapeutic benefits of conducting therapy in a patient's home language. The limitations of psychology are connected to its history, which lacked diversity and rather existed in homogenous groups, consisting largely of White, middle class dyads (Tummala-Narra, 2011). Although psychology has increased in diversity and attempts to focus on multicultural sensitivity, its homogenous past infiltrates the present, resulting in barriers and moments of disconnect (Altman, 2010; Straker, 2006; Suchet, 2004; Swartz, 2012).

Being confronted by the limitations of psychotherapy within a multicultural context resulted in an experience where trainee psychologists' personal and professional identities diverged. This resonated with existing literature that revealed therapy in one's first language was the most effective. However, it is interesting that utilising an alternative language to English in psychotherapy, such as Zulu, was experienced as a barrier (Bailey, 2007). This speaks to the limitations of psychotherapy in a diverse context such as South Africa and has implications for trainee psychologists working in this context, who do not speak an African language.

A lack of bilingualism may limit patients' therapeutic benefits, however utilising an alternative language to English in psychotherapy also proved difficult, as expressed by Black participants. This links to the limitations of psychotherapy within a multicultural context, connected to its history of homogeneity. A relational psychoanalytic framework may be helpful for trainee psychologists in formulating and understanding the limitations of psychotherapy, as this theory offers a focus on the intersections of identity and context (Tummala-Narra, 2015).

The Research Interviews as an Intersubjective Encounter

Reflecting on the process of interviewing trainee psychologists about their experiences of working with racial identity in psychotherapy as a White researcher and fellow trainee psychologist was both insightful and challenging. Although my participants and I shared an identity as trainee psychologists, we have experienced our training in both similar and different ways.

As a trainee, I too acknowledged the therapeutic effects of addressing racial identity in psychotherapy, yet approached the topic with caution or avoidance with my patients and participants. I noticed I engaged with certain participants differently, based on racial identity. An example was when I became hyperaware of my Whiteness in relation to my Black participants. My uncertainty as a White female researcher and fellow trainee psychologist came across in my engagement with Tsepho:

> "Um, I see we're at an hour, so I don't know if you need to be somewhere or if it's okay if we go a bit overtime? But um, otherwise I can just ask one more question, um" (Ally-researcher).

> "And then, I mean I'm just curious about this, but how did it feel when I asked you if it was okay if I went over time a little bit? Um, ya, I'm just curious?" (Ally-researcher).

Reflecting on my first interview with a Black male, I seemed to be overly apologetic and concerned about going over time and feared re-enacting an oppressive past by engaging in a power dynamic (Chang & Berk, 2009; Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003; Morgan, 2003; Utsey, Gernat, & Hammar, 2005). This revealed my increased sensitivity in relation to my Black participants when negotiating racial identity in psychotherapy.

During a further point in the interview process, I engaged with participants delicately when asking for examples of racial identity in psychotherapy. I seemed to express anxiety about potentially offending my participants. This is linked to the evocative nature of discussing racial identity within the South African context (Boswell, 2014). My fear of overstepping my participants' boundaries was expressed towards both Black and White participants:

> "If you feel comfortable sharing that" (Ally-researcher).

> "If that's okay" (Ally-researcher).

In relation to my Black and White participants, I seemed to hesitate when asking for examples of racial identity in psychotherapy. This connects to my discomfort in relation to my own

racial identity within the broader context of South Africa (Esprey, 2017). My cognisance of the sensitivity about the topic may have assisted participants' comfort while simultaneously preventing deeper engagement with the topic.

My tentativeness about the evocative topic of racial identity was highlighted when, prior to the interview process, I expressed concern that participants who had agreed to take part in my study would withdraw or change their minds because of the vulnerability it demanded. I acted out on my anxiety by contacting some of my participants to confirm that they were still interested in participating in the study.

My anxiety towards the topic cannot be separated from my racial identity as a White woman within the context of South Africa and the guilt and shame that accompanies this position (Straker, 2013). My anxiety came across during other points in relation to the shared title of trainee psychologist amongst my participants. I desired to come across as competent and feared they may judge me if I did not perform adequately. Dirk connected to these feelings of inadequacy when reflecting on the interview process:

> "I think, as I was talking it was, cause I had to reflect obviously, um, and it was, it was, interesting to hear myself talk about race and how I've just never addressed it in any therapy session, um, and then for a moment there, which has happened quite a lot this year, I felt quite inadequate again you know, it's that, I see that's actually very important and why haven't you done that or why is it not evident in your therapy? Um, ya but I think, nothing was hard, it was just, or surprising, but I also feel right now, was there anything that I said that revealed my White privilege that I'm not aware of and I wonder how it's perceived by you?" (Dirk-White male).

It seemed Dirk was worried I would deprecate him for missed opportunities where he could have addressed racial identity in psychotherapy. Further, he was afraid I might judge him for unintentional prejudice, despite our shared racial identity. This fear may have prevented him from sharing his experiences of racial identity openly during the interview process.

Dirk's concerns were linked to my fear that my participants may have felt unheard by me or that I may have missed certain points they attempted to convey. There was a moment where Sebastian reflected on the interview process and expressed how he felt misunderstood by me at times, despite our shared racial identity:

> "Mm. Um, it's interesting because I'm like, there's, I have, I'm almost in two minds because on the one hand I'm like can you relate? Do you understand what I'm saying? And on the other hand, I'm like, I know how um, psychology is traditionally um, so I don't necessarily know how your views of psychology is how, so there's, can you relate, can't you relate, I'm in that kind of, and as I said, when you think of binaries there's a, you're missing something so, I know it's more complex than that, but I do feel like there were certain points you picked up on where you were like yeah, I get you and other points where I felt, at times, where you were like wait, but, what you're saying now. I maybe, maybe, may not necessarily be relevant or, there was a point where I said um, I'm not being hard on myself but, and like my instinct was, or my countertransference was that you thought, but aren't you just being hard on yourself you know. So there, that one thing, um, so ya. That, that, but I also feel like, and this is just my own stuff, like a lot of my own stuff and my own narcissism coming through a lot, but like the need to conscientize and the need to be like oh well this is what I know, maybe I can share this with you. Um, maybe I can open your mind if you haven't thought about certain things, open your mind to different things and maybe that would affect your practice. Ya. Ya. Haha" (Sebastian-White male).

Sebastian reflected on his worry as to whether I understood him at times during the interview process. This uncertainty was also linked to his concern that I might view psychology through a conventional lens that may have the potential to disregard context and social identity. He seemed concerned that I may dismiss his experiences or misconstrue them.

Sebastian seemed to oscillate between feeling connected and disconnected from me during the interview process. Initially, he seemed unsure as to how I viewed and practiced psychotherapy however, towards the end of the interview, he assumed I viewed it through a traditional lens, resulting in him wanting to open my mind to the way he values psychotherapy and the social-political equally. This perception may have impacted his engagement with me during the interview process, as he presented as wanting to teach me rather than exploring his negotiation of racial identity in psychotherapy at times.

Despite my shared racial identity with Sebastian, differences presented during the interview process. This contrasted Dirk's experience of talking with me, as our shared racial identity and status as trainee psychologists seemed to increase his comfort during the interview:

> "Um… well, I really just enjoyed talking to another trainee psychologist, um… I think, I think sharing some of my insecurities or sharing some of my concerns as a White male was easier because you are White. Um… yes, it was easier, um… ya. The gender, I didn't really think that, it didn't really affect anything ya" (Dirk-White male).

It may have been easier for Dirk to engage with a White patient in psychotherapy as similarity seemed to contribute to his sense of ease. He experienced comfort in sharing his difficulties and regrets when negotiating racial identity in psychotherapy because we are both White. Similarly to Dirk, Kgothatso experienced comfort based on our shared identity as trainee psychologists, despite our racial differences:

> "Um, I think because it's you, it wasn't like, I didn't feel like okay, I'm talking to a White person because like number one, I know you and number two, you're in my class and you're learning the kind of stuff that I'm learning so, I'm more comfortable because I know you'd understand even, understand in the sense that you know what I mean, you know that I'm learning, even if you don't understand my experience per say. So, it has been, I think just being in this programme has made me um, has influenced how I see you now in this so, like I know that you might not understand my experience but you can still listen, you can hear me, you can take something from it. So, it wasn't really that awkward or anything, it really wasn't but also understand that I have been around, as a Black person, me specifically, I have been around other White people and it's not a new thing so, maybe if I wasn't so exposed to being around different races in general, I'd feel a certain way or a different way, but right now I think that familiarity helps" (Kgothatso-Black female).

Kgothatso associated our similarity as trainee psychologists with my increased understanding of her experience as a Black female trainee psychologist. Our familiarity as peers and her familiarity with other White individuals further increased her sense of comfort. This was accompanied by an acknowledgement that I might not understand her experiences fully because of our racial differences.

At times, similarity between myself and my participants encouraged an openness towards discussing racial identity however, there were moments where my prejudice seeped in. Reflecting on this was accompanied by feelings of shame about my racial identity and certain presumptions I hold because of my racial identity. A moment when my prejudice entered the interview process was when Tsepho reflected on his White female patient's experience of being hurt by Black people and the difficulties he experienced discussing this with her because he is Black. I incorrectly assumed the Black people Tsepho's patient was referring to were Black men, speaking to my internal racism and the ways in which racial identity intersects with gender. His patient was referring to a Black woman, rather than Black men and this was a moment where my internal racism towards Black men bled into the interview space in an unhelpful way, accompanied by feelings of remorse. This was especially shameful because Tsepho is a Black male and colleague, therefore my incorrect assumptions held the potential to cause unnecessary pain and discomfort for Tsepho.

Leo experienced a similar discomfort when he expressed how unsettled he felt in relation to his incorrect assumption based on racial identity. His Black female patient shared her experience of being bullied by colleagues who were calling her "the help", and Leo automatically assumed they were White:

> "But that was sort of my thought in the room. But the time I said it you know the comment about the help, that was like my first thought. They were saying stuff like, they wouldn't let her operate the cash register, there was all these sort of things, it sounded sort of like a classic scenario um, but then, ah, when I took it to supervision they seemed to agree that it was okay to ask but something about it, it didn't sit sort of well. Maybe it was okay to ask, maybe it was sort of her response saying, you know, Black people are like this and then I can't be like oh no ya, they really are cause, I mean that would just not be okay" (Leo-White male).

Leo oscillated between whether or not he should have asked his patient if the people calling her "the help" were White. This assumption seemed to be based on certain experiences Leo has encountered with White people being racist. Linked to Leo's Whiteness, he felt unable to respond to or agree with his patient's response that the people calling her "the help" were Black. I seemed to pick up on Leo's feelings of helplessness by avoiding this uncomfortable topic:

> "Mmm. I just want to make sure it's still recording. I always have this fear that something is going to go wrong but we're good. Um. Ya, so then the next question, um, how do you imagine your racial identity affected rapport with your patient?" (Ally-researcher).

Interpersonally, Leo and I shared uncertainty about how to negotiate racial identity in psychotherapy in a sensitive manner, especially in relation to Black patients. My fear that something might go wrong with the recording seemed to be a safer option to address, rather than fearing something might go wrong in psychotherapy when the topic of racial identity arose. Nthabiseng shared in this fear, when expressing the temptation psychologists have to avoid the exploration of their own social identity, because of the self-scrutiny it involves, yet expecting patients to do so:

> "You sort of teasing out your own identity because you're sort of trying to figure out your base identity and also trying to figure out your therapist self within that identity. That's very difficult, but I think what's comforting is that you're not going through that process alone and so, you're able to see other people who are going through very similar processes of introspection, not liking what we see when we look inside but actively trying to better understand ourselves and to use our theory and our experiences in psychotherapy to always try and improve I guess because, something that I have struggled in understanding is our reluctance to, well I understood it but I didn't agree with it but a reluctance to talk about your own issues I guess and a reluctance

> or aversion to introspecting your racial identity, your sexual identity and all these identities but expecting your clients to be able to do that" (Nthabiseng-Black male).

Nthabiseng highlighted the importance of psychologists' negotiation of their own racial identity and the way it intersects with other aspects of social identity, before they can expect their patients to do so. The company of fellow trainees has assisted in this process of exploration for Nthabiseng, as it has made him feel less lonely, however the temptation to avoid and resist this self-exploration speaks to the difficulties involved when negotiating racial identity within the context of South Africa. This is specifically so for trainee psychologists, as they are in the beginning stages of negotiating their personal and professional identities and working towards merging the two (Ebersöhn, Human-Vogel, & Mampane, 2017).

Racial identity cannot be dismissed in psychotherapy as it enters this space whether patients hold similar or different racial identities. It is important to strike a balance between confronting difference while simultaneously acknowledging similarity in the room (Straker, 2006; Suchet, 2004).

It seemed my shared identity as trainee psychologist with my participants enabled an openness and comfort towards discussing the topic of racial identity in psychotherapy, despite racial differences. At times during the interview process, certain aspects may have limited full engagement with the topic of racial identity. I seemed to engage with participants differently based on their racial identity. This is linked to my own racial identity as White and the guilt that accompanied this in relation to my Black participants. At times, I seemed to overcompensate by being overly accommodating or apologetic, whereas other times my prejudice penetrated this façade by filtering into the interview in unhelpful and shameful ways. Some White participants worried that I may have perceived them as racist, whereas Black participants seemed concerned that I may misunderstand them at times because of our racial difference. This may have limited participants' full engagement during the interview process.

Reflecting on the research process illuminated the limitations that can result from assuming similarity or difference based on racial identity. However, with both my Black and White participants, but particularly my Black participants because of our racial difference, our shared identity as trainee psychologists seemed to increase an openness and comfort during the interview for all participants because of the assumption that I could relate to and understand their experiences as a fellow trainee.

Becoming a raced psychologist in South Africa demands that psychologists bring their personal identities to the profession, while concurrently evolving their professional identities. Trainee psychologists' personal identities undergo a process of deconstruction, until the personal and professional are reconstructed into a single unit. Being confronted with one's personal identity and the way it infiltrates one's professional identity further required trainee psychologists to confront what it means to be racially classified in the context of South Africa. This was experienced as simultaneously rattling and didactic, during the merging of the personal and professional.

Trainee psychologists' negotiation of their racial identity implicated psychotherapy. Both Black and White trainee psychologists expressed their discomfort in relation to their racial identity, accompanied by a desire to mask it in psychotherapy because of the barriers racial similarities and differences had the potential to create. Simultaneously, trainee psychologists desired to gain insight into how to negotiate racial identity, both their own and that of their patients, in a healing way. Their discomfort compromised the therapeutic relationship, as moments where racial identity could have been acknowledged and processed therapeutically were missed. This is rooted in trainee psychologists' uncertainty and curiosity as how to address racial identity constructively in psychotherapy.

White trainee psychologists were concerned about coming across as racist during the interview process, despite our shared racial identity. They also experienced moments of disconnect in relation to their Black patients, because of racial differences and the White guilt they carried linked to the way racism of the past has bled into the present (West, 2009). This has implications for psychotherapy within South Africa since current trainee psychologists and their patients are more diverse, compared to their more experienced counterparts (Ahmed & Pillay, 2004). Therefore, contemporary trainee psychologists' exposure to racial diversity during their training intends to prepare them to address racial identity in psychotherapy.

My identification with my participants as a fellow trainee psychologist resulted in my own process of reconstruction. Negotiating this process during the interviews enabled me to feel less alone in the journey of becoming a psychotherapist, and it seemed to assist my participants with their own feelings of loneliness. This speaks to the negotiation of racial identity as an interactive, rather than individual process (Esprey, 2013).

My racial identity was inextricably linked to my role as researcher and fellow trainee psychologist, evident in my hyperawareness of my Whiteness, especially in relation to Black participants. This created a disconnect at times, where I became overly apologetic and self-conscious about my Whiteness. My shame may have implicated the results, as I felt the need to tread lightly when addressing the topic, which may have prevented deeper engagement. This mirrored the broader literature, accentuating the levels of anxiety in relation to the topic of racial identity, especially when the dynamic consisted of Whiteness and Blackness. This racial dynamic links to assumed difference and similarity based on racial identity, which runs the risk of incorrectly grouping individuals, based on certain social identifiers (Jenkins, 2014; McNamara, 2012).

My Whiteness in relation to Blackness had the potential to perpetuate power relations, reflective of the history of apartheid. This resulted in discomfort towards acknowledging racial identity and a desire to fixate on similarity, in an attempt to mask difference (Chang & Berk, 2009; Esprey, 2017; Gernat, & Hammar, 2005; Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003; Morgan, 2003; Utsey; Williams & Sibanda, 2013).

Despite difficulties in addressing racial identity as trainee psychologists, taking ownership of what it means to be racially classified within South Africa may assist with an increased understanding of its healing benefits, regardless of similarity or difference. This may encourage trainee psychologists, including myself, to take the risk of addressing racial identity in psychotherapy, despite shame, fear and inexperience.

Recommendations for Future Research

The sample consisting of first year trainee psychologists offered an immediacy of their negotiation of racial identity in psychotherapy, as well as the process of their personal and professional identities during their transformative process of becoming psychotherapists. However, trainee psychologists are less experienced with racial identity in psychotherapy and are still in the process of merging their personal and professional identities. Therefore, it may be helpful to conduct research with trainee psychologists during different phases in their training.

Trainee psychologists acknowledged the importance of addressing racial identity in psychotherapy yet felt helpless as how to address it therapeutically. When some trainees attempted this, it fell flat whereas others avoided the topic entirely. Therefore, it would be beneficial for future research to focus specifically on helpful ways trainee psychologists can address racial identity in

psychotherapy and highlight the ways in which more experienced psychologists have done this successfully.

Research showed that White trainee psychologists' defenses were heightened in relation to their Black participants, linked to power dynamics that play out because of the history of apartheid and the discomfort involved in talking about racial identity (Chang & Berk, 2009; Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003; Morgan, 2003; Utsey, Gernat, & Hammar, 2005). However, it would be useful to further explore the ways in which White trainee psychologists experienced discomfort in relation to me, a White researcher, for fear of coming across as unintentionally racist. Additionally, it would be helpful to further explore the anxiety created for Black participants in relation to their Black patients, as they experienced shame because of their lack of cultural knowledge or expectations that they should play a specific role in psychotherapy.

Limitations

The sample consisted of trainee psychologists in their first year of training. This provided helpful insight into the unique experience of trainee psychologist's process of developing their personal and professional identities. However, participants in their first year of training have not had sufficient experience, therefore the sample is not representative of all trainee psychologists, especially those who have had further training and experience.

Although the intentions of the study were to have a diverse sample, the majority of participants who volunteered were male, with only one female. This was surprising as psychology is known as a feminized profession (Skinner & Louw, 2009). The female participant may have held differing views compared to the male participants because of the intersection of her racial identity and gender. Both her Blackness and her femininity have been oppressed historically and this may have impacted the results as she may have offered an alternative view to the intersections of identities, albeit a limited one. It would be helpful for future research to explore perspectives of racial identity in psychotherapy from the viewpoint of various genders.

The sample consisted of only Black and White participants. Although this was helpful, in that it added to the richness of Black and White participants' experiences of working with racial identity in psychotherapy, it would be helpful for future research to explore all racial identities and how they negotiate racial identity in psychotherapy during the process of becoming psychotherapists.

Further limitations included that I was known to the participants as a fellow trainee psychologist and classmate to some. This may have impacted the results, as trainee psychologists may have been less open during the interview process because of our shared journey. They may have wanted to come across as competent trainees and I too may have wanted to portray this image during the interview process. However, this shared identity also assisted trainee psychologists in answering the questions at times, because they expected me to empathise and understand their process of learning and growth as trainee psychologists.

A further limitation was the context of the University of Witwatersrand, as this holds a strong focus on issues of social identity. Therefore, participants may have been increasingly aware of racial identity because of this particular training, which may be different for trainees in other university settings. The University of Witwatersrand exists within a particular socio-historical point in South Africa, where issues of social identity are particularly sensitive. Therefore, the results need to be considered in relation to the current context, as they may have been different during another point in history.

Anonymity was limited, as I knew the identity of the participants. It was also essential for the purposes of this research to include participants' social identities. This restricted anonymity, yet any other overt identifying information was obscured to protect the identities of my participants and their patients.

Chapter 5: Conclusion

Within the socio-political climate of South Africa, racial identity enters psychotherapy, whether or not it is acknowledged. This research offered insight into the unique journey first year trainee psychologists embark on as they become psychotherapists and how they negotiated their racial identity in relation to that of their patients. They deliberated over how to address racial identity in psychotherapy in a healing and constructive manner and expressed their hesitancy in relation to the topic, despite their desire to do so. This was linked to the immediacy of the process of becoming psychotherapists, which also offered an openness towards themselves and their patients, because of their inexperience. This journey was accompanied by the expectation to engage with their personal identities and how this paralleled their professional identities. At times, the personal and professional came into conflict however, trainees are in the process of merging these two identities as they progress in their journey as psychotherapists. This paralleled my journey as a fellow trainee psychologist.

At times, this self-examination was experienced as challenging, for both Black and White participants. Black participants experienced guilt in relation to their Black patients' expectations that they held similar cultural beliefs because of their racial similarity. This contrasted with Black participants' experiences of White patients, who assumed they would misunderstand them because of racial differences. White participants experienced culpability in relation to their Black patients because of the painful history their racial identity carries. They further worried about appearing racist in relation to me, despite our racial similarity. Black and White participants seemed to fantasize about concealing their racial identity, for fear that it may disrupt therapeutic rapport. These feelings of anxiety often resulted in an impasse and desire to gain insight into how to overcome certain obstacles that accompany addressing racial identity in psychotherapy (Grand, 2013).

This research highlighted the importance of addressing racial identity in psychotherapy despite difficulties in doing so because of the evocative nature of the topic. Although tension existed between racial differences, the tension between racial similarity was surprising, and it may be helpful to explore this further. This links to the way incorrect assumptions are often made, based on racial similarity, whereas racial difference is accompanied by expectations of misunderstanding.

The fresh perspective of first year trainee psychologists offered insight into their experiences of working with racial identity while negotiating their personal and professional identity. This was both a rattling and insightful process and this research highlighted the tenacity of first year trainee

psychologists in uncovering ways to tackle addressing racial identity therapeutically so as to improve themselves both personally and professionally.

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Appendix A: Interview Questions

Main Questions

1. As a current trainee psychologist, what has your experience been like working with racial issues within the therapeutic relationship? Please provide examples.
2. How have you addressed the concept of racial identity within the therapeutic relationship?
3. How have you made sense of your patient's experience of his/her racial identity in psychotherapy?
4. What has been most difficult to deal with for you in relation to engaging with issues of race in psychotherapy?
5. What has been most stimulating for you in engaging with issues of race in psychotherapy?

Potential Probing Questions

6. How do you imagine your racial identity affected rapport with your patient?
7. How has racial identity intersected with other aspects of social identity for you and your patient?
8. How has the significance of racial identity evolved within the therapeutic relationship over time?
9. How has your negotiation of racial identity in psychotherapy affected the process of becoming a psychologist for you?
10. With hindsight are there ways in which you may have dealt differently with issues related to racial identity in your work as a trainee psychotherapist?
11. Do you think there is anything about working in the contemporary South African context that shapes how you have engaged with racial identity in psychotherapy?
12. What has it been like talking to me today as a White woman?
13. Did anything surprise you during the interview process, for example, were certain aspects easy and others difficult to talk about?

Appendix B: Participant Information Sheet

UNIVERSITY
OF THE
WITWATERSRAND,
JOHANNESBURG

School of Human and Community Development
Private Bag 3, Wits 2050, Johannesburg, South Africa

Dear _____

My name is Ally Samakosky and I am currently conducting research as part of my Master's degree in Clinical Psychology. My research explores the ways in which trainee psychologists negotiate their racial identity, the racial identity of their patients and the implications for the relationship between therapist and patient. It further aims to explore the ways in which trainee psychologists experience racial identity in the process of becoming psychologists. I hope that this research will enhance our understanding of what is helpful and unhelpful about aspects of racial identity and identifications in therapy in connection with the relationship between therapists and patients, who often come from various backgrounds but also have similarities between them.

I would like to invite you to take part in this research because you are currently training to become a psychologist. If you decide to participate in this research, it will mean that an hour long recorded interview will take place. There are no direct risks or benefits to you if you participate in this study and participation is voluntary. However, it is perhaps important to note that talking about race can be experienced as challenging for us in contemporary South Africa and the interviews will require you to think and talk about your experiences of race in the context of your training as a psychotherapist. The research gathered in this study will be used for my academic research report and possible subsequent publications or presentations. All research reports written at Wits are available online through the library portal.

Thus, the research report will be publicly accessible but any personally identifying information will be removed within the report such that your identity will be kept confidential. Only I will have access to the raw data. My supervisor, Professor Carol Long, will only have access to already anonymized transcripts and I promise to keep your identity private. Recordings will be kept in a password protected computer in my office, which is locked when I am not present. I would like to use some direct quotations of your words when I write a summary of the research.

You have a choice as to whether or not to participate in this research. If you decide to participate, you can choose to withdraw at any time. You can also choose not to answer particular questions that I may ask.

Please feel free to let me know if you have any questions or concerns about this research, or if there is anything you need to know before you decide whether or not to participate.

Kind regards

Ally Samakosky
073 598 7365
allykimm@gmail.com
Carol Long
011 717 4510
Carol.Long@wits.ac.za
Shaun Schoeman
011 717-1408
Shaun.Schoeman@wits.ac.za

Appendix C: Consent Form

UNIVERSITY
OF THE
WITWATERSRAND,
JOHANNESBURG

School of Human and Community Development
Private Bag 3, Wits 2050, Johannesburg, South Africa

Appendix C: Consent Form

I, _____, agree to participate in the research conducted by Ally Samakosky [allykimm@gmail.com]. This research explores the ways in which trainee psychologists experience working with racial identity within the therapeutic relationship.

This research has been explained to me and I understand what participation in this research will involve. I understand that:

1. My confidentiality will be ensured. My name and personal details will be kept private.
2. My participation in this research is voluntary and I have the right to withdraw from the research at any time. There will be no repercussions should I choose to withdraw from the research.
3. There are no direct risks or benefits to me if I participate in this study
4. I have the right choose not to answer particular questions that may be asked.
5. My words may be quoted directly when the research is published, but my identity will be protected.
6. Anonymized data may be made available to future researchers unless I indicate that I would prefer for this not to be the case.

_____ _____

Signature Date

Appendix D: Consent Form for Audio Recording



UNIVERSITY
OF THE
WITWATERSRAND,
JOHANNESBURG

School of Human and Community Development
Private Bag 3, Wits 2050, Johannesburg, South Africa

I, _____, agree to give permission to Ally Samakosky [allykimm@gmail.com] to audio record me during our interview on the topic of trainee psychologist's experiences of racial identity in psychotherapy as part of her research.

This research has been explained to me and I understand what participation in this research will involve. I understand that:

1. My confidentiality will be ensured. My name and personal details will be kept private.
2. The recordings will be stored in a password protected file on the researcher's computer.
3. Only the researcher will have access to these recordings.

_____ _____

Signature Date

Appendix E: Ethics Clearance Certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: MCLIN/19/007 IH**
PROJECT TITLE:	Racial identity in psychotherapy: a study of trainee psychologists' experiences
INVESTIGATORS	Samakosky Alexandra
DEPARTMENT	Psychology
DATE CONSIDERED	05 July 2019
DECISION OF COMMITTEE*	Approved

This ethical clearance is valid for 2 years and may be renewed upon application

DATE: 05 July 2019

CHAIRPERSON
(Dr Esther Price)



cc Supervisor:

Prof. Carol Long
Psychology

DECLARATION OF INVESTIGATOR (S)

To be completed in duplicate and **one copy** returned to the Secretary, Room 100015, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure, as approved, I/we undertake to submit a revised protocol to the Committee.

This ethical clearance will expire on 31 December 2021

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES