Internalised Racism: In the Client, the Therapist, and the Therapeutic Relationship

Emma Ellis

Psychotherapist, Auckland

Abstract

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

Whakarāpopotonga

E tautuhi e tūhura ana tēnei tuhinga pēhea ai te tautuhi te whakaora a ngā kaiwhakaora hinengaro kirimā i te aukatinga iwi ā-roto o ngā kiritaki tokoiti. Tokowhā ngā kaiwhakaora hinengaro, whakatau "kirimā", i uru mai ki ngā uiuinga kōkau, e tūhura ana i ō rātau whakaaro, mātauranga hoki he pēhea te putanga mai o te aukatinga iwi ā-roto i waenga i te nōhanga haumanu. I whāia te aromatawaihanga kaupapa hai aromatawai i te raraunga o ēnei uiuinga, ā,

e whā ngā kaupapa i puta ake: ngā tohu o te aukatinga iwi ā-roto me te aukati iwi i roto i te haumanu, te tuakiri-ui, te mārama o te kaihaumanu me te here ki te ahurea. E whā ngā kaupapa huiroto tuatoko, taunaki hoki i ēnei kaupapa. He kanohitanga ēnei kaupapa i te tukanga haumanu o te: pueatanga, te māramatanga, te whakaurutanga me te whāinga. Te pueatanga ake o te aukatinga iwi me te aukatinga iwi ā-roto i rō haumanutanga e whakaāhua ana i te whaiaro aukatinga iwi ā-roto me te aukatinga iwi hoki o te kiritaki rāuatahi ko te kaiwhakaora hinengaro i te wā haumanutanga. E mau ana i te tuakiri-ui te tirohanga a ngā kaiwhakaora hinengaro o te aukatinga iwi ā-roto whakamahia ai hai tuakiri-whakaui pānga iwi, tuakiri-whakaui ahurea o ō rātau kiritaki tokoiti. He whakaaturanga haumanu aukati te whakamārama koi ā ngā kaihaumanu, ko te whakatau a te kaiwhakaora hinengaro ki ā rātau kiritaki tokoiti mō te rerekētanga iwi i waenga i a rātau. I te mutunga, ko te here ki te ahurea e hopu ana i te whāinga haumanu ā te kaiwhakaora hinengaro, arā ki te whakatenatena herenga tuku iho ā-iwi, ā-ahurea hai mea haumarutanga atu i te aukatinga iwi, whakararurutanga kare ā-roto, hinengaro.

Introduction

My mother was born and raised in Zambia, Africa. She moved to England with my English-born and raised father when she was in her early twenties, before I was born. My parents' inter-racial and cross-cultural union has meant that I have been, perhaps inevitably, preoccupied by questions of racial and cultural identity throughout my life. Childhood memories of feeling embarrassed by my family's and my own very visible racial difference (given the darkness of my skin) in a very white, middle class, British context, inform my current explorations concerning my feelings of illegitimacy in being able to call myself an African. This paper reflects these preoccupations. The research which this paper describes (and which I originally undertook as part of my Master of Psychotherapy degree) provided in part an opportunity for me to explore, struggle with, and reflect upon how I have come to identify and counter-identify with racist representations, and how these representations have been constructed through a socio-historical narrative that has shaped my relationship with my own and others' racial and cultural identities, including those of my clients. In addition, this topic was formed by my curiosity regarding how white psychotherapists identify and treat clients from a racial minority. The paper further explores dynamics of internalised racism as they emerge within the client, therapist, and within the therapeutic relationship.

My clinical curiosity is powerfully informed by my own experience of a cross-racial therapy. Early on in my therapy, my therapist directly enquired into my life experiences of being from a mixed-race heritage and openly acknowledged the racial differences between us. She expressed a curiosity and interest, and placed importance on my racial identity and on our differences. I felt I had been given an invitation to speak freely and openly about my lifelong, consuming, confusing, obsessive, painful, and isolating sense of racial identity in relationship to the dominant culture. I had, for once in my life, a space that felt safe, free, and open, and a person who felt unthreatened and who welcomed open conversations about race and racial identity. This was in stark contrast with my previous experiences of conversations

about race and racism with others, which were often either denied or dismissed, or the conversation was deflected, controlled or simply laden with racist overtones. In the past when I had sought therapy from counsellors and psychotherapists, my relationship with my racial identity had never been invited into the therapy room. It never occurred to me to raise my struggles about my racial identity with these therapists, or that my emotional difficulties might have been partly connected to my own internalised racism. This most recent therapeutic experience has been an important part of my exploration into my own racial identity. It has allowed me to begin to realise the extent to which racist social discourse had become deeply lodged in my mind, impacting and distorting my relationship with both my own and others' racial identity.

It also gave birth to my curiosity about how other white psychotherapists worked with clients of colour or minority races. Would they invite (as my own psychotherapist had) the client's relationship to their race, to racism and to the differences between them, into the therapy room? Or would it and they remain silent? How did white psychotherapists recognise a client's struggle with their racial identity in relation to social messages about race? Could white psychotherapists use and make sense of their own experiences of privilege, their own racism and their racialised countertransference as a potentially useful and usable source of information to work in service of the therapy for the minority client?

Methodology

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

I used a social constructionist methodology in my research to make sense of the psychotherapists' identification of internalised racism. This methodology assumes that our understanding of internalised racism is affected by a range of social discourses about race and racism. Discourse about race and racism are social processes that occur in different forms across different social platforms and must be studied and viewed from the perspective of a fluid social process with multiple meanings. The language used by psychotherapists in the interviews which provided the data for this research represents their thoughts, feelings, and beliefs regarding social ideas about race and racism. Our thoughts, feelings, and beliefs or "individual consciousness" are, as Fay (2013) put it, "recycled versions of established ideas, emotional attitudes and beliefs of the multiple cultural groups to which we belong and the cultural traditions in which we participate" (p. 174). Thus it is the language used by the psychotherapists that was analysed in an attempt to explore how these reflected and revealed wider socio-historical forces which shape thinking about race and racism.

Method

This research sought to explore the question: "How does internalised racism and racism become identified, and treated clinically, by psychotherapists?" To do so I conducted semi-structured interviews with four psychotherapists who identified as "white" or "Pākehā". These therapists had experience working with tangata whenua (indigenous Māori of Aotearoa New Zealand) and other clients of racial minority in Aotearoa New Zealand. They each had over 10 years of clinical experience and had practiced in a diversity of settings: agencies, private practice, non-government organisations, and district health boards. They practiced a range of modalities. Braun and Clarke's (2006) six-phased thematic analysis was used to analyse and code the four qualitative interviews. The analysis involved a gradual reduction of the data, a movement from initial thoughts and ideas about the data to codes, from codes to candidate themes, from candidate themes to final themes, and then a final defining and naming of these themes. The method involved a nonlinear, recursive, back and forth movement between the different phases. This was an essential part of the process of analysis and reduction of data to the completion of final themes. The revisiting of earlier phases of the method was important in ensuring that the initial codes and themes made analytical sense.

Findings

The four main themes are described below. I note at the outset that these themes represent a therapeutic process of:

    (a) the emergence of manifestations of internalised racism and racism in therapy,
    (b) the understanding of clients' dis-identification from their racial or cultural heritage,
    (c) the therapist's explicitness about racial differences as an intervention, and
    (d) connection to culture as a therapeutic aim.

Theme One: Manifestations of Internalised Racism and Racism in Therapy

This first theme, manifestations of internalised racism and racism in therapy, describes both the clients' and therapists' experiences of internalised racism and racism in the therapeutic encounter. It represents a range of perceptions and experiences, from the therapist's understanding of the client's internalised racism, to a client denouncing the therapist's inability to understand their experience as a minority.

One psychotherapist spoke of her understanding that her client's internalised racism is perhaps intensified by the client denying or "pushing away" his Samoan-ness:

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

"Plastic Islander" represents a social idea about mixed-race heritage being inauthentic. In a small qualitative study Keddell (2009) discovered that persons with one white parent and one Samoan parent were often subject to overt racism and questions of racial authenticity related to their knowledge about cultural practices. Another psychotherapist identified internalised racism in therapy with Māori women manifesting as eating disorders and weight problems:

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

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

> Psychotherapist: And that comes back to my African client, how she will chuck, absolutely chuck shame and blame my way and I kind of have to catch all this stuff …
> Interviewer: How would she do that?
> Psychotherapist: … "as a white woman you have no idea what it's like, you just try, … I want to see you get yourself a dark skin and walk around the supermarket, just have a look then". And in a way I'd like to, I would really want to.

In this account the psychotherapist seems to portray an idea that the client's sense of shame is transferred into a projective blame towards her for being unable to experience having dark skin in a dominant white culture. The racist, social representation is projected onto the therapist, who then becomes a symbol of the racist dominant culture which she can then attack.

Sub-Theme: Racism Within the Therapist

> I think sometimes I go in different. If a client's Māori, that's my racism: I go in different, I have lower expectation that they're going to show up, this is terrible but … I think it's something we need to talk about as Pākehā … and I also have lower expectation around the fee. Part of that is me wanting to be generous but it's also kind of racist in a way, to even think that to start with.

This belief of "lower expectations" perhaps reflects this therapist's internalisation of a racist social stereotype about Māori being from a lower socio-economic status. Wall (1997) noted that the mechanism for perpetuating a Māori/Pākehā binary in which Māori constitute a "race category" is through essentialist representations of Māori identity. Racist

stereotypes of Māori identity are perpetuated through social discourse and become narrow representations which do not "acknowledge and explore the infinite possibilities of what being Maori (or Pakeha) is and can be" (Wall, 1997, p. 43).

Another psychotherapist spoke of his recognition of his behaviour towards minorities:

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

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

Sub-Theme: Unspoken About Difficulties

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

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

Similarly, another psychotherapist speculated about the possibility of her client leaving therapy prematurely:

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

The psychotherapist presented an idea here that there was an unspoken racial conflict being enacted through the form of the client leaving therapy. She said, "but here she was sitting with a light person in the room …", perhaps alluding to her wondering about the

dynamics between herself and this coloured woman, a victim of an apartheid regime recounting her experience to a white psychotherapist which was not able to be utilised in the therapy.

Theme Two: Clients' Dis-identification from Racial or Cultural Heritage

The second theme, dis-identification, describes the psychotherapist's understanding of internalised racism operating in their minority clients' dis-identification with their own racial and cultural heritages and an identification with Western culture. Dis-identification is a concept which elucidates the process of distancing or detaching from self-representations or aspects of self-identity. Goffman (1963, cited in Zou, Morris, & Benet-Martinez, 2008) explained dis-identification manifesting as "the desire to distance oneself from a group that one might otherwise be associated with by observers" (p. 1153).

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

—And she wanted to be white, she wanted to have a white mother. So in a way I represented a white mother for her … with her skin, it's nearly like she wipes it with bleach, in fact I think she did do that and any part that's dark she keeps covered up … and she bleached her hair … she's trying to whiten herself up and she couldn't wait to get through law school so she could live in a wealthy area so that she had to keep away from any type of poverty.

The psychotherapist conveyed her client trying to "whiten herself up" through skin- and hair-bleaching in an extreme attempt to banish her dark skin and to identify with light, white skin and its longed for associated social success.

Sub-Theme: Invisibility and Visibility

The sub-theme, invisibility and visibility, describes the psychotherapists' accounts of working with Māori clients who experience a sense of illegitimacy in identifying as Māori due to not possessing particular physical attributes.

Racial essentialism, the belief that races are fixed, natural and immutable, underpins the social discourse about the possession of physical attributes and racial and cultural identity legitimacy (Storrs, 1999). This ideology becomes the organisation for a racial identity in which racial minorities in particular are subject to racist scrutiny in appearing "legitimate" based on physical attributes. In Aotearoa New Zealand, a Māori identity has a multitude of different meanings, markers, classifications and attributes. In Thomas and Nikora's (1996) study of Māori and Pākehā students they found that the Pākehā students' conceptions of being Māori emphasised colour and appearance, while the Māori students' concepts of being Māori emphasised cultural knowledge and language.

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

And interestingly, a man I'm working with now, he's not particularly Māori-looking, and he says he's the lightest one in his whole whānau. He's got lots of brothers and sisters but he's the one who's taken up the Māori pathway. And another person I know is like that as well, lots of siblings who are more Māori-looking but have tried to be more Pākehā, or pushed into being more Pākehā …

The construction of racial identities through privileging of physical features is prevalent in Western society (Storrs, 1999). Perhaps in the absence of cultural knowledge and language which might mitigate the introjection of racist essentialist ideas, an identification with physical attributes becomes the means for constructing a Māori identity. In this account the psychotherapist is associating light skin colour with being "not particularly Māori-looking". Storrs (1999) noted, "skin colour is the most salient physical trait employed to position people racially…" (p. 204). Racial essentialism is a dominant racial ideology which provides a foundation for how people can or cannot legitimately construct their racial identities. Inevitably the introjection of this discourse becomes lodged in the ways that individuals feel able to identify with racial and cultural identities which perpetuate this erroneous racial essentialism. This essentialist account of "looking Māori" is represented in this excerpt:

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

Theme Three: The Therapist's Explicitness About Racial Differences as an Intervention

The third theme, the therapist's explicitness, describes the psychotherapist's communication to their minority clients of their understanding of the impacts of race and racism on their lives through the naming of the racial differences between them.

One psychotherapist spoke of raising racial differences in therapy:

Psychotherapist: It's usually when they're talking about something that I think of as extremely difficult, especially in terms of race, in terms of ethnicity. Like a Samoan man who's talking about roughly man-handling his children, not hitting them but man-handling them and feeling ashamed about that. And he might say, "I'm ashamed to tell you", and so then I could say, "so you're ashamed to tell me because … your regard for me and … it's also hard to tell a Pākehā" …
Interviewer: How did he respond, may I ask? Or what happened after that, rather?
Psychotherapist: He gave me a lot more detail about what had happened.

The psychotherapist's communication to the client of "it's hard to tell a Pākehā" seems to convey an acknowledgement of the power imbalances related to their racial differences. The impact of members of a dominant culture recognising the inherent power differential in interracial relationships is an important feature of acknowledging and redressing social

power imbalances. This also has a utility for the therapeutic relationship in which "elaboration and exploration of the reality of the differential may provide an important means of accessing the transference" (Morgan, 2014, p. 74).

Another psychotherapist spoke about her perception of her client's experience of racism being both very real and a defence against painful emotional states:

> So I walk this fine line between acknowledging that there is racism in New Zealand … because she's African and quite dark, she's had quite a bit of experience of being judged and on the receiving end of racism. However, the other thing I noticed is that I work with her when she gets anxious, she gets increasingly angry…. She's now back in law school. When tests come up, exams come up, she has these phases where she gets more and more paranoid, and more and more angry and then everyone is racist and nobody understands, and one of the things I have to say is "hang on, we're spending all this energy discussing racism and I know you've got an assignment due in three days, just talk to me about some of the questions that are going to come up". It's like I have to focus her back and when we do that then she calms down and racism isn't at the forefront …

The psychotherapist speaks about having to "walk a fine line" between her client's real experience of racism, and the way in which she uses racism as a paranoid projection which moves her away from her underlying anxiety and fear of failure. The psychotherapist is however, able to interpret both the reality of her client's experience of racism and to reveal her defensive use of accusations of racism as a means to project painful affect. This is a good example of Davids' (2011) model, where the need gets caught in one's own liberal instincts, in potential guilt at not having to experience racism and so not fully interpreting the racialized defence.

Theme Four: Connection to Culture as a Therapeutic Aim

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

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

> I think it's very full on out there. I think there's more racism than we would like to think actually. I feel really encouraged if clients are really in touch with their own culture and I really encourage that. Some don't want to be, and obviously it's not up to me, it's something that's really important that they have to come to…

Some literature provides evidence that suggests a positive racial and ethnic identity in the context of racism is significant. In their longitudinal study of 108 African-American youth, Stevenson and Arrington (2009) found that cultural pride either partially or fully

mediated the impacts of perceived racism. Romero and Roberts (2003) found that of their participants who experienced ethnic discrimination, those with a strong ethnic identity still reported high levels of self-esteem. Chavez and Guido-DiBrito (1999) noted that factors which contribute to the establishment of a positive ethnic identity which counteracts negative and racist social messages include connection to cultural heritage through language, traditions, values and beliefs.

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

In this excerpt the psychotherapist is naming an important therapeutic aim in helping her client to form more stable cultural identifications in order to strengthen his sense of self in relation to others, without which he is vulnerable to more primitive modes of relating to others. A positive racial and cultural identity buffers against the internalisation of beliefs of inferiority about culture or race due to it serving as a positive frame of reference (Sellers, Copeland-Linder, Martin & L'Heureux Lewis, 2006). Pride in one's culture seems to be widely viewed as a source of psychological resilience (Greene, 1997). This sense of pride, connection to culture and a positive sense of ethnic identity helps to mitigate against the introjection of narrow, racist representations of minority groups.

Discussion of Findings

Analysis of the interview data led to the identification of four main themes, (1) Manifestations of internalised racism and racism in therapy, (2) Dis-identification, (3) Therapist's explicitness and (4) Connection to culture. The themes represent a therapeutic process which I have named (a) emergence, (b) understanding, (c) intervention and (d) aim. The four main themes are supported and anchored by the sub-themes which help to create a nuanced account of each major theme. Each theme and sub-theme capture an aspect of the therapeutic process, which must be viewed in context with the other themes. The discussion below considers the clinical implications of each of these main themes.

Clinical Implications of Manifestations of Internalised Racism and Racism in Therapy

The research revealed that racism introjected by both minority clients and white psychotherapists emerged clinically as internalised racism within the client, racism within the therapist, and racialised enactments in the form of unnamed and unspoken difficulties in the clinical encounter.

Internalised Racism Within the Client

Internalised racism emerges in the clinical setting as the minority client's acceptance of and identification with negative and narrow representations. Pyke (2010) noted that the

mechanism of oppression from the dominant culture operates through the control of the construction of reality and knowledge which cause "even the oppressed to have a stake in their subordinated identity" (p. 557). It is important for white psychotherapists to understand the psychological mechanisms of the internalisation of racism which develop into a self-hating relationship with one's racial and cultural identity.

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

Racism Within the Therapist

The sub-theme, racism within the therapist, represents the introjection of racism by the psychotherapist which manifests as certain attitudes and behaviours towards minorities. It can be extremely difficult for white psychotherapists to keep thinking about issues of race and racism due to the fear, shame and guilt which is evoked and then quickly split off or repressed. Fear and defensiveness of entering into the territory of internal racism for both therapist and client blocks the usefulness of using racist countertransference that has the potential to open up new clinical understandings.

In today's climate holding a view which is not thought of as "tolerant" towards different cultural values and beliefs, especially when one is a member of the dominant culture, provokes anxiety and fear due to the potential of being labelled racist. This leads itself to a silencing of inner responses and to a state of "bewilderment, confusion and paralysis" (Dalal, 2012, p. 6).

Unspoken About Difficulties

When racial differences or conflicts are not openly addressed they can be enacted in the clinical setting as cultural attitudes towards race and racial difference (Leary, 2000). Racial enactments are clues to the intersubjective nature of race and racial experiences. An example above was the psychotherapist who spoke of her sense of having lower expectations around the fee if the client is Māori.

Guilt for historical injustices has been shown to predict pro-compensatory attitudes, such as support for resource-allocations favouring the out-group across a range of contexts (Sibley, Robertson, Kirkwood, 2005). This guilt appears to be enacted in the form of "generosity" combined with a sense of "lower expectations" for Māori, which the psychotherapist conceptualises as "racist". The meaning of Māori client and Pākehā therapist in this account occupies a transitional conceptual space (Leary, 2000) with race in a Māori/Pākehā binary being played out in a particular socio-historical enactment.

Using an intersubjective perspective to understand racial enactments, the psychological, racial and cultural dimensions of both the client's and therapist's psyches are interwoven and play out in a type of performance (Davies, 2004). The psychological meanings of race and racial differences between client and therapist can be used as the therapeutic work, through constructing and exploring the meanings of the emotional and social context of race.

Clinical Implications of Clients' Dis-identification from Their Racial or Cultural Heritage

Internalised racism operates as minority clients' dis-identification with their own cultural and racial heritage. As discussed in the findings section, the psychotherapists were able to identify their clients' dis-identification in various forms, from one client's attempts to "wipe away" her dark skin with bleach to another client's lack of identification with being Samoan.

Racial minority clients will have vastly differing relationships with their racial and cultural heritage. In order to identify that minority clients dis-identification with their racial or cultural heritage is due to internalised racism, an understanding of the unconscious introjection of racist representations and how this develops is necessary. Dis-identification from a psychoanalytic perspective explains how racist representations become introjected and organised into a set of object relationships (Davids, 2011). Racist representations are introjected and form "bad-cultural objects". Needing positive identifications, the racial minority turns to introjecting and identifying with the dominant culture representations and a dis-identification with one's racial or cultural identity occurs.

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

Invisibility and Visibility

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

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

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

Clinical Implications of the Therapist's Explicitness About Racial Differences as an Intervention

The psychotherapists in this study spoke about the sense of importance in their explicitness about raising racial differences between themselves and their minority clients. The intention behind the psychotherapists naming racial differences was varied.

Racial minority clients may never raise the racial differences between client and therapist (Cardemil & Battle, 2003). Literature on cross-racial therapy dyads indicate the importance of the white psychotherapist being open to discussing cultural and racial concerns with their minority clients (Burkard & Knox, 2004). Chang and Yoon's (2011) qualitative study of 23 ethnic minority clients' assessment of perceptions of race found that the majority of participants avoided discussing racial, ethnic, or cultural issues due to their concern that the therapist would respond insensitively or with disinterest. Work, Estrellado, Rosenberg, Cropper and Dalenberg's (2014) study of 35 African American and 15 Hispanic clients who had completed three months of individual psychotherapy with a Caucasian therapist identified two major themes. The first theme centred on the absence of race in the therapeutic dialogue, while the second related to the client's perception of the therapist's discomfort when issues related to race were raised.

The psychotherapist's explicitness in acknowledging the racial differences affects the client's ease in being able to disclose their experiences of racism. The psychotherapists spoke about varying therapeutic processes of hearing and empathising with their clients' experiences of racism, managing their countertransferential responses of shame and guilt in relation to hearing these experiences and interpreting clients' racialised defences. White therapists acknowledging the impact of issues of race and racism results in an increased trust and comfort with the therapist for minority clients (Chang & Yoon, 2011).

For minority clients the white psychotherapist discussing racial difference, similarities and being willing to self-disclose their own experience in the process can be critical in developing a therapeutic climate of trust (LaRoche & Maxie, 2003). This sense of trust allows the minority client to be able to bring their experiences of racism to therapy.

Clinical Implications of Connection to Culture as a Therapeutic Aim

The psychotherapists in this study spoke about their sense of the importance of encouraging a connection to racial and cultural heritage for their minority clients as a protective factor against racism and emotional and psychological difficulties. A connection to culture however, in increasingly pluralistic societies, is not a simple matter. Many individuals cannot claim a single cultural or racial heritage and there is a danger that constructing a singular racial and cultural identity may reinforce stereotypes that are increasingly redundant and do not fit with the reality of the individual's multi-ethnic heritage. Rather than "cultural connection" being a singular point of connection, the therapeutic aim is wider in its task in helping minority individuals search for and construct meaningful identities with appropriate and pluralistic points of connection to culture.

Parameters of the Study

The sample size used in this research is small. There were some significant similarities between the participants' perspectives, and these perspectives could also be opposing at times. Whilst the small sample size means it is not possible to determine that the findings of this research can be definitively generalised, even studies with small sample sizes can help to identify theoretical ideas that merit further exploration (Russell & David, 2003).

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

My Subjectivity

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

Recommendations for Further Research

This appears to be one of the first pieces of research in Aotearoa New Zealand regarding the treatment of internalised racism and could be considered a pilot study. Further research is required and ideally such research would include a larger sample size. In addition, further research on the experiences of minority clients of white psychotherapists is needed to discern what factors of the treatment assisted in their perspective of working through internalised racism. Further research could investigate the validity of the findings from this research by using the identified themes as a starting point to explore both psychotherapists' and clients' experiences in greater depth.

Furthermore it might be valuable to conduct research within more racially and culturally heterogeneous populations of psychotherapists to discern the differences in the treatment of internalised racism in both minority psychotherapists and white psychotherapists. This

might assist with developing greater understanding of the differences and similarities in the awareness and treatment of the psychological impacts of racism and internalised racism from racial majority and minority psychotherapists.

Future research could focus on how psychotherapists of both racial majorities and minorities identify and use racialised countertransference in the specific cultural context of Aotearoa New Zealand. This would provide more specific clinical knowledge for the unique cultural and racial context of this country.

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

Conclusion

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

Racism operates powerfully as a social discourse which does not necessarily mean overt and explicit racist thoughts and beliefs; rather it is insidious, subtle, and covert. For minorities this has the effect of racist representations of culture and race becoming either identified with or distanced from, which perpetuate inferiority, low self-esteem, shame and other emotional and psychological presentations. For members of the dominant culture, racism becomes embedded as automatic attitudes and behaviours towards minorities even despite the conscious holding of liberal and non-racist beliefs and values. Psychotherapy, with its emphasis on the uncovering of unconscious meanings, could assist with a wider social dialogue needed to expose the racism which becomes introjected within each of us. By shining a light on the inevitability of racism's internalisation, the construction of new knowledge and discourse is provided, which assists in the task of exposing and dismantling racism's insidious psychological effects.

Undertaking this research has revealed more fully for me the disturbing inevitability

with which social and historical beliefs about race and racism become lodged in the psyches of both racial minorities and racial majorities. I hope this paper contributes to such conversations, which are much needed, within the psychotherapeutic community of Aotearoa New Zealand.

References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Burkard, A. W., & Knox, S. (2004). Effect of therapist color-blindness on empathy and attributions in cross-cultural counseling. *Journal of Counseling Psychology, 51*(4), 387-397. https://doi.org/10.1037/0022-0167.51.4.387

Cardemil, E. V., & Battle, C. L. (2003). Guess who's coming to therapy? Getting comfortable with conversations about race and ethnicity in psychotherapy. *Professional Psychology: Research and Practice, 34*(3), 278-286. https://doi.org/10.1037/0735-7028.34.3.278

Chang, D. F., & Yoon, P. (2011). Ethnic minority clients' perceptions of the significance of race in cross-racial therapy relationships. *Psychotherapy Research, 21*(5), 567-582. https://doi.org/10.1080/10503307.2011.592549

Chavez, A. F., & Guido-DiBrito, F. (1999). Racial and ethnic identity and development. *New Directions for Adult and Continuing Education, 1999*(84), 39-47. https://doi.org/10.1002/ace.8405

Dalal, F. (2012). *Thought paralysis: The virtues of discrimination.* London, England: Karnac.

Davids, M. F. (2011). *Internal racism: A psychoanalytic approach to race and difference.* London, England: Palgrave Macmillan.

Davies, J. M. (2004). Whose bad objects are we anyway? Repetition and our elusive love affair with evil. *Psychoanalytic Dialogues, 14*(6), 711-732. https://doi.org/10.1080/10481881409348802

Fay, J. (2013). "The struggle to live and let live…": A review. *Ata: Journal of Psychotherapy Aotearoa New Zealand, 17*(2), 173-181. https://doi.org/10.9791/ajpanz.2013.16

Gergen, J. K. (1985). The social constructionist movement in modern psychology. *American Psychologist, 40*(3), 266-275. Retrieved from http://www.swarthmore.edu/Documents/faculty/gergen/Social_Constructionist_Movement.pdf

Gergen, K., & Gergen, M. (2007). Social construction and research methodology. In W. Outhwaite & S. P. Turner (Eds.), *The SAGE handbook of social science methodology* (pp. 461-478). Thousand Oaks, CA: Sage.

Greene, B. (1997). Psychotherapy with African-American women: Integrating feminist and psychodynamic models. *Smith College Studies in Social Work, 67*(3), 299-322. https://doi.org/10.1080/00377319709517495

Keddell, E. (2009). Narrative as identity: Postmodernism, multiple ethnicities, and narrative practice approaches in social work. *Journal of Ethnic and Cultural Diversity in Social Work, 18*(3), 221-241. https://doi.org/10.1080/15313200903070973

LaRoche, M. J., & Maxie, A. (2003). Ten considerations in addressing cultural differences in psychotherapy. *Professional Psychology: Research and Practice, 34*(2), 180-186. https://doi.org/10.1037/0735-7028.34.2.180

Leary, K. (2000). Racial enactments in dynamic treatment. *Psychoanalytic Dialogues, 10*(4), 639-653. Retrieved from http://www.pep-web.org

Morgan, H. (2014). Between fear and blindness: The white therapist and the black patient. In F. Lowe (Ed.), *Thinking space: Promoting thinking about race, culture, and diversity in psychotherapy and beyond* (pp. 56-74). London, England: Karnac.

Peterson, R. D. (2006). *White, male, and "minority": A study of racial consciousness development among white male undergraduate students at a public historically Black university* (Doctoral dissertation, Iowa State University, United States of America). Retrieved from http://lib.dr.iastate.edu/cgi/viewcontent.cgi?article=2551&context=rtd

Pyke, D. K. (2010). What is internalized racial oppression and why don't we study it? Acknowledging racism's hidden injuries. *Sociological Perspectives, 53*(4), 551-572. https://doi.org/10.1525/sop.2010.53.4.551

Rockquemore, K. A., & Brunsma, D. (2004). Negotiating racial identity: Biracial women and interactional validation. *Women and Therapy, 27*(1-2), 85-102. Retrieved from www.tandfonline.com

Romero, A. J., & Roberts, R. (2003). The impact of multiple dimensions of ethnic identity on discrimination and adolescents' self-esteem. *Journal of Applied Social Psychology, 33*(11), 2288-2305. https://doi.org/10.1111/j.1559-1816.2003.tb01885.x

Russell, K. C., & David, M. D. (2003). Evaluation of qualitative research studies. *Evidence-Based Nursing, 6*, 36-40. https://doi.org/10.1136/ebn.6.2.36

Sellers, R. M., Copeland-Linder, N., Martin, P. P., & L'Heureux Lewis, R. (2006). Racial identity matters: The relationship between racial discrimination and psychological functioning in African American adolescents. *Journal of Research on Adolescence, 16*(2), 187-216. https://doi.org/10.1111/j.1532-7795.2006.00128.x

Sibley, C., Robertson, A., & Kirkwood, S. (2005). Pakeha attitudes toward the symbolic and resource-specific aspects of bicultural policy in New Zealand: The legitimizing role of collective guilt for historical injustices. *New Zealand Journal of Psychology, 34*(3), 171-180. Retrieved from http://www.psychology.org.nz/wp-content/uploads/NZJP-Vol343-2005-5-Sibley.pdf

Starks, H., & Trinidad, S. B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research, 17*(10), 1372-1380. https://doi.org/10.1177/1049732307307031

Stevenson, H. C., & Arrington, E. G. (2009). Racial/ethnic socialization mediates perceived racism and the racial identity of African American adolescents. *Cultural Diversity and Ethnic Minority Psychology, 15*(2), 125-136. https://doi.org/10.1037/a0015500

Storrs, D. (1999). Whiteness as stigma: Essentialist identity work by mixed-race women. *Symbolic Interaction, 22*(3), 187-212. https://doi.org/10.1525/si.1999.22.3.187

Sue, W. D., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*(4), 271-286. Retrieved from http://psycnet.apa.org

Thomas, D. R., & Nikora, L. W. (1996). Maori, Pakeha and New Zealander: Ethnic and national identity among New Zealand students. *Journal of Intercultural Studies, 17*(1-2), 29-40. Retrieved from http://www.researchgate.net/publication/233438132_Maori_Pakeha_and_New_Zealander_Ethnic_and_national_identity_among_New_Zealand_students

Wall, M. (1997). Stereotypical constructions of the Maori 'race' in the media. *New Zealand Geographer, 53*(2), 40-45. https://doi.org/10.1111/j.1745-7939.1997.tb00498

Work, G. B., Estrellado, J., Rosenberg, M., Cropper, R., & Dalenberg, C. (2014). *Ethnic minority perceptions of addressing racial issues in psychotherapy.* Retrieved from http://societyforpsychotherapy.org/talking-about-race-in-trauma-psychotherapy/

Zou, X., Morris, M. W., & Benet-Martinez, V. (2008). Identity motives and cultural priming: Cultural (dis)identification assimilative and contrastive responses. *Journal of Experimental Social Psychology, 44*(4), 1151-1159. https://doi.org/10.1016/j.jesp.2008.02.001

Emma Ellis is a registered psychotherapist working with individuals in private practice in Auckland. She trained at Auckland University of Technology (AUT) and utilises a psycho-dynamic and intersubjective approach. Emma specialises in working with survivors of sexual abuse and has a particular interest in the relationship between race, culture and its influence on identity and personality development.