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**Long, Carol**

**2022-02**
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https://hdl.handle.net/10539/49528
Long, C. (2022). Racial identity and uncertainty in psychotherapy: Perspectives of Black clients and their therapists. International Journal of Applied Psychoanalytic Studies, 19(4), 444–461. https://doi.org/10.1002/aps.1737

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Received: 1 October 2021 | Revised: 18 January 2022 | Accepted: 23 January 2022

DOI: 10.1002/aps.1737

RESEARCH ARTICLE

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# Racial identity and uncertainty in psychotherapy: Perspectives of Black clients and their therapists

**Carol Long**

Department of Psychology, University of the Witwatersrand, Johannesburg, South Africa

**Correspondence**
Carol Long, Department of Psychology, University of the Witwatersrand, Private Bag 3, Wits 2050, Johannesburg, South Africa.
Email: Carol.Long@wits.ac.za

## Abstract

Despite increasing recognition of the importance of multicultural sensitivity in psychotherapy, studies offering in-depth exploration of client experiences are relatively rare, and studies exploring both client and therapist perspectives even less common. This paper explores how clients and therapists experience the presence of racial identity in psychotherapy. Eleven client–trainee therapist pairs attending a free clinic in Johannesburg, South Africa, were interviewed and transcripts were qualitatively analyzed utilizing psychoanalytic research methods. This paper explores three core themes: the difficulty of talking about racial/ethnic identity; the uneasy relationship between psychotherapy and culture; and the struggle for understanding between client and therapist. This paper concludes with an invitation to embrace ambivalence, uncertainty, and partial understanding in the face of racial trauma.

**KEYWORDS**
client perspectives, psychoanalytic psychotherapy, psychoanalytic research methodology, racial identity, therapist perspectives

## 1 | INTRODUCTION

Racial identity and the impact of racial dynamics on the therapeutic encounter have received increasing attention in line with greater acknowledgment of the culturally and ethnically diverse world in which we live. Attention to racial dynamics remains, however, on the periphery of the profession (Tummala-Narra, 2020). Furthermore, although much psychotherapy research seeks clients' evaluations of psychotherapy, psychotherapy research on clients' lived experiences of therapy is relatively limited (Elliott, 2008, 2010; Fuertes & Nutt Williams, 2017; Levitt et al., 2016; Roussos, 2013; Safran, 2013). This is surprising given the substantial contribution client factors make to the change process (Hayes et al., 2019; Hodgetts & Wright, 2007). In recent years, interest in research on client experiences has

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grown (Hayes et al., 2019; Levitt et al., 2016; Timulak & Keogh, 2017). Research involving both client and therapist perspectives of the therapeutic relationship is much less common (Levitt & Piazza-Bonin, 2011), despite evidence that therapists and clients diverge in their understandings of therapy (Levitt & Piazza-Bonin, 2011; Oliviera et al., 2013) and that such divergences are related to poor therapeutic outcomes (Pivolusková et al., 2021). Client perspectives and the client–therapist relationship, as two of the most important factors in psychotherapy, then, are underresearched, and seldom researched comparatively.

Psychoanalytic writers have offered sophisticated understandings of racial dynamics (Chang & Yoon, 2011) but have undertaken this work largely through theoretical papers or case studies. Although this work explores the therapist's perspective, the client's perspective has generally not been included. Given the sensitivity of racial dynamics and the pain of racial trauma (Harris, 2000; D. Holmes, 2016), it is important to hear the perspectives of client–therapist dyads. The pervasiveness of racial power dynamics (Altman, 2010; Layton, 2006) and the uneven access of Black clients to psychotherapy (Pillay & Nyandeni, 2021) amplify the importance of exploring the experiences of Black[1] clients and their therapists, who hold potentially similar and different social identities.

Within the qualitative literature on psychotherapy, itself a growing field (Levitt et al., 2016; Timulak & Keogh, 2017), there are few studies that explore diversity within the therapeutic relationship (Chang & Berk, 2009; Jock et al., 2013). Of these, there is an important focus on race (Pope-Davis et al., 2002), but usually only in relation to white therapists and ethnic minority clients (Owen et al., 2011, 2016). Social class is largely ignored (Thompson et al., 2012). There also tends to be a focus on difference rather than similarity, although both similarity and difference are potentially complex in psychotherapy. On the whole, difference and similarity have been defined by researchers rather than elicited by participants (D. Williams & Levitt, 2008): the factors that may be important to therapists and clients have therefore not been openly explored. Chang and Berk (2009), who focused on cross-racial therapy, concluded that research has insufficiently focused on intersecting identities and power differentials in psychotherapy. Levitt et al. (2016) concur that power relationships need more research attention. King (2021) notes that therapists find it particularly difficult to broach discussions about cultural identity in psychotherapy, defined as the invitation in psychotherapy to examine race, ethnicity, and culture in the therapeutic relationship (see also Day-Vines et al., 2007, 2020). Bartholomew et al. (2020) similarly discuss the discomfort therapist often experience in the face of discussions about race and culture. An understanding of clients' experiences of racial identity in psychotherapy is likely to help therapists think about their own discomfort.

Such an approach is particularly relevant to South Africa, where this study is situated. The South African context arguably offers more complexity than is captured in most psychotherapy research (Pillay et al., 2013; L. Swartz, 2006). In particular, South Africa is characterized by diversity not only in client presentations but also in client and therapist social identities such as race, ethnicity, gender, religion, and class. South Africa has a stark history of racism, the effects of which remain present (Pillay & Nyandeni, 2021), with complex links between race, ethnicity, culture, and the socio-political context. The majority of the population are Black and have experienced explicit and implicit racism; the history of the country means that racism remains institutionalized, including health care provision (Elias & Paradies, 2021; Moll, 2021). While the majority of the population are Black, psychologists, who typically provide psychotherapy, remain largely white despite calls for transformation (Pillay & Nyandeni, 2021). The clinic where this study took place is staffed by trainee therapists of various racial identities and cultural backgrounds. Because it is a training clinic, it is a free clinic offering services to the diverse community of Johannesburg. Johannesburg itself is a center point where people from all over the country and the continent converge. The clients who visit this free clinic are typically socioeconomically disadvantaged. Because of the strong correlation in South Africa between racial identity and class, thanks to the legacy of Apartheid, the majority of clients attending the clinic are Black. The lived experience of being Black has taken a particularly toxic form in South Africa, but internationally ethnic and racial trauma are ubiquitous. Therapists are increasingly required to work with diverse populations and incorporate multicultural awareness as a major part of their work (Davis et al., 2018; Eagle et al., 2007). The South African context therefore offers a particularly rich opportunity to explore the lived experience of racial identity within the therapeutic relationship.

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Psychoanalytic writers have offered important contributions to the understanding of racial dynamics in psychotherapy. Importantly, such writing has acknowledged how difficult racial dynamics are to formulate and to address (e.g., Esprey, 2017; Tummala-Narra, 2020). Attention to racial dynamics involves acknowledgment of the social and historically rooted power dynamics at play (Altman, 2010; Layton, 2006), and therapists are often unsure about how to address such racial dynamics (Gregory, 2013; S. Swartz, 2012). Racial similarity as well as difference between therapist and client hold the potential to inhabit unconscious spaces overlaid with powerful affect, making navigation of the terrain particularly difficult (Layton, 2006; Méndez, 2015; Suchet, 2004). Some authors have explored how difference relates to both psychic and external reality (Clarke, 1999; Dalal, 2006; Hinshelwood, 2007). The internalization of difference also holds the potential to disrupt the patient's sense of self (Eng & Han, 2000, 2006, 2019) and this requires the therapist to face the painful task of exploring the ways in which social history has been internalized (Gerson, 2009). A number of authors have highlighted the potential for racial dynamics to evoke shame (e.g., Gump, 2000; D. Holmes, 2016) as well as hatred (Eagle, 2018; Moss, 2001; White, 2002), and to evoke noxious social discourses (Straker, 2006). South African authors in particular have explored the relationship between diversity and context (e.g., F. Williams & Sibanda, 2013; Padfield, 2013; Smith, Lobban & O'Loughlin, 2013), the impact of hatred and shame on South African psychotherapy (e.g., Eagle, 2018; Kruger, 2012; S. Swartz, 2012), and the complicated process of rupture and repair in the face of racial dynamics deeply rooted in history (Long et al., 2020; Matee et al., 2020).

Racial dynamics within the therapeutic relationship must also be situated in relation to racial dynamics in broader society. In a context where experiences of racism are common for Black people, the therapeutic relationship holds the potential to rework or to distressingly repeat relationships in everyday life. Racial trauma, understood as a traumatic reaction to the threat of racial discrimination, as a result of both explicit threat and pervasive experiences of witnessing, shame, and humiliation (Comas-Díaz et al., 2019), is often part of everyday experience. Although the concept is severely underrecognized in psychoanalytic theory, and indeed pervasively experienced in the profession (Tummala-Narra, 2020), some psychoanalytic writing has highlighted the shame, silence, and toxicity that accompanies racial trauma (D. Holmes, 2016), which Harris (2000) likens to a haunting unspeakable presence in therapy. Hart (2019) importantly points out that racial trauma can be perceived as seemingly minor from the outsider perspective, and this negation of experience, which also negates one's individuality, draws destructive power from its historical context. Long et al. (2020) and Matee et al. (2020), among others, explore the ways in which racial identity and racial trauma play out in the South African therapeutic context in relation to histories of misrecognition, misrepresentation, and misunderstanding.

A psychoanalytic approach to racial dynamics and racial trauma offers the potential to pay attention to what may be difficult to articulate, linked to painful affects or relational patterns. A psychoanalytic approach values ambivalence (Tummala-Narra, 2020) rather than certainty, and resists the tendency to think in black and white (Esprey, 2017). Wilfred Bion's (1962) theory of knowledge is particularly helpful in this regard: he values a position of not knowing rather than knowing, and emphasizes that "having" knowledge is an illusion in comparison to the more uncertain and painful process of trying to get to know the other. In the context of racial dynamics, which are both materially real and utterly illusory, since race is a social construction, holding ambivalence and valuing uncertainty—embracing cultural uncertainty and discomfort, so to speak—position psychotherapy in the arena of curiosity and exploration rather than foreclosure.

This paper explores client and therapist experiences of racial identity in psychotherapy, as reported in research interviews. This paper illustrates racial dynamics as a site of uncertainty, denial, and unfamiliarity but also as a potential site of connection precisely because of this uncertainty. Three dominant themes that emerged during interviews are explored: the difficulty of talking about, and not evading, race; the uneasy relationship between culture and psychotherapy; and the active struggle between therapist and client for understanding. It is suggested that this realm of uncertainty, ambivalence, and precariousness of understanding holds the potential to rework rather than repeat racial trauma.

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## 2 | METHOD

### 2.1 | Study design

Although the field of psychotherapy is dominated by evidence-based research, there have been increasing calls for qualitative studies (Fuertes & Nutt Williams, 2017; Timulak & Keogh, 2017), including from the American Psychological Association Presidential Task Force on Evidence-based Practice (Binder et al., 2010). Qualitative psychotherapy research has developed substantially but has arguably needed more substance and texture (Safran, 2013), richer detail (Timulak, 2007), thick description (Fuertes & Nutt Williams, 2017) and a deeper, more interpretive, and more critical approach (Elliott, 2010). Timulak & Keogh (2017) advocate for research that gives clients a voice and has relevance not only for researchers but also for practitioners. Although it is important to ask clients directly about their experience (Fuertes & Nutt Williams, 2017), all social science research suffers from the problem that self-report does not transparently reflect experience. An interpretive methodology is able to ask not only what people report but also how they report it and what remains relatively silenced. The current study therefore opted for an exploratory interpretive approach informed by psychoanalytic interview methodology (e.g., Cartwright, 2004; J. Holmes, 2013, 2017; Kvale, 1999; Stamenova & Hinshelwood, 2018). Psychoanalytic tools offer the possibility of examining what is manifest as well as what is latent (Stamenova & Hinshelwood, 2018). Given the sensitivity of racial identity, particularly in the South African context, it offers a way of attending to the affect associated with experience and to explore beyond the surface to what is less easily articulated or owned (Frosh & Saville Young, 2008; Hollway & Jefferson, 2013).

### 2.2 | Participants

Participants were recruited from a university center offering free psychotherapy to those who would otherwise not be able to afford it. Therapists were trainee clinical psychologists under supervision. This center was chosen because it offers a rare opportunity to explore diversity in the context of the therapeutic relationship. Both clients and therapists tend to represent a full range of identity positions (e.g., different gender, race, ethnicity, class, religion, or sexual orientation). The clinic offers both brief term (up to 16 sessions) and long term (up to 3 years) psychotherapy. Given the importance of offering brief-term psychotherapy in resource-strapped South Africa, this study focused on clients attending brief-term psychotherapy.

Clients and therapists were invited to volunteer to participate in the study. Once a client volunteered to participate, that client's therapist was then invited to participate with the knowledge and consent of the client. 11 clients volunteered to be interviewed. Three therapists declined to participate. Their decision was respected and they were not asked why they preferred not to participate. It is possible that they may have been reluctant to participate because the lead researcher was a member of Faculty or because they were not confident about their therapeutic work with a particular client, but these speculations cannot be verified.

In total, 8 client–therapist pairs were included and 3 client-only interviews were conducted. Patients ranged in age from 20s to 60s and therapists ranged in age from 20s to 40s. Distribution of race[2] and gender categories can be found in Table 1:

### 2.3 | Procedure

Clients attending the university clinic were invited to participate in the study. Those who chose to participate were informed of the details of the study and, once they consented to participate, were invited to an interview which took place at a university office. Once this interview was complete, the relevant therapist was invited to participate in the study. In line with psychoanalytic interviewing guidelines (Hollway & Jefferson, 2013; Kvale, 1999), interview

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TABLE 1 Demographics

| Number of pairs | Patient racial and gender group | Therapist racial and gender group |
|---|---|---|
| 1 | Indian female (IF) | White female (WF) |
| 3 | Black female (BF) | Indian female (IF) |
| 1 | Black male (BM) | Black male (BM) |
| 3 | Black female (BF) | White female (WF) |
| 1 | Black female (BF) | White male (WM) |
| 1 | Black male (BM) | White female (WF) |
| 1 | Black female (BF) | Black female (BF) |

questions were exploratory and left space for unexpected directions or associations to emerge. Both client and therapist interviews began with general open-ended questions about their experience of therapy. In this way, issues related to social identity (such as racial identity, class, or culture) could spontaneously emerge in the interviews and, if they did so, were then probed. This approach allowed for an analysis of how participants approached racial identity. In the second half of the interview, direct questions were posed about identity similarities and differences between client and therapist. Initial questions invited participants to identify similarities and differences they felt were most important, and this was followed by direct questions about race and culture. Interviews were thus structured to allow for examination of what spontaneously emerged and what emerged upon direct inquiry. In the final part of the interview, participants were asked to reflect on the process of conducting the interview. Interviews were approximately 60 min long and were transcribed verbatim upon completion of the interview.

## 2.4 | Ethics

Ethics clearance was obtained from the University of the Witwatersrand Human Research Ethics Committee (Non-medical). Informed consent was obtained by participants, who could choose to withdraw from the study at any time or could choose to decline to answer particular questions. It was carefully explained and reiterated to client participants that their therapist would not know the details of what they said and their participation or decision not to participate would not affect their therapy. Therapists were similarly assured of confidentiality. This was important because most clients and therapists were motivated to protect the therapeutic relationship. In order to protect confidentiality, participants have been allocated letters rather than names and identifying information has been disguised or omitted.

## 2.5 | Data analysis

The analysis reported in this paper was driven by an interest not only in what was said about racial identity, but also in how it was spoken about in the interviews, what the affective valence was and what was spoken as well as unspoken. Principles from psychoanalytic interview analysis (e.g., Cartwright, 2004; Hollway & Jefferson, 2013; Kvale, 1999; Long, 2009; Saville Young & Frosh, 2018; Stromme et al., 2010) were therefore employed to explore the spoken and the unspoken, potential contradictions that emerged, hesitancies, and denial as well as the affective valence of certain topics. Initial analysis involved identifying core narratives and relational patterns in the interviews, as well as identifying affect, fantasies, anxieties, and defenses (Cartwright, 2004; Hollway & Jefferson, 2013). Through this analysis, it became clear that the strongest patterns in the interview material concerned difficulties talking about racial identity as well as ambivalence about the relationship between psychotherapy and culture. Because these were dominant themes, analysis paid particular attention to omissions, ruptures, contradictions, ambivalence, and denial.

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These kinds of processes are of particular interest to a psychoanalytic research methodology (Cartwright, 2004; Frosh & Saville Young, 2008) because of their ability to point to latent rather than manifest content. Because both therapists and clients were interviewed, a comparative reading between clients and interviews was also undertaken. Through this process, agreement, contradiction, and misunderstanding could be noted and compared in order to explore relational patterns between therapist and client in the intersubjective encounter.

A psychoanalytic reading of interview material must always inevitably be partial and incomplete, partly because of the inherent impossibility of fully exploring latent content and partly because of the importance of maintaining interpretive uncertainty in what is inevitably a highly interpretive methodology (Saville Young, 2009). Techniques to verify the analysis were employed. These included sharing and developing the analysis with colleagues as well as including verbatim quotations from interviews so that the reader may apply their own interpretive lens to the interview material.

Psychoanalytic theory also helped guide the analysis. Psychoanalytic writers have highlighted the difficulty of talking about race, as well as the potential shame that comes with such discussion. Analysis therefore paid particular attention to what was difficult to discuss. Drawing on Bion's theory of knowledge (e.g., 1962), Eagle et al. (2007) have explored the concept of the unfamiliar in community therapy settings, arguing that cultural, social, and economic unfamiliarity introduces particular kinds of cultural anxieties into psychotherapy. Such anxieties were observed in the analysis and were noted for interpretation. It has also been argued that psychotherapy is an ambivalent space when it comes to racial identity (Tummala-Narra, 2020). Ambivalence emerged in the initial analysis as an important process and was thus analyzed more systematically for this paper. Bion's theory of knowledge (e.g., 1962) guided an interest in exploring how therapist and client understood and misunderstood each other, and felt understood or misunderstood by each other.

## 3 | RESULTS

Patients' discussion of racial identity was very much situated in their overall experience of psychotherapy. They were generally at pains to stress how helpful they found their therapists, and this emphasis was also maintained when they addressed topics of racial identity. Discussion of the significance of racial identity for psychotherapy was characterized for both patients and therapists by discomfort and difficulty, and this discomfort was palpable in the interview situation too. In analyzing interviews, I first explore the difficulty of talking about racial identity. The ambivalent relationship between culture and psychotherapy is then explored. In the third section, a comparison between therapist accounts and patient accounts suggests that the intersubjective encounter is characterized by a potentially productive struggle for mutual understanding.

### 3.1 | The difficulty of talking about racial identity

When asked about how issues of racial identity manifested in their therapy, most patients and therapists framed racial identity as unimpactful, often immediately stating its unimportance. There were indications in interviews, however, that it may have been more important than could be easily articulated. In their direct answers, participants tended to evade the question (e.g., Patient 1 Black female [BF][3] simply ignored any reference to race and answered with reference to gender) or to emphatically state its irrelevance without any elaboration (such as Patient 6 Indian female [IF] stating that "race doesn't bother me"). The regularity of such responses raises the possibility of something difficult being evaded or denied. Analysis of some of the instances where race emerged in interviews as bothersome, despite participants' direct assertions to the contrary, offers potential for understanding why it was so difficult to talk about racial identity in the context of their therapeutic relationship.

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Patient 11 (BF), for instance, only addressed the question of race directly late in the interview:

> I did think of race when you asked but I didn't want to go into because, I dunno it feels like South Africa is, is into this race thing, race, it's controlling them.

Patient 11's reluctance to talk about race in the context of her own therapy is explained by her feeling that racial issues are ever present and potentially dangerous in society. She continued to describe her own experiences of racism in everyday life, making it clear that racial issues are far from absent. When reflecting upon her interview at the end, she said that she was surprised about how much racial issues have touched her. The interviewer responds:

> [*Interviewer: …until I've been asking you these questions, that you really haven't thought about it. Is that right?*]. I haven't, I really haven't, I really, really haven't. I think (clears throat) once I'm comfortable in something I won't analyse it. Once I'm not comfortable, I'll start finding loopholes and all of that.

Psychotherapy has been a special space for Patient 11, and she importantly reflects here that her comfort with therapy may have led her to not want to analyze racial dynamics further, perhaps for fear of spoiling the space. Far from irrelevant, racial dynamics hold the potential for danger and may therefore be kept on the periphery of psychotherapy.

Patient 7's (BF) experience was that she had expected more alienation between herself and her white therapist but had instead found understanding:

> But ja she's so professional and it's kind of like a shock. Sometimes I ask myself, is it because maybe we're coming from different cultures? [later] Sometimes I will like discuss issues that are very, very like cultural and she would respond in a way that I don't expect her to respond, you know, and in my mind I would be like oh okay so. You understand. So my questions would be do you study about other cultures?

Patient 7's surprise at being understood underscores the importance of racial and cultural difference in psychotherapy. Her association between cultural knowledge and professionalism is also striking: she fantasizes that her therapist has gone the extra mile to study culture, having not expected this from her therapist. Therapist 7 (IF), in contrast, felt that:

> Race, that hasn't come up between us. I mean if it has I would have been fine exploring it with her but I think her issues are so so deep that these things are just extremities for now and I think she would draw on them more as a defence, more than caring about what it means I think. But I could be wrong.

In this example, it is the therapist who minimizes the importance of racial difference. The responses of both therapist and patient, however, are protective of the therapeutic alliance and it seems that this is the primary part of therapy that needs to be protected from the possibility of racial tension. Therapist 7's final comment ("but I could be wrong"), however, points to the possibility of an awareness of difference that needs to be carefully handled.

For Patient 3 (BF), the importance of racial identity in her therapy was dismissed as unimportant. Later in her interview, however, she wondered whether her therapist's ability to understand was because she was white:

> Yes, like I'm saying, even when it comes to the ending of the session she will give you time and say okay, we are now coming to the end of the session but this and this is what has happened and is this how I understood you, you know, like she'll actually make, I don't know if it's racial or what, but she'll be able to say okay, this is how it is.

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Patient 3 associates her therapist's admired attributes with her racial identity rather than, for example, her training or personal attributes. In this way it becomes clear that race matters, and that the stereotype that white is better is very difficult to challenge. Patient 9 (BF) similarly initially dismisses the relevance of race, saying there is "no black white" in her therapy, but later explicitly compares her current white therapist to her previous Black therapist:

> Truly speaking, I don't want to lie, the race to me didn't matter. Because how she was looking at me and how she was relating to me, didn't matter, whether she is White or Indian didn't matter because she treated me like a human being. [Interviewer: So it was more important how you connected in a way]. Ja ja compared to the one last year cause she was Black but as I said I wasn't feeling the connection in terms of how she was relating to me.

When the therapeutic alliance felt good, race was minimized as a factor, but when it was bad, race was offered as a reason. Patient 9 interprets her experience of the therapeutic alliance through a racial lens, drawing on the idealization of whiteness and pervasive racist ideas of white superiority.

A common thread through the responses above is of a minimization of the importance of racial dynamics because of a fear of damage, particularly to the therapeutic relationship. On the edges of comments denying the importance of racial dynamics can be found significant and relevant preoccupations with the impact of racial dynamics on therapy. Therapist 4's (White female [WF]) comment beautifully captures this dilemma: "The race difference never really seemed, and again, I don't know if it was another elephant." Therapist 4's denial of the importance of race immediately brings to mind for her the possibility of an elephant being evaded. Both clients and therapists voice an awareness of "another elephant," a factor which remains largely silent and is difficult to name or articulate. Participants offer important insights, however, to the continued presence and sensitivity of discussions about racial identity. What seems to be unimportant or unimpactful may offer a smokescreen concealing the hefty presence and potential danger of racial dynamics in psychotherapy.

## 3.2 | The uneasy relationship between culture and psychotherapy

Despite being at pains to minimize racial and cultural factors in therapy, a core theme to emerge was that psychotherapy is experienced as culturally unfamiliar, and that the relationship between culture and psychotherapy is ambivalent and uncomfortable.

### 3.2.1 | Psychotherapy as culturally unacceptable

All clients reflected that psychotherapy was very different to what they had initially expected, usually in the first minutes of the interview, including that psychotherapy was culturally unfamiliar. Patient 10 (BF), for example, opened her interview by commenting that therapy is understood as antithetical to her culture:

> It's actually really interesting, I was very reluctant to come for therapy, um. First of all it's not something black people, most black people do, it's a cultural thing and then secondly, I found it very, I found it very intimidating to come to therapy. [Later in the interview] I come from a culture where you have to toughen up to face the world and so certain emotions and certain feelings that are not really tolerated or there is no room for you to express those kind of feelings. So then when you talk to your therapist and, and she's assuring you that actually it's quite normal to feel some of the feelings you are feeling then it starts to make sense. Ja. [*Interviewer: I can see it has really touched you*]. Yea yea it has [blowing nose].

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For Patient 10, the cultural unfamiliarity of therapy was initially intimidating, but also offered her a place to challenge cultural expectations. The emotional valence and weight of cultural expectations brings her to tears, and there is relief in being able to express her feelings. Patient 11 (BF) similarly described cultural expectations of being antithetical to psychotherapy:

> Um, to be honest in my life it's the first time I've really went for therapy and I felt like I really need it. You know. This thing of being a strong woman, this African thing of making yourself a strong person, it, it really doesn't work, cause what you do is you bottle things and you keep things inside and they become layers and layers and … you start blaming yourself while it's, it's the baggage that you carry with you.

Echoing Patient 10, Patient 11 attributes the need to be strong to a racial and cultural expectation of survival. Although this initially meant therapy was a new and daunting experience, the burden of this "baggage" is something she feels therapy has helped her to carry.

### 3.2.2 | Age as culturally meaningful

While participants explored the ways in which cultural ways of being are antithetical to therapy, they conversely gave examples of how the implicit rules of therapy are antithetical to cultural norms. Six participants were older than their therapist, and all commented that, in their culture, older people do not share personal struggles with those younger than themselves. This is an important value and cultural practice. Patient 4 (BF) expresses her ambivalence about the impact of age on her therapy:

> I think with the age thing, I know look, being black. Obviously age matters. If you're older, you expect, a person has a lot of respect from a person because of your age and that's just cultural in the black communities. So, hence, when you are older, you don't share your personal stuff with somebody that's younger you know, because you have to appear to be the stronger person because you're older, you know. And I think my curiosity with [therapist's] age came in that, you know, although I'm a modern person, I'm liberal, I'm open-minded. But I think at the back of my mind, because of the way that I was brought up, it came to me that if she's younger than you, what kind of advice is she going to offer you, you know. And can you take it seriously because she's a child. Yes, so those were some of the things that would go through my mind but it was not very important because I'm no different and I'm open-minded about stuff. So it really doesn't, it really didn't matter.

Patient 4 experienced discomfort and doubt, deeply rooted in cultural experience, about her therapist's age. Located at the "back" of her mind, this is juxtaposed for her against a sense of herself as open-minded, perhaps something she imagines is valued in the culture of psychotherapy. Patient 4 found therapy to be a transformative and valuable experience, and perhaps this plays into her conclusion that this issue was not very important. The quote above demonstrates her process of moving from uncertainty and discomfort to a minimization of the importance of this for therapy. Her ambivalence leads her to conclude that "it really didn't matter," and this perhaps protects the therapy from her concerns. Patient 5 (BF) similarly identifies age as a factor that makes therapy culturally alien but then says:

> The first time when I talked to my therapist I just said, ooh she's young and I'm going to tell a young person all my problem. But I just like, no it's fine, she's doing her job. [*Interviewer: What were you worried about by talking to someone young about your problems?*]. That's, it's going to affect her knowing like, maybe like me, taking on the problem like this, and she's young, taking my problems.

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> [*Interviewer: Okay, you were quite worried it was going to burden her to take your problems as well?*] Yes. [*Interviewer: Okay. How did that change?*] It's changed because I just told myself, no she's my therapist, she knows what she's doing.

Patient 5 references the professional authority that comes with being a therapist in order to allay her sense of therapy as culturally unfamiliar. Although this is reassuring for Patient 5, it points to the power that psychotherapy carries and the potential ambivalence that Black patients may experience in the face of its authority. Therapy carries the possibility of shouldering a burden, but this is situated in the spectral possibility of misunderstanding and difference.

### 3.2.3 | The significance of language

Language was another regularly mentioned example of the cultural unfamiliarity of psychotherapy. Some patients had therapists who could not speak their vernacular, and who therefore had to conduct therapy exclusively in English. These patients raised language as a difference but stated its unimportance. Even with patients whose therapists could speak their vernacular, however, the process of using mother tongue in therapy was not straightforward and English was the dominant language of therapy. Analysis of these instances may help to understand the complexities at play.

Both Patient 5 (BF) and Patient 8 Black male (BM), for example, expressed satisfaction that their therapist could understand their vernacular. When asked what it was like for Patient 5 to have a BF therapist, she said:

> It's fine, because I can communicate in the language that she actually understands **...** That she understands whatever I tell her.

Patient 5 felt understood not only by language as a vehicle of communication but also by a sense of shared understanding. Patient 8 (BM) found it helpful that he used both his home language and English in his sessions with Therapist 8 (BM). Toward the end of the interview, however, when asked if there were any significant similarities or differences between himself and his therapist that we had not discussed, he said:

> Eh that's why I said to you, Carol, I don't even know the guy. I don't even know how old is he, whether he's Sotho, Tswana. I don't know his eh, language, whether he's speaking Sotho, Zulu, I don't know his age, I don't know about his family, I don't know about him, I don't know what is he studying. I don't know, why he chose to be a therapist.

What initially appeared to be a sense of shared understanding emerges here as ambivalence about all that Patient 8 does not know about his therapist, and a sense that his therapist feels potentially culturally alien to him. On the surface, a shared language is familiar, but Patient 8's comment suggests that, in the context of therapy, there may be something deeply unfamiliar at play.

A comparison between the accounts of Patient 5 and 8 with the accounts of their therapists further complicates what, at first blush, appears to be a straightforward issue. Interestingly, both Therapist 5 (BF) and Therapist 8 (BM) were much more verbal about language difficulties in the therapy compared to the more flattering accounts told by their patients above. Neither therapist shared a home language with their client,[4] and both the reflected that finding psychological words in a second African language was particularly challenging. They both noticed that their clients moved between English and vernacular. Therapist 5 noticed that her client initially tried to speak English but then increasingly spoke in vernacular, which facilitated progress in the therapy. When asked what she thought was most significant about her work with her client from a therapeutic point of view, this switch came to mind:

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> The one thing that stands out, it's just the language thing because for me it's a completely different experience. I mean I suppose in many ways being able to communicate in a language that she wants to communicate in is a big thing, it's very powerful because I think it immediately allows her to be understood in the way that she knows how, which is much harder if you're not speaking the language, you know. [later] So generally with the English I would have to just keep asking questions, I felt like I was just forcing things out of her.

The fact that language came to mind for Therapist 5 as so therapeutically significant, despite the therapist's own struggle to work in a second language and the patient's apparent satisfaction with the language of therapy, underscores the importance of language not only as a vehicle of communication but as a point of shared understanding. Her comment that working in English "felt like I was just forcing things out of her" indicates the potential for psychotherapy in English to feel colonizing.

Therapist 8 relayed how his patient assumed he could only speak English and not any African language, a striking assumption since it is uncommon for Black people in South Africa to be unable to speak African languages. When asked how he made sense of this unusual assumption, he said:

> Ja, I actually thought about it. Well I think psychology in general is quite a white trade so ja, I guess there is an element of, will I be black enough to understand? Or will I know, well sort of, would I be able to relate with him? Cause it is a privileged sort of field as well, so there is, I think he has those perceptions coming into therapy

Therapist 8 reflects on how psychotherapy feels like a "white trade" to both himself and his patient. The link between language, culture, and blackness becomes clear as both therapist and patient sit with an (often unarticulated) awareness of psychotherapy as a white English domain. Toward the end of Therapist 8's interview, when asked to reflect on what had surprised him about the interview, he returned to this insight:

> Ja, it was quite surprising cause I wasn't, I didn't think it was that significant. I don't know, but I guess, maybe, ja, I guess race and culture are things that aren't generally spoken about that much as well.

The cultural unfamiliarity of psychotherapy is therefore approached with ambivalence and is only brought into focus with difficulty. The complexities emerging for clients and therapists who both speak vernacular also throw some light on the potential experience of clients who have no option but to conduct therapy in English. Hearing clients' lack of complaint about this through the lens of this analysis suggests that language barriers may be particularly difficult to articulate, perhaps precisely because psychotherapy is assumed to be a "white trade." Participants' reflections help us to understand the lived experience of psychotherapy and help us to hear the significance of cultural identity that is sometimes difficult to put into words.

## 3.3 | The struggle for understanding

This section focuses on a comparison between therapist and patient accounts. It may be assumed that there should be correspondence between client and therapist's understanding. In relation to issues of culture and race, divergences between therapists and clients were more common than convergences. There were also many examples of a struggle for understanding. Exploration of these divergences allow for a textured analysis of the subtle ways in which race and culture are experienced in psychotherapy.

When comparing the perspectives of Patient 5 (BF) and Patient 8 (BM) to Therapist 5 (BF) and Therapist 8 (BM) above, for example, it is clear that there is no easy correlation between the two. In both cases, therapist and patient

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held a different perspective on the issue of language, although bringing their perspectives together led not to contradiction but to deeper understanding. Patient 5's comment, for example, that she was comfortable using vernacular in therapy contradicts Therapist 5's description of a struggle to understand each other but is also more clearly heard through the therapist's perspective. Similarly, Patient 8's ambivalence about the status of language in his therapy is illuminated by Therapist 8's reflections on his assumptions about Therapist 8's language competence.

Expectations about being understood were also not uniform between therapists and patients. Patient 11 (BF), for example, felt that Therapist 11 (WF) understood her. In contrast, Therapist 11 felt that both of them started their therapy with an expectation of misunderstanding, although this feeling subsided as they worked together more fully. Interestingly, Patient 11 elaborated on how Therapist 11 understands her as follows:

> How she connected everything. Some of the things I didn't want to admit, I was reluctant. But they were true, when I thought about them on my own they were true. I think – if there was anything left it was cause I didn't speak about it. Cause obviously she wouldn't know everything – she wouldn't know about it unless I speak about. It's not that she's going to throw bones down, you don't know whether those bones are true or not.

Patient 11 explicitly contrasts the method of psychotherapy with the methods of traditional healers, implicitly referring to cultural differences between client and therapist. The limits of her therapist's understanding, her metaphor implies, are most clearly seen in a cultural comparison. Patient 11's association between throwing the bones and the limits of her therapist's understanding complicates her initially stated feeling that her therapist understands her: there are some things her therapist would never be able to access, and perhaps which the patient would not be able trust as "true."

In contrast, Patient 10 (BF) felt that her therapist (IF) did not understand her because of their cultural and racial differences, but that "I don't expect her to understand." In contrast, her therapist said:

> …that stuff never seemed to get in the way or come in. [Later] I guess it's kind of like, it's an unconscious acknowledgment that we're from different backgrounds but we're still able to relate normally as if we can still understand what's going on. I understand what's going on for her.

Therapist 10's language is potentially telling: while difference remains "unconscious," a feeling of understanding comes with the relief of being able to "relate normally" despite this lurking difference. Perhaps there is some relief in being able to be normal despite the threat of difference. These contrasting views are striking, and perhaps illuminated by Patient 10's reflection later in her interview:

> [*Interviewer: And what has that meant for you that there is potentially something that she doesn't quite get?*] [Interrupts] I don't think that's a problem. I mean it's important but it's not a problem that she doesn't get it. But I think it's okay that she knows that it happens cause I don't think that it does impact on my therapy sessions at all that we have different cultural backgrounds or you know or different outlooks or different contexts, I don't think that impacts on my therapy. I just. Ja I guess she just wonders and marvels at how we do things.

Patient 10 initially minimizes the importance of difference between herself and her therapist. As she explores this, however, it emerges that she has the feeling that her therapist sees her as exotic and possibly dysfunctional ("she wonders and marvels"). This points to a feeling of otherness, that how "we" do things is foreign and opaque. Although therapist and patient articulate a feeling of understanding in contradictory ways, both reference the potential threat of otherness. Examining herself through her therapist's eyes, she is uncomfortable with the difference

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that she imagines she embodies. Patient 10 struggles to be understood by her therapist, and it is possible that her therapist's dismissal of the importance of difference between them indicates a similar struggle on the therapist's part.

Even in the face of agreement between patient and therapist, cultural understanding can be both present and partial. Patient 6 (IF) and Therapist 6 (WF) both felt that Therapist 6 did not understand Patient 6's cultural practices. Their first reflections clearly articulated this sense that Patient 6's cultural practices were well outside of Therapist 6's world-view. Yet as each participant explored the particular practice of polygamy further, they independently expressed deep ambivalence because this practice was damaging to Patient 6, who said:

> Maybe she doesn't understand, maybe she doesn't know about our religion where a man is allowed to marry for a new one. Which I don't agree with but anyway [laughs].

In this moment, there is perhaps something in Therapist 6's inability to understand that allows Patient 6 to voice her disagreement. Therapist 6 voiced her dilemma as follows:

> So it still created difficulties for her, it wasn't just, you couldn't just write it off with "well it's her cultural", so it's been trying to, ja I suppose say that just because say polygamy is accepted doesn't make it any less painful for his wife, to experience him marrying another woman no matter how culturally accepted. Um ja. [Interviewer: That what's culturally acceptable does not necessarily change her feeling of resentment]. Exactly. Um whereas, and hurt, whereas it would have been too easy for me to say 'well that's what they do, surely it's fine' you know.

Therapist 6 reflects on the temptation to ascribe to culture so as to avoid discomfort and hurt. Both Patient 6 and Therapist 6 did not simply name the presence or absence of understanding between them. In agreement about the impossibility of the therapist understanding, they each moved to a place of mutual understanding and an appreciation for the struggle, rather than the attainment, of understanding. Interviews suggest that this struggle is more important for participants in the therapeutic exchange than the amount of understanding that is present. What matters is the active process of understanding, as well as misunderstanding, and the naming of what may be outside of the other's world-view.

## 4 | DISCUSSION

One colleague, on a first read of some transcripts for this study, noted with relief that it seems that the therapeutic alliance is much more important than racial dynamics, which are relatively minor and unimpactful. This is in line with the most frequently expressed sentiments in interviews. Further analysis, however, importantly disrupts initial statements such as "race doesn't bother me" (Patient 6), "that stuff never seemed to get in the way or come in" (Therapist 10) or "she understands whatever I tell her" (Patient 5). The temptation to take these kinds of sentiments at face value potentially invites therapists and patients to remain in the realm of comfort, keeping the therapeutic alliance safe from harm. Knowledge feels secure, and as Bion's theory reminds us, this means that instead of trying to get to know the other, we feel that there is nothing more to know. Curiosity is curtailed.

This study has demonstrated, however, that in the messiness and complexity of the therapeutic encounter, things are far from straightforward. What on the surface level seems like a comfort with racial identity in psychotherapy—an assertion that everything is fine—turns out upon analysis to be much more uncomfortable, uncertain, and ambivalent than it initially seems, seen in glances and difficult to articulate. It is uncomfortable to talk about race, there is indeed an uneasy relationship between race and culture, and therapists and clients can claim only partial understanding of one another.

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There are two simultaneous ways of understanding this difficulty. On the one hand, the extent to which participants struggled to claim the impact of racial dynamics indicates the strength of their haunting unspeakable presence (Harris, 2000). If it was difficult to name in the relative distance of an interview, it is likely much hotter in the here and now of the therapeutic encounter. One of the possibilities offered by research that includes the client's perspective is that it reminds therapists just how much they may be unaware of, and that the limits of their understanding can be easy to minimize. In the context of racial dynamics, it is not enough to simply ask. One also needs to press toward the discomfort of sustained curiosity.

On the other hand, however, the extent to which participants prioritized the protection of the therapeutic alliance indicates the possibility that surfacing what lurks beneath is possible in the context of a good alliance. Furthermore, comparison of therapist and participant accounts suggests on the one hand that therapists may be unaware of the limits of their understanding but on the other hand that partial understanding invites curiosity.

Therapists find it difficult to broach conversations about race, culture, and difference in psychotherapy (Gregory, 2013; King, 2021). In waiting for the perfect opportunity, and in the absence of indications from the client, it may be easy for therapists to assume that nothing needs to be addressed yet. The complexities of talking about racial identity in an interview situation, arguably a space which is easier than a therapeutic environment to talk about such issues because the relationship is circumscribed, reminds us that because clients do not mention issues, they are not necessarily absent. The analysis presented in this paper has traced how racial identity issues tend to be minimized, silenced, and difficult to name. It is clearly important for therapists to take the responsibility to broach such conversations and to resist the temptation to take things at face value.

Certain themes arose in this research study that may be specific to the South African context. For example, issues of age and language are colored by particular cultural practices and ethnic groupings, and these issues may not arise, or may not be experienced in the same manner, in different contexts. It may be helpful to understand age and gender in this study as exemplars of the ways in which cultural differences may be difficult to express in psychotherapy—as vehicles for the expression of the more general cultural differences between psychotherapy and the lived experience of culture. If age and language are vehicles for the expression of this paradigm clash, this study has demonstrated how difficult it may be to name the processes at play.

The practice of psychotherapy as potentially foreign to culturally lived experience comes more sharply into focus when one considers that psychotherapy can be conceptualized as a "white trade" and that the process of psychotherapy can feel forced. The overall tone of interviews with both clients and therapists indicated that participants found creative ways to work around such associations. They found ways to appropriate therapy through the therapeutic relationship so as to connect to one another. It is noteworthy, however, that it needs to be a process of appropriation, and this is helpful for therapists to bear in mind. An approach of uncertainty and discomfort may contribute toward sensitivity to the racial trauma that potentially comes with the foreign process of psychotherapy as well as to the potential of psychotherapy to attend to racial trauma in a meaningful manner.

The study may be limited by its inclusion of trainee psychologists who themselves are exploring their cultural location in therapy and have questions about how the culture of therapy fits into their ways of being. Such therapists are less experienced and so are likely to be developing multicultural competence and sensitivity. The situation may be quite different for seasoned therapists. It is argued, however, that it may be particularly helpful to explore the experiences of trainee therapists and their clients: it is possible that trainees are open to learning and to questioning themselves in a way that more seasoned therapists are not. Additionally, trainees are more often members of a younger generation and may be more sensitive to the current climate of decolonization and movements such as #FeesMustFall and Black Lives Matter.

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## 5 | CONCLUSIONS

This study has explored the experiences of Black clients and their therapists of racial dynamics in psychotherapy. Analysis focused on the ways in which uncertainty characterized interview discussion. The difficulty of talking about racial identity was explored in order to suggest that, far from being unimportant, it is difficult to name and difficult to claim. This suggests the importance of therapists taking the time to explore how culture and racial identity impact upon psychotherapy. This paper has also explored the uneasy relationship between psychotherapy and culture, suggesting that this may be a site of therapeutic benefit as well as of alienation. In both instances, experiences of psychotherapy are characterized by ambivalence and discomfort. The third theme explored in this paper concerned the struggle for understanding between client and therapist, reminding us that understanding is only ever partial and fragile. It is suggested that holding this awareness in mind contributes to therapists who remain curious about racial dynamics in psychotherapy and are aware of the uncertainty and incompleteness of their understanding.

### ACKNOWLEDGMENTS

This study obtained ethics approval from the University of the Witwatersrand's Human Research Ethics Committee (Non-medical). All participants consented to participate in the study.

### CONFLICT OF INTEREST

I have no conflict of interest to disclose.

### ORCID

*Carol Long* https://orcid.org/0000-0003-3812-3156

### ENDNOTES

[1] The term "Black" is often employed to refer to all previously disadvantaged people of color in South Africa, and is used in this paper in a similar manner with due acknowledgment of the limits and socially constructed nature of such labels.

[2] Reporting procedures in South Africa commonly retain the terms used in the apartheid classification system (White, Black African, Indian, and Colored). These terms are retained here because they continue to be used and have meaning in people's lives, but these categories are social constructions and are not used here to imply the fixity of racial categories.

[3] Each participant's gender and racial group is specified in order to contextualize quotes

[4] In the context of South Africa, with 11 official languages, this is unsurprising.

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**How to cite this article:** Long, C. (2022). Racial identity and uncertainty in psychotherapy: Perspectives of Black clients and their therapists. *International Journal of Applied Psychoanalytic Studies*, *19*(4), 444–461. https://doi.org/10.1002/aps.1737

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