Race, Identity and the Transference/ Countertransference:

A Mixed-Race Patient and a

Mixed-Race Psychotherapist-

A Single Case Study

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This thesis represents my own research and original work. It cannot be attributed to any other person or persons.

Abstract

This thesis is a single case-study of a child and adolescent psychotherapist working with a fourteen year old female adolescent patient of similar mixed ethnic background. The thesis presents the completed two year therapeutic work which included periods of intensive therapy (3-4 times-a-week work) following less intensive work.

The patient's early life was marked by witnessing parental domestic violence and parents who divorced. She subsequently struggled with maintaining relationships and presented race and gender identity ambiguity. She had consistently self-harmed and overdosed since the age of thirteen. The psychotherapist relied heavily on his countertransference in order to better understand and make sense of the patient's inner world, particularly regarding issues of identity, race, gender and attachment.

The primary research method used to analyse processed clinical session notes was Grounded Theory Method.

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Introduction to the Research

This investigation aims to present the psychoanalytical psychotherapeutic work undertaken by a mixed-race psychotherapist and mixed-race patient and explores the complexities of identity (both internal and external), race (both internal and external) and the transference/countertransference which were central to it.

I returned to the original clinical material of a completed case, now as a researcher, with the desire to study and present a greater understanding of the complexity of the mixed-race experience. This allowed for exploration of experiences and issues of mixed-race identity which were relevant to my patient but also of personal and professional interest to me, and the significance of race and identity to the psychotherapy process.

The plan of work was to gather and utilise data concerning a 14 year old adolescent girl who had attachment and identity difficulties. The data was drawn from two years of psychotherapy work; one year of twice weekly work followed by one year of intensive three/four times a week work. The setting for the research was the consulting room at the hospital. This investigation explored and analysed the therapist–patient transference/ countertransference relationship of an adolescent and psychotherapist that were both of a similar dual racial configuration.

Fundamental to this research are several distinct yet related inquiries:

- An in-depth analysis and investigation of a mixed-race adolescent girl's understanding of her race and identity.

- An assessment of psychoanalysis's relationship and attitude to race and in particular mixed race. The analysis of the complexities of the psychotherapeutic process when the therapeutic dyad is made of a similar multi-ethnic configuration.

- Examining the psychotherapist's own preoccupations and countertransference experiences.

A question was whether a focus on these terms in the therapy and the contrasting way in which the therapist and patient title or view themselves could be understood and worked on using the transference and countertransference? I wished to explore whether this

dimension of ethnic identity influenced other areas of the therapeutic work and if so how it had done so?

This investigation extended its scope as it developed. Race and identity were the main focuses of my exploration yet as my analysis deepened I found other areas of interest that were initially hidden from me.

The ethnic preoccupations which were brought into the consulting room at certain points both by the therapist and the patient were shown in the research to have brought some perturbation to the psychotherapeutic process, as at times did the adolescent acting- out of the patient and the therapist's response to this. However examination of the clinical material during the research revealed that a psychotherapeutic process was nevertheless sustained, and that the patient had been able to find in the therapist an object in which she could have some trust. The therapy provided space in which the dilemmas of identity faced by the patient were able to be reflected on, and some development take place.

Chapter 1

My Personal Interest in Race and the Mixed Race Experience

Mixed-Race / Half-Caste? Black, White or Brown?

I grew up in West London in the 1970's and 80's the son of a black father from Barbados and a white mother from London. I believe things were much simpler back then than they are today. That is not suggesting they were better, but without doubt simpler. I was a 'half-caste child'. My mother called me this as did my father, my friends, extended family, teachers, -everyone did. It was a name so widely used and accepted that it held a similar place in the minds and dialects of people as 'mixed race' does today.

As I have implied beforehand the subject of race classification was rather simplified or undervalued or neglected in the 70's and 80's and in fact the 1971 and 1981 UK censuses did not even have a category to record the complex and varying ethnicities living in the UK. The 1991 census included some of these categories and this was broadened out in the 2001 and recent 2011 censuses. Today there are many recognised categories for ethnicities and races so that a title such as mixed-race does not fully suffice. The 2001 United Kingdom census provided categories and sub-categories for the ever increase diversity of the UK's population. 'Mixed' was further broken down into (White and Black Caribbean, White and Black African, White and Asian and Other Mixed). However, half-caste is a term that is still employed in certain geographical areas around the UK. My patient upon whom this thesis is based often referred to herself as half-caste. Political correctness has deemed this title offensive so it is rarely heard these days but as I suggested, it has not completely disappeared. Looking back now on my childhood, half-caste was not the nicest way to categorise a person of mixed racial ethnicity but it was a lot better than half-breed and mongrel (other names I was called as a child).

Autobiographical Issues

In the distant past I have been at the receiving end of racially motivated attacks, verbal abuse and police harassment. The latter was more insidious and institutional, the former

two more blatant and explicit. These incidents mostly occurred in teenage-hood where I started to perceive and understand racism, but some occurred when I was much younger. I have been called nigger, wog, coffee, coon, Paki, Arab etc. I was also chased by gangs of white men and white youths for no reason other than being different. I have been stopped and searched multiple times by police, even on one occasion in my doorway. Two incidents in particular stand out in my mind and remain with me. Both emphasised the racial and identity dilemmas one might experience as a mixed-race person.

I was 9 years old and my brother was 2 years old. I was holding my mother's hand while she was pushing my brother in his pram on an afternoon in a high street. A white man walked towards us and slammed into us breaking my grasp of my mother's hand. 'White Nigger' he spat at my mother as he walked through us.

I did not understand what this all had meant at the time. Later I came to regard this as a significant incident in the understanding of myself. A couple of years later I was playing football in the park with my brother. A slightly older child came up to us and said, 'Paki's are rubbish at football'. I replied quickly stating, 'I'm not a Paki, I'm half-caste!' Recalling this incident still makes me cringe to this day. It grotesquely illustrates the then racial and social hierarchy of the ethnic minorities in London; I was insulted to be called a Paki but ok with being titled half-caste.

Making sense of these incidents has been important for me over the years. The incident in the park continues to highlight to me the confusion, misrepresentation and misinterpretation of the mixed race experience both internally and externally. I first thought it was simply a comment on my football skills, or lack of them. South Asian people are not famous for their football success or great players and perhaps on viewing my ability with the ball the boy was simply stating his opinion. Did I live up to his stereotype or did I challenge it by playing well and thus not fit with his perception? Another thought, one I am more inclined to believe, was that the boy had no clear idea where I came from. I may have had a similar complexion to an Asian person but I also had a tight curly haired afro. When faced with the unknown we tend to try and squeeze and manipulate the unknown into something known. So I became a Paki. My reaction was one of, can't you see that I'm 'this' not what you are saying, hence I quickly replied, 'I'm half-caste' Did this not imply that I was better than a Paki either racially or as a footballer? However on reflection other questions may have been going through my mind at a less conscious level, questions like; Why could he not he see what I am? Do I

look like a Paki?' What do I look like? Who am I? It can be terribly painful and insulting to be labelled something you are not and this holds true today. The mixed race person might well be extremely hard to place or identify clearly and this in turn can have effects on their internal and external perceptions of themselves.

The incident with my mother and brother happened at an earlier age and thus I only fully appreciated its significance some years later. At the time I was completely confused with the 'White Nigger' comment from the man. Nigger was a word I had heard a couple of times but I was not fully aware of what it meant. I knew it was linked to black people but knew nothing of the historical, political or social context of the word. 'White Nigger' went completely over my head, but not my father's head, so that one can imagine how furious he was at what had happened and what had been said. Only then did I realise it was something offensive towards my mother and thus my brother, father and I. I have had several thoughts on this incident over the years. The man literally separated me from my mother and also metaphorically separated her from her 'black' family. The man was displaying his disgust at what he saw in front of him; a white woman, a woman of his race, with black / mixed children. The accompanying comment aimed at my mother was to further insult and imply my mother was no longer as white as he and that she had descended to the level of 'nigger'. Over time I processed this incident with many varying outcomes and conclusions. I will leave the man's actions and motivations to one side and look at what I found and felt. Looking back I have experienced anger, repulsion and rage towards the man. I felt sadness, pain and compassion for my mother, but there were also very uncomfortable questions and feelings that have swum around my mind. Should she have married a white man? Why did she marry a black man? What it would be like to have parents with the same colour skin? Was black bad? Was white good? Had my mother done something wrong? Was I wrong?

I tussled and fought with some of these questions for some time until I made some progress towards resolving them during my own personal analysis. These issues were still very much alive as I was to discover only five years ago.

Before I started my journey to become a psychotherapist I worked as a Learning Support Assistant in a primary school. I worked closely with a Learning Mentor, a black West Indian lady who was going through the process of adoption. Her preferred choice was to adopt a black child, but she was not entirely against adopting a mixed-race child. She surprised me when she stated that she sympathised with mixed-race people and how

she knew some that did not know whether they were black or white. A paranoid part of me thought she was referring to me but I rejected that idea. She amazingly proceeded to speculate on whether black and white people should interbreed at all because of the confusion and lifelong turmoil they cause their children. I was stunned and said nothing. I clearly remember this playing on my mind all that day and later recalling the earlier incident with my mother and the abusive man. I had now encountered two adults, a white man and a black woman, separated by about 25 years that were essentially presenting me with the same message. Yes, one was brutish and violent and the other was thoughtful and sympathetic but both, in their own way, did not agree with interracial relationships and the results of such unions.

However there are dynamics within dynamics. The majority of black/white relationships in the UK has historically been of black males with white females[1] . This has been the case ever since the large influx of West Indians to the UK during the 1950's and 60's, starting with the voyage of the Empire Windrush in 1948 and the 492 people who arrived to, "…*assert their rights* [as British subjects] *to reside in the 'mother country'…"* Lewis & Young (1998). This changed the British demographic for ever. Many of the original immigrants were single adults (males) who were unable to bring their entire family or were simply unattached. This was the beginning of the mixing of cultures, races and colours, where the black man and the white woman dynamic was born in the UK.

This is one possible reason for the more numerous black male/white female relationships historically in Britain. Quite simply black males had a head start in integrating into British society. An example of this can observed with the estimated 12 black females on the Windrush out of nearly 500 West Indians in total. However more did follow and Lewis and Young (1998) point out, "…*while only a handful of the travellers on the Windrush may have been women, the experiences and contributions of diverse groups of black women have been central to both the changing landscapes of English/Britishness and the meanings of 'blackness' itself."* These immigrants' slow integration into British life was initially located near to the cities and ports and airports in which they alighted, such as London, Liverpool and Southampton. Their proceeding dispersal throughout the UK was further broadened by factors such as the availability of work, the availability of low-cost housing, a preference to remain with people of similar

[1] The UK census of 2001 recorded that black British males were 50% more likely than their female counterparts to marry outside of their own race.

origins. This can still be seen today in south east England with large communities of south Asian people living near Heathrow airport, in Southall, Hounslow and Slough. Brixton has long been associated with a vibrant West Indian community. Although this small district in London has no nearby airport or ports it was (in 1948) the location of the nearest labour exchange (Coldharbour Lane) to where the immigrants were being temporarily housed in Clapham South after docking in Tilbury. The West Indian immigrants that came to Britain in the early 50's and through the 60's struggled against prejudice and racism while simultaneously trying to claim a 'black-British' identity.

I have found that the greater amount of racial prejudice I have faced in the UK has largely been at the hands of white males and to a lesser extent black females. Could this be because I represent, historically in the UK, the product of a union that is both despised and envied? I suffered verbal abuse from black girls as a primary school child but not from their male counterparts. In the playground at playtimes there was the occasional race fight or football match. Blacks against whites often reared its ugly head and I found myself in no-man's land. One friend who had a very similar racial make-up as me had no problem in siding with the black children. I found these decisions confusing and painful. When on occasion I did decide to make a choice (usually on the side of the black children) I received a tirade of insults from a group of black girls, 'He thinks he's black!' they would shout.

Only much later in life, around my mid-twenties, did I suffer the experience of racial abuse from black males but this was not in the UK it was in my father's homeland of Barbados. Being a keen club cricketer of some ability I was excited to be invited to play a night match while holidaying in Barbados. My Bajan cousin took me along to a dusty field where floodlights lit the playing surface and local cricketers were warming-up. I remember thinking I wonder whether my English cricket is going to be good enough here. However it was not my 'Englishness' that was commented on from the spectators, it was my colour. 'What's that white man doing on the pitch?' I heard shouted a couple of times. It took a few seconds for me to actually register that I was the one they were referring to. I was by far the fairest skinned person in the game, but white? I felt embarrassed, maligned, angered and abused. I am not white, my father is Bajan! I can play cricket just as well as you! Do I look white? These were some of the thoughts that cascaded through my mind.

This incident mirrored the experience of when I was a boy being called a Paki and having my football ability questioned, only this time I did not call out 'I'm mixed-race',

I only thought it. During my many visits to Barbados I have been called white once or twice but the name I heard the most being aimed at me was ‘red’. Red-skin or red is a term used in Caribbean to describe black people with very fair skin (obviously mixed-race). I also felt this term was offensive and had to bite my tongue every time I was addressed as such.

Even very recently in my current employment a very nice and decent senior learning mentor, who just happens to be a white woman, spoke to me about a possible referral she was thinking of sending my way. She had spoken to the child, who was of Polish descent, about the possibility of him working with a ‘black man’. She told me that he was shocked as he thought black meant jet-black like the night sky. Once she explained that black was a term now often used to refer to anyone who was not white, whatever their shade of colour or origin, he was reassured as he had several friends of African and West Indian descent at school. The boy’s initial shocked reaction could only have been matched by my own. First of all, why did this teacher feel it was necessary to inform the boy about my ethnic background/colour? More surprising and unsettling to me was how she experienced me; A black man. Clearly I am not black and there was a part of me that wanted to tell her, ‘I am half-caste/mixed-race/ dual-heritage’, just as I had all those years ago in the park and wanted to do more recently in Barbados. White, red, Asian and black are all names I have been assigned incorrectly. Although these incidents were few and far between compared with the countless other times I have been called half-caste or mixed-race, they still had the power to make me question and reassess who I actually was.

As you have seen in the brief vignettes I have presented, historically it can be incredibly painful and offensive to be labelled or addressed as something one does not internally experience. This could be interpreted as me having a solid self- image that has not altered even with external influences projecting onto me. However maybe the pain I went through was to do with my repressed internal uncertainty and confusion. I am inclined to believe there is some truth in both of these hypotheses. ‘Race’ can be experienced on an individual level, part of a person’s identity, yet it is also something out of the subject’s control, the perception of others. What one chooses to align oneself to racially can be quite different to the observations of the outside world. Depending on whose company or country you are in the mixed-race person may feel or be made to feel something uncomfortable or unfamiliar.

As I have shown, in the UK I consider myself mixed-race and as an adult I have been largely addressed as mixed or black. However in the predominately black Caribbean Island of Barbados I was seen as anything but black. I am mixed-race /black in the UK (a predominately white demographic) and white/red in the Caribbean (a predominately black demographic). It is fascinating that in these two contrasting settings the majority's perception of me refuses to fully embrace their own race within me. In the UK there is the acknowledgment of my white heritage but I am experienced as more black, conversely in Barbados being addressed as red gave some indication of my black heritage but I was definitely not black. It appears I cannot be white in the UK or black in the Caribbean but the reverse appears more agreeable to the indigenous population.

Ethnicities

Our identity is made up of the interactions and experiences between the ego and the 'other'. The inside and the outside, what originated in the self and what has impacted on/influenced the self. This melding of internal and external is further broken down into infinite parts and aspects of one's self. So what can we discover about the identity and internal world of a people who may be perceived as half-caste one day, mixed –race (this is different from half-caste), Asian the next and even black or white the following day? How does that affect ones perception of self? Our self-image is the way we see ourselves and hope others see us. It influences the groups we opt into and who we relate to. Conversely we also have a public image, how others perceive and experience us. This image is defined from the outside, and it may or may not be the same as the internal/self-image. The internal and external self can be interchangeable and influential in changing the other. An example of this can be experienced when we are in public or social group/setting.

For instance, a mixed race person may feel more black around black people. This could be because he identifies with them or they accept him as black. Equally this person may actually feel more mixed-race or even white when in the company of black people. Being around black people would only highlight his/her own un-blackness. Also the group may make him/her feel other, as my experience in Barbados playing cricket highlighted so well. This person may even experience fluctuations between all of these positions and perceptions during the same meeting. It is unclear whether it is the group's influence and recognition that allows the individual to feel accepted and thus

able to join their group or is it the individual's identification with the group that allows acceptance. The reverse example would be the mixed-race person in a white group or setting. It is perfectly feasible that a mixed-race person may feel more white when in the company of white people. He/she may identify more with their white identity. The white group could accept him/her because he/she identifies so closely with them. On the other hand he/she could feel isolated and misunderstood and the group could experience the mixed race person as mysterious and other.

Davids (2011) writes in a similar vein about his relationships with, and the opinions of, his white group of friends and his black group of friends. He describes their contrasting attitudes towards racism and how he feels more understood by his black friends. They understand racism and yet seem consigned to the status quo. His white friends present as more radical liberals, ready to stand up against racism. Davids describes the conflict he feels in identifying with both positions but yet not fully siding with one group. He wonders if by following one set of friends over the other will bring him peace of mind or whether to solider on, caught between two polarised positions. Although Davids doesn't write about feeling more black around his black friends but he does state he feels more understood. It should be remembered that Davids is not a mixed-race man pondering these issues. The mixed-race person may similarly have to choose between white and black peer group attitudes and options but also added internal identity issues.

There is evidence to suggest that the attitudes and opinions we align with and the identities we relate with are formed both internally and externally. Ethnic ascriptions are often imposed on people of various ethnicities by the dominant white society, but as I will later discuss in the case of Barack Obama, they are also sometimes selectively adopted and preferred by individuals, leaders and opinion-formers from minority communities themselves.

Mixed-race in the Public Eye

Children today, regardless of colour or ethnicity, have no shortage of mixed-race positive role models to challenge the historical notion of black intelligence or significance. Beyoncé Knowles, the most popular R&B and pop artist has African, French, Irish, and Native American heritage. Barrack Obama, the first so-called African American President of the USA has both African and white English heritage. Admittedly both of these famous figures are from the States but both are household

names throughout the world. This is the counter argument to blacks being inferior. To further illustrate the external and internal complexities the mixed-race person faces, I will present some well-known public figures of mixed-heritage and how they have experienced this position. I have chosen these public figures for reference because to many people, particularly young people, these movie stars, politicians, sports stars and musicians are worldwide role models. They are hugely influential in shaping young people's view and approach to life and identity.

In 2006 the BBC Sports wed page presented an article on an exciting new racing car talent called Lewis Hamilton, it headlined, '*Grenadian roots of first black F1 driver'*. Around the same time the Daily Telegraph led with a piece entitled, '*Formula One's first black driver to take his place on grid'*. In the piece Hamilton himself commented on being the first 'black' F1 driver, "*Being the first black man doesn't matter much to me personally, but for the sport itself it probably means quite a lot*." In 2008 the mass media heralded Lewis Hamilton as the first black Formula One racing car champion. Lewis Hamilton's father has West Indian heritage and his mother is white English.

The great Reggae artist Bob Marley is known worldwide as a black musician. Gregory (1999, p.167) quotes Marley's view on racism in the world and his own mixed heritage,

> *I don't have prejudice against meself. My father was a white and my mother was black. Them call me half-caste or whatever. Me don't deh pon nobody's side. Me don't deh pon the black man's side nor the white man's side. Me deh pon God's side, the one who create me and cause me to come from black and white*

Marley's father was of English and Syrian-Jewish descent whose family came from Sussex. His mother was a black Jamaican.

In 2004 American actress Halle Berry won an Oscar for her role in the movie *Monsters Ball*. In her acceptance speech she spoke about the 74 year wait that black women have had to endure (in reference to her Oscar success) and her opening the door for future African American women actresses. Halle Berry has a white English mother and a black American father. In 2011 she and her ex-partner (a white Frenchman) went through a bitter custody battle for their two year old girl. Berry played the so-called 'race-card' by suggesting her child should be raised in a certain way. The Mail-Online in 2011, quoted her saying, "*I feel she's black. I'm black and I'm her mother, and I believe in the one-drop theory"* The one-drop rule is a historical colloquial term in the United States for the social classification as black of individuals with any African ancestry; meaning any

person with one drop of black blood was considered black. This implies that any multiracial individuals with any African ancestry to be black, or at least non-white (if the person has other minority ancestry), unless the person explicitly identifies as white.

And as mentioned earlier, in 2008/09 Barack Obama became the 44th president of the United States. He was labelled the first African American to hold that office. Traditionally the convention in America has been that someone who is mixed-race is considered black, and that is the standard that the news media generally adhere to. Since Obama considers himself black and refers to himself as black, the media and society generally address him as such. This is in spite of Obama's own well publicised love and acknowledgement for his beloved white grandmother and white mother who had predominantly English ancestry. Obama's father was black Kenyan.

So like my mixed-race friends from school who consider themselves black there are also high profile celebrities and politicians who feel the same. All have been dubbed black through mass media and in the case of Berry, and to a greater extent Obama, they overtly call themselves black but without denying their direct white heritage. I have heard President Obama talk on his duel heritage on the ABC network American daytime television programme 'The View' recorded in 2010. When faced with direct questions regarding his mixed heritage and how he and the American people address him as 'black' he said,

> *…if the world saw me as African American, that was something I didn't need to run away from, I had to embrace it…I'm less interested in how we label ourselves, I'm more interested in how we treat each other.*

I fully echo the latter part of Obama's sentiment but some might say it sidesteps the question he was asked. Cynics might suggest his response was tailored with the 'black-vote' issue in mind, something no-doubt he and his political team were mindful of. Another interpretation of Obama's response could be that by refusing the option of saying 'well I am only half-black' (which would not exactly be 'passing as white'), nevertheless would be a move in that direction. By not running away from being called black, Obama was in fact making a statement of solidarity with 'people of colour' in the USA. This echoed the American 1950s and 60s civil rights political activists whom looked to address all 'people of colour' as black in a show of unity for non-white people against racism. However this was not always welcomed by some non-white populations, particularly immigrant Indians, Koreans, Latinas, etc. To these communities being

called black wiped out their own rich and diverse origins, similarly to how the mixed-race person's full heritage is overlooked when they are addressed as black.

Does Obama's response suggest that in another time or world he could have been perceived as white and he would have followed that path? Is the mixed-race position so arbitrary that racial identity is significantly influenced by external attitudes and opinion? I will later further discuss Obama through his autobiography '*Dreams of my Father'* (1995).

It appears that the 'one-drop' concept still carries some significance today with, as I have just illustrated, some high profile celebrities seeming not to publically acknowledge 50% of their direct heredity. This is acknowledged with the caveat that the black American can reach the very top of their profession (particularly in the popular media/entertainment industry and in the unique case of Barack Obama). However 'Colorism', a term coined in 1982 by Pulitzer Prize winner and author of '*The Color Purple*, 1982)' Alice Walker, is still prevalent in the US and throughout the world. In essence Colorism, like Racism, is another social construct with similar divisionary and hierarchical objectives. Its premise is that skin colour denotes social status, beauty and intelligence. It is another lingering, erroneous by-product of colonial times and has its origins in the Eurocentric perception of black intelligence and beauty. I will cover this more thoroughly later by looking at Franz Fanon's Black Skin, White Masks (1952).

The mixed-race people I have discussed above are all well-known and have enjoyed successful careers in the public eye. Paul Gilroy (2004) writes about another mixed-race person for whom in a few short weeks at the end of 2001 became a world-wide name for very different reasons. Gilroy presents how quickly some of the British media reverted to stereotypical and racist reporting of Richard Reid the failed 'Shoe Bomber' from London. The message some media outlets were spinning was the uncomfortable message that British multiculturalism had failed.

Reid's place in history had been insured not so much by his radicalised ideology or actions but by his racially mixed parentage. Where did he fit in the Cool-Britannia mixed-race celebs of the early 2000's such as Scary Spice, Ryan Giggs and Jane Goody? Gilroy talks about the debate that sprung up between those who saw race mixing as an essential feature of contemporary British life and those, on the other side, whom experienced it as an ill-advised social experiment which usually ended in tragedy. The tabloid press investigation in to Reid's family history supported the latter,

a "*…default view of the relationship between "race" culture and social pathology*"(Gilroy, 2004, p43). Gilroy writes that Reid's demise, as presented by the tabloids, was almost predictable as he came from, "*a wretched specimen' of a father whom was '…a "tragic mulatto" type'* (2004, p43). However Reid's mother, a white Englishwoman, was presented in a much fairer light. She was to be sympathised with after making the mistake (conceiving Reid) thirty years ago but finally having the good sense to leave her 'black' (mixed-race) husband and fleeing to the countryside.

The famous and infamous mixed-race people discussed here share a common experience of being assigned or assigning themselves with static binary positions. In the case of Reid the media took the racist polarised view that white was blameless and black (mixed-race) was the problem. In the other cases each of the people adopted 'black', thus openly denying the richness of their full heritage.

The Demographics of 'Mixed Race' in the UK

With many people of mixed-heritage defining themselves as black, recent census results and previous ones may have produced misleading results. The number of mixed-race people in Britain may be double the official count. An article written by Mark Easton, Home editor on the BBC News UK website in 2011 called, '*More mixed than we thought'* presented research carried out by Dr Alita Nandi at the Institute for Social and Economic Research (ISER). She collated data from the UK Household Longitudinal Study (UKHLS) to examine the experience of different ethnic groups in the UK. The study suggests that there may be as many as two million from a mixed ethnic background instead of just under one million, which the official estimate was made in 2012. The new figures mean that children of mixed parents may be one of the biggest ethnic groups in the country, outnumbering those who class themselves as black and much bigger than the largest single non-white grouping, those of Indian origin. They say that while official surveys are based on counts of people who say yes when asked if they are mixed race, more accurate numbers can be produced by asking for the ethnicity of their parents. This question is thought to produce better answers from those who find the description 'mixed-race' unpleasant or offensive.

According to the analysis the alternative way of counting mixed-race individuals produces a figure of 1.99 per cent of adults, as opposed to the 0.88 per cent who say they are mixed race when asked directly. BBC 2's Newsnight, aired 6 October 2011,

added that based on Office for National Statistics surveys, 2.9 per cent of children are described as mixed race, but 8.9 per cent live with parents who have a different ethnic background. It said: '*There may be around two million mixed-race people living in the UK, 3 per cent of the population and therefore a larger group than any of the defined ethnic minorities*.'

Mixed is an ethnicity category that has been used by the United Kingdom's Office for National Statistics since the 1991 Census. Colloquially it refers to British citizens or residents whose parents are of two or more different races or ethnic backgrounds. Mixed-race people are the fastest growing ethnic group in the UK and officially numbered approaching 1 million in 2009. As of May 2011, this figure surpassed 1 million. It has been estimated that, by 2020, 1.24 million people in the UK will be of mixed race. However as I have presented earlier, research conducted by (ISER) suggests that the mixed race population could already be twice the official estimate figure.

The preceding sections on ethnicities, mixed-race in the public eye and mixed-race Britain where intended to illustrate the changing demographic situation and demonstrate how significant the place of people of mixed-race in British society has now become. This is one reason why my explorations of mixed race experience and identity in the psychotherapeutic consulting room may have relevance outside that professional setting.

Chapter 2

Theoretical Issues concerning Psychoanalysis, Ethnicity and Adolescence

The objectives of this chapter are to present the established recognised literature of this particular field of study and also identify areas where new contributions can be proposed. The scope of the research touches on psychological, anthropological, biological and sociological fields, so the bulk of this review chapter will highlight significant seminal works within the fields of psychoanalysis and race, the mixed-race experience and adolescence. I will start with a review of the relationship between psychoanalysis and race. This will be followed by an appraisal of ethnicities and race literature and ending with works on the turbulence of adolescence.

I have taken the decision to write in depth on a focussed number of key works that closely follow the theoretical perspectives relevant to my own study. I believe it is important to substantially clarify what the principal arguments which bring together psychoanalysis, race and racism are, rather than provide a more superficial literature survey.

Contemporary Literature on Psychoanalysis and Race

There is very little literature on the topic of the dynamics of race and ethnicity within the context of the psychotherapeutic/ analytic consulting room in Britain, compared with gender for instance. There have been several reasons for this, including social, economic and prejudice. There has historically, and continues to be, the issue that in both the US and UK black people have been disproportionately subject to diagnoses of psychosis[2], and thus medicated and less likely to be referred to the talking therapies. There has also been the problem of inaccessibility of psychotherapy and analysis to black patients as analysis has largely been treatment afforded to the white middle/upper classes. However with the rise of psychotherapy being used in the NHS many were able to access these treatments. Likewise with the advent of fully funded clinical training posts in Britain, regulated by the Association of Child Psychotherapists, trainee child

[2] Compulsory [psychiatric] admissions for Black males were 5.6 (CI 5.1-6.3) times as high as, and for Asian males were half, those for White males; for Black females, 2.9 (CI 2.4-4.6) times as high and for Asian females one-third of those for White females- The British Journal of Psychiatry (2000).

and adolescent psychotherapists from a wider variety of backgrounds have been able to access good quality training. This is however a relatively recent development in the history of the discipline and psychoanalysis and psychotherapy still remains a largely middle class profession dominated by trainees and clinicians that are white.

Most of what has been written in relation to race; regarding the therapy/analysis room has been about the black-white therapeutic relationship and more specifically the relationship between the white therapist and the black patient.; (Altman, 2000), (Aralepo, 2003), (Greene 1985), (Littlewood, 1988) are four such examples.

The common theme of these papers is the need for awareness of the transference – countertransference responses when working with someone ethnically different. White therapists/analysts have noted their powerful and sometimes uncomfortable countertransference feelings towards their black patients e.g. guilt of social injustice suffered by black people, feelings of superiority etc. They also admitted feeling their black patients were aggressive, impulsive and lacking insight. On the other hand black patients have commented on feeling misunderstood, persecuted, paranoid and devalued. Yet they have also had feelings of envy of their therapist's position and idolisation towards their therapist (Yi, 1998, p.75).

Conversely the relatively new dynamic of the Black therapist/analyst – White patient has brought forth evidence to suggest that the white patient can have feelings of, "…*superiority, hostility, paranoid fears of the black therapist's aggressive powers, and/ or contempt and devaluation of the (ethnic) therapist's linguistic, intellectual competence to help the patient*" (Yi, 1998, p.74). In Britain psychoanalyst Fakhry Davids's (2011) book '*Internal Racism'* suggests that racism is inherent in us all; there is the self and the stereotyped 'racial-other' (I will explore this book more thoroughly later). Frank Lowe (2006) writes about the marginalisation and perceived insignificance of race in psychoanalysis and bravely about a type of 'institutional racism' throughout psychoanalysis; from it very foundations with pioneers such as Freud and Jung using such divisive terms like '*savages*' and '*primitive people'* and '*cannibals*' to describe peoples of African descent.

The current literature on these issues appears to suggest that regardless of whether the black person is the patient or the therapist/analyst, he/she experiences and is experienced through the transference/ countertransference as the inferior, aggressive, paranoid object. Ruth Lijtmaer (2006) describes the transference and

countertransference and even a ‘cultural countertransference’ - the therapist’s emotional responses to the patient’s interactions, based on the patient’s race, ethnicity and religion. She continues by suggesting that many people make the mistake of thinking that the mixed-race person is fortunate to have a choice (of both black and white), the reality is that the mixed race person has to fight very hard to exercise choices that are not harmonious with how they may be visually and emotionally perceived.

Race and Psychoanalysis

Frantz Fanon's book Black Skin, White Masks, published in 1952, came just four years after the Empire Windrush’s arrival in the UK. Fanon’s book would speak to future generations of West Indians struggling to come to terms with their own identity and migration in post-World War 2 Britain. It is a book that amazingly still has relevance and application today particularly in a Britain of increasing ‘New ethnicities’ (Hall 1989), as well as the diasporic historical record of a bygone era. Fanon’s book was intended to analyse, give insight and thus liberate the oppressed ‘black’ and 60 years later Fanon’s intuitions still hold relevance for various peoples (African and Native Americans, Tamils and Palestinians) striving for political and cultural independence.

Essentially Fanon’s premise is to try and explain the ‘Black Man’s’ (meaning black people) struggle with and against feelings of self-worth and dependency in the supposed white-world through the medium of analysis and psychoanalytical theory. However Fanon’s anti-colonial persuasion allows him to also critique, what he calls, ‘*the Eurocentrism of Psychoanalysis’*. He explores the many disturbing consequences of colonisation, one of which is the inferiority complex that colonised people experience. He suggests that the fragmented identity of the black person is a result of having lost their original native land and culture and then they are swallowed/ assimilated by the culture and customs of the adopted country.

Chapter 1 of Black Skin, White Masks is titled ‘The Negro and Language'. Fanon writes about the importance of the language/dialect of the colonisers and his belief in the power it commands over the colonised. He writes, “*A man who has a language consequently possesses the world expressed and implied by that language*” (Fanon, 1952, p.9). Fanon refers to the harmful and baseless theories that tried to prove that the ‘Negro’ was an earlier stage in the slow evolution of the ape into a man. He provides an example of how the Negro from the Antilles with possibly a mastery of the French

language would be experienced as '*whiter*' and hence closer to being a real human being. Hence the colonised are promoted above their primitive status in relation to how much they invest and adopt the mother country's customs and culture. In essence the Negro/Black becomes whiter as he/she renounces their blackness, their primitiveness. Fanon suggests that this renouncement of 'black' is often more noticeable in educated and aspiring black people who can financially afford status symbols within the white man's world, symbols and acquirements such as a private education or mastery of the language of the coloniser. Fanon powerfully states, "*Every colonized people - in other words, every people in whose soul an inferiority complex has been created by the death and burial of its local originality – finds itself face to face with the language of the civilising nation; that is, with the culture of the mother country"* (1952, p. 9).

Fanon's book then turns its attention to the fascinating dynamic relationship of the '*Woman of Colour and the White Man'* and also '*The Man of Colour and the White Woman'*. These two separate yet intrinsically linked dyads have historically been surrounded by controversy, taboo and myth. Through literature and modern media these 'relationships' have been portrayed as having there genesis back in the days of the plantation fields and slavery. It is a history of curiosity, ignorance, brutality but also undeniable sexual attraction.

Fanon describes a historic portrait of the black slave/plantation woman with little or no self-esteem experiencing the white man as lord and master. She is subordinate, expects nothing and demands nothing apart from being in the presence of 'white'. The white man's position in relation to the woman of colour is one of dominance and omnipotence. The white man allows himself the luxury of bedding many women of colour thus creating hybrids that were neither black nor white yet seen as more preferable than fully dark skinned Negros. Fanon presents us with a perception of an earlier age, "…*the race must be whitened; every woman in Martinique knows this…Whiten the race, save the race*…" (1952, p.33) There was a general denigration of darker skinned Negro's. Fanon writes that the lighter skinned Negro (often the product of white and black union) perceived, and was perceived as superior to the darker skinned. Fanon provides a quote from one of these women that graphically illustrated their identity split. "…*Me? A Negress? Can't you see I'm practically white? I despise Negroes. Niggers stink. They're dirty and lazy"*" (1952, p.35). A further perverse consequence of this identity corrosion was the woman of colour's tendency to prefer lighter skinned black men, in essence trying to 'whiten the race'. The black

woman and the mixed 'mulatto' woman had two common goals, to turn white. However the mulatto woman also had the fear of '*slipping back'* [into a black] as Fanon (1952, p. 38) describes it.

This certainly shares some similarities with black cultural theorist Stuart Hall's early experiences with race and colour in Jamaica. In February 2000 he was a guest on BBC Radio 4's Desert Island Discs. Along with presenting his favourite music his also gave a candid insight into his own family dynamics,

> "*Curiously I'm the blackest member of my family…And in Jamaica the question of exactly what shade you were, in Colonial Jamaica that was the most important question because you could read off class and education and status from that. I was aware and conscious of that from the very beginning...My father was from the lower middle class, a country family…My mother had been adopted by her uncle and aunt and lived most of her life on a small plantation very close to the English, indeed her cousins were educated in England, they never came back. She had grandparents who were white. And she brought into our family all the aspirations of a young plantation woman . . . Nothing Jamaican was really any good, everything was to aspire to be English, to be like the English, or like the Americans. The ideals in our family were somewhere else".* I will discuss Hall's 'New Ethnicities' (1996) later in this thesis.

Disturbingly the differing perception of lighter and darker skinned black people continues today. One gruesome example can be observed in the findings of Stanford Associate Professor of Psychology, Jennifer Eberhardt. Her research presented in 2006's May issue of the journal Psychological Science suggests that darker skinned African Americans male murders are twice as more likely to get the death sentence than lighter-skinned African Americans found guilty of killing a white person. Eberhardt states, "*…jurors are influenced not simply by the knowledge that the defendant is black, but also by the extent to which the defendant appears stereotypically black [dark skinned]. The present research demonstrates that in actual sentencing decisions, jurors may treat these traits as powerful cues to deathworthiness"*(2006, p.385) This research echoes back to colonial times when lighter skinned blacks (often mixed-race) were deemed more agreeable and occupied house duties while their darker skinned contemporaries were seen as lower and worked in the fields and plantations.

Fanon described the ‘black man, white woman’ scenario as presenting a very similar dynamic to that of the white man, black woman but there is the added ingredient of the fantasied threat of the black man that the white man lives with. The white man fears the black man will take the white woman for his own. A deeper fear is the white woman would actually want to be with the black man. Fanon (1952, p32.) writes, “*When a white woman accepts a black man there is automatically a romantic aspect. It is a giving, not a seizing”* (like with the white man-black woman dyad).

Fanon suggests that the black man wants/needs to prove to the white man that he is equal in every aspect. Fanon is saying that the black man aspires to be like the white man, but much more than this, he wants to be the white man. Is there a better way for the black man to be white than having a white woman? Fanon presents a quote from a black man, “*I wish to be acknowledged not as black but as white…who but a white woman can do this for me? By loving me she proves that I am worthy of white love. I am loved like a white man. I am a white man”* (1952, p.45). Fanon (bravely for his time) speaks aloud his hypothesis that the real unspoken/unconscious genesis of racism is the white man and white woman’s attraction and sexual desire of the black man. It is the denial of attraction that is the beginning of racism. We first perceive difference through our sight. You have to be able to see what you decide to fear, to despise or envy.

In the chapter ‘The Negro and Psychopathology’, Fanon uses psychoanalysis to study the psyche of black, colonised people. Fanon (1952, p.111) writes, "*…a normal Negro child, having grown up in a normal Negro family, will become abnormal on the slightest contact of the white world*." What Fanon is suggesting here is that black people will find it hard to fit into the structure and norms of established white society. Fanon provides a compelling explanation for his hypothesis. He suggests that from birth black people are unconsciously conditioned to associate black with bad or wrong. Cartoons, TV shows and comic books implant the idea into the developing young mind of the black child that black is bad. Examples of this can still be seen even in the most popular contemporary fiction, both written and in film. In J.R.R. Tolkien’s Middle Earth epics we are introduced to the malevolent dark Lord Sauron and the benevolent sage Gandalf the White. In George Lucas’ space fantasy Star Wars we fear the masked, black leather clad Darth Vader and cheer for the white, blond haired hero Luke Skywalker. It is quite normal and expected to experience an identification with the hero, this is equally so for the young black child and the white. The black child fantasies about being a young Jedi

duelling the dark Darth Vader or; going back sometime, Tarzan fighting savages in the jungle.

It should be noted that there has been some modicum of movement in this area in recent times. The 2005 revival of 'Dr Who' to British TV screens initiated a change to the show's demographic. In the previous 42 years of the show all 8 Doctors had been played by white actors and all of his companions likewise. The ninth Doctor's companion had a black boyfriend. Although 'Mickey' was not a true companion (he did not initially travel with the Doctor and 'Rose') it was a landmark statement for the show. A couple of years, and a 're-generation' later the 10th Doctor's companion was a highly intelligent mixed-race medical student. Unfortunately 'Martha' spent the next couple of years pining after the Doctor while he treated her indifferently (no-one could take the place of Rose in the Doctor's eyes).

In an unconscious way these images, these messages, are placed into the minds of black children and as Fanon describes it, they experience a trauma. This 'trauma' almost becomes a part of the DNA, the make-up of their identity and behaviour. Fanon postulates that this trauma creates a kind of shared state of being among colonized populations. This dovetails beautifully with the concept of the collective unconscious. Carl Jung's concept of a collective unconscious is not a development which exists in the individual but is inherited. It consists of pre-existent forms, archetypes, which are the psychic equivalent to unconscious physical instincts. However Fanon (1952, p.145) views this quite differently, "*…the collective unconscious… is purely the sum of prejudices, myths, collective attitudes of a given group…the collective unconscious is cultural, which means acquired"*" What is clear is that the turbulent relationship between races culminates in, "*…a massive psycho-existential complex"*. Fanon's interpretation of the collective unconscious simply being a collection of assigned prejudices, myths and attitudes of a population of people appears to be another example of essentialism.

Fanon states that a cure for this can be arrived at only if we perceive racism as a symptom. This can be achieved by using psychoanalytic interpretation and thus positively elevating the importance of the symptom so as to make life more habitable. Fanon's work remains powerful, relevant and influential even though this book was written 60 years ago. However it does not necessarily translate directly to the present day. The world is quite a different place to that of 1952, and as I have shown there are changes occurring that would present a contesting picture to that of Fanon's.

In the years that followed Fanon's publication psychotherapy continued its uncomfortable relationships with certain heated social problems including race. At best the field has dragged its analytic heels, at worse it has neglected or even dismissed it as an area for further theorising and discussion. It had strictly been in the domain of applied psychoanalysis where race had previously been explored, not the vibrant fertile landscape of the clinical room. A possible exception to this rule was the Lacanian approach to psychoanalysis which found it easier to take on these issues than other analytic schools. This approach emphasised the oppressive powers of culture and language in shaping identity, in which concepts such as 'the Name of the Father' and 'The Big Other' are significant.

Nearly 60 years later, Fakhry Davids '*Internal Racism*' (2011) continued Fanon's exploration into the psychology of racism and sustained the investigation on whether the psychoanalytic discipline could bring any further light to the understanding of racism. It is possibly the lack of solid, original clinical evidence of how racism really works in the human mind that brought Davids to his findings and his proposals draw on his direct personal and professional experiences, both inside and outside of the clinical setting. By referencing his own non-clinical experiences of racism Davids offers up examples of how racism operates in the ordinary, average mind in social settings. Davids lived in South Africa during the apartheid regime and experienced racism as a man of Indian descent. His immigration to England did not stop his experiences of racism even if they were less government supported than they had been in South Africa. With these geographical and historic factors in mind we read this book with the knowledge that the author has experienced and is experienced in matters of race, racism and difference.

Davids talks about how we sometimes allow someone else's idea of what they want/think to enter and to lodge itself inside us, seize control of our own voice and then speak in their own voice. This gives the illusion that the utterings actually originated in us. Davids (2011, p.2) describes this as, "*…nothing short of a psychotic moment"*. This is a separation in the stability of one's self (the on-going sense of being in control of our selves – what makes us unique and different from the 'other') this allows the other to enter and take temporary charge of our faculties. A 'psychotic moment', as Davids describes it, a losing of one's self and a kind of patient coup over the therapist is an interesting concept. This is different from an over-identification where the therapist so empathises and relates to the patient's current presentation and state of mind that they

almost become one. Yet this can be interpreted as the patient taking over the therapist's mind and impairing his/her ability to think objectively about the patient. There is also the experience of being hit by a projection that connects on a personal level with the therapist. The countertransference response from such a projection can also have the consequence of rendering the therapist overpowered and out of control. The subsequent interpretation response can be greatly contaminated by the therapist's own preoccupations.

Davids talks about the different interactions he experiences from black friends and white friends. He felt understood by his black friends in matters of race but there was the caveat that he shouldn't take things too seriously or that 'these things happen every day'. His white friends however appeared more appalled by his stories of racism and much more militant in their reaction. He suggests that by following either one group or the other, "*…you walk away into a comfort zone of belonging…either you fit in quietly with what is expected of you…your very silence supports the notion that blacks are fair game for racial abuse, or you rebel…*'"(2011, p.5)

Davids shows us how race and difference creeps into some areas of our lives where we least expect it. He describes a social event where some friends are about to order some Indian food in a restaurant. One of the friends is of Indian descent and his thoroughly decent and upstanding white liberal friends suggest he would be choosing the hottest curry on the menu. A causal, throw-away remark from one of his friends was received by this man as a rejection and bitter realisation that he was not 'one of the lads' but the racial 'other'. Davids explains powerfully the sort of mental paralysis this kind of interplay can produce when the 'racial-other' is presented with seemingly innocuous comments. Because the comments were unconscious in their origin and thus we can assume delivered without deliberate intended harm, Davids explains that the man in highlighting such comments to his friends is met with puzzlement and confusion. The whole dynamic was quickly turned on its head and the offended man was now in the position where he is made to feel uncomfortable and possibly foolish for sharing his feelings. He comes across to his white friends as defensive, overly sensitive and with a chip on his shoulder. This is the meat of his book, the subtleties and intricacies of the racism we all capable of. Davids proposes that the sense of paralysis and separation that is experienced when such an exchange takes place comes from an unconscious, internal racism that is present in us all and operating at a pre-verbal level. The unconscious,

internal racism in this case is evident from the view that Indian people eat curry and are bound to order the hottest on the menu.

He states that there exists the perception of difference in all of us between ourselves and the 'racial other'. Davids comments on the external world and the social construction of groups, categories and how these external creations appear to have held sway in the understanding of racism. Davids makes reference to Farhad Dalal's book, *Race, Colour and the Processes of Racialization* (2002) on the origins of racism and while he acknowledges its merits he is also keen to point out that group analysis and sociology neglect to recognise the significance of the internal world. Davids suggests that the possibility of the individual's own internal organisations of social experiences were not acknowledged or entertained in Dalal's book.

Davids' book has three main sections. The first is clinical material that allows Davids to illustrate his theoretical proposals. He presents highly interesting and thought provoking material and explains how his countertransference was his most valuable tool in battling against the before mentioned racial organisations which in many ways prevented him from functioning as the analyst. 'Mr A', as Davids called him, was one such example. He was a thirty-something educated white Englishman who had a catalogue of failed analyses. In one fateful session Davids highlighted his patient's fear of his own enormous rage and was met with anger from the patient about Davids' use of the word 'enormous'. The patient's outburst proceeded to include not only Davids, but his own parents and past teachers that had been so willing the praise him. When the session was completed Davids describes feeling, "*well and truly done over"* (2011, p 23). After giving up on trying to ascertain whether he had said something wrong he came to the conclusion that he was feeling so hurt by Mr A's onslaught because he was racially attacked.

Davids describes the exchange with Mr A evoked feelings of immobilisation and helpless fury that he associated with earlier experiences of racial harassment. Davids explains that on later reflection he dismissed these thoughts and explained them away as his own racial preoccupations rather than "…*a proper countertransference reaction to his* [Mr A's] *material*" (2011, p.24). Yet the subsequent sessions provided further evidence of a widening 'difference' between therapist and patient such as enquiries about where the therapist was from, skin colour, the spoken accent, native/foreign ethnic configuration, ethnic consulting room décor and whether the therapist could really understand an English patient. Davids concluding understanding of the 'attack'

was that the patient had an internal racist organisation which was unconsciously constructed prior to the outburst. This organisation was to save him from feelings of dependency which were to be avoided at all costs. First the patient identified difference (external stereotyping which allowed for projection), then followed projections of unwanted parts into another. The patient's struggles were now the therapist's. The result is the therapist is experienced as 'in need' and everyone is in and should be kept in their proper place.

The second part of the book takes a look at other psychoanalytic authors that have contributed to this topic, such as Fanon and Dalal. The third part of the book concludes with 'Applications' which looks at the internal racist organisation and how it functions in institutions. Davids' thesis is that the internal racist dynamic inhabits so-called ordinary minds universally and this has significant implications. As I mentioned at the beginning of this discussion the psychoanalytic movement has historically struggled in this arena. The undeniable fact that this profession is largely a white middle-class profession in the western world may have something to do with the apathy race has been afforded. Embracing and reflecting the ever increasing ethnic diversity of our clients is the only hope that psychotherapy has from becoming an increasing marginalised profession, seemingly out of touch with multicultural environments. Although this book speaks largely to the psychoanalytic community it also serves as an eye opener to the wider community about the power of their potential unconscious racism but also gives some insight into the experiences of the ethnic minority patients living in white dominated western society.

Throughout his book Davids refers to black people and himself as black. He writes in the Introduction; "*To be black in a white world is an agony"* (2011, p.1). In light of what we now know of the complexity of ethnic origins and experiences would it not be more appropriate to say, 'to be non-white in a white world is an agony'? (or it can be). It seems surprising that Davids describes himself rather unreflectively as 'black', where there are other descriptions that might be more accurate. This binary way of characterising oneself ignores both the substantial and subtle differences there are between people from varying ethnic, national and cultural backgrounds, including his own. I believe that escaping essentialised categorisations will bring forth a richer, more multifaceted understanding of ethnicity.

Davids' thesis suggests that the psychoanalytic process and a psychoanalytic identity as a way of ensuring that developmental work can be done despite the interferences that

come from racialisation, both within and without the analytic situation. Yet is it not possible a more nuanced sense of the complexity of ethnic identities might also give rise to their understanding within the psychoanalytic situation, and detoxify some of the racial projections that can invade and disturb it?

Davids' theories on racism originating from individual internal processes contrasts with the work of Farhad Dalal's work on racism having its foundation in the sociological formation of groupings. His 2002 book '*Race, Colour and the Process of Racialization: New Perspectives From Group Analysis, Psychoanalysis, and Sociology'* focuses on race and colour in the UK. He explains how 'race' doesn't really mean anything in the biological sense but certainly it has weight politically. 'Race', in social-political parlance, is the colour of one's skin and therefore one's standing in society. Dalal states that race divides humankind for one reason only, the continuation of hierarchical power systems. The idea that human beings are from different races allowed for the notion of greater and lesser 'races'. There are purer races and what are the consequences of mixing races? Dalal dismantles these long standing indoctrinated ideas and shows they are nothing more than systems and categories designed to keep certain groups in place. Dalal suggests that historically 'race' has been an avoided subject within the world of psychoanalysis. He highlights how none of the pioneering analysts tackled racism directly and this may have been because psychoanalysis only considers the individual and largely discounts the environmental. Does this imply that all of the causes of symptoms presented by the patient are internal ones and therefore analysis is conducted in a social-political void? The idea that symptoms can arise from complex social interactions and power struggles is diminished within psychoanalysis and Dalal believes this is an error. How can psychoanalysis understand group phenomena, such as racism, as it fundamentally focuses on the individual? Dalal suggests something quite radical for the discipline of psychoanalysis, working/starting from the external towards the internal. The acceptance of external social experiences will allow for a greater understanding of the patient and thus the beginnings of work on the internal world.

Where Dalal differs from Davids is in his understanding of whether racial conflict originates from within or from outside. As we have seen Davids believes that we are inherently pre-programmed to notice difference. Dalal believes the acknowledgment of difference is more about feelings of power – inferiority and superiority, have and have not's. Dalal argues that these powerful positional states are political and cognitive

rather than biological. Interestingly Dalal begins his book with this paragraph of conclusions;

> *…difference is not the cause of hatred, rather, particular differences are called forth by the vicissitudes of power relations in order to organize hatreds (and other emotions) in order to achieve particular ends. These mechanisms work by lending the differences and the required hatreds an air of naturalness and so legitimates them. One such difference is that of race, which because of its fragility relies on the notion of colour. And finally, it is shown that the structures of society are reflected in the structures of the psyche, and if the first of these is colour coded, then so will be the second* (2002, p.1)

Davids (2011) and Dalal (2002) appear to take polarised positions in their thoughts and theories regarding the origins and mechanisms of racism. Perhaps a more accurate summation would be to say they have focused on different emphases in Fanon's original account, which had both an internal and an external dimension. Fanon suggested that the source of racialised identities or relationships lay in racialised power structures, but its effect was to produce deeply internalised assumptions and patterns of identity. Davids does not deny the 'external' factors, nor Dalal the 'internal', but one might argue that they pull apart the two elements of Fanon's thesis nevertheless

It is this contrasting understanding of racism that sociologist Simon Clarke also writes about in his 2003 book; '*Social theory, Psychoanalysis and Racism'*. Clarke presents a melding of psychoanalytic concepts and sociological understanding in the attempt to better understand the origins of what we call 'racism'. This combining of the way we experience and study the human being offers several theories of why humans have a tendency to exclude and discriminate simply on the grounds of skin colour or country of origin. One of the main questions this book presents is whether psychoanalysis is capable of tackling the very real yet invisible processes of supremacy over that of symbolic representation, in relation to the categorisation and devaluing of certain human beings. What processes are at work in deciding who is 'in' and who is 'out'? What makes one an 'I' and the other an 'it'?

Clarke (2003, p.39) defines racism as, "…*both the physical and psychological maltreatment of people because of their otherness…*" He suggests that the processes of projection and containment are vital in better understanding the phenomena of racism. He rather helpfully explains these psychological mechanisms for the reader and when

we might expect to see them manifest themselves. It is clear why we often project onto and into family members or friends or people we work with, what is not so clear is why these processes can mutate and ones projections create racial stereotypical caricatures, for example.

Clarke states boldly, "…*that we are all inherently racist, and that only sustained and critical self-reflection can move us on from this position"* (2003, p.170). This quote appears to echo Davids' position. However Clarke is really saying we have no choice in being anything other than racist as we are born into a social world that is historically racist. The society in which we are born is here before we are and thus moulds and forms us into racial human beings. Clarke suggests that it is only with the changing of society that we will see some movement in race relations.

The literature previously presented suggests that it is necessary to consider both the internal and external dimensions of racialisation and racial identity. The majority of these writers share the belief that race is essentially a cultural and political construction, and not a biological essence. This assumption is carried forward into the next phase of writing on these questions, about 'new ethnicities' where it becomes even more explicit.

New Ethnicities

I will now present some works by authors and academics that have studied and proposed new ways of looking at race and ethnicity. These studies and accounts speak for a more multifaceted account of ethnicity and contrast the binary black/white static positions written about by other authors.

Stuart Hall's influential 1989 article, '*New Ethnicities'* presented to the reader, amongst other things, new ways of thinking about race and ethnicity in modern Britain. The often used terms of 'black', 'race' and 'ethnicity' are analysed and revaluated. Hall focuses on emerging identity politics, both acknowledging and contextualising the geographical, historical and origins of previously presumed static racial categories. The new ethnicities can best be described as an acknowledgement of difference which challenges essentialism.

Hall's argument, much like Fanon's before him, focuses on the impact of colonialist racism. It is the understanding of the power-relations and the psychological projections of the colonial scene. However he does add a more 'culturalist' emphasis to his

argument, with a post-colonial understanding of diversity, not least arising from his knowledge of the Caribbean and the many hybrid forms which go to make up the culture of the different islands.

'Ethnicity' on the other hand is generally defined by differences in culture or custom and this is clearly not measurable in science or grounded in nature. Hall's definition of ethnicity, in the context of the title New Ethnicities, is his attempt to bring some understanding to the cultural creation of difference. This is not to be confused with difference in the quantifiable biological or genetic sense. Hall states that ethnicity is a subjective construct born from culture, language and historical factors.

However 'black' has from its conception until today never actually been a thing. Hall suggests that black and similar essentialised categories did have some place in the past. They served as an;

> *…organising category of the politics of resistance, among groups and communities with…very different histories, traditions and ethnic identities… 'The black experience', as singular and unifying framework based on the building up of identity across ethnic and cultural difference…became 'hegemonic' over other ethnic/racial identities* (1989, p.1)

'Black is beautiful' was an aspect of this, the accepted notion that there was such a thing as being black, but that it could be a matter for pride rather than shame.

However the idea of a black 'essence' ultimately reduces, limits, ignores, trivialises, hides and denies a myriad of individual histories, conflicts, origins, triumphs into one indistinguishable homogenous black. Black is far more than just a descriptive title of race or skin colouring. It is a historical and expansive positional title that has modified over history, not created by the black community itself but by the aggressive systems around them. Hall pinpoints black, in the context of Britain, at a significant historical conjuncture as an identity creation that continues morphing from one position or context to another. Black is a politically and socially constructed category that has no biological or natural bearings. Hall describes one example of this shifting as the re-positioning of black as a label of identification. In Britain black has been perceived as an 'experience', the black experience if you will, the singular common existence/experience felt by all black people in Britain. Initially black stood for all non-white people in Britain. However, this is no longer the case.

As stated previously the term ‘black’ has historically had some positive unifying effects such as the 1970’s slogans stating ‘black is beautiful’ and in the US ‘black power’ strove to challenge the earlier negative terms such as ‘coloureds’ or ‘nigger’. Nigger is a fascinatingly emotive term. Its origins stem from the days of the plantations and slavery yet it is still common particularly in America. It is a term that if used by the wrong person can and will cause great disturbance, so much so that the non-black communities refer to it as, ‘the n word’. Yet in American film and music it is widely used by black musicians and actors, as we will later read, my patient often addressed me with a, ‘What’s up nigga? The reader will notice the variation of the spelling. The American exploitation or Blacksploitation films of the 1970’s such as Shaft 1971 and Foxy Brown 1974 saw the black community take ownership of ‘nigger’ and made it ‘nigga’. The Hip-hop/Rap culture picked this up and ran with it into the 1990’s and 2000’s.

Hall explains that black was an import from the US and brought with it certain American associations, although within Britain black had a specific context historically referring to Indian Asian, West Indian and African communities. Paradoxically the original deceptive unifying category black, which metaphorically put all the bad eggs in one basket, actually brought non-white communities together. A movement towards unity rather than difference was constructed and promoted the idea of a good black subject. A consequence of this was obviously the reverse, the bad white subject. Hall suggests that historically these politics are vital in the continuing struggle against racism in Britain.

Another significant movement was the end of the “…*innocent notion of the essential black subject”* (1989, p.3). This emerges circa early 1980’s according to Hall. There is a burgeoning realisation of the diversity of subjective positions, i.e. contrasting social experiences and a myriad of cultural identities that create the so-called category black. This was recognition that this particular term was nothing more than cultural/political constructed category, “…*which cannot be grounded in a set of fixed trans-cultural or transcendental categories and which therefore has no guarantees in nature*” (1989, p.2). So black moved position from established unifying identity politics to a position grounded on the politics of difference. This second movement allowed for self-reflexivity, the recognition that black was essentially constructed, but also provisional and couldn’t be grounded in fixed categories.

Hall suggests that as history and culture are fluid and perpetually moving, so too is ethnicity. Thus in Britain in particular the original black category both united and yet

conversely set up power struggles between certain ethnic identities (South Asians and West Indians and Africans). How long can black really survive in today's Britain with its increasing ethnic and cultural diversity? Recently the 'mixed-race' category has asked questions of what 'black' really is. The term hybrid has a lot of negative connotations because many host societies have a deep-rooted sense of a pure culture that is being polluted by the foreign culture. This is nothing more than an illusion, cultural and ethnic purity never existed. This last assertion may alarm some people and to others it may bring relief and peace. Hall's article ends with his hope that future writers and thinkers truly understand every aspect and complexity of today's Britain, with its multitude of' races and colours in a holistic manner.

The theoretical and political arguments presented previously support my thesis in helping reframe the often residual, looked down on and somewhere 'in between' category of mixed-race to something that is abundant and constantly evolving. It enables the possibly to recognise mixed-race not as a by-product but as something more like a universal condition. A very large number of people are of mixed heritage in one way or another.

Autobiographical Accounts

The follow sub-chapter will focus on autobiographical accounts of people of mixed heritage and will present the similarities and differences these people have faced throughout their lives.

Jayne Ifekwunigwe's 1999 book '*Scattered Belongings'* presents to the reader vivid accounts both personal and political of mixed-race experiences and theories. It is a book predominately about ordinary people grappling with the problems of belonging and not belonging, their often painful experience of being a stranger in two cultures and feeling in a kind of limbo between black and white.

The author describes the structure of her book as having two major purposes. The first is to redress the meagre accounts in British literature on the theoretical issues and identity concerns of the mixed-race subject. The second, more substantial, objective of the book is to present the experiences of working and middle class mixed-race people in Britain using their own words and narrative. These chronicles, at times both humorous and agonising, challenge what it actually means to one's identity being mixed, black

and English all at the same time. The author's desire is to create a dialogue or bridge between these powerful personal testimonies and the constructed cultural theories that surround them.

Ifekwunigwe opens her book with an examination of the terms 'race' and 'mixed-race' and also the social hierarchies in which races are assigned. She explores historical and cultural origins of the popular dialogues of race (which she frequently refers to as the 'science fiction of race'.) Her critique of 'race' is fascinating. She presents quotes from several scientific scholars all agreeing that there is actually no such thing as 'race'. Certainly human populations vary enormously throughout the world in terms of visible characteristics – eye colour, skin colour, hair texture, body and facial structure. It is hypothesised that the myriad of physical variations on earth occurred through migration and evolutionary change due to environment. It is the continuing reproduction of similar looking peoples within their particular population that brought forth the idea of different races. The reality is that some peoples share a higher cluster of physical traits than they do with other peoples. There is only one 'race', the human race, Homo sapiens.

Yet race and the idea of different races continue and appear entrenched in every aspect of the modern world just as it has been for the last two hundred years. This has been, and continues to be, a reason of much conflict and division, with early scholars and scientists proposing that there was an evolutionary hierarchy amongst the different races. This is why the notion of mixed-race has been so emotive. Ifekwunigwe explores the problematic origins of the term 'hybridity' back to its genesis in nineteenth century race science or science fiction as she would call it. She looks both at the anthropological, biological evolutionary argument against the contemporary theories of cultural hybridities and the reframing of black as difference. She discusses the impact these contrasting theories/concepts has had on the perception and understanding of mixed-race.

The title or naming of the person with dual heritage has caused political as well as personal controversy and debate for some time. How does the individual identify themselves without taking sides? Research has shown that often there is an over-association with one culture/parent/colour and thus minimising, relegating and sometimes denying their other heritage. An example of this is the mixed-race person being labelled black and often themselves actually identifying as black. The author's solution to using mixed-race was to use the title 'metisse'. This roughly translates to a

person of mixed parentage or ancestry. Ifekwunigwe states that this title has significant advantages over terms such as mixed-race, biracial and multiracial as it highlights the person's mixedness rather than their so-called 'race'.

The main body of the book follows the moving narratives of six such women, born of both African/African Caribbean and European/British parentage. As a collection of testimonies they perfectly illustrate that it is not only race that had shaped their respective identities but also their environment, ethnicity, gender and class. Their stories demonstrate that the locality and the historical timeframe play a role in identity formation and this is no doubt linked to their societies' then existing view on race and thus mixed-race. One of the dilemmas related to identity mentioned by the women in their narratives was the notion of Englishness. They had felt that Englishness was exclusively associated with being white. Ifekwunigwe states the women;

> *…tangle with the twin torments of "Englishness" being exclusively associated with "Whiteness" as well as the presumption that one's designated "Blackness" automatically inflicts one with a (mis)placed African diasporic condition* (Ifekwunigwe, 1999, prologue. xiii)

The mere fact that they were non-white meant they could not truly be English and thus experience England as their rightful home. It could be argued that England and Englishness is quite different today from that of merely thirty years ago when it was associated with whiteness and even far right movements. Today the capital London is inhabited by less than 45% white British [2011 census]. That said, in London I am often still asked, 'Where do you come from?' When I respond 'West London' the answer is always, 'Yeah, but where originally? So as Ifekwunigwe's case studies suggests Englishness is still linked with being white, even in the global city of London, even in 2013.

With many negative and conflicting perceptions about what it meant to be mixed-race (or as several of the women were referred to, half-caste) they ended up creating by themselves their own identity. However Ifekwunigwe states that in several cases these women were encouraged by older black women to identify with black culture. In essence they were being groomed to be black. The author names this process '*additive blackness'* (Ifekwunigwe, 1999, p.91) This suggests the mixed-race person is swept away in the illusion that they are black and thus comforted in the fantasy they are a part of a larger collective. This is substantially backed up by the way certain societies

perceive mixed-race, particularly the one-drop rule. The over- identification with black may produce, on the surface, a sense of belonging and unity but ultimately in a less conscious place the repressed, denied white part is fighting for a place.

Conversely these 'metisse' women, of whom several were encouraged to relate to their black sides, actually had a primary object, their mother, who was a white woman. Now we can observe the complexity of these dynamics. Many of the women's mothers either denied or were forced to disengage with their daughter's blackness while other mothers had the blackness thrust down their throats. These revelations compel the reader to think pretty carefully about where they come from and examine their own childhood experiences of being parented in relation to their own parenting.

The strength of this book lies in its author's skill in relating the real-life experiences of the metisse women to the theories behind mixed-race and cultural identity. It provides a certain amount of measured theoretical innovation on race and mixed-race as well as the six emotionally powerful narratives from the women. This book delivers yet another argument for the abolition of racial classifications and promotes the understanding and continuing exploration of multi-ethnicities. Jayne Ifekwunigwe's ultimate success in '*Scattered Belongings'* is how she shows that the lived in experiences of mixed-race people can help us all better comprehend the dynamic creation of identities in an multicultural world.

The complexity of this subject is powerfully encapsulated in two autobiographical novels by mixed-race authors Jamila Gavin and June Cross. Their contrasting formative years as children of mixed ethnic backgrounds highlight their perceived blessed and alienated positions.

'*Secret Daughter: A Mixed-Race Daughter and the Mother Who Gave Her Away'* (2006) by June Cross is an autobiographical account of a white mother who gave up her daughter for adoption in the 1950's because her daughter was black (mixed-race). As with the majority of mixed-race stories it charts the struggle between internal and external identity and acceptance. Children look at their parents and not only see inherited facial characteristics they also look to see their future. This is straightforward for the child with both parents of similar ethnic origins but not so for the child of mixed ethnic heritage. This is powerfully illustrated in the opening paragraph of chapter one. Cross (2006, p.1) writes,

> *I search for mother's face in the mirror and see a stranger. Her face is toffee coloured and round; her eyes, the eyes of a foreigner slanted and brown. They are not my mother's eyes: irises of brilliant green set obliquely in almond-shaped sockets above high cheekbones. They said I looked exotic, she classic. Together-a bamboo coloured redhead carrying her olive-skinned, curly-haired toddler- together, we seemed alien. Skin fractured our kinship.*

This beautifully written paragraph is flooded with the pain of trying to find oneself in a world where there is no frame of reference. Conversely Jamila Gavin's 2002 '*Out of India'* presents a quite different picture of the mixed-race experience. Gavin was born to an Indian father and an English mother in the late 1930's. She lived her early life in India and her memories of this time are full of love and exotic fruits and strange places. She moved to Britain during the height of the Blitz and talks about a very different atmosphere in England but with similar warmth as she does to India. Gavin writes that she learned to call herself, 'half and half' but is insistent that the reader understands, …"*I inherited two rich cultures which ran side by side throughout my life, and which always made me feel I belonged to both countries"* (2002, p.110). I think this is the dilemma or conundrum of the mixed-race child/person. One can feel special, blessed with two cultures, seeing both sides of view and/or one can feel isolated, excluded and cultureless.

One of the few male perspectives of the mixed-race/ bi-racial/ multiracial position is Barack Obama's memoir '*Dreams From My Father'* (1995). He wrote this when he was just 34, still 14 years before he became the 44th President of America, and it first 'black' one. Obama tells of his divided family's history and how his mother separated from her father when he was just 2 years old. A black man married to a white woman in the US still raises eyebrows in certain southern states today but back in the 1950s this was often met with extreme prejudice. Obama describes the phenomenon of originating from two different countries, and thus belonging to neither. Living his early life in Hawaii, which at the time was an incredible diverse and accepting environment, brought Obama no solace as he never held the feeling of completely being part of one people or one place. Obama recalls his childhood and his perception of racial difference emerged quicker than most, "… *my father looked nothing like the people around me…he was black as pitch, my mother white as milk…*"(1995, p.10) Obama describes his struggle as a youth in trying to reconcile the perceptions and stereotyping attached to his mixed heritage.

The book is written, as the title suggests, heavily on Obama's quest to find out more about his African heritage. Even though Obama is no more black than he is white, the fact that his father was missing throughout his childhood and adolescence undoubtedly created significant fantasies about this missing object in Obama's life. I believe this why there is a definite absence in his writing about his white heritage even though it was this strand of his family that raised him. He states that his mother was the only constant he had in his life and had he knew she would die early he would have been even closer and appreciative of her. However it was his father's tragic death shortly after the couple had begun to re-established relations that powered Obama's further interest in his father's homeland. He travelled to Kenya, found his father's 'Luo' tribe and discovered he had Kenyan siblings. This geographical, identity and psychological pilgrimage undertaken by Obama sheds light on the complexity of his life; the missing father, the racial identity issues and the choice of the mother-land or home-land.

This section has discussed, under the heading Autobiographical Accounts, various writings of different kinds (two are novels) about mixed race identity. The purpose of this is to complement the theoretical understanding of mixed-race (previously presented) with an experience-based perspective. These authors present powerful narratives that are both similar and contrasting in their content and provide a counterpoint to the premise that there is a singular 'mixed-race experience'.

Unique Research

Another informative piece of work on this subject is the research (both qualitative and quantitative) conducted by Barbara Tizard and Ann Phoenix, both distinguished psychologists. It presents a recent account of the adolescent mixed-race experience which is highly relevant to this thesis. Tizard and Phoenix's 1991 book- '*Black, White or Mixed Race? -Race and Racism in the lives of young people of mixed parentage'* and their 2001 revised addition which presented new material on mixed-race adoption, aimed to explore and share the experiences of young mixed-race people in Britain. The up-dated material of chapter 4 titled '*The 'transracial adoption'/'same race' placement debate'* attempts to tackle the on-going debate on whether mixed-race children should be adopted solely by black or mixed-race parents. Tizard and Phoenix present arguments both for and against this principle. Twelve years after this revised edition was published this is still a hotly contested social and political conundrum. The recent

shift to place black children or children of mixed-race with suitable parents regardless of the carer's ethnicity or culture is largely to do with the significantly longer time it takes for these children to find a permanent placement compared with their white peers. The current ideology is that a good family home, irrespective of its racial background, is better than none. This is rebuffed in some quarters and is seen as creating identity confusion and eventual cultural dilution.

Another reason for the revised version was to address the inclusion of the category 'mixed' in the 2001 census. This was the first time that a UK census had acknowledged and assigned people of dual or multi heritage their own category. Tizard and Phoenix are keen to comment on the significant strides the United Kingdom have made in recognising 'mixed' as a category in its own right rather than the previous 'other' or 'black other' title. This implies that the idea of difference and identity and the language of difference had shifted since the previous census in 1991.

The book, both the 1991 and the 2001 versions, conveyed its authors' continuing understanding of and research into issues of ethnicity, identity and racialization. They specifically looked at the new and original ways being used in thinking about race and identity. The possibility that race or identity could be multifaceted, dynamic and fluid, challenged the juxtaposition of race and identity being merely a social construct and therefore specific in its context. This obviously causes something of a dilemma for the researcher. How does one measure ever-changing demographic configurations and changes in the racialisation of groups and families? As we have seen pre 2001 many new ethnicities were neither recognised or identified and thus grouped together and classified under such titles as 'other'. This allowed for, and maintained, the static classifications of established ethnic groups that were the only ones captured. This is a clear and current problem wherever there is a significant ethnic majority. The ethnic majority define the ethnic minority, even in inclusive and cosmopolitan countries like the UK. Even the recent 2011 UK census, with its myriad of selectable ethnic categories, appears to have failed to capture the full demographic reality of the mixed race population. As I have mentioned earlier research conducted parallel to the 2011 UK census shows that there may well be double the amount of mixed-race people in the UK than were captured in the census. The reason for this is the continuing perception in some quarters that mixed-race is actually black or black-other (why not white-other?) In other words, a significant proportion of mixed-race people feel, or are made to feel,

black and hence classing themselves as such. This matter is covered quite extensively in Tizard and Phoenix's book.

Their book starts with a brief history of mixed-race people in the UK. This is followed with a chapter on identity and then the aforementioned new material on mixed-race adoption. After a chapter on their research, methodology and theory, the book looks at qualitative first-hand accounts from young people of mixed race, their friendships, their identity, their parents and racism. The appendix presents fascinating quantitative data from 1991which includes mixed-race statistics on- type of school attended, social class, family structure, self-identity title and racism experienced, against samples of black and white children. The author's research discovered that nearly 50% of mixed-race people interviewed described themselves as 'black'. Yet only 30% of their black peers and 16% of their white peers saw mixed-race people as black. This highlights the previous discussion on capturing accurate demographic data even when greater lengths have been taken to include mixed-race categories in recent censuses. One could speculate that in 2013, and in particular London, those figures would be different. Although mixed-race people titling themselves black may still hover around the 50% mark, black people and white people would certainly regard mixed-race people as something other than black. I would suggest that this is mainly to do with the increase of the mixed-race population over the past 20-30 years and its greater exposure in the public's consciousness.

Tizard and Phoenix do stress that it is, "…*important to remember that radicalised identities…are not fixed entities"* (2001). The authors recorded evidence to support this through the interviewees who were more than willing to share their changing experiences of being a mixed-race person. It is a combination of parent configuration, gender, schooling, class and environment which shape any child but these factors vastly impact the varying definitions used by mixed-race young people of their radicalised identities. In fact the mixed-race person may inhabit a black position when in certain circumstances and company, inhibiting or suppressing the mixed or white part of themselves. An aligning with their white part is also possible, given the correct situation, at the expense of the black or the true mixed-race self. These changes can potentially happen multiple times daily. This shows the difficulty of trying to categorise this particular ethnic group.

Tizard and Phoenix's qualitative research suggested, "*…a mixed-race girl in a middle class girls' school was thus a very different and easier experience from being a mixed-race boy in a working class school"*(Tizard and Phoenix, 2001, p229). Tizard and

Phoenix's findings may in fact be suggestive of a kind of liberal middle-upper class attitude towards mixed-race, where issues and conflicts are denied and frowned upon. A sort of, 'We are all equal', kind of stance. Yet the classes below provide a much richer, dirtier and more authentic arena for open and progressive debate regarding race. This book clearly shows the difficulties in trying to research concepts that are fluid, dynamic and subjective.

Even though Tizard and Phoenix's original book is now 23 years old and their updated version 13 years old, the two publications stand as the most substantial empirical social scientific study on the emergence to prominence of mixed race issues in British society today. Their findings in regards to black and mixed-race identity are of particular significance and thus provide a valuable context for this research.

Mixed-race and Psychotherapy

Ruth. M. Lijtmaer's 2006 paper '*Black, white, Hispanic and both: issues in biracial identity and its effects in the transference-countertransference'* is one paper that shares many similarities with the case-study presented in my thesis. The clinical vignette is written by a mixed-race therapist and highlights the complexities of the transference and countertransference when working with a patient of similar race. It should be noted that although there are significant parallels in this essay with my own work presented in this thesis, there are also fundamental differences. For one, Lijtmaer's patient is not mixed-race. Another difference is that the therapist and patient are clearly different colours. These differences provide a useful juxtaposition to my own work, its findings and the theories that I will present later.

Lijtmaer sets the scene by acknowledging multiculturalism and the shrinking world we all now live in. She comments on the changing composition of ethnicities in many of the world's major cities due to the coming together of different cultures and races. Throughout the paper she uses the term 'biracial' to categorise this joining together of two races. Biracial may be seen to have some advantages over mixed-race as title. Although mixed can represent the joining of two or more things and be experienced as a positive occurrence, it also has the less favourable association with being uncertain, conflicting, and confused and jumbled. However biracial also has its ambiguities. 'Bi' being a number prefix denoting two implies the ethnic identity of the subject is only two when there are many possible elements in a complex ethnic identity than merely two. It

seems that 'Bi' risks reproducing the essentialist definition, restricting the number of alternatives that can be recognised or allowed to exist. Contemporarily 'Bi' is now a term in itself, short for bisexuality, this only serves to further complicate the term biracial.

Along with her real (external) world overview Lijtmaer also rather helpfully introduces the internal world and presents some definitions of psychoanalytical terms for the semi-lay reader such as 'Splitting', 'Transference', 'Countertransference' and 'Ego identity' etc. She particularly does well in describing fragmented parts of the ego and idealised and hated parts of the self. "*Patients who use splitting, to maintain an inner sense of goodness, develop the fantasy that the badness is out there (projective identification)*" (2006, p131).

In her clinical essay Lijtmaer brings attention to the fact that she is of mixed ethnic heritage, "*…I am from South America and raised to speak Spanish. My ancestors came from Eastern Europe, therefore my complexion is white and I consider myself a Hispanic non-practising Jew"*(2006, p131) She states that she became more aware of this when she started to see a patient who was from central America and also spoke Spanish. This raises two questions that related to my own experiences. First, Lijtmaer noticed that she had a heightened awareness of her own ethnic background when she started to work with a patient of similar origin and race[3]. Secondly Lijtmaer describes her complexion as white. This brings into question the varying degrees of biraciality or mixed-raceness and the resulting ethnic appearances. A South American with Jewish European ancestry may look quite different from, for example, a Ghanaian Scottish union. Biracial/mixed-race people who do not look 'mixed' (ethnically resembling only one parent over the other) produce, I believe, quite a different set of internal and external questions than that of a person whom takes on both parents ethnic physical traits.

Lijtmaer's ethnic origins are clearly diverse yet she looks white and people see her as a white woman. She, and other people of multiple ethnic origins that look 'single-race', may well struggle internally with identity and cultural issues but externally they will be seen as single-race. Lijtmaer's patient experienced working with a white therapist and thus would have had preconceived and stereotypical ideas about her white therapist.

[3] This also happened to me. The patient referred to in this thesis was by no means my first patient during clinical training or for that matter neither was she the most technically challenging but she did evoke within me a personal struggle and reassessment of my ethnicity that no other patient triggered.

There is the potential for greater fantasy and less stereotypical preconception on the patient's part when the therapist's ethnic background is unknown or unclear, as was the situation in my case study.

Lijtmaer acknowledges that her countertransference was already busily at work even before she had met her patient. The patient had searched for a Spanish speaking therapist and after their initial telephone conversation Lijtmaer fantasised about her proposed patient as a curly haired sensual olive skinned woman. When the couple met in person Lijtmaer was surprised to see an overweight black woman. It is the first face-to-face interaction between patient and clinician that either validates or invalidates our fantasies or preconceived notions. She states the importance of therapist's caution in applying personal assumptions when dealing with ethnically similar dyads, yet surely wouldn't this also apply to ethnically different dyads? And furthermore, sometimes some of the therapist's fantasies and assumptions regarding a patient of similar ethnicity may well be proven correct and even have similarities to that of the therapist. This is where the potential for over-identification between patient and therapist is a threat.

Lijtmaer's tells us that her patient was teased as a young girl about the colour of her skin as all of her friends and family were fair skinned and she stood out as having a dark complexion. Very early she began to split herself into the good Spanish speaking girl who was accepted and the bad dark skinned girl who was ridiculed. Lijtmaer confesses to feeling sad for her patient and also having her own memories of discrimination feeling insignificant by comparison. Lijtmaer comments on being touched by her patient's stories of childhood and identifying with a similar Hispanic upbringing. She also spoke of a strong desire to tell her patient that she was a wonderful human being after hearing from her patient that she thought her colour may have affected Lijtmaer's decision to see her.

Lijtmaer's describes how she and her patient spoke very openly about their white-black-Hispanic relationship. Trust was a big issue for the patient because even though they shared a common tongue they were separated by colour. The patient's mother was a major factor in the therapy as she fed the idea that black was bad to the patient from a very early age. Lijtmaer understood that this had to be taken up. The patient denied any negative feelings towards the therapist and Lijtmaer saw herself as the good mother in her patient's eyes, someone who could accept the black-Hispanic identity struggle. The

work evolved into not just looking at a black patient or Hispanic patient but a whole patient. The patient could be black, Hispanic or both: a whole person.[4]

Lijtmaer's vignette suggests that the biracial person has their racial identity significantly shaped by the way other people validate or invalidate the chosen racial identity the biracial person has adopted. This can cause considerable psychological distress and long lasting identity issues. This often confused ethnic identity has a substantial influence on the transference-countertransference. Lijtmaer states she is white, Hispanic and Jewish, a mixture of identities and ethnicities to be sure but lacking the one element that appears to cause the most confusion and angst, colour.

The Relevance of these Literatures on Race and Ethnicity to this Research Project

I will now briefly point out some of specific relevance's of the writings discussed above to my own research. Firstly and most directly, there are multiple similarities between Lijtmaer's clinical vignette and the clinical study presented in this thesis. These included: the splitting off of the bad black part; the pressure within the therapist to tell the patient that black is good; some shared early history; and also the eventual incorporation through the process of the therapy of different valued parts. However there were significant differences. Lijtmaer's patient looked black even though she spoke Spanish and came from a Hispanic family. The therapist looked white even though she had Jewish and European heritage and spoke Spanish. It was a black-white dyad. Returning to the earlier passage from Lijtmaer (2006, p130), "*…it is a person's appearance that gives us the first information about an individual through face-to-face direct interaction*". Underneath the colour of these women's skins were several strands of commonality and shared experience. However the therapy was kept 'safe' as the therapist was idealised and couldn't be disappointed for fear of rejection and the therapist felt waves of sympathy and guilt (feelings well noted and recorded in white therapist/black patient dyads). Even with a shared tongue and similar early upbringing there can be no getting away from the face in the mirror. This brings us back to what we look like and everything that might mean. What does the biracial/mixed-race person see in the mirror, black, white, brown or is it not quite as simply as that? Lijtmaer particularly does well in describing fragmented parts of the ego and idealised and hated

[4] The 'good-mother' (in my case 'good-father') and the work around the reintegration of split-off parts were also fundamental to my own work presented in this thesis.

parts of the self. My patient, discussed in this thesis, defended herself against feelings of rejection and worthlessness, which were associated to her father, by projecting these unwanted ethnic parts into all brown people. Her father became the bad object and she was free of his ethnic influence.

On a broader scale, there is a more conscious rejection of 'blackness' among some colonised peoples, described by Fanon in 1952 but still relevant today after much decolonisation has taken place. By adopting the coloniser's culture and customs the black person elevates him/herself nearer to white. Whereas my patient's father (and other immigrant people of colour) could marry white partners and thus by association become white, my patient had to repress/split off a part of herself to become white. She so despised her low, abandoning black part that she only associated with white people.

Both Fanon and Stuart Hall talk about their experiences in the Caribbean and how some Martinicans and Jamaicans perceived white as better and some even strive to attain white status. This certainly had similarities to my patient's 'white with a tan' persona (further discussed later). She actively encouraged this masquerade amongst her friends and even sought to project the same falsehood onto her therapist. Not only did this make the patient and therapist the same but it also elevated the therapist to the more advance white man position. My patient once presented a physical representation of such a fear of black when she noticed the difference in colour between her sun-kissed arm and her complexion underneath a bracelet she had worn for a year. She described with annoyance her tanned skin as 'not her real colour' and that 'white was better'.

My patient lived with the belief that black was no good and in particular her mixed state didn't fit in anywhere. She was neither this nor that; she was half-caste, mixed-race, impure, unwelcome and unwanted. A greater exposure to, and understanding of Hall's and similar authors work on 'new-ethnicities' could help children and adolescent's like my patient come to terms with their dual/ multiple heritages. Hall states that the very concept of ethnic and cultural purity is nothing more than an illusion and that people born of mixed backgrounds are as whole and pure as anyone else on this diverse planet.

Ifekwunigwe's case studies have shown that often there is an over-association with one culture/parent/colour, and thus minimising, relegating and sometimes denying a person's other heritage. An example of this is the mixed-race person being labelled black and often themselves actually identifying as black. My patient clearly repressed her father's ethnic heritage and over-identified with a distorted version of her mother's.

The claiming of one ethnicity over another is often a dual external and internal process. The splitting off of an unwanted ethnic part due to some trauma related to a primary object maybe the genesis but there is also the possibility the rejection or acceptance from outside (others) regarding ones race that can also influence identity. My patient experienced both examples in her childhood.

One of Davids' aims in '*Internal Racism'* (2011) is to propose to colleagues, and by association patients and the wider public, the power of their potential unconscious racism. He largely does this by exploring the polarised black and white positions and also the consequences of trying to fit in or take sides with either of these positions. Davids suggests that his black friends are more accepting of racism than his white friends. Davids proposes there is no middle ground for the black person in reacting/experiencing racism; they are seen as either fitting in quietly or being confrontational. Unfortunately Davids' focus on these binary categories and their manifestation in everyday life seems to leave no space for the complexities of multi-ethnic identity. How do these theories marry with people that are both white and black? Are mixed-race people more or less accepting of racism than black or white people? Where does the concept of the 'racial-other' fit in with a group of people whose 'racial-other' maybe in a state of flux or possibly even be more of an self-contained internal struggle? These are all highly subjective questions but nevertheless are ones which would merit further exploration.

The concepts of internal racism, internal racist organisation and the racial-other are theoretically interesting and important. However, as my own work will later highlight there is often a fine line between thinking with these concepts and personal preoccupations and paranoia. Recognising a countertransference reaction which may be tainted with the therapist's own preoccupations requires a high level of self-awareness and excellent supervision.

Psychoanalytic Themes: Countertransference and Projective Identification

This research is about a psychoanalytic treatment in which issues of ethnicity and cultural identity were very important, and I believe it was necessary to consider two major areas of literature, one concerned with ethnicity (as I have previously presented) and the other with areas of psychoanalytic theory especially relevant to issues of ethnicity. I found that certain key writings about the concepts of countertransference

and projective identification were most central to my work with the chosen clinical case. It was through these processes that I came to understand some of the 'racialised' dimensions of my work with this patient.

Sigmund Freud described the analyst's position and motivation towards the patient as consisting of 'benevolent neutrality'. The analyst would be concerned for the welfare of the patient but not emotionally involved. Roger Money-Kyrle's 1956 paper '*Normal Countertransference and Some of its Deviations'* challenged this view. Along with the drive for reparative work which combats the patient's self-destructiveness, Money-Kyrle suggested that a parental drive is equally important. This did not imply that the patient represented a child but it would be the analyst's contact with the patient's inner/unconscious child that would be of importance.

The strength of this paper is Money-Kyrle's analysis of the countertransference and complex relationship between identification and empathy, both introjective and projective. At the time this paper was written, the countertransference was being widely accepted as a part of the analytic process. Yet as the title suggests it was still seen as a psychic process that potentially impairs the analyst but can also greatly help both analyst and patient.

Money-Kyrle takes us step by step through the processes of analyst –patient communication. The patient says something to the analyst (projection) and the analyst digests/transforms the communication and re-projects (through the means of an interpretation). This is taken in by the patient (introjection) and hopefully assimilated. This all works well if the analyst's receiving parts are functioning well and the interpretation that he returns to the patient is experienced as positive and helpful. This is what is classed as 'normal' countertransference. Money-Kyrle writes;

> *Unfortunately, it is normal only in the sense of being an ideal. It depends for its continuity on the analyst's continuous understanding. But he is not omniscient. In particular, his understanding fails whenever the patient corresponds too closely with some aspect of himself which he has not yet learnt to understand* (1956, p131)

So we find that if the patient's conscious/ unconscious communication disturbs the analyst it is likely that the projection has impacted upon the analyst's own unresolved issues. The consequence of this could be a re-projection from the analyst into the patient that is not helpful to the patient's needs. The analyst (depending on their expertise and

clinical experience) may try to repair the break straight away or possibly next session but the harm has already been done. The misguided interpretation has brought about the perception of a damaged analyst object in the patient.

Money-Kyrle suggests that this mess can sometimes take some time to work through. The grounded theory analysis of my clinical material produced evidence to suggest that even if the patient perceives the analyst as affected by their comments (by means of the therapist's subsequent misaligned reply) sometimes, if the patient is in-tune and healthy enough they can themselves guide the therapy back into even waters.

Whereas Freud initially experienced the countertransference as a symptom of an incomplete, unsuccessful analysis and something of an obstacle, Money-Kyrle suggests that countertransference is founded on empathy which will help analysts' gain better understanding of their patients. Money-Kyrle concludes his paper by suggesting that analyst's motive should be one of curiosity and benevolence with reparative and parental drives. In his armoury to help him accomplish this mission are his theoretical knowledge of the unconscious and his own personal experience of this gained from his own analysis. I would suggest that the armoury Money-Kyrle refers to would be a tool that would have the potential to evolve throughout the therapist's professional life. As new theories are proposed and old ones modified the therapist would continuingly gain insight into the mysteries of the unconscious. However the part of his/her armoury that is founded of personal experience and self-awareness, through the process of personal analysis, is potentially more problematic and less straight forward than simply keeping up to date with what is new in the field of psychoanalysis. One example of this is the trainee psychotherapist. Whilst having patients of his/her own the trainee therapist is undergoing their own personal analysis. Occasionally there may arise the situation where both patient and trainee therapist are working through a similar issue or preoccupation. This was such a case with my adolescent clinical training case.

Money-Kyrle shows us that it is the analyst's own deep understanding of themselves (through the process of analysis) that allows for a partial identification with the patient, through his acquaintance with his own unconscious, and produce an interpretation of his patient's behaviour. When this is going well ('normal' transference/countertransference) the identification fluctuates between projection and introjection with the analyst absorbing the patient's current state of mind, recognises it has some effect in his own unconscious and then re-projects (through interpretation) back to the patient. What keeps this pattern alive and successful is the analyst's repeated acts of recognition in the

introjective phase, and thus the re-projected interpretation. A break-down in this complex process occurs when there is a failure in this recognition. Money-Kyrle suggests this may be the result of the analyst not fully understanding something within him/her and thus the patient has become too close and therefore dangerous. If the analyst re-projects before sorting out the disturbance within him/her, this will only serve to compound the separation between the two. This may lead to the analyst doubting his/her reparative powers and to defend against these depressing feelings he/she feels angry at the patient. Money-Kyrle states that the '*less satisfactory states'* in which the analyst's feelings are disturbed are more common and frequent than analysts remember or care to admit. Yet it is in these uncomfortable moments that the analyst has the chance to gain some insight into his/her own difficulties, thus decreasing its influence and hopefully learning more about their patient.

Freud did revise his earlier position regarding the countertransference and through the works of Melanie Klein on projective identification and later Paula Heimann (1950), the countertransference is now regarded as one of the therapist's/analyst's many valuable tools. However there have been psychoanalytic papers that have proposed that a truly meaningful countertransference experience is so unsettling for the therapist/analyst they would rather avoid it out of fear. Irma Pick's paper '*Working through in the countertransference'* (1985) presented to the reader clinical illustrations of dealing with such strong feelings calmly and producing interpretations that are founded in solid analytic technique.

Pick shows the work that is needed to done by the analyst when encountering such uncomfortable phenomena but also how the patient is vigilant (either consciously or unconsciously) of whether the analyst is really with them or distant. "*Constant projecting by the patient into the analyst is the essence of analysis; every interpretation aims at a move from the paranoid-schizoid to the depressive position*" (1985, p158). Pick suggests that historically analysts would deny or resist being affected by their patients as it was perceived as weakness or poor technique. This was certainly the situation I endured when working with my patient. Of course there was always the excuse that I was a trainee and still learning on the job, as it were. This defence was seldom any real comfort to me as much of the material the patient presented in sessions struck a chord with my own personal history, in a sometimes disturbing way. Separating the experience of the patient from that of the therapist was vital and was

made able by excellent supervision, fruitful analysis and a growing confidence in utilising the countertransference.

Pick suggests that by embracing what the patient is experiencing/projecting that allows the patient to feel that the analyst is in touch with his/her current predicament. There is the danger that if emotions are absent on the analyst's part, such positive affects like love, which alleviates hatred, will be absent and the analytic exploration will be directed by hate. Pick states that dispassion may well destroy love and concern, yet if the analyst trusts him/herself to experience strong emotions there is the possibility of working through and transforming these feelings into meaningful interpretations. The analyst balances on a knife edge of enduring the disturbing experience but not responding with a disturbing interpretation. Pick writes, *"I think that the extent to which we succeed or fail in this task will be reflected not only in the words we choose, but in our voice and other demeanour in the act of giving an interpretation"* (1985, p161).

Pick emphasises that it is no small feat to encounter powerful projections and the counter-transference emotions they induce. However she stresses that it not just the projection into the analyst that causes discomfort, it is the projection into a particular aspect of the analyst. The projection may impact the analyst's omnipotent fantasy or on an anxiety about being needed or even guilt. My patient's projections hit me at my then weakest point and the area I was currently working on in my own analysis, my colour and ethnicity.

Pick states that these powerful interchanges between analyst and patient are normal and it is through the process of projection, reflection, interpretation and integration that patient and analyst communicate. However it is one thing for the analyst to take in and understand and repackage what the patient presents but another for the patient to be able to receive the transformed projection. If this is possible then there is the possibility of progress and improvement. It could be classed as coincidence or good fortune that I was personally working on something my patient was also experiencing difficulties with. This also brought an element of risk to the therapy.

Money-Kyrle suggests that countertransference is founded on empathy which will help analysts' gain better understanding of their patients. However there is a thin line between empathy and over-identification as my work in this case-study occasionally presented. A countertransference reaction which evokes a heightened empathised state

can tip into an over-identification which renders the therapist unable to think objectively and thus joins the patient in their current state of distress.

Money-Kyrle's portrayal of the therapist's disturbed state following a comment/projection from the patient is something I endured on occasion with my patient. She used words and names and recounted stories that deeply touched me as many echoed my own troubled past. My issues, which were concurrently being worked on in my own personal analysis, sometimes coloured my responding interpretation. This lessened as I developed a greater understanding of these issues through my analysis.

Psychoanalytic Themes: Adolescence

The psychotherapeutic work with the female adolescent patient, and psychoanalytical literature on adolescence and psychotherapy with adolescence provides an essential context to the research. Most relevant for this purpose was Margot Waddell's *Inside Lives,* whose account of adolescent personality was found most relevant to this research.

The ages of 12-18 are incredibly fluid and tempestuous and the parents (and therapists) of adolescents bear the brunt of emotion outbursts and pain. Margot Waddell has written influentially about these developmental changes and how they can be understood through the perspective of psychoanalytic theory.

'*Inside Lives'* (2002) presents the relationship between Kleinian psychoanalytic theory and the nature of human development. One of Waddell's accomplishments is to be able to energise psychoanalytic theory, making it accessible to readers of all backgrounds; people working in education, welfare and health professions as well as students of psychology and human development, and by no means least, parents. Waddell follows the subject of human development from birth to old age through the lens of psychoanalysis, exploring the internal development and change that occurs throughout the human life cycle. She maps the connections between external and internal experiences which go to form a person's character and identity. Particular emphasis is paid to the interrelating influences experienced during early infancy, childhood and adolescence and the impact this has on the quality of emotional development.

One of the most significant chapters in Waddell's book is called 'States of mind'. Waddell presents an alternate perspective on the classical Kleinian 'positions'. She paints a picture of life being experienced within the mind and demonstrates that any and all developmental stages within that life still exist internally and are fluid. An example of this is how a mature adult can experience an adolescent state of mind or even something much more primitive like oedipal jealousy. Waddell states that this is not abnormal and it is expected that we sometimes inhabit mental states /stages other than the one associated with our age. However where we observe difficulty is when the individual becomes stuck within a mental state quite different from their actual chronological age, such as pseudo-maturity in young children or mature adults still living adolescent lives. '*Inside Lives'* encompasses the entire life cycle of the human being but for the purposes of this discussion I am focusing on the insights conveyed in Waddell's chapters on adolescence as this area is most relevant to my research. Of course this is done with the understanding that all stages of human development are interconnected and far from independent of each other.

Waddell dedicates three chapters to this most turbulent time in the life of the young person. Waddell describes the early processes of successful parental containment and to the 'container-contained' model advanced by Bion (1967). The ability to adapt and develop and to truly know one's self is entirely dependent on the relationships we form with another/others, through which we are able to confront, assimilate and contain our emotional pain. In favourable circumstances this is initially performed by the primary care giver, usually the mother. It is the mother's ability (or inability in less successful dyads) to respond to her baby's physical and psychic needs which allows for healthy emotional growth in the child. This requires a carer who is both capable and available to receive the child's projected anxieties (that the child cannot process alone) and transform them to a form the child can digest themselves. If this primary relationship is successful and the infant experiences containment from the carer (container). Waddell tells us that the prospects of positively forging future relationships are greatly improved. This will include secondary carer/s, siblings, extended family, peers, groups and institutions. Each of these subsequent relationships provides opportunity for emotional growth and learning and expands the individual's internals resources. Growth and learning however are not always pleasant experiences.

Throughout the duration of adolescence (roughly 12-18) the individual will be confronted with self-exploration and the anxiety of trying to 'fit-in' with the outside

world. Waddell suggests that the quality of the early childhood will serve as some pointer to how the older child/adolescent/adult will respond to significant life events, such as loss. The individual who has experienced a safe, contained early infancy will have greater, more robust resources to cope with loss and less likely to project his or her unwanted, traumatised feelings into another.

Loss is experienced throughout life and in many different ways but it is perhaps during adolescence that it is felt most keenly and most often. Loss and change are two experiences that the adolescent individual must endure before adulthood. There is the loss of childhood and having to relinquish infantile expectations and demands. There is also the loss of the primary school to the secondary setting and thus a loss of what may have been a cherished institution, its teachers and a peer group of friends.

There is even the loss of the child's body during adolescence with the onset of puberty. All of these losses/changes occur simultaneously with internal changes, either because of the external shifts or independent of them, such as the quest to find one's self, one's identity. This is perhaps the biggest challenge and effects life choices such as social peer groups, gender identification and sexual orientation. Much of this is fraught with anxiety and uncertainty as the young person battles to make some sense of an ever changing body and mind.

The predominance of one kind of identification over another has its roots in the young person's infancy. The mother's state of mind is key, whether she is able to take in and understand and hold the baby's early mental states. This is balanced against the child's own temperament and disposition and whether he/she is able to tolerate frustration and absence. The baby's crucial dilemma is whether it is able to evade the frustration of early needs and desires or to find resources to tolerate it. This is where the baby may develop a defence of annihilating the external qualities of the actual parents and instead relating to a distorted internal representation of them. Waddell suggests that it is this early relationship that determines whether we will take up identifications that will promote development and growth or whether we unconsciously seek identifications that oppose and restrict development.

As explained earlier the adolescent (while in the throes of self-discovery) will often be taken over by extremes of defensive projection and splitting. When the young person takes up projective position, this is at the expense of the true self. They are more inclined to disown aspects of their personality. Good, bad and all the shades in-between

can be attributed to others. Introjection holds less sway during this time but is by no means absent. For introjection to be successful Waddell suggests the young person has to relinquish external figures of dependence and attachment and to install a version of them within. This is only possible if the young person has the capacity to mourn what is being let go.

Waddell concludes her analysis of adolescence by stating that contemporary psychoanalytic views based on Bion's work,

> *…correspond more closely to this developmental picture [developmental steps are made as a result of intense emotional experiences] than those of Freud or Klein. For this picture "character" is one in which a person can begin to learn to take responsibility for him or herself, and to build their personality, by eventually acquiring the capacity to learn, both from good and from bad experience* (2002, p191).

To complement Waddell's book and provide supporting evidence relevant to my research I also looked to the Tavistock Clinic Series publication *'Facing It Out*: Clinical Perspectives on Adolescent Disturbance' (1998). This is a collection of clinical work focused on the adolescent experience and includes papers on sexual abuse, eating disorders and learning disabilities during this turbulent time. Two chapters in particular best supported my research, Anna Dartington's '*The intensity of Adolescence in Small Families'* (1998) and Robin Anderson's '*Suicidal Behaviour and Its Meanings in Adolescence*' (1998).

The main focus of Dartington's chapter is the difficulties encountered by the parent and adolescent dyad when the family unit has broken down (parental separation/ divorce). She looks at the smaller family unit, the single parent families with one or two children/ adolescents and makes some interesting observations. Common perception may infer that the smaller family would provide a more abundant arena for the understanding of different relationships within the home. This may be true but as Dartington suggests, the older adolescent wants time and attention when he/she wants it and not when it is thrust upon them. They wish to have a , "…*significant but understated presence, a presence that does not invite comment…but at the same time reserves the right to observe and comment on the behaviour of others, most particularly the parents*" (1998,

p9) This does cause conflict and stress for the single parent who is often unsupported within the home.

Dartington also provides paragraph sized vignettes to illustrate commonplace adolescent/parent situations within the home which all of us have experienced either as an adolescent, parent or both. These familiar scenarios often revolve around the adolescent's self-doubt, fluctuating moods or self-consciousness and the way parents handle these changing states. Dartington suggests that the smaller family or one parent household has the potential for more explosive consequences to such scenarios as the parent maybe the, "…*sole representative of an adult viewpoint*" (1998, p10) and thus can be experienced by the adolescent as an inflexible or opposing object.

Conflict between parent and adolescent which is amplified by the lack of an alternative parental object providing a third position (as illustrated above), is just one example of the multiple and frequent disturbances that can occur during adolescence. Simultaneously external influences outside of the family home, like peer group, sexuality and appearance can also cause anxiety and emotional stress to the adolescent. An important question to ask is when these inevitable clashes and disputes occur, why do some adolescents have the capacity to cope and progress while others cannot?

Robin Anderson's (1998) chapter on adolescent self-harming and suicidal behaviour explores this question and suggests that early experiences and influences in infancy are a significant factor in predicting which adolescents have a better chance of successfully navigating the rocky waters of adolescence. Anderson draws on Freud's '*Mourning and Melancholia'* (1915) in helping to think about why some particular struggle in the environment may drive one young person to suicide and another young person not to. Freud linked 'melancholia' to the process of loss and mourning. "*In normal mourning it is obvious what has been lost, but in melancholia the loss is often of an ambivalent loved figure which cannot be faced*…" (Anderson, 1998, p69) Introjection of this lost figure ensues and thus self-reproaches and then self-hatred. Anderson writes that factors that contribute to suicide attempts are, "…*poor socialisation and sense of identity, a high degree of family problems especially with fathers…"* (Anderson, 1998, p65) Interestingly a further indicator of potential self-harm and suicidal behaviour can be found in young Asian women. The patient presented in this thesis occupied all of these positions.

As the adolescent moves closer to adult life the pressures, realities and expectations of adulthood increase anxiety.

> *…young adolescents usually begin to show more independence from their parents, but if they are more in charge of their lives and who they spend parts of it with, then the price of their not managing [anxiety] is much greater, indeed at the most extreme, death, if they cannot avoid putting themselves in danger* (Anderson & Dartington, 1998, p3)

The early primitive fears and anxieties that were 'unworked through' during early development may reappear during adolescence. If the adolescent has access to compassionate and receptive adults, the fears, hopelessness and suicidal fantasies may finally be successfully be worked through. However if the adolescent has no significant adult to fulfil a containing function and depressing emotions overcome the young person, self-containment collapses and self-harm and suicidal behaviour is possible. The adolescents, whom manage to contain and communicate anxiety and distress, are more likely to be the ones that have experienced healthy communication and containment from the primary object. "*…the baby achieves a sense of psychological holding and safety by having a mother who can be in a state of openness to the baby's state of mind…"* (Anderson, 1998, p73)

Relevance of the Psychoanalytic Study of Adolescence to this Case Study

The authors above suggest that it is the earliest relationship (usually mother-child) that determines whether we will take up identifications that will promote development and growth or whether we unconsciously seek identifications that oppose and restrict development. The availability and responsive capability of the primary carers is of particular interest in the case study analysed in the thesis. From my patient's account neither of her parents was available to her as a young child as they were caught up in their domestic and legal battles. Her father left the family when she had just turned four, after months of domestic conflict, and her mother was so traumatised by the breakup of the marriage she fell into depression and was on medication for several years. My patient described taking care of her younger sibling for long periods and lamented a lost childhood. She speculated that her childlike obsessions and behaviours (devouring sweets and computer game preoccupation) was the result of the perceived loss. This may have been partially true but it is also possible that her sporadic regressed

presentations were in fact a defence against her fear of adult life. Catalina Bronstein's 2013 paper '*Nobody died! Trauma in adolescence'* describes the adolescents' need to deny the passage of time, by holding on to the phantasy of remaining childlike, sometimes even denying their changing body, sexuality or gender (2013, p55). This was evident in my work discussed later.

Another way in which my patient unconsciously dealt with two unsatisfactory/ unavailable parents was to split off unwanted parts of the self and project those outwards. Bronstein suggests that in the face of such fundamental external and internal changes to their world, "…*some adolescents resort to powerful defences to try to control the threat of potential disorganisation brought about by the intensification of drive activity and by the psychic conflict generated by it…"* (2013, p.50)

Her abandoning father was demonised (no doubt with help from her mother's uncontained anger) resulting in all brown men being perceived as untrustworthy and abandoning. This mutated into a dislike and denial of her ethnic heritage, a splitting of her own internal identity. This was a futile attempt to wipe out her father's existence in her life. However her association with her mother's culture were also problematic and unhealthy. My patient became enmeshed with the Emo culture. This is predominately a white Caucasian movement which identifies heavily with self-harming and depressive music. It appeared that she had indeed manufactured a '*distorted internal representation'*, Waddell (2002, p160), of her parents.

The internalisation of distorted or absent parental objects is something Margaret Rustin's paper '*The therapist with her back against the wall'* (2001) explores. She introduces us to a patient with a presentation of total emptiness due to an absent parent. Her lifeless adolescent patient had little to offer the world after, "…*he felt unconsciously that his mother had emptied her mind of him when she abandoned him at age 8*". (2001, p. 274).

Rustin describes her countertransference feelings after receiving back from the patient the emptiness and despair of his absent internalised object, and how she had to, "…*get a grasp of the unbearable psychic pain that underlay their grossly distorted development*" (2001, p274). My patient also successfully made me feel aspects of her internal pain as I was made to question my own identity and worth.

My patient's early history, supported by the above literature, has shown that early containment promotes future relationship formation and this certainly provides some explanation into my patient's inability to create healthy positive relationships.

Chapter 3

The Single Case Study – 'Yasmin'

The following chapter will introduce my patient 'Yasmin'. The case study will present her history, reason for referral to tier 3 CAMHS and the grounded theory analysis of seven clinical sessions relevant to this thesis.

I will also address my experience of the referral and allocation process working in tier 3 CAMHS and the practise of 'clinical-matching'.

Referrals and Allocation within a Tier 3 CAMHS team

I observed and learnt throughout my training that gender, class, age and race were all vibrant active elements that were brought to the therapy room before the work had even started. This was also true in decision making and referral allocation outside of the therapy room. Being a man was an advantage in some opinions (clinic and training clinic), being a man of colour was also seen as an advantage by some. Cases were sent in my direction simply on these assumed advantages, such as troubled black adolescents or children with absent fathers. Conversely other referrals were not deemed suitable and my so-called advantage became a disadvantage, such as female sexual abuse cases or very young children. Would a sexually abused girl/adolescent find working with a male therapist difficult? This might true but certainly not in all cases. On the other hand would the ethnic adolescent-ethnic therapist dyad have a greater chance of working simply because they share similar to racial or cultural backgrounds? This might also be true but equally not in all cases.

There are two assumptions here. The first one being the abused girl's transference towards a male therapist would be a negative one and he would/could represent an abusive object. This could be an incredibly traumatic experience for the patient and one that would not be advised. However could the therapist be experienced as another type of male object and perhaps some positive transference would evolve? The second assumption is that an ethnic therapist would be experienced by the ethnic patient as a 'familiar face', someone who can understand and shared their experience of being

ethnic. Yet is it not also possible that the ethnic therapist could be experienced as an ethnic object so different from their experience that he/she would become envied, alien and hated?

The theory I was submerged in at the time of my training suggested it is who the therapist represents in the transference not the actual therapist that is of importance. However the external reality of working within the NHS suggested there were definite no-go areas for me and also preferable pieces of work. As a trainee therapist, and with these sensitive external factors firmly in my mind, I fell into line with the belief that some work would be less problematic or more suitable for me and that other work may be more complicated or even inappropriate. This is where my original idea sprung from; the analysis of a piece of work that may be more/or less complicated for me because of, in this case, racial factors.

I hope that one of the contributions of my research might be to enable these questions and choices to be reflected on more explicitly. One can speculate about what the motivations are of such referral policies. My experience has inclined me to think it is a combination of 'multi-cultural' ideology which argues for a kind of racial matching (just as in previous adoption and fostering policy), and anxieties and perhaps phobias, which can lead to particular members of staff being selected to deal with these issues thus removing the burden from everyone else.

Yasmin

The research on which this thesis is centred was based on 28 months psychoanalytic psychotherapy work with a 15 year adolescent girl I shall name 'Yasmin'. My first impressions of Yasmin were of a bright and articulate, knowledgeable and forthright adolescent. She used humour as her primary defence and communication with me but there was also clearly a profoundly troubled young person concealed under copious amounts of make-up and behind her witty remarks.

The intensity of the treatment increased throughout the duration, starting with three months once-weekly work, then three months of twice-weekly work, followed by one year of intensive three times-a-week work and, finally, ten months of intensive four times-a-week therapy. Yasmin was referred to tier 3 CAMHS by her GP after being initially treated in Hospital A&E for deliberate self-harm (lacerations to the forearm

requiring 5 stitches). Yasmin blamed this incident on a romantic relationship break-up, together with school anxieties and the on-going parental disharmony. Yasmin had a history of cutting and had been self- harming since age 11. Yasmin was first referred to CAMHS when she was 10 years old. At the time her GP described Yasmin as frequently tearful, low in mood and wrote that she was bullied in school to the extent that her parents moved her to another school. Around the same time her younger sister by 18 months, who I shall call 'Zainab', was also having difficulties. Zainab had recurrent headaches and chest and stomach pains. No organic cause was found for these symptoms. The GP's referral commented on 'fraught family dynamics'. The family were seen by the CAMHS family therapist and School & Family social worker jointly. The family had problems attending all of the meetings and the file was closed two years later with the family therapist noting marginal progress and improvement in the family. In addition to my individual work with Yasmin, a systemic family therapist colleague saw her parents for fortnightly sessions. Father stopped attending the sessions after three meetings as he continued to blame his ex-wife for the way she had raised his daughter. Mother continued to see the family therapist alone.

History

Yasmin's mother (June) was white English and her father (Saleem) was of Ugandan/Asian descent. When Yasmin's parents married June converted to Islam and changed her name to Johra. June described her pregnancy with Yasmin as uneventful leading to a normal delivery. Yasmin was described as a happy baby who attained her developmental milestones as expected. She was thought to be bright and intelligent in her nursery and primary schools. When Yasmin was 4 years old her parents split up following an extra marital affair. Yasmin considered this to be the major trauma in her life and the start of her on-going problems. Yasmin believed that she lost a lot of her early childhood; she felt she had to help to raise her baby sister while her mother and father fought each other in and out of court. The medical records mention domestic violence between the parents at this time and both parents have intermittently been prescribed anti-depressants since then.

Yasmin lived with her mother and sister in the family home and father had little input for several years. He later re-married but this marriage also failed. Father blamed Yasmin for the breakdown of his second marriage because she never accepted her new

stepmother. Yasmin's father was quite controlling and strict. Her mother was almost the exact opposite, open and un-boundaried.

Themes in the Work

There were several recurrent themes that manifested throughout psychotherapeutic intervention with Yasmin, three of the most prominent were present from the very first session. There was Yasmin's continuing sorrow and anger at the acrimonious break up of her parents' marriage when she was four years old. This created a sort of 'pass the parcel' parenting between mum, dad and uncles and aunts which appeared to have impaired Yasmin's ability to create and sustain relationships with anyone. A consequence of the first difficulty was her confusion about her ethnicity. Yasmin, as a mixed-race person, was subject to the culture and custom differences of her parents. After the parental break- up these differences were magnified when Yasmin's mother (reclaiming June as her name) and her side of the family insisting on a western Christian upbringing. Yasmin's father and his family fought against this and wanted Yasmin to be raised as a Muslim. Yasmin was confronted with conflicting attitudes, religions and lifestyles. A possible result of this was a confused sense of self and the introjection of incompatible, unsatisfactory and unavailable parents.

Also there can be no denying the complications and conflicts faced by a therapist of mixed heritage working therapeutically with such a patient. I will show the process of utilising my countertransference (for better or worse) following powerful projections and how my own personal issues presented themselves. Thirdly, Yasmin also had gender and body image conflicts. As with most adolescents (especially girls) she obsessed about her body shape and weight and this led her to stop wearing women's clothing. She became asexual, hiding herself in oversized clothing and cutting her hair shorter and shorter slowly transforming herself to that of an appearance of a boy.

I had invited the immediate family (Yasmin, Zainab, June and Saleem) to the initial meeting but her father and sister did not attend. I was slightly taken aback with the appearance of the couple and particularly the individual physical differences between mother and daughter. June was a late thirty-something, tall (about 5'10"), thin and blond haired white woman. Yasmin looked like an average height Asian girl, overweight, dressed in black with black eyeliner, a heavily white powdered face and black nail varnish. The contrast was stark. I finally met Saleem when he brought

Yasmin to her first therapeutic session, he was shorter than Yasmin (about 5'5"), dark skinned and very muscular.

Grounded Theory Analysis

I decided that in order to achieve a deeper level of understanding of this already completed clinical case, with its large quantity of clinical notes, it would be desirable to subject a selected number of clinical sessions to detailed analysis, and that the method of Grounded Theory would be appropriate for this purpose. I discuss this further in the Methodology chapter. What I am going to present now are the Grounded Theory Analyses of seven psychotherapy sessions of Yasmin's therapy. The seven selected sessions were the best examples of three main areas of interest highlighted below.

The three main areas for research were;

- **Therapist and Patient Preoccupations with Race**

The preoccupations of both therapist and patient threatened the success of the treatment as the therapist shared many common life events with the patient. There was a danger of a directing paternal object and over-identification with the patient.

- **Adolescent transition**

Confusion and instability over matters of race, family, age, gender and sexuality. The patient fought against her parents and many of the systems around her that sought to help. She longed to know whether the therapist was a good or bad father and whether he could be trusted.

- **Psychoanalytic Clinical technique**

The challenges the therapist faced working with a much damaged, self-harming adolescent. The therapist's battle against countertransference reactions that were clearly laced with the therapist's preoccupations. Discovering that holding fast to the psychoanalytic process and clinical technique provided the safe ground to proceed with treatment.

Each of the sessions discussed enabled me to focus on key themes which emerged in the work. As stated, I have analysed the process notes through Grounded Theory Method and I decided to use 4 levels of clinical coding and 5 columns in total. In left hand

column are the original clinical session notes, broken down sentence by sentence. The 1st level coding, summarises and puts the raw material in context. The 2nd level coding analyses what is happening to/in the patient. The 3rd level coding looks at the therapist's comments and countertransference reactions. The 4th level coding looks at my current thoughts and theories on what was really happening.

A full description of Single Case Studies and Grounded Theory Analysis Research can be found in the Methodology chapter.

First Impressions – session 1

The following session presents the therapist's experience of the second meeting with Yasmin (the first being an introduction with her mother) and his first with her father Saleem. It illustrates the therapist's preconceived fantasy of Yasmin's father and also kindles identification with his own parental configuration. It is also highlights the therapist's own preoccupations with race and physical appearance.

Original Process notes	1st level coding- Summary/context	2nd level coding- Patient	3rd level coding- Therapist	4th level coding- thoughts & theories
1. Yasmin is in the waiting room, on time, with whom I take to be her father at 9.45am.	Yasmin is bought to her first therapy session by her father; the initial meeting was with Yasmin and her mother.	Yasmin is once again shifted from one parent to another.	The therapist feels like he is being vetted by Yasmin's father.	Saleem couldn't make the initial family meeting but he wants to show that he is significant presence in his daughter's life.
2. I greet them both and introduce myself to Saleem and Yasmin follows me into the therapy room.	The therapist welcomes both father and daughter. It is the second time I have met Yasmin and my first introduction to her father.	Yasmin moves from the dyad of father and daughter to one of Therapist and patient.	The therapist is aware that the family are split but is relieved that the parents must have communicated together and that there is no confusion about who the session is for.	This is quite a significant interaction. It is Saleem handing his daughter into my care. This may have been experienced by him as a kind of failure on his part.

3. It is the first time I have seen Yasmin's father, who is a short stocky dark skinned man.	The therapist is particularly aware of Yasmin's dad's physical appearance.	The patient may be aware that she is swapping one 'black parent' for another.	The therapist is fascinated and interested by the contrast in appearance between Yasmin's mother who is white, tall, blond haired and thin, the almost polar opposite of her father.	This is an example of the therapist's preoccupation with race and mixed relationships. The white mother, black father is recognised and familiar.
4. It is only when we sit down face to face in the room that I fully appreciate that Yasmin is dressed all in black, with black eyeliner, black nail varnish, has multiple facial piercings and heavy white foundation make-up.	The therapist now turns his attention to the appearance of his patient.	The patient is presenting the therapist with something she knows will shock/surprise and puzzle him.	The therapist associates Yasmin's make-up and clothing to that of a 'Goth' He is both curious and unsettled with something he cannot quite understand; Mixed-race Goth?	There appears to be a heavy emphasis on appearance and noticing appearance between patient and therapist.

Grid.1

Discussion

From the very first session (Grid. 1*) it is observable that the therapist takes particular notice of the appearance of both his new patient and her father. It is also true that the patient was also making a statement with her make-up and attire from the very start. These would be continuing themes throughout the treatment. We see in sentence **3** the therapist's observations and fantasies about the patient's parents. In real-time he notes the contrasting appearances of his patient's mother and father. He is aware that there are colour and characteristic similarities between the father and himself. In contemporary review it can be seen that the therapist was experiencing a transference reaction to meeting the patient's father. He was a short dark muscular man (like the therapist's own father) and remembering the taller white mother (like the therapist's own mother).These physical and racial configurations were extremely familiar to the*

therapist. In sentence 4 the therapist is again stirred up by physical and racial appearance. The therapist is face-to-face with a 'mixed-race' that doesn't fit his idea or experience of mixed-race. The therapist experiences both a disconnection from his patient and yet also experiences echoes of early childhood relationships.

The above passage took no longer than a few brief moments but already it is evident that much was already being digested and processed between all three parties. Saleem was showing he was an interested and available parent. He was also inspecting the therapist, my appearance, my suitability to help his daughter and whether I was a threat to his father position or to his daughter in a sexual way. Yasmin experienced (yet again) being split between her parents. Her mother could make the initial meeting and her father to her first therapy session. She is handed from one 'black' man to another. She also concretely displays her 'dark-side', the black clothing, black varnish and ghost-like make-up. The therapist experiences apprehension whether the parent will be cordial; relief that the parent doesn't follow him to the therapy room; superiority that he is the better father; curiosity at the contrasting appearance of the parents; identification with the white mother/black father configuration and puzzlement at the appearance and attire of his patient.

Quite early on in the therapy it became evident that Yasmin blamed her father for all of her and the family's continuing difficulties. He was the deserter, guilty party and several other names. Her mother was the pathetic one, stupid, pitiful and downtrodden. Both parents were experienced as unsuitable to parent her. Yasmin often repeated in therapy that she felt alone, isolated and 'different' in her own home. She was sick and tired of being pulled from one side to another in matters of religion, culture and race. She stated that she was not on her mum's side or her dad's side she was on her own side (an echo of Bob Marley's sentiments); she did things her own way.

This was only partially true as I observed her identifying more closely with her mother's race than her father's. Indeed it did appear that Yasmin had completely cut herself off from her Asian/African roots. She had no Asian or black friends whatsoever in a geographical area where the ethnic community was extensive. Instead she created a community of on-line 'friends' that were white Caucasian. She powdered her face white and identified with the 'Emo'[5] culture that is largely a Caucasian movement. Yasmin

[5] Emo is a style of rock music characterized by melodic musicianship and expressive, often confessional, lyrics. Emo has been associated with a stereotype that includes being particularly emotional, sensitive,

was a young person who personified the complex existence of the mixed-race position. She was one of several mixed-race children and adolescents I have seen for psychotherapy and all have had racial and identity issues. In fact all had an absent paternal object; all the fathers were black/Asian. Children produced from same race parents will also carry both negative and positive[6] internal representations of their absent fathers. I soon discovered that my countertransference feelings and subsequent related interpretations would be a major factor on whether I could successfully help Yasmin. It was the fifth psychotherapy session with Yasmin when I first encountered a forceful and uncomfortable reaction to something she said. Yasmin spoke freely and frankly about her relationship with her parents. They both knew she was sexually active, which Saleem detested and June passively encouraged, they both were openly critical and even cruel regarding her weight issues and she mentioned race confusion and called herself 'half-caste'.

It was a title I had not heard used by a person of 'mixed race' for several years and it resonated deeply with me. I was instantly sent back to my own childhood and youth and had powerful feelings of sadness, anger and ignorance what Davids (2011) calls '*Internal Racism'* uncomfortable, undeniable and unavoidable prejudices and stereotypes. Yasmin described herself as 'half-caste' and this had a profound effect on me; it took me momentarily out of my psychotherapist position and into a father/educator/mixed-race position. My human, knee-jerk reaction was to tell her not to call her-self half-caste. Money-Kyrle writes;

> *If the analyst is in fact disturbed, it is also likely that the patient has unconsciously contributed to this result, and is in turn disturbed by it. So we have three factors to consider: first, the analyst's emotional disturbance, for he may have to disengage himself sufficiently to understand the other two; then the patient's part in bringing it about; and finally its effect on him.* (1955, p84)

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shy, introverted, or angst-ridden. It has also been associated with stereotypes like depression, self-injury, and suicide.

[6] The author acknowledges that positive fantasies towards absent fathers are also present in mixed-race children. Often there is an over identification and idealisation of the absent father. One reason for this is the child/adolescent splits off all uncomfortable and negative emotions connected to the absent parent and deposits them with the accessible parent. Hence the child is left with a positive fantasied father with whom there are no issues. Another cause for a positive identification with the absent 'black' father is external rather than the previous internal process. The black-white mixed child/adolescent will, due to genetic reasons, often inherit ethnic characteristics of their black parent. A brown complexion and curly dark hair are common traits in black-white mixed children. It is the physical similarity to the ethnicity of the absent parent and the dis-similarity with the available parent that creates the identification. And as I have covered earlier, within the psyche of British society these children of mixed unions are often still considered 'black'.

This took me so by surprise that I reacted by not making any comment or interpretation. Due to my troubled state this may have been a blessing however as Money-Kyrle suggests, if the therapist is disturbed by something the patient has said they may also be disturbed by the same thing. Unfortunately by not being in the position to take in and understand the disturbance and return it to the patient in some modified understood form the patient may feel they have unsettled the therapist (which she had). So what was it that so disturbed me with this name? A name I used myself for many years. It was only when I was much older that I looked into the origins of this title.

The term ‘half-caste’ described the early attitudes towards the offspring of interracial relationships. ‘Caste’ came from the Latin castus, meaning pure, and a derivative Portuguese and Spanish casta, meaning race. The term originated from the Indian caste system, where a person deemed to be of 'lesser' status or standing would be treated as someone as 'lower'. While the origins of the term are derogatory, its usage evolved to give it the more objective, accepted meaning and was widely used in the UK for decades. However this title is now on the decline, just as ‘miscegenation’ and ‘amalgamation’ became obsolete; the origin of the term half-caste is now seen by many as offensive. In contrast the term mixed-race together with its contemporary equivalents e.g. biracial or multiracial and dual-heritage are all terms becoming generally accepted in modern Britain.

Mixed-race is the title I now use to describe my ethnicity, but in the past I was called and described myself as half-caste. On reflection I wondered whether Yasmin’s use of the title half-caste was simply a result and reflection of geographical and social environmental factors. I resided in a big city with modern, inclusive attitudes and Yasmin lived a small town with old fashion attitudes and widespread racial segregation. However at the time I had strong feelings in the countertransference of half-caste meaning lesser or lower. I had the great urge to tell Yasmin to use one of the modern terms and thus liberate herself, yet at the same time I was aware I was not her parent or her teacher. This left me in a kind of temporary paralysis with on one side experiencing a desire to make positive change (in my opinion) and on the other, staying in position as objective therapist. The result was silence.

Half-Caste - session 27

The following session highlights the patient's growing ownership of her therapy and also her contempt for both her parents and herself. This portion of the session also illustrates the therapist's conflict in over-identifying with a patient with whom he shares many commonalties.

Original Process notes	1st level coding- Summary/context	2nd level coding- Patient	3rd level coding- Therapist	4th level coding- thoughts & theories
7. I comment about Yasmin's displeasure with me seeing her parents this morning for feedback, right before her session.	For their convenience I meet with Yasmin's parents before her session, not realising this may cause Yasmin some discomfort.	Yasmin experiences the therapist as putting her parents before her, possibly telling them confidential information.	The therapist acknowledges the patient's displeasure and also questions his judgement at the timing of the parent meeting.	There is a clash between thoughtful therapeutic planning and the practicalities of arranging suitable times for all concerned.
8. She nods in agreement.	The patient confirms the therapist's comment.	Not pleased with the therapist.	The therapist got something wrong.	The patient and therapist maintain communication even though there is disharmony.
9. I suggest that perhaps it feels like I have crossed a line and betrayed her?	The therapist puts to words what he believes the patient is feeling.	The patient experiences the therapist as understanding her feelings.	The therapist reflects some of his own guilt.	In fact no lines have been crossed, no boundaries broken but both the therapist and patient feel they have been.
10. You're my therapist; you can see them another time!	The patient makes it clear to the therapist who comes first.	The patient shows the therapist he is important to her.	The therapist is pleased to hear the patient finds him important in her life.	The patient is clearly stating that I am hers alone. She should be 1st in my mind and not secondary like today.

11. I acknowledge that it could have been arranged better and how it feels being seen after them.	The therapist presents himself at fault and recognises the resulting feelings.	The patient experiences the therapist as apologising, as well as being fallible.	The therapist is questioning his decision making.	Understanding the patient's feelings was followed by a period of guilt and failure. The therapist was momentarily filled with the patient's feelings of inadequacy and insignificance.
12. I also added that I felt it was important that we kept our usual session time and that her parents couldn't make it later in the day.	The therapist explains the practical and therapeutic reasons why the parent meeting was before the therapy session.	The patient hears excuses.	The therapist is trying to re-connect with the patient after uncomfortable feelings of separation and failure.	The therapist is telling the patient that he indeed put her first by keeping the regular session but perhaps it would have been wiser, if possible, to meet with the parents after the session.
13. My explanation of the practicalities is ignored and Yasmin talks about not being wanted by either parent.	The patient moves on to another related subject.	The patient experiences the therapist as not wanting her.	The therapist is aware that the patient has disconnected and moved on to something else.	The therapist's factual explanation distances himself from the patient who defends against feelings of betrayal by blaming her parents.
14. She tells me that she knows they would have an easier life if she wasn't about.	The patient is experiencing feelings of worthlessness and self-pity.	The therapist's life would be easier if he didn't see me.	The therapist is frustrated that the patient has moved away from his comment.	The patient has moved from experiencing rejection from her therapist to desiring sympathy and containment from him.

15. Yasmin tells me that both her mother and father criticise her weight and are often cruel.	The patient portrays her parents as punitive and unsympathetic.	The patient wants the therapist to empathise with her plight.	The therapist experiences sympathy for the patient.	The patient wants the therapist on her side, not her parents'. '*your my therapist'*
16. They're 'arseholes'! She proclaims.	The patient's parents are denigrated.	The patient wants the therapist to see how poor her parents are.	Having met with the parents earlier that day the therapist finds this comment uncomfortable.	The therapist experiences the conflict of knowing both sides of the parent-patient story.
17. There is the briefest of silences and she says the word 'bullies'.	The patient modifies her previous description of her parents to that of one that better illustrates her experience of them.	The patient is presenting fragility and the desire to be looked after.	The therapist empathises with the patient.	In many ways the therapist was 'bullied' by the parents into giving them the times they wanted even though he had a feeling this may cause his patient discomfort.
18. She tells me that she was often bullied at school by white girls.	The patient informs the therapist of racist bullying in her past.	The patient is showing the therapist that she is bullied at home and at school.	The therapist is sensitive to the racist element to the bullying.	This is interesting as previously the patient had only spoke of difficulties with her brown side, her father's ethnicity.
19. They would call her mongrel, cross-breed and half-caste.	The patient describes painful derogatory names for people of mixed heritage.	Can the therapist possibly understand these terms and her feelings?	The therapist has strong countertransference feelings and fully relates to the cruel terms.	The patient is touching on experiences that mirror the therapist's own past. It is vital that the therapist remains aware of this and does not over identify with the patient.

20. She cries into her hands.	Emotions overcome the patient.	The patient allows the therapist to see her inner feelings.	The therapist is aware that he feels great sympathy and identification with the patient.	There is a period of high emotion where the patient and therapist reflect on their individual 'difference' The therapist also holds the implicit fact that they are similar.
21. After a pause where she collects some tissues, I ask her whether she feels I could possibly understand what it is like to be mixed-race and go through the things she has just mentioned.	The therapist is exploring whether the patient believes he understands her.	The therapist is experienced as someone who is empathetic and trying to understand the patient.	The therapist is implicitly suggesting that he knows how the patient feels.	Could a therapist not understand what the patient is telling him without being of mixed-race? Because of his racial configuration he highlights a common ground perhaps another therapist of difference race would not.
22. She wipes away her tears and says, 'No, you're not half-caste, are you?**'**	Only a 'half-caste' could understand her feelings? Enquires about the therapist's race.	The patient starts to think of the therapist in a different way.	The therapist is faced with a direct question and also feels uncomfortable with the suggestion he is being titled 'half-caste'.	The therapist and patient are employing different racial titles. One negative one positive.
23. I ask her what she thinks.	The therapist is keen to hear the patient's thoughts.	The patient has her own question pushed back at her.	The therapist is interested in the patient's fantasy of him while avoiding a direct question from the patient.	The therapist's uncomfortable feelings are allayed once he holds fast to clinical technique.

24. 'Well, I suppose you could be' she replied.	The patient acknowledges the possibility of a 'half-caste'/mixed race therapist.	The patient allows for a linking with the therapist.	The therapist experiences a feeling of acceptance.	After months of this issue not being mentioned, the patient and therapist finally find a way to look this.
25. I suggest that if I was 'half-caste' then perhaps I could understand the horrible things she has just mentioned?	The therapist suggests that a 'half-caste' therapist may understand her pain.	The patient experiences a therapist trying to understand her experience.	The therapist desperately wants to patient to know he understands her.	There is a collusion that is being created by the therapist/ patient couple that only they can understand these troubles.
26. She nodded and continued wiping away the tears.	The patient agrees with the therapist's comment.	There is some connection with the therapist amongst the tears.	The therapist is pleased he has connected with the patient.	The suggestion that the therapist may be of mixed-heritage appears to have created a space to think.
27. There is a much larger silence and I feel we are both digesting a significant implicit exchange.	Both therapist and patient take time out.	The patient recovers emotionally and physically.	The therapist reflects and leaves silence for thoughts.	Without the therapist actually spelling out he is of mixed-heritage there appears to be an understanding between the couple.

Grid 2.

Discussion

We see in (**Grid. 2**), *sentence **19**, the patient recalling racism she has encountered. The words she uses rekindle painful memories from the therapist's past. As the patient cries the therapist fully identifies with the patient's feelings. There is the danger that both patient and therapist will end up in an over-identified mess. The therapist asks the patient in sentence **21** whether she felt he could understand what it meant to be mixed-*

race. The therapist was still in the grips of an over-identification and rather than reflecting on whether the patient thought he could understand her, he implied that only a 'mixed-race' person could understand her. The therapist's comment in sentence ***21*** *greatly influenced* ***22****. The patient asks whether the therapist is 'half-caste' after initially rejecting the idea. The therapist recovers in sentence* ***23****, refraining from comments and interpretations, and placing the emphasis back in the patient's thoughts. This allowed the patient to hold the idea of a different type of the therapist in sentence* ***24****. Unfortunately the therapist returns to a similar line of comments in* ***25*** *as he did in* ***21****. This was due to his pre-occupation with race, over-identification with the patient and a need to be seen to be empathetic.*

This exchange was slightly different than previous as Yasmin doesn't actually address herself as half-caste. She was reflecting on the cruel names that she had called in the past. This did echo with me and stir unpleasant thoughts and memories. Furthermore her enquiry into whether I could be half-caste also impacted me, 'I'm not half-caste!' Yet unlike the previous occasion this time I was able to process the uncomfortable feelings and remain a functioning, thinking therapist. Yasmin was presenting me with her low and confused self, and I was able to stay with her experience of half-casteness without rejecting it because it may have been too painful to endure. Heimann (1950, p83) writes, *'He [the therapist] must use his emotional response as a key to the patient's unconscious'*. So what allowed me to respond in such different ways in the space of only a few months? One reason could be I had learnt from the previous occasion. This would have been helped by supervision and working more with Yasmin. I tend to believe that it may have been my own personal analysis that was running parallel to my work with Yasmin. Much about my own history and ethnicity was being explored and understood and I feel it was a greater understanding of myself that allowed me to become a better psychotherapist. The unique position the trainee holds, simultaneously both patient and therapist, is something I will look at in more detail later in this study.

As the therapy progressed Yasmin presented me with more and more material illustrating her conflict with race and identity and slowly I gained a picture of a young person in turmoil within herself. Yasmin found it fascinating that she was part of a culture and peer group that was predominantly white and she described her peer group's disbelief when she told people her ethnic background. Yasmin said that most people disbelieved her, stating that they thought she was 'white with a tan'. The word 'tan'

would feature greatly in the coming months. I got the sense that Yasmin quite liked being thought of as 'white with a tan' yet there was always something nagging at her, the feeling of not really fitting in, living a lie. Yasmin told me that sometimes her on-line friends, who were predominantly white American, made racist comments and racist jokes. I wondered how that may have made Yasmin feel as she was not white. She said she found the jokes funny and was not offended. She told me that the jokes did not describe her race or ethnicity so there was nothing to find insulting. Yasmin said that the jokes were mainly American based jokes aimed at red-neck whites, blacks, Mexicans or Arab terrorists. I felt some of these jokes were very close and sensitive to Yasmin's race and culture yet it appeared she had spilt off parts of herself into these groups so she could laugh at black/ Arab terrorist jokes as a white person or red-neck white jokes as a person of colour. Yasmin told me that she had tried being an Asian girl. Although she gained many friends she did not feel comfortable and retreated back to the Emo culture. Through her own direct decisions and possibly less conscious actions she had alienated herself on all fronts.

Disturbing Countertransference – session 32

The following session extract shows the power of a patient's comments/projections when they connect with a vulnerable part of the therapist. This session illustrates how in-tune the patient is with the therapist as she prods, pokes and tests the therapist's resilience. The therapist recovers to a sound analytic position with a comment that asked the patient her thoughts.

Original Process notes	1st level coding- Summary/context	2nd level coding- Patient	3rd level coding- Therapist	4th level coding- thoughts & theories
11. Yasmin tells me about a Halloween party she will be attending on Friday.	Yasmin has left the here-and-now and fast-forwarded to a party on Friday.	The therapist is someone who will be interested in her social life.	The therapist wonders where this declaration has come from and its link to what was said earlier. He feels disconnection.	Was the therapist's previous interpretation wrong? Or too close for comfort? Either way, Yasmin moves away to 'safer-ground'

12. She asks me what she should wear.	Yasmin superficially wants the therapist's advice on what to wear for a fancy dress party.	The therapist is now expected to accommodate the role of friend or parent.	The therapist feels uncomfortable with direct questions about physical aspects of the patient.	Yasmin returns to 'bodies' and wants to lure the therapist into an excited, non-thinking place.
13. I offer only a slight non-committal smile.	The therapist presents a smile which he hopes will be interpreted by the patient as playful but boundaried.	Yasmin is reminded of the boundary of the patient/therapist relationship.	The therapist is unable to verbalise his position or opinion and hopes the smile will suffice. He feels uncomfortable at what he experiences as intimate.	The therapist hopes that Yasmin will read his smile as it was meant to be read, i.e. '*You know I'm not going to tell you what to wear'*. He is also keen to connect with the patient and fears disconnection.
14. 'A Pumpkin?' she suggests.	Yasmin doesn't wait for therapist to answer and suggests a pumpkin. This is obviously linked to Halloween.	The therapist occupies the position of a soundboard.	The therapist acknowledges a pumpkin is linked to Halloween but also wonders whether the pumpkin could be Cinderella's coach. Does she want to go to the party not as a pumpkin but as a princess? Is there a more infantile Yasmin wanting to show herself?	Yasmin's monologue does not allow for, or expect the therapist's interaction and is a combination of boundary testing and infantile communication.

15. Continuing, she suggests 'A Vampire?'	A Vampire is associated with Halloween, but also death, blood and sex.	The therapist is now someone who should be aware of Yasmin's destructive and self-destructive power.	The therapist is aware that Yasmin has returned to more familiar ground. The therapist feels disappointed that Yasmin was unable to stay with her more infantile parts for long.	Yasmin is overly identified with Vampires, blood, death through her self-harm and suicidal actions. Her brief exploration with her more child-like parts is quickly suppressed.
16. Without waiting for a response from me she tells me that there will be lots of Indian girls there, 'Chav' Indian girls.	Yasmin brings race and social-class into the session.	Yasmin wants me to see her as someone who is better than Indian 'Chav's'. She wants me to feel proud that she is not a Chav.	I am initially unsure what 'Chav' is. I recall Chav as social group opposite to Yasmin's 'Emo' group. I find myself thinking, 'whose side should I be on?'	Yasmin both aligns and distances herself from the girls that will be at the party. She identifies with them being a young Asian girl but also degrades them by calling them Chav's (working class juvenile delinquent). What is not so readily acknowledged is how she comes from a working class background and has been in trouble with the police. Also there is the fact that she is only half Asian and that Asian part descends from Africa/Pakistan. Her ambivalence towards Chav Indian girls arises as she is unsure whether she is actually is a 'Chav Indian girl' or not.

17. She said that they dress slutty, in hot-pants and bunny ears.	Yasmin comments on the provocative dress sense of the Chav Indian girls in a rather condescending manner.	Again I am being placed in the 'Disapproving Chav/ Approving Yasmin' parental role. Yasmin is also reminding the therapist that she doesn't dress slutty.	I am confused! Chav's stereotypically wear tracksuits and are usually asexual objects.	There appears to be contradictions to Yasmin's statement. Yasmin is drawn back to 'bodies' and sexuality. This time though there is a sense of jealousy that Yasmin is also presenting. Would she like to dress 'slutty'? Due to her size hot-pants and other so-called 'slutty' attire are not an attractive option for her. Also there is the contradiction of 'Slutty, hot-pants wearing Chav's'. Are these girls Sluts or Chav's or Indian's? These are Yasmin's internal questions to herself.
18. I comment on Yasmin's view of the girl's provocative dress-sense	The therapist reflects back to Yasmin that she feels hot-pants and bunny ears are slutty.	Yasmin experiences the therapist as someone who listens carefully and understands.	The therapist's aim in reflecting back to Yasmin is to allow her to hear her thoughts again through another's voice, while defusing the sexualised material.	The therapist hopes that this allows for some thought and self-reflection on Yasmin's part.

19. Yasmin nods her head and proceeds to tell me (with a smile) that she might go dressed in a tracksuit, (Chav wear).	Yasmin humorously tells the therapist that she might go to the party dressed as a Chav.	Yasmin likes to amuse her therapist with stories and jokes. She feels closer to him when she can make him smile or laugh.	The therapist smiles at the thought of Yasmin dressed in the clothing of her rivals. He is amused.	Yasmin was unable to stay with, and process the therapist's reflected comment. Yasmin's token nod followed by her joke served as a defence against something she was not ready to explore. She has covered herself up in 'Chav' clothing because I was beginning to see something more intimate.
20. Yasmin starts to laugh.	Yasmin laughs heartily at the thought of dressing like a Chav for the party. This genuinely amuses her, and me.	Yasmin has successfully got me where she wanted. We are like mates laughing over a ludicrous joke.	The therapist is caught up in Yasmin's infectious laughter. He loses his analytic position.	The therapist misses the opportunity to comment on Yasmin moving away from the therapist's reflected comment.
21. The laughter lasts for a few seconds and when it subsides Yasmin suggests she could wear a white sheet, like the Ku Klux Klan to the party.	From the playful suggestion of wearing Chav clothing, Yasmin now plays with the less humorous idea of going to the party dressed as the Ku Klux Klan.	Yasmin is again testing whether the therapist/parent can cope with her extreme fantasies and her projections.	The therapist feels a tightening in his stomach. He is both shocked and then confused. Does Yasmin guess something about the therapist's heritage and wants to offend him?	Yasmin moves from wanting to connect with the therapist to wanting to shock him. She wants closeness then rebuffs it. She wants him back as the therapist and not friend? Or does she simply feel this will also amuse me?

22. She laughed out loud again.	Yasmin revels in shocking people with her words as well as her actions.	Can the therapist deal with Yasmin and allow her to communicate without the fear of rejection or correction	The therapist feels attacked and that Yasmin is laughing at him.	Yasmin is dragging the therapist through emotionally charged terrain and as a consequence stringently testing his technique.
23. I commented on Yasmin now wanting to be the one wearing provocative clothing.	The therapist makes an interpretation that Yasmin also wants people to look at her at the party.	The therapist is an object that shows Yasmin she also wants to cause controversy and be noticed.	The therapist feels he is returning to a more analytical place. Persecutory and inadequate feelings are fading.	The therapist has felt under fire and unsettled, losing his position. A timely interpretation shifts him back into therapist role.
24. She laughed and said it would only be a joke.	Yasmin diminishes her previous comment; there is no problem because she says it's just a joke.	The therapist is an object that Yasmin has to explain herself to.	The therapist is feeling uncomfortably close to a teacher/ judgmental position.	Yasmin legitimises her comment by trivialising it. The therapist is overwhelmed with feelings of education/ morality and judgment. There is blurring between fantasy/reality and also the patient/ therapist position.

25. I wondered whether the other people at the party would find it funny.	The therapist asks whether the costume will be experienced in the same way by the other party goers as Yasmin says she intends it to be.	The therapist is now a judgmental persecutory object.	The therapist doesn't find it funny and shares this with the patient.	The therapist asks hypothetical question about other people's feelings. He has left the position of therapist and is overpowered by his own internal struggles. The therapist has desire to educate and advice.
26. 'OK' she said smiling 'I'll go dressed in black sheets'	Yasmin responds to the therapist's comment by adjusting but still being playfully oppositional.	Yasmin picks up on the therapist's discomfort and mischievously plays with that.	The therapist feels regretful as he realises that he has caused Yasmin to modify her fantasy.	Yasmin has experienced her therapist as vulnerable. This causes anxiety and she adjusts for him. This is also unsettling/ empowering because she knows she can affect him.
27. I smile and suggest that she would now be offending white people!	The therapist suggests that she has moved from potentially offending one group of people to offending another.	The therapist is now an object that is both playful yet critical.	The therapist is keen to get back 'on-side' with Yasmin and slightly colludes with her mischievous banter.	The therapist is aware that there is no black sheeted anti-KKK but interprets that Yasmin is communicating – '*I have to offend someone!*'
28. She laughed heartily.	There is laughter at the absurdity of this dialogue.	Yasmin experiences the therapist as joining her fantasy.	The therapist feels like the meaning of the initial dialogue is being lost or diminished.	The laughter and the therapist's muddled interpretation add to an atmosphere of collusion.

29. I commented on how she would now be offending everyone at the party.	The therapist makes the comment that Yasmin's aim is to offend everybody, Chav, Indian, Black or White.	Yasmin experiences the therapist as preachy and judgmental.	The therapist feels slightly exasperated.	Although Yasmin says she will either wear black or white sheets, thus offending a certain racial group, the therapist reads this as her desire to be noticed, significant and controversial.
30. She said that her mum is white and her dad is from Africa – he is Asian, so in a way she would be offending herself.	Yasmin tells the therapist that she is both black and white and the only one that would be offended is she.	Yasmin hits back at the 'know-it-all' therapist and tells him has got it wrong.	The therapist is both black and white and does feel offended like Yasmin suggests she would be.	Yasmin removes the possibility of white people being offended and black people being offended, by saying she would be the only one offended as she is a mix of both. She is perhaps suggesting that she occupies all of these positions. Parallel to this is the possibility that this may be an unconscious attack on the therapist's fantasied ethnicity.

31. I spoke about Yasmin's description of herself (given to me in a previous session) as person who was not and did not want to be white or Asian.	The therapist decides to use some knowledge from a previous session to challenge the current thinking.	The therapist is now a punitive like object, reminding the patient of things she has stated in the past doesn't match with her current views.	The therapist feels passionate about Yasmin's opinion as it connects with him also. He is possessed to 'fix' something that does not fit with the way he is thinking and feeling.	The therapist is feeling caught up in a subject that is clearly pushing his own buttons. There is an over-identification with the patient. He drags up some information from a previous session as ammunition to fight back.
32. I continued this theme by suggesting she thought that by wearing white or black sheets would not offend her because she was not white or black.	The therapist makes a comment challenging the contradiction of not being offended because she was neither black nor white. You would only be offended if you were black or white.	The therapist is a probing inquisitor. Finding discrepancies in her story. The therapist is persecutory object.	The therapist is keen to show Yasmin her contradictions and confusion. This makes him feel like he is in charge.	On the surface there is a desire to hear where Yasmin really positions herself (even though everything suggests she does not really know). But the undercurrent is one of regaining control of the session and putting the patient back in her place.
33. There was a pause and I hoped Yasmin would react but she did not, so I asked her whether she thought the idea of her wearing the sheets would offend me.	There is the hope that Yasmin will enlighten the therapist with some reflection. When none is forthcoming the therapist asks a direct question concerning him.	The therapist becomes someone who has been hurt by Yasmin.	The therapist is still affected by the previous passage of communicatio n and cannot disentangle himself from it.	The therapist believes this entire section of dialogue is an unconscious communication directed at him and he voices this.

34. She looked dazed and confused.	There is real disbelief and misunderstanding in Yasmin's eyes. The therapist has suggested something she was unprepared for.	Yasmin experiences the therapist as a puzzling, unreadable object. Her understanding of the therapist is fractured.	The therapist was also unprepared for this reaction from Yasmin. He suddenly feels uncertain about what is actually happening in the session.	The therapist was perhaps naively expecting a more consciously aware reaction to his comment and did not keep in mind that Yasmin herself may have been unaware of some of her communications.
35. 'Why would that offend you?' she asked innocently.	Yasmin asks why the therapist may be offended, implying the therapist is emotionally untouched by anything in the room and/or denying the therapist's ethnicity.	Yasmin is experiencing the therapist as a more complete object in her mind and this is unsettling. He can be offended and he can be ethnic. He can be something she wasn't aware of.	The therapist finds it hard to understand and believe Yasmin is not aware of his ethnicity. He is both annoyed and confused.	Yasmin experiences the therapist's comment concretely. I <u>wondered</u> whether she thought the sheets would offend me. She hears me saying the sheets <u>would</u> offend me. She is correct.
36. She continued, 'You're white with a tan aren't you?'	Yasmin enquires directly about my ethnicity for the first time in therapy. She tells me she sees me as a white person.	Is the therapist an object that is white with a tan? Yasmin is unsure about the therapist.	The therapist is stunned and unsettled by this question. He is not completely sure whether Yasmin is genuine or not.	Yasmin uses the exact description she had been given by her internet 'friends' to describe her therapist. Yasmin had linked her ethnicity and mine but also wiped out our ethnic sides.

37. 'Am I?' I replied in a stunned fashion.	The therapist finds it hard to conceal his surprise and reflects back to the patient.	Yasmin is left with a mysterious, evasive object that has not answered her question but asked his own.	The therapist is offended by Yasmin's description and strongly wants the patient to know his true ethnicity.	The therapist challenges the patient's perception of him not by the words he has used but by the tone of his delivery.
38. She then insisted that I tell her the truth.	Yasmin's fantasy of my ethnicity now has to be confirmed or denied by the therapist.	Yasmin wants the therapist to be an object that is known and understandable to her again.	The therapist feels under pressure from Yasmin's forceful demand. There is the desire to disclose the reality of his ethnicity.	Yasmin cannot tolerate not knowing the therapist's ethnicity. Is the therapist someone like her, who can understand her or someone alien?
39. I comment on how she told me before how her internet 'friends' think she is 'white with a tan' and continue to deny she could be ethnic.	The therapist side-steps the question by reminding Yasmin of another session that involved **her** race and identity. Her friends (all white Americans from the internet) completely deny and dismiss she could be anything other than white herself.	The therapist is an unavailable, non-compliant and invasive object.	The therapist is desperate to aim the focus of the exploration back onto the patient and get away from his own powerful feelings of anger and rejection and loss.	The therapist linked this session to a previous one as the exact same description had been employed in both. Yasmin had assigned to the therapist the same inaccurate ethnicity she had been given by some 'friends'. They had wiped out her ethnicity and she had now wiped out mine.

40. They even tell her racist jokes which she enjoys.	Yasmin isn't outwardly offended by racist jokes; in fact she reacts in the opposite manner by enjoying them.	The therapist is an attacking object, presenting Yasmin with comments on her ambivalence.	The therapist is keen to highlight Yasmin's ambivalence towards part of her heritage. The therapist redirects the race spot- light from himself to the patient.	Yasmin identifies strongly with the Emo culture which is largely an ethnically white group. The denial of her father's ethnicity within her is confirmed by her 'friends' view of her. The therapist shows Yasmin her ambivalence, possibly due to his own duality ambivalence.
41. She ignores my comment and repeats her desire to know my ethnicity.	Yasmin wants to keep the discussion about me and away from her issues.	Again the therapist is a withholding, mysterious object.	The therapist is on the back-foot again. Pressured into giving personal details.	Yasmin needs some clarification, to either join us together or to separate us.
42. I told her that it was more beneficial to us to hear what she thought my ethnicity was rather than what it actually is.	The therapist explains to the patient that her thoughts and fantasies can be of more help in therapy than concrete facts. What are **her** thoughts?	Yasmin experiences a therapeutic object, concerned about what she is thinking and feeling.	The therapist rediscovers his position and is buoyed by this. He feels safe and confident.	Yasmin's persistent direct questioning jolt's the therapist into analytical mode and he asks about her internal experience rather than the outside reality. This could have been Yasmin unconsciously seeking to return to the patient role and thus allowing the therapist to do the same.

43. She then said, 'I suppose you could be a bit mixed'!?	Yasmin takes up the therapist's comment and offers her own thoughts. She suggests the therapist could actually have a mixed heritage.	Yasmin allows the object to be something that is familiar, possibly like her.	The therapist experiences satisfaction that Yasmin has made some connection with him and herself.	Yasmin's acknowledgement and recognition of the therapist's mixed appearance allows for both of us to be something other than 'white with tans'.
44. I asked what she meant by 'a bit mixed'	The therapist asks for Yasmin's definition of mixed.	The therapist is experienced as inquisitive and interested in this subject. Yasmin feels she has the therapist's full attention.	The therapist is curious to find out what Yasmin considers mixed. Is her idea of mixed the same as his?	The therapist pursues the mixed comment. He is fully aware that Yasmin's ethnic background is similar but not the same as his.
45. Yasmin suggested that I could be anyone of several mixed races.	Yasmin tells the therapist that his ethnic identity is a mystery to her.	Yasmin allows the therapist to be any number of races or ethnicities.	The therapist has a sense of pleasure that Yasmin's mind has opened up/admitted to fact that she is not always right about things.	Yasmin has been able to express her real curiosity about the therapist and thus open up a multitude of possibilities for his identity rather than trying to fit/place him somewhere in her mind.
46. I commented on her placing us closer together, first both white with tans and now both mixed race.	The therapist shows Yasmin how she has changed her view of him within this session; but also how she has racially kept therapist and patient together throughout.	The therapist is ever-changing; someone like Yasmin but also not like Yasmin.	The therapist feels on solid ground with his interpretation.	Yasmin has moved from placing the therapist and her together as two white people, to allowing mine, and thus her, fuller identity to be explored.

47. Yasmin tells me in no uncertain terms that she will find out the truth when she gets home by searching for me on Facebook.	Yasmin cannot hold on to curiosity/ fantasy for long and reverts to having to have concrete facts.	Yasmin experiences the therapist as tantalising and withholding. 'Is the therapist like me or not?'	Therapist feels disappointment that fantasy could not have been worked with further.	Yasmin's world is full of unpredictable and unstable objects and she wishes to have me as an object she can fully understand and identify with. However she has allowed herself some space for reflection in the last few moments.
48. I omit the fact that I do not have a Facebook account and state it is time to end the session.	The therapist veers away from commenting on external matters and calls time on the session.	Once more the therapist is cold and boundaried, ignoring her threat/desire to find out more about the therapist.	The therapist is unconcerned by the threat of his privacy being breeched on 'Facebook' as he has no account, but he is slightly unsettled at Yasmin's determination to find out about him.	When met with uncomfortable, direct and intrusive material the therapist again avoids confronting the issues and is 'saved by the bell' as it is the end of the session. Yasmin has threatened to take the relationship outside of the safety of therapy room.

Grid.3

Discussion

The session (**Grid. 3**) *presented the therapist with countertransference reactions that sternly tested his clinical technique. It is also an excellent example of how the patient experiences the therapist by the way he responds to her. The therapist allows and listens*

*to the varied versions of the patient whilst trying to understand her and yet not rejecting a punishing her. Sentences **36 - 48** were of particular significance to this research. Sentence **36** hit the therapist like a bolt of lightning. In real-time he was terribly unsettled and offended. The therapist experienced this as being de-colourised or de-ethnicised. The therapist's initial comment on whether the KKK sheets would offend him had concretely brought into the room Yasmin's phantasies about his race and her subsequent anxiety and a need to make them the same, 'white with a tan'. Although sentence **36** had the initial impact and disturbance on the therapist it was actually sentence **39** and **40** where the therapist's analytic technique faltered. In sentence **39** he was unable to stay with the patient's enquires about his ethnicity and was still clearly reeling from her 'white with a tan' comment. Unable to stay with the alive and current content, the therapist referred back to a previous session finding a link between this session and much earlier one – where she is called white with a tan also. The therapist also highlights how the patient colluded with this delusion in sentence **40**. Arguably this had little to do with her request for the truth in sentence **38.** However her persistence in sentence **41** forced the therapist into a corner and made him make a choice whether to collude or reclaim the psychotherapist position and ask the patient her fantasies in sentence **42**. This session is an excellent example of how preoccupations and extreme countertransference reactions can influence the flow of a session. Yet it is also an excellent example of how these fixations and distractions can evaporate with a single comment like in **42**. This highlights how sometimes it is not just the therapist that can lead the therapy back on course when it is in dangerous water, it can be a collaborative effort.*

As the reader will no doubt observe the above session is full of material rich with race, sex and class content. As with the previous session presented I was again unsettled by the patient. 'You're white with a tan aren't you?' had the similar effect on me as 'half-caste' did previously. Both inquiries were quite different but contained connecting parallels. I equated and experienced the title 'half-caste' as a derogatory term, something akin to nigger. It was/is a dehumanising term originated specifically for that exact purpose. My reaction to hearing that title was to change and educate Yasmin. 'You're white with a tan aren't you?' was not a formal title but it was a clear statement. I was stunned by this enquiry. In many ways I felt this projection much more acutely than Yasmin calling herself half-caste. Initially I was confused about whether Yasmin had said this in jest or more disturbingly, had she actually thought I was white? In the countertransference my 'black-side' had been completely wiped out and I was left being

a white person with a sun tan. I was faced with my patient's perception of me and the hidden reality.

For several sessions after the one described above Yasmin was obsessed to find out more about me, in particular my race. I was no longer 'white with a tan' but everything and anything. West Indian, Egyptian, Moroccan, American, Turkish, Portuguese, even 'half-caste'! At one point she described me as looking similar to her father and his side of the family! I could be a good object one day (West Indian or American) and lecherous the next (Turkish or Egyptian). I felt Yasmin was desperately trying to find out what sort of man I was, what sort of father I was. The omnipotent way Yasmin changed my identity made me believe I was seeing first hand a reflection of her own internal state of flux regarding her racial identity.

Yasmin described a very painful and confusing primary and secondary schooling. She was the only 'half-caste' child in the school and she had been called many horrible things. In primary school she was teased about her surname Batti. 'Fatty Batti' and 'Batti-man' (homosexual insult) were the most common. In secondary school the insults took on a more racial nature. She told me that girls used to say, '*You're not white and you're not Indian*!' Yasmin spoke of bullying and fights with white girls. As well as half-caste she was also called cross-breed, mutt and mongrel.

Yi (1998) believes that a patient's race or ethnicity is experienced within the therapeutic situation as equally fundamental to their identity as their gender. I believe this statement could be extended to include the therapist's ethnicity. Being a person of mixed race I can speak from experience about the advantages and disadvantages of feeling/being 'both' and conversely 'neither'. By 'both' I mean a sense that you are in a unique, privileged position. You see both sides of the fence; you can incorporate the best from both worlds. By 'neither' I am suggesting that one feels not a part of either group. Not one or the other. Both sides view you as the other, so you are excluded. In fact the research of Tizard & Phoenix (1993&2001) found that mixed race people can suffer more racial abuse than their white or black contemporaries, as they received cruelty from both black and white people. It should be noted however that some of this research was undertaken 20 years ago and the mixed-race population has exponentially grown and become more of the recognised and accepted part of the demographic landscape. That being said, Yasmin's testimony clearly illustrates that such double-racism is still alive and kicking in the new millennium.

Yasmin tried fitting in with white groups and black/Asian groups and sometimes she was accepted into these groups yet she always felt a bit on the outside and a bit different. She remembered spending playtimes alone making toys out of rubbish she found in the playground. There were also pretty girl groups, ugly girl groups and fat and thin girl groups. She was overweight yet pretty so she didn't fit in anywhere. Yasmin fantasised about a school just for half-caste people. Although cruelly she also wished that disabled people could attend this school so the half-caste people could make fun of them. This graphically illustrated where Yasmin positioned herself as a half-caste person, somewhere below normal people but above disabled people. It was also the first time I encountered a dislikeable sadistic Yasmin, despising herself and feeling despised.

More than a year into the therapy and Yasmin started to confront me with more ambivalent material. The word nigger/nigga became common place in sessions. To begin with I was extremely uncomfortable and unwilling to take up her use of the word, its meaning to Yasmin and what was being communicated in the room. I was reluctant to find out, yet I suspected/feared, that the word was being directed towards me. I chose to interpret my countertransference reactions as being paranoid and hyper-analytical and not fully facing initial feelings that in the transference I was a nigger to Yasmin. Money-Kyrle writes; *'...first impulse may be to suppress such hostile feelings; but if one does not allow oneself to become aware of them, one may miss their influence on the patients unconscious.* (1955, p89)

The word nigger is a pejorative term for black people. It has its origins from the Portuguese noun Negro which is a descendent of the Latin adjective niger, meaning the colour black. It is a word strongly linked with the slave trade and hence many black people find the word highly offensive and deeply disturbing. There has however been a change in how the word is used and received in recent years. In popular culture such as Rap music or Movies the word has attained a sort of infamous acceptance. This is the way Yasmin used the word in sessions. 'What's up nigga? Or 'Hell yeah nigga!' are just two examples. She spoke of instances and incidents when she had used the word on the streets in retaliation at being called Goth, or freak. I wondered whether the use of the word served the function of projecting the negative black-parts of the self onto other people making them (and me) niggers. Yasmin's perception and opinion of black women was very poor. She spoke of Big Mammas or Crack Hoes. Black women were either grossly overweight matriarchal figures or drug taking prostitutes. Yasmin joked

that she was already on her way to becoming one of these women; she only had the prostitution part to come!

Countertransference Explored – session 103

The following session highlights the therapist's growing confidence at exploring his countertransference reactions and the willingness to challenge the patient.

Original Process notes	1st level coding- Summary/context	2nd level coding- Patient	3rd level coding- Therapist	4th level coding- thoughts & theories
1. I pick up Yasmin from the waiting room and as the therapy door closes Yasmin says, 'What's up nigga?	The patient addresses the therapist in a causal tone but using a highly offensive name.	The therapist is a nigger.	The therapist is offended and shocked.	The patient addresses her therapist in an American street slang style. Her purpose is to denigrate as well demote and engage the therapist at peer level.
2. She then quickly moves on to some domestic monologue.	The patient doesn't wait for a response from the therapist.	Perhaps shocked at her own offensive language towards the therapist she escapes.	The therapist feels bombarded, recovering from being called nigger and now trying to follow the patient's narrative.	The therapist and patient appear to be in a sort of hit-and-run scenario. The patient drives in, hits the therapist and drives off.
3. I realise I have grown too used to her using this word without commenting on it. Today I comment.	The therapist decides to comment on being called 'nigger' for the first time.	The patient is continuing her monologue.	The therapist has turned off from the current material and is waiting for an opportunity to go back to 'nigger'.	Today the therapist gets off the metaphoric floor and decides to take the patient back to the scene of the 'crash'.

4. I take her back to the 'n' word.	The therapist wants to examine an early part of the session.	The patient experiences an unplanned interruption.	The therapist is disturbed at being placed in a nigger position.	The therapist is used to hearing the patient use the term nigga but never before aimed at him.
5.Yasmin tells me that she loves the word and that it gave her a 'warm feeling in her tummy'	The patient describes her fondness for 'n' word.	The patient's comment aims to shock the therapist.	The therapist is further disturbed by the patient's response.	The therapist experiences further attack from the patient as she trivialises the 'n' word.
6.There is a perverse excitement in her voice	The patient delights in telling the therapist.	The patient is presenting as unlikeable and offensive	The therapist is repelled by the patient.	This is the first time the patient presented any hostility/ambivalence towards the therapist. The 'warm feeling in her tummy' highlights a perverse cruel part of the patient.
7. I ask her to explain what she means by this.	The therapist would like to know more about this 'warm feeling'.	The patient experiences the therapist as interested.	The therapist wants to know whether the patient is goading/insulting him or genuinely in some kind of identification with the word/position.	The therapist is having difficulty untangling himself from the patient's projections. What belongs to him and what belongs to the patient?

8. She says she just loves the word.	The patient gives the therapist a one word answer.	The patient presents as evasive.	The therapist feels frustrated	The patient cannot give any further description or meaning to her connection to the 'n' word other than love. Does she really love the word or the 'n' position?
9. I suggest that she is in some kind of identification with the word.	The therapist highlights the notion that the patient has strong feelings attached to the 'n' word.	The therapist is experienced as insightful.	The therapist links the 'n' word to the patient.	This encapsulates the paradox of the word in today's society. It is both forbidden and cool to use. The 'warm feeling inside' could be interpreted as perverse identification with the low, the useless and the dirty. The patient has found a way to explore her ethnic side which on the surface is cool.
10. Yasmin nods and smiles broadly	The patient agrees with the therapist.	The patient experiences being understood.	The therapist experiences connection with the patient.	An interpretation is followed by confirmation and both parties feel understood.
11. I state that Yasmin is half white and half Asian, I wonder where the 'nigger' part of her comes from.	The therapist asks the patient if she knows where this identification comes from.	The patient is presented with a questioning therapist.	The therapist is keen to know where this side of his patient fits in.	The therapist wants to try and explore multiple parts of the patient.

12. Yasmin says that her great-grandfather may have been black, she has seen pictures of him and he looks African	The patient suggests she historically has black African people in her family.	The patient provides the therapist with what he asked for.	The therapist experiences slight disconnection as the patient has misunderstood his enquiry.	The patient has taken the therapist's question literally and gives examples of real African heritage (nigger). She was not able to think about her internal nigger.
13. 'I'm part nigger part white, smoke weed, listen to Rap, drink grape-soda and eat watermelon! She laughs loudly.	The patient humorously (to her) presents a caricature of a black person.	The patient wants to amuse the therapist and have him collude with her.	The therapist is amused but is also aware that this is the patient's aim.	The patient presents a stereotypical black person. The therapist often finds the patient's humour catching him off his guard. He quickly has to recover his analytic position.
14. 'Then I listen to rock music, play guitar and dress in black!'	The patient provides a stereotype for her white side.	The patient wants to amuse the therapist and have him collude with her.	The therapist is amused but is also aware that this is the patient's aim.	This description is delivered with less enthusiasm. I sense that the black stereotype was more fantasied and the white was more real and depressive.

15. I ponder these statements then ask 'Where is your Asian part?	The therapist composes himself and comments on the absence of the patient's real ethnicity.	The patient is faced with a questioning therapist again, not a joking peer.	The therapist regains his analytic position and thus jolts the patient back into her position.	There is lots of talk about white and black (nigger) but the patient's real Asian part appears to be excluded. Does 'nigger' represent an idealised denigrated ethnic part?
16. Yasmin's enthusiasm and frivolity sinks with this comment and she says nothing.	The therapist's inquiry sends the patient into a more solemn and thoughtful position.	The patient is presented with something she was unprepared for.	The therapist is aware he has made some connection with the patient.	The therapist's comment bypasses the patient's lively stereotypes and exposed the denial of her Asian-self.
17. I observe that the Asian side is missing from her description	The therapist highlights the patient's absent ethnicity.	The patient experiences the therapist as exposing and cruel.	The therapist's observations and comments help him return to analytic position.	The therapist first asks the patient where her Asian side is and then comments on its absence. He is determined to push the patient today.
18. Yasmin tells me to 'fuck off' then quickly retracts saying 'sorry'	The patient swears at the therapist in anger and frustration but quickly apologies.	I hate the therapist…I don't want to hurt the therapist.	The therapist experiences rejection from the patient followed by reconnection.	The patient's true emotions are fired out at the therapist but are quickly apologised for. Yasmin dare not make this space dangerous and unsafe. She cannot afford to anger or upset the therapist.

19. Yasmin suggests I might be part nigger but then says, 'no you're too light'	The patient comments on the therapist's racial heritage and complexion.	The patient is back in stereotype mode and feeling much more comfortable.	The therapist experiences frustration as the patient has ignored his comment. He also feels disturbed at her description of him.	Yasmin regains control of the session by failing to address my comment and focussing on the therapist. At the beginning of the session the therapist is a nigger, now he is the wrong colour.

Grid 4.

Discussion

We observe from the beginning of the session (**Grid 4**-*sentence **3**), the therapist is willing to take up with the patient something he has been unable to previously. The therapist is in an analytic position, thinking rather than being overcome by feelings. This does not mean he is not affected by the patient calling him 'nigger', he feels unsettled but not the extent that he leaves his position. This is quite different from the previous sessions presented. This development has transpired through the therapist's greater awareness of his self and his patient. Sentences **5, 6** and **8** represent the patient's perverse identification with the word nigger that is also aimed at unsettling the therapist. The therapist remains in analytic position and enquires and interprets in sentences **7** and **9.** The patient humorously and stereotypically describes her white and 'nigger' sides in **13** and **14.** The therapist then makes the decision to bring some external reality into the session by commenting on the patient's actual ethnicity in sentence **15**. The patient's reaction in sentences **16, 17** and **18** are one of deflation and melancholy, then attack quickly followed by an apology. Sentence **19** is fascinating as it appears the previous sequence has enabled the patient to fantasise about the therapist's true ethnicity.*

Yasmin was stirred-up and excited with the identification of a low/bad/useless black object, an object she called nigger. Up until this point Yasmin's black internal part was denied and hidden, yet in this session it was made big and bold but ultimately only so it could be denigrated. When I commented on her Asian side (not the 'nigger' part) she recoiled as this could have been perceived as a possible positive black association. Again Yasmin dared to venture to a place where I was something dark, something not

white. But as before I was easier to understand and work with (in her phantasy) as something lighter or white; someone that was far from her lowly internalised father.

The above session extract and following discussion present the therapist finally taking up in the session something that had in previous sessions disturbed him; subsequently he had not acted on those feelings. In this session he made a point of doing so. However because of his sensitivity to matters of race and previous sessions in mind where he had not taken up the word 'nigger', he only experienced and interpreted this as a racial communication from the patient. The patient's excited declaration that she 'loves the word' and that it gave her a 'warm feeling in her tummy' could equally have been a paternal or erotic transference to the therapist. The patient addresses the therapist as 'nigger' and then proceeds to tell him 'she loves the word'. This session would no doubt have taken a very different course if the therapist had made a different interpretation of the patient's comment, something more attuned with her feelings towards him and their relationship and less about race. However this interpretation was not made by the therapist in real-time and now serves as an excellent example of how important communications from patients can be missed or lost due to the therapist's own oversensitivity or preoccupation to a perceived communication.

As the therapy approached 18 months in length, 4 times a week intensive therapy was offered and gladly accepted. With the extra day of therapy per week an interesting shift occurred in therapy and in Yasmin's external world. For the first year of treatment the impact and consequence of breaks in therapy were minimised by Yasmin. She told me that she understood that I had a life; I had other people to see and other things to do. She held firm to these defences against feelings of wanting me all to herself. In time she was able to talk to me about her painful feelings of being dropped, forgotten or insignificant. The weekend mini-breaks were bearable but half-term breaks or a planned absence on my part was taken badly by Yasmin. During the breaks huge arguments with mum or sister occurred; sometimes heavy alcohol consumption and occasionally superficial self-harming took place. We spoke endlessly about the breaks and what they meant and how she reacted.

Yasmin thought the problem was her home life and a prolonged exposure to her family. She feared that being without the opportunity to express her feelings in therapy caused an overload of emotion. Yasmin's solution was to leave the family home during therapeutic breaks and spend some time with her extended Asian family. She described a warm feeling at her paternal grandmother's house. She felt Asian there, almost. The

Asian Oasis, as she humorously called it, not only gave her some time away from the family home but it also brought Yasmin in direct contact with her ethnic heritage and the material in sessions reflected this.

In a session directly following a break Yasmin told me that she had spent a few days at her paternal grandmother's house in Southall. During this visit she became extremely conscious that she was lighter skinned than most 'Indian' women in the area and that they all stared at her because of her dress-sense and make-up. This appeared to be classic example of adolescent confusion and paranoia. What was being noticed by the darker skinned Asian women, Yasmin's Goth image or her skin colour? Yasmin also commented on 'pervy', 'creepy' brown men that would sometimes follow her down the road. This was linked to her father's own questionable amorous adventures with females much younger than his age. Yasmin told me that her father was 47, but told women (some as young as 19) that he was only 35. He was the pervy, creepy brown man (This no-doubt resonated with Yasmin in therapy as she was also seeing an older brown man four times a week and she was just a teenager). Yasmin managed to take this observation on-board but was deeply disturbed when I commented on another brown man that was part of her life, her therapist. Yasmin told me to shut-up and threaten to hit me. I did so and after the pause I suggested, '*Maybe not all brown men are dangerous or pervy*? She looked into her lap without expression. Yasmin's 'shut-up' told the therapist in no uncertain terms not to spoil the safe environment Yasmin and I had created.

This was first and only time Yasmin displayed any form of aggression directed at me in the entire treatment. My comments appeared to have connected with her and although it was easy to vilify her father for his 'pervy brown man' ways, there was something very uncomfortable for Yasmin to hear me called myself a brown man. Yasmin had previously had her own fantasies about my colour and race which we explored together. This was the first time I had concretely placed into the room the subject of colour of my skin. Was her uncomfortable, aggressive reaction because I had placed myself with the pervy brown men and her white phantasy of me was shattered? Yasmin's internal unconscious world was deeply suspicious of men and brown men in particular. My interpretation of her aggressive response to my comment appeared to connect with Yasmin and perhaps relieved some anxiety regarding me.

Even with the newly established link to her father's family Yasmin continued to comment in sessions about a disconnection with her father's family. The reason for this

was projected outwards and squarely placed at her mother's feet. '*Maybe it's because I have a white mother'*, Yasmin questioned out loud. Yasmin's paternal grandparents never truly accepted June into the wider family and this painful rejection lived on in Yasmin. I felt the full extent of Yasmin's difficulties in this exchange with me. A white-side that was rejected (mother) and the continuing residue of that painful experience alive within Yasmin's fragmented internal world. The idealised way in which Yasmin remembered her deceased grandfather invoked strong countertransference feelings in me. This part of Yasmin's family history mirrored my own almost identically. I became aware of the boundaries between Yasmin and myself becoming blurred. Money-Kryle suggests that the therapist should '*…become conscious of the phantasies within him, recognised their source, separate the patient's from his own, and so objectify him again'*. (1955, p91)

The rejection of your mother or father by a grandparent is experienced as a rejection of part of oneself. This is often too painful to acknowledge and so in Yasmin's case the grandparents were idealised as a defence against the feelings of difference, prejudice or even a more natural ambivalence.

Adolescent Extremes

Yasmin's internal and external conflict with her ethnicity and identity ran parallel with what could be described as more predictable adolescent development unrest. There was an abundance of confusion, alterations and experimentation. Grandiose feelings of power and omnipotence where followed by regressions into infant-like tantrums and acting out. Sex, sexuality, body imagine, peer group and gender where all brought into the therapy room and sternly tested my psychoanalytic technique. This natural developmental state of flux was further complicated by definite mental health concerns.

The beginning of the treatment was characterised by frequent enactments from Yasmin; self-harming, overdoses, multiple boyfriends, manic-depressive type behaviour and a deep interest and an equally deep suspicion of me. I learnt about the Emo culture from Yasmin (which sounded similar to Goths) and its close links to self-harming and suicidal ideation. However Yasmin did not see herself as an Emo (although her description of an Emo sounded very much like her presentation), she described herself as "My own culture". She said she took what she wanted from a variety of cultures and became an amalgam: Emo/Rapper/English. She was not happy with any fixed labels or

titles. I was aware of my feelings of understanding and empathy of Yasmin's external and internal struggle to find a place she could call home.

For the first two months of psychotherapy Yasmin wore nothing but black clothing; black boots, black trousers (never skirts), black shirts and a black coat. This was accompanied with heavy foundation make-up, heavy eye make-up, dark painted nails and blood red lipstick. She told me her bedroom had black painted walls; she had black bed sheets and curtains. She said her mind was black. She liked dark things, dark thoughts. I had found this was most interesting as another dark aspect of her, her father's race, was completely despised. She liked horror books and films but she denied being thrilled by them. She said she understood them, related to them. She thought the people that wrote the books or made the movies must think like her. Yasmin identified with the dark, the morbid and the horrific. Where were Yasmin's live parts or light side? I was to discover that Yasmin thought that Zainab was the normal one, the light one. Zainab was all pink and white and girlie. Yasmin appeared unable to find anything of worth or life within herself, all the good and light was located in her younger sister. Yasmin experienced herself as dark and her sister as light. Yasmin's concrete black and white way of thinking about things and people applied to everyone. Her mother could be a good object for a time while her father was the bad one. A month later the roles would be reversed, there didn't appear to be the possibility of good **and** bad parts existing simultaneously within one object.

Yasmin had a chronic problem with sleep and turned night into day. On one level this was the result of having relationships with people in America and the time zone difference. On another level she was turning away from the daylight hours and increasing her isolation. She told me that she felt dull and lifeless. In fact the only time she left home was to come to therapy or to buy cigarettes from the local corner shop.

Throughout the night Yasmin obsessively frequented morbidly themed on-line chat rooms or played violent video games on her computer. She explained that in the computer games she had a mission or task to complete. In her life, her reality, there were no plans and no future. Most of the adolescents or adults she was in communication with in the USA seemed to have mental health difficulties. Yasmin did however engage in the adolescent games of chasing boys and being chased by boys. I was to discover that Yasmin had an attraction for boys/men who had experienced some of her difficulties. She described vividly how she perceived these people as; fuel or food and she had a desperate need to be filled. This implied an emotional emptiness or

even an emptiness of the self that Yasmin found alleviated by an over identification with other adolescents with similar difficulties. I observed that when Yasmin was in the position of choosing a new boyfriend she would always pick the dangerous, unreliable ones. Yasmin also referred to her 'boyfriends' as if they were a drug; exciting, wild, 'a hit' and 'out of this world' yet she knew all too well about the negative side to drugs; the downer, emptiness and the low. This further highlighted her hazardous self-destructive personality.

Yasmin was filling herself up engaging in relationships that were ultimately doomed as well as damaging. On one occasion Yasmin rejected the advances from a boy who came from a stable family home, for that of an ex-soldier with bipolar disorder. By choosing relationships that were risky and rejecting, as she put it, 'good, safe and dull' ones, she was attacking any possibility of positive links with good objects. There was another motive behind Yasmin being attracted to boys/men with troubles. Yasmin liked playing counsellor; she listened to their stories and tried to solve their problems. This could be interpreted as an over-identification with me and my position of helping others.

By doing this she elevated herself above them as they were the ones who needed her help. Understandably this often had significant consequences for Yasmin's own state of mind. She told me that trying to help all of these people was draining and made her feel very low. We spoke about this and I wondered if she thought I sometimes felt low after seeing her or all of the other children I work with. This made a big connect with Yasmin. She shook her head and told me that I was trained. She intuitively reflected back to me saying, *'You're telling me that I'm not trained to listen to all of this stuff' aren't you!*

During the course of the therapy Yasmin had several boyfriends, most were on-line, but some were actual meetings with boys/men from around England. Each time when things got a bit rocky in the relationship Yasmin thought about breaking up with them before, she feared, they dumped her. This was made easier for Yasmin by having another suitor lined up in the wings to fill the impending gap. In fact there was no gap at all as one relationship ended another seamlessly overlapped. She had created a defence which by-passed any sense of loss or pain. She told me that she had never broken up with someone without having someone else in waiting. I suspected that her attraction to these damaged and dangerous boys was less to do with an over identification with their plight and more to do with an internalisation of an unsatisfactory unreliable paternal object.

Yasmin's moth-to-the-flame presentation, her attraction to the unsafe, the exciting, the cruel, the dangerous and a feeling of powerlessness made the link in my mind with her deliberate self-harming.

Running parallel to her excited, unpredictable and often fleeting relationships was her strained relationship with her parents. She sardonically called herself a tennis ball, living with one parent for a while and then being made to move to the other parent when things got too much for them. Unlike her male friends on-line (she had no female friends), who were idealised and loved, her parents were in a very low and denigrated position in her world. She frequently employed the term 'retarded' to describe them. She spoke of her mother returning home late some nights drunk and vomiting in the bathroom. Yasmin felt that her father was far more responsible, but controlling, bordering on smothering. She felt both parents were not fit to raise children and she stated many times to me that she would be a completely different parent when the time came. Rosenfeld describes the narcissistic patient as wanting, "*...to believe that he has given life to himself and is able to feed and look after himself*" (1971, p247).

Yasmin described both parents as critical of her, sometimes spitefully attacking in their observations. Yasmin relayed to me that her parent's criticism revolved around her weight and her education. It appeared that Yasmin was still subject to her parent's projections of their own issues; Father's deteriorating physique and mother's current unemployment. Yasmin experienced the sensation of suffocation when living in father's flat and conversely at the family home she was uncontained and left to her own devices. Neither place felt like home. When I ventured to ask how she experienced the therapeutic time and space Yasmin's rely was, '*…it's a place to talk about things to a random person*…' I took up her defensive, dismissive description and her use of the word 'random'. I stated that her therapy was with the same person three times a week (at the time), every week and at the same times, same place. This was far from random; this was actually regular and reliable.

Amidst her back and forth life between mother and father, Yasmin was to appreciate a place that was reliable, and later an object that could contain and didn't attack. However her fear of spoiling the reliable space kept her darkest fears and actions hidden from me. The only hint of a negative transference in early therapy came in the form of occasional curiosity and jealous fantasies that accompanied unforeseen breaks in therapy and her fantasy of an uncaring, unavailable paternal object as I described above.

In Search of Father – session 106

As the therapy progressed Yasmin did start to acknowledge that holiday breaks taken by the therapist did affect her. Whereas before she would minimise the fact the breaks meant anything at all and that the therapist needed a break just as she did, there was now ambivalence towards the abandoning therapist. The following extract is taken from a session which started with an extended moment of silence. This was unprecedented in my experience with Yasmin as she always found pauses and silences as persecutory. Yasmin uses clever word play as a device to get closer to the therapist.

Original Process notes	1st level coding- Summary/context	2nd level coding- Patient	3rd level coding- Therapist	4th level coding- thoughts & theories
3. After a period of about five minutes I asked her thoughts	An unusually long period of silence to start a session for Yasmin.	The patient is letting the therapist know something is different today.	The therapist is taken aback with the start of the session.	The therapist appears unable to stay with the patient's silence.
4. Yasmin reacted angrily stating I was not allowed to ask her direct questions	The patient instructs the therapist on what he can and cannot do in therapy.	The patient experiences intrusion into her thoughtful silence.	The therapist doesn't believe he has asked a question, merely enquired about the patient's thoughts.	Asking the patient's thoughts has never produced such a distressed reaction. Today the patient experiences the enquiry as a violation of her privacy.
5. I commented on the silence and how different this was today and how my question cut straight into the heart of this.	The therapist explains the reason behind his enquiry.	The patient experiences the therapist as calm and not affected by her outburst.	The therapist remains thoughtful and analytic, presenting the patient with his thoughts on the situation.	The therapist does not answer or react to the patient's outburst. It is an attack on his technique but he remains in position.
6. There is some more silence.	Time to process what has been said.	The last comment from the therapist is not experienced as intrusive.	The therapist feels he has regained contact with the patient.	The explanation of my initial comment appears to have eased the patient's unrest.

7. Yasmin breaks the silence, 'What kind of psychotherapist are you?'	The patient shows interest in the therapist.	Who are you really?	The therapist ponders what the patient is asking him. What does the patient really want to know?	There was outrage at therapist's first comment and silent thought at his second. This created curiosity in the patient.
8. Without waiting for a reply she informs me that she has been doing some research and has found that there are many different types of therapists.	The patient shows that she has been thinking about the therapist outside of therapy time.	The patient is telling the therapist she is thinking about him and who he is.	The therapist has mixed feelings hearing the patient is 'researching' him.	There are many types of men/fathers, the patient wants to know what type am I.
9. I reflect on her desire to find out what type of therapist I am and I wonder if she is also thinking about what type of man/dad I am?	The therapist acknowledges the patient's curiosity but also suggests something else.	The patient is presented with a counter-enquiry	The therapist interprets the patient's enquiry about his profession is really more of a personal one.	This was a sound interpretation bearing in mind the preceding interchange.
10. Yasmin remains silent.	Yasmin digests the therapist's last comment.	The patient experiences the therapist as unpredictable and intuitive.	The patient's silence suggests to the therapist that he has made a connection with the patient.	Yasmin is affected by the interpretation and takes time to process what it means.
11. I wonder whether she thinks I am a good dad or a bad dad?	The therapist expands on his previous comment.	The patient experiences a paternal object.	The therapist voices what he believes is the patient's unconscious enquiry.	The therapist explicitly makes reference to the transference.

12. Yasmin remains silent	Once again the therapist's comments have silenced the patient.	The patient experiences a paternal object.	The therapist is feeling he has connected with the patient.	The silences that follow the therapist's comments are unusual in this patient's therapy. Usually witty or dismissive remarks follow interpretation.
13. Do I look after my children or reject them?	In the absence of the patient's reply the therapist continues to speak for the patient.	The patient is asked to look into her fantasies	The therapist comments on what he believes the, 'What kind of psycho-therapist are you?' question really meant.	The therapist is clearly referring to the patient's own father.
14. She tells me that she feels I am a 'At home with my family every night with my pipe and slippers' type of dad!	The patient paints a positive picture of the therapist.	An idealised positive transference.	The therapist is amused by the patient's description of him.	Although the patient's fantasy of the therapist is a caricature, ultimately it is a good, safe object.
15. I suggest she is describing a good dad.	The therapist frames the patient's description.	The patient experiences a good therapist/dad object.	The therapist enjoys the positive transference/ counter-transference	There is a mutual 'good' feeling between the couple. The therapist experiences a good patient and the patient experiences a good therapist.
16. She smiles and picks up a piece of paper and writes in thick black marker, PSYCHOTHERAPIST	The patient returns to the subject of psychotherapy.	The therapist is still a curious object and needs to be explored.	The smile from the patient confirms the connection between therapist and patient.	Although the therapeutic couple appear to be connected the patient still has difficulty trusting the therapist's position.

17. She shows me the page and asks me to mentally remove the word 'the' from psychotherapist and see what I discover.	The patient is communicating with the therapist in a clever, playful manner.	The patient is presenting to an inner anxiety regarding the therapist.	Following the patient's request leaves the therapist with an un-pleasant phrase.	The playful way in which the patient manipulates the word 'psycho-therapist' belies her underlying anxiety towards the therapist.
18. She giggles and announces 'Psycho Rapist'	The patient now speaks on the therapist's behalf.	From being safe and reliable the patient experiences the therapist as attacking and untrustworthy.	The therapist experiences the patient's wordplay as a comment on him violating her mind.	This could be seen as the patient's defence against feelings of closeness and trust. The previous interchange had to be spoiled and a breaking of a positive link.
19. She then suggests I remove the word 'psycho'	The patient continues to 'play' with the word 'Psycho-therapist.	Following the benevolent connection with the therapist earlier, the patient is now occupying a more perverse position.	The therapist's association with the word psycho is 'mad'. The therapist is in a less comfortable position.	The patient is forcing the therapist into looking at harmful links and destructive unions. Rape.
20. We are left with 'The Rapist'	The patient presents a distorted image of the therapist.	The therapist is experienced as out of the patient's control and able to enter her mind when he wants, without permission.	The therapist is wary and unsure how to proceed with this. This has both psychological and sexual overtones.	As with the beginning of the session when my inquiry into the patient's thoughts felt like an intrusion, so our position connection mutates into a mental rape.

21. She enlightens me with some national rape statistics and continues to tell me that she has been left traumatised by her relationship with Tom.	The patient informs the therapist on some statistics and then about an abusive relationship, both issues are clearly linked.	The patient distances herself from her previous comment as the 'Rapist' therapist is an unsettling thought. It is more comfortable to comment on external matters	The therapist is not allowed time to process how to proceed with the previous exchange as the patient moves on to external matters.	There appears to be a joint unease between therapist and patient. The patient and therapist do not have time or space to comment on 'The Rapist'.
22. She felt abused and humiliated.	The patient shares with the therapist how her previous relationship has left her feeling	The patient is in need of a concerned paternal object that sympathises and cares.	The therapist does experience sympathy for the patient.	The patient's humiliated and abused feelings also relate to this session with the therapist

Grid 5.

Discussion

The above session segment, or **(Grid. 5),** *was selected for the purposes of illustrating the patient's desire to know more about her therapist. Ultimately this session also demonstrates her incapacity to hold on to positive links and how she experiences meaningful contact as something painful. We see in sentence **7** a natural and healthy curiosity about the therapist. On the surface she was consciously inquiring about what type of therapist I was. On a more unconscious level she is also expressing her deep regret at being used and discarded by her ex-boyfriend and a fear this would be repeated with me. Her inquiry about my job could also be interpreted as a desire to find out what type of father I was or could be for her (sentence **9**). I elaborate and extend this fantasy in sentences **11** and **13**. The patient delivers a stereotypical idealised version of the therapist which is an object unlike her own father.*

*I believe Yasmin's 'psychotherapist' word play had several meanings. Yasmin's clever dismemberment of the word psychotherapist and the titles she created took me back to the silence at the beginning of the session. Yasmin experienced my inquiry into her thoughts as deeply invasive. I believe she had felt extremely intruded upon or invaded by me, almost like I was forcing myself into her mind without her permission or consent (psycho- rapist). I believe Yasmin experienced real, genuine, emotional contact in sentences (**9-14**) but this is fleeting and quickly becomes an unbearable and*

*uncomfortable intrusion and something that should be repelled or kept at bay (**17-20**). The difference between rape and normal contact was possibly confused, with contact being experienced as sado-erotic. In her unconscious phantasy I may have been a rapist, like her phantasy of all men. Sentences **21** and **22** are further examples of how Yasmin has disconnected from the emotional interaction with the therapist and references statistics.*

Gender and Identity

Yasmin also presented with considerable gender and body image difficulties. She was obsessed about her body shape and weight and for the majority of her treatment with me she never wore skirts, blouses or dresses. In fact her dress sense, t-shirts and baggy tracksuit pants, was more akin to the clothes of an adolescent male. Yasmin's wardrobe was designed to hide her body shape from the outside world but the consequence of this was her growing confusion and identification with boys of her age. She had become androgynous, hiding herself in oversized clothing and cutting her hair shorter and shorter. She appeared to take no pride or interest in the way she dressed, yet her face was always immaculately made up. Her face and hair were constantly changed, reinvented, revitalised and flaunted. There was a physical horizontal split in Yasmin; all that was good was above the shoulders, from the neck below all was experienced as unsightly and disgusting. Even her breasts, which she later in the therapy started to flaunt with low cut blouses, were also experienced as deformed and unsightly. Yasmin spoke with great sadness about her weight and body shape. She was full of feelings of envy of her parent's and sister's bodies that were all considerably fitter and slimmer than hers.

Yasmin's parents had been in their earlier years extremely involved with healthy living, exercise and fitness training. Yasmin's father was a former professional body builder and her mother was a qualified fitness instructor. Father and mother still appeared to be in reasonable physical shape, although father had lost most of his muscle and mother was no longer an instructor. Both parents still maintained their healthy eating ideals years after they had gone their separate ways. Yasmin was not interested in healthy living at all and from what I learnt she was a chubby girl even as a child. From the material Yasmin brought me it appeared that she was constantly subject to punitive comments from her parents. Yasmin described how her mum told her she should accept

her body and buy the clothes that fit her size; and her dad suggested that she should not worry about how she looks because she looked fat in any clothes she wore. Yasmin despaired at some of the comments her parents made about her weight and her appearance. In turn Yasmin blamed her parents for her size. She said she had 'shit genes'. Yasmin described her dad's family as mostly overweight or plump and her mother was tall and big boned. She had the worst of both worlds**!**

The dislike of her body evolved into a dislike of most things female and an internal and external identification with adolescent boys had developed. She became an avid 'gamer' playing the Xbox games console to a high standard and gained respect among the majority young male gamers. Yasmin used phrases like, 'Grow some balls woman!' and 'she gets right on my left nut!' She also created on-line gaming 'tag' names such as 'cunt punt' and 'foetus punch'. She admitted to me that she thought it would be better to be a boy than a girl. I took up these disturbing names with her and suggested they appeared to be attacks on the woman and the mother part of her. She initially laughed off my suggestion and said it was just for shock affect but with further consideration she admitted she had never thought of it like that. '*I sound like an abortionist'* she commented.

Apart from the genuine shock value tags like cunt punt and foetus punch evoke, I thought about Yasmin's view of herself and the attack on her healthy, needy baby-self and on the internal maternal object. In this arena Yasmin felt she had the best of both worlds. She was 'one of the lads' but had the added advantage of being able to flirt and be flirted with in this male oriented environment. However Yasmin was wary not to reveal her body on web-cam in fear of being ridiculed and ostracised. She was happy for people to view her face and she was rewarded with many compliments. Yasmin had experiences of extreme cruelty and ridicule in the past when she had posted pictures of her full body on-line. She also blamed her body as the main reason her 'first-love' had left her. Both of these experiences of rejection prompted episodes of self-harm for Yasmin. The latter resulted in her referral to CAMHS.

Yasmin felt teased and tortured by living in a house with two girly women, her mum and sister. Yasmin told me she did not have that persona (meaning feminine). She described herself as more like the man of the house. Zainab flaunted her slimmer body and sexuality around the house by wearing skirts, high heels and hot pants. Yasmin was the opposite, she covered herself up and her sexuality was only expressed in crude verbal terms. Yasmin's definition of girly equated to women. Women in Yasmin's

opinion moaned and showed too much emotion. Yasmin was trying to separate and distance herself from sex. She believed she wore the trousers in her home and as there was no father figure at home, and her mother and sister are so girly, she positioned herself as the paternal figure. Yasmin was both literally and figuratively wearing the trousers at home.

Eighteen months into therapy Yasmin's self-harming was almost non-existent but her weight increased. The absence of self-harming behaviour was replaced with another form of self- mutilation – multiple facial piercings. At the same time her hair got shorter and shorter as she personally customised her hair at home in the evenings. This culminated with her going to a hairdressers and having one side of her head shaved. She told me that she really looked like a 'dyke' (Lesbian) now. Yasmin's one idealised area, her face, had now been attacked and 'defaced'. Yasmin was both identifying with being a lesbian and a man. Meltzer (1966) writes; '*The delusional identification with the mother due to projective identification and the confusion between anus and vagina together produce frigidity and a sense of fraudulent femininity in women.*'

Erotic Transference 'example 1' – session 3

Yasmin wore solely black and dark coloured clothing for my first few meetings with her, but from session 3 something shifted. Yasmin started to wear colourful graphical tee-shirts. These tee-shirts served one purpose – to shock me. Sex, religion and drugs were some subjects blazoned across her torso. All were supposed to be humorous (some were), some were deeply offensive, others were just crude; all were controversial. The following extract shows Yasmin's burgeoning boundary testing and the therapist's countertransference reactions. It further illustrates the therapist's temporary paralysis when faced with material that is either familiar to him (previously racial material) or explicitly sexual and thus tests technique.

Original Process notes	1st level coding- Summary/context	2nd level coding- Patient	3rd level coding- Therapist	4th level coding- thoughts & theories
2. Yasmin is wearing a green tee-shirt, it is the first colour I had seen her wear apart from black	This is significant change for the patient after wearing only black attire for months.	The patient is clearly in a different position today. She is making a statement.	The therapist is fully aware of the change. He is curious and encouraged by the introduction of some colour.	There had been no build up or sign to suggest this change. It could be suggested that it has taken this time for the patient to feel safe enough to show a different part of herself to the therapist
3. As we take our seats she comments on the tee-shirt almost straight away.	The patient is also fully aware she is dressed differently today and makes this known to the therapist.	The patient wants the therapist to notice the change. She wants to be noticed.	The therapist observes that the patient is in quite an excitable mood. He is mindful not to collude with this.	It appears the patient has come into the session with a clear motive to explore her different state of mind and attire.
4. She tells me that it is actually a shirt she picked out for her dad**.**	The green t-shirt is not actually the patient's.	The patient picked out the t-shirt for her father and she picked it to wear for me today. (therapy father)	The therapist has an uneasy feeling in his stomach when he hears the patient bought this shirt for her dad. He has read what is on the shirt.	There are some oedipal boundary issues at play here, bearing in mind the message written on the shirt.
5. She looks at me and tells me what was written on the shirt. 'Save a tree, eat a beaver'	The patient proudly shows the therapist her sexual innuendo t-shirt.	The patient wants to both shock and sexually arouse the male therapist. Erotic transference.	The therapist is very aware of the sensitive area to which he is being led. He is unsettled by the explicit communication directed at him.	'Beaver' is a slang term for vagina; hence the t-shirt refers to oral-sex. The therapist is experienced as an erotic object as is the patient.

6. She smiles and blushes	The patient physically reveals her emotions.	The patient experiences childlike embarrassment. Is the therapist a paternal or erotic object?	The therapist observes the patient's blushes and feels in quite an uncomfortable position.	The patient experiences the therapist as both paternal and sexual. The smiles and blushes represent her dilemma.
7. I smile in return and there is a pause.	The therapist shows that he understands the 'joke'	The patient experiences the therapist as understanding the joke and perhaps joining her in the sexual nature of the joke.	The therapist smiles because he is superficially amused, but in reality it is a nervous smile.	The t-shirt, although crude, is actually a joke and the therapist is mindful that he does not present as disapproving or offended.
8. I wonder if Yasmin wants to shock me.	The therapist suggests the patient wants to affect the patient.	The patient experiences a therapist that sees through her plans.	The therapist is considering the patient's internal mechanisms and motivations.	After what may have been experienced by the patient as collusion, the therapist returns to solid ground with an enquiry to the patient.
9. Yasmin's smiles and blushes continue	The patient physically represents her emotion in response to the therapist's intuitive comment.	The patient experiences a therapist as unfazed her adolescent communication.	The therapist is feeling more confident that his comment has redressed the safety and boundaries within the therapy.	The smiles and blushes lend themselves more to feelings of humiliation than the earlier embarrassed feelings.

Grid 6.

Discussion

Directly after this passage **(Grid 6)** *Yasmin told me of a sexual encounter with a casual friend she had the night before. This account and the wearing of the provocative tee-shirt was, I thought, Yasmin's attempt to draw me into her world of action and reaction. We can observe from sentence* ***2*** *the therapist's surprise at the patient's change of attire. This is amplified in sentence* ***5*** *with the sexually explicit nature of the patient's t-shirt. Yasmin's choice of wearing the sex/joke tee-shirt could be seen as her way of testing the therapeutic environmental boundaries of the room and was of course her way a testing her male therapist. Sentences* ***6*** *and* ***7*** *represent embarrassment on the patient's part and temporal analytic paralysis on the therapist's. This interaction highlights the erotic transferences that are present in this moment. Sentence* ***8*** *illustrates the therapist regaining a thinking, analytical position and thus providing the patient with a space to think about her own thoughts. Not being drawn into her provocative and seductive communications (although being affected by them), but by simply observing and commenting, I believe I was able to be an object that was interested in her and able discuss what she brought but also one that was not going to join in her excited states or collude with her. I was able to show and become a containing object for Yasmin and I was subsequently flooded with hours of rich material from her external and internal worlds.*

Erotic Transference 'example 2' – session 153

This next session (one hundred and fifty sessions after the one previously presented) highlights similar material that tests the therapist's technique. This time the patient's communication was less excitable and less overtly sexual. This exchange was more depressed in its nature and required the therapist to be sincerely interested without appearing aroused. **Grid 7** highlights the therapist's awareness of the patient's personal and sensitive issues but for the most part he didn't feel it is being presented in a flirtatious manner; Yasmin was generally concerned and embarrassed. However there are communications that are sexualised in their origins. This session excerpt illustrates how one sentence from the patient can be functional and depressed in its nature and the very next sentence can be laced with erotic transference. Perhaps even more noteworthy is the patient's growth from solely trying to excite and provoke the therapist in session 3 to a more parent/child dynamic, seeking support and understanding in session153.

Original Process notes	1st level coding- Summary/context	2nd level coding- Patient	3rd level coding- Therapist	4th level coding- thoughts & theories
3. Yasmin informed me of a television programme about a girl who had something wrong with her breasts.	The therapist is told about a TV programme which is about female anatomy.	The patient experiences the therapist as someone who she feels comfortable to talk to about these matters.	The therapist is alerted to the nature of the material and wonders what the patient is trying to communicate.	It is unclear whether this information is being presented via a paternal or erotic transference. Is she asking for help or trying to provoke the therapist?
4. She told me that she had the same problem with her breasts.	The patient informs that therapist about a particular private physical defect.	The patient experiences the therapist as a paternal object, someone to confide in and get help.	I am wary of this sexualized material but also careful not to highlight it as such as she may have a genuine concern about her breasts	The therapist must present as sensitive and concerned without appearing as overly interested.
5. She told me that this morning she had showed her mother, and June (who had also watched the programme) agreed that it did look like the same condition.	The patient is letting the therapist know that this is a genuine concern, one that is confirmed by her mother.	The patient requires a concerned and caring therapist.	The therapist feels slightly more at ease then earlier. He does not experience the communication as provocative, although it is intimate.	This information is presented to the therapist in a flat, non-excited way. There is a genuine worry and disappointment in the patient's voice. This makes the therapist's position easier as he can address the concern without having to fend off erotic projections.

6. She did not think one was bigger than the other but she didn't think they looked right, the shape was all wrong.	The patient defines the problem with her breasts.	The patient is bringing attention to the shape of her breasts, she wants to therapist to notice.	The therapist is once again alerted to a change in the quality of the communication. He feels uncomfortable.	There remains a concerned manner to the patient's communication yet there is also a hint of allurement.
7. She said that she wanted surgery to shape them differently	The patient comments on how she plans to solve her difficulty.	The patient is asking for help.	The therapist's experiences sympathy for the patient	The communication returns to the practical and functional.
8. She tells me she hates the way they look when she lays down.	The patient graphically describes her dislike of her breasts.	The patient entices the therapist to imagine her in this position.	The therapist is again unsettled by what the patient is presenting. How to think about this?	The communication swings back to the emotional and provocative.
9. She tells me that she doesn't like showing her breasts to her sexual partners; she will keep her bra on!	The patient's intimate relations are affected by the dislike of her breasts.	The patient continues to draw the therapist into her sexualised material.	The therapist feels caught in the middle of trying to empathise with the patient's dilemma and guarding against sexual material.	The patient is telling the therapist that she deals with problems by covering them up and hiding them.
10. She tells me that her partners have never commented**.**	The patient's 'condition' has gone unnoticed	The patient wonders whether I have noticed	The therapist is aware that he has never noticed anything unusual about the patient's breasts.	The therapist has never commented on the patient's breasts or any other physical aspect of the patient although is aware of his interest in appearance generally.

11. I comment on her telling me about a dislike of her body and in particular her weight and now her breasts.	The therapist is suggesting that the patient has a number of body-image concerns.	The patient experiences the therapist as hearing all of her image problems, an understanding	The therapist finds more comfortable ground to discuss body matters.	The therapist tries to encapsulate the patient's overall dislike of her body rather than focusing on her breasts. He is trying to help her think about her body dysmorphia as well as guarding against sexualised material.
12. I comment on how she often wears low cut shirts and blouses showing much of her breasts but today she is telling me that she has disliked them for a long time.	The therapist highlights what appears to be conflicting positions for the patient.	The patient experiences the therapist that has noticed her attire and breasts.	The therapist is aware that is comment is risky and could be received inappropriately.	The therapist is revealing that he has noticed her cleavage in previous sessions. This was for the purpose of exposing the patient's contradictory position, i.e. hating her breasts yet exposing them. However this declaration could have been experienced by the patient as unsettling (brown pervy man).

13. She smiled and nodded and told me that she wears special bra's that lift her breasts and made them look 'normal'	The patient acknowledges the contradictive position and gives an explanation.	The patient is aware of her provocative attire and enjoys hearing the therapist has noticed this.	The therapist is unsure where the patient's smile originated from. He questions his previous comment.	The patient can feel normal, with some help/ support.
14. Yasmin said that she knew she dressed like a 'dyke' (lesbian)	The patient comments on dressing in an un-feminine way.	The patient moves away from the current.	The therapist is surprised by the patient's comment as the preceding material was very much heterosexual in content.	This comment appears to spring from nowhere. It is also another contradiction as 'dyke's' rarely dress provocatively' Perhaps the patient is moving away from intimate material by making herself unavailable to the male therapist.

Grid 7.

Discussion

In **Grid 7** *Yasmin speaks in sentences **3-5** about a private personal defect. This is presented in a depressed, prescriptive manner. However in sentence **6** her communication takes on a more descriptive sexualised quality. It returns to functional and depressed in **7** swings back to intimate and sexual in **8** and **9.** These communications happen rapidly and had the effect of keeping the therapist off balance and unable to focus on a particular interpretation, either depressive or erotic. However in **10** and **11** there is a different kind of communication as the patient unconsciously enquires whether the therapist has noticed and the therapist uses this opportunity to comment on Yasmin's overall dislike of her body. It is a clinical reality that body-dysmorphic sufferers can be co-morbid with major depressive disorders and social phobias. It is also linked with features a suicidal ideation and attempts at suicide. Yasmin presented with all of these issues. Sentence **12** represents a questionable comment from the therapist. His aim was to highlight the conflicting message he was hearing today. It was to present to the patient her parallel positions. However what*

*also was conveyed was the therapist's awareness of the patient's attire and how she shows off her breasts. This fed into the sexualised quality of this passage of the session and may have caused what we observe in **14.** Sentence **14** illustrates Yasmin's destructive attack on her feminine part and also her escaping uncomfortable feelings of the therapist becoming too close.*

Yasmin presented various levels of sexualised material during the course of her therapy. There was excited content that was clearly aimed at causing a reaction in the therapist similar to that of the sex joke tee-shirt but there was also less explicit material that was more subtle but also clearly provocative in its nature. Another example Yasmin told of was a lunch date with her mother. Yasmin cut open her medium steak and said it looked like a vagina. This appalled June initially but she then found it funny. Yasmin kept say vagina, vagina, trying to embarrass June in the restaurant (and me in the session). Later she started saying things like Lesbian, Dyke and Beaver. This story was presented in therapy to embarrass me also and graphically and concretely placed her sexuality in the room. Yasmin spoke often about her ambivalent feelings towards her sexual preference. She wondered whether it would be better to be a lesbian and at other times she joked, rather uncomfortably, about being gay. I observed Yasmin's confusion with her sexuality fluctuate between a real fear of men as sexual beings but also genuine uncertain sexuality. She mentioned having lesbian fantasies and that 'she'd be up for it'.

The more explicit in–your-face communications clearly served to shock, arouse and test the therapist but Yasmin also communicated sexualised material in the following way. The excuse Yasmin often gave me when she sometime arrived late for her session was that she was having a long bath or shower. She would comment on how her hair was still wet and the type of oils or bubble bath she used. Yasmin was seductively telling me what she does before she comes to see me, preparing for me. By telling me her hair was still wet she was unconsciously continuing the bath/shower in the therapy room. As with all male therapists working with adolescent females, I had to be on my guard for subtle, seductive communications as well as explicit sexualised communication.

With my clinical training nearing its completion I announced to Yasmin that her psychotherapy would be ending in six months. Her therapy was now well in its second year. Her reaction was not unexpected. Surprise, fear, anger, sadness and abandonment where all expressed and acted out. Yasmin spoke of our relationship and the bond we had created and how she couldn't go through getting to know someone and telling her story again. I spoke about her fear of losing her therapy but also how it wasn't going to

happen right now. I spoke about the work we still had in front of us and how it could be used. I also reminded her that she had plans to go to college and how perhaps this would be something she could feel motivated about. There would be one ending but also a new beginning. Yasmin's main response was her feeling that she wasn't ready to end the therapy (something I thought also) yet as usual she kept the room a safe and peaceful place and didn't blame me (consciously) for having to leave. She asked whether I would be working privately, tentatively inquiring whether I could continue seeing her. However when the initial impact had been absorbed and with the work more consciously linked to endings Yasmin started to open up more in sessions and confront her deeper thoughts and fears. On one occasion Yasmin brought a rucksack full of her most precious items and laid them neatly all over the therapy room floor. Each item had its own story and its own sentimental value. There were objects and items from all of Yasmin's close and extended family. I believe Yasmin wanted me to see the many and complex multiple parts and sides of her internal world in a quite concrete way.

Yasmin's parents' reaction to the knowledge of the ending of their daughter's therapy was predictably contrasting. Both were initially shocked yet both displayed quite opposing opinions of what they thought the future would hold. June saw the ending of the therapy as a positive step. She thought Yasmin would be more proactive and independent without the security of her sessions. Saleem expected the worst. He spoke about his daughter having four times a week therapy then none. He didn't want to see a return to the Yasmin of eighteen months ago (referring to self-harming and overdosing). Saleem had no confidence in Yasmin surviving without support. Saleem criticised the service and me. 'What's the point of you making a bond and relationship and just when things are going well you leave?' I sensed that her father had felt safe and held in the knowledge that his daughter was in the right place and now he was terrified that Yasmin would again become his responsibility. In essence I would be handing back his daughter he had given me to parent two years prior. He had to become the father again. However I was handing back quite a different daughter, one that now had an experience of a reliable, helpful, non-judgemental, non-threating man. A daughter that now had an experience of a 'brown man' that wasn't 'pervy' or 'letchy'. She was now a young woman (eight months from her 18 birthday) that had experienced a 'good' external 'brown' and thus was able to introject an internal brown that was not so despised or split-off. I will provide a more substantial review of these findings and of the case-study as a whole in the Conclusion to the thesis, Chapter 5.

Chapter 4

Methodology

The research presented in this thesis is of a single case study. The data studied was the clinical session notes of my intensive clinical case which started with twice a week psychotherapy work with an adolescent patient, followed by three times a week work and ending in four times a week work. The method used in examining the data was Grounded Theory and this served as an excellent qualitative analysis tool. The qualitative research was supported by a critical reading of several relevant literatures, including those concerning; 'race and mixed- race, adolescence and psychoanalysis' relationship to these areas.

This chapter will present the strengths and limitations of intensive methods of research, of case-study research in psychoanalysis and child psychotherapy, and of single-case-studies in particular. I will explain my use of grounded theory as my primary method of data analysis, undertaken from a qualitative perspective.

Intensive and Extensive Research Models

The difference between 'intensive' and 'extensive' research methods are significant. David Byrne (2009) states that in the social sciences it is often contended that quantitative work is concerned with cause, whereas qualitative work is concerned with meaning. Intensive methods seek to understand a single entity or phenomenon in depth. It does this by analysing the connections and links of its internal elements and its relation to its context. Rom Harré (1979) suggests that the intensive case-study was designed to illustrate existence not incidence, and that its primary remit, an in-depth examination of a particular occurrence, cannot be done statistically. It has been the extensive approach and its ability to use statistical sampling that has made it the more popular method. Extensive research methods studies common variables through exploration of significant populations. In an extensive study data is collected relating to relevant properties of a large number of occurrences of a phenomenon. Conclusions are drawn from the collected data by putting together all the material and interpreting/analysing correlations between the properties of the samples.

However on closer inspection we find that many of history's most significant findings and advancements have been discovered by researches that were intensive in their methods (Harré, 1979), such as the structure of DNA and the workings of the human psyche. The intensive researcher focuses on one or few specific instances of a particular phenomenon in depth. It may well be suggested that intensive research methods are most suited to the field of discovery (hypotheses and the generation of concepts). Grounded Theory methodology was developed as a method of intensive study.

Case Studies

'Case-study' as a title suggests what can be learnt from the single case. Robert Stake suggests the case-study is not a methodology choice, but actually a choice of object to be studied. *'It is defined by individual cases, not by the methods of inquiry used'* (1994, p.236)

The goal of case study research is to understand the complexity of a case in the most complete way possible. Case studies are an excellent intensive research device and are highly productive in generating new ideas. They are an arena for presenting, testing and expanding theory and importantly they can demonstrate how different aspects of people's lives interconnect and relate with one another. Studying cases, within the human sciences has long been an important part of discovery and research. Human beings are constrained within the context of their interconnections and dependencies. Case studies are ideal for investigating such finite systems. Sociology, psychology, anthropology are just a few disciplines that use case-study methods. The medical professions have a long established history of utilising clinical case-studies in the advancement of surgery, medicine etc. Stake (1994) presents the conceptual considerations the research must endeavour to undertake when qualitatively analysing a case. The researcher must address the issues of: research question/s selection, seeking patterns within data to develop hypothesis, selecting other interpretations to further understanding, evolving assertions and finessing generalisations.

The success of the 'case-study' is largely to do with the unique quality of every single case. Every case studied will have differences from that of another and can never be regarded as identical. There may be significant similarities between two cases but there will be differences which provide areas for contrast and discovery. From a methodological point of view, studies that compare cases might appear to be more

beneficial for research than focusing on just one case. The strength of the single case study is the systematic exploration of one case through identifying patterns and reoccurrences. The researcher can use a comparative method tool (such as Grounded Theory) within this framework.

Strengths and Limitations of the Single Case Study

The case study/ single case study specialises in researching deeply and intensively into one or a small group of subjects, exploring and understanding as much as possible about the specific subject. The strength of the single clinical case study is its almost microscopic attention to detail of the case which allows for greater understanding of abnormal behaviours. This approach invariably produces more detailed data than what may be accessible through large scale statistical analysis of collated data. While statistical research methods are excellent at gathering data where the systems are homogeneous or repetitive, case studies are needed to measure context and innovation.

Because the case study's premise is the exploration of interrelations of complex particulars, rather than the causal relations between specified variables, this allows the researcher greater flexibility and a freer environment to explore and make discoveries from the data. The freer format of case study research also allows for broad questions to be proposed initially but with the flexibility of modifying and refining inquires as the research progresses.

The single case study has historically been perceived as a lesser research model as its findings are intrinsically linked to the researcher and often deemed subjective. Quantitative research often deals with repeatable experimentation and predicted phenomena and thus can be objectively observed and recorded. There is certainly subjectivity involved with certain aspects of a case study; this is inevitable in clinical single case studies. This is because, particularly in psychoanalytic case studies, the analysis of data relies on personal interpretation and inferences. It is possible that personal biases can creep into how the research is collated and conducted and this obviously asks questions about the researcher's integrity and preoccupations. A further limitation of the case study is that samples and data collated are often limited. For instance this thesis is produced from clinical data gathered from two years psychotherapeutic work with Yasmin and me. It tells us about a particular relationship between a mixed-race patient and a mixed-race therapist. It does not tell us how every

mixed-race therapist/patient dyad works. One important factor the researcher should continually keep in mind is the boundaries and limitations of the case and the complexity of the behaviour patterns of the bounded system (Stake, 1994). Therefore the findings in this thesis should not be used to generalise or presume to predict future similar therapeutic relationships or behaviours. Stake emphasises the need to create a study in order to augment understanding of the case rather than looking for generalisations beyond the case. Having said this, occasionally a case study may surface that does capture a strong and definite relationship between its elements and may propose more generalised relations which can be further tested. It can be said that much theoretical development in psychoanalysis has followed this pattern.

This study does present a unique therapeutic dyad in British psychoanalytic literature, one that hopefully is just the start of a growing number endeavouring to better understand multiracial and mixed-racial psychoanalytic psychotherapy. It is the depth and richness of each individual single-case study, whether it be one which endeavours to understand established phenomena better (like attachment disorders) or one that attempts to better understand uncharted areas (mixed-race and psychotherapy) that provide unique insight into human relations every bit as valuable as large scale quantitative research endeavours.

Psychotherapy and Single Case Studies

"It is crucial to recognise that psychoanalysis has always had its own research procedures, which are well adapted to their distinctive object of study" (Rustin, 2002, p49). This quote from Rustin was in response to some professionals and academics that believe that the often referred to as 'unscientific' nature of psychoanalytic clinical methods were subjective and thus inadequate. As Rustin states the psychoanalytic community had its own tried and tested research procedures but some psychoanalysts took this external criticism as an opportunity to readdress these issues by developing new methods of analysing clinical cases. Fonagy and Moran were two such clinicians who went about this task. Their 1987 paper '*Psychoanalysis and diabetic control: a single case study'* which was also the focus of their later paper '*Selecting Single Case Research Designs for Clinicians'* (1993), presented records of 3 ½ years of five times week psychotherapeutic work with a diabetic teenager. They selected particular analytic themes for examination that were operationalised and independently rated. They also

recorded a weekly index of the quality of diabetic balance over the same 3 ½ year period. Moran and Fonagy found, "*Two themes of psychic conflict were held to predict short-term changes in diabetic control. In the long term the verbalisation of conflict was strongly associated with improved diabetic control"* (1987, p.357). Their research was further strengthened by the use of an objective 'medical' index of improvement which helped measure the progress of the therapy. This study presented the depth and thoroughness in which a single case study can be examined.

Historically psychoanalysis grew with the production and dissemination of the single case study. This was the original clinical method of discovery and theory generation. Sigmund Freud established this method with his now legendary case-studies, 'Dora', 'Little Hans', 'Rat Man', 'Wolf Man' etc. These single case studies remain required reading today in many varied psychological trainings. Half a century later Melanie Klein took the single case study to another level by producing '*Narrative of a Child Analysis'* (1961) an entire book recording 93 individual psychotherapy sessions with a 10 year old boy. So we can observe that psychoanalysis has long been an exponent of the single case study method.

Psychoanalysis classically records case studies in less detailed ways, vignettes of varying sizes have always provided fertile ground for theoretical discussion, evolution and discovery. Rustin wrote in '*Give me a consulting room…: the generation of knowledge in psychoanalysis (*1997), that case studies often throw up anomalies that contradict or do not fit into existing and established 'mappings' of psychoanalytic theory. This is the strength of the case study or single case study. Rustin suggests the single case study can serve as a critical instance or experiment by testing the validity of an existing generalisation or theory and by demonstrating possibilities of alternative 'clinical facts'. However it is only fair to mention that the psychotherapy single case study 'vignette' has come under scrutiny over its selective quality. As stated before psychotherapy case studies are traditionally small case studies and often exclude full case reports or clinical histories or full transcribed process notes. Critics might suggest that presenting a more extensive study on a particular case would rule out the possibility that the author consciously or unconsciously edits his/her findings to fall in line with current theoretical framings. Analysing the single case study using an intensive research tool is one method of examining the clinician's objective and subjective positions within the material and also finding correlations with existing psychoanalytic theory. Through the use of grounded theory method I was able to discover and examine

my own preoccupations in the session notes and also use a present day lens on what I believe was happening historically in the therapy.

It is clear that for well over one hundred years the discipline of psychoanalysis has been a productive area for research both conceptually and theoretically. As stated before this productivity lies originally with Freud but other psychoanalytic clinician/theorists have advanced the discipline and also taken it different directions, such as Jung, Klein and Bion to name just three. These are the pioneering clinicians that put forward new theories and ideas and also examined ones that proved less than successful. Psychoanalysis has, like so many other branches of science, largely managed itself in matters of theory or clinical change and this historically has not helped the cause of psychoanalysis.

What the psychoanalytic field has lacked since its inception has been sufficiently rigorous method and attention to the significance of the methods it uses in analysing the data it produces. How and why do certain theories and practices get given the green light and others not? By what criteria are such decisions made? Psychoanalysis has historically shown little interest in these questions, while external critics have demanded more clarity. Psychoanalysis focuses on the shifts and elements of development of theory rather than the process that helped devise these theories.

Because psychoanalysis's methods have largely been developed as implicit practices, introduced in the substantial education and clinical training the practitioners receive, the wider understanding of these methods and practices are often misunderstood in external circles or even regarded as unscientific. Psychoanalysis has been extremely rigorous in deciding between good and bad clinical evidence, and productive or unproductive theories: changes of clinical methods, in relation to the norms of scientific practice in general. It is not so much that psychoanalysis is lacking in its research and development, it is more the case that it might be seen as isolating itself in a kind of intellectual and philosophical bubble which leaves external observers mystified and consequently critical. This self-imposed isolation appeared inconsequential for decades but in today's evidence and outcome- based mental health services greater clarity, understanding and measurable results are becoming mandatory.

Historically there are a couple of exceptions to these areas of deficiency that prove the rule. 'The Controversial Discussions' between the Freudian Viennese School and the supporters of Melanie Klein were a series of meetings of the British Psychoanalytic

Society (1942-44) and are one such example. These often heated meetings were published in full and provided clinical and theoretical evidence of the procedures by which decisions on theoretical innovations were made in each school of thought at the current time. This particular in-depth study into the workings of psychoanalysis was bought about by the Freudian school's resistance to the revision of established theory being proposed by Klein. A theoretical agreement was never fully realised but an agreement of sorts was reached with the understanding that both schools would co-exist and produce separate training divisions within the Society. The discussions and the formalisation of separate training theories and methods defined the nature of psychoanalytic theory and practice in the UK.

Another example of psychoanalysis' attempt to address the lack of empirical method within the discipline was the 1994 International Journal of Psychoanalysis Symposium on Clinical Facts. The editors and contributors of the journal presented several papers which presented the theoretical diversity of the field and debated the assumption that there are no theory-free facts within psychoanalysis. O'Shaughnessy (1994), presented three clinical sessions in an attempt to better understand what a 'clinical fact?' is. She starts with the premise that the clinical fact, within the context of the analytic hour where the patient's inner world is explored, manifests itself in the form of instantaneous psychological realities between analyst and patient. Yet O'Shaughnessy is keen to remind us that it is no small thing to make a claim of a clinical fact in an environment of analytic theories and subjective and objective experiences. Caper (1994), describes a 'psychoanalytic apparatus', the workings and functioning of the analytic experience which allows for both intimacy and isolation between patient and analyst. If the 'apparatus' is functioning well (analysis is happening) a mutual appreciation of the patient's inner world can be experienced. Caper suggests that the patient's psychic reality is therefore the realm of the 'psychoanalytic clinical fact'.

One hugely productive advance has taken place within the field of child psychotherapy, the development of psychoanalytic clinical and doctoral research programs. These trainings require explicit justification of the methods used to collate and analyse data and also for contributing to the psychoanalytic field in general. A two year pre-clinical training is also required and this takes the form of weekly non-interventional baby and mother observations and nursery age child observations. The significance of the pre-clinical training as a research method has over time become increasingly recognised particularly in understanding developmental processes within individuals, couples and

groups. Infant and child observations (within the context of the pre-clinical training) are essential parts of a broad learning process and are influential in shaping clinical practice but also in contributing to research on babies development and in developing new qualitative methods for studying human relations. *Infant Observation and Research: Emotional Processes in Everyday Lives* (2012), Cathy Urwin (Editor) Janine Sternberg (Editor), is a recent publication that presents comprehensive case studies to demonstrate the research potential of the infant observation method. It explores the scope of these approaches and looks at their limitations and benefits from a methodological stand point.

Nearing the conclusion of the four year clinical training the trainee is required to write a full account of a selected case from an intensive piece of work. This 'Qualifying Paper' consists of historical data, referral details, supporting theoretical corroboration, extracts of clinical process notes selected from the case material, discoveries and conclusions. Very often outstanding qualifying papers are modified and edited and then published in *The Journal of Child Psychotherapy* if they are deemed of significant interest or contributing to the field. The doctoral thesis is in addition to the main clinical training and usually commences once training has ended. Many training are now placing a greater emphasis on how clinical material may be utilized for research after the clinical work has concluded. The methods for analysing clinical material are vital to the future success of research into the field of psychoanalysis. One can assume that if the researcher has selected a particular case it is because of a certain unique quality or outcome. Ultimately the researcher and clinical supervisor need to ascertain how the case (or certain aspect of the case) will relate the current established concepts and theories against which it can be compared. The aim is to be able to present research that will strengthen and contribute to the existing clinical/empirical evidence. This in turn will prove that a theory has validity and purpose and provides substance to its clinical use. This adds to the growing literature of the 'clinical case study' and thus makes case cross-comparatives more accessible.

The 2009 publication *Child Psychotherapy and Research: New Approaches, Emerging Finding*, edited by Nick Midgley (et al), presented ever advancing methods of research (both quantitative and qualitative) within the field of psychoanalysis. The need to find new ways of studying and presenting the psychoanalytic process and recording its results universally has been an ongoing goal and this has now coincided with the increased need for evidence based practice and outcome measured results. This has

perhaps impacted psychoanalysts and therapists more than most CAMHS based psychological therapies as historically they have not employed prescribed assessment forms or clinical screening tools. Psychotherapists and psychoanalysts are now required to be familiar with research literature and research methods.

Grounded Theory Method

The meticulous systematic coding of session material of a selected case is the recognised methodology of analysing and researching clinical material within psychoanalysis and psychotherapy. The name of the particular method used in this thesis is Grounded Theory Analysis. The Grounded Theory Method was established in the mid-1960s by American sociologists Barney Glaser and Anselm Strauss. This research methodology was developed from their collaborative research of the study of dying in Californian hospitals, '*Awareness of Dying'* (1965). Although their methodology was primarily developed for the advancement of their discipline their findings on the study of dying brought forth further interesting methodological questions and thus the first Grounded Theory Methodology was developed. While studying dying patients, Glaser and Strauss discovered the central categories of dying awareness as well as a dying trajectory. They recorded that the expectation of death from both the patients and their relatives were vital in understanding the communication between those people. These expectations and communications were understandably influenced by the care setting. On premature baby units the mortality rates were high yet the patients (babies) obviously had no awareness of this, unlike the relatives. Conversely on cancer wards the awareness of dying was significant. These differences were also studied in paediatric wards, accident & emergency departments and geriatric care settings. Glaser and Strauss' findings created a theory on the influence of awareness on the interaction with dying people. They proved that the patient's awareness of mortality influenced and impacted the interaction not only with relatives but also professional nursing.

The study of social/human phenomenon such Glaser and Strauss' trajectory of dying from a terminal illness and its consequences, or the experience of being a patient in psychotherapy produces a collection of data about that experience. Glaser and Strauss' observations on the wards enabled them to provide a new conceptualisation of the experience and process of dying, and to make some new discoveries about it. This is

similar to that of a psychoanalytic investigation like the one presented in this thesis. My investigation focused on the psychoanalytic relationship between a mixed race patient and mixed race therapist, yet it also uncovered questions of preoccupation, identity and attachment. These elements were not in my original hypotheses but were born out of the analysis of the source material, much as Glaser and Strauss' observations of dying awareness brought forth data of the interaction and care of these dying patients.

The success of Glaser and Strauss' 'Awareness of Dying' prompted a further joint authorship in 1967's '*The Discovery of Grounded Theory'* which was solely dedicated to the development and exploration of the new methodology. Glaser and Strauss' main goal was to give qualitative research greater validity and also demonstrate the possibility of theory being developed from pre-gathered data. Their method for generating theory empirically worked differently to the recognised method. That is, rather than the conventional research model of starting with a theory or hypothesis and then collecting data that will prove or disprove the original hypothesis, grounded theory's method is theory/hypothesis generation from the analysis of pre-obtained data.

Grounded theory method requires deductive as well as inductive thinking from the researcher as it is a tool and method that generates theories from the collated data. Grounded theory is designed for formulating concepts and hypotheses. Utilising grounded theory method the researcher refrains from formulating hypotheses in advance as preconceived hypotheses would result in a theory that is 'ungrounded' from the data, Midgley, et al (2009). The researcher using grounded theory as a research tool will be constantly asking, 'what is going on?' through the conceptualisation of the empirical data. This process may bring forth new hypotheses and possibly even alteration to existing theory.

We observe that extensive research in the human sciences have traditionally focused on people/patients as the elements for analysis, whereas Grounded Theory focuses on incidents surrounding/caused by the people/patients as the elements of analysis. This therefore means that there are typically hundreds of incidents that can be analysed within a Grounded Theory research study as every participant generates many incidents. An example of this can be observed in the case study extracts I have presented. Each individual sentence of processed clinical material has multiple incidents, i.e. what is happening to/in the patient? - projection or transference; the therapist's comments and countertransference reactions; what are my current thoughts and theories on what was really happening? Psychoanalysis has a rich tradition and history of theoretical ideas

and concepts which underpin and provide framework to the research. Charmaz (2006) writes in '*Constructing Grounded Theory'* that grounded theory does not require that the researcher has no theoretical perspective, but is usually undertaken from within some theoretical preconceptions. This is a significant modification of Glaser and Strauss's original 'theory free' conception, and allows us to recognise that Grounded Theory methods can be informed by a psychoanalytic perspective without violating their essential principles.

Grounded Theory in this Case Study

In my psychoanalytic case study, I used a Grounded theory method for discovery and hypothesis generation from data previously gathered, in this case close to 200 individual sessions of process notes recorded directly following sessions with the patient. I started out by re-reading all of the clinical notes, keeping in mind my original premise of a unique investigation of a psychotherapy case between a mixed-race patient and mixed-race psychotherapist. To capture a broad view of how the treatment progressed I made a conscious effort to select and analyse sessions from the start of the work, the midway point, and sessions nearing the ending of the work. My intention was to map both the patient's and therapist's journey, while highlighting the changing emphasis in themes in the work and investigate both the transference and countertransference positions. I selected four sessions from the beginning of the treatment, four from the half-way point and four from the ending period. Revisiting the original source material and thoroughly absorbing it allowed for theories and concepts to present themselves. From these 12 sessions I selected 7 sessions to present in this thesis. 4 of the selected sessions were rich in race and identity material (recurrent themes present throughout the therapy) which also included significant evidence of countertransference disturbance. There was the issue of racial preoccupation from both patient and therapist and there was the danger of over- identification between the therapeutic couple due to similar historic life events and racial configuration. I had initially identified this as the main issue throughout the therapy and thus it became the core coding reference (**Grids 1-4**)[7].

[7] A recognised way of presenting emerging themes and theories is in graphical grid form (this can be observed on pages 63-64, 68-72, 75-88, 92-97, 104-108, 111-113, 114-118). Byrne suggests when we think about cases we have to think not just conceptually but also in relation to the actual tools we use for describing, classifying, explaining and understanding cases (2009). Using two or more columns with original transcript (in this case clinical notes) on the left-hand side and theories/concepts /themes on the right, common factors and interconnections can be identified.

The additional 3 sessions presented in this thesis was evidence of the data (process notes) presenting further issues/themes not originally recognised as significant during the initial data analysis. These subjects were linked to the patient's issues of gender, sexuality, attachment and other more usual adolescent behaviours. Encompassing these identified areas of exploration was the clinician's own struggle in maintaining psychoanalytic technique. Technique was often challenged very forcibly by the patient's sexual, racial and self-harming acting-out. Being aware of countertransference reactions that were clearly influenced by the therapist's own preoccupations was significant (**Grids 4-7**). In a further attempt to understand these particular selected sessions I sampled sessions that preceded and succeeded the selected ones. This was with the hope of perhaps ascertaining whether these emotive and sometimes painful sessions had noticeable precursors and/or predictive consequences.

I decided to use 4 levels of clinical coding and 5 columns in total. In the left hand column are the original clinical session notes, broken down sentence by sentence. The second column or 1st level coding, summarises and puts the raw material in context. The third column or 2nd level coding analyses what is happening to/in the patient e.g. - transference or projection. The fourth column or 3rd level coding looks at the therapist's comments and countertransference reactions. The right hand column or 4th level coding brings a contemporary lens to the previous levels of coding, what are my current thoughts and theories on what was really happening. Of particular interest was who the analyst represented in the transference throughout the treatment and the evolution of the therapist's initial pre-occupational countertransference reactions and interpretations.

This research helped to present to the reader the patient's identity confusion, preoccupations with race, colour and appearance and also a dangerous self-destructive personality. It also brought to light the therapist's own unresolved preoccupations with his racial configuration. These preoccupations were absent from his other psychotherapeutic work with children of 'same-race' unions but were alive and active with the mixed-race patient. Grounded theory analysis allowed the therapist to explore when, where and why he was being bombarded by projections from the patient and also when and why he responded with countertransference interpretations that contained his own preoccupations. Grounded theory method also highlighted areas of importance that were far less obvious to the therapist during treatment compared to that of his and the patient's racial preoccupations. It was the further study of his own clinical technique that enhanced the research as a whole.

Ultimately, and significantly, the Grounded theory analysis of my two years' work with Yasmin documents a fairly successful therapy for the patient in spite of the preoccupations of both patient and therapist. Although there were several occasions when I could and should have employed alternative interpretations and comments (one's that weren't laced with my own preoccupations) both patient and therapist found a way to navigate through these fixations. This was down to the therapist's reliance on the psychoanalytic process and doing his best to maintain clinical technique and yet this was also down to the patient's ultimate desire to be heard, helped and cared for.

It is important to note that Grounded Theory method specialises in analysing 'differences' and particular patterns. This makes it an excellent tool for examining material which is restricted enough that one can deal with it qualitatively. Its main goal is to present a group of probability statements about the relationship between concepts, or an integrated set of conceptual hypotheses developed from empirical data (Glaser 1998). It is the task of the researcher to resist concretely formulating concepts or hypotheses before they collect their data. This obviously has implications for the creation of a literature review as this cannot be fully realised before themes and hypotheses are identified. However this doesn't prevent some embryonic research question being postulated and this would guide the researcher towards potentially relevant data and literature.

Grounded theory in its purest form should be theoretically neutral, according to its originators Strauss and Glaser. This is because the concepts and hypotheses (and potential theories) are born out of the empirical data and therefore cannot precede it. The goal of Grounded Theory method (following the collection of data about individuals/ events and its analysis) is to present substantial hypotheses or to formulate a theory. Later Grounded Theory advocates, such as Charmaz (2006) acknowledge that such analysis usually takes place within a theoretical framework, and this is hugely beneficial as one can be learning from historical literature as well as from the data itself, as does this thesis.

Chapter 5

Conclusion

Evolution of the Research and Discoveries

It is paradoxically both a difficulty and an incredible benefit to be a patient's therapist whilst undergoing your own personal analysis. It is clear that a trainee therapist in the midst of his/her own self-exploration may have issues and pre-occupations that have yet to be resolved. It is this journey and the discoveries along the way that will hopefully allow the trainee to obtain a greater awareness of his/her self and thus be able to distinguish the difference between their patient's projective communications and what is their own. A trainee's personal analysis will take several years and may well continue after the training requirements have been met. Yet it is absurd to think that even after years of analysis, fully qualified psychoanalysts and psychotherapists are devoid of any issues or personal pre-occupations. They are no doubt more aware of their issues and understand them to a greater degree than that a first year trainee, and thus more likely to present the patient with helpful interpretations after countertransference reactions.

In this case Yasmin brought, amongst other things, a significant identity disturbance that was focussed around her 'race' and colour. This happened to be similar to what I was working through in my personal analysis. As I fought through my own issues and pre-occupations with my analyst, both current and historical, Yasmin was doing the same with me, sometimes with uncanny similarities. Philosophical and psychological questions and were being asked like; what does it mean to be both and neither? -'I am unique or a freak?' – 'My parents don't understand my position!'- 'You're only helping me because it's your job!'-'Am I Half-caste or Mixed-race'? These questions were expressed in both consulting rooms.

Whilst in the grips of work with Yasmin the genesis of a thesis came to me. *'Is my work with a similarly mixed-race patient more complex than working with a black or white patient?'* At the time I had previously worked with black and white patients but my work with Yasmin certainly presented me with difficulties I had not encountered with the other races. The answer to my original thesis appeared to be yes, but why? Was this just a reflection on this particular mixed-race patient-therapist relationship or a wider more general mixed-race patient-therapist phenomenon? Hence my thesis changed to,

'Is the mixed-race patient-therapist psychotherapeutic dyad more complex than other psychotherapeutic dyads?' It quickly became clear that this hypothesis had to be modified again as to research and solve this inquiry as I would have to see many, many more patients of mixed-heritage and many non-mixed race patients. It was impossible for me to propose any thesis that required quantitative data as I was focusing on just one case-study. My revised thesis aimed to explore the mixed-race position through the lens of psychoanalysis. Could the discipline of psychoanalysis shed some fresh light on the hugely unexplored and under researched area of the mixed-race experience and thus give current and future psychoanalysts and psychotherapists new ways of thinking and working with this increasing minority group within the UK?. In particular I wanted to present something I believe has not been written about in British psychoanalytical literature, the relationship between a therapist of mixed-race and his patient, also of mixed-race.

It should be of some interest to the reader that a comprehensive search of the Tavistock Clinic's electronic databases provided some surprising results. A key-word search of names and titles such as 'Mixed-race', 'Half-caste', 'Biracial', 'Multiracial' etc. brought forth close to 3000 'hits'. These key-word matches related to articles and papers in the following publications -*Journal of Child Psychology & Psychiatry, Journal of Psychiatric Research, Journal of Experimental Social Psychology, Journal of Youth and Adolescence, Anthropological Quarterly, Counselling Psychology Quarterly, Journal of Historical Sociology* and several more. This encouraged me greatly so I refined my search to the *Journal of Child Psychotherapy* and all of its publications from 1963 to present day (at the time 796 paper and article results). Using the following key-words (Mixed race, Half caste, Duel heritage, Biracial, Mixed-heritage, Multiracial) against the 796 Journal of Child Psychotherapy papers/articles yielded 0 (zero) matches. I thought I must have made some sort of error in my search parameters so I asked the Tavistock's experienced librarians for assistance. My original result findings were indeed correct. It appears that there is not one article or paper in the *Journal of Child Psychotherapy* which contains any of the key-words mentioned in a title or sub-title. Does this really mean that not one child psychotherapist has written an article or paper in the journal exploring the mixed-race position? I still believe this cannot be correct despite my search results.

I set out with the expectation of analysing my process recordings of the clinical material largely focusing a spotlight on the racial conscious and unconscious communication

between Yasmin and myself. As expected there was significant material of this quality but as the research evolved, with the use of Grounded Theory Method, other themes emerged. Grounded theory research methodology enabled me to analyse my data (the clinical processed notes) and thus generate hypotheses, observe patterns and formulate concepts. This in turn allowed me to present my thoughts and theories. The unexpected discoveries that were made were significant in themselves and were notably undervalued at the time of the actual clinical session. Erotic and parental transference and countertransference were noted as well as identity issues and oedipal conflicts. It appeared, after the painstaking analysis of the material, that the primary concern of Yasmin was, as I came to see it, not completely racial, or indeed sexual, gender related or attachment based in its origin. The grounded theory method of analysing my process notes opened up new research questions I had previously not considered. The following additional questions arose from the original premise of the investigation of a mixed-race therapeutic dyad -

1. Is this the analysis of a piece of psychotherapy that was successful despite the patient's mental health concerns and the therapist's inexperience and short comings?
2. Is it the analysis of racial and sexual psychoanalytic material produced between a mixed-race male and a mixed-race female?
3. Was this the analysis of how a hypothesis/thesis can transform as it is being researched?
4. Is this the analysis of the therapist's and patient's preoccupations and how in the end the patient showed she just required a reliable, thoughtful and consistent therapist to help her?

Of course this research was all of these things simultaneously but perhaps the most significant research question was number 4. Question 4 encapsulates questions 1 and 2 and is the ultimate finding of this thesis. Yasmin's desire for me to work with her as her psychotherapist ultimately took precedence over the preoccupations she had with questions of race and her cultural identity. I came to recognise this, and together with my personal growth as a person through analysis, I was able to respond to it in my work with Yasmin.

Grounded Theory Analysis and the Clinical Data

The decision to utilise Grounded Theory Method as my intensive research device brought forth several fascinating revelations. One such discovery was the therapist's heightened awareness of physical appearances. Even before psychotherapy treatment had begun with the patient the therapist was experiencing transference reactions to the appearance of the patient's mother and father, whom racially mirrored that of his own parents. This transference may have set in motion the therapist's initial desire to inform and educate the patient about all matters mixed-race as in his transference experience with the Yasmin's parents he would represent the patient's sibling. However as the therapy commenced the 'big-brother' therapist experienced a disconnection with his patient as she didn't fit into his experience of what he considered mixed-race. Although there were obvious differences in the patient's outward appearance and lifestyle choices compared to that of the therapist, there were similarities in their histories.

The thin line between constructive, helpful empathy and over-identification was vividly highlighted in the grounded theory analysis. An example of this can be witnessed after the patient had described a painful experience living as a mixed-race person. Also being a person of mixed heritage the therapist was drawn into identification with the patient's story and briefly lost the objective position. This can be observed throughout the session extracts presented and also his battle in returning to a safer, analytic position. This back and forth between over-identification/ pre-occupation and objective analytic technique can be observed to transpire throughout certain sessions and sometimes as frequently as sentence to sentence. This is most notably identified in the passage where the patient is in one moment communicating what can be described as a depressed state, yet in the very next sentence the communication has a sexual quality. This graphically illustrates the borderline quality of the adolescent state of mind, a state of flux. The patient's rapid communication (more of a monologue) had the effect of rendering the therapist in a confused state (a successful projection of the patient's state of mind) and unable to physically and mentally find the time to give back to the patient a comment based on a sexualised interpretation or depressive interpretation. The line-by-line analysis of the session material highlights the therapist's struggle to remain a thinking object for the patient and also the battle in retaining his professional objectivity while being overcome with emotive historical parallels.

The analysis of the session material not only shone light on the therapist's task of trying to maintain clinical technique while experiencing strong associations to the patient's

material, it also brought to light occasions when the patient's projections paralysed the therapist's capacity for thought. There are two such examples presented within the grounded theory analysis of the clinical sessions, one was sexualised, the other was racialised. The racialised episode is an excellent example of how a practitioner's own unresolved issues can materialise in a session after a projection from the patient. On this occasion the aforementioned therapist's 'issues' were in fact being simultaneously worked on in his own personal analysis but clearly were unresolved. The potential for a trainee therapist in analysis working with a patient with similar issues, pre-occupations is, I would hasten to guess, rare but not unique. This scenario presents several practical and clinical questions and would be an interesting topic for a further piece of research in itself.

Contrastingly the sexualised interchange which also evoked a momentary paralysis of thought within the therapist originated from a completely different countertransference reaction. The racialised incident touched on the patient's denial of her ethnic parts, which was in turn projected into the therapist. The therapist was left stunned with feelings of anger, disbelief, insult and speechlessness. The sexualised communication from the patient was experienced by the therapist as personally non-attacking (unlike the racial material) yet the patient's provocative attire while on one level was consciously designed to shock and excite, was also experienced as an example of projective identification by the therapist. This highlights the metaphoric minefield the male therapist works in with certain adolescent females. This silence was also about feeling stunned but without painful distressed feelings. This silence came from a boundary crossing, technique testing, erotic countertransference. Fortunately the therapist's temporary speechless surprise was just that, temporary. The therapist internally acknowledged that he had been affected by the patient's provocative communications but did not collude with or condemn the patient. He presented to the patient an object/man that was interested in her and able to discuss with her what she brought but he was not going to join her in her excited states. In other words he would try to be a safe container.

Two further significant processes were also observable in the session extracts analysed using grounded theory method. There is evidence to show that even with preoccupations and powerful countertransference reactions, that sometimes got the better of the therapist, it often only took a single lucid comment like, '*I think you want to shock me'* or *'...that it was more beneficial for us to hear what your thoughts are about me, than*

me actually telling you', to return the therapist back into analytic position. Both of these comments brought both the therapist and patient back on course for productive therapy. The ability to think and process strong emotional responses evoked by patients and not be overcome by them is key in such situations. It is the skill and strength of the psychotherapist to realise and acknowledge that the patient may have disturbed them, to experience and hold that unsettling feeling and give back to the patient a metabolised form of the projection, one that can be understood and beneficial to the patient.

This is linked to the other process noted in the analysis, the evolution of the therapist's technique. As noted earlier the therapist was occasionally left speechless following a comment/projection from the patient. The therapist was clearly susceptible to racialised material and often found himself unsettled and uncomfortable with how the patient addressed herself and him. Through his own personal analysis and a growing confidence in confronting these personal issues the therapist was able to take up with the patient comments he had previously let go. The therapist was brave enough to remain in psychoanalytic position even though this was not easy. This development transpired through the therapist's greater awareness of his self and his patient and clinical supervision. While the therapist worked on particular issues within his personal analysis, issues that coincidentally helped the racial aspect of his work with his patient, he received valuable clinical supervision from both his service supervisor and intensive clinical case supervisor. These duel supervisions ran concurrently throughout the duration of the treatment and mainly focused on the male-female dyad (erotic transference) and the father-daughter dyad (paternal transference) aspects of the relationship. The painful, yet expected, adolescent struggle of mind and body and issues around the conflicted loyalties of children of divorced parents were further noteworthy issues explored in supervision.

Race, as a characteristic of the treatment and hence the supervision was less well explored. This was because supervision focused more on the aforementioned male-female and adolescent conflict aspects of the relationship as being the prominent feature of the dynamic. However one aspect of supervision that considered 'difference' was Yasmin's internal and external experience of being consistently shifted from one parent's home to another (when they had had too much of her). Her mother's home, a white Christian home with few restrictions and flimsy boundaries and her father's home, a black/Asian Muslim home with strict rules and firm boundaries. Neither abode was experienced by Yasmin as nourishing and supportive as one allowed for

exploration but without protection and the other was safe but smothering. Yasmin's internal struggle to find good-enough parents and a place to call home were taken up in the transference during therapy. Where I was well attuned and sensitive to matters of race during sessions my clinical supervision helped me look at paternal and erotic transferences that were concurrently at play in the work. This subsequently had the effect of enabling me to see my patient in a fuller light and thus allowed Yasmin to use the therapy room as a testing ground to further explore paternal questions and her sexuality without threat or fear within its safe and protective boundaries. Although 'race' was not the prominent factor explored throughout supervision what is clear however is the supervision I received helped maintain my psychoanalytical mind and position when sometimes 'race' threatened to cloud it.

Issues of Race in Therapeutic Practice

As stated beforehand the vast majority of psychoanalysts and therapists in the UK are white. Keeping in mind the historic literature of the white therapist/black patient relationship and the fantasies disclosed earlier, what are we likely to see emerge from the white therapist/mixed-race patient dyad? Will this dynamic present as much the same as the white/black one or can we expect to discover something different? This brings forth the following two questions;

1. Is interracial psychotherapy clinically more problematic than same race therapy?

2. Are there more favourable/successful therapeutic dyads than others .e.g. Male/male or female/female or male/female or white therapist/black patient etc.

Surely the place to start here is with the unavoidable salience of ethnicity in contemporary child and adolescent mental health practice, given the large numbers and proportions of people of 'ethnic' (i.e. not white British) origin especially in London and in other conurbations in England. And secondly, note the rising number and proportion of inter-ethnic marriages and of children who can therefore be described as mixed-race, one of the fastest growing ethnic categories in the UK (and one which is becoming a recognised category here, more so for example than in the USA, where the mixed-race President Obama is often described as black, as in 'the first black President'.)

As mentioned previously I have personally experienced patients being referred to me on the basis of my gender and ethnicity. Being a male of mixed-ethnicity implied (on the

allocator's part) that I could/should work with a particular patient profile – adolescent males, children with absent fathers and ethnic patients but certainly not sexually abused girls or very young children. If this type of essentialist 'screening' is not an isolated phenomenon unique to my experience and is active throughout referral panels nationwide, does it not imply that allocation is sometimes being made through assumptions and fantasies that a particular clinician will 'gel' better with a particular patient e.g. a black psychotherapist would work well with a black adolescent or that a male therapist is not suitable for a female sexually abused patient. This appears to contradict the importance of an objective professionally informed decision based on previous evidence, clinical experience and official guidelines.

In reality these scenarios have the potential to be either unsuccessful or beneficial to the patient. Not all sexually abused girls would find working with a male impossible and likewise just because the therapist is the same colour as the patient shouldn't imply the relationship and treatment would be a success. In their purest form psychoanalysis and psychotherapy work on the premise that it is not what the therapist actually looks like but whom they represent to the patient in the transference during the treatment. In theory a male therapist working with an abused girl may well be an abusive object sometimes yet other times he may be a protective object. Likewise the black patient may experience the black therapist as an object that can relate to her/his dilemma but equally there may be also a disconnection caused by matters of position, age or class. Can a psychotherapist (regardless of his/her race, age, colour and gender) treat a patient, referred for psychotherapy, regardless of their gender, race, age, colour, history? (with the obvious exception of family and friends). If the answer is a yes then this can potentially strengthen the perception and position of the psychoanalytic way of working. However if the answer is no, does this not suggest that there are indeed varying degrees of patient/therapist suitability and certain dyads that have greater potential to be successful and some that are even inappropriate? This shatters the theoretical belief that the psychotherapist is in essence a blank canvas the patient projects on/into. I would propose that in today's NHS you would more likely to encounter a black patient who professes suffering racial abuse for most of his life in treatment with a white therapist than you would a sexually abused girl working with a male therapist, yet is there any difference between the two examples? Both abused and traumatised patients being treated by representations of their abusers. This is where the origins of my thesis were born; an analysis of a piece of work that may be more/or less complicated/appropriate/inappropriate for me because of, in this case, racial factors.

Clinical ‘matching’, the idea that a certain clinician would be better suited with a particular patient because of cultural, gender, age or colour considerations has parallels with the adoption policy in the UK. Several decades ago there was no racial profiling in trying to match black and minority children with same race foster or adoptive parents. White parents happily adopted children of colour and numbers of children seeking a home were low. Tizard and Phoenix’s research (2001) found that interracial adoptions fared ok. However a consequence of this was seen by some as damaging to the adopted child. There were questions of identity confusion and cultural dilution. This ultimately led to adoption agencies and social services only being allowed to place children of colour with parents of similar ethnic backgrounds. While this ticked the racial and cultural issues box it didn’t help the numbers of children waiting to be adopted. This is because there were far less foster and adoptive parents of ethnic origin backgrounds. These racial constrictions stopped thousands of children in state care from finding homes simply because of their ethnic background. In 2013, UK Education Secretary Michael Gove changed these guidelines and now finding ‘*a perfect or partial ethnic match’* (Doughty, 2013) cannot become an obstacle to finding new parents for child. Councils are no longer legally bound to take the ethnic, religious or cultural background of a child in their care into account when they decide his/her future. This change has since seen adoptions reach a twenty year high as Government reform decided that a warm and loving family home, regardless of race, was better than a council run home. This 180 degree turn in adoption policy implies that race should be a lesser consideration than that of a family that is willing to care and love a child regardless of race. This echoes Donald Winnicott’s (1949) ‘*good-enough mother’*, the idea of something that is ordinary and good and healthy and doesn’t have to be perfect. This positive turn around in UK adoption statistics should be balanced against the reality that there are indeed good reasons for taking some account of ethnic origins of adoptive parents when placing a child in their care. There remains the ghost of ‘colonial’ attitudes and the idea that only white middle class families make satisfactory adopters. This highlights the complexity of ‘matching’ so-called suitable patients to therapists or children to adoptive parents. The reality suggests that matching can work but it should not be at the expense of objective clinical judgement or providing a safe and loving home. There is also another layer that provides yet more complexity to this emotive subject, the reality that the fostered/adoptive child will have numerous and varying representations of what ‘*families*’ are, both externally and internally (Margaret Rustin,

1999). For the mixed-race child who may have undergone significant splitting, who is to say where the right home is or who is the right clinician?

The recent changes in adoption law in the UK have coincided with the writing of this thesis. The parallel between the 'good-enough' family and the 'good-enough' therapist are there to be seen. Yes, it is acknowledged that placing a child within a family of same or similar ethnic background would be the ideal option. And yes, a black patient may feel a black therapist can relate and understand their position more than that of another ethnicity. Ultimately it is the quality of the relationship that is vital. What is of most significance is whether the adoptive family care and love the child and can the therapist help the patient understand themselves better. These questions, I believe, are colourless.

Internal or External Racism?

Davids (2012) describes experiencing racism throughout his life but he comments that it is his 'liberal white friends' that have caused him his greatest 'agony' as they are also capable of racist attacks. A seemingly innocuous comment from such a friend can shatter the illusion that Davids is just 'one-of-the-lads'. This is the experience of the 'racial-other' as Davids describes it. What is difficult to discern is whether this is truly an unconscious racist comment that serves to separate, differentiate and attack or whether it is the receiver's (example-therapist) own hypersensitivity and preoccupation towards racial matters. Davids' thinking appears to heavily weigh in favour of the racist unconscious communication, and although he does entertain the possibility of being preoccupied and sensitive to such issues, ultimately he diminishes them. Is it really one or the other and never the twain shall meet, or is it possible that both can materialise simultaneously? I believe my research has shown both unconscious racist communications from the patient and pre-existing hypersensitivity and preoccupation from the therapist can cohabit the same therapeutic moment.

Yet there are further possibilities to what may actually be occurring. Davids states that a person can feel unsettled by unconscious racial communication from another. Yet is it not possible that the same said person can experience an uncomfortable racial experience from another when none is delivered, consciously or unconsciously? In essence the person is overcome by their own hypersensitivity and racial preoccupation but experience this as a communication from the other. Conversely an unconscious (or even conscious) racial communication directed at another may have no conscious or

unconscious effect on that person. Therefore the projection is unsuccessful. This is also completely possible. Does this not suggest that the aforementioned unsettling racial experiences can be both internal and external, created within the self and forced into the self? I would suggest that this requires a 'receiving' object that is susceptible and primed for racial communication. The person who has explored/studied 'race' or experienced race as a factor of their lives will see, hear, feel and sense it in everyday life more than someone that race has only affected superficially. In other words racial communication and racism is experienced by people who are sensitive to it and/or by people who can understand the workings of it. Separating what is self-induced and what is the 'other' is every psychotherapist's meat and drink.

Davids believes the temporary paralysis of thought that is induced by being in the position of the 'racial-other' is the result of the unconscious racist communication of the projector. Davids suggests the origin of the racist thought operates at a preverbal level and is universal. This implies we are all built with a pre-existing disposition to notice difference and be stimulated by this difference in varying ways. This assumes that racism is inevitable and unavoidable and present in even young children. Having worked in nurseries with very young children and being a father of two young children this hypothesis surprised me greatly. This does not mean I haven't witnessed children noticing, commenting on and reacting to 'difference'. Children will of course see white skin, black skin, brown skin, olive skin, yellow skin as well as variations in hair type, lip shape and nose shape. I believe the position of the racial-other is a thing of fear, paranoia, exclusion and inferiority. It is debatable whether children are born with these debilitating potential states regarding race. It is however undeniable that they are slowly fed these through their exposure to their parents/carers attitudes, and the world around them. This links more closely with Fanon's (1952) theories of a kind of mass inferiority complex experienced by black people through slavery and colonisation to 19th century scientific sub-human classification to modern day popular culture of the 'white hero' and the 'black villain'.

Davids does however provide research which appears to prove that children do have an inherent 'racism'. Research undertaken by Kenneth and Mamie Clark, husband and wife African American psychologists in 1940, had shown that children do see colour difference and associate certain colours with being more 'nice' or 'bad' or better to play with. This research looked at children and the choices they made after being asked to select certain different dolls. Most children, regardless of their colour, selected white

dolls as dolls they experienced as 'nice' or 'liked to play with' or thought were a 'nice colour'. Conversely more than 80% of the children either found the brown doll as 'bad' or didn't know how they felt about the brown doll. Davids reproduces this data to further cement his theory of an inherent Internal-Racism but I question whether this data really is supportive as he thinks. These studies were conducted in the US, a country with a completely different history and demographic from that of the UK. Secondly the study used children of three years of age and above. One thing developmental psychologists have suggested is that very early on the infant will form the blue-print for their future parental model from the parenting they have received. By the age of three the child has been exposed to the world and the particular customs and prejudices of his/her environment. And thirdly, and significantly in my opinion, the fact that black children selected white dolls as 'nice' or a 'nice colour' and not the brown dolls further supports Fanon's theories that the Eurocentric perception of beauty and goodness continue to persist universally post-colonially within black people.

Another aspect which should not be discounted is the everyday experience of familiarity and difference. For example a white baby sees white parents. Much of his/her close extended family members may also be white. This example is the same for the black child of black parents. When introduced to a person with a different coloured skin the child may be curious and/or unsettled. This is expected but is this not the very first experience of the 'racial-other', the feeling of the unknown, the unusually, the uncomfortable and the different? Yet Davids is perhaps suggesting the 'racial-other' experience is only felt after an unconscious communication and is less about appearance. Whether this position is experienced after conscious (the verbal or the visible) or unconscious communication, one wonders how does this theory fit with the child with parents of differing colours? Unlike the white or black child, the mixed-race child (with both parents present) is in a constant and continuing state of experiencing racial difference; racial difference between the parents and themselves. It is undeniable that such parents will on occasion communicate together in unconscious ways and some of this communication will have a racial component, in essence making each other feel the 'racial-other'. It is not a great leap of the imagination to assume that these types of communication can be also projected in to their children, even in the most warm and loving of households. Does this suggest that the mixed-race child is prone to experience the 'racial-other' position much earlier and much more frequently than other children? This opens an interesting area for further thought. To have a sense of the 'racial-other' there must first be a sense of the 'racial-self'. As I have presented throughout this thesis

this is frequently not an easy task for the mixed-race person. Unfortunately Davids does not explore the mixed-race position in 'Internal Racism' (2011).

Complexities of the Mixed-Race Experience

This thesis presents the complexities often faced by people of mixed-race. In many ways it is the colour, or difference in colour to that of the primary carer, that creates further mystery, question and confusion about identity. There is a wealth of understanding regarding the established and recognised developmental stages of discovery of self, individualisation, identity formation and weaning in children yet very little is written specifically about the concept of the identity of the mixed-race child. It is understood that in the beginning the child and mother are one, certainly in the limited abilities, perceptions and consciousness of the baby. Donald Winnicott said that, "*There is no such thing as a baby, there is a baby and someone*" (1965) Through the passage of time the baby will start to perceive the mother differently. These are in essence tiny developmental/weaning/self-discovery steps. The awaking within the child that mother is a separate and independent being. The child identifies part objects and then later an incorporation of a separate whole object, which has many parts. There is the physical separation from the breast in weaning and having to share mum with dad or other siblings. These are just some examples of losses and experiences that separate the baby/child from the mother.

One of the findings of this thesis is yet another additional layer of separation, alienation and identity dilemma that the mixed-race child endures that children from so-called 'same-race' unions do not. Initially the mixed-raced child, like all children, will notice colour and race difference, and some adults will make it significant to them. All children are highly vulnerable to the opinions, the likes and dislikes and projections of the carers close to them. Even if issues of race and colour are not significant in the child's immediate family, very soon outside influences such as attending nursery and the mass media will soon take away the child's racial innocence. Ultimately the mixed-race child will start to perceive himself/herself as different from their mother and father, not just in gender but also appearance and colour. Even if the race/colour difference isn't outwardly acknowledged it will be internally. Even if their nearest and dearest insist that race or colour doesn't mean a thing, it will. Fundamentally the mixed-race person is neither black nor white. Their complexion and ethnic appearance may take

after one parent or the other but very often it will resemble neither parent. The racial divide is significant to the flourishing mixed-race child who looks at his/her parents and hopes to see his/her future. What the mixed-race child in fact sees is something unlike him/her. This is the added degree of separation/loss the 'same-race' child does not experience.

Many mixed-race children will be titled black, by society, possibly by friends and even sometimes by their own white parent. This is a denial of the white part of the child which is projected on and into them. This is nothing short of a psychological race purge on the mixed-race child. This is only an attempted removal, as the white part survives, however depleted, denied or hated. This is not too dissimilar to what my patient presented, although in her case it was the black heritage that was being denied and her white being embraced. It is a powerful cultural, social and psychological force that can make a person deny/give up their origins and adopt one that is not actually theirs. We have seen this beautifully illustrated in Fanon's description of lighter skinned women from Martinique aligning themselves with white women and denying their black heritage and even going as far as hating it.

The large majority of interracial relationships and marriages are still configured strongly towards the black male-white female couple in Great Britain. This is slowly changing due to socioeconomic and other cultural shifts; the black woman-white man couple are becoming more widespread but at this time they are a clear second place behind the black male-white female relationship. Unfortunately some of these black fathers, as with fathers of any race, are often absent. As mentioned earlier in the thesis, physical absence doesn't mean psychological absence and very often the absent father is idealised within the psyche of the child. Even with the strongest negative projections from the mother regarding the absent father the child may still hold the idea of the good father. Equally, the spiteful (truthful or not) projections could have the desired effect and turn the child against the absent father, as it was so in Yasmin's case.

In interracial or same race relationships the result may be a deep dislike of the father and of the self (similar to what we have seen in the research). The part of the self which is identified with the father will be disliked. There is the possibility of an added level of alienation and identity for the mixed race child. An external projection by the child of an unwanted part, their black part, is also possible. All black is felt to be rubbish and low and useless. Because the child is only part black the child can remain functioning and intact, but only white. This is only an illusion and will, as we have seen in the case

of Yasmin, cause significant complications in time. Yasmin not only rejected her father externally, she rejected him internally denying her own ethnic-self. Clearly this is a dimension of splitting 'same-race' children are unable to employ as a defence.

This research has highlighted the impact of split-off negative internalised race/colour within a person of mixed-race. In this case it was the patient's much maligned absent father who was blamed for the break-up of her family. An additional significant contributory factor would be the available parent's hatred for the father and how much of this hate was introjected by the patient. On the surface it would appear an easy option to side with the available maternal object, however as we observed this wasn't altogether successful either. Although the patient did identify more closely with her white heritage it was an extreme and harmful white association. The Emo culture was largely white dominated and linked to depressive music and self-harming.

The mixed-race children in similar predicaments as my patient are often caught between two unpalatable options. To fully invest (unconsciously) with an identification with the available, present white mother with whom he/she shares few ethnically physical similarities or with the absent black father with whom he/she (and society at large) consider the same, 'black'. In other words, identify with someone that is available but doesn't resemble you or identify with someone who is like you but unavailable or not even known!

The mixed-race child may begin to identify more closely (consciously or unconsciously) with his/her white heritage or black heritage. I have looked at several reasons for why this might occur. Davids writes about the 'racial other', the sense that there is an unconscious awareness of difference between peoples. He doesn't comment on what this might look like or mean for the mixed-race person. Is the 'racial other' a phenomena that can manifest within one person? If this is so, and I'm inclined to think that it is, this sense of racial difference within the mixed-race person would be a factor in splitting and the dividing of the whole object. Davids gives uncomfortable examples of the 'racial other' interplay at work; the stereotyping, the assumptions and the fear. One can safely speculate that these forces may be alive within the mixed-race person with an internal jostling for position and dominance.

There is of course yet another layer to this fascinating subject. The mixed-race child may identify more closely with a particular parent simply because of the parent's skin colour. This may be in spite of a good or bad external experience with them. This may

be in spite of whether they are available or not. This may be in spite of good or bad internal representations of them. This identification is made because everything around the child (media, politics, sport, religion, history and family/peers) has taught them that 'Whites are like this…' and 'Blacks are like that…' An example of this is the myth that 'Whites are the superior race and Blacks inferior'. This was cemented during the slave trade and as Fanon (1952) observed, it continues through a passive conditioning of children through comics, cartoons and television to associate heroes and good-guys as white. Therefore the mixed-race child can often associate feelings of inadequacy and failure to their black heritage and consequently experiences of success and power will be located in their white heritage. Yet there is another conundrum for the mixed-race person to angst over. Black is often perceived as 'cool', it sets trends and is hugely influential in pop culture and modern music. 'Modern Black' is also gaining political power and influence.

The Future of Psychotherapy in Multi-Racial Cities

Mixed-race people (defined according to the National UK Statistics classification are - White and Black Caribbean, White and Black African, Mixed White and Asian and any other mixed background) are the fastest growing ethnic minority group in the UK. The 2001 UK census estimated that there were more than 600,000 people of mixed heritage living in the UK and by May 2011 this figure had surpassed 1 million. It has been estimated that, by 2020, 1.24 million people in the UK will be of mixed-race. Yet as I have earlier presented in this thesis research conducted by the BBC suggests that the mixed race population could already be twice the official estimate figure, closer to 2 million. This is because many (figures suggest half the mixed-race population) consider and title themselves single-race e.g. White, Black or Asian.

Even if we take the official census estimates and the predicted totals for 2020 (not taking into account Dr Nandi's research findings), the mixed-race population will to be the largest minority group by 2020 (above British Indian). With these figures and predictions in mind it appears we are on the brink of a racial sea-change in the UK. The significant Asian, Africa and Afro-Caribbean minority population of the UK will soon be second placed behind the ever increasing mixed race population. This therefore implies that with the accelerating mixed race population there will be the inevitable increase in these children and adolescents accessing mental health services. As a

profession in the UK consisting mainly of Caucasian clinicians, are we as psychoanalysts and psychotherapists prepared for the increase of a category of children and adolescents that will present complex racial, cultural and identity issues? This century's 'New Ethnicities' (Hall, 1996) and their complicated lives are presently not adequately represented in UK psychoanalytic practice or clinical literature. How do we as psychotherapists try to understand the internal and external world of a racial group that is born and breed in this country yet racially in the minority of the indigenous general population? This may be also said for British West Indians, Africans and Asians yet they are often encouraged not to forget their 'spiritual' or idealised motherland, the birthplace of their respective 'races'. The mixed-race person neither has a spiritual homeland or his/her own historical culture or a land where they are in the majority.

Some psychoanalysts may play down these factors of 'difference' and suggest that the only thing that matters when treating patients/clients in psychotherapy is the patient's internal world; who does the therapist represent at any time and how the therapist utilises his countertransference reactions. This would be classed as the purest form of psychoanalysis and implies that the internal world is not racialised. My research has highlighted the importance of holding firm to psychoanalytic technique and boundaries while being open and not dismissive of factors such as difference, similarity, race, sex and gender. This is something I have tried to explore during this thesis.

Unlike the virtually unexplored field of mixed-race within the context of psychoanalysis in the UK, there are papers and publications on the white therapist /black patient dynamic. Much of this literature has highlighted the common factor of superiority and inferiority within the dynamic. This is in addition to the expected therapist/patient power imbalance. The therapist is often aware of feelings of supremacy yet also of sympathy and guilt. Conversely the patient often speaks of feeling lowliness and inadequacy but also feeling misunderstood and patronised. Very often these therapies walk a tightrope of anxiety for both parties. The therapist can often modify an interpretation he/she would normally make out of an anxiety attached to feelings of superiority and pity. Likewise the patient will often strive to keep the therapy 'safe' in fear of being rejected by the 'superior' therapist. My thesis hopefully begins to highlight the further complexities of the dynamics between a patient and therapist that are both a racial mix of black and white.

In theory psychotherapy / psychoanalysis is a treatment and discipline that should be ideally equipped to work with a client group of the complexity and diversity I have

aimed to explore throughout this thesis. It is a group that has a propensity for identity issues and attachment difficulties, the details and evidence of this have been presented earlier. The UK's 'mixed-race' population share some similarities to other ethnic minority groups in the UK but with some additional unique problems. Black British people (2nd, 3rd or 4th generation West Indian, African decedents) still experience the sense of social injustice, inferiority, criminal stereotyping and second class status in 21st century Britain. This is similar to the mixed-race experience. There are also parallels to made with 2nd or 3rd generation UK Asian adolescents whom encounter tremendous pressures to uphold Indian/Pakistani/Sri Lankan etc. values and lifestyles while living in modern, diverse, progressive and liberal cities like London. Maintaining two sense-of-selves, a traditional Asian and a modern British Asian causes great emotion stress on the adolescent and family at large. There is much media coverage dedicated to this due to cases of suicide and murder of Asian adolescents within the UK and this is often linked to arranged marriages and forced marriages. The adolescent is torn between two identifications, his/her peer group and life in the UK and what is expected by their family.

Low mood, suicidal ideation and actual suicides are sometimes the result when the internal dilemma between traditional Asian and British Asian cannot be resolved successfully. In the following of one route instead of other the Asian adolescent is in essence signing-up to a certain life-path, a set of beliefs and probable outcomes. In general terms these range from potential arranged marriage, close extended family ties and community acceptance, to that of cases of persecution, ostracisation and in some tragic incidents, death. Noted these are crude general observations but they are not without foundation.

Mixed-race children/ adolescents potentially share this internal dilemma of whom to identify with, the black or the white, but perhaps not with such external persecution as the Asian adolescent but on a much more subtle and unconscious level. The mixed-race person in choosing (either consciously or unconsciously) to align or identify with one 'race' of their mixed-raceness is also making a life-path choice. Internally this 'choice' is usually down to parental identification and environmental factors but secondary to this they are in fact making a much larger decision. It is a decision that they may also be oblivious to but it will have lifelong consequences - identifying either with the second class minority or the powerful majority.

I believe there is a significant difference between the identification the mixed-race person chooses and the Asian person (or any other person whose origin lies with a single ethnic group) chooses. One is a life-path choice, giving up one aspect of one's life e.g. family, peer group and potentially education and profession. Regardless of these potential changes in the Asian person's life he/she remains 'Asian' despite the alternate Asian that is given up or forced to give up. This suggests a lesser internal 'racial' struggle and more that of an adolescent-like identity pursuit. Yet as I have shown in this case-study the mixed-race person's aligning to one 'race' over another can create a part-denial of the self. This 'splitting' of one's own identity is an extreme defensive mechanism which, although having the original function of keeping at bay something unbearable, can ultimately have a damaging effect on the subject, as we have observed with Yasmin.

Psychotherapy is a treatment that was designed to explore primitive unconscious communication and the workings of the internal world. Therefore phenomena such as projection and splitting are commonplace within psychotherapeutic consulting rooms throughout Britain. As I have shown earlier it is estimated that there may in fact be double the amount of 'mixed-race' people in the UK than actually recorded in the recent Census. This means that over a million people of mixed heritage are deciding to title themselves something other than their actual 'race'. This suggests that we as psychotherapists should be aware and prepared for this potential client group to possibly present with higher ratios of identity conflict, race related complexes and harmful splitting than other ethnic minority groups. I believe it is vital that we acknowledge racial 'difference' and 'similarity' within the therapy room and not trivialise it or be fearful of it as is often the case. In fact when it presents itself it should be actively explored and worked with. The psychotherapist should also be aware of the additional transferences that may be at work while working with mixed-race and other ethnic clients. There should be the understanding that the psychotherapist may represent something other than just a mother or father or sibling etc. there may also be racialised transference, to a good or bad, black or white, racial object.

This adds to the complexity of the work as the psychotherapist may represent a good, solid, reliable parental object in the transference yet simultaneously also a bad one in the racial transference. Conversely the mixed-race patient might experience a negative transference towards a female therapist but may experience a positive racial transference towards the female therapist's black skin.

Thinking about these possibilities is one thing, taking them up within a session can be quite another. Fear of taking up some of these issues is really fear of the internal racist (Davids, 2011) within one's self and can be likened to the stigma and fear of taking up erotic transferences and erotic countertransference reactions. I took up much of the racialised material Yasmin presented me with because of our similar racial configuration, my work in personal analysis and my own general interest in all things 'race'. This allowed for rich material and fantasies on Yasmin's part as she experienced a therapist who was clearly interested in her racial communication and did not trivialise and dismiss it as insignificant. Although my preoccupation with the 'mixed-race' position sometimes influenced my comment and interpretation it did not damage or disrupt the treatment. This could be viewed as the patient overlooking the therapist's shortcomings and/or the patient gaining something from the racial openness of the relationship.

It is possible that the racialised material presented by mixed-race and other ethnic patients may be a defence against an earlier more primitive trauma. I believe this was the case with the four year old Yasmin (parental divorce and demonization of father). This does not discount the real racism Yasmin faced as a latency child onwards. I believe it would be an error on the psychotherapist's part to try to circumvent the racial material in pursuit of what is assumed to be the 'real' problem. These racial layers of neuroses and defence need to be explored and unpacked within the safe of environment of the consulting room with clinicians skilled in understanding defensive mechanisms, internal objects and unconscious communications. The therapist should be prepared and able to take on unpleasant and uncomfortable projections from the patient as well as facing disturbing personal preoccupations and prejudges if they truly want to understand and hold their patient. Projections, racial or other have to be taken up with patients even if they are experienced as uncomfortable (countertransference). It will be the bravery of the modern psychotherapist in exploring his/her own race and racial attitudes that will be the key in helping this ever increasing new ethnicity.

What can be learned from this therapy?

Yasmin was an adolescent girl who had long standing emotional, relationship and identity difficulties. She engaged well in therapy but did her best to stay away from her darkest feelings in fear of turning the therapeutic space into something dangerous and unpredictable. Her greatest fear was that she would show me a part of herself that would so terrify or disturb me that I would reject her and end the therapy. Yasmin feared loss and also yearned for a reliable parental object. Yasmin spoke of dramatic mood swings, giggly, talkative and happy one moment then argumentative, angry and suicidal the next. These high and low states of mind were more often than not kept away from the therapy room and were acted out for her family's attention only. She insisted and then did her best (with varying degrees of success) to maintain a therapy room that was depression free, hyperactivity free but full of jokes and small talk. Yasmin wanted to be liked and accepted.

However Yasmin spoke freely about smoking weed, drinking alcohol, self-harming, sex and 'race'. The drugs and drink sometimes helped her not to cut. She told me, "*When it gets too much and smoking doesn't work, that's when I self-harm. So that I'm not thinking about those things in my head, I'm thinking GOD THAT HURT!"* Yasmin told me that the 'things' in her head were usually focussed around her parents, her mixed-race and her body. Due to the chaotic and unstructured environment in the family home these extreme acting-out episodes went unnoticed and June confessed to struggling greatly with a daughter she felt was sophisticated, abusive and manipulative. June and Saleem both felt powerless and manipulated by Yasmin's unpredictable moods and behaviour which swung from manic hyperactivity to depressive suicidal ideation.

Yasmin felt she was trapped between a father that was either absent or too controlling, and a useless mother that behaved more like an argumentative older sister than a parent. Yasmin believed that she was superior to both her parents and had little or no respect for them. She didn't value their opinions or their concerns for her safety. She felt that her parents should sort themselves out before they lecture her. Yasmin's criticism of June and Saleem's failings could be seen as the result of an early internalisation of her parents as unavailable and unreliable objects. This created a narcissistic aspect to Yasmin's personality where she knew better than her parents and that June and Saleem were not capable of helping or teaching her anything of value. She could do without them. Rosenfeld writes;

> *…considering narcissism from the destructive aspect, we find that again self-idealisation plays a central role, but now it is the idealisation of the omnipotent destructive parts of the self…The destructive omnipotent parts of the self often remain disguised or they may be silent and split off, which obscures their existence and gives the impression that they have no relationship to the external world. In fact they have a very powerful effect in preventing dependent object relations and in keeping external objects permanently devalued, which accounts for the apparent indifference of the narcissistic individual towards external objects and the world* (1971, p14)

In reality her parents did appear to be vulnerable throughout the duration of the therapy. Saleem found it difficult emotionally to reach Yasmin. He became overbearing and directive. He wanted a loving relationship with his daughter but struggled to connect with her successfully. June was more naturally attuned to Yasmin but this closeness often overflowed into an edgy, competitive relationship more similar to the love/hate dynamics of some siblings. Yasmin's parents continued to struggle with their acrimonious history and this continued to prevent them creating together a single consistent parental couple for Yasmin.

Yasmin was subjected to two vastly contrasting parenting styles as well as two contrasting ethnicities. Yasmin's ambivalent and strained relationship with her father originated, in her mind, when her parents separated. The absent object (her father) was vilified and this seemingly had the effect of not only spoiling Yasmin's internal father it also promoted a rejection of her internal ethnicity. Her external rift with her father grew with time into a splitting off of her internal father object and the creation of an over identification with her mother's white heritage. Her 'black-side' was denied existence and was projected outwards into 'pervy brown men' and 'niggers/niggas' (I was all of these to Yasmin during various stages of the therapy). The denial of her father's heritage was at times so complete that many of her friends couldn't believe she was of mixed racial heritage. There appeared to be a very real external blindness on one hand and an unconscious denial of her colour on the other. Her friends had thought she was 'white with a tan' and this was the exact description she had used to label me. It was too painful or uncomfortable for Yasmin to experience me as a brown man in the transference, so she made us the same, without colour. This in turn caused me great discomfort as I had spent significant time in my own analysis working on my duel heritage.

> *The heart of the matter is that our moment of horror as therapist mirrors what the child could not cope with. It therefore encapsulates both the child's hope that someone else – the therapist – might have the resources to deal with the unmanageable, and the fear that no one will. The original trauma was the constellation of events when no one did*. Rustin (2001, p.283)

Months later Yasmin revealed to me that her, 'white with a tan?' inquiry was simply a test, a ploy or device to find out my racial identity (something I did not fully believe). Yasmin possibly identified with me because she could not pinpoint my ethnicity and she personally experienced this herself both internally and externally. In hindsight I wondered whether Yasmin's self-harming behaviour was aimed and directed at her black-side. Was it a very real physical act of trying to destroy the loathed, unwelcome, misunderstood black-side?

Yasmin adopted and assimilated into a culture of self-harm and suicidal ideation. It was a culture populated in the majority by white adolescents. Yasmin drifted into a virtual world of internet chat rooms and websites. She made 'friends' (on-line) with teenagers with similar difficulties and became a kind of pseudo-counsellor for their problems. She stayed awake all night in these chat rooms and slept most of the day. Ultimately she still felt displaced. We spoke about how she felt she did not fit in anywhere. She didn't feel or like her Asian side, although this was mixed up with the notion that her father had African blood from a couple of generations back (great grandfather). There appeared to be a turning away or denial of her 'black-side' yet she embraced her dark-side through the Emo culture which conversely was predominately dominated by a Caucasian following. The Emo ethos is far from light and is associated with cutting, suicide and darkness. There was also the possibility that the turning away from her black side was not only about her ethnicity but possibly a baby self. This part of her was less well known but was alive and capable of growth. This part of Yasmin was looked after by me in the sessions and looked after by her in the time between sessions.

Throughout the therapy I was taken on a metaphorical rollercoaster. Some of my own past issues and difficulties where being replayed in front of me in this young person and at times the experience sternly tested my technique. Only through the understanding and use of the countertransference was I able to sift through the emotional content and focus on the communication and separate what were my feelings and what was Yasmin's communication.

> *…the patient is the representative of a former immature or ill part of himself, including his damaged objects, which he can now understand and therefore treat by interpretation, in the external world…the patient is receiving effective interpretations, which help him to respond with further associations that can be understood*. (Money-Kyrle, 1955, p83).

Yasmin called herself half-caste and this term was linked to an internal perception of lowness, brownness and dirtiness. This connected to an internal phantasy that all brown men were sexual predators and dangerous. Highlighting this phantasy in therapy disturbed Yasmin greatly but also presented her with the possibility of a helpful, benign brown man.

Yasmin and I shared starkly contrasting early backgrounds and histories yet I was to discover there were also similarities that we shared which are unique to people of mixed- race. My countertransference initially triggered preoccupations that were concurrently being explored in my own personal analysis and this did have the potential to damage the therapy. It is true that in both ethnically different and similar dyads, the therapist needs to aware of applying his/ her personal suppositions about the patient. The therapist's attitudes and reactions, such as sadness or guilt or ethnic prejudice or dislike will be picked up by the patient. I was well aware that my role as Yasmin's psychotherapist was to help her and relieve some of her anxieties but without having specific desires (Bion, 1967), yet my countertransference reaction was often in parental mode and there was a wish to help Yasmin incorporate her black side. This was of course not my position or function. I experienced Yasmin's 'white is better' as a challenge to my own duality and this needed to be acknowledge and processed before I could comment or interpret. Ultimately my countertransference served as a barometer in safeguarding and separating what belonged to me from Yasmin's 'normal' and projective communications in the therapy room.

Throughout the course of the treatment Yasmin's internal world and specifically her internal identity fluctuated constantly. The idealised white and the denigrated black that initially featured prominently in the first year of the treatment were slowly modified so that her internal parents started to become capable parents and able to support. This was made possible by Yasmin experiencing me as a therapeutic object helping her explore her identity as a young woman, a mixed-race young woman. I was experienced as a paternal object that was benevolent, unthreatening and present. I was experienced as maternal object that was thoughtful, caring and nurturing.

When the therapy began I wondered what type of transference object I would be for Yasmin - strict, abandoning, adulterous or maybe weak, pathetic and useless?. I was to discover that this was an ever-changing experience. These unconscious questions and projections were ultimately aimed at finding out two things;

1. What kind of Man are you?

2. What kind of Dad are you?

On the surface these two enquiries look very similar and indeed they are intertwined and related. I believe the questions were endeavouring to find out whether the therapist was a brown, worthless, pervy man looking to seduce her or could he be trustworthy, helpful and reliable. The psychoanalytic process of regularity, consistency, boundaries, interest and thoughtfulness provided Yasmin with something she had not experienced beforehand; an object in her life that was consistently accessible, non-judgemental and safe. The therapist was very interested in her thoughts and feelings and in helping her understand them better. The therapist presented his patient with a different kind of man, and therefore the possibility of a different kind of father.

As the therapy progressed incidents of self-harm decreased which implied a lessening of anxiety or persecution and I wondered if a less polarised internal object was slowly being integrated. Possibly a 'whole object' which contained good and bad parts, mum and dad parts, girl parts and boy parts and maybe even black and white parts. Rosenfeld (1971, p127) writes about freeing the sane, dependent part of the patient from psychotic narcissistic structures and the; "*…essential link with the positive object relationship to the analyst and the world".* Yasmin's greater understanding of her internal world and her evolving ability to experience me as a multi-part person enabled her to start to explore her own multiple parts and identities. For the first time in two years she had started to experiment with skirts and blouses and make contact with her Asian-side.

Although Yasmin was informed of my future departure (end of my clinical training) a full six months before our last scheduled session, when the last psychotherapy session arrived we both felt like there was still work to be done. Even with this admission I believe that on the whole Yasmin's psychotherapy treatment was a positive one. This was in spite of the preoccupations of both therapist and patient, working as a male therapist with erotic transference, Yasmin's race and gender identity issues and primitive oedipal issues. This case and the findings this thesis has presented, highlight the work that can still be accomplished if one does not run, overreact or hide from the

challenges thrown up by the patient and indeed therapist. It was necessary, in fact fundamental, for the success of the work that I took on many of the patient's issues without being overcome by, colluding or judgemental towards her. This requires the capacity to reflect on what is stirred and evoked within the psychotherapist and yet can still be thought about and worked with analytically. And what do I mean by 'work with analytically'? I believe it is the therapist's capacity to frequently, but hopefully only temporarily, experience and feel something of what the patient is experiencing and feeling. The patient's experiences within the therapist are modified and returned to the patient as something more understandable or less toxic. I used the word 'capacity' to describe one of the main attributes the psychotherapist must possess to function successfully. I also believe the therapist must bring a certain amount of bravery into the consulting room fully knowing they are going to be invaded by a plethora of disturbed states of mind. It is first the therapist's bravery in allowing the patient to greatly affect them and then their capacity to unpick what is theirs and what is the patient's, make sense of it and use it positively for the patient's benefit.

Work with Yasmin also taught me a great deal about how intensive psychotherapy can primarily serve as a container for the patient, especially with children and adolescents from broken homes, with attachment and identity difficulties. The patient and psychotherapist's pre-occupations with race and colour ultimately gave way to deeper more fundamental primary relationship. By holding fast to the psychoanalytic process and maintaining clinical technique the patient will, at the very least, experience the therapist as a reliable, safe and interested object. For some patients this is in fact all they need and precisely what they have been without.

One could postulate that it was simply a case of a desperately lonely girl, devoid of both internal and external 'good-enough' parents looking for and finding an object that was safe, interested and caring. One will never know whether a therapist of another colour or gender would have fared better or worse with Yasmin than I did. What is certain is Yasmin blamed her father for her troubled life and in-turn she distrusted all 'brown' men. The demonization of her father and other men of colour (together with the trauma of significant historical racial abuse) subsequently caused a split and a part self-loathing of her ethnic side. Reflecting on my impact on the therapy I have asked myself the question of where my sensitivity and preoccupation with race entered the therapy and where did Yasmin instigate it? I did not address Yasmin 'white with a tan' or asked to be called 'white with a tan' by Yasmin. I certainly never called Yasmin half-caste as she

addressed herself. I didn't ask to be called nigger during sessions and I was definitely not to blame for her universal distrust of all brown-pervy men. I didn't bring this material to the therapy room, or did I?

Is it possible that the ethnic appearance of the therapist can be a major part of therapy and actually guide its progress? The above racialised comments could be interpreted as projections of unwanted parts and feelings into the therapist, but was this possible because Yasmin was faced with an object she believed was capable of containing these projected parts? I have earlier explored the pros and cons of clinical 'matching' but I have these final thoughts of my experience in this particular case. Quite clearly a white female psychotherapist, for example, would not have been called nigger, 'white with a tan' or suffered powerful countertransference reactions to material around 'half-caste' or 'pervy-brown men'. Of course a white male or female therapist could have worked with Yasmin looking at whether her perception of her father was based in truth or if brown men were in reality all pervy and not to be trusted. No doubt that given time with a white or black therapist, Yasmin would have indeed gained insight into these areas and then have started the process of re-integrating her own brown parts. In this case I believe the ethnic configuration of her therapist helped the patient simply by example. There was not a need for hypothetical discussions on whether all brown men were this or that (as there would be with a white or black therapist); there I was in front of her, an example of a brown man that contradicted her stereotype and fantasy. Rustin writes, "*The therapy provides a second chance. Bringing the trauma into the room, into the relationship with the therapist, is what may enable us to make a difference"* (2001, p.284).

This case-study suggests there are cases when certain 'matches' can be beneficial. Yasmin's psychotherapy with me is one such example. However, I believe relevant expertise and experience should always be the main criteria when allocating referrals to particular clinicians. I believe secondary to this is the suitability of the clinician and matters of gender, colour, ethnicity and age. This thesis has shown that racial matching is by no means a winning or losing formula, however it has provided evidence that psychotherapeutic technique and the utilisation of the countertransference are key in any productive therapy.

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