A Discourse Analysis Looking at the Way Counselling Psychologists Discuss and Address Issues of Race with Individuals from Black Asian and Minority Ethnicities

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Declaration

I hereby declare that the work in this dissertation is fully the result of my own investigation, except where otherwise stated.

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Abstract

Background: Current literature reports the prejudiced experiences Black, Asian and Minority Ethnic (BAME) clients and supervisees have when talking about culture, racial discrimination and race when engaging with professionals in therapeutic dyads. However, they seldom investigate the practitioners' interpretations when engaging with non-White individuals. This raises questions about the way professionals address the needs of BAME individuals in clinical and supervisory practice, thus drawing attention to possible causes behind these occurrences. Therefore, the present study aims to shed light about the discourses counselling psychologists use to address and discuss issues of race and discrimination when talking with BAME individuals in clinical practice.

Methodology: Semi-structured interviews were conducted with a purposive sample of 6 counselling psychologists (2 male and 4 female) who had engaged with clients or supervisees from a BAME background. Participants' accounts were recorded, verbatim transcribed and analysed using Discourse Analysis (DA).

Results: The analysis indicated that three main discourses were present when counselling psychologists were describing their therapeutic interactions with BAME clients and supervisees. These discourses were Systemic Institutional Racism, Legitimising Racism and Challenging Systemic Racism. The first two discourses alluded to similar repertoires present in the discourses of white counselling psychologist participants whereas the discourse challenging systemic racism was mainly constructed by BAME counselling psychologists.

Conclusion: The findings suggested that the discourses counselling psychologists used to address issues of race and the impact of difference, when engaging with BAME individuals, appeared to be associated to the racial identity of the practitioner. Responses indicated that BAME counselling psychologists were more attuned and open to engaging in culture, race and racism topics than white counselling psychologists in the study. Further, the research supports existing

literature reporting biased experiences BAME clients and supervisees have when talking about race with professionals in therapeutic dyads. The research offers valuable implications for service provision and practice thus suggest that the more attuned and open professionals are to openly discuss race related difficulties the greater the outcomes in practice when engaging with BAME individuals.

Part 1: Introduction

1.1 Introduction

The present study examines the way counselling psychologists address and discuss issues of race with BAME. It starts with a reflective statement, looking at some of the assumptions that may be present and influencing the research, thus highlighting ways the researcher attempted to explore them. Further, it will aim to discuss the relationship between counselling psychology and this research. This will be ensued by a critical literature review (CLR), looking at presenting an historical context of the dynamic westernised populations have with BAME individuals and its effects, using research evidence from individual studies (e.g., Philips et al., 2017) and reports (Workforce Race Equality Standard, 2019; BAME Communities Advisory Group (AG) report and recommendations, 2020). It will look at the way western thinking and theories dominate therapeutic practices and consideration will be given to the British Psychological Society's (BPS) division of Counselling Psychology interest in integrating diversity through the expansion of its theoretical approaches (Wilk, 2014). Views (e.g., Ryde, 2009; Clarke, 2008; Nolte, 2007 and Ladany et al., 1997) on race, culture, ethnicity and racial identity concepts will be explained and how these may encourage racially prejudiced social constructs. The therapeutic relationship and ethnicity will be discussed, looking at assumptions and stereotypes therapists could hold about BAME. It will focus on the therapeutic work practitioners carry out with BAME individuals and the considerations to have when working with these populations (e.g., D'Andrea, 2005; O'Driscoll et al., 2016 and Ade-Serrano & Nkansa-Dwamena, 2016). The review will then look at the BPS guidelines (2017), cultural competency and communication and the way these may be disregarded when practitioners navigate through race interactions. Finally, the review will consider outcome studies (Constantine & Sue, 2007; Shoheilian et al., 2014 and Jernigan et al., 2010) where racial and discriminatory issues, seem to be overlooked and unaddressed by supervisors and where BAME supervisees express thoughts of distrust and uncertainty. The review will then be concluded by highlighting the gaps in the literature that have led to the present study and research questions.

1.2 Reflexive Statement

Elliot (1999) suggests that as researchers our assumptions, beliefs and values should be declared to orient the reader about the perspectives and possible biases in research. The topic under investigation is relevant to me as I grew in a community that was predominantly White. Interestingly, the present topic will enable me to reflect on the experiences, with friends and family, I had growing up and have impacted my development in some ways. I write in the first person, within the proposed research, to take myself into account (Webb, 1992). I was born and raised in Portugal and identify myself as a Portuguese individual of African heritage. My identity and heritage play an important role in how I experience, perceive and make sense of the world I live in. I seldom felt alienated, isolated, racially abused or had the need to defend myself in such situations, as I had never seen myself differently than others as a child. My friends and the neighbours never made comments related to my skin colour differences, in comparison to other children from my neighbourhood. So, growing up I belonged and had developed in an environment that was inclusive. As I matured and became an adult, it seemed that my perception or rather understanding about the world was changing. I had witnessed and experienced racially charged comments, which came from people I had worked with and were made to look innocent when I expressed my disapproval of them. I was made to feel like I was the one exaggerating the intention of others, when making such comments and that there was no malice in them. Such experiences had certainly influenced my identity and how I perceive certain situations.

Finley (1999) suggests that it is essential for researchers to reflect on the topic under investigation, the importance of being analytically reflexive at the pre-research stage and to understand our relationship with the topic we want to convey. I wondered about the effect not being from the dominant culture could potentially have on the proposed study. I wondered whether potential participants would find it difficult to engage in an open argument about the differences we have in our features, fearing they might say something inappropriate or being concerned about my reaction, intentions and motivation to undertake such study. For instance, that they could believe

that I intended to investigate whether they are being inconsiderate and discriminating against BAME patients/clients, or that I would not understand what they could be trying to express and communicate. It was important to 'bracket' myself, to limit the influence that my personal experiences could potentially have in the study (Spinelli, 2005), using supervision, personal therapy, being reflexive and engaging in open discussions with my colleagues, to ascertain how potential feelings, emotions and my background could hamper the aims of the proposed research.

Concerns about making potential participants feeling uncomfortable, at times led me to be cautious about asking further questions when interesting themes arose. However, I understood the importance of communicating clearly and transparently with participants the aims of the study and to explore themes that arose as I recognised that this was vital to explore further issues of interest that come up. As a trainee counselling psychologist, one of the requirements was to undertake clinical supervision and to accrue one to one hours and facilitating personal therapy to clients. Such requirements have brought in myself feelings that were guided by difficult experiences that I had, not in childhood but as I slowly become an adult. There was an underlying fear that potential patients and supervisors may engage with me differently or reject me due to our differences (characteristics) and that I would struggle to find a placement for the same reasons. I believed that supervisors and potential patients could hold negative views about individuals from BAME backgrounds. The experiences I have been part of, as a trainee counselling psychologist, were different from the thoughts I had had, which could suggest that the sense of inadequateness I sometimes felt during the training, was an underlying anxiety that came up in situations that trigger related memories of discrimination. However, I am also aware that my openness and transparency was at times met with discomfort by some of my supervisors but not the therapist I had when discussing issues of race, racism and discrimination during my training. In the limited existing literature, there were several references where BAME trainees and clients felt that issues about race were not addressed but dismissed when discussing them with practitioners and to read their accounts made me feel saddened but also curious. It made me wonder whether practitioners

considered the different aspects of race that go beyond awareness into knowledge production and development, and take action to address discrimination, ignorance and silence, or whether their discomfort would trigger avoidant responses when engaging in such discussions. The resulting power imbalance in therapeutic relationships, reminded me of situations, in my life, where my concerns were overlooked.

Researchers may become aware of their assumptions if they adopt a reflexive stance in qualitative research in psychology (Shaw, 2010). I was aware that my approach to the literature and interviews were riddled with assumptions I made about the topic under investigation. Consequently, I felt at times challenged during the analytical process, as I immersed myself in the data and was as if I had a sense of social justice. Moreover, responses from some of the participants' accounts triggered sad and upsetting responses in me and emphatic thoughts of help and support for those that were being cared for. It was as if I was being let down too. Recent media reports (the death of George Floyd, Police Brutality, Racial Profiling) about racial injustices have also played a role in harbouring such feelings as it brought back difficult memories about my life which made me think about and consider the future of my infant daughter. However, and with this in mind I understood the importance to access my inner supervisor, engage in reflexivity throughout the process (study), keep a reflective journal to reduce any bias effects and also to engage in discussions with my supervisor to reduce any effects such feelings may have on the research process (Casement, 1985).

That said, I hope that this study paves a way to raise awareness about the role counselling psychologists could have in understanding and discussing issues about race as part of clinical development. Moreover, I also hope that this research encourages counselling psychologists to examine race and its relationship with elements of the human experiencing, instead of their own automatic relationship with the 'other' (race). With all in mind, I hope the study contributes to the literature, generate changes to training, contribute to a potential review and stress the role counselling psychologists play in promoting race in an evolving world.

1.3 Relevance to Counselling Psychology

Counselling psychologists' contribution to multi-disciplinary teams and settings, suggests that professionals could adapt and work with an array of presentations. On the BPS website, the counselling psychology training page conveys that "counselling psychologists work almost anywhere there are people" (BPS, 2013). This could imply that counselling psychology, as a discipline, is not generic across a diverse range of client groups and that practitioners may be well positioned to work within different settings, services and backgrounds. However, in a changing Britain, most psychology practitioners continue to adopt a westernised oppressed ideology when engaging with diverse groups, which could symbolise a repetition of the philosophy behind colonisation (Bradby, 2010). In addition, as western thinking dominates professional traditions, clinicians could indirectly or directly prejudice against BME individuals and maintain the status quo (Nadirshaw, 2009).

Over the years counselling psychology has shown growing interest in integrating diversity through the expansion of its theoretical approaches (Wilk, 2014). However, issues were found when many of the psychotherapeutic approaches, in most practices, had dominating western ideals in settings (Pederson & Locke, 1996), like cultural encapsulation (Vaac et al., 2003), and biased assessments and measures (Wakefield, 2010). Such practices could encourage BAME groups to feel marginalised and believe they remain outside conventional psychology epistemologies (Moodley, 2009), which could suggest that counselling psychology has been measured in their response to cultural changes (Pederson, 2011). Nonetheless, a strong working alliance could encourage different outcomes (Horvath et al., 2011). Fuertes et al. (2002) suggested that issues addressed in the first sessions of therapy, created a good therapeutic relationship with patients. In addition, Zhang & Burkard (2008) carried a study looking at the ratings clients have given to clinicians who discussed issues about race. They found higher ratings were given to counsellors, who discussed issues around ethnicity, when comparing with counsellors who have not talked about such topics. Findings highlight the importance BAME individuals put on discussing issues of race and indicate a strong

client-therapist working alliance (Woolfe et al, 2010). However, it is important to note that the above studies have looked at guidelines and general discussions about issues of race and ethnicity, not at concrete interactions occurring between therapists and BAME clients in clinical settings (Zhang & Burkard, 2008).

Counselling psychologists are required to understand theories of lifespan development (Health and Care Professions Council, 2012). However, the absence of mandatory clinical experience with BAME individuals, in current training programmes, means lifespan awareness may not extend far enough beyond theoretical sensitivities and cause confusion as to whether psychology is a profession that works with diversity (The Psychologist, 2020). More research is needed to explore how counselling psychologists address issues of race and discrimination, something studies are lacking presently (O'Driscoll et al., 2016). Lago (2011) emphasises that attention should be drawn to the dominant culture and its role as most therapists, in Britain, are likely to come from this group (western). However, within the profession and outside the field of counselling psychology, work with trainees and patients in therapeutic and supervisory settings, has been carried out to give insight to such an underexplored issue (e.g., Eleftheriadou, 2010; Ade-Serrano and Nkansa-Dwamena, 2014; Edge, 2013; Mavinga-McKenzie, 2016; Davids, 2011; Lago, 2011; Coleman, 2011).

Part 2: Critical Literature Review

2.1 Global migration and the Resulting Challenges

The UK has become a place where increasing numbers of African, Middle Eastern, Latin American, Asian and European, immigrants move to (Palmer & Laungani, 1999). As different cultures, classes and religions engage with one another, and the population becomes more diverse, the number of BAME individuals providing support in healthcare services will continue to increase. The population influx has also seen an increased number of individuals, from non-western backgrounds, access mental health services seeking counselling support. Palmer and Laungani (1999) convey that, as the population becomes more diverse, unique skills, experiences and qualifications are revealed in encounters with different immigrants. However, their experiences of employment, career progression and work relationships seem to differ from their white counterparts. With changes in host countries demographics, conflicting values and norms may generate issues stemming from different societal views (McGoldrick & Ashton, 2012) and a need to maintain the status quo. A longitudinal study completed by the office of national statistics (ONS, 2003), reported a significant discrepancy in Primary Care Therapies (Psychological) and Counselling Services provided to ethnic minorities. Results suggested that in spite almost 6.4 million people identifying as BAME, only 10% received therapeutic treatment in comparison to their white counterparts (24%). The inequalities in the provision of psychological therapies to BAME individuals exist (ONS, 2003). Further, similarities in the provision of care in comparison to white individuals are still consistent with the ONS (2003) study as reported in the governments BAME Communities Advisory Group (AG) report and recommendations (2020). Findings highlight inequalities in the accessibility to care, level of care received and also racism in the workplace for BAME individuals. Concerns about work inequalities were reported in a study completed by the NHS Workforce Race Equality Standard (WRES, 2019). Results suggested that 19% of the NHS work force was from a BAME background compared to 75% of their white colleagues. Furthermore, 11% of BAME workers, comparing with 85% of their white counterparts, were

occupying high band (NHS bands 8 – 9) positions in NHS trusts. Racial abuse and discrimination incidents, from patients, relatives and the public, were also highlighted in the study. The findings implied that 50% of BAME NHS staff reported experiences of harassment or bullying comparing with 27% of their white colleagues. NHS employees were also found to be involved in such incidents, with 13% of NHS managers and 18% of NHS colleagues having similar prejudiced behaviors towards BAME. This may suggest institutional racism within the NHS, engrained stereotypes held by the host country and organisational structures which overlook the needs of BAME individuals (WRES, 2019). However, it could be that white counterparts may be ambivalent to the issues above as they seldom or openly discuss topics of race and discrimination. Phillips et al. (2017) conducted a quantitative study (of significance as it gives a broader understanding about the topic under discussion, like the above WRES (2019) report) which supported this claim (albeit in a different context). It proposed to investigate the depth in which multicultural identities explore issues of race in clinical supervision with trainees. One hundred and thirty-two doctoral students (BAME and white) from clinical, counselling and combined psychology programmes participated in the study. The findings suggested that BAME students discussed racial identity issues (in clinical supervision) in more depth than white students. These could suggest that, like the above WRES report (2019), white trainees may be unempathetic in their approach to BAME experiences or issues of racism and discrimination, thus overlooking the importance of holding such discussions (McKenzie-Mavinga, 2009).

2.1.1 Racial Trauma

Racial trauma, as suggested by Comas-Díaz et al. (2019), can result from experiences of racism such as: hate crime, work related discrimination or through accumulation of several small incidents whereby an individual is racially abused or discriminated against through expressions of racial micro-aggressions (Constantine & Sue, 2007). Sibrava et al. (2019) carried out a longitudinal study, using a clinical sample of Black and Latino participants with a Post-Traumatic Stress Disorder (PTSD), to explore its relationship with experiences of racial discrimination. Their

findings highlighted the impact of racial and ethnic discrimination in the development of PTSD and could provide empirical evidence supporting the connection between racial discrimination and depression, in black individuals, as suggested in a study conducted by Seaton and Iida (2019). They (Seaton & Iida, 2019) looked at the ideographic diaries of young black men, with regards to their evaluations of the broader society's views about black individuals and concluded that an association existed between racial discrimination and depression as racial identity attitudes had a role in moderating this relationship. Despite this, as reported by Sue et al. (2019), there has been an absence of work on the types of actions or intervention strategies that can be used to directly combat racism. This absence perpetuates racial micro-aggression experiences BAME individuals endure in different contexts, thus discouraging these groups from engaging in western dominant services and resorting to emotion-inhibited coping strategies (Lazarus & Folkman, 1984) to reduce or manage the intensity of their emotive distress (Sue, 2019).

2.2 Culture, Ethnicity and Race

Culture and racial ethnicity are terms that can cause confusion in individuals as they are often used interchangeably. Nonetheless, similarities and differences can be found in the concepts. Ethnicity is seen as "an organising principle used by a group of people in order to differentiate themselves from other groups in terms of race, language, customs, mode of living, culture and so on (Phukon, 2002, p.1)."

Ryde (2009) advises that Eurocentric societies often take a 'neutral' stance, when it comes to ethnicity, as if they reject having a racial identity or are independent of the ethnic frame. The 'other' is a term often used to emphasise the notion that western nations are culture-free, and ethnicity refers to non-white groups ('other'). Clarke (2008) hinted that to define one in comparison to the other, may lead individuals to develop views about who they would not like to be seen or perceived as, creating the notion that there is an ideal self in our society. Race, as we know today, is not a biological reality (Phinney, 1996), where categories are distinct and ascribed (Helm &

Talleyrand, 1997). Sadly, in our society race is seen as a biological construct, where practices refer to 'BAME' individuals as belonging to racially defined groups. Such perceptions could encourage individuals to assume that cultural and ethnic diversity may not exist, rather, that different types of human races navigate on our planet (Clarke, 2008). However, there has been increased awareness about the issues surrounding the terminology attributed to 'race' as a term. Nevertheless, Eurocentric values are usually seen as the norm, where 'others' (e.g., cultures, ethnicities, races) are compared to.

Culture is possessed by all individuals and groups. White is a color which in addition to culture should be evaluated in the same way other ethnicities are, rather than in relation to them (Nolte, 2007). It has been proposed that culture consists of people's history, what they learn to do, their values, customs and skills (Sue & Sue, 1990) amongst other attributes. It may be reasonable to suggest that such concepts may be difficult to separate as people tend to discuss them in context (race, culture and ethnicity) where labels are given, and assumptions made about 'other' groups (Fernando, 2010). Racism could derive from such concepts and can be perceived as a tendency individuals have to categorise and stereotype. Eleftheriadou (2006) explains that stereotypes result from individual's anxiety when engaging and working with individuals who differ from them and their ethnocentric view. In addition, people construct and make sense of their worlds, when encoded information is categorised and subsequently applied in different situations (Calvin, 1997). In clinical settings, the therapist's perception of their own culture is measured against 'others' backgrounds in clinical settings (Orlans & Van Scoyoc, 2009). However, like race, racism is also a social construct, which is predominantly distinguished by the colour of the skin (Witzig, 1996). The Cambridge English dictionary defines it as "the belief that people's qualities are influenced by their race and that the members of other races are not as good as the members of your own; or the resulting unfair treatment of members of other races." The way racial discrimination is expressed has changed with time. Overt racism, where hatred is publicly manifested to another person due to their skin colour, still occurs in some cities in the United Kingdom and around the globe

(McConahay, 1986). But nowadays, discriminatory practices or racial micro-aggressions (Constantine and Sue, 2007), occur in the form of verbal or behavioural humiliations as these are more subtle and covert (Pedersen & Walker, 1997).

In therapy, current models rooted in western values do not include non-western philosophies and beliefs (Waldegrave et al, 2003). Such practices, as asserted by Fanon (1963), draw parallels akin to colonialism and constitute one of the most important causes of mental health problems for certain communities. This could be, as asserted by Jensen et al. (2011), due to the extent to which western practices indicate how awareness of diverse cultural identities may be understood by professionals in pathological ways. Such exclusion may be seen as a form of unintentional racism and a harmful practice to clients from non-western backgrounds holding different beliefs (Pilgrim, 1997). Moreover, it has been suggested that current psychological research, overlooks the practices of psychologists and the possibility they could be racially prejudiced (Owusu-Bempah & Howitt, 2000). Basic feelings and emotions like envy, fear and aggression, could trigger racial responses in therapy settings due to power dynamics and cultural differences (Lago and Thompson, 2003). As counselling psychology is underpinned by humanistic principles (Woolfe et al, 2010), it is essential to understand the role difference can play in practice and to be aware of this.

2.2.1 Racial Identity

Racial identity looks at the way people feel about their and other people's races (Ladany et al., 1997). Helms (1990) proposed that an individual can be at 2 stages of racial identity. One of them is identification and idealisation with western cultures and the other is dissonance, where they have some insight about racial discrimination but seem confused when identifying with western cultures. Helm's (1990) model was used in a study conducted by Ladany et al. (1997), where graduate students rated their supervisors and themselves as either having low or high racial identity. For instance, if an individual had a low racial identity, he could be perceived as insensitive to

cultural issues and hold stereotypical views of people from BAME. Low racial identity would represent an individual which is at a stage of dissonance. Conversely, high racial identity was present when individuals identified with those from other BAME groups and were aware and accepted their racial self. High racial identity represented greater awareness about racial differences and racism, in addition to a positive acceptance of people from non-western backgrounds. The author concluded that when supervisees perceived a high racial identity on their supervisors, a strong supervisory working alliance and multicultural competence, were present in clinical practice. A related study conducted by Bhat and Davis (2007), also explored the way working alliance was influenced by racial identity, although, from the supervisor's viewpoint. Their findings reported a strong working alliance in supervisors with a high racial identity, irrelevant of the ethnic background of the supervisee. Both studies draw attention to the importance of being racially aware; understand one's own identity and the impact such perceptions can have in fostering positive therapeutic outcomes if issues of race are discussed. However, if the opposite takes place (low racial identity, low self-awareness and low understanding of their own identity), perhaps a power dynamic comes into play, whereby the supervisee is controlled and discouraged from discussing racial issues in supervision. This could result in a weakened working alliance, increase doubts about the supervisor's competence and his beliefs about racial discrimination (Schroeder et al., 2009).

2.3 Therapeutic Relationship and Ethnicity

The therapy process and its complex relationship with ethnicity should continue to be explored (Castonguay et al., 2006). It has been proposed that therapists give more attention to client issues surrounding race, which encourage race sensitivity. A study conducted by Meyer and Zane (2013), looking at the influence of race and ethnicity in clients experience of mental health treatment, has suggested that issues of race and ethnicity were more important to be discussed for BAME clients than they were for white clients. The study examined 102 participants who had received mental health treatment from outpatient services, using questionnaires (looking at access, quality of care, satisfaction and treatment outcomes) to collect the data, which was subsequently

analysed using a Statistical Package for the Social Sciences (SPSS). Their findings highlighted that for BAME individuals it was important to include cultural elements in their care and racial match as a strong predicate of positive experience and outcomes and for the care provider to understand the ethnic group's history of discrimination and prejudice. Race relations, due to its current and historical nature, are issues that can be emotional and evoke negative reactions related to personal views therapists may have about BAME individuals (Helms & Cook, 1999). Kivlighan III et al. (2019) asserted that therapists' ability to produce changes, in symptom-defined psychological distress, differ as a result of clients' race-ethnicity. D'Andrea (2005) has emphasised the importance for trainees to be self-aware about their responses to issues of ethnicity coming up in the counselling relationship. O'Driscoll et al. (2016) suggest that it is important to mediate approaches like colour blindness and colour consciousness, which encourage issues around race to be denied. The race topic, for some therapists, can bring worry and anxiety or make them uncomfortable for fear of being offensive or seen as racist (Cardemil & Battle, 2003). Bar-Haimô, et al., (2009) has suggested that "the tendency to use skin colour to categorise faces into different races seems almost automatic and unavoidable" (p. 145). In the therapeutic relationship, this could suggest a conflict between the internal and interpersonal worlds (Klein, 1975) of the practitioner which could be influencing the therapeutic outcome (Ade-Serrano & Nkansa-Dwamena, 2016).

2.3.1 Ethnic Matching

Ethnic matching, in psychological therapies, considers the way a client identifies himself ethnically. The principle is aimed at ascertaining whether the client would like to be seen by a therapist whom he identifies with racially (Farsimadan et al, 2007). Similarly, the therapists themselves would go through the same process whereby they would identify themselves ethnically before being matched to their clients. This concept would consider the client's cultural beliefs and views, which could encourage them to feel comfortable in therapy. An American based study conducted by Gamst et al. (2000), looked at the data from 4554 participants (American: White, Latino, Asian and African) to investigate ethnic matching and congruence between client-therapist

ethnicity and its subsequent effect on global functioning and retention. The study used a Human Service Information System (HSIS) to analyse the data and its findings suggested that for white Americans ethnic matching was not as important when looking at treatment outcomes as it was for Asian and Latino Americans. Moreover, for African Americans treatment outcomes were greater if they related or connected to their racial identity. The study highlighted that practitioner's visitation, was significantly reduced due to ethnic matching as treatment outcomes were significantly positive in matched dyads. A UK based research conducted by Farsimadan et al. (2007) reported an immediate positive transference and counter-transference effect started if the client had the opportunity to choose the therapist he wanted to be matched ethnically with. Their study was looking at the process and outcome of therapy in ethnically similar and dissimilar therapeutic dyads. They collected data from 100 ethnic minority participants using questionnaires to look at therapy outcomes. The results, analysed using a correlation test, highlighted the importance to provide ethnically matched therapists to patients if requested, the need to pay particular attention to the therapeutic alliance and how credible that importance may be perceived to be for practitioners. Both findings suggest that inner cultural differences can play a significant part in the way ethnic groups function and make sense of their difficulties (Jones, 2006), especially in instances where the BAME individual has had traumatic racial experiences.

2.4 Cultural Competency and Self-Reflection

In the literature, there is continuous emphasis on encouraging therapists and service users to explore the meaning of race (Leary, 1995). This could indicate that such discussions may promote client success and facilitate therapeutic work. Cultural competency alone, as implied by Maiter (2009), is not sufficient to engage with ethnically different clients. Instead, rather than using a broad cultural framework to engage with different racial backgrounds, clinicians should be using a racist free framework to address race and racism with clients. The author highlighted that her tendency to focus on culture minimised the effects race and racism had in her work with BAME individuals. It conveyed that "when the central element of our work with members of diverse ethno-

racial groups is culture, we may then tend to inadvertently exclude the effects of race and racism in the lives of people of colour while at the same time clients themselves will not bring up issues relating to race (Maiter, 2009, p. 269)." Nevertheless, as asserted by Hayes et al. (2015), therapists who are culturally competent will produce better outcomes with BAME clients than will less culturally competent therapists and should be considered "templates" from whom the field could learn. Dyche and Zayas (2001) reported that culturally empathic training could be seen as an effective way to encourage therapists to develop their cultural skills. Moreover, they also see self-reflection, for clinicians, as a valuable and important way of exploring and examining their own racial and cultural identities and their prejudices. This could imply that once such process takes place, it facilitates clinicians the understanding to address cultural and racial differences in an open manner, thus, recognising their own biases and the clients' unique experiences.

2.5 Critical Consciousness in Practice

"The awakening of critical consciousness leads the way to the expression of social discontents precisely because these discontents are real components of an oppressive situation (Freire, 2000, p.36)". Ladany's et al. (2005), Critical Events Model (whereby in psychotherapy, critical events create dilemmas between the practitioners and clients which could negatively affect therapeutic outcomes), could encourage practitioners to be self-aware and develop a strong therapeutic alliance (Woolfe et al., 2010). This could suggest that there may be an unconscious and automatic response process, preventing an unbiased and non-judgemental approach within the supervisory practice. Moreover, it could also imply an unconscious avoidance or conscious attention when considering the way, the therapeutic process and relationship could be influenced by ethnic differences.

Moreover, it has been suggested that cognitive analytical therapy (CAT) principles could be used by therapists to think about issues of race as it proposes that "social relationships are replicated within the structure of the self (Ryle, 2010; p.6)", thus race could be seen as a "critical

fracture line continuously being reproduced (Brown & Msebele, 2011)." Discussing such issues may encourage practitioners to challenge existing norms, which seem in place, so issues remain unchallenged. In addition, it may give them the confidence to openly support BAME individuals, challenge discourses about the 'other', color-blindness and white privilege. It could also prevent 'race' issues being treated like they are unspeakable (Lago and Thompson, 1997) or as if it might violate a societal code, which could portray the practitioner as naive or immoral (Brown & Msebele, 2011).

2.6 Therapeutic Practice: British Psychological Society Guidelines

The BPS practice guidelines (2017; p.23) outline that "it is best practice for psychologists to work collaboratively with clients and Experts by Experience in developing and delivering all aspects of psychological services. In mental health, the Government is committed to shared decision-making and the principle 'no decision about me without me' (Department of Health, 2011)." The above practice guideline and policy apply to work with individual clients and to services that are delivered by psychologists. Psychologists ought to develop guidelines, policies and services, collaboratively, with the individuals using their services. In clinical practice it is helpful and important to work together with patients, to guarantee that psychological theory and research are implemented, understood and properly adjusted to the patients or individual groups and their contexts as they may be different from the populations where the research was carried out.

2.6.1 Working in Therapy with Cultural Difference

The BPS practice guideline (2017) suggests that all psychologists need to have the required aptitudes and skills to work with all the backgrounds and groups that make up communities. It recommends that all psychologists ought to be self-aware of assumptions and stereotypical beliefs they may have when thinking about ethnic groups and different cultures. The guideline asserts that professionals should consider the historical consequences of racism and the way such played a role

in the early development of culturally biased research testing and implementation of psychological principles, favouring white, middle-class children and western dominant populations.

In addition, they need to recognise that there are regional and local differences inherent to multi-ethnic groups as they are not homogeneous and may be split by different dialects, be from different tribes or have different religious beliefs depending on their locations (BPS, 2017). Such gives individuals different or distinct identities in and outside their community. Race, as previously explained in the review, is not a biologically meaningful concept and psychologists ought to comprehend the discrimination suffered by BAME individuals and the way terms like race, ethnicity and culture are wrongly used interchangeably in a unitary way. Further, they need to be aware that one size fits all interventions may result in specific needs and considerations being dismissed when engaging with diverse populations and that a lack of cultural insight may lead professionals to pathologise culture (BPS, 2017). Finally, that practitioner's develop dynamic therapeutic relationships with clients that are from different cultural backgrounds and "acknowledge their own ethnocentricity and possible underlying socially conditioned prejudice to people who are different" (BPS, 2017; p.34).

The guideline posits that psychologists need to consider and attend to the range of situations and circumstances present in the lives of individuals from BAME that use mental health services, thus "hear their voices based on their personal experiences and act and respond accordingly in a human way" (BPS, 2017; p.34).

2.6.2 Working in Supervision with Cultural Difference

Supervision, as outlined in the Additional Guidance for Clinical Psychology Training Programmes: Guidelines on clinical supervision (BPS, 2008), is a requirement for both trainee and qualified CoP's, thus playing a significant role in the development and/or consolidation of their professional identities. Section 7.4 of the guidelines recommends that if any issues arise in clinical

work with patients, supervisors need to be prepared to discuss it with openness, empathy and in a supportive way (BPS, 2008; p.5).

When working with supervisees from different backgrounds, professionals need to be aware that the dynamics of the work could change due to cultural differences as such may have a role to play in the supervisory dyad (Sue & Sue, 1999). In cross racial supervisory relationships, there seems to exist, a tendency to avoid engaging in topics related to race, culture and ethnicity in supervisory relationships. Such issues may stem from a lack of multicultural experience and knowledge supervisors may have about cultural issues or the way they feel (e.g., anxious, uncomfortable etc.) when discussing racial and cultural issues. Moreover, such inexperience (from the supervisor) could encourage supervisees to refrain from introducing cultural issues in supervision, for fear of being seen as having a cultural agenda (Priest, 1994) or wanting to create discomfort in their supervisors. However, this could suggest supervisor's lack of awareness about their biases and prejudices (Utsey et al., 2005). If supervisees have a positive and collaborative experience in supervision, they can feel more motivated and confident in practice, thus promoting better therapeutic outcomes and awareness in their work with diverse clients (Nelson & Friedlander, 2001).

Further, supervisees from ethnic minorities can also be international students. In supervision, limitations could be determined by the supervisee's level of acculturation to the host nation (Sodowsky & Plake, 1992). Nilsson (2004; 2007) investigated in the United States, the dynamic between cross racial supervision and acculturation levels in international students in two separate studies. The author and Anderson (2004) looked at the relationship between counselling self-efficacy, role ambiguity, and working alliance in foreign students. The results suggested that frequent discussions around cultural issues and role ambiguity were associated with lower acculturation from supervisees. In a later study completed with Duan (2007), Nilsson explored the impact acculturation had on supervisory relationships with white supervisors. They concluded that

students reported racial prejudice as role ambiguity took place. However, in the second study supervisees were from an American minority (African, Latino and Asian). Both studies could suggest that supervisors may hold rooted negative beliefs about individuals from minority backgrounds, irrelevant of acculturation levels they have. However, it is also important that minority groups understand the values and beliefs held in host countries and adapt to these.

2.7 Communication

"Dialogue, as the encounter of those addressed to the common task of learning and acting, is broken if the parties (or one of them) lack humility. How can I dialogue if I always project ignorance onto others and never perceive my own?" (Freire, 2000, p.90). In therapeutic relationships communication and the way information is reported are important issues to consider (Brown et al., 2006) if they are influenced by race, gender and culture (Sue & Sue, 1999). Conflict and miscommunication could generate issues in the therapeutic relationship, if racial and cultural issues are continually ignored (Reynolds, 2004), and attributed to the way western and non-western societies ascribe meaning to their and other people's behaviours. In addition, such conflicts could be related to the way individuals develop their views and meanings about each other and ought to be regarded to understand cultural differences (Kochman, 1981). That said, communication can be seen as a public presentation where different discussions take place (Kochman, 1981).

Further, literature (Constantine & Sue 2007, Sue & Sue, 1999) has looked at how beliefs, meanings and attitudes are experienced in the supervision dyad. However, they seem to overlook the role communication plays in cross racial and cross-culturalsupervision. Miscommunication in interracial supervision dyads may occur when differences in communication styles (verbal and non-verbal), racial attitudes and roles are not addressed or monitored. This could contribute to thoughts of distrust and feelings of vulnerability (Chen, 2004). It is essential to recognise how these can affect the supervisory relationship in cross-cultural dyads and check for congruent and incongruent communicative patterns.

2.8 Critique of Current Literature

Most of the literature looks at the views and experiences of the BAME supervisees in therapeutic dyads and there are a limited number of studies investigating such issues from the therapists' perspective. In addition, literature available looking at how practitioners' address issues of racial prejudice and discrimination is mainly centered on guidelines to working with BAME individuals, using a cultural awareness and consideration when working with these groups. Three studies will be discussed and critiqued.

Constantine and Sue (2007) provided a qualitative approach, using Interpretative Phenomenological Analysis (IPA; Smith, 2009) with semi-structured interviews. The study proposed to explore the way black supervisee's perceived racial micro-aggressions in dyads with white supervisors. The 10 participants (black) were undertaking doctoral degrees (in counselling or clinical psychology) and engaging in counselling supervision, for at least 2 years with their supervisor (white). They had to have experienced racism or perceived subtle racism in supervision. The participants were asked open ended questions such as: "Discuss the most memorable situation in supervision in which you felt uncomfortable because you perceived the interaction with your supervisor to have racial undertones", "What specific challenges did you face as a black supervisee with regard to dealing with subtle racism or racial micro-aggressions in supervision?", and "What impact do you believe that specific experiences of subtle racism or racial micro-aggressions in supervision had on you personally?" The results indicated that racial micro-aggressions were experienced by trainees, suggesting such experiences affected the state of mind of supervisees in several ways, which affected supervisory outcomes and processes of supervision.

Supervisee's main concern was the continuous invalidation, by white supervisors, on issues of race and culture and a continuing sense of frustration they felt. The authors concluded that the psychological toll stemming from racial micro-aggressions could inhibit trainees from engaging with diverse populations effectively. Moreover, it also revealed the absence of a safe supervisory

environment, where trainees can integrate and discuss cultural and racial issues in therapy and supervision. The results reported similar findings from studies (Chakraborty & McKenzie, 2002; Smedley & Smedley, 2005; Williams et al., 2003), suggesting that racial micro-aggressions are cumulative, create severe psychological harm, negatively affect their health and could encourage sufferers to resent their own race. The present research highlights several points, but limitations can be found. Firstly, there might be difficulties generalising the findings as it exclusively looked at supervisee's perceptions of micro-aggressions. However, they provide a good insight into some of issues that could be addressed, like the need for white supervisors to be more culturally attuned and self-aware. Secondly, the methodology of IPA focuses on understanding the experience of a particular phenomenon (Smith, 2009), thus, providing a constricted perspective about the discourses used when racist micro-aggressions are expressed. IPA might take away valuable discourses and remarks which could be present during conversations about racial micro-aggressions, which can provide more data on the strength and impact these have in cross cultural dyads. Thirdly, since language was used, by white supervisors to minimise, dismiss and invalidate discriminating events, it would be interesting to know what discourses trainees could use to report and address such issues and to educate them. However, it is essential to recognise that the authors of the study were able to capture the essence of what occurs in supervisory dyads between black supervisees and white supervisors.

Soheilian et al. (2014) used a discovery-oriented qualitative approach (Mahrer, 1988) in a study. The authors wanted to explore what topics of multiculturalism are discussed in supervision, to comprehend what interventions supervisors (e.g., what supervisors say and do) are seen as culturally sensitive and salient by trainees and know about the way trainees perceive the supervisory relationship and how interventions used could affect their work with clients. One hundred and two participants' (78% men and 22% women), with years ranging from 22 to 67, completed online surveys. Of all of those taking part, 92% of the participants reported taking a cultural related course (69% of them at least one workshop (multicultural)) and came from a variety of settings including:

academic/college, counselling centres (48%), community mental health agencies (26%), private practice (4%), hospital settings (13%), and clinical experiences (from 4 to 24 months experience). An open-ended questionnaire was given to participants, asking them "to describe an experience in which they felt their supervisor was multi culturally competent" and from a discussed topic, "what their supervisor said, or did that was multi culturally competent; and how this experience affected their work with clients." The results suggested that race was the topic participants mostly wanted to talk about in supervision, together with religion and ethnicity issues. In addition, results also proposed that interventions facilitated by the supervisor, involving cultural dilemmas and using multi-cultural therapeutic skills and interventions, important to increase self-awareness. Finally, for participants, discussions around modifying the treatment approach and developing culturally complex client conceptualisations, was beneficial in the work completed with clients and to recognise their personal limitations. The authors conclude by suggesting their findings propose that multi-cultural competency is based on skills and knowledge and self-awareness used in clinical practice.

Some limitations can be highlighted from the study. Firstly, self-reports from supervisees, may not accurately represent the supervisors' intentions on intervention outcome. However, they give insight into what qualities supervisors could have when engaging with culturally diverse groups. Moreover, important nuances or dialogues that could be present on one-to-one interviews may not be attained using surveys, which could influence the researcher's biases regarding interpretation of data (Yeh & Inman, 2007). Finally, the sampling may as well hold a strong variation as the experience of a supervisee aged 22 may have a different life experiences, discourses and interpretations of an individual aged 67. However, it could be of importance to understand if there was an homogeneous perception, amongst supervisees, about how supervisors could demonstrate multicultural competence.

A directed qualitative content analysis (Hsieh & Shannon, 2005) was used to explore black supervisee and supervisors' dyads (supervisory). In this study Jernigan et al. (2010) used semi-structured surveys from 15 students (masters/doctoral), exploring supervisees experiences of dyads in which topics of race and culture emerged in clinical supervision. Six participants identifying as being of colour and with a supervisor of colour were identified, using a snowball sampling, to take part in the study. They were sent surveys, electronically, and asked to provide written accounts of their experiences in supervision to questions such as: "how is the topic of race introduced in your clinical supervision experience?", and "What was the interaction like for you?" The authors used the Racial Identity Social Interaction Model (SIM, Helms, 1990) and the Helms's People of Colour Racial Identity Theory (Helms, 1990) as a theoretical framework. Results were obtained using an inductive and deductive examination of the data. They suggest that supervisors of colour apprise issues of race and discrimination differently. Black supervisees introduce race and cultural topics into supervision more often that their supervisors. However, they asserted that after the topic was introduced supervisors encouraged them to engage in dialogue. The authors also reported that some supervisees felt "isolated, misunderstood, and overwhelmed with no space to process their experience" as supervisors refrained from addressing their experiences of racial discrimination. The authors concluded by suggesting that not all supervisors of colour understand racial and cultural information because of their ethnic background. They assert that it is important to understand the uniqueness of the individual.

Some limitations can be highlighted. Firstly, the results were based on self-reports from surveys sent to supervisees. However, it is of importance to draw attention to the discourses in participants as these could suggest patterns of responses in supervisors when discussing topics of race. Secondly, the study looked at responses from the trainee's viewpoint in relation to a black supervisor and such may not reflect the subjective perspective of the supervisor. Thirdly, the methodology, even though it gives insight into discourses used, it relies on the author's interpretation from the supervisee's accounts about their supervisors. This could imply that the data

is being distilled, biases could be present and thus not represent a true account of the supervisor's viewpoint.

The above three studies looked at BAME supervisees accounts of the dilemmas they face when issues of discrimination, racism and race come up in supervisory dyads. They also suggest different perspectives for future studies. Building on previous research, they have tried to fill an existing gap in understanding clinicians need to be conscious of their prejudices and develop multi-cultural competencies when working with ethnic minority groups. However, the therapists' perspective of the way they understand, discuss and address BAME individuals' racial dilemmas and concerns, in clinical practice, remain unanswered.

2.9 Critical Literature Review Summary and Proposal of a Research Question

In recent years emerging literature has been looking at complex issues that take place when clinicians work therapeutically with individuals from ethnic minority backgrounds (Constantine, 2007; Thompson et al., 1994; Martin, 2015). However, despite the awareness that such issues have drawn and the engagement with them within counselling psychology trainings, there is an assertion that practitioners may not be using such knowledge in clinical practice (Altman, 2004). Ryde (2009) proposes that racism exists within the individual's cultural framework and their principles, with current research suggesting that racism is more covert in nature that it was in the past (Malott et al., 2015; Ong et al., 2013). However, acknowledgement of the presence of continued racial prejudice has somewhat encouraged self-reflection within contemporary psychology and counselling (O'Driscoll et al., 2016). A growing number of research studies is using language based qualitative methods to explore clinical practice in counselling and psychotherapy (Avdi & Georgaca, 2009; Avdi, 2008; Hodges, 2002; O'Driscoll et al., 2016), offering insight into the socio-political role of therapy in endorsing or avoiding culturally preferred discourses. However, few studies investigate racism topics directly and even when brought up, they seem like inferred epiphenomena (Guilfoyle, 2002). Discourse Analysis (DA, Gee, 2014) is the study of language and the making of meaning in

action and in social contexts. It argues that language both mediates and constructs people's understanding of reality and can shed light on the way social norms are created and maintained (Starks & Brown Trinidad, 2007). It is a method of analysis offering suggestions as to why individuals distance themselves from others and why an individual place themselves above others on the basis of culture and ethnicity (O'Driscoll et al., 2016). No literature examines and analyses the discourses counselling psychologists draw on when addressing racial, discrimination and ethnic issues with BAME individuals. Therefore, the present study aims to offer an understanding about how ideologies are communicated, and the way language is used to legitimise, socially and historically, discourses informed by racial positions, which can reveal processes of racism in the therapeutic encounter that would likely be contested by members (Van Dijk, 1993). As a result, the study will employ a DA approach, to synthesise what discourses counselling psychologists use to address and discuss race and discrimination topics in their practice with BAME individuals, asking the following research questions:

- How do counselling psychologists discursively explore and address issues of racial prejudice and discrimination in clinical supervision and practice with BAME individuals?

And

- What discourses do counselling psychologists use to discuss the impact of difference in ethnicity in the therapy process?

Part 3: Methodology

3.1 Introduction

The chosen qualitative methodology and method (Discourse Analysis (DA)) for the present study will be discussed in this section, looking at its philosophical underpinning and the way these guided the research process. Other qualitative approaches will be discussed, and the reasons for choosing DA will be presented alongside a reflection on my personal ontology and epistemology. Finally, the researcher will look in detail at the methods of the research, including interviews, recruitment and the analytic process, concluding with some ethical considerations.

3.2 Choosing a Qualitative Methodology

A qualitative approach will be used in the study (Bor & Watts, 2017) as the essence of the current subject would not be fully captured using a quantitative cause-effect process (Guba & Lincoln, 1994). As the current understanding of clinical practice with BAME individuals (looking at race, culture and ethnicity issues) was critiqued, questions emerged about the practitioner's subjective accounts and the role language could have in reinforcing their assumptions in therapeutic and supervisory relationships. The representative participants have also affected the choice of approach as their roles inform perspectives, aspects, beliefs and opinions (supervisors/ qualified therapeutic professionals) which would not be explored using a quantitative approach (Sargeant, 2012). A qualitative perspective was used to understand what discourses counselling psychologists use and how language shape their identities in therapeutic relationships with BAME (Starks & Brown Trinidad, 2007).

Further, BAME does not represent a social reality (Phinney, 1996) but is constructed by the production, comprehension, and functions of text and talk in society (Van Dijk, 1992), hence why a social constructionist stance guided the exploration of this topic. A social constructionist stance looks at identifying ways in which racial categories are constructed and assimilated in human experience and social interactions (Willig, 2001). Such position shows how categories like 'BAME'

reflect and create people's subjective realities. However, social constructionism is not a methodology but a theoretical orientation to knowledge, guided by critique and rejection of universal truths (Orlans, 2013). It looks at the way knowledge is created in society, thus, exploring its unchallenged and endorsed use when referring to individuals as belonging to specific 'BAME' groups.

3.3 Reflexivity on Epistemology and Ontology

My personal and professional development has been changing since the start of this training. This process of change has influenced the chosen method (DA) and methodology (qualitative) in this study as my understanding about what can be known (epistemology) and the way I see the world (ontology) broaden. Such changes can influence the way research is conducted. I remember starting my Counselling and Counselling Skills diploma and thinking that such training was what I would have liked to have during my undergraduate degree in psychology. The diploma had a strong emphasis on the development of therapeutic skills and on reflection, a stark contrast to my undergraduate psychology degree. In Portugal psychology, at Undergraduate/MSc level and practice, is thought with an emphasis on the development of psychotherapeutic skills, from the epistemological position that knowledge is socially constructed and context dependent, which I resonate with, and believed would be thought similarly in the United Kingdom.

My first contact with patients occurred when I started working on the wards in a mental health setting. I remember being excited about the experience and thinking about some of the principles of counselling which were embedded in the yearlong diploma I undertaken a few months prior and thought it was what psychology was about. However, my perception had soon changed as all the patients were treated using a medicalised model which disregarded their subjective understanding of the issues they were going through. I remember being disenchanted by the whole experience and feeling somewhat saddened by the labels and connotations professionals had given to patient's difficulties. Nevertheless, as I was fresh out of my counselling skills course, I was using

some of the skills I had developed, which was amazing, as it enable me to connect and develop a supportive relationship with the patients, that encouraged openness about their thoughts, experiences, fears and goals. However, it brought memories of my undergraduate degree with its' focus on research and stats, favoring a positivist approach to research and discover reality, reflecting an epistemology of 'naive realism', which caught me by surprise. Consequently, this ties in with mainstream academic knowledge which, as asserted by Westerman and Yanchar (2011), exerts dominance upon traditional forms of scientific methodology that have been the foundation of academic inquiry within the social sciences and education. At one point I was left thinking about the future would hold for me as the focus of my undergraduate psychology degree, which was on numerical data and to measure and control variables to determine single realities, was somewhat in direct conflict with my ontological stance, which rejects single truths. It did not mirror my perception about research, which I believed would mainly focus on qualitative research.

Counselling psychology adopts a pluralistic stance, proposing that amongst humans there is a great deal of diversity. It recognises that reality is not an objective truth but rather socially constructed, as it is shaped by one's life interactions. I remember resonating straight away with its principles, when I started my doctorate training, as they were aligned to a social constructionist epistemology which I favour. It was as if I had found the bit of the self, within me, I resonated with, which somewhat turned any anxiety into excitement when learning something completely new. The new knowledge and skills I acquired and developed throughout the degree depended on a web of experiences, cultural values, beliefs and recognised positions, which along the way were revealed through power positions and the way such is legitimised, as it occurs in society. This was important, as suggested by Banks (2003), to understand if in therapy knowledge reveals the cultural, social and power positions brought upon BAME in therapy/supervision and whether they recognise it in their practice.

These ontological and epistemological stances, together, have influenced the choice of DA as a research method, which asks the researcher to understand the way counselling psychologists ascribe meaning in social and cultural practices through language.

3.4 Rationale for Discourse Analysis

Consistent with my epistemological alignment, DA draws from a social constructionist position and argues that language both mediates and constructs people's understanding of reality and can shed light about the way social norms are created and maintained (Starks & Brown Trinidad, 2007). Discourse analysis is inherently 'relativistic' as it rests on philosophical assumptions that multiple versions of the world are legitimate, texts are open to multiple readings, and language is non-representational (Coyle, 2007). Therefore, the study will be using DA to examine the way counselling psychologists address and discuss issues of race with BAME individuals.

3.5 Characteristics of Discourse Analysis

There are many forms of discourse analysis (Stubbe, et al., 2003), however as this methodology is tied to the epistemological position of social constructionism, common to all is an assumption about the nature of language as active and constructed in a socially available resource.

This study draws upon a DA method (Gee, 2014). Here, analysis looks for dominant discourses 'available' for speakers to draw upon, but also constrain what can be said (Willig, 2008). Available discourses, as Banister et al. (1994) note, are "broader contextual concerns such as cultural trends and political and social issues to which the text alludes" (as cited in Coyle 2000, p. 258). Discourse analysis studies the text concerned but holds the position that the text is a "context-bound and social phenomenon and can be properly understood only by paying due attention to the social and cultural contexts in which it occurs" (Benwell & Stokoe, p. 44). Discourse analysis considers that discourses have ideological consequences (Fairclough & Wodak, 1997) as they can perpetuate social inequalities between certain groups. Perhaps, unsurprisingly as Fairclough and

Wodak (1997) assert, analysts aligned to this method is concerned with understanding social problems as it "seeks to discern connections between language and other elements of social life which are often opaque" (p. 230). Discourse analysts are therefore actively engaged in understanding and confronting powerful ideologies (Van Dijk, 2001). Discourse analysis takes place at the micro level of social practices and can shed light on the practices involved in the enactment and reproduction of racism and can give insight into the way dominant group members talk about racism with minorities (Van Dijk, 1993). The differing versions of DA carry implications for the notion of identity or subjectivity and specifically for agency. In drawing upon a discourse, a number of identities (or selves) are made possible and can be used by speakers to locate themselves and others within given categories and with certain rights and responsibilities (Davies & Harré, 1990). Nevertheless, DA shape individual subjectivity (Willig, 2012) and identity is located and relevant to certain ideological positions (Benwell & Stokoe, 2006). The present research is interested in understanding if social processes, racial positions and systemic power are produced and/or maintained by counselling psychologists in situations where issues of race and discrimination are brought up by BAME individuals, in clinical practice and supervision. The aim is to elucidate if racialised meaning is generated, contested and/or transformed by counselling psychologists in dialogues, when discussing and addressing racism with this population.

3.6 Discourse Analysis and Other Qualitative Approaches

Other qualitative approaches were considered, before I deemed DA to be the most suitable to answer the research question. Counselling psychology holds a social constructionist epistemology, using critique to explore the way knowledge is understood (Orlans, 2013). However, counselling psychology also supports the phenomenology of every individual and interpretative phenomenological analysis (IPA) is used to understand the dynamic between practitioner and clients, their internal worlds, subjective experiences and how they make sense of them (Smith & Eatough, 2007). This is particularly relevant when exploring the sensations felt and perceived experiences, through the lens of BAME individuals as it embraces an investigation aimed at looking

at the subjectivity of individual cases (Lyons & Coyle, 2007). Nevertheless, a phenomenological stance (using an IPA approach) would not be concerned about looking at an individual's inner world and how they make sense of their experiences, which is the focus of the proposed study.

Grounded Theory (GT), developed by Glaser & Strauss (1967), is often seen as the alternative research method to IPA (Smith et al., 2009, p.201). It provides a descriptive, inductive and exploratory subjective account. However, GT looks at a broader topic and uses a larger sample aimed at looking at social processes with a view of creating a theory based on the understanding of a phenomenon (Payne, 2007). For this reason, GT was not seen as a suitable theoretical approach to conduct the present study as it would not look at the way social and cultural factors could be influenced and shaped by language.

Narrative analysis (NA) was also considered due to its shared epistemological basis and its concern with the language used by individuals. The key feature of this approach is the study of self and identity, and the central roles of language and stories (Crossley, 2007). Compared to DA, some researchers using NA emphasise the social aspects of a narrative underlining the conduct in which a person exploit stories to understand the world (Griffin & May, 2012). However, for the purposes of the current study, a DA method was seen as the more appropriate as it considers language as a form of behavior to be analysed (Gee, 2014), looking at power, ideologies and power relations.

3.7 Design

The study will employ a DA to synthesise the discourses counselling psychologists use to address and discuss issues of race with BAME individuals.

3.7.1 Recruitment

Recruitment process involved sending recruitment emails, posting information sheets (appendix C) and sending emails to prospective participants, using the British Psychological Society website to source for counselling psychologist's email/addresses. Moreover, sites like the BPS, LinkedIn, Twitter and Facebook were used to reach out to a greater audience and raise

awareness about the study, with information (appendix C) regarding the study posted on these pages. In addition, snowballing process (Naderifar et al., 2017) was also used to recruit participants. The researchers contact (mobile and email) were provided, so that prospective participants could ask for more information about the study and reply if they are interested. The prospective participants who made contact and confirmed their interest were sent an information sheet (appendix D). Before interviews took place, participants were asked to sign a consent form (appendix A).

3.7.2 Participant's Inclusion and Exclusion Criteria

The participants in the dialogues were qualified counseling psychologists, with a history of engaging in clinical practice with BAME individuals and attend to issues of race and discrimination in clinical practice and supervision. Recruiting qualified counselling psychologists was important as this is the group the research ought to influence. The exclusion criteria were applied to any participants falling outside the criteria as it would be difficult to address the research questions and study aims, otherwise. For instance, if counselling psychologists had never engaged in supervision or practice with BAME individuals, it would be difficult to provide a holistic understanding of the prospective participant's accounts (Lyons & Coyle, 2007) and understand the meaning ascribed by the individual experiencing them (McLeod, 2001). Therefore, participants falling outside the inclusion criteria were excluded. Moreover, it would not be in line with the BPS Code of Ethics and Conduct (2018) if transparency was not exercised throughout. There were no restrictions regarding age, gender, education level, income level, professional experience, disability, residential area, marital status and religion as it would be good to generate data from a diverse sample and previous studies have not looked at researching the topic from a counselling psychologist's perspective. Participants' demographics were not collected before the interview took place as it was important to see how participants used language to ascribe their ethnicity during the interview. The researcher looked at recruiting a mixture (researchers' perspective) of participants from diverse backgrounds identifying as belonging to BAME or white backgrounds. This was relevant to see if race related

issues were constructed and negotiated with BAME individuals in similar or different ways. Qualitative studies are conducted with relatively small sample sizes. The researcher recruited 6 participants in keeping with guidelines suggesting that for qualitative doctorate studies 4 to 10 participants would be a reasonable sample size (Sargeant, 2012).

Table 1. Participants' demographic information

Participant (pseudonym)	Ethnicity
1. Phil	"Considered White"
2. Kim	"I'm a Black"
3. Heather	"Minority Group"
4. Aria	"As a White"
5. Paul	"I'm a White"
6. Rose	"Being White"

3.7.3 Interviews

The aim of the present research is to understand if social processes, racial positions and systemic power are produced and maintained by counselling psychologist's, thus the method chosen for data collection was semi-structured interviews. Phillips & Hardy suggest (2002) that discourse analysis favors verbal communication which occurs naturally as interviews can be classed as researcher led. However, they also assert that semi-structure interviews are constructed as examples of language in use and therefore deemed an appropriate method to collect data. Interviews lasted about an hour, took place in safe, quiet and confidential settings within the counselling psychologist's organisations and were guided by a set of questions (appendix E). However, these questions were guided by the rationale of the study and not intended to force the process of account giving as the researcher intended to let the interview to evolve naturally. Nevertheless, it was important as a black researcher to recognise the way my perspectives were situated in and limited to my social locations, during the interview, as studying issues of race and discrimination from this lens, pose very specific challenges with regards to my analysis. Such challenges relate to my prominence and susceptibility to racism and discrimination that seldom depict and enact privilege (Frankenberg, 1997).

3.7.4 Ethical Considerations

The research followed the ethical guidelines set by the BPS as set out in the Code of Human Research Ethics (BPS, 2014). Ethical approval was obtained from the Research Ethics Review Panel (RERP) at London Metropolitan University (appendix G). The data captured (audio recordings and transcripts) in the interviews will be stored in the researchers flat in a password protected computer in accordance with the Data Protection Act (2018) for a period of five years after which will be destroyed.

Informed Consent: as outlined in the BPS Code of Ethics and Conduct (2018) under section 3.1. The consent forms (appendix A) detailed the purpose of the study, the interview procedure, right to withdraw, anonymity, right to request information about the outcome/results and distress procedure. Participants were given the opportunity to ask questions before a date/time for the interview was arranged.

Confidentiality: as outlined in the BPS Code of Human research Ethics (2014) under section 2.1. To ensure privacy and safety for both the participants and the researcher, the interviews took place in secure locations. Rooms within the premises of London metropolitan University and in places which participants provide counselling and supervision (which guarantee privacy) were used to carry out the interviews. Participants were briefed not to provide any identifying information of themselves or supervisees, although they were informed that any identifiable information would be bleeped from the recording and omitted from the transcript. Participants were informed that pseudonyms would be used to guarantee anonymity.

Right to Withdraw: as outlined in the BPS Code of Human research Ethics (2014) under section 1.2. Potential participants were fully briefed (appendix D) about the purpose of the study and made aware they were in no obligation to participate. They were informed, verbally and in writing, they could withdraw from the study for up to 2 weeks after the interview process. This was to prevent participants from withdrawing once the process of analysis began.

Managing Distress: as outlined in the BPS Code of Human research Ethics (2014) under section 2.4. A distress protocol (appendix F) was included to protect participants, as covered topics could have brought levels of discomfort that could cause participants to experience some mild distress. However, during the interviews this did not seem to occur.

3.7.5 Data Analysis

The analysis process involved a transcription, using conversions (table 2) to aid understanding of the audio recorded interviews, which facilitated familiarisation with the format and organisation of the text as suggested by Potter and Wetherell (1987).

Table 2: *Table of conversions*

Table of conversions	
(.)	Untimed pause
[ ]	Overlapping speech
…	Rapid movement from one unit to the next
UUUUUUU	Underlining word or utterance delivered with emphasis
(xxx)	Unidentified speech
(e.g.: laughter)	Non-lexical communication

The researcher was looking for discourses counselling psychologists used to address and discuss issues of race and discrimination. The data was analysed using Gee's (2014) model of DA, relevant to the present study, as he proposes that a theory of language is thus a theory of practice. Adapted from Gee (2014) the concepts of discourse, social languages and social identities were used here. Discourses, the first tool, were used to frame the study. Discourses are ways in which participants produce meaning by integrating context with language. In addition, social languages and social identities, the second and third theoretical tools, were used to assist as they offered questions that guided the thinking about the data. Social languages allude to different types of language used, by a person in settings, to enact different identities. Social identities refer to social positions that are recognised and enacted in different contexts. The tools helped the researcher look for patterns and links within and across utterances in order to form hypotheses about the way meaning was being organised and constructed when participants were addressing and discussing

topics of race with BAME individuals. This integration was particularly important in the present study as it is defined by Gee (1999) as a "different ways of thinking, acting, interacting, valuing, feeling, believing, and using symbols, tools, and objects, and in the right places and at the right times so as to enact and recognise different identities and activities, give the material world certain meanings, distribute social goods in a certain way, make certain sorts of meaningful connections in our experience, and privilege certain symbol systems and ways of knowing over others" (pp. 12-13). With these conceptual tools of enquiry in mind, coding questions (appendix I), adapted from Gee (2014), were used to guide the researcher's observations, whilst considering Van Dijk's (1993) recommendations to analysing racism using DA.

The researcher coded the racial demographics of each participant, based on their self-identification, to explore if their ethnic background prompts similar or competing ideologies (social, personal or professional) when identifying issues of race and discrimination (Van Dijk, 1992). The discourse strategies (in conversational patterns, words and utterances) each participant used in their responses to argue, describe and evaluate their practice with BAME individuals were noted and Gee's (2014) questions, linking social languages (appendix H) to discourse, were relevant to recognise this. He argues that language is a tool people use to create, sustain and change relationships and to perform practices that create, maintain, challenge and strengthen societal hierarchies. In addition, the researcher was interested in how agreement (with status quo or with social justice) functioned to support or disregard BAME individual's racial difficulties in therapeutic/supervisory encounters as Ellsworth (1997) asserts that agreement is a strategy used to assert discursive power in discussions. The researcher was also attentive to non-lexical communication (laughter, pauses, hesitations, intonations) in the transcripts and the conversations that appear to elicit these responses. Discourse analysis conceptualises emotions as socially constructed thus addressing the way people talk, acknowledge and ascribe them to self and others (Gee, 2014). Thus, the researcher was interested in whether discursive work, in participant's dialogues, alluded to emotional or intellectual responses when talking about issues of race. The

researcher noted whether racial difference was relevant or irrelevant and if the production of discourses indicated an emotional or intellectual connection with BAME individual's racial difficulties. The researcher was interested in knowing if different identities were being enacted, by participants, in the data and whether dominant racial discourses were at play. Gee's (2014) questions linking to the social identities (appendix H) enacted in discourses was particularly important here as discourses reproduce institutional ideologies and are sustained by them. Gate (1997) asserts that narratives are used by individuals to portray ones understanding about themselves and the world. Therefore, the researcher coded whether participants were using narratives that support racial and institutional beliefs or whether they were using counter-narratives to contest dominant realities and the assumptions developed in social encounters.

The coded data, informed by the steps and questions asked using Gee's concepts, was used to create a table of discursive constructions as indicated in the discourse fragments. A discourse fragment consisted of information contained in a line or set of lines in the transcribed data, and a discursive construction derived from a 'theme' (discourse) indicated in the discourse fragment. The discursive constructions were then grouped and labeled accordingly, taking into consideration it's similarity with regards to themes, to create main (master) discourses. The selected extracts were from the data which seemed to answer the research question about what it was like for counselling psychologists to address and discuss issues of race and discrimination in clinical practice or supervision with BAME individuals. The researcher titled each discursive construction in the interviews to help determine perspectives of the participants as they represent claims about how race topics are addressed and discussed.

At all stages of the process, it will be important to for the researcher to bracket his assumptions when interpreting the data. It was paramount to keep a reflexive diary to highlight details of any interpretation and be alert to possible biases that could affect the genuineness of participant accounts (Biggerstaff & Thompson, 2008).

This is taking into consideration what was contemplated in the reflexive statement (chapter 1.2) and events taking place after interviews were carried out with participants. After interviews stopped and the recorder was switched off, I noted that participants were talking more freely about the research topic in conversations lasting between 45-60min. It made me think about the reasons behind the participants omission of such enriching information during the interview. The information given related to personal opinions about the way in which racist related events are reproduced in psychology as a profession and in workplace environments by colleagues from the same and/or other professions. I felt somewhat conflicted about the openness and was wondering why such information was not shared whilst the recording was on. What participants may have been protecting themselves from by doing this? Were they afraid to have such views on record, even though any personal information was being omitted? Were they trying to protect the profession and their work environments? Were they giving me some insight and context to what they had just shared during the interview, so I had a deeper understanding about what they were trying to convey? Approaching the transcripts with this knowledge was not easy as I was perfectly aware that I could not consider this information. Having time off from the interviews, recordings, transcripts and taking essential steps, as previously mentioned, to reduce some of assumptions about the data helped mitigate some of the impact this "extra material" would have on me whilst analysing the data. It was as if I wanted to reset and start from fresh, at least as much I could, as at times I felt overly emerged in the topic. Nonetheless, this "extra material" in some ways pointed toward well-established wider views, as indicated in the literature review. Yet unconsciously a part of me may have reacted or responded to this knowledge thus merging it with my earlier experiences of racism which may have, in some way or another, influenced the data analysis.

The above events made me consider whether some of the participants, as they are therapists, did not feel comfortable to openly share their views about the way they address and discuss issues of race after seeing that a black counselling psychology trainee was carrying out the interview. I wondered if they were concerned about my response when talking about their own

practice with BAME individuals, electing to omit information as observed in their post interview responses and could reflect the anxiety I was sensing in the room, since my presence could be triggering reactions (e.g., discomfort, uneasiness, shame etc.). To mitigate what I was perceiving during the interviews, which could have had a negative effect on the data collection, it was important to actively listen to participants, let them express their views and seldom interject during the interview. This was to address validity (see chapter 3.8 below), thus maintain the integrity and application of the methods undertaken and the precision in which the findings accurately reflect the data, since DA, as previously mentioned, looks at verbal and non-verbal communication. The discussed above may well reflect their own response when in therapeutic practice with BAME individuals and their omission could indicate an initial lack of openness to discussing race related topics.

3.8 Reliability

Gee (2014) argues that validity within discourse analysis is constituted (made) by four elements. These are: Convergence, Agreement, Coverage and Linguistic Details. *Convergence* in the analysis is attained the more it addresses key questions, concerning significance, power, practices, identities, relationships, politics, connections and knowledge. An analysis offers a more compatible and convincing interpretation when it corresponds to professional, cultural and institutional discourses embedded in every day speech acts. *Agreement* is attained the more members of a practice community agree that the analysis reflects how social languages can function in such settings. *Coverage* is whether the analysis makes sense when applied to similar data or situations. This includes being able to make sense of what has come before or after the situation being analysed and being able to predict if such things could happen in related situations. *Linguistic detail* refers to the functions and structures of specific speech-acts and situated texts (e.g., language is used in a way that communicates meaning to other speakers. As asserted by Gee (2014), the criteria constitute validity in discourse analysis as it is highly unlikely that all factors would

converge if the analysis was not valid. These standards were addressed by the researcher when looking at the discursive patterns in participants and linking them to the body of literature available.

Part 4: Analysis

4.1 Analysis Overview

In the present section, results of a DA looking at the discourses counselling psychologists use when addressing issues of race with BAME individuals will be presented and discussed. Three discourse categories that summarise the discourse constructions used by participants emerged from the DA and the researcher will explore each category and its associated discursive construction as summarised in table 3, below. These discourses highlight ideological principles, impregnated in counselling psychology training and practice, with fragments that inform distinct patterns of racial bias and prejudice. Interestingly, most of these discourses steer away from the principles and values embedded in counselling psychology. In addition, the interpretation of the data is not linear as identified discourses derive from fragments that do not begin and end in a discrete way or ordered sequence.

Table 3: Discourse, Discourse Construction and related Discourse Fragments

Table of Discourses		
Discourse	**Discursive Construction**	**Discourse Fragment**
Systemic Institutional Racism	**Avoiding Discourse on Ethnicity**	*Aria: "<u>as white person in the room there isn't much I can respond to,</u> that that's ever going to do justice." (Lines: 110-111)*
	Discrimination and Discomfort	*Aria: "(.) ...if a client starts speaking about, the various types of discrimination they have experienced...and it's been at the hands of (.) like a white person oppressing them in that moment, I become very, very self-aware (laughter) of my own race...(.) and (.) even though that person may not be speaking about me, I do carry the backpack of white privilege. R: [Mm-hmm] Aria: And I often find it really tricky to respond..." (Lines: 88-94)*
	Dismissing Racist Experiences	*Aria: "Afro-Caribbean client...suffered an acid attack..., <u>had to do a sort of...with her, with her race....</u>anyway. (.) <u>She starts sharing her experience, blah, blah, blah...</u> (Lines: 143-146)*

Legitimising Racism	The Accountability Discourse	Rose: *"I'm quite convinced that a couple of her clients were being a bit racist towards her and I tried to address this and say, I don't, this sounds a bit racist to me. ...and she was quite dismissive of it and (.) I would have liked to explore that more, but I thought...I've named it now, I can't force you..."* (Lines: 316-323)
	Confirmation Bias	Rose: *"in that instance, unfortunately that young man was using a card there to alleviate something in that instance only. However, that's just my interpretation of knowing the line manager and knowing that that was not kind of his style. Um, and not really knowing the young man... Because if (.) it's true, um...anyway...his complaint was partially upheld (quieter speech) ..."* (Lines: 268-274)
	Enforcing Prejudiced Boundaries	Phil: *"I felt kind of like, oh, don't (xxx), you know, what's the matter with you...Bit of... of, ah, uneasiness about the [whole...] ...yes, there... it was a bit of putting...."* (Lines: 784-787)
Challenging Systemic Racism	Validating Experiences in Therapy	Kim: *"I would always have to kind of say, you know, I hear you, but I just want you to kind of tell me what you were really feeling, what you are seeing, what the experience was because I might have experienced something different."* (Lines: 308-310)
	Prompting Discussions on Ethnicity	Paul: *"shouldn't some of these things be triggered so that they can be talked about?...some of these conversations have to be triggered, if anything ever changes."* (Lines: 513-519)
	Identifying with One's Own Racial Prejudices	Heather: *"it's about how we feel when we're in the presence of difference...and we need to think about what otherness evokes in us, and how that, how we feel threatened by otherness."* (Lines: 418-421)

4.2 Systemic Institutional Racism

During the interviews it was observed that responses from white counselling psychologists alluded to a construction of polarised identities or othering that simplify intercultural relations through idealised conceptions of whiteness that pertain systemic institutional racism. These discourses appeared to be used to isolate certain cultural elements and identity markers that justify and protect the power and cultural status quo of dominant groups and its privilege. The analysis gives the impression that white counselling psychologists in this study used different strategies to express the way they discussed and addressed issues of race, difference and discrimination. These strategies indicated that participants were using discourses constructions that indicated avoidance, discomfort and dismissal when talking to the researcher about race.

4.2.1 Avoiding Discourse on Ethnicity

Word or utterance intonations used in participants responses allude to avoidant discourses constructions when talking about ethnicity, using pronouns like: "that", "this" and "they" which indicate disconnect between white counselling psychologists and BAME individuals lived experiences of racism, akin to de-personalisation. In addition, avoidance appeared further cemented with the use of affirmations like: "there isn't much I can respond", "I don't want to ask questions", "I think it's about…, pretty much with therapy anyway") that seem to describe white counselling psychologists (in the study) difficulties to engage with racism topics. The quotes bellow further illustrates the points made.

> *Aria: "...<u>as white person in the room there isn't much I can respond to</u>, that that's ever going to do justice…" (lines: 110-111)*

Moments later she further elaborated her response mentioning:

> *Aria: "...I don't want to ask questions about the other's experience that are going to be, that...that I should already know or that I worry my clients can be like: well, what do you think?" (Lines: 122-124)*

Aria's response indicates a type of racialised identity which serves to justify her disconnect and distance from her Black clients' difficulties, thus avoid dealing with their struggles with racism and discrimination. She seems to work hard to legitimise her position by responding that she *"should already know"* what the client is going through, however somewhat revealing that her concern lays in her *"worry"* she may have to open about her views on issues of racism as mentioned in the following sentence *"I worry my clients can be like: well, what do you think?"*. In her avoidant discourse she seems to be negating her clients' experiences and difficulties by focusing her response on her feelings *("worry")* and racial identity *("as a white person")* and using words like *"ever" and "should"* to give emphatic meaning to her actions.

Phil, below, responded using a similar discourse, when asked how he responded to a Black Caribbean male client struggling with discrimination and prejudice difficulties:

> Phil: *"I guess…really depends, what they, they, they come to, to me for, but first, cause I think it's about…, pretty much with therapy <u>anyway</u>, it's acknowledging that struggle and the impact it has on them. (Sighed) Because let's go back to this <u>example</u>, whether that was the <u>reality</u> in an objective way for this <u>person</u> or it was a <u>perception</u>, it nonetheless was his <u>reality</u>." (Lines: 151-155).*

Phil appears to respond with hesitation when talking about the way he attended to his clients struggles *("I guess…really depends, what they, they, they come to, to me for"),* adding significance *("but first")* to his answer. However, he was still unable to formulate a response. He then seems to resort to his counselling psychology identity and therapeutic principles *("pretty much with therapy")* to give a response, thus somewhat emphatically (see rising intonation inferred by the underlining word) depersonalising the racism issue the client brought and almost trivializing it *("<u>anyway</u>").* Further, Phil used the sentence: *"it's acknowledging that struggle",* as per counselling psychology's principles, to note that he did acknowledge his clients struggle, then was observed to sigh which, as suggested by Teigen (2008), could be a sign of frustration due to a lack of understanding about how to respond to the question. There seemed to be a lack of emotional response to his clients' difficulties as the language used in the answer looked academic and elaborated *("reality", "this person", "perception"),* and not personal, somewhat highlighting a distancing in the relationship with the clients' difficulties. Further, he also appears to query his clients lived experience *("whether that was the <u>reality</u> in an objective way for this <u>person</u> or it was a <u>perception</u>, it nonetheless was his <u>reality</u>")* whilst also trying to show an emphatic understanding *("nonetheless"),* about his clients' difficulties, to add importance to his response.

4.2.2 Discrimination and Discomfort

To express discrimination and discomfort through discourse adverbs like: "ever", "always", "already", "really", "very", "immediately" and "as" were used to suggest considerations and empathic responses from white participants when justifying their worry to discuss racism in therapy, whilst giving vague answers ("sort of like", "I know I can't know", "never not have that") when discussing their race awareness limitations. Further, utterances like: "tricky to response", "very self-aware", "a little bit nervous" and "a bit unsettled" provide a deeper understanding about the way they were relating and making sense of difference in the therapeutic encounter and perhaps with the black researcher during the interview. The quotes below appear to support the statements that alluded to this discourse.

> *Aria: "(.) ...if a client starts speaking about, the various types of discrimination they have experienced...and it's been at the hands of (.) like a white person oppressing them in that moment, I become very, very self-aware (laughter) of my own race...(.) and (.) even though that person may not be speaking about me, I do carry the backpack of white privilege. R: [Mm-hmm] Aria: And I often find it really tricky to respond..." (Lines: 88-94)*

It seems that for Aria when a BAME client brings up topics of discrimination at the hands of a white perpetrator she interprets the clients' difficulties as being directed at her, thus bringing tremendous discomfort *("I become very, very self-aware (laughter) of my own race")*. This appears to be emphasised in her repetition of the word *"very, very"* and the seemingly nervous *"(laughter)",* working somewhat like a statement of her frame of mind in such situations. Aria then seems to attribute responsibility about her response onto the BAME client *("even though that person may not be speaking about me"),* by trying to justify and emphasise *("really")* that her inability to address and respond to discrimination difficulties *("tricky to respond...")*, my occur due to biases BAME individuals could hold about her and consequently all other white individuals *("I do carry the backpack of white privilege")*.

Rose's discomfort when engaging with ethnicity seems to be related to the uncertainty, she feels about not knowing BAME individuals.

Rose: "So (.) I think it always (.) makes me a little bit nervous and it makes me nervous because (.) when I go into that room, I, I know I can't know as much about that person's experience as I might know about somebody of my own ethnicity. And it makes me (.) it makes me question my own ability; I think... so... I don't think I'll... (.) never not have that" (Lines: 71-75).

To build this discourse Rose discloses that her clients difference makes her feel "*a little bit nervous*" when linking it to her white identity thus creating biased assumptions about the BAME individuals she sees in therapy *("I can't know as much about that person's experience as I might know about somebody of my own ethnicity")*. This seems to be highlighted in her response *("as I might know")* when comparing it to a white client (as if she would know what their difficulties ought to be about based on their colour) and may reflect her inability to connect with BAME due to preconceived prejudices. Further, it calls attention to the extent which she will be able to contain any BAME clients' race difficulties if these were to be brought up into the room for her to address and the way she would respond to it. It also emphasises how often she addresses such difficulties as accentuated in her use of the word *"always"* to describe her *"nervous"* feelings and acknowledged of her inabilities as stated in her sentence *"it makes me question my own ability"* and concerns due to her recognition that she will not stop behaving in such way *("never not have that")*.

However, like in Aria's discourse on discrimination and discomfort there seems to be a projection, of Rose's own discomfort onto the BAME clients as suggested in the bellow excerpt:

Rose: "Um, (.) in the experiences I've had, I address it, I address it almost immediately, but in that way of..., as part of the assessment, or I'll say, what is this like for you? Do you think that a middle-aged white woman can understand your experience?" (Lines: 78-80).

Even though Rose appears to be trying to address the impact of her race in the therapy room the questions she asked seem intellectual and direct *("Do you think"),* like she is probing her client *("what is this like for you?")* with the intention to get clarity about her BAME clients perceptions of her *("middle aged white woman can understand your experience?"),* as if she is seeking reassurance about her own identity, rather than about being emotional and reflective on her biases as a white person about to engage with a BAME client.

In Phil's discourse biased views and surprise seem present in his initial response when engaging in therapy with a *"Muslim"* lady.

> *Phil: "...the mother who spoke with a very British <u>accent</u>? (.) But there were…, she was <u>Muslim</u>? And she was wearing the…, what are they called, Nikab, the one that were basically the burqa, <u>basically</u>, I could only see her eyes. R: Oh yeah, with the Nikab. [Yeah, yeah, yeah]. Phil: [Nikab], and that was very <u>challenging</u> for me, uh, to begin with. I felt, I'm gonna be <u>honest</u>, I felt a bit <u>unsettled</u> because it was like, I couldn't read her expressions. I couldn't sort of like. I found it hard kind of reach <u>out</u> to her." (Lines: 729-736).*

Phil's prejudiced views begin when describing his surprise at hearing a Muslim lady wearing a Nikab, who *"spoke with a very British <u>accent</u>?"* even though *"she was <u>Muslim</u>?"* The emphasis as per underlined words attributes greater meaning about the way he was making sense of his clients' identity. His discomfort seems highlighted by the significance and intonation in the following sentence: *"<u>basically</u>, I could only see her eyes"* when describing her appearance. It could be that the cultural difference, as expressed in the lady's attire, had a significant effect on him connecting with her as the situation was *"challenging",* had made him feel *"unsettled"* and hard to *"reach out to her"* as he *"couldn't read her expressions".* These biased reactions seem to drive an interpretation of what is 'typical', systemic or institutional in accordance with social norms which appeared damaging to his commitment and relationship building in therapy.

4.2.3 Dismissing Racist Experiences

Racist experiences appeared dismissed by white counselling psychologists in the study as their responses seem defensive but somewhat intended to present as though race discussions are an integral part of the therapeutic work carried out with BAME clients. The language ("challenging", "self-aware", "experience", "I would", "I think", "I wanted") used alludes to a cognitive way to make sense of BAME clients lived experiences of racism and indicate actions not emotional or empathic responses. Such responses seem present in everyday social situations where dominant cultures act in avoidant and discomforting ways that indicate dismissive relations with ethnic minorities as observed in some of the indifferent responses ("She starts sharing her experience, blah, blah, blah", "I really wanted to believe that he, what he was saying was true") white counselling psychologists in the study given to address their clients expressions of hurt, as below, akin to systemic institutional racism.

> Aria: "Afro-Caribbean client…suffered an acid attack from what she said was, had to do a, sort of…with her, with her race. Mad man on the street…anyway. (.) She starts sharing her experience, blah, blah, blah…and (.) she then asks me, 'I would really only like to see an Afro Caribbean counsellor' (.) and that was a little bit...stuck for words…(.) conflicted let's say. I think it's important that we're able to meet the client's needs…Equally…we've got other really great counsellors and they'll be able to work with you with that in the room." (Lines: 143-153).

When Aria was asked if she had been faced with situations where she had to deal with BAME clients or supervisees experiences of racial discrimination, the response in her discourse seemed to completely sideline her clients' experiences by using utterances like: *"what she said"* and *"sort of"* to minimise her patient's claim that difficulties had originated from a racist motivated attack. She then proceeded to completely disconnect and disregard *("anyway", "She starts sharing her experience, blah, blah, blah…")* what her client had brought into the room. Interestingly, her

interpretation of discrimination did not seem to be about her clients' experience, but herself feeling discriminated against after her client had made a request *("she then asks me: 'I would really only like to see an Afro Caribbean counsellor')* as if this challenged her white professionalism, thus taking the request personal. Her lack of validation for the BAME client's difficulties seem to be further exacerbated by attributing significance *"Equally"* to her claim that any white therapist would be able to work with racism. However, she seems to be completely unaware that she just shown that she had not been able to work with racism (as observed in her hesitance: *"had to do a, sort of...with her, with her race";* dismissing her clients racist experience: *"anyway", "She starts sharing her experience, blah, blah, blah";* intellectual response rather than emphatic/emotional: *"I think", "we've got", "they'll be able";* and depersonalising racism *"work with you with that"*) as she claims her service would, due to her indifferent response to her clients' racism difficulties. Her dismissive discourse also shows that her response appears personal as she mentioned feeling *"conflicted"* about the request, thus negating her clients' racist attack.

Rose's discourse, below, also seems to dismiss a BAME individual racist experience as indicated in the excerpt below.

> *Rose: "I need this to be really true. I'm...I wanted, I really wanted to believe that he, what he was saying was true and I'm not articulating that well, but I think then there's some onus, isn't there, on the person who is... feels they're experiencing the discrimination (.) to, to be absolutely clear about it..." (Lines: 248-251).*

Her quote further elaborates this point as observed in her conflicting use of language *("need", "want", "believe"),* to seemingly portray empathy towards the victim of racism and adding emphasis with words like *("really")* in her sentence. Then using a signifier *("but")* and an affirmation *(isn't there")* to 'gaslight' the BAME individual racist experience, as if it is their responsibility to be sure about whether their lived experienced is real *("there's some onus").* This might reflect that in her discourse the victim needs to be totally convinced that they have been the

victim of racism or clear about whether they really believe they have experienced racism. Also, the language she uses in parts of her sentence seem used to sustain her dismissive narrative and delegitimise racist incidents *("person who is… feels they're")*, as if it is only their perception and perhaps not what had happened as suggested in her final statement *("to, to be absolutely clear about it…")*. Such way of depersonalising and denying a person's lived experience appears used to disconnect, cast doubt and thus victimise the person targeted with racism as suggested in her initial statement: *"I need this to be really true"*.

Phil's response also indicates a dismissive discourse as suggested in the excerpts below:

Phil: "Social worker was a black female…, and she was very much kind of like…, with dreadlocks…, casually dressed…, very competent. She tried to make a point, but (.) then one I think of the kind of head teachers…, was sort of like cutting it off as if it was kind of like irrelevant or something like that. And I remember had this conversation with her after…, and actually kind of name it, you know, do you… like… I personally felt that was because, you're black…" (Lines: 298-304).

Here Phil initially described the social worker in a biased generelised manner *("and she was very much like")* as if all black female's share the same characteristics, and his assertion might indicate that her competence was introduced to minimise his biased understanding of 'typical' black females or to prime me about the point he was about to make as suggested in the response that followed. Phil seems to hesitantly *("I personally felt")* acknowledge the existence of systemic racism or prejudiced bias in the teachers' response to the black social worker's ideas mentioning that it was due to her skin colour *("was because, you're black…")*. Even though he understood the incident as being racially motivated, by not raising it or even acknowledging the social worker's point was valid there and then *("had this conversation with her after")*, he seemed to be dismissing a prejudiced incident. The use of a minimiser *("kind of")* to describe his subsequent actions *("and actually kind of name it")* may shed some light about the discourse in use here. Moments later in his

response, as seen in the excerpt below, he seems to withhold social norms and positions that support biased institutional structures and racialised social arrangements by using affirmative language *("I don't think"),* justifying the head teachers' responses, thus dismissing his earlier hesitant support that the head teacher was being racist.

> *Phil: "Because I don't think, again that kind of like head teacher was kind of like meant…, ill or meant, you know, kind of like…, had any bad intentions, but I don't think she was aware of what she was doing either. (Lines: 348-350).*

This may suggest that the above excerpts offer insight about the way white counselling psychologists participants uphold systemic institutional racist ideologies, as suggested in their discourse constructions, which allude to the role they may be playing in perpetuating (rather than supporting) social norms used to maintain BAME client's distress and difficulties.

4.3 Legitimising Racism

Responses were observed in some of the white counselling psychologists in the study indicated biased views about BAME individual's difference and experiences of racism. Such answers alluded to a discourse that seemed to legitimise racism thus pertaining powerful social ideologies that shifted accountability, enforced prejudiced boundaries and indicated biased confirmations when white participants addressed and discussed issues of race with BAME supervisees and clients.

4.3.1 The Accountability Discourse

Language that suggests detached and unconnected ways of interpreting BAME individuals' difficult situations was used by white participants ("I don't", "I tried", "I would have"), seldom alluding to acknowledgement of difficulties but rather to attribute accountability ("them talking", "to them", "she was", "they sound", "don't seem") to their BAME clients for not exploring racist experiences. It seemed as if the onus was on the BAME supervisees and clients for not opening up about their difficulties as if white practitioners had done their utmost best to explore these, but

unsuccessfully ("I can't force you", "clients themselves don't seem to want to"). Using verbs like: "explore", "address" and "convinced" to convey support and words such as: "bit", "liked", "tried", "uncomfortable" and "don't" to seemingly minimise their accountability in these situations and the racist situations itself. The below excerpts allude to this and will give a greater understanding about the way white counselling psychologists used the above discourse construction in a way that pertain the legitimisation of racism.

> *Rose: "I'm quite convinced that a couple of her clients were being a bit racist towards her and I tried to address this and say, I don't, this sounds a bit racist to me. ...and she was quite dismissive of it and (.) I would have liked to explore that more, but I thought…I've named it now, I can't force you…" (Lines: 316-323).*

Rose seems to initially acknowledge that racial abuse, by more than one client *("a couple of her clients"),* was taking place in sessions facilitated by her black supervisee *("I'm quite convinced").* Further, she also suggests that she had tried to support her supervisee by raising her concerns *("I tried to address this"),* rather than what she had done to address it. The subsequent response used to describe the situation could also imply that she did not believe she had addressed the incident *("I would have liked to explore that more").* The utterance used *("I don't")* could imply her actual response or understanding about the issue during the supervision session when she was addressing the incident. The language Rose used seems professional *("quite"," address", "sounds", "explore")* rather than emotional and may also indicate a disconnection with the supervisees difficulties as indicated in her minimiser *("a bit")* used to acknowledge a racist incident *("racist towards her").* Interestingly, she seemed to use language that was more personal when justifying her actions *("I can't force you"),* in a defensive way as it appeared to shift accountability onto the supervisee to opening up and make sense of what happened in the room *("she was quite dismissive")* rather that to address and further explore her own concerns as the supervisor *("I'm quite convinced that a couple of her clients were being a bit racist towards her").*

The same response and interpretations appear present in Pauls' discourse, below:

Paul: "I have found that them talking about race for instance, is uncomfortable to them. Maybe because I'm white (quieter speech/laughter) …I have three clients from, um, black Caribbean backgrounds and the conversations are all around race and ethnicity, et cetera, et cetera, or all they, they sound similar to each other. Ah, and the clients themselves don't seem to want to have those conversations…" (Lines: 52-60).

As reflected in Rose's discourse, Paul seems to also attribute accountability onto the patient for not wanting to explore issues of race with him in therapy *("uncomfortable to them")*. However, he appears to contradict himself by hesitantly and uncomfortably (as perceived in his low intonation and proceeding laughter) talking about his race *("Maybe because I'm white (quieter speech/laughter)")*. This may reflect the identity he built for himself (being a white participant rather than a participant) and for the interviewer (Black interviewer rather than an interviewer). The low tone in his voice during his hesitant response might indicate the identity, languages and practice at play in his discourse when talking about race with his Caribbean client. Further, like Rose he does not seem to explore in what way his colour may be serving as a barrier to his Caribbean client opening up to him about issues of racism and also whether he is really conscious of his clients' perspective when talking about their experiences of racism. Interestingly, he seems to allude to this in his discourse mentioning that his clients *"conversations are all around race and ethnicity"* even though *"the clients themselves don't seem to want to have those conversations"*. This may reflect his inability to understand the identities in play for each Caribbean client, the meaning each ascribe to their difficulties and the subjectivity inherent to such conversations *("they sound similar to each other")*, suggesting that he, as a counselling psychologist, does not seem prepared to be having these conversations.

4.3.2 Confirmation Bias

Racist experiences seemed overlooked by some of the white counselling psychologists in the study as in their responses give the impression that BAME client's accounts of their lived experiences of racism were not credible as suggested in statements like: "the young man was using a card there to alleviate something" and "he wasn't intellectualising when he was talking about these things". It appears as if regardless of what white participants had been communicated by BAME individuals, their views on racist topics seem to have already been formulated as indicated in the following statements: "my interpretation of knowing the line manager and knowing that that was not kind of his style" and "he wasn't intellectualising when he was talking about these things previously." The below quotes further illustrate the way confirmation of racist events from some of the white participants in the study looked biased.

> *Rose: "in that instance, unfortunately that young man was using a card there to alleviate something in that instance only. However, that's just my interpretation of knowing the line manager and knowing that that was not kind of his style. Um, and not really knowing the young man… Because if (.) it's true, um…anyway…his complaint was partially upheld (quieter speech) …" (Lines: 268-274).*

In the quote above Rose seems to suggest that the "young man" accusing a manger of being racist may have been using the {race} *"card"*. The language she uses appears to both affirm her certainty *("was using")* that the "young man" was being dishonest and that the white manager being trustworthy as she knew that being racist *"was not kind of his style",* thus using the word *"unfortunately"* to minimise her subjective position. This seems to suggest a prejudiced way of make sense of the situation for "*not really knowing the young man."* I wonder if she was interpreting the situation as a white individual (rather than as an individual) and if in her biased interpretation this is the identity at play here, used to disregard confirming evidence of the managers accountability. Rose does not seem to want to openly elaborate, reflect or consider the reasons for

this *("Because if (.) it's true, um…anyway")* or the veracity of the black man's lived experience, nonetheless, reservedly revealing that his *"complaint was partially upheld (quieter speech) …"*. It is as if racism does not exist, and black individuals use the 'race card' as a means to an end. The response may reflect views at play when addressing racism with black clients in therapy.

Paul seems to use the same discourse to engage with a Caribbean man and discuss experiences of racism. In his response he opened up about only understanding the way such affected his patient after witnessing his client being racially abused in the car park before a session with him:

> *Paul: "He was talking about race and, and, and stereotypes and ways that people are perceived… and for me the aha moment was about, um… he wasn't intellectualising when he was talking about these things previously. This was his lived experience day to day." (Lines: 132-137).*

Paul refers to his misinterpretation of the clients' lived experiences, suggesting that to him (Paul) they were no longer his client's intellectual constructions of difficulties but rather his (clients') daily reality. He further asserts this point by describing that for him *"the aha moment"* was when he realised that his client *"wasn't intellectualising"* his difficulties but his *"lived experience day to day."* This may indicate whether Paul would have been able to understand the meaning of his clients' conversations had he not witnessed the incident. It may also suggest that Paul may have been intellectualising his clients' experiences. Such interpretations from Paul suggest a biased way to understanding racist information *("he wasn't intellectualising when he was talking.")* and the power, that until then, such had over his client to continuously silence his clients' lived experiences *("talking about these things previously")*.

4.3.3 Enforcing Prejudiced Boundaries

To enforce prejudiced biases through discourse utterances like: "it was a bit off putting", "treading out more carefully" and "I could have been braver" were used to indicate a level of apprehension in some of the white counselling psychologists when engaging with difference and

also hesitation (using interjections like: "oh", "ah"; pauses: (.) and repetitions: "I think that, I think that") when describing their interactions with BAME individuals. Further, adjectives such as: "uneasiness", "braver", "carefully" provide a deeper understanding about the way assumptions and prejudices could suggest personal and preconceived views, from white participants, about the BAME individuals they were engaging with. The below quotes seem to support the statements that alluded to the above discourse construction. The below excerpts provide some insight about the discourses used to enforce boundaries that appear to be created due to prejudiced perceptions:

Phil: "I felt kind of like, oh, don't (xxx), you know, what's the matter with you…Bit of… of, ah, uneasiness about the [whole…] …yes, there… it was a bit of putting…." (Lines: 784-787).

Here Phil seems to describe a situation whereby he was engaging with a Muslim lady wearing a Nikab and the way her cultural attire served to create a prejudiced perception that interfered with the way he connected with his client ("uneasiness about the"). He seems to question this perception ("what's the matter with you…") nevertheless, opening up about the way he was seeing his client and what it meant to him ("it was a bit of putting….").

Aria seems to have had a similar reaction, as suggested in her discourse, when asked what the experience of working with black and minority ethnicities meant to her:

Aria: "I find myself treading out more carefully than I usually would (.) in purity because I don't want to say the wrong thing." (Lines: 128-129).

Here Aria appears to describe a shift in the way she engages in a therapeutic relationship with BAME clients when comparing it to white clients ("I find myself treading out more carefully than I usually would"). She also alludes to prejudiced assumptions about the way her clients may react to or perceive her ("I don't want to say the wrong thing.") to justify the disconnection she has with BAME clients. Aria seems to engage in the therapeutic relationship riddled with tension ("treading out more carefully"), as if being black in the room is a boundary to fostering a positive

therapeutic relationship. Also, the language observed here seems personal and emotional, thus expressing concern and hesitance *("I find myself", "I don't want", I usually")*.

Rose appears to share the same discourse when describing the way she addressed a black supervisee's experiences of racial abuse.

Rose: "I think now looking back on that, I think that I think I could have been braver and pushed that a little harder" (Lines: 356-357).

Here Rose's prejudiced boundary discourse is related to the way she appears to acknowledge that she did not have the courage to further enquire about her supervisees' difficulties *("I could have been braver")*, and what such responses convey to her supervisee. This seems to be reflected in her preceding hesitation *("I think that I think")* suggesting a discomfort when recalling her response. It seems as if she knew what was occurring, that it was not correct, but nonetheless elected not to address it with the BAME supervisee who needed support, encouragement and validation about her racist experiences *("I could have pushed that a little harder")*.

4.4 Challenging Systemic Racism

The responses that challenged systemic racism were mainly used by BAME counselling psychologists and this was observed throughout the data. In their discourses BAME participants used language that alluded to emotional and personal ways of engaging with their clients and supervisees racist experiences, unlike most of the white participants in the study. This was observed particularly in BAME participants discourse constructions where discussions about race and ethnicity are prompted, and difficult racist experiences are validated. Nevertheless, it seemed that, like the BAME counselling psychologists in the study, some of their white counterparts were able to identify, through discourse, with their own racial prejudices when engaging with BAME clients. It seemed that their responses alluded to elements of reflectivity as implied in the discourse constructions.

4.4.1 Validating Experiences in Therapy

During the interview it seemed that in therapy racist experiences were validated mostly by BAME counselling psychologists as in their discourse constructions verbs like: "hear", "seeing", "feeling" were used to demonstrate support, curiosity and empathy. Utterances ("we had a lot of discussions", "tell me what you were really feeling") that allude to connection, personal involvement and lived therapeutic experiences with BAME clients and also recognition of their oversight through validation as recognised by the only white participant observed to have made such discourse constructions ("I now understood what he had been trying to tell me"). The excerpts below seem to support the statements alluding to this discourse.

> *Kim: "I would always have to kind of say, you know, I hear you, but I just want you to kind of tell me what you were really feeling, what you are seeing, what the experience was because I might have experienced something different." (Lines: 308-310).*

In her discourse Kim indicates the way she validates her client's difficulties by inviting her to open up and the signifier *("but")* appears to suggest this *("I hear you, but I just want you to kind of tell me what you were really feeling")*. She appears to be doing this by bringing into the room separate identities *("I might have experienced something different")* rather than a joint one as created by her client, thus acknowledging the internal experience of the difficulties her patient brought. The language Kim mostly uses here indicates a taken action *("have to", "tell me", "what you", "want you")* and also emotional connection and care *("I would", "I hear", "I just want", "you were really feeling"),* rather than a cognitive, academic and disconnected way of making sense of her client's difficulties.

> *Kim: "...she would kind of make it like more generalised and I would always tell her, went back to being more specific as to this is what you experienced rather than this is what we experienced because we may experience similar things, but just so that it doesn't become too generalised out, I would make that my role." (Lines: 60-64).*

Here Kim starts by discussing to way her supervisee makes sense of her experiences in a generalised manner *("she would kind of make it like more generalised")* thus comparing it to her own (Kim's) due to their racial similarities (BAME) *("rather than this is what we experienced")*. This suggests that her supervisee was relating to her and building a similar identity (minorities) and connection to Kim as suggested in the used language *("tell her", "you", "she", "we", "my")* indicating an emotional or personal way to relate. However, it seems that Kim, in her supervisory role, stresses the importance to separate and explore one's own experiences *("what you experienced")* and reflect on them *("always tell her, went back to being more specific")*. It seems that Kim in her discourse takes accountability for the development of her supervisee, from the frame of curiosity as she seems to want to encourage her supervisee to be open and reflexive in practice *("so that it doesn't become too generalised out, I would make that my role")*.

Heather seems to suggest she uses a similar discourse to validate her clients' experiences:

Heather: "...the stereotypes that people have of kind of maybe black men being aggressive...to then have to always catch your frustrations or your temper...we had a lot of discussions in the group about what those stereotypes were like for him..." (Lines: 214-222).

Here Heather reflects on the significance to validate and acknowledge her clients' difficulties in a group setting *("what those stereotypes were like for him...")*, indicating that it is ok to have such conversations. She describes the difficulties her client brought to the session and talks in the present as if she is quoting the clients difficulties *("black men being aggressive...to then have to always catch your frustrations or your temper")*, using language that is quite personal *("that people have", "we had", "what those", "for him")* rather than professional. Her discourse implies a protective attitude and demonstrates empathy *("stereotypes that people have")*. She also indicates that conversations were continuous *("we had a lot of discussions")* suggesting an ongoing support and validation of the difficulties the client had and openness to have such discussions in the group.

Paul's response, below, seems to reflect both Kim's and Heather's discourse:

Paul: "...Well, what I said is that I thought I now understood what he had been trying to tell me (laughter) for quite a long time." (Lines: 142-143).

The above discussions suggested a different interaction in sessions between Paul and his client thus highlight disconnect and lack of acknowledgement of his clients' difficulties with racial abuse *("what he had been trying to tell me")*, but also about recognising his limitations. He subsequent response implies a validation of his clients' racist experiences by recognising his misinterpretation *("I now understood")* of what was being conveyed in previous sessions *("for quite a long time")*.

4.4.2 Prompting Discussions on Ethnicity

Words and utterances like: "shouldn't some", "triggered", talked about", and "changes" appeared to indicate a discourse construction where affirmations alluded to the importance to prompt discussions on ethnicity with BAME individuals and somewhat an attempt to connect with their concerns. Further, verbs and pronouns like: "feel", "needs", "identify" and "us" were used by BAME participants to construct the same as it indicated that discussions about racism ought to be prompted. Emotional statements ("wanting to help them", "wanting them to feel", "without worrying") and pronouns ("we") that indicate pluralistic constructions that referring to a sense of connection and relatedness ("we can think", "we can make" and "we don't need to worry") were used by BAME participants and seem like a precursor to engaging in difficult conversations. The quotes bellow further illustrates the points being made.

Paul: "shouldn't some of these things be triggered so that they can be talked about? ...some of these conversations have to be triggered, if anything ever changes." (Lines: 513-519).

Here Paul brings into attention the importance to triggering race conversations, with white individuals *("shouldn't some of these things be triggered")*, as a way to bring into the fore unspoken racial problems that need to be challenged *("these conversations")*. He appears to suggest that change is inherent to this process and reflect a phase where such discussions are normalised *("if anything ever changes")*. Paul uses assertive and challenging language *("shouldn't", "have to be", "ever")* in his discourse, as if he is challenging the researcher but in a supportive and validating way. Interestingly, it seems that in his response Paul was alluding to a conversation he had had with a BAME nurse.

In her discourse below, Kim, like Paul, seems to suggest that more attention needs to be drawn to conversations about racism:

> *Kim: "I feel there needs to be more consideration of these topics and, but I don't feel like it's going to come from people who don't identify as being BME. It has to come from, from us" (Lines119-121).*

Kim's discourse suggests that BAME individuals need to start conversations about race *("there needs to be more consideration of these topics")*, implying that white individuals would not start such conversations *("I don't feel like it's going to come from people who don't identify as being BAME")*. She also includes the researcher in the point she is making as if we relate and connect thus have to stick and 'fight' together *("It has to come from, from us")*. Interestingly, Kim does not refer to white or black individuals directly *("from people who don't identify")*, like Paul. This may indicate an element of hesitance in the above discourse.

Heather also uses a discourse that corroborates with Kim and Paul's discourse on discussions about ethnicity.

> *Heather: "um, wanting to help them name experiences without worrying so much about what's politically…correct. R: Correct…Heather: or what can and cannot be said, erm,*

wanting them to feel like this is a space where we can make sense of stuff and we can think

about it and we don't need to always worry so much about how it's, how it comes out…"

(Lines: 247-254).

Here Heather appears to use emotional language to ascribe empathy and comfort about the way racism discussions ought to be had *("wanting to help", "without worrying", "wanting them to feel like", "don't need to always worry").* Heather stresses the importance to facilitate a space whereby clients or patients can open up about their experiences without hesitation as if she wants to liberate them *("don't need to always worry so much about how it's, how it comes out").* Heather seems to connect and relate with this discourse in a collective and personal way as observed in the choice of words *("we don't", "we can make sense", "we can think about").* It is as if she is including herself in the space where discussions are taken and is relating and connecting deeply with her BAME client's needs.

4.4.3 Identifying with One's Own Racial Prejudices

It was observed that most participants used a variety of responses to construct a discourse where they identified with their own racial prejudices. Verbs, nouns and adjectives ("feel", "need", "evokes", "threatened", "otherness"), utterances and repetitions ("I'm sort of in my mind trying to debate", "um, um, but even now, maybe not in a…a…that…that explicit…") and personal acknowledgements ("I haven't done", "I did supervise", "I had different") were used to construct this discourse. The below quotes will provide further support regarding this.

Heather: "it's about how we feel when we're in the presence of difference…and we need to

think about what otherness evokes in us, and how that, how we feel threatened by

otherness." (Lines: 418-421).

Here Heather seems to imply that it is important to consider how racial or cultural differences attribute certainty and significance to prejudiced ideologies and the way it may affect practitioner's engagement with clients that do not look like them *("what otherness evokes in us").*

In her response Heather uses language that sustains a relationship with BAME as indicated in her responses *("how we feel", "we need to think", "we're in the presence", "evokes in us")*. Interestingly, such statements also ascribe significance to her claims as they seem to be affirmatory statements about a practice that is currently being enacted by a practitioner. It could be said that during her interview she was also reflecting about her own practice and the biases and prejudices she may holds about difference.

Below, Phil discourse seems to validate the point Heather was making:

Phil: "I'm comfortable (tapped table) working with someone from a different background in that respect. Um…, more often than when I was, a trainee me, I'd have to admit, um, um, but even now, maybe not in a…a…that…that explicit…" (Lines: 108-111).

In the excerpt above Phil seems to acknowledge the discomfort he once felt when working with individuals from different backgrounds to his *("more often than when I was, a trainee me")*. Further, suggesting that this still occurs *("but even now, maybe not in a…a…that…that explicit")*. There seems to be a sense of shame implied in the discourse that may reflect the background (black) of the interviewer *("I'd have to admit")*. It is as if in the text Phil is allocating himself as a white interviewee and at times only as an interviewee as implied in the racial patterns that make the meaning he is attributing to his experiences *("someone from a different background")*. He also seems to have a conflictual dialogue about how comfortable he is working with BAME individuals *("I'm comfortable", "but even now, maybe not in a…a…that…that explicit")*. I this may indicate a greater ability to reflect on his biases than before. His discourse seems linked to wider ideological discourses about racism as demonstrated in his hesitation and pauses, suggesting discomfort, when describing his experiences *("um, um, but even now, maybe not in a…a…that…that")*. He seems to relate his biases to his inexperience, referring to his time as a trainee to justify this *("more often than when I was, a trainee")*, and alluding to current practice to minimise his prejudice as indicated in his hesitance: *"maybe not in a…a…that…that explicit…")*. Even though Phil seems to be

interchanging between discourses that posit him as part of a racist group and disconnected from this group, nevertheless he is reflecting on the biases and prejudices that encapsulate his practice when engaging with BAME clients.

Aria's discourse below, is related to the meaning she attributed to her experience, when she worked therapeutically with BAME clients:

Aria: "What does it mean to me? … Um (.) I'm, I'm sort of in my mind trying to debate whether to give the diplomatic answer or whether it's a sort of almost free associate with what comes to mind with that question. And that's supposed to be related to like, I don't want to say the wrong thing... Um (.) which one would you like me to go for? R: Which one would you like to say? Aria: (.) I'll tell you both. I think the diplomatic answer is, of course we work with everyone and we're open and we work with what comes to the room… Erm (.) In reality, in the room it (.) it's sometimes different." (Line: 74-87).

Arias' initial response indicates surprise and disconnect *("What does it mean to me?")*. It appears she switched from being a therapist in an interview with a trainee, to a white individual being interviewed by a black person. Her response alludes to this due to her hesitation, as if she did not want to come across as racist when describing her experience about the presence of difference *("I don't want to say the wrong thing...")*. Further, her consideration about the best way to structure her response further cements this point *("to give the diplomatic answer or… free associate")*. This may reflect a *"debate"* taking place when addressing racism with BAME clients as suggested by her reaction. She also appears to attribute accountability to me about the answer she ought to give *("which one would you like me to go for? ")* that could imply an avoidance mechanism. Nevertheless, in her discourse there is a hesitant openness, as suggested in both her answers (debate or free associate), to reflect on the way otherness evokes fears, uncertainty and biased ideologies when engaging with BAME clients and with the interviewer.

In the below excerpt Kim also seems to consider the way difference is at play in discussions she has with her BAME and white supervisees about race.

Kim: "I haven't done that with the previous two that I did supervise. One because they were both white (laughter). So (laughter) it's a little bit different. Um (.), but also because I had different challenges with them…." (Lines: 64-66).

In her discourse Kim starts by describing the way she has deeper discussions about race with her BAME supervisee than with two previous white ones she had *("I haven't done that with the previous two that I did supervise")*. She seems to be attributing significance to her colour and the colour of her white supervisees as a barrier to have a deeper connection and relate in terms of experiences about race *("they were both white")*. Further, in her discourse she also seems to suggest colour as a way to privilege understanding. Further her answers are centered on her race and perspective. However, the language she uses is personal and suggestive of openness *("I haven't", "I did", "I had")*. Also there were no apparent hesitations but perhaps discomfort as indicated in her laughter, when talking about her white supervisees. Nevertheless, Kim seems to be reflecting throughout on different challenges she had with the white supervisees, the way these prevented her from having different conversations in supervision and the impact difference had on their supervisory relationship.

Part 5: Discussion

5.1 Introduction and Outline

As previously identified in the literature review, there is a gap in the current knowledge about the way counselling psychologists address and discuss issues of race with BAME individuals as research (Constantine and Sue, 2007; Soheilian et al., 2014; Jernigan et al., 2010) look at this paradigm from the trainee's perspective. The current study aimed to explore the way counselling psychologists address and discuss issues of race in therapeutic practice or supervision with BAME individuals and the impact of difference in the therapeutic relationship. From the analysis three discourses emerged (Systemic Institutional Racism, Legitimising Racism and Challenging Systemic Racism), which will be discussed in this chapter. The results suggested that BAME counselling psychologists were more attuned and open to engaging in culture, race and racism topics, thus challenging systemic racism, as indicated in their discursive constructions. Further, they also indicate that white counselling psychologists used discursive constructions that allude to Systemic Racism and to the Legitimisation of Racism. A discussion of the study's findings will be presented in relation to other approaches (White Fragility, Denial of Racism and Black Emphatic Approach) to ascertain if results were consistent with these concepts. Clinical implications relating to the findings will be considered, together with contributions the study makes to counselling psychology. Limitations of the research and recommendations for future research will be presented in this chapter. The discussion will end with some reflexive conclusions.

5.2 Systemic Institutional Racism: Avoidance, Discomfort and Dismissal

In the present study the responses given by white counselling psychologists, when addressing racism topics, alluded to the enablement of institutional racism (Ture and Hamilton, 1992). Their discourse fragments seem focused on ideas based of white dominance captured in day to day thinking, within unchallenged social systems that overlook one to one interaction. These responses were consistent with reports indicating prejudiced behaviors toward BAME patients (WRES, 2019) and research suggesting a lack of empathy from white individuals when discussing

issues of racism (McKenzie-Mavinga, 2009; Phillips et al., 2017). Such responses, akin to racial micro-aggressions (Constantine & Sue, 2007), could exacerbate the racial trauma (Comas-Díaz et al., 2019) their BAME supervisees or clients sustained and have an impact in the development of PTSD as indicated in a study carried out by Seaton & Iida (2019). Racism becomes a collective issue when unspoken systemic injustices are not challenged and by avoiding discourses on ethnicity and dismissing racist experiences (as indicated in the discursive constructions under systemic racism) white participants emphasise the absence of practical work, types of actions and intervention strategies (rather than guidelines) to directly combat racism (Sue, 2019).

To understand the impact practices implemented by white counselling psychologists (in the study) have on the perpetuation of systemic racism, it is also important to look at the role institutions may have in the enablement of this. For instance, training institutions responsible for accreditation of courses are tasked with ensuring that diversity is part of the course curriculum (Wilk, 2014). However, as Jackson (2018) asserted in a journal publication entitled "why we need to talk about race", aspects of racism are seldom brought up and properly discussed in class as lecturers "tiptoe" around these issues. Parallels can be drawn from a study conducted by Phillips et al. (2017) suggesting that issues of race and ethnicity were seldom discussed by white therapists. This is not to suggest that the white participants shared such views, even though they are part of this population. Nonetheless, it is important to emphasise who they were identifying themselves with in sessions as indicated in discursive constructions of discomfort that reflect prejudiced ideologies seen at institutional level (Nadirshaw, 2009).

The discursive fragments produced by white participants, and indicating avoidance, discomfort and dismissal of race issues, highlight western population's complexity in their relationship with ethnicity and its need to be explored (Castonguay et al., 2006). They draw attention to the historical nature of race relations, the emotional ramifications of such issues and the perceptions westernised cultures may harbour about BAME individuals (Helms & Cook, 1999).

Such responses affirm recognised emotional responses of worry, anxiety, and discomfort in therapists and collusion and fear of being seen as racist (Cardemil & Battle, 2003). In addition, they emphasise the importance to mediate notions like colour-blindness (Banks, 2014), that seemingly encouraged white counselling psychologists (in the study) to construct responses that deny and dismiss BAME individuals lived experiences of racism. Counselling psychologists, as asserted by Woolfe et al., (2010), are encouraged to be reflective practitioners and able to bracket their experiences in order to foster a therapeutic relationship and working alliance. Such is encouraged to mitigate any biased interpretations and facilitate practitioners understanding to address cultural and racial differences in an open manner, whilst recognising their clients' unique experiences. However, results indicate that white participants used language to "affirm strict boundaries defined by the interests and the power of the (white) elites that control them" (Van Dijk, 1992; p.95). Such boundaries may shed light on the low rate of engagement in therapy from BAME populations as indicated in a study carried out by the ONS (2003), the AG report indicating inequalities in the accessibility to care by BAME individuals (2020), thus cement Hayes et al. (2016) assertion that therapists who are not culturally attuned and open to discuss race have worse therapeutic outcomes when working with BAME clients. The above may shed light and raise questions about some of the practices adopted by white participants due to anxieties brought up by stereotypes when engaging and working with individuals who differ from them and their ethnocentric view (Eleftheriadou, 2006). Additionally, it also points to systemic institutional racism (Ture and Hamilton, 1992), that seemed to be a collective among white participants as discrimination was unspoken, unchallenged, thus accepted as indicated in the discourse fragments and discursive constructions from their responses.

5.3 Legitimising Racism: Accountability, Bias and Prejudice

Overt racism is an intentional and direct racist act and is socially unacceptable (Copsey, 2008). It could be argued that most individuals seldom claim to be prejudiced, biased or have racist views about BAME individuals. Race is constructed in contexts and social interactions in everyday

interactions (Nagel 1994) and such manipulation will affect what is perceived as legitimate (with regards to positions, actions, opinions and values) in one context and illegitimate in another (Krell-Laluhova and Schneider, 2004). Van Dijk (1992) states that in society racism is legitimised by those with power and maintained through the distribution of powerful social ideologies aimed at increasing it further, due to a fear or dread individuals from dominant cultures have of losing their heritage and majority to minorities. That said, diversion of accountability, biased interpretations and imposition of prejudiced boundaries may be used to legitimise racist discourses that remain central to modern society (Goldberg 2008). A study conducted by Lee et al., (2018) asserts this. Their findings illustrated different forms of racial micro-aggressions implemented with the use of discursive tactics (in therapy) employed to resist or protect contested values and norms through treatment selections in cross-racial encounters.

Gaslighting (Crawford-Roberts et al., 2020) is a method of psychological manipulation used to make a victim question their own sanity. This term was adopted from a 1938 play from Patrick Hamilton, where a woman's husband slowly manipulates her into believing that she has gone insane by dimming the lights at their home then denying her observations about it, using them as proof she is mentally unwell. Parallels could be drawn from the discursive constructions used by some of the white participants in the study as the language used indicated a biased understanding of BAME individual's subjective experiences of racism. A study completed by Owen et al., (2014), highlights such similarities when issues of race are addressed with BAME patients as their findings suggest that racial micro-aggressions were seldom addressed by therapists during sessions. Confirmation bias, as asserted by Nickerson (1998), is a term used in psychological literature to indicate that events are interpreted in ways that relate to personal beliefs and expectations thus encouraging people to overlook evidence that contradicts their beliefs and opinions about the world. The responses from white participants suggest that BAME individual's realities of racism did not occur. Such responses, as asserted by Van Dijk (1992), are served to reproduce power imbalances in discriminatory practices that sustain white dominance and biased ideologies, thus rejecting and

excluding BAME individual's frame of reference when talking about racist experiences. The above discourse (legitimising racism) used by white participants, though working with emotional pain, gives the impression that BAME individuals difficulties with discrimination were only their perceived, not lived, experiences. In her meta-reflection Banks (2014) cements this last point emphasising that psychologists "start from a stance of disbelief rather than belief" and that "labeling experiences as 'perceived discrimination' delegitimizes the experiences of discrimination and is in direct opposition to the cultural competence psychologists put forward as necessary" (p. 311). Such discourse, akin to prejudice and collusion, may refer to unfavorable perceptions and evaluations of BAME individuals and could highlight, as suggested by Ragavan (2018), biases intrinsic to psychology as a profession.

Professionals can show openness to racism conversations as such could synthetise BAME individual's everyday experience. However, the extent to which BAME can verbalise something that (as suggested in the data) has been so silenced by the dominant culture raises questions about whether, as asserted by Codner (2015), white participants (in the study) need to attain relevant skills, insight and ability to work with diverse populations. Woolfe et al., 2010 (2010) assert the importance to respect the personal and understanding human experience. However, the enforcement of prejudiced boundaries and accountability, as observed in the strategies used by white participants to address race issues, appear a function that legitimises racism. Woolfe et al.'s (2010), claim appears to suggest that counselling psychologists ought to think of therapy as a medium to equip individuals with the tools to manage their difficulties and the same could be suggested for racist encounters BAME individuals face (Sue et al., 2019). The practices of BAME counselling psychologists (as asserted by Farsimadan et al. (2007) and Jernigan et al., (2010) and indicated throughout the data) could be seen as an instrument to social justice as their discursive constructions indicate practices aimed at facilitating support and encouraging difficult dialogues on race. Privilege needs to be attributed to clients as they are the experts on their own lived experiences and curiosity needs to be present to avoid being stuck in ideas that give power to western cultures

(Lago, 2011). Therefore, as indicated by Maiter (2009), it is important clinicians use a racist free framework to address race and racism with BAME clients, which prevents their inquisitiveness and suspiciousness about what is not said by the client.

5.4 Challenging Systemic Racism: Validation, Curiosity and Identifying Prejudices.

Given the considerable harm racism, discrimination and prejudice inflict on BAME individuals (as indicated in the critical literature review - 2.1.1: Racial Trauma), it is essential for individuals to take up positions whereby racially motivated behaviours are acknowledged, challenged, addressed and discussed so that validation is given to those on the receiving end (Sue et. al, 2019). Further, inaction, silence, acceptance and passivity seem the usual strategies used in therapy and supervision to 'address' racism (Sue et. al, 2019). Therefore, it is important to challenge racial abuse in these environments so that the oppressed feel supported, empowered and that they have a voice.

To challenge ideologies that legitimise systemic institutional racism, as described in the previous discourses and observed in the results, it is important that counselling psychologists validate racist experiences in therapy, prompt discussions on ethnicity and most importantly identify with their own race prejudices in their work with BAME. Cardemil & Battle (2003) suggest that some practitioners find it discomforting to discuss and address issues of race and discrimination when these are brought up in sessions and parallels could be drawn from the discourses built by white participants. The results indicate that BAME counselling psychologists were more attuned and open to engage and work with culture and race issues as the data did not offer any suggestion to their use of other discourses (systemic institutional racism and legitimising racism) when discussing race topics, rather the contrary. These findings are supported by authors (e.g., Soto et al. 2018), suggesting that culturally attuned, sensitive and reflective therapists have greater therapeutic outcomes with BAME individuals than those without such awareness and competency. Further, they also indicate that BAME practitioners are more open to hold such discussions than white

therapists (e.g., Phillips et al., 2017; Haigh et al., 2014). Such findings raise questions as to whether white participants, as suggested by D'Andrea (2005), recognise the importance to be self-aware of biases to issues of race coming up in the therapeutic relationship as implied in their lack of support and acknowledgement when discussing race related topics. Reflection, as asserted by Bolton (2014), is an ongoing state of mind that can enable individuals to learn about themselves, others, and society through the lens of experience. In addition, it allows for difficult and unanswered questions about experiences to be brought out into the open thus allowing for it to be explored, expressed and understood. It seems important that white professionals (in the study) understand the effect otherness could have on the way they made sense of BAME individuals experiences of racism and the way such interpretations, as reported in the review by O'Driscoll et al. (2016), can encourage issues around race to be denied. Such awareness could enable white practitioners to develop a greater understanding about their practice with BAME and reduce stereotyped views (Eleftheriadou, 2006). The above arguments, as suggested by Jackson (2018), could allude to the importance of a multicultural way of setting up institutions, with professionals working together, understanding cultural differences and developing awareness about biases.

Counselling psychologists need to validate racist experiences in therapy to enable BAME clients to get to a place where they feel comfortable in relations with white individuals. For this to occur it is important that professionals acknowledge, as suggested in discourse constructions where participants identify with their own prejudices, the limitations of their practice in ways that prompt race discussions that challenge the status quo. As asserted by Bolton (2014), such practices could enable practitioners to understand ways to working with racial biases and cultural assumptions that silence and oppress marginalised populations. 'White allies', a term coined by Sue et al. (2019), refers to individuals belonging to dominant groups, working toward the eradication of prejudiced practices witnessed both at work and in their social contexts. White allies act by using antiracism actions and interventions that challenge prejudiced and discriminatory views due to a desire to see social justice and the termination of practices that pertain to racist ideologies. Responses where

most participants identified with ones' own prejudices allude to the stances which are necessary to promote the rights of the oppressed in practices through commitment to external action. Helms' (1997) asserts that the development of a non-white identity and actions taken against racism as movement that shifts from words to actions as they seek to understand the positions in which oppressive biases are identified and resisted against as such attitudes ought to be present from institutional level. That said, how significant would be if in the present study all white counselling psychologists would only construct discourses acknowledging the biased socio-political dynamics of race and racism (O'Driscoll et al., 2016). How significant would be if the white counselling psychologists in the present study would use the division as an active means to dismantle individual and institutional beliefs, policies and practices by actively and continuously embracing multiculturalism, diversity and social justice, the core values which define the discipline (Norcross et al., 1998). The BAME counselling psychologists in this study were more open to look at uncomfortable topics as the data pointed to their openness and curiosity to prompting discussions on ethnicity and to validating BAME client's racist experiences. Such approach to practice could give insight to the importance BAME participants posited in their practices when acknowledging the importance to separate their experiences in order to make therapy their client's space. A study carried out by Punzi and Singer (2018) demonstrated this, when they used IPA to investigate psychologists understanding of the consulting room. Their findings suggest that professionals working with varying interventions and from different perspectives recognised the importance to adapt to the needs of the clients, be attentive, and avoid disturbances. The only white counselling psychologist (in the study) that seemed to validate a BAME individual experience of racism, as suggested in the data and indicated by Maiter (2009), suggests a willingness to use a racist free framework by challenging his own biases and to recognise his limitations when addressing racism related subjects. In therapy validation is the acceptance and recognition of one's feelings, behaviours, difficulties and thoughts. When therapists recognise the conflict between their internal and interpersonal worlds (Klein, 1975) they may start to see BAME's experiences of racism as valid

and genuine. This is important as the change it can create in BAME individuals can be significant to shed a weight off their shoulders that would enable them to feel their therapist is connecting with and understanding them.

5.5 Discussion of Findings in Relation to Other Approaches

The findings in the present study appear to be consistent with terms like White Fragility, Denial of Racism and Black Emphatic Approach. White Fragility (Di Angelo, 2011) suggests that white individuals live in social environments that shield them from race-based stress. It posits that such environments protect and insulate them from racial discomfort thus increasing their inability to tolerate racial distress. When white people are in this state of mind, as asserted by Di Angelo (2011), defensive behaviours are triggered due to their inability to tolerate even a small amount of racial stress. Emotional displays of anger, fear, guilt or remorse and actions like silence or avoidance are used as a function to reinstate their comfort from the initial distress. This term is useful to understanding ways in which the mental wellbeing of white counselling psychologists in the study could be affected by social characteristics and racist ideologies inherent to BAME individuals and the coping strategies they employ when addressing and discussing racist issues. Although the term is related to work carried out in America it is highly relevant to people who identify themselves as being white. The researcher argues it is essential that white counselling psychologists understand their interactions with mainstream ideologies when dealing with racism, discrimination and prejudice. Such understanding has a direct effect in the way cultural needs and perceptions about BAME supervisees and clients could be distorted, as suggested in the discourse categories that pertained systemic and institutional ideologies, when white participants engaged with BAME individuals. Drawing from a psychoanalytic perspective, the researcher could argue that white participant's systemic and institutional discourses could derive from unconscious mental processes whereby unacceptable feelings, ideas and impulses were attributed to the external world, akin to projection (Moore & Fine, 1990). For instance, in counselling psychology attributes like empathy, openness and reflection preclude good practice when engaging therapeutically with clients

and any inkling of bad practice would be seen as unacceptable (BPS, 2017). It could be argued that the dismissive, avoidance and discomfort discourses observed in the data were projections counselling psychologists used as a defence to manage their anxiety when addressing racism and difference. In deploying this defence to manage their feelings, ideas and impulses, participants address their difficulties, when discussing racism, rather than allowing themselves to immerse and recognise it as an issue for their BAME clients and supervisees.

Denial (Paulhus et al., 1997) is a defence mechanism whereby one refuses to accept reality by blocking external events from awareness. This response can be triggered in situations that a person finds too difficult to manage thus refusing to acknowledge it or completely denying that it exists. When investigating discourses about the reproduction and legitimisation of racism it is important to consider the role denial of racism plays in portraying positive group representations (Van Dijk, 1992). Denials of racism and other forms of positive self-representation have social and individual dimensions attributed to it. For instance, not only white individuals dismiss being seen as racists, but they also use the same strategies to protect the group (ethnic) they are part of. Van Dijk (1992) asserts that these forms of denial are present in day-to-day conversations and are also part of large social or public discourses like the media, education and institutions, thus seeing the latter as the most damaging and influential one to construct powerful and dominant white consensus. Face-keeping is a phenomenon well known in sociology and in social psychology (Brewer, 1988). Arkin (1981) asserts that in interactions individuals attempt to portray a positive image of themselves, in the way they speak and act. He posits that this is in order to construct a positive impression of oneself. It can be assumed that individuals want to avoid a negative impression in situations and may also be anxious about having a negative evaluation about their personality. It might be that not wanting to be seen as a racist or intolerant played a role in the way white counselling psychologists in the study responded to BAME individuals claims of racism, as observed in the discourses that appeared to legitimise it. It seemed as if these responses and behaviours were implemented to prevent conversations of racism, thus turning them into counteraccusations of racism by the

powerful majority as observed in the data through claims like the race "card", "off putting" and intellectualisations. This may indicate whether racist micro-aggressions are unconscious processes or whether they are unconscious because they are socially normalised.

Empathy is the ability to step into the shoes of another person with the aim to understand their perspectives and feelings, thus using that understanding to guide subsequent actions. Broaching, a term coined by Day-Vines et al. (2007), suggests that it is important practitioners address cultural and racial factors in the therapeutic relationship, explore the way such could be related to patients concerns and how it may impact the therapeutic dyad. Black empathic approach, a term coined by McKenzie-Mavinga (2009), is described as an approach paying "particular attention to the cultural influence of racism" (p. 57). It posits that the responsibility lies with the practitioner to recognise the way their own defences could be related to racist biases whilst also recognising their clients' defences. Further, it suggests that it is essential for practitioners to have a good grasp of their own cultural issues and acknowledge that the therapeutic space is a place where racism can be openly addressed. In addition, therapists need to broach their client's race and racist experiences as these are expressed, paying attention and listening to the hurt and pain racism inflicts in them, even if such is not openly talked about, and actively working with such difficulties as a therapeutic tool to enable healing. The discourses that challenged racism and seemed to allude to empathy, broaching and black empathic approach were mostly considered by BAME counselling psychologists rather than by their white colleagues. Nevertheless, as observed in the data, the way most white counselling psychologists identified with their own prejudices gives hope that to an extent they appeared to recognise the need to reflect on the impact of their own race in the room.

5.6 Discussion of Findings in Relation to the British Psychological Society

Despite a strong commitment within the BPS (2017) to using interventions and developing systems to change and address oppression, Sarb Bajwa (the BPS' chief executive) asserts that the society is "institutionally racist" (The Psychologist, 2020, p.22). The results in the study allude to

the prevalence of the status quo given the way racial biases were embedded in practices and procedures of some of the counselling psychologists (Griffith et al., 2007) and may reflect the society's prevalence in using guidelines, not specific training and interventions aimed at addressing racism and difference. In the UK there is a disproportionately high recruitment of psychologist trainees from white ethnicities in comparison to BAME (Leeds Clearing House for Postgraduate Courses in Clinical Psychology, 2016), research based interventions are grounded in studies carried on individuals from western populations (Heinrich et al., 2010) and outcomes inform distorted generalisations about human behaviour, since 80 per cent of research participants are from this background and only represent 12 per cent of the world's population (Oliveira, The Psychologist, 2020). These outcomes may suggest that it is 'normal' to be prejudiced and raise questions as to whether covert racism is difficult to detect as it is publicly standardised. Institutions train and prepare trainees to embark on a personal endeavour with the aim to develop skills and acquire psychological tools that will enable them to deepen their understanding when formulating about the way their clients make sense of their experiences (BPS, 2017). Nonetheless, training itself has not been representative of today's multicultural world as changes to psychology programmes have been recently proposed throughout BPS divisions (The Psychologist, 2020). The BPS (2017) proposes that difference needs to be addressed and explored without being clouded by personal fears or uncertainties. It also recommends privilege is attributed to clients as they are the experts on their own lived experiences and that curiosity needs to be present to avoid being stuck in ideas that give power to western cultures. That said would discourses that indicate systemic and legitimisation of racism fit the frame in which therapy takes place. The related discursive constructions and discourse fragments may highlight the extent to which some professionals adhere to the guidelines set up by the BPS (2017), as responses appear to normalise the 'unconscious' racism that perpetuates the distress of BAME individuals they were engaging with.

5.7 Clinical Implications and Applicability to Counselling Psychology Practice

The study has identified several recommendations professionals could consider when engaging with BAME individuals, specifically when addressing issues of race, difference and discrimination. The ways such recommendations ought to be applied in professional practice thus inform counselling psychology will be discussed. Farooq and Abbas (2013) asserted that it is important that psychologist acknowledge the importance of giving patients a voice and choice when they access psychological services. McIntosh (2017) alludes to the importance of looking at the way prejudiced, biased, discriminatory and negating ideologies exist in westernised cultures and the way such serve to negate the lived experiences of BAME individuals. Several authors (e.g., Sue, 2019; Farsimadan et al, 2007; McKenzie-Mavinga 2009; O'Driscoll et al., 2016) have made recommendations for therapeutic engagement with BAME individuals and the importance to understand the way difference affect us. However, considering the research findings, indicating that BAME counselling psychologists were more attuned and open engaging in culture, race and racism topics than the white counselling psychologists in the study, it is suggested that multifaceted approaches ought to be employed when engaging with ethnic diverse populations. That said this could start at institutional level with training programmes advising mandatory placements whereby trainees (particularly from dominant cultures) need to engage with placements specialised in working with populations from diverse backgrounds. This would be to avoid situations where discomfort, denial or avoidance may cloud the awareness and connection trainees ought to have in therapeutic practice with BAME clients and an opportunity to reflect on own biases and prejudices.

"Pre-transference" or "societal-transference" were terms coined by Curry (1964) and described by Eleftheriadou (2018; p.32) in his book 'Psychotherapy and Culture: Weaving Inner and Outer Worlds'. The terms posit that fantasies, ideas and values are ascribed by clients (BAME and white) and therapists (white and BAME) before they meet in the therapy room as they are part of one's societal experiences, feelings and views. After all, the consulting room is not a confined place where racial, political and cultural dynamics are inexistent, rather the opposite, as anxieties

are intensified due to the way one perceives self in relation to the other. However, as asserted by Jackson (2018), the responsibility falls on the therapist not the client to work out their biases and prejudices or any other communication taking place in therapy, through supervision. It seems clear, as highlighted in the findings, that professionals need to be challenged to work with discomfort in therapy as this could help them draw on from interventions that empathise a more person-centred approach to care that a medicalised model of support. Lago (2011) asserts this, mentioning that the strength of the therapeutic relationship developed with the client is paramount to outcome rather than the therapeutic model used.

Counselling psychologists have a significant role to play in enabling individuals to understand what racism is and what contributes to it. However, in light of the findings, it would be important to facilitate a level of awareness and insight that would equip professionals with the tools to work with such difficulties at short notice. Training on racism, race, ethnicity, discrimination as well as issues related to institutional power and systemic racism could be introduced via mandatory continuous professional development (CPD) to qualified professionals as there seemed to be a lack of skill form white participants to understand the implications of racism. Trainings such as the one offered by The Black, African and Asian Therapy network (BAATN) on "The Challenge of Racism in Therapeutic Practice, will enhance Therapists' and professionals' insight and practice about the impact of racism in professional support." This is considering Solomo's (2003) argument that racism is not a fixed phenomenon but rather an integral element of diverse social issues in a variety of contexts. The study suggests that a multi-layered approach to interventions which would take into contextual, cultural, social and personal factors would likely facilitate greater engagement from BAME individuals with therapy services, particularly with white practitioners. This was asserted by Zahid (2019) in a blog entitled: "black empathy: can we be empathic if we are colour-blind in the therapy room," sharing her experiences as a patient working with both white and BAME practitioners. She alluded to the importance of upholding a social justice framework, challenge colour-blindness notions in therapeutic modalities and familiarity with BAME issues and emotions

evoked by racism. That said, the BAME acronym itself can be seen as a symbol of racism, othering and minimisation as its abbreviation is used to segregate and condensate the great number of backgrounds navigating this world whilst at the same time indicating that white, as previously mentioned in the literature review, is the norm.

The present study highlights the lack of emotional containment given by white therapists in comparison to their BAME colleagues when broaching racism. Alleyne (2009) reports the importance of acknowledging that racism enters the therapeutic environment in ways that are mirrored in society and that it is important to recognise the damage it can cause to one's wellbeing and not reinforce these ideologies in therapy. Further, practitioners need to take into account how overwhelming feelings of racism can be for BAME individuals, which, as asserted by McKenzie-Mavinga (2016), can remain unprocessed due to concerns about the way professionals ought to engage with it. A strong therapeutic relationship, work alliance, patient's subjectivity and a humanistic approach are principles that underpin counselling psychology. Therefore, it is paramount that professionals are aware of this when making sense of their BAME individual's difficulties and sensitivities. The present study has tried to inform clinical practice by looking at ways in which client focused interventions, drawing from cultural perspectives, institutional reforms and training needs combined can inform future practice thus reducing biases that will foster greater therapeutic engagement from BAME individuals.

5.8 Limitations of the Study and Recommendations for Future Research

Even though the research can be seen as having strengths, as mentioned in the previous sub-heading, there were limitations which need to be acknowledged. It would be difficult for the researcher to capture the scope of all that is known about counselling psychologist's practices when addressing and discussing issues of race as there is more representation in the profession. In addition, it would have been difficult for the participants to continuously give illustrations about practices and behaviours in which they continuously addressed issues of race, because language, as

asserted by Gee (2014), is unstable, context related and continuously shifting. As the researcher was situated in a novel position, with regards to enquiring about racial interactions from the professional's perspective, there is the likelihood that sensed dynamics, responses and behaviours were unfamiliar to him and had not yet been explained or described in the discussions about race. There could be a chance the researcher did not code such patterns. Given that most participants were recruited using a snowballing process, through voluntary work it could be argued that responses were either more thoughtful or less sensitive to issues of race than it would have been if all participants had no association with the researcher. Socio-economic class and gender could also pose a limitation to the study as it may influence the participant's social identity. The researcher's own racial location as a black trainee is also a limitation which is reflected upon in the reflexive statements.

Replication of the present study may be useful to consolidate the findings and further contribute to this majorly white represented profession as studies mainly investigate this topic from white or BAME trainee perspectives. Further, a larger scale quantitative research could be used to consolidate the results of the present study, akin to a bottom-up approach to culture (Betancourt et al., 2010). Findings could add practical insight about the breadth of knowledge that already informs guidelines, practices and training programmes about the impact of racism, biases and prejudices interpretations which undermine one's personal experiences. As previously mentioned, services need to provide a more person-centred approach to engaging with these topics and population, in addition to identifying some of the difficulties counselling psychologists could have. The discourses also revealed that some of the counselling psychologists were not aware of the experiences BAME clients had about racism which may explain why these groups seldom engage within a majorly white represented profession. The more clarity we have about the way practices that legitimise systemic and institutional racism are present in the therapeutic encounter with BAME individuals, the more prepared counselling psychologists will be willing to address their own biases. The data has shown that some of the responses alluded to discourses that protect themselves and their

privileged positions in ways that go against the principles that underpin counselling psychology as a profession, highlighting the significance of the work to be done in this area.

5.9 Conclusions

The aim of the present study was to analyse the way discourses are used by counselling psychologists to address and discuss issues of race with individuals from Black, Asian and minority ethnicities and the impact of difference in the therapeutic encounter. Findings suggested that BAME counselling psychologists were more attuned and open engaging in culture, race and racism topics than the white counselling psychologists in the study. Further, the research supports existing literature reporting biased experiences BAME individuals have when talking about race with professionals in therapeutic dyads.

To the researcher's knowledge to date there are no UK studies looking at this topic from the perspective of qualified counselling psychologists. The researcher's goal was to bridge the gap between theory about the how professionals ought to address issues of discrimination, racism and difference and the recognition of this in practice by analysing and describing what discourses counselling psychologists use to address and discuss such issues in therapeutic practice with BAME individuals. It could be argued that the goal was achieved as the analysis alluded to a divide observed in everyday social interactions whereby BAME emphasise, and white minimise on discussions concerning issues of race. The main findings of this study allude to the way difference and racism topics negatively affect the way white counselling psychologists engage with BAME clients in therapy. Emerging discourses included 'systemic and institutional racism', 'legitimising racism' and challenging systemic racism', which gave insight about the contrasting therapeutic practices carried out, by white and BAME counselling psychologists, to address racism. The interviewed counselling psychologists used language in different ways to express personal and professional views on issues of racism and discrimination, though the same interview schedule was used for all. Some related to friends and family, some to personal experiences, some to upbringing

and colonisation and at times describing situations in the third person as if they were detached from the situation. The professional's different levels of engagement with BAME individuals also depended on whether it was facilitated in public or private settings. The analysis suggested that to some of the participants it seemed somewhat unnatural to engage with BAME clients. Looking at the reviewed literature there seems to be a pattern affirming the validity of this statement (e.g., WRES, 2019; AG, 2020; ONS, 2003). Further, the results also affirm claims BAME supervisees and clients made about feeling undermined and ignored when broaching topics on race, and the discrepancies in openness and response from BAME and white professionals. This also gives further insight about the distress and hopelessness reported by BAME individuals in supervisory and therapeutic settings.

5.10 Final Reflections

Carrying out this study has been a challenging personal journey. Having to contain myself when thinking about the way BAME individuals are supported by counselling psychologists when discussing issues of race has needed continuous reflection and bracketing. I've always strived to be a person-centred practitioner during my training, first trying to connect with the human and then, hopefully, working together with the person. When I started to develop the current study, with my assumptions, thoughts and concepts about the way counselling psychologists address issues of race, I believed that BAME individual's experiences of therapy would be riddled with pain and difficulty. The pain was for not being heard or understood and the difficulty to being allowed (by counselling psychologists) to be self in the room. During the time I was conducting interviews I found myself reflecting on the encounters I had with the professionals that took part in the research as there seemed to be elements in their narratives I resonated with both as a trainee but also as a black individual. It was as if I had felt helpless as a black person, from the stories I was hearing from participants about BAME individuals' difficulties and thinking "what about the client", as the support and care from some of the professionals seemed to seldom exist. Nonetheless, I had felt hopeful, as a black person, from the stories I was hearing from some of the practitioners and

thought: "that is the support I would like to have". As a trainee there were times when I had let my biases slip into the room when working with clients, the way I allowed myself to acknowledge my prejudices, make sense of them and parking it somewhere in my mind in order to being able to see what my clients were conveying to me. I wondered if this reflective part of me, developed with personal therapy, supervision, a reflective diary and in interactions with my pears would disappear with 'experience', and wondered whether I would become complacent the longer I practiced. During the analysis process adopting a reflexive stance was crucial as it allowed me to bracket ideas and minimise any biased perspectives whilst looking at the data. Thoughts would form as I looked at each of the transcripts and having a reflective diary enabled me to seldom being the black individual and mostly the trainee or researcher, to minimise any effect on the analytic process as it is impossible for me to divorce from myself. The research findings brought a mixture of emotions like happiness, sadness, hope, unhappiness, hopefulness, despair, optimism and anticipation as I considered the implications of the research and its applicability to practice. Where would I situate myself? As I mentioned before I cannot divorce myself from myself, which as a trainee meant learning all the skills during the training, acquiring new knowledge and weaving these within my identity as a black person. That said, subjectively I feel that as a black person looking at the way counselling psychologists address and discuss issues of race with BME individuals, I look at the emotional rollercoaster for the client, the trauma inherent to the racist experiences they had and the anxiety of not knowing about what will happen when their difficulties enter the room. As a trainee, and thinking about the same question, I also think that professionals go through an emotional rollercoaster and felt the need to use caution and curiosity to contain their discomfort and anxieties when such topics entered the interview room. The topic discussed in the present study is close to my heart and I feel it has contributed to my own learning and development as a counselling psychologist.

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Appendices

Appendix A (Consent Form)

Consent Form

Title of research: A discourse analysis looking at the way counselling psychologists discuss and address issues of race with individuals from Black Asian and Minority Ethnicities.

Description of procedure: You will be asked some questions regarding the discourses you use in discussions where supervisees/clients/patients talk about incidents of racial prejudice and discrimination and also the impact of difference in the therapeutic process, in a voice recorded interview.

- I understand the methods to be used in the study.

- I understand that I can withdraw from the study at any time up to 2 weeks after the interview. The withdraw date is:

- I understand that I will take part in the study anonymously. However, any identifiable information which may be accidentally mentioned by me in the recording will be bleeped. Pseudonyms will be used for my name, the names of locations or friends for the transcription. All of the information collected will be confidential; however, if there are concerns about risk to safety confidentiality will be breached.

- I understand that other people will be able to access the results and parts of the interview, of the study, after completion; however, any information identifying me will be anonymised.

- I understand that the interview may bring up feelings of distress and make me feel upset. I will be given the opportunity and support to address any such feelings/issues with the researcher, during and after the interview.

- I understand information will be given to me if I need further support (health care and charity agencies).

- I understand I can request information about the outcome/results of the study and details of this will be in the debrief form.

- I understand any data generated in the study will be destroyed 5 years (for publication purposes) after the study is assessed. However, I have the right to request the data to be destroyed once the study has been assessed.

Participant's Signature: ……………..   Researcher's Signature: …………………

Name (print): …………………   Name (Print): …………………

Date: …………………   Date: …………………

Appendix B (Debrief Form)

Debrief Form

I would like to thank you for taking part in the study. This is part of the researcher's doctoral project, which he is conducting.

Please do not hesitate in contacting the researcher if you have any queries about the research study, if you wish to withdraw or if you would like to know the results of the study. You can contact me on the following mobile number ▮▮▮▮▮▮▮▮ and email address: fis0075@my.londonmet.ac.uk

Please be advised that you can withdraw, at any time up to 2 weeks after taking part in the study as it may not be possible at a later stage.

If you have any concerns and questions, feel free to address these now, equally, please contact me via the above contacts if you remember anything after leaving today.

Please contact my research supervisor, Samantha Banbury, if you have any concerns or complain regarding any aspect of the study or the way you have been treated on the following email: s.banbury1@londonmet.ac.uk

If you feel further concerns have been raised that you wish to discuss further, support and advice can be provided via the agencies below.

- **British Association for Counselling and Psychotherapy:** www.bacp.co.uk

- **British Psychological Society:** www.bps.org.uk

- **Equality Advisory Support Service:** The EASS has a Helpline to give information and guidance on discrimination and human rights issues. They can be contacted on, http://www.equalityadvisoryservice.com

- **Support Line:** Support Line provides a confidential telephone helpline offering emotional support to any individual on any issue. You can contact them on, Website: www.supportline.org.uk, Telephone: 01708 765200, Email: info@supportline.org.uk.

- **Camden and Islington Crisis Line:** 020 3317 6777 / 0800 988 2149 (24 hour number)

- In case of emergency, always call the ambulance or the police on 999.

Appendix C (Recruiting Email)

Recruiting Email

Have you ever been in a situation in which someone has come for advice on issues of race?

- Are you a qualified counselling psychologist?
- Have you engaged or are engaging in **therapy or supervision** with BAME individuals?

Then this study is for you!

I am a second year counselling psychology trainee at London Metropolitan University. I am looking for qualified counselling psychologists who currently engage or have engaged with Black Asian and Minority Ethnic (BAME) individuals, to take part in my study for my doctoral thesis.

The title of the research is: A discourse analysis looking at the way counselling psychologists discuss and address issues of race with individuals from Black Asian and Minority Ethnicities.

Taking part in the study would involve a conversation lasting about an hour with myself (the researcher) and would give counselling psychologists the opportunity to share their experiences of working with BAME population.

If you are interested in taking part please contact me by phone on: 07517462738 or email me on: fis0075@my.londonmet.ac.uk

The study has received ethical approval from the Research Ethics Review Panel (RERP) at London Metropolitan University.

Thank you in advance and I am looking forward to hearing from you.

With kind regards,

Filipe Sousa

Appendix D (Information Sheet)

Information Sheet

To whom it may concern,

I am a final year trainee counselling psychologist at London Metropolitan University and am currently carrying out research about the way racial and discrimination issues are discussed and addressed with Black Asian and minority ethnicity (BAME) individuals.

Little is known about the way counselling psychologists address such issues in clinical supervision or therapy as the topic has been under researched from this perspective. Moreover, studies seldom explore the topic from this perspective where such issues need to be discussed openly and transparently. By carrying out this study it is hoped that a better understanding is attained about the way counselling psychologists support BAME individual's when issues of race and discrimination are raised in supervision or therapy. I hope that the study paves a way to raise awareness about the role counselling psychologists can have in understanding and discussing issues about race as part of clinical development. Moreover, I also hope that this study encourages counselling psychologists to examine race and its relationship with elements of the human experiencing, instead of their own relationship with the 'other' (race). I hope the study contributes to the literature, generate changes to training, contribute to a potential review and stress the role counselling psychologists play in promoting race in an evolving world.

I am writing and hoping that you find this endeavour of interest and share your experience of supervision or therapy with BAME groups by taking part in an individual interview (semi-structured). The process will last about one hour and is voice recorded. The project is for partial fulfilment of my counselling psychology doctorate and the data from the interview will be used for this purpose.

Participation is voluntary and prospective participants may withdraw from the study up until 2 weeks after the interview takes place. The recorded interviews are confidential and will be stored in a secure place, in line with the Data Protection Act (2018), and destroyed 5 years after completion of the project.

It is important, before you decide, that you are aware that the topic under discussion is quite complex and can evoke difficult feelings in you. With this in mind a distress protocol will be put in place. However, please take your time to decide whether you wish to take part.

Thank you very much for your time, and do not hesitate to contact me either by phone: 07517462738 or email: fis0075@my.londonmet.ac.uk

Or my 1st supervisor by email s.banbury1@londonmet.ac.uk
Or my 2nd supervisor by email c.athanasiadoulewis@londonmet.ac.uk

I look forward to hearing from you.
Yours sincerely,
Filipe Sousa

Appendix E (Interview Schedule)

Interview Schedule

1. What is your understanding of cross cultural work?

2. What did the experience of working with BAME mean to you?

- What were your thoughts at the time?

3. Have you been faced with situations where you had to deal with trainees experiences of racial discrimination?

- What were your thoughts at the time?

4. Are you familiar with any examples of racial discrimination in working practice?

- Either your own experiences or the experiences of others?
- What was your reaction?

5. Can you think about ways to attend to racial prejudice and discrimination in supervision?

- In what ways could counseling psychology (CoP) training support this issue?

6. Do you feel that counselling psychology courses adequately address BAME issues and in what way they support develop the skills to work with this particular group?

- How did you understand the issue from a CoP stance?

- How could these be incorporated from the CoP curriculum?

7. Did you find that your counselling psychology training enhanced your skills within this particular area?

- How could continuous professional development enhance skills based learning?
- In what ways could counseling psychology training support this issue?

Appendix F (Distress Protocol)

Distress protocol

Protocol to follow if participants become distressed during participation:

Participants could possibly become agitated and distressed during the interviews. If such occurs, the distress protocol below devised will be used to support participants during those situations. However, the participants in the study are therapist themselves and would possibly be able to use their skills to regulate their discomfort; nevertheless, due to the nature of the topic under discussion, they could experience some psychological distress.

The researcher is a trainee counselling psychologist at London Metropolitan University and has experience in managing situations, using open ended questions and emphatic responses, when distress occurs, due to his clinical training. The 3 step protocol, below, will be followed if the researcher finds any signs of distress in participants and will take appropriate action in accordance to each step. However, it is not foreseen that severe levels of distress will take place; even so, appropriate action will be taken if necessary.

Moderate distress:
Signs to look out for:
1. Teary
2. Trouble speaking or speech disturbed from emotional reaction
3. Restlessness or discomfort

Action to take:
1. Convey whether they would like to continue.
2. Give them the space to express emotions if they would like to (to avoid a sterile environment)
3. Allow them to have the space and time to settle and get composed.
4. Inform them that if they get too upset or distressed, they are more that welcome to pause or stop the study at any time.

Substantial distress:
Signs to look out for:
1. Crying uncontrollably and unable to talk coherently.
2. Uncontrollable shaking, heart attack symptoms and panicking.
3. Ruminating and invasive flashbacks about the event.

Action to take:
1. The experiment and interview will be immediately stopped.
2. The participant will be debriefed immediately.
3. Techniques aimed at aiding relaxation and reduce distress will be suggested and used.
4. An emphatic approach will be used to reassure participants about what they have experienced and the way they reacted.

5. Participants experiences will be validated if any unresolved experiences/issues are discussed during the interview. However, it is important to convey that help from mental health professionals should be seek out as the interview is not to be perceived as a therapeutically (contacts of services will be available).

Severe distress:

Signs to look out for:

1. Agitation which may lead to verbal/physical aggression.

2. In severe cases recalling/relieving may trigger psychotic episodes where the participant might lose connection with reality.

3. Participants will be encouraged to attend emergency services (A&E) the researcher believes they are at immediate risk.

4. If physical violence occurs the police will be called.

Appendix G (Ethics Approval)

Ethics Application form approved

Angela Loulopoulou <A.Loulopoulou@londonmet.ac.uk>
Qua, 23/10/2019 13:32
Para: Filipe Madredeus Sousa <FIS0075@my.londonmet.ac.uk>

📎 1 anexos (250 KB)
Filipe Sousa Ethics 22_10_19.doc;

Sear Filipe,

Your ethics application form has been approved by both the reviewer of the psychology ethics committee and the head of Research for the school of social sciences.

Please keep the approved form and this email to attach to your thesis when you submit.
You can now proceed with recruitment or further external ethics procedures, if relevant (such as the NHS).

Kind Regards,

Angela

Dr Angela Ioanna Loulopoulou, PhD; AFBPsS; FHEA

Principal Lecturer in Counselling Psychology
Programme Director of the Professional Doctorate in Counselling Psychology
School of Social Sciences
Chair of Subject Standards Board for PG Psychology
Chair of Ethics Review Committee for PG Psychology

Office hours 9.30-17.00 Tuesday to Thursday

Please email me if you would like an appointment, as I am not often at my desk.

Read my article at: http://www.tandf.co.uk/journals/banners/readmyarticle/ccpq.gif

Contact address:

London Metropolitan University
Room TM1-65
Tower Building

https://outlook.live.com/mail/inbox/id/AQMkADAwATY3ZmYAZS05MWU0LTgyNmMtMDACLTAwCgBGAAADaY2uFDFu806IC3T5onI0eAcA%2Fw... 1/2

166-220 Holloway Road
London N7 8DB
Tel: 0207 133 2667

Appendix H (Sample of Participants Transcripts)

Aria

Researcher (R): [Mm-hmm]

Aria: (xxx) Every individual that comes to the therapy room and we sort of see it…there's a huge diversity in clients. <u>Personally,</u> I find it really important to (.) understand the context for which someone can, and not just themselves, but their family for example. Um, <u>and being in London</u>, um, most of the clients <u>come from different places</u>. And, um, I've had wildly diverse backgrounds and so it becomes really important for me to inquire what that means for them. How do they make sense of it? How does it impact how they relate to self and relate to others? [Um, yeah]

R: [Yeah, yeah ok. Thank you]

Aria: [Ok]

R: um, uh, what did, uh, the experience of working with black Asian and minority ethnicities meant…mean to you?

Aria: <u>What does it mean to me</u>?

R: [Mm-hmm]

Aria: Um (.) I'm, I'm sort of in my mind trying to debate whether to give the diplomatic answer or whether it's a sort of almost free associate with what comes to mind with that question. And that's supposed to be related to like, I don't want to say the wrong thing,

R: [Mm-hmm]

Aria: <u>If that makes sense.</u>

R: [Mm-hmm]

Aria: Um (.) which one would you like me to go for?

R: Which one would you like to say?

Aria: (.) I'll tell you both. I think the diplomatic answer is, of course we work with everyone and we're open and we work with what comes to the room.

R: [Mm-hmm]

Aria: Erm (.) In reality, in the room it (.) it's sometimes different. Um, like, (.) Um. Which example should I give? Um, (.) if a client starts speaking about, um, the various types of discrimination they have experienced and even in subtle, subtle ways (.) and it's been at the hands of (.) like a white person oppressing them in that moment, I become very, very self aware (laughter) of my own race (.) and (.) even though that person may not be speaking about me, I do carry the backpack of white privilege.

R: [Mm-hmm]

Aria: And I often find it really tricky to respond…

R: [Mm-hmm]

Aria: I mean, of course, like with the experience and thought, (.) become very aware about of, ah, what I might mean to that person in that moment.

R: [Yeah]

Aria: And it's tricky to bring to bring that up...

R: [Yeah]

Aria: Because I don't want to make it about me. Also don't want to make it very uncomfortable (laughter) and yet I want to stay with the person's experience with all what that means.

says this to me, or will I then… will her therapist, me being her therapist, identify with that white person or can she say, well you know, you know what, us middle Eastern people are like, we're a bit different. We'll identify with, you know, all of all of this that that shapes how we talk or what we say.

R: Yeah, yeah.

Heather: You know, we, I think we have, we need to think about.

R: Hm, absolutely... absolutely. Thank you. Um, have you been faced with situations where you had to deal with um, black and minority ethnicities, ex… experiences of racial discrimination?

Heather: Um… I mean I think racial discrimination is interesting, cause I think you have overt con, you have covert and overt forms, you have very clear concrete forms of discrimination and then you have very subtle forms of discrimination, erm…, I haven't had to deal with very, erm…, concrete forms of discrimination, erm…, I'm trying to think if that's true. I don't think I have, erm…, but subtle forms of discrimination I think is in people's stories all the time. And I think it comes into the room, um, in people's experiences. Oh, actually, no, I'm thinking of one, uh, one, uh, more of a actually way more, more concrete, um, form of discrimination where a client came in and talked being out in a supermarket and someone shouted, erm, ISIS at them, ah, ah, in the supermarket, so…

R: Mm-hmm.

Heather: …someone got chatting to them and ask them whether they were they were from and when they found out that they were from a certain part of the world, they shouted 'ISIS' as she was leaving, and, uh, she was really shocked by that and really embarrassed by that. So yes, but not, I guess that was a very one off what I, I haven't had someone coming in saying, for example, someone's being racist in the work place and I'm having to keep dealing with that.

R: Mm-hmm, mm-hmm.

Heather: Um, there's been one off examples like that. Um…and then there's been the kind of more under…

R: Micro-aggressions.

Heather: Yeah, absolutely. And the kind of comments that people make, which may be are born out of ignorance or, um, much more subtle that you can't put your, you can't call out, you can't challenge necessarily, but maybe is there, um, what I have had, and I'm thinking about kind of particular groups that I've run is people talking about what it might be like.
I'm thinking about a couple of discussions groups that I've run in a couple of discussions where, um, one particular member was talking about what it, what it's like to be a big tall, broad black man in a particular environment and the, um, assumptions that people have

R: Mm-hmm.

Heather: …and… the stereotypes that people have of kind of maybe black men being aggressive or black men being and, and what that's like to then have to always catch your frustrations or your temper because you feel like the moment you go, hoi, I'm angry about that. People are gonna be like, Oh, actually, um, and so we had a lot of discussions in the group. Uh, interestingly, he was the only man in that group. The rest were women. Um, but we had a lot of discussions in the group about what those stereotypes were like for him and, and, and, you know, and, and what it's like working at a time where all the biases in reporting, for example, the way that, uh, minorities get reported, when they're in, in, in the media. So, you know, if it's, if it's, uh, if it's a Muslim it's called

Kim

Kim: …that is quite similar to that?

R: [quite] similar to that? Yeah, yeah (xxx)

Kim: But it's…shi…I mean, it's painful to <u>hear</u> that people can be harmed because of one incident with one person who, you know, like we're all individuals and that we are at risk because of that.

R: Because of one's (.)…

Kim: [Generalisation]

R: [Generalisation]. Yeah, yeah, yeah, yeah. Wow. Have you been in this situation where you had to deal with (.) um, <u>overt</u>, do you know, um, racial discrimination in practice, in working practice? Do you know where, where you work?

Kim: (.) <u>No</u>.

R: Or any incidents?

Kim: I was thinking about that on the way in and I couldn't think of any, but I know there must (.) have been some, but I, I kind of know that because of how I feel about those kinds of things. You kind of park them somewhere in a, in a grotto like far and it's hard to access. But I feel that there must've been at least one or two incidences. Is that a ok if we come back to that one? It might come back to me…

R: [Mm-hmm, mm-hmm]

Kim: …because I know that there is, but I couldn't [think of anything] (laughter)

R: [Think of anything], that's okay.

Kim: <u>That's how traumatic it is.</u>

R: Yeah, yeah. Yeah. It's a coping mechanism [(xxx)]

Kim: [Yeah]. It's really, yeah, it's really upsetting.

R: It's, it's, it's a way that we use to manage situations and then, [(xxx)]

Kim: [It will come back to me (xxx)] (laughter).

R: Yeah. Yeah. (.) Um, so with, uh, with the supervisee, was that the only situation that she had to deal with her perception of discrimination? Cause you said it was her perception. It could have been for more, um, or there any…

Kim: Well, she did have another client, actually, her first client was, um, a Jewish man, but he said he wasn't,(.) a religious Jew and so, and she being Turkish, he assumed that she was a religious Muslim, but she wasn't, um, dressed in Muslim (.) garb. Uh, she was, she's not religious, uh, just co…or culturally Muslim. But he assumed that she was and he was worried that it would him. He, raised it in the session before she had a chance to…cause he was worried that it would impact on their relationship. And he kind of I said to her, 'I don't want you to judge me because I'm Jewish.' Um, I'm only…k… ethnically Jewish. I'm not culturally Jewish. He like will, um, he raised all this, and then she kind of worried about what signals she was giving off that would make him (.) be so worried (laughter).

R: Yeah, about her…

Kim: …about her. But I mean, when we spoke about it in supervision, the fact that he raised it kind of e…sit…re, um, signal to me that he was already engaged in the relationship because he was worried that it would disrupt what they already had and he was able to tell her in that way. So I kind of saw it as something quite helpful and quite promising. And so because she heard it from that perspective, she was able to then relax and then continue with sessions and then in a more relaxed way, cause she would get very anxious

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Paul

Paul: Um, maybe about how the, how the profession is trained maybe about who goes into training. Maybe the way that we go about the work or the way we approach people, um, something doesn't fit that, that's what it really means to me (.) at the moment...

R: At the moment. And how does that, um, translating your experience of working, um, either working or supervising clients from black and minority ethnicity.

Paul: So, I...mean, wh...wh...what it means to me in the moment is that I have very few clients in any particular, let's say a year who are from a...a minority group.

R: [Mm-hmm].

Paul: Um, (.) and...a it's interesting because...a...a the ones that I do see, the people that I do work with, um, we, they...w...w...w...it's...it...ah, I have found that them talking about race for instance, is uncomfortable to them. Maybe because I'm white (quieter speech/laughter),

R: [Mm-hmm, mm-hmm].

Paul: Maybe they'd had very, very different conversations with, with a non white therapist. So yeah, that, that's at the moment, my, that's, that's what I'm struggling with. So at the moment and my case load, I have, um, (.) one, two, I have three clients from, um, black Caribbean backgrounds and the conversations are all around race and ethnicity, et cetera, et cetera, or all they, they sound similar to each other. Ah, and the clients themselves don't seem to want to have those conversations,

R: [Mm-hmm].

Paul: Even though I've been trying to try to bring them in into the work, which is interesting cause it's often, it's often, you know, therapists are often seen as avoiding that kind of topic.

R: Yeah, yeah.

Paul: Um, I don't know. So that's where,

R: [That's where you stand]

Paul: [That's where I am at the moment, yeah].

R: Ok. That's quite interesting as you say that, uh, there is...it seems to be, um, something going on for the client, to, um, (.) not to feel like they able to share some of their experiences in that sense, really.

Paul: I...I do, yes, and I, and I do wonder whether they may be trying to protect me from certain kinds of ideas, thoughts, feelings, et cetera, et cetera, around ethnicity and race and differences in culture.

R: [Mm-hmm].

Paul: Um, and that's why they, they, they don't, you know, uh...either that or I can only assume that they assume that I would never understand. So why go there (laughter)

R: Yeah. Yeah.

Paul: I...I'm...yeah.

R: Okay. Thank you.

Paul: Okay.

R: Have you been faced with situations where you had to deal with, um, black minority ethnicity clients experiences of racial discrimination?

Paul: Yes! Um, interesting in this building, at...at...at not so long ago, I had a, um, uh...uh...uh... again, uh, a black Caribbean client who, um, had been in the military and, um, (.) he'd got injured. And as, as for many soldiers, you know, once you're injured, you're not,

Phil

a…a…that…that explicit, where's a trainee, I used to <u>actually</u> point out at the very first, very first session, you know, those differences and see <u>what</u>…they were (quieter speech). Um, so again it's, I'm, I'm <u>mindful</u> of these things and I'm happy to kind of like explore with them and try to put it in, <u>if they feel comfortable</u>, because that's another thing. Not everyone wants to kind of go down that road and that's…that's <u>fine</u>…

R: Mm-hmm.

Phil: …sometimes we explore why that, <u>this is</u> (laughter), cause we'll have different <u>experiences</u>. But <u>yes</u>, that's how I kind of like see it working, I…it's…be mindful of their different stories.

R: Mm-hmm. So your experience with…the working with BME to you means being mindful of different stories.

Phil: <u>Yes</u>, and how that might inter…interplay with kind of like, what brought them into…to therapy and how might that interplay with kind of having therapy <u>with me</u>.

R: Mm-hmm, mm-hmm, mm-hmm, okay. And with that in mind as well, um, working with their stories, how have you been faced with situations where you had to deal with trainees or, um, clients experiences of racial discrimination?

Phil: (Sighed) There have been a couple of occasions where, <u>that</u> became very, kind of, obvious. Um, many years ago in, uh, uh, (sighed) I was, um, supporting a, a father single dad who was, um, from the Caribbean, actually born and raised in the Caribbean (sighed) and it was interesting because he felt that him being a <u>Caribbean man</u> of <u>African descent</u> or <u>black man</u>, whatever, <u>again</u>, people have different, you know, <u>so…</u>, tend to go with what the other person <u>brings</u> (tapped table) into, into that, to that room, in that respect. He's experienced was that, you know, like people kind of like don't understand <u>him</u> or because he's a black man or, or you know, he, they will sort of like, have different <u>assumptions</u> about him, uh…

R: Who, who are they?

Phil: …first at school or different services, um…

R: In here? Or…

Phil: UK in the UK in the UK, [in the UK in the UK].

R: [In the UK, okay, yeah].

Phil: So, for instance, he…he wasn't really allowed to, he had a partner who was different to his child, a, mother. The child was with him. Um, and then he was saying, you know, you probably don't do this, then people will just kind of put it down to me being black and, you know, is very difficult and, kind of like, and we had to walk with kind of like that because I was another extra, um, stress factor for him. (.) Uh,

R: [So…]

Phil: […as if] he, he had to push himself (.) twice, as every other person, that he was a good dad. Um, or some of the practices that, you know, he, he might have, he, he might have engaged…, there was frei…, ah, um, you know, bringing up his child might have not been, (.) sighed) (xxx) to say, welcome, by the wider kind of society or things like that…

R: So what do you say when you are in working with someone with so many, struggles?

Phil: I guess really depends, what they, they, they come to, to me for, but first, cause I think it's about…, pretty much with therapy anyway, it's acknowledging that struggle and the impact it has on them. (Sighed) Because let's go back to this example, whether that was the

Rose

Rose: [Now] they've got to navigate their way, yes. Maybe that is a little sadistic (Laughter).

R: (Laughter) Thank you for the answer.

Rose: [Yeah]

R: So, next question. What did the experience of working with black Asian and minority ethnicity individuals mean to you?

Rose: Uh, what did it mean to me? Okay. So (.) I think it always (.) makes me a little bit nervous and it makes me nervous because (.) when I go into that room, I, I know I can't know as much about that person's experience as I might know about somebody of my own ethnicity. And it makes me (.) it makes me question my own ability, I think... so... I don't think I'll... (.) never not have that. In actual fact, I don't think I shouldn't (higher speech), not have that. I think I should have that if I'm being honest. But it does, it always makes it a little bit, I think, okay, um, what is this going to be like for this person? So that's, that's kind of how I feel about it initially. Um, (.) in the experiences I've had, I address it, I address it almost immediately, but in that way of..., as part of the assessment, or I'll say, what is this like for you? Do you think that a middle aged white woman can understand your experience? Um, what was it like, what wi...you...ah... just some kind of questions about what, what that's going to be like? Um, (.) Th... the answer has always been, (.) Oh, I think it'll be okay. And I don't, I don't know if that, I don't know if that is the case. Um, there...un... in every case though, the pe... the person has always said thank you for saying that.

R: [Hmm], okay, yeah.

Rose: Um, (.) um, and it... and it hasn't got it... I haven't felt it's got in the way of our work, so, um because I can't understand that experience, but that's, I can't understand. I can understand the experience of being young. I can't understand the experience of being male and I can't understand the experience of being black.

R: Yeah, yeah, yeah.

Rose: No but, I can (.) try to know about it and try to understand and try to look at it there, but... I... but... I can't, I can't be it. So I think, I think it makes me feel, um, I don't think de-skilled is the right word and I don't think inadequate is the right word, but somehow lacking something...

R: [Okay, okay that it an interesting way of putting, lacking]

Rose: [In that instance]

R: Yeah, somehow I'm lacking.

R: [Mm-hmm, mm-hmm]

Rose: Yeah.

R: And what's the response? You gaged a bit... on... t... about you know...you touched a bit on their responses. Do you know, what's the response when you bring that into the room? You mentioned that you know...you know they are thankful for... th...uh...?

Rose: Yeah. Um, okay. I'm just trying to think of specifics. I think one person, a... a.... female was, uh, I think she was quite surprised that I had (.) brought it up. Um, and (.) which was....it took her a minute to think about it, but she, she was like, no, no, no, it's fine, It's fine. Um, I'm, I'm, I'm always with people who aren't black. It's fine. Um, which actually made me feel sad (.) that somehow here you are going to have to compromise again and maybe you want to but maybe you don't, but there isn't, the choice. Though... isn't available. Um, and in other instances it seems more question maybe the person had heard before that they have, they have

Appendix I (Section of a Transcript with Comments and Discourses)

Emerging DISCOURSES and notes		Comments
	72 R: um, uh, what did, uh, the experience of working with black Asian and minority ethnicities	
Emerging DISCOURSES and notes	73 meant…mean to you?	Comments
	74 Aria: What does it mean to me?	6) Confusion, personal, lack of insight about such relationship/awareness.
Answered with question (time to think reflect?)	75 R: [Mm-hmm]	
	76 Aria: Um (.) I'm, I'm sort of in my mind trying to debate whether to give the diplomatic	10) Conflict
RACE TOPIC IN THE ROOM	77 answer or whether it's a sort of almost free associate with what comes to mind with that	11) fear of being open about her real response
	78 question. And that's supposed to be related to like, I don't want to say the wrong thing,	12) being sincere/ fear to being judged
INNER CONFLICT/ FEAR	79 R: [Mm-hmm]	
(Identity (personal or professional) (all answers from 6 to 2c)	80 Aria: If that makes sense.	13) Fear of being judged (is it because I am a black interviewer)
	81 R: [Mm-hmm]	
	82 Aria: Um (.) 14a) which one would you like me to go for?	14a) permission seeking/ removal of own power
	83 R: Which one would you like to say?	(bringing me, the black interviewer, in for approval)
AVOIDANCE	84 Aria: (.) I'll tell you both. I think the diplomatic answer is, of course we work with everyone	11a) covert language/identity
	85 and we're open and we work with what comes to the room.	
	86 R: [Mm-hmm]	
	87 Aria: Erm (.) In reality, in the room it (.) it's sometimes different. Um, like, (.) Um. Which	2c) acknowledgement of biases and conflict
	88 example should I give? Um, (.) if a client starts speaking about, um, the various types of	14b) Permission seeking/ processing/(fear of my response)
	89 discrimination they have experienced and even in subtle, subtle ways (.) and it's been at the	15a) Racism topics/concerns
DISCOMFORT	90 hands of (.) like a white person oppressing them in that moment, 16a) I become very, very	
	91 self aware (laughter) of my own race (.) and (.) even though that person may not be speaking	16a) is it about myself/ I'm the elephant in the room/assumptions
SELF AWARENESS/BEING THE ELEPHANT IN THE ROOM	92 about me, I do carry the backpack of white privilege.	17) Societal views/norms/values about other 'races', backgrounds and also own race.
	93 R: [Mm-hmm]	
	94 Aria: And I often find it really tricky to respond…	16b) conflict/unomfortable
	95 R: [Mm-hmm]	
DISCOMFORT	96 Aria: I mean, of course, like with the experience and thought, (.) become 16b) very aware	
	97 about of, ah, what I might mean to that person in that moment.	
SOCIAL UNDERSTANDING BIASED VIEWS	98 R: [Yeah]	18) low tolerance to acknowledge own prejudices or assumptions/self focused attention/discomfort/ conflict/
	99 Aria: And it's tricky to bring to bring that up...	Type of connection with client.
	100 R: [Yeah]	Recognition of difficulties?
	101 Aria: Because I don't want to make it about me. Also don't want to make it very	Who is she in the room
	102 uncomfortable (laughter) and yet I want to stay with the person's experience with all what	
	103 that means.	
INNER CONFLICT (which IDENTITY in the room) (shuts down)	104 R: [Yeah, yeah]	
	105 Aria: Hmm (.)	
	106 R: So this is, this…that's your, these are your thoughts at the time when you are with a	
	107 client, yeah. That's from a black minority…ethnicity and then they bring such difficulties	
	108 into the room. (answer to previous question)	
	109 Aria: [Yeah] and it's also a little bit of a awareness that, (.) like therapeutically there's many	
	110 things I can say. But as 16c) white person in the room there isn't much I can respond to that	19) the professional in the room, but what about the client
	111 that's ever going to do justice.	16c) elephant in the room/ about

	112	R: [Mm-hmm]
	113	Aria: Um, so it, it almost becomes like a 16) hyper awareness in the room that I'm truthfully
	114	not always really sure what, what to do (.) with.
	115	R: [Yeah]
PATIENTS/CLIENTS CONCERNS NOT ADDRESSED	116	Aria: Um, and I just become very aware of me being in the room more than (.) at other times.
	117	R: And when you are aware of you being in the room, how does that play in the (.), in the (.),
	118	you know, looking at the difficulties that the other (.)
	119	Aria: [Hm]
	120	R: Person in the room goes through? How does that, how do you?
	121	Aria: Again, it's a tricky one because it's the same how I said, should I give you a diplomatic
NOT ADDRESSING BAME PERSONS NEEDS/CONCERNS (How she feels stops her from attuning to clients race and needs)	122	answer or what really happens. It's a little bit saying what happens in the room. 22a) I don't want
	123	to ask questions about the 24a) other's experience that are going to be that, 22b) that I should know
	124	about already or that like I worry my 24b) clients can be like, well, (.) what do you think?
	125	R: [Yeah, yeah]
	126	Aria: That makes sense. So it's trying to 25)find that balance, I guess, um, (.) sometimes I might
"I don't want to say the wrong thing." (Also to me as a black interviewee?)	127	bring it up and say, you know, how, what would it be like for you if I asked you this question and
	128	see what comes out of that? But I find myself treading out more carefully than I usually would (.)
	129	in purity because I don't want to say the wrong thing.
FEAR OF JUDGEMENT	130	R: [Yeah. Yeah] Okay. Thank you.
	131	Aria: [Thank you]
	132	R: Um, (.) have you been faced with situations where you had to deal with the black and
	133	minority of ethnicity clients or supervisees experiences of racial discrimination?
Answered with question (time to think reflect?)	134	Aria: Do you mean that in the sense that the client might bring something that's
	135	discriminatory or is bringing like a story of being discriminated against? Like how'd you
	136	mean that?
	137	R: Anything, anything that, um, as a theme or with the theme of, um, racial, um,
	138	discrimination. So it, it can bring stories, um, something that they've suffered, something
	139	that they've seen, um, but they bring that for you…to the room, um, to, um, you know, to
	140	talk with or to address it with you, either clients or supervisors…supervisees.
	141	Aria: I've got two examples…
	142	R: [Mm-hmm]
	143	Aria: Both from the last couple of weeks. One was Afro-Caribbean client, um, who suffered
	144	quite a lot of abuse in her life and at some point had suffered an acid attack from what she
BEING DISMISSIVE	145	said was, um, had to do a sort of…with her, with her race. I'm just (.) mad man on the
	146	street…anyway. (.) Um, she starts sharing her experience, blah, blah, blah (.) and (.) she then
	147	asks me, you know, I would really only like to see an Afro Caribbean counsellor (.)
	148	R: [Mm-hmm]
	149	Aria: And that was a little bit um, (.) I think stuck for words. With (.) conflicted let's say,
	150	because on the one hand, (.) I think it's important that we're able to meet the client's needs in
Feeling judged	151	terms of the kind of counsellor that they want. Equally, there's the other route whereby we
AVOIDANT OF THE TOPIC	152	say, okay, we've got other really great counsellors and they'll be able to work with you with
	153	that in the room.

Right column annotations:

myself
20) rescuer

16d) about myself?

21) confusion/shuts down

Self awareness/ the elephant in the room/ its about me.

22) conflict

22a/b) Avoidance/ discomfort

24) fear of being judged/ fear of giving the wrong answer/fear of sitting with uncertainty and clients stories

25) conflict/caution/ Permission/ what about the client's needs?

26) Dismissive narrative/avoidance to reflect on the clients experience/ ashamed

27) The clients story/meaning/fears/ the problem and the solution as a business/ head of the business/

Feels like a failure as an assessor? As client asked for black therapist/ client feels uncomfortable by her request/ feeling discriminated herself?

What about the clients story, narrative, concerns or justification for this request

Appendix J (Sample of Gee's (2014) questions used to analyse transcripts)

Discourses/Identities/Languages
How are Discourses/identities/languages being used to build relevance or significance, for things and people in context?
How are Discourses/Identities/Languages being used to enact a practice (activity) or practices (activities) in context?
How are Discourses/Identities/Languages being used to enact and depict identities (socially significant "kinds of people"?
How are Discourses/Identities/Languages being used to build and sustain (or change or destroy) social relationships?
How are Discourses/Identities/Languages being used to create, distribute, or withhold social goods or to construe particular distributions of social goods as "good" or "acceptable" or not?
How are Discourses/Identities/Languages being used make things and people connected or relevant to each other or irrelevant to or disconnected from each other? (Politics)
How are Discourses/Identities/Languages being used to privilege or disprivilege different sign systems (language, social languages, other sorts of symbol systems) and way of knowing?

Appendix K (Preliminary Discourses and Discursive Constructions)

Aria (participant)

Table of Discourses	
Discourses	**Discursive Constructions**
Societal Understanding	**Being dismissive/Ambivalence of race topics**
	Discomfort
	Fear of judgement
Racial Bias in therapy	**Struggle with race topics**
	Self-awareness of own race
	Biased views
	Inner conflict and fear
Oppressing Minorities	**Patients concerns not addressed**
	Being dismissive
	Avoidance of race related topics