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Black Therapists' Experiences of Class Within Same-Race Psychodynamic Psychotherapy in South Africa

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Black Therapists' Experiences of Class Within Same-Race Psychodynamic Psychotherapy in South Africa

A research report submitted in fulfilment of the requirement for the degree:

Master of Arts in Clinical Psychology

In the faculty of Humanities at the

University of the Witwatersrand, Johannesburg

By

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Supervised by:

Dr Yvette Esprey

May 2024

Declaration

I declare that this is my own unaided work. It is being submitted for the degree of Master of Arts in Clinical Psychology at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at another university.

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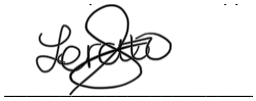
Signed: 

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Abstract

South African psychoanalytic psychology has shifted in the last two decades towards embracing the consideration of the influence of identity and positionality on the intersubjective therapeutic space. Within the therapeutic dyad, the therapist and patient bring their individual subjectivities into the consulting room, which together construct and shape the intersubjective space and their experiences of the therapeutic dyad. Black South African[1] therapists are uniquely positioned when working within same-race dyads to consider the complex and nuanced impact of race and social class on their therapeutic relationships and processes, yet literature recognising and exploring this intersection within psychotherapy is scant globally, especially within the South African context.

This study aimed to contribute to the existing psychoanalytic literature examining the influence of identity and positionality on the therapeutic encounter within the South African context. Specifically, this research study sought to deeply explore the dynamics and nuances of Black South African same-race therapeutic dyads and how class influences Black therapists' experiences of these dyads. I am a Black, South African middle-class therapist-in-training, and the experiences of race and social class in my personal life shaped the conception and intention of this research topic. My personal experiences, identity, and positionality unavoidably influenced the passage of this study throughout. However, various measures were put in place to maximise accurate and unbiased interpretations of the findings, including the keeping of a reflexive journal and continuous consultation with my research supervisor and personal psychotherapist.

Eight Black, South African psychodynamically orientated psychotherapists were interviewed using a semi-structured interview protocol. The interviews were analysed using thematic analysis. Using a relational psychoanalytic framework, the findings were organised and discussed according to four main themes: therapy with Black patients, understanding of social class, experiences of class positioning and mobility, and class in the room. The findings confirmed the assumption that class uniquely influences Black same-race dyads in ways that may enhance, hamper, or complicate the therapeutic encounter. Participants reported that class

[1] South African legislature (Employment Equity Act No. 55 of 1998) presently uses the term 'Black' to refer to individuals who are non-White (Pirtle, 2023). However, within this report, I use the term 'Black South African' to exclusively refer to individuals who identify as Black African, which excludes members of the Coloured and Indian population.

shaped their identity and self-experiences as Black, middle-class South Africans and often evoked feelings of envy, shame, and melancholia for both members of the dyad. Participants also reported that class shaped the conscious and unconscious communication in the room and structured the transference-countertransference dynamic in ways that often elicited idealisation, anger, disempowerment, and inhibition. For some dyads, this strengthened the therapeutic alliance while for others, the therapeutic alliance was weakened. The findings of this study indicate that it will be useful for future and current Black therapists, as well as training programs, to consider the intersection of race and class within psychotherapy.

Keywords: race; social class; Black same-race dyad, psychodynamic psychotherapy, South Africa

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Chapter 1: Introduction

South African psychoanalytic psychology[2] has shifted in the last two decades towards embracing an intersubjective and relational approach to psychotherapy that closely considers the influence of identity and difference on the intersubjective therapeutic space (Swartz, 2007). The call for cultural competence within the discipline has also emphasised the importance of critically considering the impact of culture and identity on the therapeutic relationship and process (Raja, 2016). Within the therapeutic dyad, the therapist and patient bring their individual subjectivities into the consulting room, which together construct and shape the intersubjective space and their experiences of the therapeutic dyad (Esprey, 2013).

In 1948, the South African government implemented a rigid and totalising system that legitimised the segregation, discrimination, and oppression of non-White South African citizens (Durrheim et al., 2011). The apartheid regime played an instrumental role in constructing identity and subjectivity, scaffolding and corralling individuals based on their racial identities. Race eventually determined the class structure and positions that South Africans were allocated within it, thus also externally imposing class identities on all South Africans (Seekings & Nattrass, 2005). In other words, the state imposed racial and class identities upon South Africans through a rigid and racialised class structure (Lobban, 2013; Whitehead, 2013). Despite the fact that we are now 30 years post-apartheid, the legacy of apartheid has rendered South Africa a nation still divided along racial and class lines (Whitehead, 2013). Within this historical and current context, race and class represent salient facets of our identity that influence our psyches and how we think about and relate with ourselves and others. As a result, race and class inevitably enter the therapeutic space and influence the therapeutic encounter (Altman, 2010; Esprey, 2017).

Black South African therapists - themselves heirs of this particular racialised and class-divided legacy - are uniquely positioned when working within same-race dyads to consider the complex and nuanced impact of race and class on their therapeutic relationships and processes.

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[2] There are various methods and approaches to the practice of psychotherapy that emerge from psychoanalytic psychology. Psychodynamic psychotherapy is an approach that applies psychoanalytic concepts in the practice of psychotherapy. While the terms “psychoanalysis” and “psychodynamic therapy” are often used interchangeably, this study makes a distinction between psychoanalytic theory and psychodynamic psychotherapy. In this report, the term “psychoanalysis” is used to refer to a theoretical body of knowledge concerned with unconscious dynamics and human behaviour, while “psychodynamic therapy” is used to refer to a practice of psychotherapy that derives from psychoanalytic theory and concepts (Bateman et al., 2010).

Race and class intersect in ways that may enhance, hinder, or complicate the therapeutic process (Aymer, 2012; Ryan, 2017), yet literature recognising and exploring this intersection within psychotherapy is scant globally. More specifically, research exploring this intersection within psychotherapy is very scarce in South Africa. This research study will address this gap in the literature and explore how the intersection of race and class influences the intersubjective therapeutic space by focusing on how Black South African therapists experience class within same-race psychodynamic psychotherapy.

As the researcher, I am a Black, South African, middle-class therapist-in-training, and the experiences of race and social class in my personal life shaped the conception and intention of this research topic. Given the dearth of psychological literature focused on the experiences of Black South African therapists in same-race dyads, I chose this topic to give voice to an underrepresented population and to help me personally confront, think about, and talk about what it means to be a Black, middle-class therapist in South Africa. My personal experiences, identity, and positionality unavoidably influenced the passage of this study throughout (Palaganas et al., 2017). However, in keeping with my responsibility as a researcher to avoid intentional contamination of the findings (Dowling, 2006), various measures were implemented to limit bias and accurately represent the participants' accounts.

Aims

This research study aims to contribute to the existing psychoanalytic literature examining the influence of identity and positionality on the therapeutic encounter within the South African context. Specifically, this research study aims to deeply explore the dynamics and nuances of Black South African same-race therapeutic dyads and how class influences Black therapists' experiences of these dyads. Additionally, this study aims to explore how Black therapists experience the influence of class on the transference-countertransference dynamic and the therapeutic alliance.

Rationale

This research study attempts to respond to the call for relevance within the discipline of psychology. The relevance debate in psychology can be described as a discourse calling for psychological research, services, and knowledge to be responsive to critical societal issues and more relevant and accessible to the individuals who need it (Sher & Long, 2012). South Africa's political and historical context and the continued salience of race and class within

contemporary society provide a solid foundation for deeply exploring how issues of identity and positionality shape the therapeutic encounter in post-apartheid South Africa (Esprey, 2017).

Historically, psychology has been regarded as a White profession reserved for White South Africans (Stevens, 2003). Literature that recognises and integrates the experiences of Black, South African therapists and patients is still not as well developed as it should be, which is alarming given that Black people constitute approximately 80% of the country's population (StatsSA, 2021). This research study will contribute to research that aims to "create literature by Black people concerning Black people" (Mbele, 2010, p.11) by exploring the dynamics and nuances of Black same-race therapeutic dyads as experienced by Black therapists in South Africa. Research deeply exploring Black therapists' experiences of class working within same-race dyads is needed to broaden our understanding of how Black therapists navigate issues of identity and positionality and their unique and complex influence on the therapeutic encounter. This research study exclusively focuses on the experiences of Black African therapists due to their distinct experiences of marginalisation and historical underrepresentation within the discipline and profession of psychology in South Africa.

The findings of this research study have practical implications for clinical practice and therapists' training and professional development. Therapists may be encouraged to be reflexive and self-aware about the ways in which issues of identity and positionality shape the intersubjective space between them and their patients (Balmforth, 2009). Furthermore, therapists may be encouraged to acknowledge the different frames of reference their patients live within so that they can engage with them in more meaningful ways (Balmforth, 2009; Whitman-Raymond, 2009). Black therapists, in particular, need to be adequately prepared to manage complex cultural dynamics within same-race dyads (Goode-cross & Grim, 2016). This research study offers insight into the dynamics of these therapeutic dyads.

Theoretical Framework

This research study will be guided by a relational psychoanalytic framework. Relational psychoanalysis is an emerging discipline that stresses the importance of relations between the self and others on the development of the psyche (Malone, 2017). This discipline emerged from critiques of psychoanalysis' exclusive focus on the patient's internal world without consideration for the socio-historical context within which the patient exists (Read, 2007). A

relational orientation argues that an adequate understanding of an individual's experience can only be obtained if the interpersonal context within which they live is acknowledged and considered (Mitchell, 2000).

Relational psychoanalysis is a framework that draws on various psychoanalytic schools of thought, including object relations theory, self-psychology, and attachment theory and reorientates psychoanalytic ideas around the importance of past and present relational dynamics on the psyche (Read, 2007). Relational psychoanalysis shifts the emphasis from viewing the therapist as an objective observer and absolute knower of the patient's unconscious processes to viewing the therapeutic process as mutually constructed and shaped by the interaction of the therapist and the patient's individual subjectivities (Malone, 2017). These individual subjectivities come together to create a space that emerges between the therapist and the patient that lies between reality and fantasy, known as the intersubjective space. Within the intersubjective space, a unique experience unfolds between the therapist and patient that opens up new ways for the therapist to understand their patient's unconscious internal world through the use of their own unconscious (Read, 2007). This is known as the intersubjective analytic third or the analytic third (Ogden, 1996).

Relational psychoanalysis emphasises the therapist and the patient's relationship as it develops against a particular social context. The therapeutic dyad is situated and functions within a socio-political and historical context, shaping the subjective and intersubjective experiences of both members inside and outside of the room (Altman, 2010). A relational framework emphasises the analytic significance of considering the intersubjectivity of the therapeutic dyad and the socio-political and historical context within which these dyads function to enable the clinical process and avoid potentially compromising the therapeutic work (Altman, 2010; Harris, 2011). Due to its focus on context, mutuality, and intersubjectivity, a relational approach accommodates diverse racial and cultural assumptions, understandings, and settings, making it a suitable and applicable framework for multi-racial and multi-cultural contexts (Read, 2007).

In the context of this research study, relational psychoanalysis offers a framework for understanding the influence of identity and positionality on the therapeutic encounter, particularly within the South African context where the therapeutic dyad cannot be divorced from the current and historical socio-political context. This research framework allows for a

nuanced examination and understanding of how race and class intersect within Black same-race dyads and affect Black therapists' experiences of these dyads. In emphasising the importance of considering the influence of identity and positionality on the intersubjective therapeutic space, this research study advocates for adopting a relational orientation in the practice of psychodynamic psychotherapy in South Africa.

Overview of the Chapters

Chapter 2 reviews the literature which is relevant to this research report and lays the foundation for understanding Black therapists' experiences of class within same-race psychodynamic psychotherapy in South Africa.

Chapter 3 outlines the methodology that this research study adopted. The research design, research questions, data collection method, data analysis method, and ethical considerations are discussed.

Chapter 4 presents and interprets the findings of this research study. The findings are organised into four main themes with various sub-themes. The reviewed literature is integrated to contextualise and provide an understanding of Black therapists' experiences of class in same-race therapeutic dyads.

Chapter 5 presents a summary of the findings and main thoughts and observations. The limitations of this study are discussed and recommendations for future research, therapists, and training programs are made.

Chapter 2: Literature Review

Introduction

With a relational psychoanalytic framework in mind, the literature review outlines the discourses around subjectivity and identity. It locates the importance of this discussion within the South African context, particularly within South African therapeutic dyads. The literature review then discusses Black same-race therapeutic dyads and reflects on the existing literature exploring Black therapists' experiences of these dyads. The next section of the literature review consists of a discussion of class. The various definitions and conceptualisations of social class are discussed, including a class definition relevant and applicable to the South African context. The absence of class within psychoanalytic literature is discussed, and existing literature on psychotherapists' experiences of class within psychotherapy is reflected upon. Lastly, the literature review discusses class and psychodynamic psychotherapy, specifically mentioning its relationship to the central psychoanalytic concepts of transference, countertransference, and therapeutic alliance.

Subjectivity and identity

Subjectivity is defined as "the conscious and unconscious thoughts and emotions of the individual, her sense of herself, and her ways of understanding her relation to the world" (Weedon, 1987, as cited in Mama, 1995). Subjectivity is thought to be constructed through the ongoing interaction of conscious and unconscious processes and social experience (Mama, 1995). Historically, the topic of subjectivity and identity within psychotherapy has been addressed without consideration of the impact of the social context on subjectivity and identity. Contemporary analytic theorists critique this approach and argue that an adequate understanding of an individual can only be obtained if their social context and the social factors influencing the development of their sense of self are considered (Lobban, 2013).

Considering the development of subjectivity and identity within the social context is especially important within the South African context, where the apartheid regime played an instrumental role in the construction of subjectivity and identity (Lobban, 2013). The apartheid state established a rigid and totalising system that would permeate every facet of the lives of South Africans. Racial identities were therefore imposed, warranting racial segregation and political and economic discrimination (Whitehead, 2013). Race eventually shaped and determined the class structure and the positions that South Africans were allocated within it (Seekings & Nattrass, 2005). The construction of racial and class identities during apartheid

continues to shape how we define our sense of identity and how we think about ourselves and others (Lobban, 2013). For Black South Africans, their racialised and classed subjectivity involves the constant, complex, and multi-layered negotiation and re-negotiation of their identity and positioning (Mama, 1995). Within the therapeutic dyad, the subjectivity and identity of both the therapist and patient shape the conscious and unconscious communication and have the potential to compromise the therapeutic work if not carefully thought about and considered (Altman, 2010; Esprey, 2013).

Black same-race therapeutic dyads

Often an assumption is made that same-race therapeutic dyads are advantageous for the therapeutic process because they produce better patient and therapeutic outcomes (Aymer, 2012). While some studies have associated racially matched therapeutic dyads with better therapeutic and patient outcomes (Raja, 2016; Scharff et al., 2021), other studies have demonstrated that demographically matched therapeutic dyads are often not associated with better patient outcomes (Raja, 2016). Aymer (2012) cautions against the assumption that racial or cultural similarities or sameness within the therapeutic dyad immediately fosters effective treatment. Same-race therapeutic dyads are complex, and several factors moderate their relationship to therapeutic outcomes.

When working within same-race dyads, Black therapists are uniquely positioned to consider the complex and nuanced impact of sharing a racial identity with a patient on the therapeutic relationship. Sharing a racial identity with a patient may enhance, hinder, or complicate the therapeutic encounter and shape the overall experience of these dyads (Goode-Cross & Grim, 2016). The available literature exploring Black therapists' experiences within same-race therapeutic dyads illustrates the complexity and uniqueness of working within these dyads. Studies exploring Black same-race dyads in North America found that Black therapists reported finding their work with Black patients more fulfilling and rewarding because they better understood their patients' challenges (Burch, 2018; Evans, 2019; Goode-Cross & Grim, 2016). These therapists also felt that their patients were more open and appreciative of their help, contributing to their acceptance and comfort in their professional roles. Additionally, Black therapists reported a sense of connection and personal investment with their Black patients, contributing to faster therapeutic alliance development (Edmonds, 2021; Goode-Cross & Grim, 2016; Scharff et al., 2021).

Inspite of the potential therapeutic advantages which emerge from racial sameness within the therapeutic dyad, Black therapists have also reported unique challenges and limitations. These include challenges with maintaining professional boundaries, over-identification, and emotional enmeshment with Black patients (Evans, 2019; Goode-Cross & Grim, 2016). Black therapists reported that they sometimes made inaccurate assumptions about patients' experiences based on their own experiences; they often felt a heightened responsibility for their Black patients, and they had higher expectations for their Black patients, holding them to harsher standards (Evans, 2019; Goode-Cross & Grim, 2016). Mbele (2010) studied Black therapists' experiences within psychodynamic psychotherapy in South Africa. While this study was not explicitly focused on same-race therapeutic dyads, the Black therapists in this study narrated feelings and experiences of disempowerment and discomfort and a resulting compulsion to be neutral in response to these feelings. Additionally, the Black therapists in this study mentioned that questions of their competence sometimes arose when working with Black patients (Mbele, 2010). In his self-reflective paper, Kometsi (2001) narrated the loss of empathy, impatience, and entitlement he felt towards his Black patient partly because of their shared racial and cultural identity.

Notably, the Black therapists in Goode-Cross and Grim's (2016) study reported experiencing challenges related to socioeconomic status when working with Black patients. These therapists felt that differences in socioeconomic status negatively influenced the therapeutic relationship. They often felt disconnected from their patients, and that perceived difference in socioeconomic status contributed to their Black patients mistrusting them (Goode-Cross & Grim, 2016). Similarly, the Black therapists in Mbele's (2010) study pointed out that although they may be racially similar to their Black patients, level of education, language, ethnic and cultural group identification, and economic status influenced the therapeutic dyad, particularly the therapeutic alliance. Black therapists reported feeling unprepared for working with the complexities of same-race therapeutic dyads, especially when a mutual affinity was not characteristic of the dyad (Burch, 2018; Goode-Cross & Grim, 2016).

The above studies have highlighted that race is an essential therapeutic factor that can benefit the therapeutic process; however, demographic factors, including socioeconomic status, potentially moderate the experiences of same-race dyads, (Goode-Cross & Grim, 2016; Mbele, 2010). Literature exploring the intersection of race with other demographic variables within same-race therapeutic dyads is needed to broaden the understanding of the dynamics and

nuances of these dyads, particularly within the South African context. The available literature that focuses exclusively on Black same-race therapeutic dyads is based on a North American population. While the experiences of Black African American therapists are invaluable for highlighting Black therapists' experiences within psychotherapy, literature recognising and integrating the experiences of Black South African therapists and patients is needed. To my knowledge, this will be the first study conducted within the South African context that exclusively explores Black same-race therapeutic dyads and Black therapists' experiences of these dyads.

Defining class

Society is generally stratified according to social classes that reflect different positions with varying degrees of power, status, and resources (Kok, 2015). Social class is a highly contested concept with multiple definitions, interpretations, and applications (Schotte et al., 2017). Providing a single, consistent, and comprehensive definition of class is challenging and complex because class definitions and understandings vary based on the country and context.

Most analyses of class may be conceptually traced back to the writings of Karl Marx (1867), Max Weber (1968), and Pierre Bourdieu (1984). From a Marxist point of view, class is conceptualised as the individual's relationship to the means of production or the resources directly responsible for generating economic profit (Marx, 1867, as cited in Altman, 2010). Individuals either owned the means of production (bourgeoisie) or had to work for those who owned the means of production to make a living and sustain themselves (proletariat). The Weberian point of view marks life chances or opportunities as the basis for conceptualisations of class. This view refers to class as a position determined by ownership of property or access to the labour market via skills, education, and knowledge rather than solely an individual's relationship to the means of production (Weber, 1968, as cited in Burger et al., 2015). Furthermore, this view refers to class as a position determined by the associated prestige assigned by others to a particular group (Kok, 2015).

Pierre Bourdieu (1984) extended the ideas of Marx (1867) and Weber (1968) and advanced a conceptualisation of class that viewed it as a group's shared common nature and external living conditions. Bourdieu (1984) argued that class is influenced by economic, cultural, and social capital (Bourdieu, 1984, as cited in Whitman- Raymond, 2009). Economic capital refers to the amount of material wealth accumulated by an individual. Cultural capital refers to the

institutional knowledge obtained by an individual via educational attainment, competence, or familiarity with cultural knowledge. Social capital refers to the resources obtained via interpersonal relationships (Kok, 2015). Bourdieu (1984) believed that these forms of capital are strongly interrelated and argued that one form of capital can be converted into another through 'reconversion strategies' (Kok, 2015). These conceptualisations of class were instrumental in advancing an initial understanding of class and class relations. However, these conceptualisations were developed for the Western context, and contemporary theorists debate their relevance and applicability in different contexts, especially in emerging and developing countries such as South Africa (Seekings & Nattrass, 2003; Schotte et al., 2017).

Defining class in the South African context is complex, given the country's socio-political history and current context, which is marked by economic instability and income inequality (Schotte et al., 2017). Ryan (2019) recently proposed that class be seen as intrinsically psychosocial – as pertaining to the interaction between the structures of society and the individual's personal and cultural lived experiences of these structures. This view incorporates the subjective experiences of class, which tend to be excluded from class definitions and sees it as both externally imposed and internal, and embodied in different ways (Cohen, 2016; Ryan, 2019). To account for our unique context, the view of social class that grounds this study departs is understanding class psychologically and socioeconomically. This study understands social class positioning as determined by a household's relative access to opportunities, upward mobility, and the risk or vulnerability to moving down the class ladder as well as an individual's subjective experience of their socioeconomic standing (Schotte et al., 2017; Ryan, 2019).

Furthermore, this study adopts Schott et al.'s (2017) assumption that society is divided into three main classes: the poor or lower class, the middle class, and the elite or upper class. The poor or lower class consists of individuals who are in an economically precarious position that does not allow them to satisfy their basic needs. Households with a relatively high risk of persisting in poverty are considered the 'chronically poor' and households with an above-average chance of making it out of poverty are considered the 'transient poor' (Schotte et al., 2017). The middle class consists of individuals whose standard of living is above the poverty line. However, households that face an above-average risk of moving down the class ladder into poverty are considered the 'vulnerable middle class' and households that have a better chance of securing and sustaining adequate living are considered the 'actual middle class'

(Schotte et al., 2017). The elite or upper class consists of individuals whose standard of living is well above the national average.

Whilst this study recognises the relevance of Schott et al's (2017) definitions of class within the South African context, a significant component of this study will be investigating and exploring participants' own understanding of class. Therefore, this research study will utilise participants' self-definitions of their social class status. Using participants' self-definitions of class avoids imposing a class definition or strata onto the participants and acknowledges that class identity is subjective and socially constructed (Cohen, 2016).

Class and psychodynamic psychotherapy

Psychodynamic psychotherapy, in its application of psychoanalytic theory, focuses on unconscious conflicts and processes and how they manifest in the patient's present behaviour (Shedler, 2010). Contemporary psychodynamic psychotherapy extends the focus on unconscious processes and present behaviour and considers the influence of identity and positionality on the therapeutic space (Swartz, 2007). Social class as a facet of identity is always present within the consulting room and has a powerful influence on the therapeutic encounter and process. The therapist and patient bring their identity and positionality, including their class identity and experiences, into the consulting room, shaping the intersubjective space and the dynamic of the dyad (Esprey, 2013). This section of the literature review focuses on class and its presence in psychodynamic psychotherapy. Specifically, this section outlines the discourses around the absence of class from psychoanalytic literature and looks at current explorations of class, specifically focusing on key concepts that feature in psychodynamic psychotherapy: transference, countertransference, and therapeutic alliance.

Class and its absence from psychoanalytic literature

The influence of social class on the psychotherapeutic encounter is rarely written about within psychoanalytic literature, despite its salient and powerful influence on subjectivity, intersubjectivity, and the therapeutic encounter (Ryan, 2017). Psychoanalytic literature has increasingly focused on issues of race, gender, and ethnicity, however, literature on social class in psychodynamic psychotherapy remains scattered and scant, especially within the South African context (Estrella, 2010).

Various theorists have hypothesised about the lack of attention to class within psychoanalytic literature and psychological literature in general. Firstly, the dearth of psychological literature on class may be attributed to the inconsistencies in class definitions and the complexity of locating class amidst its intersection with other social variables, such as race and gender (Schaff, 2005). Social class tends to be folded into broader conceptualisations of culture, minimising its significance as a research area in its own right (Estrella, 2010). Whitman-Raymond (2009) hypothesised that there is resistance to acknowledging and integrating issues of identity and positionality into psychoanalytic literature due to the feelings of discomfort and disempowerment that may be induced when attempting to do so. Class may induce feelings of shame, guilt, impotence, or helplessness for both the therapist and patient, making it difficult to address within psychoanalytic literature and the therapeutic dyad (Whitman-Raymond, 2009). Ryan (2017) argued that class may be absent from psychoanalytic literature because of the unavailability of language or concepts that inform psychoanalytic thinking about class for both lower- and upper-class positionings. This makes it difficult to articulate and integrate class-related material into the consulting room.

Lott (2002) argued that psychological theories tend to focus on individuals who are similar to those who constructed the theories, that is, White middle-class Europeans and Americans to the exclusion of those with differing identities and positionalities. Lott (2002) wondered whether the lack of attention to class represents a form of institutionalised classism within psychology, especially psychoanalysis. Institutional classism refers to discrimination or differential treatment based on social standing as manifested within an institution or organisation (Bulk, 2009, as cited in Cele, 2018). As a result, psychology, particularly psychoanalysis, implicitly colludes with the perpetuation of the status quo of inequality and injustice against those disadvantaged by social, economic, and political inequity (Altman, 2010). More recently, Ryan (2019) argued that the absence of class issues in psychoanalytic literature may stem from the field's superego, which says that is unanalytic to speak about class issues within therapy because it only belongs on the outside.

Although scattered, the available literature on the influence of class on psychotherapy tends to focus on the effect of class difference on the dyad while the effect of class similarity is often neglected. This is reflected in the greater wealth of literature reporting the effects of class difference and represents an additional barrier to holistically integrating issues of social class into psychological and psychoanalytic literature (Ryan, 2017). It may be more challenging to

recognise the influence of class on the therapeutic dyad in situations of class similarity (Raja, 2016; Ryan, 2017). In these situations, the therapist and patient may assume that their class experiences are the same and therefore do not significantly affect the therapeutic encounter. This assumption of sameness is problematic as it may obscure important class-related material that needs to be thought about and addressed in the room (Raja, 2016).

Considering the intersection of the social context and the intrapsychic world is paramount for good clinical practice (Cohen, 2016; Whitman-Raymond, 2009). When the influence of the social context is ignored, social issues tend to be viewed as a matter of individual behaviour and responsibility, increasing the possibility of misdiagnosis and distortion of the patient's experiences of these issues (Cohen, 2016). More needs to be done to integrate social class into psychological and psychoanalytic literature in order to provide a better understanding of the patient's inter- and intrapsychic functioning, especially within the South African context where the country's socio-political history significantly influences South Africans' self-experiences and how they think about and relate to others.

Class in Psychotherapy

The class structure of society presents itself in the psychodynamic encounter in various ways. Class and class differences may create a therapeutic space characterised by anxiety, projection, alienation, and disempowerment, affecting the therapists' ability to think and the patient's experience of being held and contained (Dimen 1993, 1994, as cited in Altman, 2010; Ryan, 2019). Similarly, class similarity may create feelings of comfort, familiarity and understanding, allowing for the therapist to possibly use their own class experiences to understand their patients better (Trott, 2016). However, as previously mentioned, class similarity increases the possibility of collusion and over-identification, which hinder the therapeutic process. Class identity and status similarities may obscure class issues and thus be excluded from therapeutic engagement (Ryan, 2017; Trott, 2016). Therefore, class's presence in the psychodynamic encounter has the potential to act as a generative vehicle that makes room for communication and recognition, and it has the potential to act as a vehicle that obliterates the potential space for communication and recognition (Benjamin, 2010; Straker, 2006). In other words, class's presence in the psychodynamic encounter has the potential to act as an analytic third or anti-analytic third.

Balmforth (2009), Thompson et al. (2012), and Trott (2016) conducted studies exploring patients' experiences of social class in psychotherapy. Their sample consisted of predominantly White North American and British citizens. While reflecting on class differences in the dyad, participants in Thompson et al. (2012) and Trott's (2016) studies narrated positive class experiences when their therapists' behaviour in the session communicated consideration and understanding of their personal experiences. These participants expressed that their therapists' explicit acknowledgement and willingness to incorporate class-related material made them feel seen, supported, and validated.

Participants also narrated negative class experiences with their differently classed therapists. Participants reported that the therapeutic relationship with their differently classed therapist was often characterised by disconnection, distance, and judgement (Thompson et al., 2012). Working-class patients felt that their middle-class therapists could not adequately understand them and that class differences acted as a barrier to the therapists' empathic attunement (Balmforth, 2009; Trott, 2016). Working-class patients also reported that the unequal power imbalance within the therapeutic dyad often made them feel inferior. Due to their feelings of inferiority, these patients reported that they often withheld information from their therapists, contributing to a sense of disconnection from their middle-class therapists (Balmforth, 2009; Trott, 2016). Lastly, working-class patients reported anger and jealousy over their therapist's privilege, especially when therapists overtly displayed status symbols (Thompson et al., 2012).

Participants in Trott's (2016) study reflected on the effect of class similarity on the dyad. Some participants expressed that perceived class similarity with their therapists made them feel comfortable and in turn more connected. They reported that they felt intuitively understood by their therapists and felt more inclined to trust them, allowing them to be more honest and open with their therapists. Additionally, other participants in this study reported negative experiences of class similarity on the dyad (Trott, 2016). Participants expressed that their therapists tended to over-assume similarity and impose their own values on the participants.

Borges (2014) and Ryan (2017) explored therapists' experiences of social class in psychotherapy. Their sample consisted of predominantly White North American and British citizens. While reflecting on the effect of class differences on the dyad, middle-class therapists working with working-class patients reported feeling stuck, guilty, and inhibited due to their fear of denigrating their patients. These therapists reported feeling frustrated at their difficulty

with working with class-related material and expressed that their difficulty working with class-related material contributed to the distance and withdrawal present in the dyad (Ryan, 2017). Middle-class therapists working with working-class patients also reported engaging in various practices to conceal their own class status to manage their patient's potential perceptions of them (Borges, 2014).

The act of becoming a therapist places individuals into the middle-class category, which for therapists coming from a working- or lower-class background, further complicates their experiences of class within the therapeutic dyad (Totton, 2009, as cited in Trott, 2016). Previously working-class and lower-middle-class therapists reflected that they were the target of contempt and disparagement by their middle-class patients, which sometimes re-traumatised them and evoked old class wounds (Ryan, 2017).

Participants in Ryan's (2017) study reflected on the effect of class similarity on the dyad. Working-class therapists in this study reported identification and feelings of anger, shame, and envy while working with working-class patients mostly resulting from their first-hand experiences of the challenges and inequalities faced by working-class people. For some of these participants, this first-hand experience resulted in a lack of empathy and hostility towards their patients. Middle-class therapists working with middle-class patients reported that class issues were less salient in these dyads (Ryan, 2017). They reported a sense of ease in their engagement with their similarly classed patients. As previously mentioned, class similarity has the potential to obscure class issues and thus be excluded from therapeutic engagement, which has important implications for the therapeutic process and relationship (Trott, 2016).

The above studies have illustrated the invariable presence of class within the consulting rooms and how it may present itself within the psychoanalytic encounter, influencing the therapeutic process and overall experience of the dyad (Esprey, 2013). Class has a powerful influence on our psyches, shaping how we think about and relate with ourselves, the world, and others (Altman, 2010). While valuable, these studies were conducted using a predominantly White North American and British population. Race and class intersect in important and complex ways in the Black South African consulting room, especially within the Black same-race dyad. Literature recognising and integrating South African Black therapists' and patients' experiences of class is needed to broaden our understanding of class's unique and complex influence on the therapeutic encounter. To my knowledge, this will be the first study

conducted within the South African context that explores Black therapists' experiences of class in same-race therapeutic dyads.

Transference, countertransference, and the therapeutic alliance

Social class can be considered an inherently relational phenomenon that may reflect conscious and unconscious resonances (Ryan, 2017). Class may consciously and unconsciously evoke comparison, judgment, affiliation, and differentiation, which influence how we relate with ourselves and others (Ryan, 2019). Class is a prime topic for psychodynamic investigation because these conscious and unconscious resonances may show up and structure the transference-countertransference dynamic and influence the development of a therapeutic alliance (Altman, 2010; Ryan, 2017).

Transference, countertransference, and therapeutic alliance are three key concepts historically situated within psychoanalytic theory and literature. Although they may be utilised in other theoretical orientations, they remain key concepts for consideration within psychodynamic psychotherapy (Gelso & Mohr, 2001). Transference is a concept that was first introduced by Freud in 1905 when he became aware of the strong positive and negative emotional reactions his patients experienced towards him within their therapeutic relationship (Lemma, 2016). The use of the term transference has extended beyond its first introduction by Freud (1905) and is now understood to be primarily about the patient's emotions and parts of the self that are externalised and displaced onto (and sometimes into) the therapist (Lemma, 2016).

Countertransference is generally considered as the therapists' emotional reactions to their patients and their material (Gelso & Mohr, 2001). In Freud's time, countertransference was considered a hindrance to the therapeutic process because it was a manifestation of the therapists' "blind spots" (Lemma, 2016, p.233). Over the years, there has been a marked shift from viewing countertransference as solely a hindrance to viewing the therapist's emotional reactions to a patient as an invaluable source of information about the patient's internal world, unconscious communication, and effect on the people around them (Lemma, 2016). A relational framework and approach understand transference and countertransference as mutually constructed by both the therapist and the patient's internal and external dynamics (Gelso & Hayes, 2007). This research study adopts this relational view of the construction of transference and countertransference in the therapeutic encounter.

The therapeutic alliance generally refers to the working relationship between the therapist and patient, involving the formation of a healthy emotional or interpersonal bond and collaboration and mutual agreement on therapeutic goals (Machado et al., 2015; Millard, 2017). Transference, countertransference, and therapeutic alliance are thought to have a significant and reciprocal influence on one another. The therapeutic alliance facilitates the emergence of transference and modulates the effects of countertransference while transference and countertransference also influence the quality of the therapeutic alliance (Gelso & Mohr, 2001; Machado et al., 2015). Specific to this research study, the presence of class in the psychodynamic encounter has the potential to shape the thoughts, behaviours, and emotional reactions of both members of the dyad and subsequently influence the strength of the working relationship and emotional bond between the therapist and the patient.

Conclusion

Race and class in same-race dyads intersect in ways that may enhance, complicate, or hinder the therapeutic process, including the development of transference, countertransference, and the therapeutic alliance (Gelso & Mohr, 2001; Goode-Cross & Grim, 2016). Holding in mind that identity, positionality, and socio-historical context will inevitably influence the therapeutic process, opens the possibility for the therapist of engaging the entirety of the intersubjective space created by themselves and their patient (Malone, 2017).

This literature review has located the discourses around identity and positionality within the South African context. Given our socio-political history, it has highlighted the importance of considering these issues within our context. The literature review discussed Black, same-race therapeutic dyads, highlighting the nuanced and complex position Black therapists working within same-race therapeutic dyads find themselves. Lastly, the literature review discussed class extensively, outlining a class definition relevant and applicable to the South African context and highlighting the importance of considering class's influence on the central psychoanalytic concepts of transference, countertransference, and therapeutic alliance. Overall, the literature review laid the foundation for understanding Black therapists' experiences of class within same-race psychodynamic psychotherapy in South Africa.

Chapter 3: Research Methodology

Research Design

This research study adopted a qualitative methodology. Qualitative research explores and understands how individuals make sense of their worlds and lived experiences and the meaning they attach to these experiences (Willig, 2013). Black therapists working within same-race therapeutic dyads have a unique set of experiences. Using a qualitative approach allowed me to deeply explore, understand and obtain rich and detailed information from the participants about these experiences (Creswell & Poth, 2016).

The theoretical paradigm that underpinned this methodology was phenomenology. Phenomenology is the study of "phenomena as people experience them" (Sloan & Bowe, 2014, p.4) and focuses on describing the meaning that individuals attach to their lived experiences of a concept or phenomenon (Creswell, 2007). According to Creswell (2007), a phenomenological approach is particularly useful when it is essential to understand a phenomenon's common or shared experience. Issues of identity and positionality have a powerful influence on the therapeutic encounter (Swartz, 2007). In particular, race and class have a powerful influence on the therapeutic encounter, and a phenomenological approach allowed for the experiences of Black South African therapists of class within same-race therapeutic dyads to be fully and deeply explored.

Research Questions

The following research questions guided this research study:

1. How do Black, South African therapists experience class when working within same-race therapeutic dyads?
2. How do Black therapists working psychodynamically experience the influence of class on the transference-countertransference dynamic and on the therapeutic alliance within same-race dyads?

Participants

The aim of this research study is not to make statistical generalisations but to obtain an in-depth understanding of the experiences of Black, South African therapists working within same-race therapeutic dyads. Therefore, non-probability sampling methods were used to recruit research participants. Specifically, purposive and snowball sampling was utilised.

Purposive sampling requires the researcher to specify the criteria and characteristics of the target population and then attempt to track down individuals who have those characteristics (Christensen et al., 2015). Research participants selected using this sampling method are intentionally selected because of their ability to inform an understanding of the research problem (Willig, 2013). To obtain the sample needed for this research study, the study's poster (Appendix D) was distributed in a Facebook group of professionally registered, Black psychotherapists in South Africa.

The following criteria informed eligibility for participation in the study:

- Psychotherapists (clinical, counselling, or educational) who self-identify as Black African.
- South African.
- Registered with the Health Professionals Council of South Africa (HPCSA) as a clinical, counselling, or educational psychologist.
- Practising for at least three years.
- Identify as psychodynamically orientated psychotherapists.

Additionally, the snowball sampling method was utilised to recruit research participants. Snowball sampling involves asking interested and sampled research participants to identify other potential participants who meet the research study's inclusion criteria (Christensen et al., 2015). The Black therapists participating in this study were asked to recommend other potential therapists who met the inclusion criteria and might have been interested in participating. The therapists within the Clinical team at the University of the Witwatersrand were also directly approached and asked to identify potential participants who met the study's inclusion criteria.

It is recommended that a sample size of between three and ten research participants is obtained, particularly for research methodologies underpinned by phenomenology (Creswell, 2007). Therefore, the intended sample size for this research study was eight Black, South African psychotherapists who met this research study's inclusion criteria. The final sample consisted of eight participants. Participants were between the ages of 25 and 42 and the majority of the sample consisted of women (n=6) in comparison to men (n=2). The sample consisted of clinical (n=5), counselling (n=2), and educational (n=1) psychologists whose clinical experience ranged between three and fourteen years.

Data collection

Individual semi-structured interviews were used as the data collection method for the study. These interviews focused on eliciting information from participants about their experiences of class within same-race psychodynamic therapy and how they experience the influence of class on transference, countertransference, and the therapeutic alliance.

Although semi-structured interviews are time-consuming, they were the preferred data collection method because more detailed information about the participants' thoughts, feelings and worldviews could be obtained (Guest et al., 2017). I designed a semi-structured interview schedule (Appendix C) based on the available literature on Black same-race dyads and class within psychodynamic psychotherapy, with input from my research supervisor (Creswell, 2007). The interview questions were open-ended to allow participants the flexibility to express and emphasise their thoughts and feelings without restriction (Jamshed, 2014). Open-ended questions also allowed me to probe and ask follow-up questions for an in-depth understanding of Black therapists' experiences. The interviews were conducted in person and at convenient and suitable locations, including the participants' workplace and the Emthonjeni Centre at the University of the Witwatersrand.

In-person interviews were preferred because they offer a higher level of engagement and may provide richer data (Johnson et al., 2021). The communication medium for the interview was English, however, some participants expressed themselves in vernacular, which was directly translated. Once I obtained consent from the participants, the interviews were audio recorded and later transcribed by me for analytic purposes. The participant's confidentiality was maintained throughout. The duration of the interview varied; however, each interview was between thirty minutes and two hours.

Data analysis

The data analysis method for this research study was reflexive thematic analysis. Reflexive thematic analysis is an analytic method concerned with identifying, classifying, and summarising patterns in qualitative data and making sense of what participants have said and why they may have said it (Clarke & Braun, 2013; Willig, 2013). Thematic analysis is well-suited for research questions concerned with "people's conceptualisations or ways of thinking about particular social phenomena" (Willing, 2013, p.183). Therefore, thematic analysis was a

suitable method for summarising and making sense of Black therapists' experiences of class within same-race psychodynamic psychotherapy.

I conducted the thematic analysis of the data in six phases (Braun & Clarke, 2006, 2021). Phase one consists of the researcher familiarising themselves with the data (Braun & Clarke, 2006). During this phase, I listened to and transcribed the audio-recorded data. I then read and re-read the data and briefly noted items of potential interest and relevance to the research questions (Braun & Clarke, 2006). Phase two of thematic analysis is coding. During this phase, I worked systematically to identify and generate labels for the data relevant and meaningful to the research question (Braun & Clarke, 2006). Phase three involves the researcher generating initial themes (Braun & Clarke, 2021). A theme "captures something important about the data in relation to the research question" (Braun & Clarke, 2006, p.63). During this phase, I identified similarities between the coded data and developed preliminary themes and subthemes that I thought would meaningfully address the research questions (Braun & Clarke, 2021). Phase four involves developing and reviewing the themes. During this phase, I checked whether the themes fit in relation to the data and whether the data was meaningfully captured by the themes (Braun & Clarke, 2021). I also considered the relationship between themes and how they could possibly work together to address the research questions and problem (Braun & Clarke, 2021). Phase five consists of refining, defining and naming themes. During this phase, I wrote up a detailed analysis of each theme and clearly stated each theme's unique and specific characteristics (Braun & Clarke, 2021). I also provided a name for each theme. Phase six is the writing-up phase. During this phase, I combined and contextualised the data, so that the data tells a clear story and addresses the research questions (Braun & Clarke, 2021).

Ensuring trustworthiness

To enhance this qualitative study's rigour, Lincoln and Guba's (1985) principles of credibility, transferability, dependability, and confirmability were adhered to. Adhering to these principles of trustworthiness ensured that the yielded results were valuable and meaningful (Nowell et al., 2017).

Credibility refers to the degree to which the findings accurately reflect the participant's experiences (Lincoln & Guba, 1985). The credibility of this research study was ensured through extensive familiarisation with the literature on Black same-race therapeutic dyads, which ensured that the participants' experiences were accurately understood, captured, and

represented (Nowell et al., 2017). Additionally, credibility was ensured through the use of direct quotes to evidence the fit between my interpretations and the participants' accounts. My research supervisor also checked the themes continuously to ensure congruence between my interpretations and the participants' accounts (Nowell et al., 2017).

Transferability refers to the generalisability of the study's findings to other settings and with other participants (Lincoln & Guba, 1985). Although the aim of qualitative research is not to make generalisations, it is the researcher's responsibility to provide detailed descriptions of the study to assist others with making judgements about the transferability of the findings to other contexts (Nowell et al., 2017). Therefore, a rich and detailed description of the context of the study, sampling methods, data collection and analysis methods, and the findings was provided so that readers can use this information to make accurate judgements about the transferability of the results to other settings and participants (Nowell et al., 2017).

Dependability assesses the consistency of the data (Lincoln & Guba, 1985). To ensure the study's dependability, proof of the development of themes from the initial analysis is available, as well as the original anonymised transcripts (Nowell et al., 2017). Confirmability is concerned with ensuring that the interpretations and findings presented can be confirmed by the data and others (Guba, 1981). To ensure confirmability, the interpretations and findings were discussed with my research supervisor to ensure that other possible interpretations were considered and deliberated upon (Nowell et al., 2017).

Reflexivity

Reflexivity refers to the "analytic attention to the researcher's role in qualitative research" (Dowling, 2006, p.8). The researcher's subjectivity and positionality will influence the research process throughout, including the choice of the research topic and how the data is collected and analysed or interpreted. To broaden the readers' understanding of the research and strengthen the credibility and trustworthiness of the research findings, the researcher must clearly describe the context of their relationship to the research topic and the participants and how they shaped and were shaped by the research process (Dodgson, 2019; Palaganas et al., 2017).

I am a Black, South African, middle-class therapist-in-training, and the experiences of race and social class in my personal life have shaped the conception and intention of this research topic. Beginning in childhood, my predominant experience of class was that it shaped the

interactions in my interpersonal relationships, especially with other Black people in ways that often evoke shame, ambivalence, anxiety, and stuckness. As part of my journey to becoming a clinical psychologist, one of my long-standing goals was to serve the Black community. As a newly accepted student into a master's training program, I thought about what it means to be a Black therapist in South Africa and wondered about what my experience of sitting across from another Black person would be. I thought about the challenges I might face, and class was one of the challenges that induced intense feelings of fear and anxiety. Given the dearth of psychological literature focused on the experiences of Black South African therapists in same-race dyads, I chose this topic to give voice to this population. Upon reflection, I realise that I may have also chosen this topic to help me personally confront, think about, and talk about what it means to be a Black, middle-class therapist in South Africa.

These personal experiences, combined with my identity and positionality, unavoidably influenced the passage of this study throughout, including how I analysed and interpreted the data collected from the participants (Palaganas et al., 2017). My responsibility as the researcher was to remain as close to the data as possible to avoid intentional contamination of the findings (Dowling, 2006). To do this, I kept a reflexive journal throughout the research process and took note of my cognitive and emotional reactions and experiences during the data collection and analysis processes (Goode-Cross & Grim, 2016). Additionally, I continuously consulted my research supervisor to ensure that my interpretations of the findings were unbiased and accurately represented the participants' accounts.

As a Black therapist-in-training interviewing registered Black therapists, I was sensitive and cognisant of the possible ways that the similarities and differences between myself and the participants influenced the research process (Dodgson, 2019). During the data collection process, I was aware of the sense of comfort, validation, and relatedness I felt while interviewing my participants, especially my Black female participants. During the process of writing up the report, I became aware of the pressure I experienced to represent my participants' experiences accurately while trying to protect them from potential scrutiny from non-Black South African therapists. I sometimes experienced this as an additional burden to the already complex and challenging task of writing up a research report that is authentic and has integrity. This over-identification with my participants had the potential to bias my interpretations of their experiences, however, I relied on my supervisor and personal therapist to process and make sense of these feelings without tampering with the integrity of this research report.

Furthermore, during the data collection process, I became aware of my preconceived assumptions about what my participants' experiences of class in psychotherapy would be. I realised that I assumed that all my participants, like me, would narrate similar experiences of shame and anxiety about their class identity. I was aware of the feelings of envy and suspicion towards participants who were secure in their class identity and positioning the interviews elicited. Again, I relied on my reflexive journal and personal therapist to metabolise and manage these feelings while maintaining the integrity of this report.

Overall, I acknowledge that the findings and interpretations of this study have been co-constructed by my own and my participants' experiences, aware that subjective experiences cannot be completely divorced from qualitative and interpretive research. It is the recognition of this co-construction that enhances the research process (Meyerson, 2021; Nair, 2008).

Ethical considerations

According to the Human Research Ethics Committee's (HREC Non-medical) broad risk categories, low-risk research studies are those where there may be some sensitivity involved in the kinds of questions asked, or the only risk is likely to be that of discomfort. Race and class may be regarded as sensitive topics that have the potential to induce feelings of discomfort in the participants (Ryan, 2019); therefore, this research study's risk category was low risk. Before the data collection phase commenced, School-level ethical clearance from the University of the Witwatersrand was obtained. Special attention was given to the following areas in compliance with the School's ethical guidelines: informed consent and voluntary participation, anonymity and confidentiality, and potential emotional distress.

Informed consent and voluntary participation

Participants were given complete information about the research study and the participation requirements and implications. Participants were emailed a participant information sheet (Appendix A) that invited them to participate, outlining the study's aims, intent, and purpose (Gravetter et al., 2021). Additionally, participants were informed that their participation in this study was voluntary and that they were free to withdraw their participation and/or their responses from the study at any time without being questioned or coerced. (Gravetter et al., 2021). Participants were also informed that they could decline to answer particular questions without being questioned or coerced. Participants were required to read and sign an emailed

consent form (Appendix B) for participation and an audio recording of the interview before an interview was scheduled. Once the consent forms were signed, an in-person interview was scheduled and conducted.

Anonymity and confidentiality

Participants were not required to provide identifying demographic information such as their name, surname, or practice number. Participants were only asked to provide their age, race, social class status, and the number of years in practice as registered psychologists. This information was used to provide descriptive information about the participants in the study. Additionally, participants were given pseudonyms (such as Participant A) for transcribing purposes and informed that direct quotes may be used in the final report, although they would not be personally identifiable (Gravetter et al., 2021).

Participants were informed that I was the only person who had access to the interview recordings; my research supervisor only had access to the anonymised transcripts. Participants were also informed that the audio recordings would be kept in a password-protected file on a password-protected computer to restrict unauthorised access.

While this study was interested in the experiences of Black, South African therapists, there was a possibility that confidential information about their patients or their patients' identities could be compromised. To eliminate the risk of a breach of confidentiality, participants were asked before the commencement of the interview not to discuss confidential information that could lead to the identification of a patient (Government Gazette, 2006). Participants were asked to use pseudonyms when using their patients as examples to protect their patient's confidentiality and anonymity. If participants revealed information that could lead to the identification of a patient, I took additional steps to protect the confidentiality and anonymity of their patients. I removed the identifying information and used pseudonyms when participants referred to these patients.

Potential emotional harm

The only foreseeable risk for participation in this study was that of discomfort; therefore, it was not expected that this study would elicit psychological distress that requires intervention. Although none of the participants in this study expressed or experienced emotional (or any other kind of) distress, measures were put in place in the event that they became distressed. If

participants experienced emotional (or any other kind of) distress due to their participation in this study, they would have been encouraged to contact and consult with their psychotherapist or supervisor. If participants did not have a psychotherapist or supervisor, they would have been assisted with accessing free counselling services.

Chapter 4: Results and Discussion

Introduction

This chapter presents and interprets the key findings from eight interviews with Black South African therapists about their experiences of class in same-race dyads. The data was organised into four main themes with various sub-themes. The main themes and sub-themes are presented in Table 1 below.

Table 1

Main Themes and Sub-Themes

Main themes	Sub-themes
1. Therapy with Black Patients	1.1. Personal Feelings 1.2. Assumptions and Expectations 1.3. Language 1.4. Adequate-enough preparation
2. Understanding of Social Class	2.1. Socioeconomic Definitions 2.2. Personal Perceptions 2.3. Self-Definitions
3. Experiences of Class Positioning and Mobility	3.1. Emotional Costs of Class Mobility 3.2. Negotiation of Class Identity
4. Class in the Room	4.1. Class Consciousness 4.2. Topic of Class 4.3. Talking and Thinking About Class 4.4. Transference, Countertransference, and Therapeutic Alliance

1. Therapy With Black Patients

Sharing a racial identity with a patient shapes the therapist's overall experience of the dyad (Goode-Cross & Grim, 2016). This theme addresses the participants' experiences of race while working in Black same-race therapeutic dyads. Participants discussed their personal feelings about working with Black patients, the assumptions and expectations their patients often come into the room with, the role of language in the dyad, and their preparedness for working with the complexities of Black same-race dyads.

1.1. Personal Feelings

This sub-theme focuses on the participants' personal feelings and reactions to working with Black patients. Participants described their experiences as positive, challenging, and/or similar to their work with non-Black patients.

Participants narrated their positive experiences of same-race dyads, describing their experience as reassuring and comforting because they felt good enough, preferred, and chosen.

> Just feeling happy that they sought me out and this is what they want. So, I go into the therapies and the experiences with the patients that I have had so far with a lot of confidence because it feels like they know what they want, and I am what they want (Participant A).

Participants also reported a sense of joy, relatedness, and pride that comes from working with Black patients.

> That is also the part that I like about working with Black clients[3] because we laugh. We laugh a lot in therapy even though we cry sometimes, but there are certain things that are just like "Oh my gosh, really ?!" (Participant E).

Like Burch (2018) and Evans (2019), participants in this study found their work with Black patients enjoyable, meaningful, and gratifying in a way that is different from their work with non-Black patients. Participants felt more comfortable in their professional roles and experienced a different kind of closeness and connection to their patients, which they appreciated (Goode-Cross & Grim, 2016). These positive experiences formed the basis for the development of a faster and stronger emotional bond within the dyad (Nguyen, 2014).

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[3] Participants in this study used the terms patient and client interchangeably to refer to an individual receiving psychological services or treatment.

Participant H finds it easier to work with Black patients:

> I find it predominantly easier than working with other races where I have to keep in mind and have to address something that is uncomfortable for both of us to address; the race, the racial stuff, and what it means for us in the room (Participant H).

Goode-Cross and Grim (2016) found that Black therapists working in same-race dyads experienced an ease and "unspoken level of comfort" because of their familiarity and similarity to their patients. Participant H's comment speaks to this "unspoken level of comfort" that she experiences with her Black patients; the sameness of race feels like a factor that does not need to be explicitly addressed. Research has noted this as a commonly experienced phenomenon in same-race dyads, arguing that it can result in an assumed similarity bias and the conscious and unconscious disregard of important therapeutic material (Raja, 2016). In contrast, participants in Mbele's (2010) study experienced race differently in the sense that they felt they needed to be mindful of race in Black same-race dyads because of its potential to influence the therapeutic alliance.

While some participants reported positive experiences of working in Black same-race dyads, others described the challenges they faced. Participant A experiences challenges with overidentification and separating her experiences from her patients. Overidentification in this case refers to the "felt bond with another Black person who is seen as an extension of oneself because of a common racial experience" (Calnek, 1970 p.1). Participant A's similarity with these patients often leaves her feeling exposed, overwhelmed, and forced to confront her internal dynamics:

> I identified with Nkululeko in a lot of ways and there were times when I felt like we were both stuck in the mud because she would bring dynamics and things that I was working on in my therapy and I wouldn't know where to take her or what to do because at some points, it felt like with certain things, she was a lot further along than I was (Participant A).

Understanding and relating to a patient's cultural context is valuable for the therapeutic process and relationship, however, this may also complicate and hinder the process and relationship (Nguyen, 2014). Overidentification is a commonly cited challenge experienced by therapists in Black same-race dyads. Research from Evans (2019), Goode-Cross and Grim (2016), and Greenberg et al. (2015) found that overidentification increased the potential for collusion, emotional enmeshment, incorrect assumptions, and the blurring of professional boundaries.

Similar to these findings, Participant A overidentified with her Black patient, which made it difficult for her to retain her capacity to think and contain her patient (Bion, 1962; Esprey, 2017). Like participants in Nguyen's (2014) study, Participant A recognised her need to be cautious about separating her experiences from her patients and being mindful of what belongs to whom in service of the therapeutic process.

When working with children, Participant F struggles with being trusted and let in by her patients' parents and/or family members:

> Another difficult thing, especially because I work predominantly with children, is their parent's ideas and understandings of what therapy is and who and what the therapist represents in that child's life. I think that is difficult because they come from a space of not knowing and it is threatening to have your child talk to somebody else about what is happening in their life. It is also layered because we are a conservative community and we hold a lot of weight in terms of spirituality, community perceptions, and what people think about us matters (Participant F).

Participant F's challenge with being trusted and let in by her patients' parents and/or family members echoes findings that cultural beliefs, perceptions of psychotherapy, and treatment stigma affect Black Africans' willingness, openness, and utilisation of psychological services (Egbe et al., 2014; Maphosa, 2003; Ruane 2010). Specifically, Ruane (2010) found that Black Africans in township communities were reluctant to utilise psychological services because they understood these services as being reserved for the White elite, they believed in settling familial concerns within the family and without the assistance of 'outsiders', and they felt embarrassed and ashamed about needing or using such services. Participant F's account suggests that cultural beliefs, perceptions of psychotherapy and help-seeking, and treatment stigma continue to be major barriers to the utilisation of psychological services by the Black population of South Africa.

Participants described being confronted with deprivation and injustice, which were familiar and painful reminders of their own experiences of deprivation and the societal and historical injustices suffered by Black people in South Africa. These confrontations left them feeling stuck, discouraged, and numb.

> In the community clinics, it was hard in terms of seeing the deprivation. That you get used to something because it is sort of like the same deprivation you come from or that you have

> known even if it is not personal. But I have known it with my family and extended family members, so there was something familiar (Participant D).

> It is hard. It is hard to know that this happened to you because you are poor, and you are poor because of the colour of your skin not because of the choices you made. Even in the therapeutic space, I'm left feeling very despondent of realising that, structurally, if you just lived in a different place and had access to better transport systems or were able to transport yourself, the risk associated with your survival would be minimised (Participant F).

Related to being confronted with deprivation and injustice, participants described feeling self-conscious when working in Black, same-race dyads because of their privilege and experiences in the public sector.

> I suppose there is something of an awareness that I have developed because of my work in State now that I have come into private. I am so conscious of how I present and what patients assume given the car that I drive, the clothes that I wear, the gadgets that I have on me, and the language that I speak and how I speak (Participant C).

> I was very much aware of myself in that space. That firstly, I drive a car and 98% of my patients did not drive a car. Secondly, I live in suburbia and none of my patients lived in suburbia. I went into Soweto from wherever I was. So, I was aware of that, and my patients were also aware of that (Participant D).

It is evident that the participants are deeply and emotionally affected by their work with lower-class patients. Like Borges (2014), working with lower-class patients evoked feelings of sadness, helplessness, and despair. These feelings are particularly evoked by the demographics of the participant's patient population, which increased their awareness of themselves, their power and privilege, and how their patients perceived them. Perhaps the participants' increased self-awareness and self-consciousness are also a result of their discomfort and guilt about their relative class positioning and the apparent differences in social class status between themselves and their patients (Balmforth, 2009; Borges, 2014).

While most participants described distinct experiences while working within same-race dyads, Participant B described his experience with Black patients as no different to his work with White patients, especially when working psychodynamically because the Black and White internal

world is the same. Even so, Participant B acknowledges a difference in the content and construction of these internal worlds and how he might then work with them therapeutically:

> When I say I do not see a difference it is for the purpose of saying that I think there is political risk in imagining that the internal world of Black and White people is any different. When I work with the internal world, I do not see a significant difference… I think that there is a difference in terms of how the Black and White internal world is built and what I find, and then I might work from there (Participant B).

Early psychoanalytic literature claimed that people of the African diaspora did not have an internal world or intrapsychic functions and processes thereby rendering them 'unanalysable' (Frosh, 2013; Sachs, 1996). Borrowing from Wulf Sachs (1996), Participant B attempts to challenge old racist and prejudiced ideas by highlighting the universality of the human mind while also acknowledging the influence of culture and context on the Black internal world (Durrheim, 2016).

1.2. Assumptions and Expectations

This sub-theme focuses on the assumptions and expectations that the participants experienced as being brought into the room by their Black patients. Like Greenberg (2017) and Mbele (2010), participants described assumptions and expectations of understanding based on race.

Participants recalled instances when their Black patients came into the room with an assumption of sameness and an expectation for them to know and understand the material they presented and how they presented it because of their shared racial identities.

> A lot of what would be said in the session is "You know when *us* Black people, *you* get those rituals". And I always have to, which I always do, say can you please explain it to me. It catches them off guard that what do I mean I don't know, and they must explain this ritual that we have (Participant C).

> My patients will say "There are certain things that my White therapist couldn't understand but with you, I don't have to over-explain myself or there are certain experiences I am assuming that you yourself would have gone through as a Black therapist or Black woman" (Participant E).

The assumption expressed by these patients is that because they share a racial identity with their therapists, their therapists should and would have had similar life experiences. Consequently, these patients expected their therapists to understand their backgrounds and experiences deeply and more personally. This assumption suggests the presence of instinctive and internalised socially constructed norms, expectations, and "ways of being Black in the world" that these patients projected onto their therapists (Mbele, 2010). Furthermore, it can be said that these patients overidentified with the participants; overidentification informed by the assumption of sameness. Although not discussed in the interview, I wonder whether the participants felt pressured to know and understand their patients' experiences to maintain a sense of racial solidarity and unspoken connection. These findings are in line with the literature emphasising the importance of the therapist's awareness of expectations and assumptions of sameness in demographically similar therapeutic dyads because they significantly influence the transference-countertransference dynamic and the therapeutic alliance (Raja, 2016).

Participants also described their patients' expectations when coming into therapy that the therapist would immediately connect and be lenient with boundaries and the therapeutic frame.

> I suppose there are a lot of nuances that go into sitting with another Black person in the room. There is a level of "I expect us to connect automatically because of the colour of our skin" (Participant C).

> So, they will test the boundaries, they will cancel whenever, and when they come back, there is the reliability of "We are Black, and you get it. You understand that I can't make it. You understand that things happen" and you are just expected to not hold them accountable for when they mess around with the sessions (Participant H).

Research has found that the therapist and patient's readily apparent characteristics (race in this case) create an array of premature beliefs that make their way into the therapeutic space (Greenberg, 2017; Raja, 2016). The expectation expressed by these participants' patients is that being of the same race fosters an immediate and stronger emotional bond and an understanding that allows the participants to better empathise with them to the extent of overlooking or ignoring inappropriate behaviour. Like Burch (2018) and Greenberg (2017), participants in this study experienced an expectation to be lenient and overly accommodating of their patients because of their racial similarity.

1.3. Language

This sub-theme focuses on the role that language plays in Black same-race dyads and its importance as assigned by the participants. Participants experienced language as an influential variable that shaped the dynamic of the same-race dyad and viewed it as having both a facilitative and a hindering role in the therapeutic process and relationship.

Language is essential to therapeutic practice because therapists rely on language to form therapeutic alliances, establish rapport, and understand how their patients have constructed and organised their internal worlds (Amiri, 2021; Rosenblum, 2011). Language is particularly salient in South Africa because of the country's socio-political history. As a result of colonialism and apartheid, South African languages have acquired social and political connotations, promoting and regarding English as powerful and prestigious while denigrating and undervaluing African or vernacular languages (Mekoa, 2020). Language has a powerful influence on the subjectivity and intersubjectivity of the therapeutic space, especially for Black same-race dyads in South Africa.

For the participants in this study, working with Black patients allowed them to conduct therapy in an African language, which they enjoyed and felt fostered a sense of connection in the dyad, experienced by both themselves and their patients. Participants described how conducting therapy in an African language required them to be more intentional and thoughtful in their work and found that it invited more curiosity about themselves from their patients.

> I really enjoy having therapy in my own language, as hard as it can be, but it reminds me of the lexicon. It takes me back to certain words and how you must really think about how you are going to explain depression or ho tetebela maikutlo *(intense negative emotions)* and it just reminds me of the flavour of the language and how amazing it is (Participant D).

> I think there is more curiosity about who I am, and people often just ask "Okay, so, where do you come from?", so I will also tell them my surname and then some will start reciting my clan names. So, it is generally easier in terms of connection (Participant E).

These findings are congruent with research that has found that Black therapists experience conducting therapy in a vernacular language as facilitative of feelings and experiences of joy, intimacy, relatedness, and mutual understanding in the dyad (Amiri, 2021; Edmonds, 2021;

Goode-Cross, 2011a; Rosenblum, 2011). Language continues to be experienced by the Black community as a vehicle for connection, empowerment, and group belonging (Hamilton, 2023).

For some participants, conducting therapy in an African language was more complex. Although communicating in vernacular fostered a sense of connection, it also brought up feelings of disconnection, distance, and shame within the dyad because the participants were not always able to, and perhaps did not want to, meet their patients where they were.

> It seems like a small thing, but part of the shame is that all my therapies are conducted in English even though I can speak other African languages. The nice part and where I start to envy my patients is that they can say things in any African language and I'll get it, but we converse in English. Some of them will mix English with Sesotho or isiZulu, which I can understand and hear, but I respond in English all the time. (Participant A).

> Patients really do want to speak their mother tongue and there is a bit of connection insofar as me affording them the chance to say you can speak your languages and you can see the enlightenment in their eyes. But the disconnection comes when they speak in vernac but my reflection is in English. Not to say that they do not take it in, but you can feel almost like a distancing that kind of happens because there was an expectation that I would respond in the same way (Participant C).

Participants made an effort to afford their patients the space and opportunity to speak vernacular in the room, which fostered a sense of connection because their patients were able to express themselves authentically and subsequently felt heard and understood. Although the participants understood their patients' vernacular, they did not follow their lead by responding in vernacular, which they felt ruptured an aspect of the therapeutic process and relationship. These participants reported often responding in English because this was their "therapeutic language" – the language they were trained in and could effectively and meaningfully organise and communicate their thoughts and feelings – and found it very challenging and uncomfortable to conduct therapy in vernacular. Amiri (2021) points out the importance of thinking about the mode of communication used in bilingual/multilingual dyads because language can be used as a defence mechanism. Perhaps the participants' use and reliance on English serve the defensive function of reducing their anxiety and protecting them from unpleasant emotional experiences. Not following their patient's lead elicited feelings of guilt and shame because the participants could not engage with their patients on that level and even if they could, did not want to because of its complexity

and the feelings of inadequacy and insecurity it evoked. Like Rosenblum (2011), participants in this study may have experienced guilt and shame related to feeling like they were enforcing a power dynamic in the room and purposively creating distance between themselves and their patients.

For Participant D, conducting therapy in an African language has also meant navigating her professional and cultural identity:

> I think the respectability stuff is what garnered me a sense of belonging and being accepted because I call people mme, ausie, ntate, abuti *(ma'am, aunty, sir, uncle)* because you just realise that respect helps. It helps the therapy even though when we train, they will tell us not to do that because we're sort of putting ourselves in a lower position and things like that, and understandably so. But at the same time, the relationship starts with how you address me, and I think that is what helped me learn that I can still call you Aus Lerato but still call you out (Participant D).

Participant D's comment highlights a dynamic that Black therapists practising in South Africa often have to navigate in same-race dyads. Black therapists have to find ways of effectively reaching their patients, which involves being mindful of social and cultural norms and expectations while also adhering to standards of professionalism and ways of conducting themselves in the room, especially when practising within a psychodynamic or psychoanalytic orientation. Social and cultural norms and expectations are often experienced as standing in contrast to traditional psychodynamic or psychoanalytic ways of practising as these have been historically rooted in Whiteness (Hamilton, 2023; Mbele, 2010). For example, in social settings, older Black people are not addressed by their first name as a sign of respect, however, prefixing a patient's name in therapy is sometimes perceived as countertherapeutic (Mbele, 2010; Meyerson, 2021). Black therapists are thus tasked with negotiating and navigating their multiple identities while taking into consideration the context within which they practice and the therapeutic implications thereof.

1.4. Adequate-Enough Preparation

This sub-theme addresses whether participants felt adequately prepared through their education and training to work with the complexity of Black same-race dyads. This subtheme also looks at the participants' perceptions of what could be improved to adequately prepare Black clinicians to work in same-race dyads.

All participants, except one, felt that they were not adequately prepared and had to take it upon themselves to obtain extra support to process and understand what it means to be sitting in the room with another Black person.

> No, I didn't feel adequately prepared for anything if I am being honest. It was not even a thing to think about what it meant to be with another Black person in the room. I feel like I am still learning as I go. I took it upon myself to get extra support in the form of supervision and finding groups outside to meet with to help me think about things like that (Participant H).

Some participants felt they were prepared enough as experience and exposure may be the only way to prepare Black therapists for working in same-race dyads. For example, Participant G says: "No, but I don't think we are ever fully prepared. I think as prepared as we can be and as we go along and practice, we learn" (Participant G).

Like participants in this study, Black therapists around the world endorsed receiving inadequate preparation for working within same-race dyads and learning to work with Black patients as they practised, increased their exposure, and obtained extra support from supervisors and colleagues (Burch 2018; Goode-Cross & Grim, 2016; McNeil, 2010). While exposure and experience may be the best teachers, these experiences highlight the need for training clinicians to evaluate their training programs and consider what might better equip beginning Black therapists for working with the nuances and complexities of same-race dyads.

In contrast, Participant B felt adequately prepared to work with Black patients because his training taught him to be curious. Interestingly, he reflected on his training journey and how unprepared he felt 10 years ago and acknowledged that more could have been done to prepare him:

> Yes, and if you asked me this 10 years ago when I think I was a bit more of a novel therapist, I think I would have said no because I would have said something about how there isn't enough conceptualisation of Blackness. I think that version of me would have been looking to make an error, which is to imagine that you can teach Blackness as opposed to teaching curiosity. So, this version of me would say yes, I think my training trained me to be curious and as a result, I think it adequately prepared me… And of course, it could always do better (Participant B).

Participants shared what they thought might bridge the gap to adequately prepare Black therapists for working in same-race dyads. It was difficult for some participants to conceptualise what it would take to bridge this gap, but most suggested having more Black clinicians on training teams and increasing trainees' exposure to different communities.

> For one, it is obviously having positions, having people who look like me occupying panels, and having more of us teaching. But even more than that, don't just place Black bodies who are just going to regurgitate Whiteness and White systems… So, almost like needing people from different class levels, different spiritual and religious positions, people who conceptualise for the African mind-minds, and what it means to be in both worlds (Participant E).

In their struggle to conceptualise what it will take to bridge the gap to adequately prepare Black clinicians, participants acknowledged how difficult it can be to present ideas that will adequately conceptualise what it is like to be a Black therapist sitting across another Black person in the consulting room. However, like Hamilton (2023) and Pillay and Nyandeni (2021), participants in this study expressed that a starting point to bridging the gap would be having representative training teams and focusing on within-group dynamics as part of the trainee's formal education.

Participants wondered how having predominantly Black clinicians on their training team would have influenced the development of their identity as Black therapists and their relationship to Whiteness.

> But I wonder if I was trained at a different university, where there were more Black trainers, whether I would have seen my identity as a psychologist differently. Whether I would have chosen a different place to practice... I think the way in which I trained was like a tunnel that funnelled everything, through where you go, where you eventually end up in private practice, and it's comfortable. I do feel a bit ashamed because I have not moved out of that comfort zone. Ever. (Participant A).

> A good friend of mine [who trained at an institution with a predominantly Black training team] recently went into private practice and now that I think about it, she doesn't really have stuff around inadequacies with race and feeling inadequate around White people as much as I do. I guess I am saying, could it be that if you go to an institution that is predominantly Black, you

get more pride in being Black and, therefore, have more confidence and don't worry about Whiteness as much? (Participant D).

These participants are commenting on their experiences of being socialised and trained in White, middle-class institutions and how they have adopted some of these values as a result (McNeil, 2010). For these participants, being trained in White, middle-class institutions and by White, middle-class clinicians shaped their preferences and the choices they made, including their preferred patient demographic and practice location, and elicited feelings of estrangement, insecurity, shame, and self-consciousness as Black professionals. Research exploring the influence of a representative training team on the development of Black trainees' professional identity found that being supervised by Black or therapists of colour increased trainees' confidence and security as professionals and validated and affirmed their Blackness and identity as Black therapists (Goode-Cross, 2011b; Ramohlola, 2020). These findings highlight the salience of having representative clinical training teams.

1.5. Conclusion

This theme addressed the participants' experiences of race while working in Black same-race dyads in South Africa. Participants narrated positive experiences of same-race dyads, describing their experiences of working with Black patients as enjoyable, meaningful, comfortable, and reassuring. Participants also narrated the challenges they face while working in same-race dyads, including overidentification and fear of vulnerability. While most participants described distinct experiences of same-race dyads, one participant described his experience with Black patients as no different to his work with White patients, especially when working psychodynamically. Participants described the assumptions and expectations with which their patients often came into the room, including assumptions and expectations of sameness, understanding, and immediate connection. The participants discussed the role that language plays in same-race dyads in South Africa. For some participants, language played a facilitative role in that it fostered a sense of connection and made them more intentional clinicians. For others, language played a hindering role in that it evoked feelings of disconnection, distance, and shame. Lastly, participants discussed whether they felt adequately prepared to work in same-race dyads. All participants, except one, felt they were not adequately prepared and had to obtain extra support. Some participants felt they were prepared enough given that experience and exposure may be the best teachers, however, they also acknowledged that more needs to be done to adequately prepare Black clinicians in South Africa.

2. Understanding of Social Class

This theme addresses the participants' understanding of social class, what social class personally means to them, and their self-definitions of their social class status. The participants' view of social class will importantly influence their identity, self-experiences, and intersubjective experiences, especially in the room (Kirsten, 2023; Whitman-Raymond, 2009).

2.1. Socioeconomic Definitions

This sub-theme focuses on how the participants understand social class. Most of the participants defined social class by referencing socioeconomic variables such as income, access, and opportunity. Some participants also referenced political factors such as power, influence, and status.

> What comes to mind is affordability, access, status, and something about resources as well. Social class for me would have a lot to do with the monetary value that comes with the status you have and the position you hold in society, not necessarily with regards to monetary value, but also qualifications, what you contribute to society, social circles, organisations, communities that you find yourself in (Participant C).

> Social class means to me the ability to access different spaces, whether it is in terms of privilege. So, I can walk into certain spaces and speak in certain ways, and doors are opened up for me. It is related to money, access, and then the opportunities, or not, that one can gain from a certain position because of your class level (Participant E).

Income, access, status, and power were central to the participants' understanding of social class, which is similar to international and South African studies looking at the conceptualisation of class (Cohen et al., 2017; Kirsten, 2023). The participants' definitions are in line with conceptualisations that move beyond understanding class only in terms of the individual's economic position but also take into account social status, opportunity, skill, education, and power (Bourdieu, 1984; Weber, 1968). This is important for the South African context because income alone does not capture the dynamism of the country's social structure, the lived experiences of the population, and the complexity involved in determining class positioning. For example, Participant E explained the factors she takes into consideration when thinking about social class:

> I always look back to where I started, where my family started, and the kinds of opportunities that were offered across the generations. But for me, it is also being able to do

> better for my children, get them to better schools, get them to nice places, have the ability to walk into a room and not feel like you are an imposter, be comfortable with certain races, and speak different languages properly (Participant E).

Cohen et al., (2017) looked at the different constructions of social class across time and different groups in North America and found that over time, income has surpassed education to become the factor most prioritised by non-Whites when subjectively defining social class. The findings of this study similarly suggest that income, access, and power are prioritised factors in the conceptualisation of social class over education. Specifically, Black South Africans may prioritise these factors given the country's historical and current socio-political context, which is marked by economic insecurity, inequality, and discrimination, and their tangible and direct influence on livelihood (Schotte et al., 2017).

2.2. Personal Perceptions

This sub-theme focuses on the participants' subjective perceptions of the meaning of social class. Some participants expressed that, for them, social class is a superficial, discriminatory, and divisive categorical variable.

> I feel like these things are oppressive. Social class is a manmade construct that is really just used to oppress us, I feel. Now, we are no longer talking about White being better than Black, now we are talking about what area you live in, how much you earn, what schools your kids go to, and all of that serves one thing – to separate us. And I think for me, also within Blackness, it is also just creating a further divide amongst us (Participant D).

> I automatically think it means injustice. It means, socially, people are rated based on what they bring to the table. Socially, my worth, my belonging, or my status in society is directly dependent on my financial ability (Participant F).

Social class status was one of the vehicles used by the apartheid government to segregate and discriminate against non-White South Africans. During apartheid, the system of discrimination, segregation, and othering was initially based on race, however, under apartheid, the basis of this othering shifted and advanced from race to class (Seekings, 2011). This shift allowed White South Africans to sustain the advantages and privileges in the market but most importantly, created and deepened intraracial class heterogeneity and difference. Some Black South Africans were able to become "insiders" and access privileges such as educational and occupational opportunities,

however, the majority remained largely excluded from these privileges (Seekings, 2011). This laid the foundation for intraracial othering or classism, reproducing the same discriminatory practices that were created to segregate White and non-White people. Perhaps the participants' negative attitudes about social class can be understood as their awareness, reluctance, and/or discomfort with engaging with a discriminatory system that was specifically created to segregate and other Black South Africans.

For Participant B, social class is an asset that, amongst other things, affords him the privilege of not having to think about it:

> For me, social class is an asset because I find myself in the beneficial category of social class. So, it is something I am less likely to malign, disagree with, kind of get rid of, or even think about, actually (Participant B).

Participant B's comment highlights how certain advantages and benefits are afforded to those with access to cultural and material capital, including the privilege of not really having to think about social class (Claytor, 2020). While in a beneficial category of social class, this participant is simultaneously a member of a historically oppressed racial group, like all the participants in this study. The following theme will address how the participants make sense of their multiple and intersecting identities and positioning and their relative privilege, especially in a country where only a small number of Black South Africans can access the same privileges.

2.3. Self-Definitions

This sub-theme focuses on the participants' self-definitions of their social class status. All the participants classed themselves as middle-class, however, some participants were reluctant and uncomfortable with classing themselves in this way or classing themselves in general.

> I feel quite uncomfortable classing myself but from statistics and demographics and the GDP, I am part of the middle class of South Africa and part of the top earners, the 10% of people who earn a lot more than a lot of people in this country (Participant A).

> Honestly, I don't know. I think according to the LSM stuff, I am probably middle class, but I don't feel middle class (Participant D).

It is often assumed that there will be an alignment between objective and subjective social status, however, research has shown that the relationship between objective and subjective social

class status is not as simple or clear-cut as previously theorised, especially for Black South Africans (Burger et al., 2015; Coninck, 2019; Khunou, 2015; Kirsten, 2023). The end of apartheid ushered in the emergence of a 'new' Black middle class, however, many Black South Africans are reluctant to self-identify as middle class, including most of the participants in this study who are uncomfortable and ambivalent about claiming a middle-class identity. Burger et al., (2015), Corninck (2019), and Kirsten (2023) reflected on the existing dominant discourses about middle-class status or 'middle-classness' to explain Black South Africans' reluctance, discomfort, and ambivalence in claiming a middle-class identity. According to these authors, Black South Africans are reluctant to self-identify as middle class because they are hesitant to associate with a historically and predominantly White class stratum (Burger et al., 2015), they want to maintain some form of racial uniformity and loyalty (Corninck, 2019), and/or do not want to be associated with the Black middle class due to perceptions and discourses that link the Black middle class to conspicuous consumption (Khunou, 2015). While it is currently unclear which of these hypotheses captures and correlates with the participants' experiences, it is clear that class imagery influences how participants perceive their social class status (Kirsten, 2023) and there is something about the 'middle-class' label that causes tension and ambivalence for them and many Black South Africans.

2.4. Conclusion

This theme addressed the participants' understanding of social class. Most of the participants understood social class socioeconomically, referring to variables such as income, opportunity, and power in its definition. Participants shared their personal views of class as a superficial, divisive, and discriminatory categorical variable. Lastly, all the participants classed themselves as middle-class, however, for some participants, this was uncomfortable and induced feelings of tension and ambivalence.

3. Experiences of Class Positioning and Mobility

Participants' social class experiences have the potential to influence their personal, social, and professional identities and self-experiences and inform how they think and act, especially in the context of therapy and the therapeutic relationship (Cohen, 2016; Estrella, 2010). This theme addresses the participants' experiences of their class positioning and mobility and how their social class identity has been impacted as a result.

3.1. Emotional Costs of Class Mobility

All the participants in the study have experienced movement between and within class levels, including moving up, down, and/or remaining in the same class level. Social class mobility is essentially "the experience of transitioning from one world to another" (Kok, 2015 p.34). This sub-theme focuses on the emotional impact that the participants' class positioning and mobility have had on them.

All of the participants in this study have experienced upward mobility and for them, moving up the class ladder was a complex, challenging, and painful experience. Participants were ambivalent about their movement because while they enjoyed the benefits of upward mobility, they also felt uncomfortable, alienated, guilty, and ashamed. For example, upward mobility has afforded Participant C a lot of power within his family in that he is included in important decision-making processes. However, this process has been uncomfortable for him because with this power comes pressure, expectation, and a sense that he is growing up faster than he would like.

For some participants, upward mobility has felt alienating and has brought a sense of guilt and shame about their access, ability, and privilege because the Black people around them, especially family members, have not been able to do the same.

> Where it has been tricky is as you move you can leave behind. So, as you are going towards something, as you are moving into new territory, you leave some stuff behind and/or some people behind. And those have been Black and White to some extent, though I think predominantly Black colleagues, friends, and family, which then creates a bit of a gap or has the potential to be alienating (Participant B).

> There is a level of sadness because I see different people within my family system who are just struggling, and it is not a nice feeling. Sometimes, it is nice to be poor together than to have someone else who is kind of well-off and then the others are struggling (Participant E).

Feelings of guilt and shame about one's access, ability, and privilege were echoed by Participants A and H. Participant A felt guilty and ashamed that she was comfortable in her current class positioning and had no desire to abandon her comfort. Participant H described her struggle with adjusting to her positioning at a higher class level because she felt she had betrayed and abandoned "her people":

> I felt like I had neglected or abandoned my people. I always felt that I owed something to them, and I don't know what it was. I feel like I have done something wrong by leaving even if it really wasn't by choice. It feels like I went for a better life, and I lived that life, now I feel like I owe it back (Participant H).

Narratives of upward mobility similarly revealed that for some, the experience of upward mobility is characterised by ambivalence and influences their sense of groupness or togetherness with their community. While pride, success, and feelings of accomplishment are associated with the achievement of a higher social class status, feelings of loneliness, dislocation, and betrayal are also present (Estrella, 2010). The participants in this study appear to be grappling with the meaning that their positionality as upwardly mobile Black South Africans holds and how their identities have been shaped by mobilisations of Whiteness and Blackness (Canham & Williams, 2017). Like Coetzee and Elliker (2017) and Canham and Williams (2017), the participants' positionality has left them feeling like they have forgotten, abandoned, or betrayed their origins and communities for a better life. Their guilt and shame may be related to their positionality standing in contrast to expectations of allegiance and uniformity to a working/lower-class identity, leaving them feeling like sell-outs (Coninck, 2019; Estrella, 2010). The participants' guilt and shame may also be related to perceptions that Black people who are comfortable with and enjoy middle-class privileges are a threat to Black solidarity and integrity and are purposively attempting to distance themselves from their communities and Blackness (Canham & Williams, 2017). Lastly, the participants' sense of guilt, shame, and alienation may be grounded in their awareness that upward mobility remains an unreachable dream for the majority of Black South Africans (Kok, 2015).

Upward mobility has left some participants feeling as though they need to hide parts of themselves – the places they go to, the things they buy, and even the ways that they speak to adapt to their surroundings and maintain their connection to their community. These participants' concealment of parts of themselves in certain spaces suggests an awareness of the impressions that they emanate and the implications thereof. Perhaps their concealment can be understood as an attempt to avoid and protect themselves from ridicule, shame, alienation, and envy regarding the authenticity of their Blackness (Canham & Williams, 2017) or an attempt to avoid being judged and treated differently or accused of being too far removed from Blackness (Coetzee & Elliker, 2017). For example, Participant B mentioned the humiliation and envious attacks that upward mobility exposed him to, especially from other Black people, partly because of his style

of speech, accent, and personal style, which can be seen in the use of terms such as ‘coconut’. The term coconut is commonly used in a derogatory way to refer to Black people who adopt and favour White culture and values over African values and culture (Coetzee & Elliker, 2017; Kok, 2015). Furthermore, perhaps the participants’ concealment can also be understood as an attempt to hold on to their working/lower-class identities and maintain their relational ties (Estrella, 2010).

In contrast, some participants are against the idea of concealment and hiding parts of themselves despite the discomfort that can be associated with showing up authentically. These participants explained that their supervisors often encouraged them to hide parts of themselves, which is something they did not want to do. Like Sharir (2017), these participants perceive the idea of concealment as more uncomfortable and disrespectful than owning their privilege. For example, Participant E says:

> I was like no, I’m going to wear my watch, I’m going to wear my ring, I’m going to wear whatever it is that I want to wear because I want to show up authentically. I’m not going to show up as a poor person when I’m not poor, you know? (Participant E).

While freeing and liberating, upward mobility has also been burdensome and uncomfortable for all participants.

At different points in their lives, Participants D and H experienced downward mobility. For them, moving down the class ladder was painful and traumatic, especially because they had moved up and down at various points in their lives. Downward mobility was traumatic for Participant D because of the shame and ridicule her family experienced from their community, which was predominantly White, and for Participant H, downward mobility meant that her goals and aspirations were no longer within reach.

> I moved back to the township with my grandmother and that was like I was going back to what my life used to be. It felt like I was regressing, and it felt like the things that I aspired for - my dreams and everything that I had worked hard for were slowly withering away and becoming more out of reach for me (Participant H).

As previously mentioned, social class experiences have a lasting impact on identity and how individuals think and feel about social class and their social environment (Manstead, 2016). Specifically, negative and traumatic experiences of social class will likely result in negative

attitudes and perceptions about social class and its place or importance in the world. Participants D and H were the only participants in this study who experienced downward mobility, and interestingly, were also part of the participants who strongly perceived social class as a superficial, oppressive, and discriminatory categorical variable. Their experiences of upward and downward mobility may contextualise their negative personal perceptions about social class and their difficulty with claiming a middle-class identity.

3.2. Negotiation of Class Identity

The previous theme focused on the participants' self-definitions and highlighted how difficult it was for most participants to claim or embrace a middle-class identity. This sub-theme focuses on how participants have made sense of and navigated their class identity given their personal and family histories and their experiences of class mobility. Participants in this study used the working class and lower class labels interchangeably to refer to a position lower than middle class but where the standard of living is above the poverty line and basic needs can be met. As previously mentioned, this study will utilise the participants' understanding and self-definitions of class to avoid imposing a class stratum on them.

For some participants, it was difficult to claim or embrace a middle-class identity because their working/lower-class identity was still alive and in co-existence with their middle-class identity. These participants still had access and ties to their working/lower-class lives, often going back to their family homes in the township or rural area. Therefore, for these participants, claiming or embracing a middle-class identity might have felt like they were neglecting an important facet of their identity.

> I'm from Soweto, I'm from the township, and I still go home and visit my parents. My family is there, everyone is there…the discomfort or tension comes in when constantly knowing that there is also another part of me that is not so middle-class and a part of me in the township that grew up in a little four-roomed house with my grandmother without a toilet inside the house. There is such tension between these two parts, but they are still both very much alive (Participant A).

> It's about I am always in both. So, I always go home and when you are at home, it is a bit of a different story. I'm not a psychologist there. Ngi ngo mntwana wa se khaya *(I am the child of*

the house), so it's not about I am moving, and I have left that. I move between those two worlds often (Participant G).

Like Gosine (2008) and Trott (2016), the participants in this study often find themselves caught in the middle of two identities, oscillating between identification and estrangement with their working/lower- and middle-class identities. Not only do these participants have to navigate the physical spaces between the suburbs and township or rural areas, but they also have to navigate the tension and anxiety inherent in these movements (Ndlovu, 2020). While uncomfortable and anxiety-inducing, perhaps the participants' movements in and out of the township may be understood as their attempts to maintain their cultural and relational ties and reconcile the two spaces and their respective meanings and representations (Estrella, 2010; Ndlovu, 2020).

Reay (1998) asserted that for an individual to affiliate with and perform their middle-classness, they must disavow their working/lower-class identity. The participants' accounts contrast this assertion and highlight how difficult it is to simply dissociate from one's working/lower-class identity and how difficult it can be to find a balance between these identities (Coetzee & Elliker, 2017). The participants' accounts highlight how one can perform their middle-classness while internally or externally holding on to their working/lower-class identity, which is a reality for many upwardly mobile Black South Africans and a positioning that they continuously have to navigate (Estrella, 2010; Canham & Williams, 2017).

For other participants, claiming or embracing their middle-class identity was difficult because of the comparisons they often made, which they felt did not always "fit". Participant B described a previous state of tension because upward mobility had afforded him more than what he had, but even in that, he was still confronted and exposed to the less he had in relation to his White peers, who were also middle-class. For Participant F, claiming a middle-class identity felt quite fraudulent or disrespectful because, in comparison to the overwhelming majority of poor Black South Africans, an upper-class label would be more fitting. These participants' access and privilege make them similar and different to their White and Black counterparts in very different ways. Their access and privilege position them in similar ways to their White middle-class counterparts, however, they do not live or occupy this position in the same way, which may make them feel more similar to the Black working/lower class (Khunou, 2015). Furthermore, in comparison to the majority of Black South Africans, their access and privilege may make them feel closer to the upper class or elite, a position largely occupied by White South Africans

(Seekings, 2011). Being Black and middle-class in South Africa means and represents different things in Black-and-White spaces.

Claiming and embracing her middle-class identity was particularly complex for Participant D because while she does not ascribe to the idea of classing oneself and others, she is still a part of the world as a middle-class person who also enjoys "middle-class luxuries":

> I don't think of myself in a certain class, and I would not place myself in a certain class… It's the language of capitalism that I really try not to subscribe to but be sure that I like shopping at Woolworths, and I like Egyptian cotton… In as much as I don't like these things, nice things are still nice (Participant D).

Like Participant D, upwardly mobile Black South Africans often have to balance belonging to more than one world, which involves complex navigations and negotiations and induces feelings of anxiety, ambivalence, and tension (Coetzee & Elliker, 2017).

3.3. Conclusion

This theme addressed the participants' experiences of their class positioning and mobility and looked at how their social class identity has been impacted as a result. All the participants in the study have experienced movement between and within class levels, including moving up, down, and/or remaining in the same class level. Moving up the class ladder was a complex, challenging, and painful experience. While participants enjoyed the benefits of upward mobility, their experience of upward mobility also felt alienating and was fraught with shame and guilt. Two participants in this study have experienced downward mobility at some point in their lives, which for them was a painful and traumatic experience. Given their personal and family histories and their experiences of class mobility, claiming a middle-class identity was difficult for some participants because their working/lower-class identities were still alive. For some participants, balancing their membership to more than one world was complex and associated with feelings of tension and ambivalence. For others, a middle-class label did not "fit" and either felt confusing or inappropriate.

4. Class in the Room

According to Ryan (2017), the therapist's class background has the potential to significantly influence how issues of social class are seen, heard, and responded to in the therapy room. The

previous themes addressed how the participants' personal views and experiences of class have shaped their identity and self-experiences as Black middle-class South Africans. This theme addresses how the participants' identity and positionality enter the consulting room and shape the dynamics, process, and overall experience of the dyad, including the therapist's ability to recognise and work with class and class-related material as it emerges and the structure of the transference-countertransference dynamic and the therapeutic alliance.

The participants in this study practice from particular geographic locations, including the Northern suburbs of Johannesburg, Midrand, and Pretoria East. The location of their practices filters the type of patients they are likely to see and the duration of their processes. While participants were able to reflect on their experiences working in State and with working/lower-class patients, their predominant experiences are currently with middle- and upper-class Black patients. The participants' choice of practice location may have been influenced by their social class experiences, highlighting one of the potential ways that social class can impact clinical practice (Estrella, 2010).

4.1. Class Consciousness

This sub-theme focuses on the participants' awareness of class and class-related material in same-race dyads. All the participants indicated that they were aware of class while working within same-race dyads, however, some participants noted that their awareness of class in the room shifted depending on whether they were working with State patients or patients in private practice.

Participants described the ubiquity of class and how it presents itself in the room, often speaking before they and their patients had the chance to be formally introduced. Participants were aware of the expensive cars their patients drove, their clothing and accessories, accents, and the places and holiday destinations they frequented. One of the obvious presentations of class that the participants cited was the patient's ability to afford psychotherapy. The participants reported being mindful of the rates they charged per session, often trying to stay as close to medical aid rates as possible and offering reduced rates. As previously mentioned, participants were also aware of themselves and how they presented in the room, often conscious of the cars they drove, their clothing, and accessories and how their patients might make sense of them as a result. Participant C says:

> I recently bought this watch and before I bought it, I was just like oh my word, I'm going to give off that vibe that I can afford expensive gadgets and what will it mean for the relationships that I share with these people? (Participant C).

The participants' awareness of themselves and their patients mostly emerges from their observations of social class markers and indicators, especially physical appearance and the ability to afford psychotherapy (Thompson, 2012). Their awareness suggests that they are attuned to the subjective and intersubjective impact of social class on their relationships with their patients and the various responses and impressions that may be elicited, especially from their Black patients (Esprey, 2013). However, their hyper-awareness and self-consciousness have the potential to interrupt their capacity to be present in the room as they think about the potential perceptions that their patients may have of them and the resulting emotional reactions that may be stirred within them, which as previously mentioned may include guilt, shame, and envy. Guilt, shame, and envy are painful intersubjective affective and cognitive experiences that are often difficult to formulate and articulate and thus have the potential to impact the therapists' capacity to think in the room (Kruger, 2012).

There was a difference in some participants' awareness of class while working with patients in State, in contrast to private practice. For these participants, class and class-related material was more noticeable and obvious while working with State patients:

> It's not apparent in private because I suppose the patients that I have seen so far have not really commented on that… It hasn't been as unpalatable or as obvious or as present in the room in the private work I have been doing compared to how it was in State (Participant C).

> I think when I was working more in the public sector, [class] was clear as I am the person with the knowledge, and I am the person with the posh type English when I do speak English. But here, because of the area and there are a lot of very very very wealthy Black people, I just don't notice it as much (Participant G).

The difference in these participants' awareness may be understood in two ways. Firstly, their accounts suggest that in private practice, the setting may prompt an assumption of sameness and commonality between the Black therapist and patient, which makes social class less penetrating for both members of the dyad. It is well-documented that assumptions of sameness have the potential to hinder and complicate the therapeutic process and relationship as important

therapeutic material may be overlooked or dismissed (Balmforth, 2009; Raja, 2016). Specifically, assumptions of sameness in private practice may enhance the potential for class and class-related material to be overlooked or easily dismissed in the room. In contrast, in the public sector, the setting and predominant patient demographic may render social class more potent because of the pronounced class differences between the therapist and patient, especially because the members of the dyad share a racial identity. This may be linked to the notion that class issues are more easily noticed when there are differences between the therapist and patient, which, as previously mentioned, has important implications for the therapeutic process and relationship (Ryan, 2017). While focusing on the therapists' awareness of class and class-related material, Cohen (2016) found that the therapists' decreased awareness of class with patients in higher social class positions may be based on the common assumption that class issues are more relevant to patients in lower social class positions. Perhaps for these participants, there may also be an unconscious assumption of irrelevance to a particular population at play in private practice (Cohen, 2016).

4.2. Topic of Class

This subtheme addresses the ways that class as a theme has come up in psychotherapy. Participants discussed the class-based assumptions and expectations they encountered from their patients, their conversations about deprivation and lack of resources, and their negotiations of power in the room.

Participant A described how her patients often assumed that they were of the same social class and therefore assumed that she would understand and share similar life experiences:

> A lot of my patients like talking about going overseas or travelling to this place or that place with the assumption that I would know what it is like, and I would know how it works perhaps because my life is also structured in that way, which it is not. It is assumed that if I speak the way that I speak and if I am practising in Parktown North then I too can go to Europe or a Beyonce concert (Participant A).

As previously discussed in Theme 1, the therapists' readily apparent characteristics create an array of premature beliefs that make their way into the therapeutic space (Greenberg, 2017; Raja, 2016). In this case, Participant A's perceived race and social class status created an assumption and expectation of sameness and similar life experiences from her patients. This can be quite loaded and complex to navigate in the room, especially if the therapist has a personally complex

experience and relationship with class, which was the case for this participant. Although not discussed in the interview, I wonder about Participant A's experience of tolerating these class-based projections; the thoughts and feelings evoked by these conversations and her awareness of her similarity and difference with her patients. Straker (2006) notes that social discourses and conditions shape how individuals see themselves in the world, which when re-evoked in the therapeutic space, may leave the therapist feeling overwhelmed and unable to think. Given that Participant A did not grow up middle-class, I wonder if she experienced pressure to think, feel, and behave in a congruent manner and I wonder how these projections may have impacted her capacity to think and receive them in the room – if at all.

Like Sharir (2017), participants also narrated assumptions and expectations of knowledge or intellect based on subjective class markers such as their level of education, accents, and the location of their practices.

> I think maybe what comes up is the idea of being educated in this way or speaking in a certain way, so I must know more. That's where the dynamic of oh, I must know more because I am the fancy psychologist at the fancy clinic (Participant G).

Some participants described how their patients assumed that they would not understand or relate to them and their experiences because of their perceived privilege and expected to be judged and misunderstood for the choices they made. For example, Participant C described how some of his patients may have felt as though he would not understand what it meant to not be able to make ends meet, contributing to a sense of disconnection within the dyad. Participant F similarly described a sense of disconnection that came from her patient imagining that she would not understand his goals and aspirations and would judge him for wanting to buy an expensive car even though they were struggling to make ends meet at home.

Class-based assumptions and expectations of misunderstanding and fear of being judged and shamed are common experiences reported by lower/working-class patients (Cohen, 2016; McEvoy et al., 2020; Thompson, 2017; Trott, 2016). Lower/working-class patients often assume that their therapists' privilege will render them unable to really relate to their experiences and consequently have concerns about being unseen, misunderstood, and invalidated by their therapists (Cohen, 2016; Thompson, 2017). Lower/working-class patients also reported holding back in therapy, which made it difficult for them to experience a genuine connection with their therapists (Trott, 2016). Linked to the notion of holding back in therapy, the racial similarity in

the room induces patients' fears that their therapists will impose their own values and judge them for their choices. This leaves lower/working-class patients feeling as though they need to defend themselves and contributes to the feeling of disconnection within the dyad (McEvoy, 2020; Trott, 2016). These findings highlight how social class can shape the overall experience of the dyad and how complex navigating class in Black-same dyads can be due to the intricate ways that these variables intersect.

Participants described class explicitly coming into the room via the conversations they had with some of their patients, which were often centred around their deprivation, lack of resources, and the choices their patients had to make as a result. Participants reported having to sit with hungry patients and how stuck and unable to think this rendered them because it was difficult to sit with the fact that they were unable to cater to their physical needs. Participant D recalled an incident that occurred where she had absent-mindedly left her half-eaten bowl of muesli on her desk and her patient had asked for it because she was starving and did not have anything to eat:

> I ended up giving her a banana because, at that moment, I did not know what to do. And we could talk about it ad nauseam around what it means intersubjectively, transferentially, psychologically and sort of go into the intrapsychic stuff around it but at the end of the day, you are still dealing with a person who is hungry and it just felt inhumane to withhold the food, especially because she knew I had it (Participant D).

Participant F narrated the choices that some of her patients had to make as a result of their class positioning. One of her patients engages in transactional sexual relationships, even though she does not want to, to support her family, especially her grandmother who cannot afford her diabetes and blood pressure medication. Another patient's mother chose to leave her children to live and work in the church to obtain a source of income:

> It is out of destitute because she is so poor and there she eats… She was attracted by what she could possibly get, but now what she has left behind is children who are motherless. And not motherless from some tragedy or being orphaned, no, motherless because she made a choice to leave them (Participant F).

The prevalence of class discussions highlights class's invariable presence within the consulting room, especially in Black same-race dyads in South Africa. As a result of the country's socio-political history of oppression and discrimination, the lived experiences of the majority of Black

South Africans are overwhelmingly of poverty and deprivation, which evidently make their way into the room (Gradin, 2012). As the participants have highlighted, being a Black therapist in a same-race dyad in South Africa involves having conversations centred around deprivation, lack of resources, difficult choices, and the implications thereof, while trying to maintain the humanness of both members of the dyad. Practising within the South African context often requires the Black therapist to sit with their and their patient's pain, discomfort, and helplessness, especially the pain, discomfort, and helplessness associated with feeling like emotional containment is not enough. Smith (2005) adequately summarises the feelings that these participants similarly sit with:

> I realised that the issue was that my sense of my own effectiveness and worth as a professional was shaken by the persistent presence of pervasive, elemental, and often dire systemic problems that my clients and I could not alter in the course of our work together. Some portion of this confusion, I believe, comes from disappointment and frustration related to our good intentions to be helpful; some of it comes from the jolt to our professional self-concept that occurs when we repeatedly fail to see clients return to lives that are largely satisfactory. A third factor is that these encounters force psychologists to confront the different positions that they and their clients occupy in society, a barrier in and of itself (Smith, 2005, p.692).

Participants described the different ways that class shaped the negotiation of power between themselves and their affluent patients in the therapeutic space. Power is always a part of the therapeutic relationship and personal histories of power and powerlessness may influence the dynamic of the dyad, including how an individual thinks, feels, and behaves in the room (Borges, 2014; Trott, 2016). The participants are in a position of power in the room by virtue of their professional identity – power in terms of their expertise, knowledge, and wisdom (Totton, 2017). In contrast, their patients are in a new and often unfamiliar environment where they are likely to feel vulnerable, anxious, and out of control (Trott, 2016). However, their affluent patients are in positions of power outside of the room by virtue of their social class status and, to an extent, inside the room because they are paying for a service. Participants recalled how uncomfortable and threatened some of their patients felt by their power, which played out in how they treated them and the therapeutic space. These participants narrated a sense of arrogance and entitlement that came from these patients and how they often used their money to compensate for their shame and feeling small and vulnerable:

> … where the person sitting across me being Black and having more and using that to contain their shame and vulnerability because I have more in that power differential and at that moment, the more that they have has not insulated them from having to sit across me, which is hard to do (Participant B).

Similarly, Participant H recalled her first interaction with one of her patients who after introducing herself handed her the fee before the session had actually started:

> She was trying to let me know that she was coming into this vulnerable space where she could possibly feel small and immediately in that interaction wanted to show me how big she was. That I am just like any other thing that she can… that she feels empowered by using money (Participant H).

These narratives highlight how patients may use class as an expression of power to compensate for their shame, vulnerability, and sense of deprivation and powerlessness, particularly in Black same-race dyads. The use of power in this way has the potential to impact the dynamic of the dyad and the therapists' capacity to access the reverie necessary to provide a containing function for their patients (Straker, 2006). According to Vasconcellos (2019), the therapist's psychic conflicts related to self-esteem and competition may be expressed in potent forms of negative countertransferences that may be split off. Although the participants occupy a middle-class position, they are not immune to class-based conflicts and anxieties given their complex class background and experiences, which may be expressed in the countertransference as feelings of inadequacy, inferiority, frustration, shame, and envy (Borges, 2014; Estrella, 2010). Conflicts and anxieties expressed in this way can impact their empathic sensitivity and attunement to their patients (Vasconcellos, 2019). The therapists' openness and awareness of the intra and interpsychic dynamics of the dyad reduces the potential for empathic failures, insensitivity, and a lack of containment (Vasconcellos, 2019).

In addition to negotiating their relative positions of power because of their professional and class identity, their racial identity or membership with a historically marginalised and oppressed racial group uniquely influences this negotiation for both members of the dyad (Price, 2015). The reality for these participants and their patients is that they simultaneously occupy positions of privilege and oppression, which intersect in complex ways that may not always be visible, conscious, or comfortable (DiAngelo, 2012). For these participants and their patients, this particular positioning appears to be fraught with ambivalence, confusion, fear, and discomfort.

For example, for Participant E, class, particularly affluence, came up as a theme in a way that was provocative and elicited shame, discomfort, and disavowal from one of her patients. Participant E understood her patient's reaction as being rooted in the lack of affirmation and validation around wealth in the Black community, which makes some Black people feel uncomfortable and guilty about their privilege:

> I think there was something around language; languaging around money. It feels like we have a lot of language and understanding around poverty and even a comfort in poverty as Black people… When you come to certain class levels, I don't think there is enough language affirmation and validation around Blackness and wealth and being comfortable with it and what that actually means because on one level, what my client was struggling to accept was the acceptance around "I am wealthy" (Participant E).

The shame, discomfort, and disavowal of wealth and privilege in the Black community may be related to how familiar and prevalent the association of Blackness with oppression, disadvantage, and suffering is (Canham & Williams, 2017). As previously discussed, these negative associations are evident in dominant discourses that position affluent Black South Africans as sell-outs, 'coconuts', and accuse them of being conspicuous consumers (Coetzee & Elliker, 2017; Coninck, 2019).

4.3. Thinking and Talking About Class

This subtheme focuses on how the participants address class and class-related material in and outside the room and the challenges they face with naming and acknowledging the presence and influence of class.

Some participants were able to address class and class-related material in the room by naming and talking about it with their patients. These participants explained that they had lengthy conversations and sessions dedicated to naming and acknowledging the presence of class-related material, exploring what it meant for their patients to be sitting across another Black person whom they perceived as having more, and how their patients made sense of their wealth and affluence and being "the Black that made it". Addressing class was important to these participants to avoid missing an important dynamic or having it become problematic to the therapeutic process. For Participant D, naming and talking about the muesli-banana incident made a "harmless" act meaningful:

> It is really about your ability to think about everything, be it right or wrong. It is your ability to think about the thing, look at it, sit with it, and grapple with it. If we can have an aimless act be thought about and try to understand what was happening, that would mean something (Participant D).

Thinking about class and naming its presence in the room has the potential to constitute a sense of understanding between the members of the dyad and create a space for curiosity, agency, and co-creation that can transform the dynamic of the dyad (Swartz, 2007). Surviving moments of difference in the dyad facilitates mutual recognition, which is the ability to recognise the other's subjectivity, develop the capacity for attunement, and tolerate difference (Benjamin, 1990). Participant D's comment underscores how naming has the power to restore the therapists' capacity to think and access their internal container in the room (Swartz, 2007).

It was more challenging for the other participants to explicitly address class and class-related material in the room, so they often did not. These participants were able to discuss other social variables such as race and gender but found it particularly difficult to talk about class in the room and described how it acted as "the elephant in the room". Participants explained that addressing class and class-related material was difficult because of the feelings of shame and humiliation that were elicited and how exposed they were left feeling. Participant A expressed not knowing how to address class-related material and never having the courage to name and talk about it with her patients. Through an example of a situation with Palesa, one of her patients, she described not knowing how to manage her and Palesa's shame and discomfort because she had assumed Palesa was affluent or middle-to-upper-class when she was not, and Palesa had also played into that assumption:

> I think there was something of shame between the both of us where she felt quite ashamed to reveal the true circumstances and what was happening because somehow, she caught onto my unconscious assumptions and biases… It is definitely part of my relationship with her and part of the space between us, but I have never had the courage to bring it up because I don't know how to bring it up without shaming her… It feels like it would be too humiliating if I blew the cover for her… And I also feel so caught out for my assumptions… (Participant A).

Perhaps it is more difficult to talk about class in same-race dyads because of the attributions of inferiority and superiority inherent in these discourses, which have the potential to induce feelings of shame and humiliation accompanied by pain, distress, and/or anxiety for both

members of the dyad (Ryan, 2017). The shared shame in the dyad captures Kruger's (2012) assertion that shame is an inherently intersubjective experience, originating from one's awareness of their vulnerability in the presence of the other. These participants appear to be grappling with how to name and formulate the presence of shame without invoking trauma in the other (Swartz, 2007). Perhaps it is also more difficult to talk about class in same-race dyads because of its intimacy and direct implication on the self of the therapist, which may be experienced as an uncomfortable and exposing collapse of the boundary between the therapist and patient (Esprey, 2013).

Some participants acknowledged that their personal feelings and experiences of their class positioning and mobility made it difficult to address and sit with the class-related material that came into the room. Participant H says:

I think the main struggle is because of my own experience of what it means to be from a particular social class and what meaning they could make if… I feel exposed in some way that I cannot do the same as much as they can show off. I cannot do the same in that space (Participant H).

Similarly, while reflecting on his therapies in State and private practice, Participant C had not felt it appropriate or necessary to dwell on the class-related material that arose, which he realises is layered and complex:

It is interesting that I hardly pick up or want to stay with some of those comments made about being moneyed. It makes me wonder if it's not something about my own relationship with class that has me… or maybe my experience in the two years of internship and community service of having not really dwelled too much on it that has also influenced how I respond to it in private (Participant C).

Although these participants were not able to explicitly address class and class-related material with their patients in the room, they all thought about it at length and relied on their therapists or analysts, supervisors, and colleagues to grapple with and process what was happening between them and their patients. This speaks to the ubiquity of class in same-race dyads, especially for Black South Africans, and how intricate and complex its presence in the room can be.

4.3. Transference, Countertransference, and Therapeutic Alliance

Relational conceptualisations of transference and countertransference acknowledge that the transference-countertransference dynamic and therapeutic alliance are co-created by the interaction of subjectivities in the room (Gelso & Mohr, 2001). This acknowledgement contextualises the material that emerges in the room and advances an understanding of its particular presentation and connection to the intrapsychic functioning of both members of the dyad (Yi, 1998, as cited in Mbele, 2010). Race and class in same-race dyads intersect in ways that have the potential to influence the therapeutic process (Gelso & Mohr, 2001) and this subtheme focuses on how the participants understand and experience class's influence on the transference-countertransference dynamic and the therapeutic alliance within the same-race dyad. Participants reflected on how their patients met and interacted with their Blackness and perceived social class status, the emotional reactions these interactions elicited within them, and how their bond with their patients may have been impacted as a result.

Participant A reflected on her experience of idealisation in the transference with Palesa and how she might have acted as an aspirational figure for her as she was studying to become a psychologist.

> … this lady who is almost looking up to me quite aspirationally, you know. I am this psychologist, she is doing a degree in psychology, and I have a Master's. It's assumed that I'm of a higher social class… I am what she aspires to be even though we're the same age (Participant A).

In the countertransference, Participant A found it difficult to be an object of envy because it no longer felt like she and Palesa were equals as she had erroneously assumed. Participant A felt muted and struggled to challenge Palesa because of their shared feelings of shame and fear of being exposed:

> There is a part of me that feels quite protective of her and in that being protective, I find it really hard to challenge her on certain things because I feel like this privileged, middle-class person with this poor lady… I feel muted and afraid to challenge her because of what now feels like a relative disadvantage (Participant A).

These moments of inhibition and restriction suggest the presence of an anti-analytic third (Straker, 2006). Straker (2006) described the anti-analytic third as moments when the therapists'

capacity for mentalisation and/or containment in the room is interrupted or obliterated. For this therapeutic dyad, the social reality of their positioning as differently-classed Black South Africans against the backdrop of their class background and experiences punctured the therapeutic space and interrupted Participant A's analytic function and capacity to digest her patient's material (Esprey, 2017). Participant A's inhibition and restriction can also be thought of as a 'pseudo-reparation' – a reparative attempt to avoid feelings of guilt and shame (Altman, 2004). Although well-intentioned, this may be an enactment of a form of classism as Participant A was struggling to treat her patient like an adult and an equal (Kadish, 2016).

While reflecting on their experiences with patients who were more affluent than them, participants described having to sit with and interrogate the feelings evoked within them. Participant D had to mourn the idea that she was never going to work in corporate South Africa and make as much money as her patients. Participant H was relieved when her affluent patients terminated therapy with her because she often experienced a pull to perform or assert her dominance, which was uncharacteristic of her:

> I feel a lot of relief because I sometimes get tempted to also put on a performance to say hey! We're the same in this room, you aren't better than me, you aren't all that you think you are. It triggers a lot for me, and in those moments, I do struggle to engage with that in a way that is helpful for them (Participant H).

Similarly, Participant A described the anger and resentment she started to feel towards one of her patients who struggled to pay for her sessions on time but, for many sessions, would discuss the expensive meals she had over the weekend and the overseas trips she was planning:

> The other part was me feeling the resentment of being disrespected and not just disrespected but taken for granted, especially because there were times when I needed the money quite desperately and then she would come and tell me about sushi and R3000 dinners and blah blah blah. I do remember feeling quite hostile and having this gridlock between the two of us, which I always took to supervision, but even that made me feel quite angry because I'm paying for my supervision to take a patient who doesn't pay me (Participant A).

For these participants, class activated and provoked overwhelming feelings of melancholia, anger, resentment, and fear of disempowerment, which resulted in a thinking and containing paralysis (Esprey, 2017; Mbele, 2010). Whitman-Raymond (2009) similarly expressed that class

activated and provoked feelings of envy, inferiority, and vulnerability. Esprey (2013) and Kadish (2016) warn that unless the anti-analytic third is managed effectively, the opportunity for enactment abounds. Kuchuck (2021) defines enactment as "the analyst and patient's unconscious, often dissociated content that through mutual projective identification and other means, leads to clash and/or stalemate in the treatment" (p.96). While reflecting on his work in State, Participant B's discomfort with having more than his patients resulted in an enactment:

> I saw a patient for about 18 months, and she had been speaking to me about wanting a particular car. One day she was waiting for me and saw me drive in with that car and I realised at that moment that I had worked so hard for 18 months to hide the car that I was driving from her because I knew it would expose my privilege in relation to her (Participant B).

Participant B's difficulty with thinking about and bringing class into consciousness resulted in an enactment because "no amount of dissociation prevents messages from arriving from the unconscious. What is banished sometimes returns" (Swartz, 2007, p.180). It was through an enactment that aspects of class that were hidden were then revealed (Ryan, 2017). While enactments have the potential to hinder and undermine the therapeutic process and relationship, they provide the therapist with access to significant but not yet recognisable feelings and experiences of both members of the dyad (Wallin, 2007, as cited in Kruger, 2012).

Transference, countertransference, and the therapeutic alliance have a reciprocal impact, significantly influencing and altering one another (Gelso & Mohr, 2001). Specifically, the therapeutic alliance facilitates the emergence of transference and modulates the effects of countertransference, and transference and countertransference influence the development and quality of the therapeutic alliance (Gelso & Mohr, 2001). Participants reflected on how their responses (or lack thereof) to class-related material may have impacted their patients' usage of them as transferential objects. These participants thought about how their reluctance to dwell on class-related material may have made it difficult for their patients to present themselves honestly and authentically, comfortably bring class into the room, and understand it as an important aspect that needs to be thought about.

> I definitely think that in some instances, if I were to try to reflect on some of the processes and class did emerge and how I responded to them, that it maybe made it hard for patients to project certain things onto me… I would imagine that there were times when it did affect their

> inclination or comfort in being able to say whatever they wanted to say, unreservedly so, with regards to conversations about class (Participant C).

Related to this, participants thought about how the therapeutic alliance with their patients may have been impacted as a result. These participants wondered whether their responses compromised the strength of the bond and the amount of trust their patients had in them. As previously mentioned, some participants struggled to address class-related material because of their complex class backgrounds and experiences and the painful emotions often evoked.

> I wonder if at times it has created some sort of rupture that I may have not been aware of… I imagine that for certain patients, I felt a bit distant, and the rapport was maybe more difficult to build (Participant C).

> There isn't a sold alliance that can form because there is that sense of there's a threat in the relationship. There are things that we cannot address and that we cannot speak about that are obvious because they are putting it out there for me to see, but because I struggle to engage with them, we just don't touch them, and it becomes hard for them to then experience the therapy in a way that feels safe (Participant H).

Lower/working-class patients in Thompson et al (2012) and Trott's (2016) studies expressed that their therapist's lack of acknowledgement or incorporation of class-related material contributed to a sense of mistrust in the dyad because they felt unseen, misunderstood, and overlooked. The participants in this study appear to be similarly grappling with whether their lack of response or engagement with class-related material may have been dismissive of their patients' challenges and experiences thus hindering their ability to engage in the work their patients had hoped and consequently impacting the quality of their relationships with these patients (Thompson et al., 2012; Trott, 2016). This demonstrates class's potential to powerfully create distance and withdrawal within the dyad (Ryan, 2017).

In contrast, for Participant D, genuinely and honestly engaging with class-related material in the room has strengthened the bond between her and her patients. While painful, naming the reality of their class differences shifted the quality of their relationship into a more honest and vulnerable sphere (Esprey, 2017):

> You see, the ability to deal with it, be authentic about it, and be real about it has allowed a strengthening of the therapeutic alliance. If we can sit and think about the thing, closeness is

> created, especially if we are thinking about the thing in relation to you and me, it creates some sort of closeness (Participant D).

When both members of the dyad are comfortable and secure in their class positioning and status, forming a solid alliance is easier and fosters a different kind of closeness between the members. Participant E reflected on her experience of engaging with class-related material with a patient who was secure in her wealth: "Hai, we were happy and there was joy in the room. But I mean that particular client is comfortable in her money, so there isn't that kind of complicated uncomfortableness that the other clients had" (Participant E). Perhaps when both members of the dyad are comfortable and secure in their class positioning, there is a level of defencelessness that exists that fosters a different kind of connection and understanding within the dyad (Cohen, 2016; Thompson et al., 2012).

4.4. Conclusion

This theme addressed how the participants' identity and positionality shaped the dynamics, process, and overall experience of the dyad. All the participants indicated that they were aware of class while working within same-race dyads from the rates they chose to charge to their patient's expensive cars, clothing, accessories, and accents. There was a difference in some participants' awareness of class while working with patients in State, in contrast to private practice. For these participants, class and class-related material was more noticeable and obvious while working with State patients. Participants noted the presence of class in the room based on the class-based assumptions and expectations their patients had of them, their conversations about deprivation and lack of resources, and power negotiations in the room. Some participants were able to address class and class-related material in the room by naming and talking about it with their patients. For other participants, this was more complex and challenging, so they often did not, although they thought about it at length and relied on their therapists or analysts, supervisors, and colleagues to think about it. Lastly, participants noted that their patients interacted with their Blackness and perceived social class status in particular ways that evoked feelings of envy, shame, and melancholia for both members of the dyad. For some participants, class strengthened their bond with their patients while for others, class created distance and withdrawal between themselves and their patients.

Conclusion

This chapter presented and interpreted the key findings of this research study. The chapter presented the common and unique experiences of Black South African therapists working in same-race psychodynamic psychotherapy in the form of four main themes and various sub-themes. Specifically, this chapter looked at the participants' experiences of race while working in Black same-race dyads, their understanding of social class and self-definitions of their social class status, their constructions of their class identity given their experiences of their class positioning and mobility, and their experiences of the influence of their identity and positionality on the dynamics, process, and overall experience of the same-race dyad.

Chapter 5: Conclusion

Limitations and Future Directions

The strength of this research study lies in its relevance to the practice of psychodynamic psychotherapy within the South African context (Raja, 2016; Sher & Long, 2012; Meyerson, 2021). To my knowledge, this was the first study conducted within the South African context that exclusively explored Black same-race dyads and Black therapists' experiences of these dyads. Furthermore, to my knowledge, this was the first study conducted that explored Black South African therapists' experiences of class in same-race dyads. Through its attempt to give voice to a marginalised and underrepresented population, this study obtained insight into the dynamics and nuances of Black same-race South African therapeutic dyads, which provides valuable and meaningful information that current and future Black therapists, as well as training programs, may hold in mind.

The limitation of this study lies in the research design employed (Antwi & Hamza, 2015). A qualitative methodology and phenomenological paradigm were the most suitable to address the study's aims. However, conclusive proof of the findings from empirical research could not be obtained. Furthermore, although this study aimed to document a particular set of subjectivities and experiences, the findings of this study cannot be generalised to the whole population of Black South African psychodynamically orientated psychotherapists (Matee, 2016).

A research study that includes a larger and more representative sample may capture the essence and experiences of Black South African therapists more widely and may better extrapolate and highlight the variance that exists between Black South African therapists and their experiences (Antwi & Hamza, 2015; Mbele, 2010). This has the potential to increase the generalisability of the study findings. Given this study's focus on psychoanalytic psychology, a research study that explores the intersection of race and class within same-race dyads of different therapeutic modalities may give a different perspective on the intersection of these variables within psychotherapy. Lastly, a research study that explores Black South African patients' experiences of class in psychodynamic (or other orientations) psychotherapy may also give voice to another marginalised and underrepresented population. The unique thoughts, feelings, and experiences of Black South African patients may provide valuable insight that informs clinical practice and extends the existing literature.

Final Thoughts

This research study aimed to explore Black therapists' experiences of social class within same-race psychodynamic psychotherapy in South Africa. Specifically, this study sought to explore the dynamics and nuances of Black same-race dyads in South Africa, including how class influences Black therapists' experiences of these dyads and how they experienced the influence of class on the central psychodynamic concepts: transference, countertransference, and therapeutic alliance. The findings of this study concurred with and extended the literature on Black same-race dyads and therapists' experiences of class in psychotherapy. However, the findings highlighted the need for literature that considers the intersection of race, class, and psychoanalytic thinking, especially within the South African context.

The findings of this study confirmed the basic assumption that identity and positionality shape the dynamics, process, and overall experience of the dyad for both members (Esprey, 2013). Specifically, the findings confirmed the assumption that class influences Black same-race dyads in unique and complex ways. Participants reported that they experienced class, both their own and that of their patients, as an influential variable that shaped the therapeutic process and their relationships with their Black patients in ways that enhanced, hampered, and complicated the therapeutic encounter.

The findings highlighted that the participants' personal views and experiences of class shaped their identity and self-experiences as Black, middle-class South Africans. All the participants classed themselves as middle-class, however, claiming and embracing a middle-class identity was complex and challenging due to their personal and family histories and their experiences of their various class positionings. Participants reported that class evoked feelings of envy, shame, and melancholia for both members of the dyad, which often rendered its presence inside and outside of the room nuanced and complex. The participants' responses to class and class-related material in the room varied but was largely influenced by their class background, confirming Ryan's (2017) assertion that the therapists' class background has the potential to significantly influence how issues of social class are seen, heard, and responded to in the therapy room.

Furthermore, participants reported that class shaped the conscious and unconscious communication in the room and structured the transference-countertransference dynamic in particular ways (Aymer, 2012). Participants narrated how their patients interacted with their race

and perceived social class status in ways that elicited idealisation, anger, disempowerment, and inhibition, which obliterated the potential space for communication and recognition for some dyads, while for others, class made room for communication and recognition in the potential space (Benjamin, 2010; Straker, 2006). As a result, the emotional bond within the dyad was strengthened for some dyads, while class issues weakened the emotional bond for others (Thompson et al., 2012; Trott, 2016).

Given the socio-political history and current context of South Africa, it is important not to minimise the influence of identity and positionality on the therapeutic encounter. The findings of this study signal the usefulness and importance of considering the intersection of race, class, and psychoanalytic thinking, especially for Black same-race dyads. This study's focus on identity and positionality and the intersubjective therapeutic space may encourage future and current therapists to be reflexive and self-aware about the ways in which these variables intersect to shape the therapeutic encounter and the overall experience of the dyad for both members (Balmforth, 2009; Whitman-Raymond, 2009).

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Appendix A

Participant Information Sheet

Good day

My name is Lerato Selebi. I am currently completing my Master of Arts in Clinical Psychology at the University of the Witwatersrand and am conducting this study as a requirement for obtaining my Master's degree. My supervisor is Dr Yvette Esprey.

My research is titled: Black Therapists' Experiences of Class Within Same-Race Psychodynamic Psychotherapy in South Africa. The research aims to explore Black therapists' experiences of class within same-race therapeutic dyads in South Africa. Specific to the therapeutic encounter, the study aims to explore how Black therapists perceive and understand the influence of social class on the transference-countertransference dynamic and the therapeutic alliance. It is hoped that through this process, the dynamics and nuances of Black same-race therapeutic dyads and how class influences Black therapists' experiences of these dyads will be better understood. Additionally, it is hoped that the experiences of Black South African therapists will be integrated into the existing literature through this process.

I invite you to participate in this research study and share your experiences of working within same-race therapeutic dyads. If you decide to take part, you will be required to participate in a single semi-structured one-on-one interview that will last about 60 minutes. The interview will take place in person and at a suitable and convenient location for us both.

Whilst this study is interested in your experiences as a psychotherapist, you may wish to use your clients as an example to explain your experiences. To eliminate the risk of a breach of your client's confidentiality and anonymity, I request that information that could lead to the identification of your client not be discussed. Additionally, when talking about your clients, please use pseudonyms. Should you reveal information that could lead to the identification of a client, I will take additional steps to ensure their confidentiality and anonymity, including that pseudonyms will be used when referring to these clients, and their identifying information will be removed from the final report.

With your permission, I would like to audio record the interview, which I will transcribe. My supervisor, Dr Esprey, will only have access to the anonymised transcript. The data will be stored in a password-protected file on a password-protected computer, restricting unauthorised access. Additionally, with your permission, the anonymised transcripts will be archived and may be used for potential future research by other researchers, including myself and my research supervisor, but your name and any identifying information will not be used or passed on. The archived data may also be used for possible publication.

The interview will be confidential; however, during the interview, I will need to ask you to provide some personal information, which will be used to provide descriptive information about the participants in the study. The personal information you will be asked for is limited to providing your age, race, social class status, qualification, and the number of years in practice. Direct quotes may be used in the final report; they will, however, not be personally identifiable. In the final report, pseudonyms (such as Participant A) will be used to protect your anonymity.

Participation in this research is entirely voluntary, and you can withdraw your participation and/or responses at any time. Additionally, you do not have to answer any questions if you do not want to. You will not receive any direct benefits if you choose to participate in the research study, and neither will you lose any services, benefits, or rights you would normally have if you decided not to participate.

The risks for this research study are no more than what happens in everyday life, although some of the questions about race and class may induce feelings of discomfort. If you require support, I encourage you to contact and consult with your psychotherapist or supervisor. If you do not have access to your own psychotherapist or supervisor, please contact me to assist you with accessing free counselling services.

This research study will be written up as a research report. The report will be available on the university library website. If you have any questions, please feel free to contact me via email at leratoselebi22@gmail.com or 074 197 4658. Alternatively, you can contact my supervisor via email at yvette.esprey@wits.ac.za or 011 717 1000. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical) via telephone at 011 717 1408 or email at hrecnon-medical@wits.ac.za.

Yours sincerely,

Lerato Selebi

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Appendix B

Consent Form

Black Therapists' Experiences of Class Within Same-Race Psychodynamic Psychotherapy in South Africa

Lerato Selebi

I _____ agree to participate in this research project.

I agree to the following:
(Please circle or tick the relevant options below)

The research study was explained to me. I understand what this study is about.	YES	NO
I understand that my participation in this study is voluntary.	YES	NO
I understand that I may refrain from answering any questions I do not want to answer.	YES	NO
I understand that I may withdraw my participation and/or responses at any time.	YES	NO
I understand that my participation will remain anonymous (the researcher will not use my name or other identifying data in their research report).	YES	NO
I agree that the interview may be audio recorded.	YES	NO
I agree that the researcher may use direct quotations from my interview in their research report. If I am quoted, a pseudonym will be used.	YES	NO
I agree that the researchers (and others) may use the information I provide in my interview (depending on their own ethics clearance being obtained) for secondary analysis and/or publication, but my name and any personal information will not be used or passed on.	YES	NO

_____ (Signature)

_____ (Name of participant)

_____ (Date)

_____ (Signature)

_____ (Name of researcher and person seeking consent)

_____ (Date)

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Appendix C

Interview Schedule

1. Demographic information
   1.1. Age
   1.2. Race
   1.3. Social class status
   1.4. Qualification
   1.5. Years in practice
2. Can you give me an idea of what the racial demographic of your practice is?
   2.1. In what geographic area is your practice located?
   2.2. Do you work predominantly with Black clients?
3. How do you experience working with Black clients? Please provide examples.
   3.1. Did you feel adequately prepared through your education and training to work with the complexities of Black, same-race dyads?
4. What does "social class" mean to you?
5. How would you define yourself in terms of class?
   5.1. Have you moved up, down or stayed in the same class status?
   5.2. What has that been like for you?
6. Are you aware of class when working in a same-race dyad?
   6.1. Has class been a theme that has come up while working within same-race therapeutic dyads?
   6.2. If so, in what ways did it come up?
   6.3. How did you deal with the topic of class when it arose?
7. In your experience, to what extent has class affected the transference-countertransference dynamic within the dyad?
8. In your experience, to what extent has class affected the therapeutic alliance within the dyad?
9. Do you think class matters within a psychoanalytic/psychodynamic orientation?
   9.1. In what ways?
   9.2. Do you think this has been influenced by your class background?

Appendix D

Research Poster

REASEARCH PARTICIPANTS NEEDED

Black Therapists' Experiences of Class within Same-Race Psychodynamic Psychotherapy

1.

Share your experiences of class as a Black therapist in South Africa and how it plays out within the same-race therapeutic encounter!



2. DO YOU MEET THE FOLLOWING CRITERIA:

1. A clinical, counselling, or educational psychotherapist who self-identifies as Black African
2. Are South African
3. Are registered with the Health Professionals Council of South Africa (HPCSA)
4. Have been practising for at least three years
5. Identify as a psychodynamically orientated psychotherapist
6. Available for at least 60 minutes

3. CONTACT INFORMATION.

Lerato Selebi

074 197 4658

leratoselebi22@gmail.com

Appendix E

Ethics Clearance Certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE
CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: MClin/23/09**
PROJECT TITLE:	Black therapists' experiences of class within same-race psychodynamic psychotherapy in South Africa.
INVESTIGATOR	Selebi Lerato (2096183)
SCHOOL/DEPARTMENT OF INVESTIGATOR	SHCD/Psychology
DATE CONSIDERED	17 May 2023
DECISION OF THE COMMITTEE	Approved unconditionally
RISK LEVEL	Low Risk
EXPIRY DATE	31 December 2025
ISSUE DATE OF CERTIFICATE 23 May 2023	**CHAIRPERSON** _____ (Dr Aline Ferreira Correia)

cc: Dr Yvette Esprey (Supervisor)

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

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 an amendment of the protocol to the Committee.

_____ 05 / 06 / 2023

Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES