

**“How have child and adolescent psychoanalytic psychotherapists experienced and understood the role of social identity in training, and how might this relate to their practice?”**

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## Abstract

References to social identity feature prominently in the psychoanalytic canon but generally receive little attention or discussion.

This qualitative research study aims to examine the role of social identity in the training of child and adolescent psychoanalytic psychotherapists by exploring how it has been experienced and understood, and how this role relates to therapeutic practice.

It investigates this topic via a literature review and 12 interviews with psychotherapist members of the Association of Child Psychotherapy (ACP).

The literature shows how the exclusion of critical or reflexive approaches to learning about *healing* creates tension when encountering social identity references *harmful* to non-normative or non-conforming people. Of the most prominent of these references, females, 'negroes', 'homosexuals', and the religious are all designated as inferior and labelled 'primitive' – terminology still habitually used in UK psychoanalytic contexts.

I draw on Black Feminist Care Ethics, Social Anthropological and Sociological epistemologies attentive to forms of symbolic violence and the need for 'participant objectivation'. This provides a historically contextualised, cross-disciplinary review of the above terminology, its accompanying ideologies and existing research. This explores how individuals make sense of particular aspects of identity, accompanied by psychoanalytically focused studies considering the dynamic between trainees' social identities and the task of developing a professional/psychoanalytic identity.

The results of Thematic Analysis represented social identity as holding 3 distinct roles: insufficient, sufficient and ambivalent. The first two roles are opposed, correlating distinctly with the degrees that participants' social identifications were normative and conforming. The ambivalent role involved more complexity in that it was experienced across all participants' trainings. This, highlights variation within identity groups *and* within individuals' understandings and experiences of navigating training, on account of their social identities.

These findings suggest that psychoanalytic training and psychotherapeutic practice would benefit, ethically and epistemically, from an authentic reckoning with the legacy of the very particular relation to social identity that has prevailed until now. Such a 'turn' may foster a new relation, less beholden to the uncritical embrace of normative ideologies and disavowal of vulnerability.



## **Chapter 1: Introduction**

This research project examines the role of social identity in child and adolescent psychoanalytic psychotherapy training via interviews about the experiences and understandings of twelve qualified members of The Association of Child Psychotherapists (ACP). It also considers how the role of social identity in training impacts upon therapeutic practice during and after training.

The project was first conceived during my experience of the first nine months on the Tavistock and Portman NHS Trust's training in Child and Adolescent Psychoanalytic Psychotherapy. The idea stemmed from experiences of distress and confusion as to the role of social identity and its relation to our stated task of thinking therapeutically and openly.

This occurred across the different areas of our academic training but especially in theory seminars. We were assigned readings from a range of periods which contained invalidating references to non-normative and non-conforming social identities as being inferior or 'primitive' (for examples, see Sigmund Freud, 1908, 1913 & 1925a; Anna Freud, 1926; Klein, 1927). On the occasions that such references were acknowledged and discussion was provoked, the customary process involved a sense of pressure to politely stifle dissent, defend and justify the text even to the point of doubling down on the invalidation. The underlying message was to focus learn the theory and not get distracted by dated or 'archaic' language.

My response to this often-disturbing period was to call for more institutional support for learning in this area. Alongside peers who shared my perspective, came insinuations from others across the emerging split, about how people sharing this perspective were 'angry'. This would be the same term I would hear used repeatedly to refer to patients of non-normative and non-conforming social identities. I wondered about a link here and to what degree the antagonistic dynamic, which recurred for the duration of the training, reflected something beyond our individual personalities.

These questions were reinforced as it became apparent that this issue was not new to the institution and that these issues lent themselves to being quickly reduced to individuals' personal issues or preoccupations, whether explicitly or implicitly. References were made to trainees' personal analyses and encouragement given to attend a specialist workshop or extracurricular meetings about 'diversity'. I considered the nature of the learning process in the training and how different social identities are performed, thought about and worked with. I also wondered about the distribution of labour and theme of belonging for the profession I was joining: those who can get on with the 'proper task' and those who first required a form of remedial space.

I was obliged to consider, in my personal psychoanalysis, those subtle invitations to conclude that this was all just my issue. As someone who actively identifies as socially non-normative and non-conforming, this background could be seen as the cause of these tensions but, as I will discuss, it also became my means for trying to make sense of them.

After a period of reflection and investigation about the issue of identity in training via peers and the literature, I developed a research proposal on the general topic of identity in our training. This received two important pieces of feedback. Firstly, the need to ‘operationalise’ the concept of identity and limit the the scope for the purposes of this thesis. I was led by theory seminar experiences here and selected sexual orientation, gender, ethnicity and religion as the most explicit aspects of social identity featured. Secondly, an assumption in the feedback and wider exchanges with senior peers became apparent that as someone racialised as non-White, I would focus on the experiences of those like me. Further, the belief seemed to be that this was a *preferable* approach. This seemed to subtly locate ‘the problem’ in one particular place and suggested relative comfort in hearing ‘*Black people talking about being Black*’.

This recalled to me an earlier experience when pre-clinical infant observation seminars were given over to ‘diversity’ for a week. As the only person racialised as non-White (also the only male), I was ‘invited’ by the group to talk about the experience of (racialised) discrimination and complied awkwardly before suggesting there was a link to the discrimination they might face as women. The mood and my point fell flat and the conclusion seemed to be I was mistaken. I was left to reflect on the undesirable role I had been encouraged to take up and how failing to do so felt like having committed a *faux pas*. Over time, I became sensitised to how excruciatingly uncomfortable gender politics are in this cultural environment, to the point of resembling a taboo in ordinary circumstances.

These perspectives convinced me first of the value of resisting pressure to have quotas for given social identities and that my project should aim at providing insight into psychoanalytic culture – as *heterogeneous* despite illusions to the contrary. Secondly, I determined that to be most valuable, it must provide at least an opportunity for exploration of the intersection of Whiteness and femaleness, as a majority social identity in our profession. This provides an aim, secondary to the task of answering the research question, of exploring how gender politics is implicated in racialised politics.

My other aims are to investigate to what extent issues involving social identity are considered or experienced as personal problems of the individual rather than manifestations of a wider context which may also have implications for therapeutic practice.

The literature review in **chapter two** represents the development and extension of my original explorations of this area. I aim to highlight the gap in the existing literature in the context of child psychotherapy. I specifically aim to share this information about the historical context of psychoanalytic training, as an act of care towards fellow trainees with potentially similar experiences to mine, in an era of intensified ‘diversity’ recruitment.

**Chapter three** describes my methodology and chosen research design. It explains where I am coming from and details a distinctive reflexive approach to the project, informed by ethnographic epistemologies. I approach my research question qualitatively using semi-structured interviews and process the data with Thematic Analysis.

**Chapter four** presents the results of my analysed interviews in the form of three themes with accompanying subthemes which provide a range of different meanings for the role of social identity in training, presented in narrative form. This has the aim of enhancing understandings of training and alleviating confusion or distress.

**Chapter five** provides a reflective discussion of my results, contrasting them with my research question, aims and the findings of my literature review. I consider the limitations of the project and how it might support future research. Finally, I offer concluding thoughts about the potential implications of my findings for individuals, trainings and the profession.

## Chapter 2: Literature Review

**“How have child and adolescent psychoanalytic psychotherapists experienced and understood the role of social identities in training, and how might this relate to their practice?”**

### **Introduction**

This is an account of a four-pronged, mixed literature review which firstly comprises a systematic literature search aimed at capturing all relevant texts on the role of social identity in therapeutic trainings in an unbiased way. Secondly, a traditional literature search aimed at purposively identifying research about social identity as close as possible to the specific form of training and culture of the participants – UK-based, child and adolescent, psychoanalytic. Thirdly, selected literature provides historical contextualisation of psychoanalytic relations with social identity; and finally, selected interdisciplinary literature provides theoretical grounding *on* and therefore *beyond* psychoanalytic thinking.

By taking this approach, I was able to locate a vast range of literature and select that which is most relevant in coverage of two different areas: training and social identity.

Details of the reproducible database search for the systematic literature search are provided in Appendix 1. I selected studies for discussion based on proximity to the participants’ profession. Both literature searches located a range of empirical research studies providing some aspect of insight into experiences and understandings of the role of social identity in psychoanalytic training.

For methodological reasons, this literature review was written *after* conducting my research data analysis. However, interdisciplinary literature selected on the basis of theoretical relevance, nonetheless reflects the bias of my personal subjectivity (see Chapter 3).

### **Part 1 – A Source of Disavowal (Ethnicity, Gender, Social Class)**

The sole research study I located in my systematic literature review which focused on gendered identity in mixed-modality psychotherapy training was Kannan & Levitt’s 2009 investigation into challenges faced by trainees who identified as feminist. Particularly significant findings include acknowledgements of how personal, identity-based beliefs, influenced therapy practice. Further,

accounts of training experiences of distress related to others' prejudice against feminism were reported.

These findings have important links to Fleming's (2017) study of qualified ACP members' fantasies about working with 'cultural difference'. While this term functions to focus largely on racialised and social class difference, Fleming includes intersections with language, sexual orientation and gender. The findings based on eight interviews, identify certain ways that gender, specifically female gender, or femininity, is performed in a psychotherapy context. One participant describes "white middle-class women" in terms of being "very happy with little babies because that doesn't offend their sensibilities" (p. 125). This depicts a particular kind of normative subjectivity, *feminine and not feminist* in any substantially political sense and has important implications regarding the aim of training and the role of subjectivity. Fleming's participants reflect acute discomfort in this area, demonstrating the effects of a particular aspect of training which posits '*neutrality*' as an ideal which involves the *transcendence* of 'cultural difference' (social identities).

This ideological position, wrought by the psychoanalytic haunting of scientism and claims of objectivity, is discussed by Fleming and many others (for example Lesser, 1995; Benjamin, 1997; Brickman, 2003; Khanna, 2003; Ellis & O'Connor, 2010; Wallwork, 2102; Ryan, 2017; Hertzmann & Newbigan, 2019; Brooks, 2020). It prescribes a 'blank screen' disavowal rather than acknowledgement of how profoundly subjectivity impacts on practice. Although usually conceived of as *purely* a matter of psychoanalytic technique, the pursuit of '*neutrality*' has unavoidable political implications. These entail a particular role for social identities: relegated or excluded from the proper business of training and practice.

Kannan & Levitt (2009) and Fleming (2017) both highlight the ways that prejudice operates within and as a product of trainings which provide a negligible role to thinking in this area (see also Lowe, 2013). Fleming illustrates how the appropriation of neutrality provides a means of masking participants' various prejudices and stifling the anxiety provoked regarding their therapeutic legitimacy. This prejudice partly involves a process of psychotherapists designating those they are tasked to help, as 'the location of difference'. In this view, otherness or *alterity* is imagined to be something 'ethnic minorities' have, "involving some sort of badness or danger" (Fleming, 2017: 114). While this can be seen as reflecting a broad process related to the unmarkedness and inherent goodness of Whiteness as ideology, as Fleming suggests, it is crucially exacerbated by the undertaking of a psychoanalytic identity in the course of training.

Fleming's argument that this orientation "reproduce[s] bourgeois, colonial, prejudiced, racist stances" (2017: 176) reflects several acknowledgements of the way that psychoanalytic thinking has remained rooted in Social Darwinian, evolutionist logics which its founders originally embraced to construct its new theories. This White supremacist, colonialist ideology constructed so-called non-White humans as 'savages' and 'primitive' (Brickman, 2003; Khanna, 2003; Lowe, 2006; Rizzolo, 2017; Kemp, 2020). This latter term remains ubiquitous within psychoanalytic culture, still functioning to dispense alterity, and variously a marker for inferiority: developmental, psychological, intellectual, emotional, organisational, moral etc. (Brickman, 2003; Khanna, 2003; Rizzolo, 2017; Swartz, 2018; Morgan, 2021).

Fleming brings attention to how broad these fundamental psychoanalytic designations have been:

"the primitive, the colonised, the feminine are forever banished.. the production of language brings something into the world and simultaneously traps something else in the earth; it is a violent process" (Fleming, 2017: 51).

This draws on Khanna (2003) and is echoed by other critiques of how psychoanalytic theory has also attributed an inherent sense of savagery, infantility, developmental inferiority to females seen, as a category, as requiring the civilising hand of patriarchal-scientific culture (Buhle, 1998; Brickman, 2003; Balsam, 2015).

The above literature demonstrates that the entrenchment of these discourses in the psychoanalytic canon is significant. Fleming's study directly links these unchallenged and unreckoned with legacies to their consequences for practitioners. However, despite data which demonstrates graphic preoccupations among the participants with sexual perversion, sexual abuse, sexual violence, sexual exploitation and sexual malpractice, distinctly gendered phenomena, there was a limitation in thinking around this area which mirrors that of the profession.

Coupled with themes of secrecy and lies, these preoccupations were voiced specifically in the context of working with 'difference' outside of the normative safety of 'sameness'. Fleming's shock at this material indicates the broad absence of thinking about these matters in trainings, although Fleming attributes it to a personal disavowal. Wider literature here suggests a cultural disavowal is active whereby Fleming's broad findings reflect the neglect of an area readily dismissible as

feminist – in effect too substantially ‘political’ and therefore not appropriately neutral to warrant thinking.

Fleming makes clear that instead of taking on the task of engaging these fantasies, “all the madness and badness detailed” is attributed, along with all signs of alterity, to the ‘differentness’ of the individuals and families seeking help (2017: 132) with issues distinct, yet inevitably related to the participants’ fantasies of them.

It is apparent that the topic of social identity represents a serious challenge to psychoanalytic culture in the area of ethics (Wallwork, 2012; Duffy, 2019). This involves a significant history of ‘boundary violations’ (Berman, 2004; Levine, 2010; Wallwork, 2012); being above one’s own rules, in terms of leading theoreticians psychoanalysing their own children (Gabbard, 1995); and sexual misconduct (LaFarge, 2008; Kuhn, 2015; Cooper & Rayner, 2018) from the most senior levels downward (Gabbard & Lester, 1996; Roith, 2005; Cohler & Galatzer-Levy, 2008; Kuhn, 2015). Several authors argue that although some cases are better known than others, too many trainings appear to conform with a long-standing sense of secrecy and silence (Levine, 2010; Gabbard, 2015; Dimen, 2016; Grossmark, 2017).

This unedifying aspect of psychoanalytic history is inevitably linked with a legacy of belligerence, overt hostility (Rieff, 1959; Schafer, 1974; Kofman, 1985; Chodorow, 1989 & 1999; Sprengnether, 1990; Slipp, 1995; Person, 1999; Brickman, 2003; Roith, 2005), smearing, pathologisation (Berman, 2004; Buhle, 2009; Balsam, 2013 & 2015; Ellis, 2020; for a recent example see Segal, 2007: 252) and exclusion of feminist thinkers (Buhle, 2009; Balsam, 2015), thinking and theories. The resulting compliance and silence (Wilkinson *et al.*, 1996; Balsam, 2001, 2013 & 2015) pertains directly to the role of gender, and gender politics, in training.

Again, a failure within the profession to reckon with its largely disavowed past, one not always so distant, appears to be in evidence. However, rather than face troubled questions of authority and power (Kovel, 1985; Levine, 2003; Levine, 2010; Ciclitira & Foster, 2012; Ellis, 2020), there has been a preference to employ theory in order to exclude them from enquiry. Fleming cites Lowe (2013) who declares the psychoanalytic dichotomy between ‘internal’ (emotional, cognitive, potentially unconscious, etc.) and ‘external’ (social, political, etc.) to be erroneous and based on widespread assumptions. The ongoing reification of this founding ideology in psychoanalytic theory (Ryan, 2017) is certainly convenient. It seems to provide the justification for avoiding an awful lot of awfully difficult work and, as Lowe describes, potentially politically-unsettling activity (see also Layton, 2006; Brooks, 2012 & 2020).

In contrast, Ogoe (2020) demonstrates the willingness to confront the reflexive aspect of psychoanalytic work to investigate the phenomenon of skin colour via his own subjective processes and the experiences of qualified ACP members of ‘darker skin colour’. Upon territory which variously precludes any appeals to neutrality, Ogoe describes the haughty dismissal of ‘the external’ within training culture, producing a sense of avoidance whereby two sessions were provided during the final six weeks of a four year training to think about ‘social issues’ (see also Lowe, 2013; Ryan, 2017).

Links can be drawn between this poverty of thinking and Ogoe’s references to ‘racial matching’ in the allocation of therapy cases (see also Watson, 2004), and feelings of “resentment” and “cynicism”, in a context already overdetermined by a history of psychological manipulation and labour exploitation. Two comments stand out: how conversations about racialisation generally felt “lazy and disingenuous” and an experience in taking on this work authentically as feeling “burdened” (Ogoe, 2020: 67-9).

Burdened also applies to Ogoe’s personal analysis experience, raising serious questions about the basis of assumptions regarding trainees’ personal analyses being the rightful place for thinking about social identity. The analyst’s lack of connection, effort and interest, followed by Ogoe’s renewed efforts to encourage engagement with racialised experience in the midst of “an impasse” is striking. The analyst’s subsequent suggestions have ethical implications:

“the world can be rubbish and I cannot change it, suggesting my speech was lifeless (and another time suggesting I play the race card)” (*ibid*: 66).

Amplifying Morgan (2008), Fleming (2017) judges assumptions about practitioners using psychoanalysis to reflect on racialised or social prejudices as reflecting “high hopes” and names a “fantasy” of these spaces being a ‘purifying’ panacea (p. 23; for discussion of the potential limitations involved in ACP trainees’ analyses due to the role of institutional power and authority, see Lasvergnas-Garcia 2019; in the wider psychoanalytic context, see also Eisold, 1994; Kernberg, 2000; Levine, 2003; Desmond, 2004; Casement, 2005; Bhugra & Bhui, 2006; Lothane, 2007; Rizq, 2009; Wallerstein, 2010; Ciclitira & Foster, 2012; Berman, 2017).

Both Ogoe and Fleming raise the issue of practitioners locating the cause of impasse unilaterally in an aspect of the counterpart’s social identity or alterity. Layton (2012) contends that often the root



of stuckness lies not in the social identities themselves but rather in the disavowal of the reality that *both* parties inhabit particular social contexts which constitute the relationship.

Social contexts can be thought about and talked about, or they can be smothered in uncomfortable or ambivalent silence. Ambivalence is a central focus of Ryan's (2017) exploration of the role of class in psychoanalysis which is based upon earlier empirical research about "clinical work with differently classed patients" (p. 102-3). Ambivalence operates here in distinct, interlinked areas: *subjectively*, in terms of trainees' sense of inner conflict about professionalisation, social mobility and managing internalised class inferiority; *politically*, for the profession, "as a counter-normative, marginalised and subversive enterprise... which can reinforce normative cultural values, adaptation to the status quo and organisational and theoretical compliance" (p. 183); and *ideologically*, in the struggle to relate to social reality in the wake of the aforementioned fundamental detachment and dismissal of the social realm (see also Layton, 2006).

Ryan suggests that class contempt must also coexist and be managed within therapeutic dynamics which often oblige the avowal or performance of so-called liberal, tolerant values. These may mask deeper beliefs in a normative, all-knowing, hegemonic, middle-class subjectivity which may get equated with good mental health. Foster (2018) comments that "class is disavowed because it is too disturbing to address" (p. 160) which links O'Driscoll, Gaitanidis & Dickerson's (2016) study examining 'White trainee counselling psychologists' experience in racial difference'. They discuss the subjective source of ambivalence which manifests itself in trainees grappling to achieve 'competence' within their nascent professional identities and in tension with their pre-existing ideologies. 'Colour-blindness' is a key example which trainees demonstrate via appeals to a 'level playing field' via a "liberal ideology of equal opportunities". Upon this, racialised difference and inequality is cast as either not existing or not being relevant to the work of "egalitarians offering a prejudice-free relationship to all" (p. 19). There is a limitation with this study in that it somehow has little to say about Whiteness. This points to Whiteness' insidiously normative nature and how effective it is at evading analysis or scrutiny. This is partially acknowledged by two references to 'white-centricity' as "the norm that all others deviate from" (O'Driscoll, Gaitanidis & Dickerson, 2016: 3).

While this term seems to get closer to the issue than the more popular 'Eurocentricity', there is still something rather passive about it. Menakem's (2017) term, 'White body supremacy' more viscerally captures a sense of "the experiences non-normative bodies must navigate to survive" (Taylor, 2021: 32) and the active processes, historically enforced by the violence of military and

state representatives, to successfully assign alterity and inferiority to the majority of humanity (see also Hunter, 2021 in health and care-giving contexts).

Morgan (2021), among other psychoanalytic thinkers (Kovel, 1970 & 2000; Evans Holmes, 1992; Altman, 1995; Leary, 1995, 1997 & 2000; Cushman, 2000; Straker, 2004 & 2011; Suchet, 2004; Morgan, 2008 & 2014; Lowe, 2008; Miller & Josephs, 2009; Harris, 2012; Swartz, 2018; Woods, 2020), has engaged in attempts to problematise and deconstruct Whiteness as an implicitly superior identity having deleterious effects on therapeutic practice. Morgan draws on Sharpe (2016) to link history to the present regarding contemporary life suffering ghostly hauntings in the wake of collective traumas like those attached to the invention of race. This highlights the ongoing struggle both to relate to one another interpersonally, and ourselves as subjects, in the wake of these intergenerational processes which trainings can reproduce.

This follows Morgan's earlier work (2008) interrogating the role of racialisation in psychotherapy practice by asking: 'Whose problem is it (anyway)?' This question nods at the misrecognitions, confusion and detachment from social reality which results from the combined ideological disavowals of alterity which in part constitute both psychoanalytic neutrality; and Whiteness, as an identity of unmarked human normativity (see also Morgan, 2021).

As if in answer to Morgan's question, Abedi (2020) cautions that "we risk locating the problem entirely in 'the other'" (p. 38-9) in an investigation of the attitudes of CAMHS practitioners towards Muslim faith service users. This study challenges the disavowal of alterity and investigates 'negative perceptions of the other' which undermine therapeutic 'engagement'. Within an era of scrutinising and surveilling young Muslims, Abedi's aim is to scrutinise the practitioner. A limitation is that this practitioner is generic and not psychoanalytic despite Abedi being an ACP member. Abedi's explanation is telling: "fear of the reaction it might provoke from.. colleagues" and concern that "'proper' child psychotherapy research" should "focus... on patients or families, [to do otherwise] sometimes felt presumptuous" (p. 44).

This seems to pertain to authority: whether the psychoanalytic can legitimately be scrutinised or challenged; whether its representatives would viably risk the vulnerability involved being interviewed on a subject fraught with prejudice. The 'triple threat' looms of being exposed (even to oneself) as anti-Black, Islamophobic (as demonstrated in Fleming, 2017) *and* pathologising of religious faith.

## **Part 2 – A Role of Exclusion (Religious Faith, Sexual Orientation)**

Abedi (2020) and two other studies discuss this pathologising of religious faith. Martinez and Baker (2000) interviewed ‘religiously committed’ psychodynamic counselling trainees about how their training experiences linked to their professional practice. Participants reported ‘feeling ill-equipped to work with religious clients in practice’, struggling to establish a sense of trust and belonging within the training; and being subjected to degrees of overt prejudice or ‘invalidation’. Several of these findings accord with those of Hunt (2019) who interviewed practising-Christian counsellors about their experiences of training.

Both counselling studies report an overarching sense of religion being ignored or provoking silence, in curriculums where it is viewed as being irrelevant despite practitioner needs to the contrary. Further, trainees’ reported fear of eliciting negative judgments and stereotypes due to what some participants and cited literature perceived as underlying anti-religious sentiment. These studies illustrate how the thinking and ideas of religious faith hold a role of ‘not belonging’ in trainings, negatively impacting both trainee and practitioner experiences. Abedi touches on how this phenomenon, wider than psychoanalytic culture, has its own, troubled, psychoanalytic version which we train in the wake of.

Fleming’s (2017) references to psychoanalytic transcendentalism is a key ideological factor which others have identified (Berman, 2000; Kuriloff, 2012, 2014 & 2018; Brooks, 2020). This view posits that the acquisition of a ‘neutral’ and ‘objective’ psychoanalytic identity supersedes aspects of social identity, including religion, due to becoming “experts on the psyche or ‘internal world’ ... automatically well placed to understand and deal sensitively with most issues” (Brooks, 2020: 12). This stance has seen the development of “a culture that tends to devalue the larger world to which it sees itself opposed and superior” (Eisold, 1994: 13). This attitude is particularly apparent in reference to competing factions, modalities or ideologies which can draw scorn or intolerance (see also Kernberg, 2000; Cooper & Lousada, 2010; Brooks, 2013, 2014 & 2020; Hoggett, 2014; Ellis, 2020).

Brickman (2003) discusses how religion is one such competing ideology consequently subjected to an entrenched psychoanalytic process; branded ‘primitive’, and attributed with developmental and epistemological inferiority. Religious ideas have been deemed “inherently neurotic, self-deceptive, and illusive” (p. 169). As constitutive of theory, these invalidating perspectives have proven a fundamental and enduring influence (Brickman, 2003; see also Blass, 2006). Martinez and Baker (2000) and Hunt (2019), among others, uphold these views in terms of religious identity being

disproportionally pathologised in taken-for-granted ways in the psychoanalytic context (see also Sorenson, 2004; Rubin, 2006).

Abedi (2020) suggests that this dismissal may amount to another case of disavowal:

“The classical Freudian and Kleinian view of religion has been criticised for being just as subjective as a religious viewpoint, in that it substitutes faith in psychoanalytic explanations for faith in God” (p. 18).

This view of psychoanalytic religiosity casts psychoanalysis culturally as ‘a religion in which you are not allowed to believe in God’ (reported in Rubin, 2006: 132). Critiques have detailed concern about training institutions in pedagogical terms: being ‘like faith-based religious seminaries’, with the aim of indoctrination (Arlow 1982; Kernberg, 1986; McDougall, 1997; Kirsner, 2001; Berman, 2004; Levine, 2010); and being ‘cult-like’, authoritarian, hostile to dissent, inhibitive of free and open thinking (Eisold, 1994; Levine, 2003; Berman, 2004; Frosh, 2006b; Davies, 2008 & 2009; Levine 2010; Ward *et al.*, 2010; Ciclitira & Foster, 2012). Additionally, the wider politics of psychoanalytic training and organisation has been experienced as ‘quasi-religious’ (Bobrow, 2007), representing a profession “touted as a science but.. organized as a religion” (Kirsner, 2001: 195). As noted, a legacy of expulsions, vicious personal attacks and pathologisation have resulted from failures to uphold piety and loyalty (King and Steiner, 1991; Berman, 2004; Ellis, 2020). This contributes to training atmospheres manifesting fear, deference, conformity and submissiveness in response to authoritarian or harmful treatment from trainers (Eisold, 1994; Kirsner, 2000; Sorenson, 2000; Levine, 2003; Berman, 2004; Casement, 2005; Davies, 2008 & 2009; Rizq, 2009; Ward *et al.*, 2010; Ciclitira & Foster, 2012; Ellis, 2020).

The sense of a legacy of not belonging, and exclusion from psychoanalytic trainings, which pertains to *thinking*, is extended to exclude *people*, in the case of sexual orientation. Chatziagorakis & Fitzgerald (2016) note this history (see also Cunningham (pseudonym), 1991; Ellis, 1994; Hertzmann & Newbiggin, 2019) in exploring psychiatry trainees’ perceptions of homophobia in psychoanalytic psychotherapy. Their study is premised on exclusion in terms of ‘pathologizing views of homosexuality’ in psychoanalytic theory. They also discuss implications for practice given long-standing ideas about ‘treating homosexuality’. This could raise existential tensions about whether one is embarking on a training or a particular process of ‘sexual maturation’ or ‘reorientation’. Having surveyed twenty trainees, eighteen of them ‘heterosexual’, they discovered

trainees did not find psychoanalytic psychotherapy homophobic in theory, practice or supervision. Two found it homophobic in theory. These findings are contextualised by Bowden-Howl's (2021) comments, discussing experiences of the Tavistock training 'diversity and difference' workshop:

“..even though I feel comfortable with my own gender (cisgender) and sexual orientation as heterosexual. The group had several discussions about the turbulent relationship that psychoanalysis has historically had when thinking about homosexuality and gender.” (p. 15)

The comfort of the normative majority seems to be a defining factor in the role of social identity in training in a way that reflects a belief that these issues are 'not *our* problem', despite our position working with people who directly shoulder this stance.

Ciclitira & Foster's (2012) investigation into the 'attention to culture and diversity in psychoanalytic trainings' contrasts with Chatziagorakis & Fitzgerald (2016) by prioritising standpoint epistemology to consider research aims and the role of power distribution in executing research (see also Hill-Collins, 1990; Skeggs, 1997; Harris, 2017). They interviewed participants 'from diverse backgrounds' 'about their experiences of clinical training' at a UK psychoanalytic psychotherapy training institution. This study primarily focuses on 'how [participants'] ethnicity had impacted on their training' followed by 'how social class, sexual orientation, religion and gender might affect the training experience'. The shift in standpoint appears pivotal to their findings about sexual orientation: Chatziagorakis & Fitzgerald report a sense of participants being either unaware or remaining silent about psychoanalytic homophobia, while Ciclitira & Foster (2012) refer to three participants who describe concern about suffering pathologisation via theory; a perception of prejudice against homosexuality; and fear around how open to be before (applying) and during (seminars) training:

“One participant reported that discussions about sexual orientation were implicitly discouraged by a 'don't ask, don't tell' type of policy.”

“I think it's essentially the fear of being regarded as deviant”. (p. 366)

The power of heteronormativity in shaping silence about sexual orientation is apparent in both studies, but in Ciclitira & Foster's, the stifling popularity of ideological discourses regarding the need for an internal/external separation in thinking; and the aspiration of psychoanalytic neutrality is emphasised.

### **Re-Contextualising Social Identity in Psychoanalytic Training**

The preceding research studies demonstrate that the aspiration of psychoanalytic neutrality and the avoidant separation of the social that it necessitates, remains a contemporary training phenomenon. A limitation of these studies is a lack of historical contextualisation of this phenomenon.

What follows is a review of the individual roles and treatments that gender, religious faith, ethnicity and sexual orientation have had since the founding of psychoanalysis, with the aim of building up a picture of this historical context to offer a more substantial insight into the possible processes behind why social identity has what Ciclitira & Foster call the 'neglected' role in psychoanalytic training that these various research studies describe.

Kuriloff (2014), in highlighting the profound socio-political vulnerability that the majority of the founders of psychoanalysis endured on account of their ethnic Jewishness, identifies this vulnerability as a key influence upon the creation of fundamental psychoanalytic theories. Ongoing racialised traumas and denigrated positioning in society crucially shaped a sense of taboo regarding their Jewishness. The denunciation of 'oppressive' religion, including of course Judaism, was accompanied by the embrace of the ideology of scientific positivism which established ambitious claims to the pursuit of universalist truth (see also Boyarin, 1997; Brickman, 2003; Roith, 2005; Frosh, 2004 & 2006a; Rubin, 2006; Evans Holmes, 2016; Asibong, 2018; Morgan, 2021).

Boyarin (1997) details the context of pervasive gendered stereotypes of the era that emasculated Jewish men, branding them neurotic and passive in a way that added further layers of vulnerability to their social identities besides everyday inter-personal humiliations (see also Gilman, 1993; Frosh, 1994 & 2004; Roith, 2005; Rubin, 2006; Salberg, 2007).

Broadening the perspective on this *symbolic violence* (Bourdieu, 1977 & 1990) against Jews, Boyarin (1997) describes additional accusations of inherent homosexuality as something that Freud (1900 & 1950[1897]), as founder of psychoanalysis, theorised against in a way that promised personal liberation from condemning, racist categorisations.

Despite persistent appeals to scientific objectivity, Freud's reasoning had a particularly personal quality. Salberg (2007) points to the disavowal of experiences of deprivation and troubled maternal relations as having shaped Freud's theorising (see also Sprengnether, 1990; Roith, 2005; Rubin, 2006). Boyarin (1997) links Freud's apparent awareness of his homosexual feelings towards male colleagues (see also Hertz, 1983; Fuss, 1995; Lemma & Lynch, 2015; Newbigin, 2015) to his macho, heteronormative theoretical creations, which cast passivity and 'femininity' as inferior. These theories represented a panicked means of 'overcoming' desires which entailed an intolerable degree of vulnerability that had grown in line with socio-political changes around him (see also Fuss, 1995):

“Freud had been putting himself into the very categories that the antisemitic discourse of the nineteenth century would put him in: feminized, pathic, queer—Jewish” (Boyarin, 1997: 209)

Additionally, Domenici & Lesser (1995) highlight how vulnerability owing to sexual orientation, was also undergone by Freud's daughter, Anna, who he psychoanalysed along with her 'partner' while Anna conducted an ill-fated psychoanalysis of her partner's children, all under the same roof (see also Roazen, 1979; Cohler & Galatzer-Levy, 2008; Roudinesco, 2016; Sprengnether, 2018). While it has been maintained that Anna's live-in relationship was platonic, unsubstantiated rumours of her homosexuality, attributed to political enemies, remain to this day within the psychoanalytic community (Drescher, 1995; Domenici & Lesser, 1995). This demonstrates the enduring relevance that social identity holds for the perception of theories, particularly when non-normative or non-conforming identities are consequently a potential target of prejudice and attempted delegitimisation.

In light of these conditions, psychoanalysis was a profession that entered the world necessarily under siege. The literature suggests that the weight of this vulnerability led to the detaching and discarding of the social realm due to its link to the founders' illegitimisation and growing peril.

Various authors have noted the sense of reinvention – conforming with and laying claim to ideologies associated with prestige, superiority and invulnerability: scientism, objectivity, neutrality, purveyance of universal truth (Gilman, 1993; Lesser, 1995; Kirsner, 2001; Frosh, 2004; Salberg, 2007; Kuriloff, 2014 & 2018; Brooks, 2020; Morgan, 2021), purity (Gilman, 1993; Kernberg 1996;

Berman, 2004; Ahad, 2010; Fleming, 2017) and isolation (Eisold, 1994; Makari, 2008; Kuriloff, 2014).

Several authors have argued that these ideologies have formed the basis of an entrenched psychoanalytic culture which lays claim to “transcendent truth immune to context”, and a professional identity often blind to its own subjectivity or bias (Kuriloff, 2014: xiii & 2012; see also Berman, 2000; Fleming, 2017 & 2020; Brooks, 2020). They further argue that this homogenous identity risks labouring under the false pretences of self-idealisation and “the conceit of a psychoanalysis that transcends geography, culture, and temporality” (Kuriloff, 2014: 68; see also Ellis & O’Connor, 2010; Brooks, 2014; Kuriloff, 2019). In support of the above perspectives, Joseph & Widlöcher (1983) warn against a psychoanalytic culture that relegates and derogates considerations of social identities and leaves in its wake, “a rigidifying psychoanalytic chauvinism” (p. 237).

Other ideologies, which uphold this sense of psychoanalytic conceit and further entail the disavowal of psychoanalysts’ acute vulnerability, were embraced to form the basis of some of its key theories. A shorthand for this political and ideological nexus is provided by hooks (2000): ‘imperialist white supremacist capitalist patriarchy’.

These fundamental logics, with their enduring, taken-for-granted legacy, have been highlighted by several authors who highlight psychoanalytic elitism (Kirsner, 2001; Colombo, 2010) and condemnation of the working class (Ryan, 2006; Colombo, 2010) and idealisation of bourgeois, establishment culture (Campbell, 2000; Cooper and Lousada, 2010). Others have identified an embrace of themes of conquest, colonialism and imperialism (Moi, 1989; Rubin, 2006: 146; Eng, 2016; Eisold, 2017); the implicit upholding of Social Darwinism; ‘the White man’s burden’ or ‘duty’ to civilise ‘the primitive races’ (or ‘tribes’) and supremacism (for discussion, see above; for examples, see Freud, 1926; Klein, 1927; Meltzer, 1986: 38-49; Bick & Harris, 2011: 230 [1968]; Harris & Meltzer, 2013 [1976]; Money-Kyrle, Meltzer & O’Shaughnessy, 2015 [1963]; Bion, 2018: 38 [1977]; Meltzer, 2018: 68 [1973] & 2018b [1978]; Sousa Monteiro, 2018: 76).

Tied to the same traumatic legacy, Black (2006) observes the scornful exclusion of religious faith from psychoanalytic thinking, theorised as pathological and ‘infantile’ and subjected to “condemnation and ironic mockery” (p. 4; see also Brickman, 2003; Rizzolo, 2017). This links to Ellis’s (2020) commentary about the transgenerational transmission of sectarianism, partisanism, ‘hostile pathologising’; and intolerance towards vulnerability (see also McDougal, 1995). Along with those above who describe psychoanalytic religiosity and authoritarianism, Eisold (2017) has



discussed a profound legacy of institutional intolerance of heterogeneity and the problematic role of power in psychoanalytic culture since its inception as something which pressures trainees to conform rather than think creatively or critically (see also Kernberg, 2000 & 2014; Levine, 2003; Frosh, 2006b; Davies, 2009; Ward *et al.*, 2010; Ciclitira & Foster, 2012; Ellis, 2020). A key example is the way this cultural practice was firstly inflicted on Klein, considered at one point “a deviant who should be expelled” (Eisold, 2017: 48), and later seemingly perpetrated by her. The most notable critic was Winnicott whose rejection by Klein, provoked accusations about her leading a dogmatic, controlling culture which stifled creativity and risked disregarding positive contributions (such as his) as ‘illness’ (Berman, 2004: 74-6).

Sprengnether (2011) describes psychoanalytic theories of development as being “consonant with the patriarchal social order and gender biases” (p. 508). Roith (2005) has suggested that this underlying ideology shaped the inferior role of originally-excluded women psychoanalysts who were later accommodated as ‘ministering angels’ to further a narrow agenda rather than pursuing their own psychoanalytic theorising which might have something challenging to say about female identity (see also Rieff, 1959; Berman, 2004). Kofman (1985) describes how their female identities were instrumentalised to lend a veneer of impartiality to theories that represented female as inferior.

Other authors have discussed a similar psychoanalytic role for ‘vulnerable’ social identities in terms of their appearances and disappearances: present in case material but absent or made covert in subsequent theorising. This tradition of disavowal or whitewashing, dating back to seminal texts, may extend to groups’ suffering, in order to prop up a facade of universality (Walton, 2001; Frosh, 2004; Ryan, 2017; Asibong, 2018) and “facilitat[e] Jewish assimilation into whiteness” (Green, 2018: 177; see also Gilman, 1993). hooks (1994) describes this wider phenomenon as one of *commodification*:

“..from the standpoint of white supremacist capitalist patriarchy, the hope is that desires for the ‘primitive’ or fantasies about the Other can be continually exploited, and that such exploitation will occur in a manner that reinscribes and maintains the status quo” (hooks, 1992: 22).

Goldner (2000) highlights the tension and ambivalence, for founding psychoanalysts, between the pressure to assimilate and survive, while simultaneously attempting to establish radical ideas about psychology and sexuality which degenerated into “naturalizing heterosexual reproductive coitus as

the inevitable telos of sex and the ultimate statement of maturity” (Goldner, 2000: 2; for a recent example see Segal, 2007: 254). This normative, prescriptive stance, combined with the openness of early psychoanalysts to ‘treating’ homosexuality, with heterosexuality as the goal, is seen by King (2011), among others, as laying the conditions for subsequent ‘conversion therapy’ and institutional exclusions from training over generations (see also O’Connor & Ryan, 1993; Gomez, 1997; Drescher, 2014; Domenici & Lesser, 1995; Ellis, 2020). King lays out a legacy of wide-ranging homophobic stereotypes, pathologisation and moralism that have plagued psychoanalysis and harmed those coming for help or training (see also Drescher, 2014).

Drescher (1995) echoes both this concern for vulnerable people on the end of prejudice and destructiveness (see also O’Connor & Ryan, 1993; Lesser, 1995; Brothers, 2017), and the issue of ambivalence, in discussing a sense of conflict of interest for those who feel obliged to promote a personal or psychoanalytic institutional ‘belief system’. A means of easing this tension between one’s self image as caring and tolerant versus personal or professional prejudice is an attitude of insincerity or inauthenticity termed ‘Psychoanalytic Coyness’. Drescher (1995) raises doubts about such self images and their claims to being neutral or non-judgmental where disavowed hatred may be closer to the truth. A more satisfactory solution is to “conduct a hateful practice under the guise of scientific theory, and enjoy the support of [one’s] professional community” (Drescher, 1997: 6).

Lesser (1995) discusses this kind of solution as an objectivist mask, deriving from the founding of psychoanalysis, in which ‘facts’ obscure “a project infused with ideology, fraught with fear and hatred, and which serves defensive needs” (p. 131; for celebrated examples, see Steiner, 1993: 98; Segal, 2007: 252).

Several authors have noted the way early psychoanalysts’ attempts at social transformation and liberation from anti-Jewish hatred and dehumanisation represented an act of displacement onto already-vulnerable social identity groups to suffer. These groups were further abjected socially as psychoanalysis branded them ‘primitive’, lending legitimacy to their oppression. They included non-Europeans (Gilman, 1993; Altman, 1995; Morgan, 2020), ‘homosexuals’, females (Lesser, 1995; King, 2011) and religious believers (Brickman, 2003).

The authority gained through this process has relied upon what Evans Holmes (2016) describes as a long-standing silence over addressing ‘cultural atrocities’ which has been accompanied by minimisation or disavowal as to the impact of anti-Semitism, the role of Jewish identity for the profession and links between these kinds of harms and individual functioning. The recurring articulation of a universalist, transcendent psychoanalytic identity represents a shedding, of

ethnicity perhaps, or at the very least of alterity, illegitimacy and a status of unbelonging (for examples, see Gomez, 1997: 50, discussed in Brooks, 2020 see also Frosh, 2004; Slavet, 2009; Kuriloff, 2010; Cushman, 2015; Evans Holmes, 2017; Green, 2018; Asibong, 2018).

Layton (2006) cites Barthes' (1957) idea of 'ex-nomination' to describe this type of shedding, something reflective of bourgeois ideology. Ex-nomination refers to process of actively claiming the 'natural' authority of a default, unmarked status which belies the realities of social identity categories and their attendant power relations. This ideological practice of *decontextualization* works in hand with familiar claims to norms, universality, and dehistoricization; processes of *unlinking* which confound efforts to make sense of experience (see also Lewis, 2007; for the psychoanalytic implications of this see Frosh, 2004; King, 2000). Seshadri-Crooks (2007) refers to these same claims, to being the standard bearer of humanity, as reflecting 'the conceit of whiteness'. This perspective reflects hooks' commitment to intersectional *linking* and reinscribes the intimate, generative link between psychoanalysis and Whiteness which universalist psychoanalytic culture is obligated to doggedly disavow (see also Lorde, 1984; Woods, 2020).

The cost of these moves has impaired mutuality or 'mutual recognition' (Benjamin, 1988 & 1999; see also Layton, 2008; Rizq, 2009; Woodly et. al., 2021), causing a difficulty in relating as 'like subjects' to those associated with the vulnerabilities that may be psychoanalytically disavowed (Benjamin, 1995; see also Kuriloff, 2014 & 2019; Dalal, 2018: 321), and instead re-imagining them as 'ungrievable lives' (Butler, 2009).

Taken together, the baggage can be seen to have considerable weight upon the conscience of the psychoanalytic profession. There is profound complexity and potential confusion to training in the wake of the strategic choices and ongoing cultural practices described above; the shadows of wide-ranging harmful and unethical practices; blankets of disavowal over various areas of prejudicial psychoanalytic history and theory. While the literature points to attempts to reduce vulnerability in the establishment of psychoanalysis, various accounts suggest that it maintains its own ghostly presence in the case of social identity which cannot be successfully suppressed without producing significant levels of ambivalence and tension.

### Part 3 – A Role of ‘Inclusion’. Hopes of Integration

Rajan & Shaw (2008) provide insight into an adjacent profession less encumbered by the specifically psychoanalytic baggage discussed above. However, in focusing on the experiences of ‘black and minority ethnic clinical psychology trainees’, certain parallels appear significant. Like Ciclitira & Foster (2012), Rajan & Shaw report experiences of ethnically minoritised trainees feeling burdened with being educator, expert or spokesperson ‘on issues of race, culture and diversity’, when trainings allocated special time to thinking about such matters. This widely-reported phenomenon (see also Patel, 2000; McKenzie-Mavinga, 2005; Nolte, 2007) relates to questions about ‘the location of difference’ and which racialised identities should or shouldn’t be scrutinised.

This phenomenon has a strong relation to the idea of silence which is repeatedly invoked regarding matters of social identity in training (Lowe, 2014; Crehan & Rustin, 2018), including in terms of sexual orientation (Clarke & Lemma, 2011; Richards, 2019), racialisation (Harris, 2012; Green, 2018; Ogoe, 2020) and class (Ryan, 2017). Rajan & Shaw report accounts of peers who identify as White explaining their silence as due to lack of confidence and fear of being cast as ‘racist’. This sense of silence out of fearful avoidance (see also Shah, 2010; Ciclitira & Foster, 2012; Crehan & Rustin, 2018; Bowden-Howl, 2021) has a knock-on effect which Rajan & Shaw describe: minoritised trainees’ ambivalence or resentment about the sense of burden to educate peers and/or trainers produces *its* own silence. A refusal or reluctance to speak can then take on a confusing sense of *being silenced* (see also Shah, 2010).

The sense of resentment here relates more directly to an experience of being silenced since trainees were conscious of the risks involved in exercising their ‘expert’ role which resembles a poisoned chalice:

“I raised something with the lecturer... ‘you can’t ignore social factors’... people from Black populations are more likely to be diagnosed with schizophrenia that’s not got nothing to do with cognition has it?... and someone said to me, ‘if you think it’s all social factors, what are you doing here?’ (Rajan & Shaw, 2008: 13)

Rajan & Shaw refer to fears of ‘standing out’; being ‘labelled’ or seen as ‘the activist’, ‘the troublemaker’; or as Ciclitira & Foster (2012) describe in their discussion of trainees feeling

silenced: getting stereotyped in retaliation for challenging, rather than colluding with, stereotypes within training content. Brooks (2020) describes a similar phenomenon stemming from an attitude that asserts:

“..those who are critical.. are suspected of being willfully ignorant, stupid or perverse. That is, they are outside of and foreign to the place we occupy: we who are reasonable.” (p. 17)

This highlights how taking a stance of defending ‘the canon’ can involve the restating of that which draws the original challenge: that unreason is, in psychoanalytic terms, the territory of the infantile, the underdeveloped, the primitive. The striking cross-disciplinary similarities between these experiences and discourses suggest this may pertain more to Whiteness generally, than psychoanalysis specifically.

Shah’s (2010) study of ‘the experience of being a trainee clinical psychologist from a Black and Minority Ethnic group’ further illustrates the hostility that ‘speaking out’ can provoke. This evokes how hooks (1989) uses instead the term ‘talking back’ to signal how “coming to voice is in an act of resistance” (p. 12), or as Ahmed (2017) puts it, “..when you expose a problem you pose a problem” (p. 37). One of Shah’s participants captures this issue along with trainees’ potential dilemmas in negotiating the risk and burden of becoming “the group irritant” by ‘not conforming’, being “an outsider” both ethnically and ideologically, in the face of ‘Eurocentric bias in teaching’:

“..rather than be restricted and confined and have my thoughts and feeling suppressed, rather than sit in a lecture and have lecturers make prejudice comments and not say anything” (Shah, 2010: 184-5).

Widening the cross-disciplinary view, away from individualised engagements with conflicts like this, group analytic ideas about ‘location of disturbance’ and scapegoating dynamics (Foulkes, 1948; see also Burman, 2016; Kinouani, 2020) appear to apply, pointing to what alterity and vulnerability might stand for when it comes to minoritisation and Whiteness.

In the narrowed context of psychoanalytic training, however, the *intensity* of this general aversion to, for example, scrutinising the presence of social identity in key texts and the *nature* of the response to trainee ‘talking back’ activity may exhibit particularities. As noted above, several

authors make reference to significant ideological and cultural barriers to thinking critically and freely in the course of training. This includes idealisation of founding psychoanalysts and placing undue value on loyalty to these individuals, their ideas and their subsequent psychoanalytic ‘lineage’ (Kirsner, 2000; Berman, 2004). Described as restricted areas of thinking, or taboo, have been ‘meta-questions’ (Davies, 2009: 114); the linking of ideas or praxis (‘the professional’) to the theorist’s subjectivity (‘the personal’)(Kuriloff 2014: 4); and historical contextualisation (Kernberg, 2000; see also Ward *et al.*, 2010).

Violation of these unwritten laws may predictably be ‘interpreted’ as “unconscious articulations of problems with authority” or similar judgements which serve to “disempower the speaker and silence dissent” (Ellis 2020: 131). Brickman’s (2003) account of personal training experience points to a sense whereby scrutiny gets conflated with spoiling: “raising... issues would have been perceived as an unwelcome disruption to the clinical work at hand” (p. 3). There is a risk, therefore, that invalidation of non-normative social identities either *will occur*, or else *will be reinforced*, during psychoanalytic training either due to the content of the texts or the consequences of challenging that content.

Asibong (2018) discusses this issue of dissent and its relation to ‘rates of attrition’ for those on the end of ‘experiences of racialization and collective disavowal in psychotherapeutic training’. Linking personal experience of harm suffered during training, to one tragically-public trauma of psychoanalytic culture, Asibong draws parallels between contemporary training dynamics, and the theoretical legacy of “Klein’s... traumatic experience of mothering”. Another example of seminal psychoanalytic theory shaped by disavowed vulnerability, the legacy of which has bequeathed an:

“ideological wall... [between] increasingly alienated—one might even say hysterical—‘child’-identified theorists, patients, and clinicians, who clamour to have various personal and social traumas—including those of racism and violent racialization—named, acknowledged, and discussed at an institutional level... [and] the authoritarian, ‘parent’-identified guardians of allegedly scientific objectivity, who insist on the preservation of bright, white silence” (p. 185)

Another potentially harmful blame-based scenario, in a training context, has already been considered, in a therapeutic context, by child psychotherapists (Fleming, 2017 & 2020; Abedi, 2020) and psychotherapists (Brickman, 2003; Ciclitira & Foster, 2012).

Watson's (2004) study of 'the training experiences of Black counsellors' provides graphic insight into harmful training contexts owing to Whiteness and further illustrates how social identity mobilises 'location of disturbance' dynamics. Watson's findings portray a bleak picture of training as an extraordinarily hostile, anti-Black environment where "direct experience of racism at a personal and institutional level is a common component of black counsellors' experience" (p. 13). Participants described "feeling unsafe, besieged and fighting for... survival" (p. 163) which commonly involved strategies of 'withdrawal into silence', "keeping safe, conserving energy, and disguising or hiding their true selves" (p. 220). While this might result in isolation and self-doubt, it upheld the appearance of harmony and provided more chance of 'fitting in'.

As seen in Rajan & Shaw, a sense of 'conditional belonging' and 'assimilation' that requires certain losses, is evoked here and appears to span disciplines. This has been echoed psychoanalytically regarding professional knowledges (Stelzer, 1986; Kernberg, 2000; Casement, 2005), social and cultural identifications (Arlow, 1972) including social class (Ryan, 2017). Davies (2009) discusses the imperative of 'acquiescence' or 'harmoniousness' in psychoanalytic trainings where trainees can feel inhibited by a particular sense of dependency (see also Stelzer, 1986; Berman, 2004; Rizq, 2009; Ward *et al.*, 2010) and allegiance to authority figures who control their professional prospects (Eisold, 1994; Kernberg, 2000; Levine, 2003; Casement, 2005; Hoggett, 2007).

Watson stresses the sense of paradox and ambivalence for 'Blacks' navigating training: feeling invisible (see also Ahmed & Swan, 2006; Ahmed, 2007; Rankine, 2015), as racialised aspects of one's identity are ignored in favour of more comfortable aspects like gender and concern can be given over to the lone male in the group. Watson's participants also describe an experience of being highly visible on account of the same dynamics reported in Rajan & Shaw: being expected to play 'cultural educator'.

Watson calls this form of visibility 'tokenistic', which is the same term used by Paulraj (2016) whose Clinical Psychology study focuses on 'how Black trainees make sense of their identities' and refers to training "practices employed to address 'diversity'" (p. 71; also discussed in Shah, 2010; in wider contexts see hooks, 1994; Ahmed, 2006; Lowe 2013; Green, 2018). Paulraj arrives at familiar findings regarding a neglect of social identities and the aforementioned hyper-visible/invisible paradox, but has a particular institutional interest. This provides significant historicisation and contextualisation of the 'equality and diversity agenda', which more recently has been rebranded 'EDI' ('equality, diversity and inclusion')(for example, British Psychological Society, 2017).

Paulraj views EDI as two-pronged; first aiming at “‘cultural competency’... where ‘minority’ status is viewed as a problem that needs to be understood and worked with by the White therapist” (p. 18) – again, firmly placing alterity away from normative Whiteness (for an example, see Crehan & Rustin, 2018); secondly as a “drive to recruit more people from ‘Black and Minority Ethnic Backgrounds’” (Paulraj, 2016: 18; see also Ahmed, 2009). This new categorisation designates ‘non-Whites’ ‘in demand’ (Shah, 2010; for an example of this discourse, see Ciclitira & Foster, 2012; see also Ahmed, 2009). Paulraj, among others, critiques the drive to demographically ‘diversify’ as not just feigning a commitment to confront the range of prejudicial practices, values and assumptions which have historically constituted exclusion (see also Patel, 2010) but actually institutionally reproducing them via a new form of racialist practice (Patel & Keval, 2018). Dennis (2012) suggests this is common to psychoanalytic trainings due to “educational policies.. supporting minimal change or movement by a lack of interrogation of [racialisation] in an integrated way” (p. 2; see also Lorde, 1984).

This disjuncture between the utilisation of liberatory terminology and institutional commitment to its meaning (hooks, 2000) has been attributed to an economic system which makes inherently non-inclusive stipulations but is flexible enough to placate, co-opt, incorporate and even commodify protest and energies that pursue equity (Lorde, 1984; hooks, 1989 & 1994; Harvey, 1990 & 2005; Peck & Tickell 2002; Hamad, 2020; Beck, 2021; Táíwò, 2022). These theorisations come from beyond child psychotherapy but apply to its training. Bowden-Howl’s (2021) account of experiences of unintegrated, optional EDI activity in training (see also Rajan and Shaw, 2008; Crehan & Rustin, 2018), illustrates the seductive and debasing power of EDI’s top-down, hierarchical discourses in the face of the challenge of working with *one’s own* social identity and alterity in an open, authentic way. Instead, EDI entices the included, normative-identifying subject into a relation of alienation from the excluded, non-normative counterpart whereby their successful ‘recruitment’ becomes a source of ‘triumph’ or perhaps *relief* that the vulnerable labour of social identity can be divided and allocated safely away.

Layton (2008) suggests this challenge is a psychoanalytic one which could enable a “subjectivity that fosters versions of agency and connection that acknowledge mutual interdependence and accountability to others” (p. 68). The question of accountability also appears in White’s (2017) speculation as to organisations’ motivations behind EDI activity: “to come into regulatory compliance, to assuage unconscious cultural guilt, to gain a competitive edge” (p. 407; see also Lowe, 2014). Several authors have associated a variety of responses to the unedifying pasts and presents that Whiteness particularly, and psychoanalysis by extension, have had in relation to non-



normative social identities: guilt, shame (Ryde, 2005; Fleming, 2017; Ryan, 2017; Morgan, 2021), embarrassment (Brooks, 2020; Bowden-Howl, 2021; see also Ellis & O'Connor, 2010); and concerted efforts to assert benevolence (Wall, 2021), innocence (Lesser, 1995; Balsam, 2013; Chatziagorakis & Fitzgerald, 2016; Morgan, 2021; for examples, see references to '*unconscious prejudice*' in Fleming, 2017 [emphasis added]; debating whether 'racism' is present in seminal theory in Crehan & Rustin, 2018; Morgan, 2020), 'non-culpability' (Patel & Keval, 2018), or even ignorance (Crehan & Rustin, 2018; see also Mills, 2007; Sullivan & Tuana, 2007).

In this light, EDI activity in training may represent a means of managing, making 'good' (hooks, 1994) or 'purifying' (Haider, 2017) normative identities under the strain of the reality of being 'implicated subjects' (Rothberg, 2019) with all the collusion (hooks, 2000), bystander activity (Straker, 2009 & 2014; Leavitt & Harris, 2020; Morgan, 2021), upheld prejudice, disavowal and ambivalence that that entails. The question as to what and who EDI is for, appears to cast a shadow over trainings (see Lowe, 2014; Patel & Keval, 2018). Despite ostensibly being principal 'beneficiaries' of the EDI agenda, some of each of the participants of Paulraj (2016), Watson (2004) and Shah (2010) spoke dismissively of it. Comments ranged from calling it simplistic and tokenistic (Shah) to stereotyping, scapegoating (Watson), pathologising and representing their identity group as deficient (Paulraj).

Tellingly, the other side of this coin, is no less discontented. Regarding this context, Lowe (2008) and Patel and Keval (2018) refer to 'misrecognitions' and 'demotions' in terms of how "Black academics and trainers.. are often treated with a degree of suspiciousness, guardedness and suspended respect tinged with incredulity ('how did you get here?')" (p. 64). Watson reports how harmfully this process can play out in the light of EDI:

“..[the participant] was told by his tutor (a leading author on counselling), in the presence of his white peers, that his admission to the course was a form of 'affirmative action', and that his marked assignments were treated leniently because he was Black.. (Watson, 2004: 160).

It might be tempting for the psychoanalytically minded to put this incident down to something about counselling: an over-reliance on 'concrete thinking'; a lack of any trace of 'coyness' or sophistication to this violence, perhaps. However, in my own psychoanalytic supervision, I have had to hear the same 'affirmative action' ideas, decontextualised in reference to Whiteness, used to

explain the progress of a colleague who is racialised as Black. Further, Ciclitira & Foster (2012) report the locating of deficiency in a minoritised trainee by a Whiteness-identified, staff-cohort alliance which, as above, produced significant confusion and self doubt.

Fleming (2017) points to significant concern behind these harmful insinuations, about protecting a ‘profession in peril’, its survival still feared, virtually since its founding, to be at risk of ‘dilution’ (for example, see Freud, 1925b; see also Kernberg, 1996; Levine, 2003; Ryan, 2017; Ellis, 2020), most recently by a contaminating ‘politically correct’ agenda which exposes psychoanalytic ‘purity’ to undesirable ideas or individuals of non-normative social identities (Fleming, 2017: 96; see also Davids, 2016; Ryan, 2017; Ellis, 2020). Ryan (2017) describes the rigidity with which it is deemed inconceivable that matters of social identity could be seen as complementary or an enhancement of psychoanalytic praxis. Several authors suggest that the struggle to think openly, critically (Ryan, 2017; Ciclitira & Foster, 2012; Woods, 2020) or reflexively (Cooper & Lousada, 2010; Barden, 2011: 325; Fleming, 2017) in this area undermines the central mission of psychoanalytic and therapeutic work. Morgan (2021), among others, voices concern about the impact of practitioners who may respond with intolerance rather than “a certain humility which I fear can be lacking in our world”, towards an area that can present such a challenge to the “complacency” of psychoanalytic ‘knowingness’ and “certainties” (pp. 112-3; see also Eisold, 1994; Brooks, 2012; Abedi, 2020). Kernberg (2000) and Ciclitira & Foster (2012) suggests that [supposed] psychoanalytic isolationism from ‘the peril’ of the social realm has hurt its prospects and influence in the public and educational sectors.

Hertzmann & Newbiggin (2019) discuss demographic factors and the potential influence of normative ideologies in a struggle within psychoanalytic culture to adapt to social reality (see also King, 2011; Crehan & Rustin, 2018), as demonstrated by:

“a backlash against ‘political correctness’ [which] continues to produce undercurrents of homophobia and casual cruelty towards those whose gender and sexuality do not ‘fit’ with the heteronormativity that some regard as ‘natural’”(p. 4)

The sense of hostility towards the ‘impositions’ of EDI, held by a significant and established portion of all of these disciplines is striking. It raises a question as to what degree trainees can believe that changes, which appear to embrace working and thinking with social identity are authentic, or perhaps intrinsic, and therefore justifying the risk to trust and engage for individuals with otherwise

asymmetrically vulnerable, minoritised identities. Watson's participants make clear their limited belief in the effects or potential of EDI, in terms of gravely declaring a lack of "confidence in their white peers' ability to counsel black clients effectively" (2004: 157; see also Ahmed, 2009; Patel & Keval, 2018; in the psychoanalytic context see Eisold, 2017; Fleming, 2017; Green, 2018; Abedi, 2020), due to painful training experiences of their peers' hostility or ignorance (see also Winograd, 2014).

The air of defiance entailed in these accounts is echoed by Wall (2020) who calls for a rejection of the inauthenticity of the 'White generosity' or 'benevolence' that is felt to lie behind agendas like EDI. Wall's move is undertaken with an awareness that 'Black' ingratitude, in this context, is necessary to express the needs for justice of the identity group, without fear of the consequences. Abedi (2020) identifies one potential consequence for stating one's social identity-based needs as the accusation of being 'divisive'. Morgan (2021) makes a similar link to potential charges of ingratitude where social actors do not demonstrate sufficient reverence towards 'the truth' that the 'hubris and arrogance' of psychoanalysis expects for sharing its 'golden thing' with society (see also Cooper & Lousada, 2010).

Ryan (2017) points to class guilt and a "disavowed relation to privilege" as the source of "the ambivalences sometimes contained in well-meaning efforts towards greater inclusivity" (p. 178). In this light, EDI represents a conditional, ambivalent kind of 'inclusion', where the welcome comes with strings attached and where non-normative vulnerability, owing to social injustice, is both desired and cannot be heard or applied to what is learned.

Having unexpectedly accessed their trainings, Paulraj's (2016) participants reflect a grateful attitude for their conditional welcome, something that gets linked to a possible 'internalisation' of social identity injustice. Paulraj is much less meek in acknowledging the injustice that minoritised trainees are subjected to and argues for the profession "to fulfil its duty of care towards existing Black trainees before attempting to 'diversify' further" (p. 2). This raises ethical implications and questions of therapeutic legitimacy for psychoanalytic trainings. It grounds learning and practice in 'an ethic of care' which takes seriously injustice, symbolic harms and violences (see for example Skott-Myhre & Skott-Myhre, 2009; Nash, 2013; Lépinard, 2020; Woodly et. al., 2021).

Where Paulraj calls for 'institutionally-White' trainings to 'decolonise' as a priority, it appears that, in the psychoanalytic case, more realistic, less ideologically ambitious aims could address the kinds of harms which have stimulated that call. Sheehi (2020) acknowledges the constraints placed by the wider sociopolitical world upon the prospect of progress towards a psychoanalytic approach, less

dominated by normativity and an underlying culture of exclusion which prioritises ‘equilibrium’ over healing. What these critiques may also imply is a different kind of ‘duty of care’: towards psychoanalytic principles and ideals, that they undergo a fuller or more authentic realisation (see for example Cooper, 1997); to avoid their corruption through institutional discrimination (Drescher, 1995); to promote their dissemination via wider trainee development (Ciclitira & Foster, 2012); to see them applied in less ‘detached’, less socially alienating, prejudiced or violent ways (Brickman, 2003; Cooper & Lousada, 2010; Fleming, 2017).

Layton (2019), among others, has reflected a growing argument that fulfilment of this duty would require not just courage but “a necessary reckoning”, for ourselves and our field, with the litany of disavowals and the ‘ghosts’ of supremacist ideologies. These terms depict “a figure that pushes to make visible a psychosocial violence that has taken place—and that demands a something-to-be-done” (p. 105; see also Brickman, 2003; Cooper & Lousada, 2010; for wider discussion of ‘reckonings’ see Yancy, 2014; Lewis, 2017; Rothberg, 2019; Stovall, 2019; Hamad, 2020; Hunter, 2021; Woodly et. al., 2021).

## **Conclusion**

This account of the existing body of literature relating to the role of social identities in child and adolescent psychoanalytic psychotherapy training has established an absence of any research in this specific area. This demonstrates how this study will contribute new perspectives which are responsive to an increased interest in this area due to the political requirements of EDI.

The findings of my systematic literature search were that the closest research study to my project, by Ciclitira & Foster (2012), was restricted to a very small segment of what is my broader focus. They interviewed exclusively ethnically minoritised trainees from three psychoanalytic psychotherapy trainings, only one of which was child and adolescent based. This was the only study about social identity in training with even a partial relevance to work with children and adolescents. This is a glaring omission given this category can be such a rich and potentially vulnerable phase of development of individuals’ identities.

Ciclitira & Foster’s social-identity focused study was mainly limited to ethnicity, with social class, sexual orientation, religion and gender lesser considerations. Although it makes references to relations of training to practice, it had no specific training focus which was a lack across the literature. Its findings regarding exclusion of certain aspects of social identity, thinking or groups, were echoed by other studies and this applied beyond psychoanalytic trainings. This same sense of

exclusion or not belonging was also present in studies from my traditional literature search which provided context on the role of social identity in the child and adolescent psychoanalytic psychotherapy profession without specific focus on training experiences. Examples of this are Abedi, Ogoe and Fleming's research on practitioner relations to aspects of social identity.

The apparent presence of currents of pathologisation of non-normative aspects of social identity in combination with the prevalence of discourses which negated the relevance of subjective identity and the social realm necessitated a broader contextualisation and historicisation of the role that these aspects have had since the inception of psychoanalytic trainings. This supportive literature aims to aid understandings of my research results by providing insight into the thinking behind the historically diminished or marginal role that social identity has in trainings.

The idea of disavowal is central to much of the findings and understandings about the role of social identity in the profession and training more specifically. I believe it is also a source of considerable confusion. The empirical research studies reviewed here are qualitative and interview based which at times provides a deep insight into the features of these processes and their impact as instituted via trainings.

The role of vulnerability and the location of alterity stood out as central to these processes as a key influence on what, in trainings, is read, how it is read and the tensions or ambivalence that this can create for those arriving to develop a psychoanalytic identity in trainings with social identities which are labelled 'primitive' or actively invalidated with other discourses.

Experiential accounts of these dynamics in the psychoanalytic context were sorely lacking, however, and these gaps were filled by studies focused narrowly on experiences of ethnicity from adjacent therapeutic professions which feature a prominent role for EDI discourse and activity, as in the context of my study. These studies were all UK-based which was not the case for several psychoanalytic studies from the systematic literature search focused on gender, sexual orientation and religion. Another limitation of most of the studies reviewed here is that they tended to focus on non-normative experiences of given aspects of identity which meant there was a lack of comparative exploration of experiences. They have highlighted, however, that the vexed role of social identity goes beyond the trainings of any specific psychological discipline.

Where engagements with social identity in psychoanalytic training tend to reflect the EDI agenda – narrow, limited, minoritising, racialising and providing plenty of opportunity to those of normative social identities to 'check out' or switch off due to the impression that this doesn't pertain to them – I purposefully designed this study to uniquely include *all* who have trained, sharing their insights

into these four broad aspects of social identity, three of which pertain universally. Therefore, my approach to this study, as reflected in the research aims, is very much interested in not just experiences but also understandings, rationalisations and the role of ideology in undergoing and reflecting upon the long training process.

### **Chapter 3: The Research Project Design and Methodology**

#### **Aims of the Research Project and Research Question**

The overall aim of the research project is to explore the meanings that social identity holds for qualified members of the ACP in relation to their child and adolescent psychoanalytic psychotherapy training.

This exploration firstly aims at answering the research question: ‘How have child and adolescent psychoanalytic psychotherapists experienced and understood the role of social identities in training, and how might this relate to their practice?’ by questioning qualified psychoanalytic psychotherapists about the role that sexual orientation, gender, ethnicity and religion played in their training.

All participants had undergone the same fundamental training and are questioned, according to the same format, for their impressions of the research question, about their experiences and understandings of these aspects of social identity during their training, and how they feel this may relate to their practice after qualifying. While this format aims at a uniform approach to each interview, the specific aspects of my social identities, as extensions of my overall subjectivity, has an important and undeniable influence in the interview. This means that the intersubjective process of each interview, and the project as a whole, is highly variable and overdetermined. For this reason, it is necessary that I first outline below, my subjective influence.

#### **The Researcher’s Identity and Subjectivity**

The methodological foundation of this project is a version of reflexivity that I incorporated during research training in Social Anthropology. This vocational, theoretical and philosophical background has informed my curiosity and a critical attendance and relation to social reality generally and the training of psychoanalytic psychotherapists specifically.

On a personal level, my interest in cultural variation, sociological theory and social identity development stemmed from a childhood shaped by politically ‘left wing’, working-class parents of different religious outlooks and migrant nationalities framed by UK imperialism. As someone also racialised as non-White, I have had plenty of ‘encouragement’ to think about social differences and the political, economic and health impacts they can have. Ideologically, a commitment to the

routinely marginalised experiences, perspectives and knowledges of subordinated populations, grounds my approaches.

These personal disclosures represents an act of *reflexivity* which reflect my commitment to the following methodological approach.

### **Participant Objectivation and ‘the reflexive turn’**

My commitment is specifically given to a form of reflexivity termed *participant objectivation*, described as “the *objectivation*.. of the analysing subject – in short, of the researcher herself” (Bourdieu, 2003: 282). This methodology recognises the centrality of the researcher, including their personal backgrounds, social identity, institutional allegiances, research methods and representational authority. It commits to account for rather than obscuring the influence of subjective researcher bias by taking account of the preconceptions, assumptions and prejudices which necessarily influence researchers’ observations and overall studies (see also Clifford, 1983; Ortner, 1984; Caplan, 1988; Fontana & Frey, 1998; Atkinson, 1992; Gupta & Ferguson, 1992; Pels, 2000; Salzman, 2002; Hastrup, 2004).

This ethical and epistemological enhancement (Bourdieu, 2003: 281) is part of the legacy of what has come to be referred to as ‘the reflexive turn’ in anthropological research (Sherman Heyl, 2001: 379; see also Caplan, 1988; Atkinson *et al*: 2001). As a development partly stemming from accountability towards anti-colonial struggle and integration of its critiques (Clifford 1983; Atkinson *et al*: 2001), this term denotes a radical relinquishing of ‘professional’ authority, sacrificing long-held ‘positivist’ epistemology in recognition of the ideological distortions involved in long-standing certainties and claims to “neutral and objective social research” based on non-judgemental observations of ‘facts’ (Baviskar, 1995: 4; see also Clifford, 1983; Caplan, 1988; Hastrup, 2000; Atkinson *et al*: 2001; Salzman, 2002; Bourdieu, 2003; for an example of the impacts on psychosocial research see Parker, 2005) which obscures the inherently collaborative, co-constructed nature of research (Altheide & Johnson, 1998; Hollway & Jefferson, 2012). This process entailed confronting a professional history of both exercising and concealing significant power to produce a long, deep legacy of misleading and demeaning representations of research subjects (Clifford, 1983; Gupta & Ferguson, 1992; Pels, 2000; Atkinson *et al*: 2001).

These seductive, pervasive representations partly inspire my research project. This is due to their enduring, fundamental position in psychoanalytic ideology and discourse, as I discuss in Chapter 2. These representations both wield and further reproduce ‘scientific’ authority to expediently



construct decontextualised, colonised peoples as culturally-frozen savages in/from 'tribal' lands. This process serves to legitimise physical and symbolic violences against those essentialised and dehumanised by imagery that defines them as primitive, Other and isolated in a distant developmental past (Said, 1979; Spivak, 1985 & 1988; Gupta & Ferguson, 1992; Bhabha, 1994; Atkinson *et al*: 2001).

My sensitivity to the legacy of these dynamics is central to this study since the antithesis of representations of 'the primitive', informs the normative social identity of ideological Whiteness: 'Western', modern, living in the enlightened present, *civilised*. As part of the context of research specifically and social life generally, these qualities mask underlying supremacist notions and partly constitute relations in which innocent claims to the burden to uplift lesser humanity can continue to be explicitly or implicitly made (Said, 1979; Gupta & Ferguson, 1992; Bhabha, 1994; Atkinson *et al*: 2001; for the contemporary, social and psychoanalytic context of this legacy see Lowe, 2008 and Chapter 2, Part 1).

In light of the reflexive turn, my methodological use of participant objectivation seeks to both avoid reinforcing the ethical shame associated with these processes, and provide an epistemic lens which can potentially detect and understand them better (Bourdieu, 2003; Clifford, 1988; Atkinson *et al*: 2001).

## **Design and Process**

### **Research Design**

In order to address my aims and answer my research question, I adopt a qualitative design using semi-structured interviews and Thematic Analysis as a method of data analysis.

### **Recruitment Procedure**

In spring 2020, I made initial steps in the recruitment process which gained full momentum that summer, in the context of the George Floyd Uprisings. Alongside this, COVID-19 provided an unprecedented socio-political context which also demanded remote interviewing.

I approached the ACP and their five training institutions who all disseminated my advert (see Appendix 2) without delay via multiple online formats.

Nineteen volunteers quickly followed and were sent information sheets (see Appendix 3 & 4B) and consent form (see Appendix 4) which ethically covered the study. I excluded three of these due to the closeness of our ongoing personal or professional relationships and of the remaining sixteen, I accepted the first twelve to commit to interview dates which were similarly scheduled on a first come, first served basis. Without time and data constraints, I could potentially have interviewed eighteen ACP members as a maximum, from a total of roughly one thousand.

Four participants required further dialogue by email or telephone due to concern about being identified. This vulnerability corresponded to their ethnic identifications, all non-normative. Two of this four, along with two participants who did not need prior contact, requested the 'indicative interview schedule' (see Appendix 5) to have a better impression of my questioning. Otherwise, I did not share this information hoping instead for spontaneous, less-prepared responses.

## **The Participants**

Twelve participants took part in the study.

The two inclusion and exclusion criteria for participation were *qualified membership of the ACP*, and willingness to participate. This means data would only reflect experiences on a specific type of UK psychotherapy training, the one I had experienced, but would provide insight into a specifically defined part of the broader UK psychotherapy profession.

My broad interest here is in psychoanalytic culture and the role of identity within it. Therefore, despite encouragement to the contrary, I was averse to establishing 'census relations' with the participants by leading with a potentially reductive focus on demographic categories. However, various identifications were voluntarily made in the course of the interviews: seven referred to themselves as a woman, two referred to themselves as a man; six referred to themselves as being of working or socialist class background or identity; five referred to themselves as White, two referred to themselves as Black and/or mixed-Race; three referred to themselves as Gay and/or Lesbian, two referred to themselves as heterosexual or 'not gay'; three referred to themselves as being religious or having been raised religiously; two referred to themselves as 'northern' (to the UK), one as being from a country in the Americas (my terminology for confidentiality purposes). In the course of talking about their training posts, subsequent and current places of work, it was apparent that they were located around the UK with the majority in the London/South East area. No further identifications were made by participants.

Training accounts applied to the period from 1979 onwards. Amounts of qualified experience ranged from ‘newly qualified’ in one case, to ‘about to retire’ in one case. The rest of the participants had a minimum of three years post-qualified experience. Several referenced contemporary experiences of training via trainer roles.

Four participants had some prior experience of me as a peer or pupil. In all cases, my professional status to all participants was ‘junior’.

This aspect and all of these facets of my and the participants’ identities and statuses played a significant part in our research relationship. I discuss these dynamics further in Chapter 5.

### **Data Collection**

Between July 1<sup>st</sup> and October 5<sup>th</sup> 2020, I conducted the interviews via video conferencing. We all enjoyed privacy and the only interruptions that occurred were due to technical problems.

The shortest interview lasted sixty minutes. The longest lasted ninety six minutes although not all of this data was transcribed and analysed due to issues of confidentiality and relevance. Otherwise, mainly due to compacted schedules, there was little variation in interview length and format (following Hollway & Jefferson, 2008 & 2012): a relatively informal, conversational technique; asking open, broad questions; following the indicative interview schedule as a means of navigating the main foci. These were not always addressed in exactly the same order due to me following the thread of each participant’s narrative. This started with their associations to the central research question itself. Participants generally had a lot to say about this and my initial questions. This often involved them pre-emptively answering or covering later questions. This meant that interviews were weighted in focus towards training experience over post-qualification experience which were situated later in the interview schedule. From the first to the final interview, I covered the same general ground including all three main foci of investigation.

The interview schedule was broad with more content than could be covered in even the longest of the interviews. However, all interviews, provided space to elucidate the following areas of questioning: initial impressions of the interview question and motivation to volunteer; context of training; what the general place of identity was in their training; general demographics of their training cohort and wider training context; what aspect of social identity were experienced as more prominent or relevant; when was social identity a primary focus, when was thinking in this area

encouraged or discouraged; the role of identity in the different settings of one's training; group process; experiences of working with identity since qualifying.

I took the role of an 'active interviewer', bringing my 'subjectivity' and allowing for my own 'emotional responses' to enhance the interview process (Hunt, 1989; Parker, 2005; Urwin, 2007). In response to participants' narratives, I shared aspects of my motivation, my experiences and my perspectives on this topic. This had the effect of stimulating further development of their narratives, greater exploration of themes, new ideas in response to mine or an acknowledgement of not having considered something thus and needing to consider it more. At other times, this drew more polite or cursory responses.

### **Intersubjectivity and Social Dynamics**

Interviewing about social and personal identities meant that the intersubjective aspect felt very live. Along with the aspects of my social identity already mentioned, my age, gender, cis-ness, sexual orientation, degree of religious belief, nationality and regionality, prior experiences and ideological underpinnings all played an explicit or implicit role in the interview dialogues and development of participants' narratives. From my side of the dialogues, how I perceived participants, my sense of commonality in our social identities, my sense of familiarity with them; these are just some of the intersubjective phenomena that influenced our dynamic. This impacted upon countless aspects, beyond the scope of this research such as how I addressed, questioned, clarified, affirmed, challenged and shared with them.

Participants explicitly acknowledged the importance of this dynamic. Some described their motivations to help their junior by volunteering. Others shared their thought processes around taking the risk of trusting me with their responses on the basis of their perception of racialised or politicised commonality. In some cases the absence of this commonality seemed to add anxiety for participants already put on edge by the uneasy research topic itself. This aspect seemed to provoke responses that felt cagey, guarded, fearful of causing offence or aimed to impress in terms of 'racial tolerance'.

### **Transcription**

Transcription was done by listening to the audio file of the interview and typing our full dialogue into a LibreOffice document. This included every utterance and length of pauses. While all this was

done consistently and universally, it does not neutralise the impact of my subjectivity. In employing participant objectivation, I recognise this and all research processes are shaped by partiality: in the first sense, undertaken selectively, omitting aspects deemed irrelevant or inconvenient; *incomplete*; in the second sense, not objective but *biased* by political leanings and socio-economic pressures (Atkinson, 1992; Strathern, 2004).

Transcription took place gradually, beginning before all interviews were completed. I prioritised transcriptions of participants who expressed anxiety about what they would or had said as causing them to be identified. This decision reflected my gratitude for their risk and an ‘ethic of care’ towards them (see Chapter 2), primarily, but also a utilitarian sense of increasing the chances of getting consent to use the material from the interview.

The ethical aspect of the research design was central. Participants provided multiple consents (minimum two): firstly to be interviewed, secondly a ‘post-interview consent’ (see Appendix 6) having read their transcript which permitted me to use the transcript as research data. I initially checked each transcript over for errors, then again for identifying features which I highlighted for each participant to check, approve or increase, via email dialogue. Anonymisation, redaction and withdrawal of quotations was employed where necessary. Finally, with highly sensitive material, further consents were provided so participants could approve how they had been quoted, in context, in order to assess risk of identification. Despite my concerns, participants did not misuse these processes to exert control over the narrative.

## **Data Analysis**

I employ the six-phase mode of Thematic Analysis (TA) to explore the interview data, since it is most familiar. Its methodological flexibility made it suitable for finding patterns of meaning across the full volume and breadth of the dataset. These patterns, as ‘findings’, can be absorbingly illustrated without constraint of any particular epistemological or theoretical grounding (Braun & Clarke, 2006).

The process began with ‘Data Familiarisation’ which is described above as part of the confidentiality process.

The second phase, ‘Coding’, relied on dedicated qualitative research software called ‘Taguette’ (Silverman & Patterson, 2021) to code each transcript, one by one, by highlighting text and ‘tagging’ it with a code (see Appendix 7 for example of text tagged with a code). Each chunk of text

(‘data extract’) can be coded multiple times and the average number of codes tagged to a given data extract was four. Each transcript of roughly twenty pages was tagged on average two hundred and seventy times, across an average of sixty five data extracts.

The initial total of one hundred and two codes was reduced to fifty four (see Appendix 8) by collapsing (or ‘merging’) congruent codes into one another, deleting codes which had solitary or low rates of instance. The back-and-forth quality of this stage reflected TA’s recursive nature, shifting between the dataset as a whole and each individual part of meaning within it (Braun & Clarke, 2006).

It is important to note that although my approach to coding was predominantly ‘inductive’, in terms of codes being driven by, or generated from, the data, it was also influenced by my epistemological and ideological underpinnings which shaped *how* I coded. Rather than only coding in accordance with meanings which are “semantic (explicit or overt)”, I also coded meanings which are “latent (implicit, underlying; not necessarily unconscious)”. Often singular data extracts were coded for both these types of meaning. This mix of approaches is deemed legitimate within this model of TA, provided one is open about this and the bases upon which such interpretations are made (Braun & Clarke, 2021: 3-5). For me, this mixed approach is vital in an area where social and professional pressures and fears can lead individuals to say what they believe they should or what will keep them safest.

The third phase, ‘Building Themes’, was an extended process stretching over a month. It began with inputting the final fifty four codes and their quantity of occurrence (see Appendix 12b) into ‘mind-mapping’ software (see Appendix 9 for software images) which visually represented these concepts, as my initial sub-themes. These visualisations and my growing impressions of the total data set enabled me to organise these subthemes (see Appendix 10) into three overarching thematic groups.

The fourth phase, ‘Reviewing Themes’, was an organic extension of the third whereby I refined the preliminarily three groups into my final three themes. In line with the sense of recursion, it is notable that the process of reviewing and revising the coding of data extracts continued even after these three themes were settled on. This phase also involved the creation of a ‘non-thematic’ area of the mind map for codes that did not fit the initial three themes (see Appendix 11). I conducted a review of the data extracts tagged by these non-thematic codes in case of instances suitable to be re-tagged with surviving codes. This concluded the TA since further development could not be achieved.

It should be clear, from this account, that these three themes did not ‘emerge from the data’. This rhetorical phrase reflects an ill-advised point of view in this mode of TA (Braun & Clarke, 2006). Rather, I took an active role in subjectively and unilaterally assigning meaning to the data before organising it to constitute the themes of my findings.

The fifth phase, ‘Defining Themes’, involved settling on names (see Appendix 12-14).

The sixth phase, ‘Writing up’, comprises the next chapter.

### **Ethical Considerations**

Following a successful application in 2020 (see Appendix 15), this research was granted the approval from the Tavistock and Portman Trust Research Ethics Committee. It was further approved and validated by the University of Essex as part of a professional doctorate in psychoanalytic child psychotherapy.

As noted above, a study of social identity within a relatively small profession, required the utmost consideration about the risk of participants being identified. Designing the project to protect the confidentiality and anonymity of participants or those they made reference to, was a priority. In these interests, participants had full oversight over potential risks of identification.

Consideration and planning was also given to the potential for the interviews to emotionally disturb or diminish the self-esteem of participants and what support might subsequently be necessary. As yet, no adverse emotional or psychological reactions have been reported – in fact it has been the opposite case.

### **Summary**

This chapter has detailed the design of this research project and its underlying methodological approach. This approach centres the role of subjectivity and social identity in the production of research and aims to employ a meaningfully reflexive analysis of my participation as researcher in way that promotes both ethical accountability and epistemological integrity.

My subjectivity significantly impacted upon the research in two key areas. Firstly, in a relatively passive way, my social identity, particularly my racialised identity, influenced the interviews in terms of how several participants explicitly explained their willingness and motivation to volunteer. The role of my social identity and the intersubjective dynamic it formed with the participants

therefore significantly influenced who initially participated, and then in a more active sense, what they were asked and what they said. With the aim of reflexivity and transparency, I purposely included examples of both how these issues were raised by participants, and how my critical perspective regarding aspects of our training manifested during the interviews (see Chapter 4).

Reflexivity and transparency were also striven for in response to the second key area of subjective influence, data analysis. I took several steps in attempting to be open about the analysis process as well as mitigate the impact of my personal biases. Firstly, I used coding software which retained a verifiable data trail to establish the balance between my semantic versus latent coding choices and how the recurrence of three main themes was identified through the analysis process. This process, with its intentionally large number of constitutive subthemes, was then quantified for occurrences across the twelve interviews and illustrated with interview material. Both these aspects relied on the semantic level of meaning unless otherwise stated (see Chapter 4).



## **Chapter 4: Results**

### **Principal Findings**

Through the processes of Thematic Analysis, described in the previous chapter, I have identified my three main themes common to all twelve participants. They answer the (truncated) research question ‘What is the role of social identity in training?’

The three main themes are as follows:

Theme 1: Insufficient, marginal role

Theme 2: Sufficient, subordinate role

Theme 3: Ambivalent, insecure role

In the section below, their constitutive forty four subthemes (see Appendix 14) are organised into clusters which form the numbered parts of the narrative of each main theme. These narratives are presented with quotations to give voice to the experiences and understandings of the participants.

Participants are identified as ‘P1-12’. Each participant’s number is provided with the respective interview quotation only where confidentiality has permitted. Quotations are at times not verbatim due to limitations of confidentiality and word count. All cases of emphasis in the quotations reflects the audio recording of the speaker and is not added by me.

### **Theme 1 – Insufficient Role – ‘experiences and grievances’**

#### ***Part 1 - Trainee experience and struggle***

#### **Subthemes:**

*Deficit in role of social identity - insufficient training*

*Inclusion/accessibility (discrimination)*

*Social class identity*

*Invalidation, Ethics, Care for harm; barriers to development*

*Social identity as something which burdens minorities in the absence of a sense of mutuality*

Of the twelve participants, eight began the interview by referring to social identity having had a deficient or insufficient role in their training. Another expressed this sentiment later regarding the profession generally. My initial question about their impressions of this study and motivations to contribute drew explicit references to the topic being a long-standing interest or concern:

P7: ..I was very interested.. in the subject of identity.. because.. it connected with my own experience of, of pre-clinical training and doing the clinical training.. I felt like I had things that I wanted to say about it.. and share and talk about.. I don't think it's something that we do talk about very much in the profession. ..that's what sparked my interest, I was very.. glad that you were looking at it..

Discrimination due to prejudice on the basis of gender, religion, sexual orientation, ethnicity or social class formed at least part of this preoccupation with the topic of social identities. Every participant referred to discrimination as an issue they had experienced or perceived during their training. For several participants, social class was a much more salient aspect of social identities than the ones I had selected, with eight making explicit references to it playing an important role in their training. Worries about class discrimination were voiced in relation to progressing from pre-clinical to clinical training as well as from trainee to post-qualified employment.

One account provided an example of latent coding whereby I inferred a reference to class discrimination being made though not explicitly asserted:

P1: ..at the Tavi.. they kind of grow their own a bit so there was ‘..who's going to be offered what teaching opportunities?’ and ‘is someone going to be offered a job at the Tavi?’

I: ..your experience of those dynamics.. was that [social] identity was not playing a particular role necessarily?

P1: ..maybe some, some people fitted more than others for various reasons..

I inferred concern here, about intangible concepts which somehow form a sense of ‘psychoanalytic belonging’ and foster secretive, unaccountable allegiances. A similar, experience follows, of class prejudice founded on a nebulous sense of ‘aptitude’ was detailed and coded at a more semantic level (of analysis):

P3: ..I’d said something to the patient.. used her language and repeated it back.. She’s said something like, ‘this fucking bloke’.. and I’d said it back to her.. and my supervisor said, ‘Oh, don’t be so crass’. And I was stopped short.

..I had to go and look [it] up.. ‘cos I didn’t know [laughs] quite what it meant.. it.. really stayed with me because I don’t quite know what to make of that because, it’s not unusual, for me [laughs] to swear.. but what it was being described as was.. uneducated..

..I feel uncomfortable about that because I’m not.. from a genteel, middle-class, north London background [the supervisor’s] [laughs].

..I did feel it was a slight culture clash there.

Two other participants made self-conscious or -censoring comments about swearing. Invalidation was raised by seven participants in total. The areas of invalidation, experienced or observed, were ethnicity (four participants), sexual orientation (four participants), social class (two participants), religious faith (one participant), gender (one participant).

Invalidating references to non-normative sexual orientation encountered in theoretical texts was experienced both directly and indirectly by four participants. One provided an account that raised ethical questions about an expectation of care from harm and to what degree this mode of learning might constitute a barrier to development:

P2: there was one particular day.. I was sitting in a seminar and one of our great thinkers in the world of psychoanalysis that calls homosexuality 'the perversion', was a paper. And I remember feeling quite traumatised almost..

..by the experience..

..a Steiner paper.

..there are others..

..the seminar leader took it up. But I remember feeling really distressed in a seminar.. and I thought oh heck this is not alright actually, this is not ok that I have to sit here and put up with this and struggle with this.

..and I remember wanting to get out, you know.

..having to sort of sit and nod, and try and manage my feelings.

Another account suggested a similar ordeal:

P9: ..I happened to be the.. student rep[resentative]. And I remember one of my.. colleagues coming up to me.. we knew, she was in a same-sex relationship but it.. was more private knowledge.. she was saying, 'you know, where, where do I stand on this, I'm really confused because you know, Freud seems to be saying one thing but.. ..I'm not picking up [laughs awkwardly] ..no one's talking about sexual orientation in a more general way, there are.. heterosexual assumptions going on all the time'. ..I had a long talk with the.. student representative.. in London.. she was saying 'this is a very very.. hot topic down here.. ..and there is a lot of people having to re-think, their position both clinically and professionally both in organisations and.. the ACP as well as the psychoanalytic community.. let's just see how this plays out' and she was, that it would.. become much easier. ..but in a way this person had to.. couldn't.. come out.. just be open about it.. throughout her particular training.

This gives a sense of individuals of non-normative or non-conforming social identities having to labour in isolation throughout their training, under the burden of the 'assumptions' of heteronormativity and other invalidating discourses and ideologies.

## **Part 2 – A clinical need; a training need**

### **Subthemes:**

*Social identity as a clinical necessity*

*Clinical demographic*

*Clinical technique with social identity*

*Social identity as marked for problematic difference*

In the context of an experience of social identity having an insufficient role in their training, eight participants spoke explicitly about needing more practical thinking due to their patients' demographics. An additional participant spoke of this being a need of trainees in general. The 'burden' subtheme recurred:

P4: ..when I was a trainee, I had a really full caseload and all sort of really complex cases.. Mostly all of the black and brown kids who came into therapy, I saw them..  
..more so than the other.. trainees.

..for the first couple of years I didn't really think about it because I was just trying to learn and get on.. I think in maybe my 3rd or 4th year, I started to think about it more like, 'why on earth have I got most of the black and brown cases?'

I: Did you say that to anyone..?

P4: ..outside of work, definitely, but not inside of work.. I just don't think I was brave enough..

..in my year, there was my friend [X].

..we would talk about it..

I: ..was there a sense that [he/she] was experiencing something similar..?

P4: yeah..

I: ..getting typecast?

P4: ..in a different clinic. Yeah..

This account links with other participants' references to those of non-normative social identities having special abilities or means of working with social identity or ethnically minoritised children who are conceived of as being exceptionally difficult or uncomfortable to work with, as in the above example.

While most participants acknowledged a particular need in the area of working with social identities, the following is a rare case of one 'confessing' to a sense of actual difficulty:

P7: ..they were a [X]-Roma family.. English wasn't their first language.. I remember taking that to a supervision group seminar..

..I was really struggling to try and speak about my experience in the room with this mum and her little girl.. but I also.. didn't feel helped either.. it just didn't feel like it could be, opened up.. So maybe.. the seminar leader was struggling as well, I just didn't feel like I got anything back..

The experience of feeling under-supported when working with ethnic identity also seemed to extend to a sense of being *under-resourced*:

P7: ..one of my intensive cases, was an adopted girl.. Her heritage..was, mixed.. it wasn't.. clear.. the definite detail of it..

..she was in.. an adopted family where the adoptive father was white and the adoptive mother.. also had mixed heritage..

..but then they also then had 2 of their own birth children..

..who essentially.. were related to as white.. it was a white family.. you know that's what it kind of felt like.. ..in all my supervision.. I don't think, that we really thought that much about this girl's racial identity, I think we focused very much on.. what's going on in the room but through a particular lens.. ..I hold my hands up and say I don't think I could think about it either.. but I don't think.. [laughs awkwardly] my supervisor helped me to think about it either.

..my supervisor was white.. I imagine, that might have been different [rising tone] if she hadn't had been.. I think it's an issue.

This account of lacking the right kind of supervisory support demonstrates an idea of 'social-identity expertise' (e.g. the ability to work with 'difference') as a kind of resource determined by one's social identities or that such a capacity might automatically reside in alterity. This relates to the idea of 'diversity and difference' as a competency and commodity.

Besides the sense of a lack of support or willingness for working with minoritised people, social identity as something which naturally pertains to and therefore burdens minoritised groups and individuals was a recurring subtheme throughout all twelve interviews, implicitly and explicitly:

P5: ..when you're in a minority you tend to do more thinking about it.

The assumption that minoritisation, or being 'marked for difference', entails a greater degree of thinking and therefore expertise was prevalent also at more latent levels of analysis. Some participants referred to a limited set of specialist authors or contributors who were marginal or even absent from their training; others recounted how minoritised peers made interventions or faced challenges in seminars.

### **Part 3 - Critique of our training or our profession**

#### **Subthemes:**

*Activism*

*Talking back; breaking the silence*

*Conservative/ Conformist/Reactionary politics; normative hegemony ('elitism')*

*Demographics of cohort or profession; social narrowness (insular, claustrophobic, constraining)*

*Gendered identity - male minoritisation, female discrimination*

Where participants reflected a sense of social identity having had an insufficient role, nine referred to ways in which they have tried to promote or be an active part of increasing this role. This ranged from a variety of activity or activism: during training, in seminars or via their own research; or after training, writing, in trainer or teaching roles.

Eleven participants raised the idea of ‘talking back’, either at a more latent level: to discuss having overcome difficulties in doing so during their training or in life in general; or more explicitly, expressing a desire to ‘talk back’ through my research, on issues shrouded in frustrating silence or a sense of polite constraint:

P8: ..I ..wanted to give back something.. and help out in research, which isn’t something I regularly do. But also.. I think I wanna get something off my chest, I’m not quite sure what it is yet [laughs].. but I feel I’ve got something to say? To share.

As an opportunity to contribute a critical commentary on the training or profession, the interview drew unconventional perspectives on ethnicity (or racialisation), sexual orientation, social class and gender politics. This often pertained to the demographic make up of practitioners in the profession, in contrast to those they aim to help. From seven participants there were either expressions of appreciation towards participants’ gendered-binary opposite, or otherwise concern for the male numerical-minority group, following conventional lines within gendered relations (i.e. in compliance with patriarchy).

However, four participants dissented from this picture of normative-gender harmony, pointing to a deeper complexity in the form of demeaning treatment of females by males; advantages that favour males in employment or managerial appointments; and more general advantages in the training culture:

P5: ..maybe [gender]’s not just about majority/minority, maybe it’s that we’re not quite as advanced as we think we are. In terms of our workforce and how we support them.



P2: ..I.. have always thought, that gender i.e. being able to think about the minority of men in the profession has always been done, quite well.. goodness, talking about transgender, I don't think it was even men[tioned]..

..if there was a man in your supervision group or.. infant observations, there was a big think about it.. how hard it might be for the man, and it used to drive me mad.. because it was such a complicated minority.. a minority with great power.

..you know, *that* was thought about very carefully..

I: ..a privileged position of being thought about?

P2: ..I think because the other minorities weren't thought about and it is a minority that had.. status.

..that's not to say.. I think some of the men found it hard, it was always women, all the time as the teachers and so on. But.. it's a complicated minority in our profession.

..because men [hand hits table] tend to do well!

..they're *not* [hand hits table] subjugated, they're not, you know..

..there may be some, difficulties, but also there are some privileges.. to being a man.. in a very female dominated profession.

Similar confrontations were made in 'talking back' to social class politics and relations in the profession. All participants referred to a sense of the profession being demographically narrow or 'homogeneous' and at times I interpreted this as having been experienced as somehow oppressive. More explicitly, the subtle influence of political allegiances and interests was acknowledged by eight participants referring to senior trainers of elite class status, constraining elitist attitudes, or ways in which discussion of these kinds of power dynamics were avoided:

P1: ..there was a.. huge sense of hierarchy which was, on different levels

P10: Back in the 70s and early 80s.. I couldn't believe it, most of my fellow trainees, all spoke with plummy voices. They all went to-.. they all had good ed-, actually

many of them were children or grand-children or nieces or nephews, of.. prominent child psychotherapists and psychoanalysts.

..so there is a certain elite at the Tavi in the 70s.

[regarding the lack of thinking about this] ..the one thing the class above doesn't like doing is spending all its time justifying itself..

..I think the worry is that they won't be able to defend themselves.. and they'll [laughs] start to come down. Like.. the royal family: don't apologise, don't explain.

I remember.. my wife, I took her to a Tavi party and she said 'gosh, there's a lot of posh boys and girls there'.. what she saw immediately was, you know, a class, thing.

The breadth of experience across participants provided an opportunity to think about the kinds of political and ideological legacies that trainees encounter and train in the wake of:

P2: I still think it's around.. there is an Oxbridge element in our profession. ..less so now but.. ..very bright people.. they might.. be from working class backgrounds, some of them but actually, very bright learned people.. and that comes with a whole culture that can be as excluding..

P5: ..look at who creates the courses and who creates the theory [laughs] and the, writes the papers.. there's an argument to say, whose interest is it in to 'stir [the pot]'..?

## **Part 4 - Solutions; addressing a deficit**

### **Subthemes:**

*Experiential/Group learning*

*Criticality in Learning*

At times there was some self-consciousness about how vocal some participants were with their critiques of the lack of role for social identity. Some expressed a desire to be constructive while agitating for progress:

P8: ..one afternoon a year [on social identity], I can't remember why we didn't say more apart from the fact of obviously trying to be careful. And also not knowing, well what.. Not having a suggestion. 'Cos I'm kind of like, it's one thing to moan but then, at least then try and have a suggestion to offer up rather than just complain..

Seven participants made reference to having needed more encouragement or courage to think critically as they learned, with an idea that this would have enabled them to progress their capacity to think about social identity in their work for the wider benefit of the profession.

Another means proposed was experiential group-based learning with nine participants referring variously to challenging experiences on the Group Relations Conference (GRC, herein) or a wish to have done it; the Tavistock training 'Difference, Identity, Diversity' workshop; and experiences facilitating therapy groups as crucial means of thinking about social identity. Several noted that despite its obvious value, most trainees can feel a strong fear or aversion towards these modes of learning.

**Theme 2 – Sufficient Role – ‘firmer understandings and justifications’**

**Part 1 – *Psychoanalytic (Professional) identity rightfully overshadows [the] personal & social identities***

**Subthemes:**

*Sufficient role in training; (conditional) embrace of social identity*

*Identity as a non-social task of professional assimilation*

*Struggle to take on psychoanalytic authority or identity-based*

*Development, personal/professional*

*Professional loss*

*Social identity as a personal (analysis) issue; personal struggle with one's own social identities*

*Social identity as something to keep private*

My second broad inquiry regarded participants' initial thoughts or responses to the research question. This drew some reflections on the daunting task of developing a psychoanalytic identity upon embarking on the training. Ten participants referred to this task in relation to, and interaction with, their social identities. A range of issues included: locating and assimilating into 'a home' in the profession; various losses involved; training experiences of the 'professional identity' seminar; and taking on authority whether professional or psychoanalytic.

Some described efforts to integrate their existing identities, including their social elements:

P8: I was initially thinking about.. how I see myself as a.. psychotherapist. So me being me, X[name], but also being a.. psychotherapist.. I had an experience of trying to integrate the two and finding that a challenge..

Conversely, others expressed beliefs and understandings about the need keep these elements separate:

P11: ..there is a real tension.. that trainees are trying to learn how to be child psychotherapists, and.. it feels so overwhelming, as a group..

..to try and chase the transference.. being able to also think about things like your own identity, and how that impacts.. it's almost like that's too much..

..I think there's something quite complex about that, and about how much.. as a trainee.. I might have been worried that.. if I wanted to focus.. too much, on, what it was like to be gay.. that was sort of all about me, rather than being about the work..

..my biggest anxiety was whether I could follow the transference..

..whether I could.. achieve the skills and, and understanding that would allow me to become a psychotherapist..

These conflicting discussions of individual's experiences of identity-tension, mirror the tension between Theme 1 and Theme 2. While the participants who explicitly express the view that social identity has a *sufficient* role in training were fewer in number, a larger number shared *understandings* of its role in their training. These understandings reflected a more coherent and confident narrative than the understandings of those who claimed it had an insufficient role. Two participants had diverging views on the question of sufficiency but shared ideas about social identity being "woven in", "covert" and "implicit" evoking an idea of integration.

Views about what this is woven in with, as a justification for not having a more-involved, explicit role, roused controversy:

P1: ..we're talking much more about.. the internal world.. transference and countertransference aspects.

I: [After my raising the P1 view] You're shaking your head..

P2: Oh I just think.. rubbish.. you know, identity is in.. colours the whole internal world [laughs].. I just don't agree with that, point of view.

This polarity and positions taken on Theme 1 and Theme 2, criss-crossed levels of experience and hierarchical status, from high seniority to relatively newly qualified.

Questions as to the nature of ‘the internal world’, and their relevance to theoretical and technical approaches to training also occurred and recalled the issue of loss:

P[Redacted]: ..something that was really a big deal.. about the ethnicity aspect of my identity which is my hair.. I have my hair braided, at certain times... And that’s how I’ve.. [always] looked after my hair..

..I remember feeling really nervous and frightened at the beginning of the training about this idea about.. the therapist’s neutrality: you come in, you’re the same, you’re predictable, you’re consistent, reliable, blah blah blah..

..I work in X[locale], you know, I know X[region] really well, so I’ve always been around diverse communities and I know that people are used to people changing their hair, you know.. it’s so everyday, even to mention it, it’s almost ridiculous.

..some people from.. the Tavi.. in my clinic.. ‘yeah, when we trained’, they wore like these apron things.. and ‘you can’t have your nails coloured and you can’t do this and you need to keep your hair the same and blah blah blah’ and I remember thinking, ‘well if I do all that then that’s, this isn’t me’..

..I can’t see that I’m gonna disturb the internal world of a child because I’m wearing my head wrap.. It doesn’t change my whole personality every time I change my hairstyle. So I just felt a bit.. disappointed,.. about that and I remember seeking some support from some other Black therapists.. trained at the Tavi and they said they weren’t allowed and were told off..

..in the end I just did what I normally did.. I’ve just continued to be me in that sense but it wasn’t without..erm, fear and worry about being told off..

This experience of the normativity of Whiteness is the kind of account which is averted when deemed beyond the scope of trainings that take a ‘colour blind’ approach, in the pursuit of a ‘neutral’, ‘scientific’ technical method:

P6: we don't pay a lot of attention to, well what bits of the theory value speech or ethics and that..

..I think [the individual's identity][is] what gets bracketed out, isn't it.

In this way, the goal of establishing a 'neutral', impersonal kind of psychoanalytic identity, that (*theoretically*) any individual trainee can adopt as a practitioner, seems to stalk social identity, casting a very particular kind of shadow. Four participants described uncomfortable experiences with a training approach which was perceived as making prescriptions upon personality or personal choice, in the name of being psychoanalytic or 'professional' while proscribing that which it deems as being 'personal':

P5: I think there's kind of an attitude of 'well we're here for intellectual debate, and your personal feelings don't come into it'..

A further five participants referred to holding or perceiving the belief that 'the personal' should be held in private seclusion from the training context, as though transplanting technical prescriptions against self disclosure; potentially saved for one's personal analysis. This sense of abstinence and stoicism has implications for the role of vulnerability in training.

One participant, who later requested not to be linked to the following, described a "really oppressive" experience, regarding racialisation, of being cast as "too dramatic" and referred to by a peer with the idea that "people need to be responsible for their own feelings". This "intellectualised response" felt "massively like an attack" and impacted the remainder of their training. They reflected on a contrast between one group having "very emotional responses" based on social identity, and another who "perhaps are able to think about it but also intellectualise it".

The potential repercussions for a trainee to be perceived as failing to be sufficiently responsible for personal feelings, or letting them come into it excessively are significant. Four participants made implicit or explicit reference to the problem of pathologisation in psychoanalytic culture or training. This raises questions about potential risks for trainees who do draw attention to their social identities as emotionally charged aspects of self:

P5: ..certainly the traditional psychoanalytic position, Freudian and Kleinian is that religious faith is something quite suspect [laughs] or a form of neurosis. So that meant that I, it didn't tend to be part of my own identity that I might share in the context of the training.

The risk of being subjected to this treatment represented a disciplining effect, leading trainees away from any personal- or social identity-based focus, promoting assimilation, or its performance:

P6: ..I kind of internally stuck with my own point of view.

..I think that's kind of what you have to do in terms of identity, because you are flooded by the common sense of, what I'm calling the bourgeois or the White or the heterosexual, the naturalness, the givens of it, there is a way that people who come against that, they either buy into it or they have to stick with their own point of view; even if that doesn't get uttered publicly..

[after pre-clinical training] ..I became unsure about things, so.. talking with colleagues in clinical presentations during the training and after.. things that feel to me quite acceptable and ordinary, but for them I'm not.. I struggle to challenge that verbally.

..because I feel like 'oh, they'll think I'm really mad' [laughs]..

..if you think of.. power structures, they are always presented and felt to be natural, given and therefore if you dissent from that.. then you are the mad one, in a sense..

This experience of pressure to perform, conform or homogenise was echoed by another participant:

P4: ..maybe it's a trainee thing, maybe there is a feeling that you've just got to be kind of the same.



## **Part 2 – Core focus prevents getting distracted and drawn into trouble too early**

### **Subthemes:**

*Social identity as subordinate to clinical or theoretical realm*

*Social identity as not relevant (valuable, worthy, belonging); or not present*

*Social identity as a divisive distraction; an area of thinking to be avoided, shunned, resented or stifled*

*Social identity focus/vocalness occurring late or after training*

*Supportive or harmonious group experience*

All participants made reference to an idea of social identity having a subordinate role to the core focus of training: the theoretical or clinical components. Eleven participants referred to thinking about social identity, or aspects of it, as lacking relevance, value, legitimate place or presence in their training; like foreign matter. The concept of institutional survival appeared in this area of thinking, highlighting the historical tensions between protecting a psychoanalytic structure and risking its development through subjective agency:

P9: if you are in [a geographical] area where there is so much emphasis on trying to establish.. a profession..

..there is such a sense of vulnerability.. you know ‘is this viable?’.. ‘Is it going to survive?’

..these differences.. all become a.. they get ignored within the group because there is so much of a struggle looking *outside* the group, in terms of the viability of the profession..

I: ..that to do so is divisive?

P9: Mm, yes. ..actually *don't* look at it.. don't address the differences, which there were vast differences between people.. really very comfortably off within the group.. compared with other people.. who had no family support..

..‘no, no, no, let’s concentrate on the academic or the clinical or the whatever and, *not* to go there’. I don’t think it was encouraged.. within the organisation.

..in a way we can’t have difference.. we mustn’t think about the differences.. a great fear of that. ..because if we start squabbling too much.. the whole.. attempt at establishing child psychotherapy will be completely undermined..

Given that every cohort goes through a process of working to establish itself, the idea that it is beneficial to somehow ignore or avoid ‘differences’ in the interest of fostering in-group harmony may operate in a general training context. These impulses may result in dismissing or trivialising issues involving social identity while upholding ideologies regarding neutrality and a largely ‘level playing field’.

References to treating social identity as something that poses a divisive threat to the group or a distraction from the ‘proper task’ appeared, at least implicitly, in eight participants’ narratives. More explicit and assertive accounts described experiences of harmonious, mutually-supportive group relations. These also appeared in eight interviews.

Interestingly, two out of the three participants who identified as lesbian or gay, reported having benefited from senior support on the psychoanalytically ‘divisive issue’ that was their sexual orientation. The first was enabled to locate a personal psychoanalyst who would not discriminate against their wish to train (P11).

P2: ..by the time I was in the 4th year, I was further along this journey.. when there was this [homophobic] reference.. I said [lowers tone] ‘I find this offensive, I’m offended’.

..I was supported to speak up.. I knew the seminar leader would not, leave me, to.. flounder.. She wouldn’t leave me to.. be on my own in it. So.. I felt alright to do that.

That this had to wait until the final year of training relates to a subtheme present in nine participants’ narratives whereby talking back by trainees or social identity focus in the training or profession was left until late, after training or was felt to be recent phenomena.

### **Part 3 – Knowing better than to pursue something external to the upliftment of Others**

#### **Subthemes:**

*Expert conceit; chauvinism; hubris – as a barrier to thinking or ‘being curious’*

*Weak spot; mission failure*

*Civilising mission - liberalism, culture [Whiteness, class]*

*Whiteness; non-confrontation; topical embrace of social identity*

Ten participants relayed experiences and understandings that made a link between social identity lacking a role in training and a wider difficulty in resisting the claim to expert knowledge and transcendent status:

P7: ..we like to think of ourselves as we’re thinking and we’re really paying attention, to detail, and we’re understanding communications, or trying to.. so that might then make it very hard for us to realise when we’re not or when we’re not noticing something or we can’t.. appreciate something..

I: It reminds me of that word humble.. again.

P7: ..yeah.. That’s right.

(later)

..maybe there’s an idea that we kind of should be able to speak to these things or know about them, but actually what I realised when I start talking about myself, is how, I don’t know.. it feels like a very dynamic thing, identity and it’s changeable.. it moves and.. it’s not a certainty. ..we can’t be experts in it. But.. that doesn’t mean we shouldn’t be open.

The sense of pressure to embrace a psychoanalytic identity of transcendent certainty; or opportunity to acquire a knowing, assured, expert role, arose in several interviews. To the degree that these cultural norms are taken in as a trainee’s psychoanalytic identity, reality can deliver a rude awakening:

P1: ..I probably left the Tavistock feeling like I could do anything, I could take on the world and.. change the world and.. treat any kind of psychopathology, any child, any parent or any family.. so I was probably puffed up.. like a puffer fish.. and thinking everybody loves the Tavistock and it's all great..

This imagery of leaving training inflated, having had ideological smoke blown up one's backside was echoed on a theoretical level:

P11: ..there's something very concrete about this [social identity] stuff which is also.. very challenging.. because there's a way in which, if I tried to think about myself being a psychoanalyst, I kind of think that.. I should be able to reach an understanding, using relationship and thinking.

..and I shouldn't need concreteness [?laughs?].

To my knowledge, this participant is not a psychoanalyst. However, this slip may further signal how intoxicating and seductive psychoanalytic thinking can be. The ideological aim of taking on and transcending 'the physical world', dichotomised from the internal, seems to feed into the tension that surrounds the role of social identity in training.

What participants reveal, however, is that this theoretical internal/external split is a hierarchical arrangement in terms of superior-inferior, with ethical implications:

P5: ..wishful thinking that we can just.. somehow, 'the psyche is above everything' and [laughs] that we can leave aside all that troublesome political stuff.

..we can't. Because we're in it. We're a part of it: we're either benefiting from it or suffering for it.

In the haughty rejection of interdisciplinary openness, a sense of chauvinism is apparent in participants' descriptions of troubling attitudes encountered during training:

P1: ..it's more complex than, it's not just, psychoanalysis is one, one sort of paradigm.. it's not the only paradigm.

P5: ..we divide subjects and expect there to be very clear divisions, and actually, like intersectionality.. things are complex.

P2: [discussing the Diversity workshop's low demand] ..I've wondered if it's not valued enough. If it's only seen as for people of minority groups..

..or it's just, it's just hard. It's *bloody hard work* [laughs].

..'there are other things that's more.. more relev-.. more pressing', they feel less.. skilled, and need to work on *trau-ma*!

..it elicits [laughs] violent feelings in me!

I: ..that attitude?

P2: Yes! ..that, actually, [laughs] racism, *is trauma*! How much does that come into the trauma workshop, I wonder.

I: ..It doesn't [laughs].

P2: [laughs] ..or '*I work in a very white area*'.

P12: ..almost like psychoanalysis could explain away god.

Various references were made to expectations or expressions of reverence and awe reserved for transcendent psychoanalytic thinking, as the creations of a sole, ancestral deity. This relation rendered psychoanalytic ideas above trainees' scrutiny by inhibiting their authority as a reader:

P8: ..in this world, Freud is god.. in the church, there's like this whole famous thing: ..people know this preacher from that country and.. people go on missions to this country to visit so and so.. I thought..: 'I've just literally stepped out of one church, into another'. ..people know who certain people are in the psychoanalytic world but you mention them to other people, they haven't got a clue who they are [laughs]..

P10: I haven't mentioned.. did you want my analyst's name?

I: Yeah, you can say it..

P10: Yep.. Her name was X.

I: Ok..

P10: So that was the early 70s. ..3 years ago, ..X.. happened to ask 'who's your analyst'. And I said X, and he said 'What?! ..that's makes you Anna Freud's grandson'.

..I said 'what do you mean?' He said 'well X was analysed by Anna Freud'.

Three participants described personal or collective inability to publicly challenge or question theory on the basis of social identity, due to newness and a lack of knowledge (P5), agency or authority (P12):

P11: [I] didn't feel very confident in myself, to know whether I could give myself permission to think Freud's got it wrong..

..nobody was really pushing me to believe that Freud got it right..

..but.. we're all sort of left to think about it for ourselves.

I: ..nobody's pushing you to think Freud's got it right but, you're reading an awful lot of Freud and there's a statue of Freud outside the [laughs] building..

P11: ...what I think now Nicholas is, I feel much more confident about saying this now..

..but I didn't feel that then.

It may be here, in some trainings, that we meet the limits of psychoanalytic 'curiosity', partly explaining the aversion to thinking about social identity. An implicit understanding in participants' accounts was that the sacred truth of psychoanalytic theory should most appropriately be gratefully and humbly treasured rather than critically scrutinised:

P7: ..it also felt like a big privilege.. I think I did feel gratitude for it.. but professionally.. I did feel like I'd gone into a-, I don't think it was just me..

..I can remember going to [my] first ACP conference and.. feeling incredibly intimidated.

..like I'd gone into this world of these really.. mature, kind of learned people that I was miles away from.. I just felt very little [laughs] which.. you kind of do when you start the training, I think 'cos you lose your previous identity, in a way..

In the face of this loss, these facets of psychoanalytic culture can be embraced and form the trainee's professional identity. This may lead to cases, however, where we have an awkward expectation of gratitude from the 'physical world', for deigning to go out and change it by bestowing these ideas. Seven participants described attitudes or practices of looking down upon those whose social identities are generally subject to hierarchically inferior positions, in the course of uplifting them. This civilising, psychoanalytic work (training or practice) smuggles in normative, ideological values:

P6: ..the bourgeoisie looking down on the working class.. a lot of the patients we work with, they often come from quite deprived.. non-bourgeois backgrounds..

..I've got.. an impression of [psychotherapists] just looking down but not really thinking about it and what it means.

These values risk being blurred with psychoanalytic expert knowledge in culturally prescriptive ways, potentially producing a sense of ‘knowing what’s best for the lowers’:

P6: ..in my infant obs[ervation seminar].. in a very working class family.. the child.. was really struggling to get over a settee.. the discussion was how the parent hadn’t facilitated them.. I remember making the remark that actually in this context, maybe what is facilitative is that people have to struggle to get over things.

..they’re not gonna be handed it on a plate. ..all this.. meet all his needs immediately.. I thought was completely ludicrous; wasn’t relevant to the context.. a very ordinary working class family.

..the next week, [the trainer] said ‘I was thinking about what you said last week.. it is *what’s in the interests of the child*’ ..that what was in the interests of the child was to be helped over..

..But I was sticking with my view that actually this context, *for this child*, to have to begin to struggle and not be given a helping hand, sometimes, is also helpful.

..I didn’t quite buy into it..

Whiteness is another ideology of normativity that mediates similar hegemonic dynamics in relation to those cast as inferior. This also involves exercising the power to define things like ‘appropriate’ parenting, good mental health; as well as the experiences and knowledge-legitimacy of particular social identity groups, as one participant explained in relation to their motivation to participate:

P4: ..a few reasons.. number 1.. you’re not a white person.

..[otherwise] I wouldn’t have taken part.. ..I’m sick and tired of listening to white psychotherapists try and talk about identity and not really grasping it.

..I didn’t go to the.. [2018 ACP conference entitled ‘Relating to the Other’]: ‘I’m not going to go to that conference to hear white people talk about black and brown experiences’..



This and the following quotation concerned the intense scrutiny upon Whiteness and resulting scramble to ideologically regroup. Whiteness featured heavily, implicitly and explicitly, across all interviews:

P10: [discussing the idea of ‘unconscious racism’ in the workplace] I sort of blurted out immediately, I said ‘What?’, I said the unconscious racism is the other way around. Everyone wanted to be his friend, because he was black.. He’s everyone’s hero in the team’..

..A, kind of an inverse raci[ism], and that happens so often.. if you’re the only minority, you’re the odd one out.

(later)

..I just blurted out the answer.. ‘well, I don’t think I ever had a problem with racism because.. I saw ethnic minorities as the underdog, and.. my whole life.. I was always the underdog.. race made no difference to me, what I identified with was the, you’re all underdogs [laughs] and I could identify completely with that [laughs] so I felt at exactly the same level as them. So race did not come into it.

..the problem with the expression ‘Black Lives Matter’ is..it stops anyone who’s not black from identifying with the.. movement.

..George Floyd.. he has a very ordinary name.. Floyd not such an ordinary name but I had a very good friend called Floyd.. George Floyd, an ordinary name.. kind of an ordinary guy.. ..he got arrested, as far as we know, for trying to pass a counterfeit \$20 bill. That was the reason the police.. drew their.. why he drew the police’s attention to him.

..they over-reacted, why, because he passed a counterfeit note.. he tried to get something for nothing, we all do that every day!

..so my whole point was.. I’ve found it easier to identify with him, nothing to do with his colour. So.. if you emphasise black lives matter..

..it stops people who are not black from being able to identify, with, him..

..people get caught up-in colour. See to me it's a paradox.. the *identification*.. is.. with his humanity, not with his colour. That's.. my paper.

These examples demonstrate how smoothly psychoanalytic expert knowledge interlocks with the innocence of Whiteness as ideology:

P11: .. if we talk about race.. is it always about white and black or can it be about other things as well as that?

Rather than advocating for something which entails a shift away from a critical analysis of Whiteness, as a seminally racialising ideology, other participants seemed more embracing of this thinking and pointed to how Whiteness' normative unmarkedness shifts a burden of labour onto those minoritised by its racialist marking:

P5: it's very easy to go through training and work.. without thinking about these things enough.. especially if you're not in a minority position.

(later)

..I haven't thought much until more recently about my ethnicity, because I'm in that position I guess of white privilege where I haven't had to think about it.

In connection with the wider impact of this disavowal of the vulnerability that tends to come with alterity and the general subordination or disavowal of social identity from the psychoanalytic thinking mission, seven participants, in sharing this understanding, commented on it constituting an area of weakness or failure in their trainings:

I: I wonder if there's.. a wish.. that we're our own culture and slightly separate from.. society in that way, it [social power relations involving gender] doesn't function the same for us?

P2: Well.. I'd like to think it was because we've got, stacked up, thousands of years of analysis..

..as a community, but.. it's not [laughs].

..it's the same. You know, so it should be, we should be a really.. well functioning community..

..but we're not.

### **Theme 3 – Ambivalent Role – ‘struggling to think, process & potentially understand’**

#### **Part 1 – Is it me, to get involved in thinking here?**

##### **Subthemes:**

*Social identity's ambivalent role*

*Struggle to engage in thinking about social identity*

*Self doubt; ‘am I the problem/wrong?’*

*Hostile environment or stance towards minoritised psychoanalytic work; without mutuality*

*Out-group rivalry, competition, tension*

The sense of shortcoming or failure, in the face of the tall task of living up to our psychoanalytic billing, expresses a vulnerability in the area of social identity which places it into an ambivalent role. My original ideas about ambivalence in this area stemmed from interview dynamics where I got a sense that the participant did not want, or was particularly struggling, to talk or think about social identity.

While ten participants addressed the experience of taking on a new professional or psychoanalytic identity, or a post-qualified struggle to retain it, three interviews gave me the impression that this was the *preferred* or *only* form of identity available for discussion:

I: ..what your impressions were of the advert and what your motivation is to participate?

P9: Oh! So, interesting. Erm, in terms of this issue of identity. Erm, and the slow, erm, discovering of a, and development and discovery of a child psychotherapy identity within yourself.

P10: So, do you want me to go right back to what's my interest in training in the first place as a child psychotherapist?

I: Erm, no.

(later)

P10: I was just thinking [laughs], in a sense poor you, 'cos, to me, you're my audience.. there are any number of people who know my history.. whenever I get the chance.. I do kind of like to talk about it..

(later)

P10: ..I could tell you the number of cross-over points with identity as we go on. Anyway..

(later)

P10: ..anyway, so that's.. how I got in [to training]. Now those other [social identity] issues you raised..

(later)

I: ..I wonder what was your initial impression when you read the question.. in relation to those [4] aspects of identity?

P10: [silence for 19 seconds] For me I think it was rather, less, complicated than that. ..I would say till this day.. that 8 year old boy [myself] I first started with, he's still around, he's not far away.

I: Hm.

During a further two interviews, I had a sense of some individuals participating out of a sense of duty, perhaps due to institutional agendas around the topic or the #BLM-charged socio-political climate. They seemed to then not feel willing or able to share personal experience, at times giving no response, a cagey one or preferring to talk about the profession generally in a way that was then much less awkward and at times defensive.

Four participants who seemed to feel more able make use of the interview as an opportunity to share experience more freely, nonetheless expressed a sense of trepidation, hesitancy or reluctance in both themselves and in their observations of the profession or their training cohort when it came to social identity:

P6: It is a conflict but I think it needs to be more aligned inside me because.. I think I've just bought into.. having bourgeois authority.. and really.. I should keep the conflict more alive.

..[social identity] gets deprioritised in my own mind.

The degree to which one can make use of a personal analysis during training, as an opportunity to think about social identity was also discussed by five participants. Three expressed difficulty or inability to take issues there whereas two described talking about their non-normative sexual orientation and racialisation respectively and feeling supported with those challenges despite a sense of the analyst being normative in those areas.

Returning to the issues of professional identity and vulnerability, five participants made links here in discussing issues involving the founding of psychoanalysis as a courageous, revolutionary act; 'tribalism' between 'schools' and disciplines; workplace pressure on resources; the 'dilution' of psychoanalytic presence in CAMHS services; hostility to psychoanalytic thinking and scenarios which suggest a need for the maintenance or protection of a psychoanalytic identity. The tenor of these descriptions was strikingly resonant with seemingly distinct issues involving the experiences of minoritised groups. The phrase 'hostile environment' seemed to transpose from the realm of minoritisation to professional life, particularly for those in locales away from London, where both funding and 'diversity' were discussed with a sense of abundance.

What was striking, however, even when I made this link in the interviews, was that common experience of vulnerability across realms drew *negligible recognition of mutuality*. This was despite

various references to (professional) invalidation, humiliation and feeling demeaned, unwelcome and impoverished. Instead, the focus seemed fixed narrowly on advancement, professionally and of psychoanalytic authority (as potency); *to the exclusion of* an interest in thinking about shared vulnerabilities including those involving social identities which may operate in a less obvious or visible way.

This process occurred in three interviews. Two participants mistook the reality of the heterogeneity within their cohorts by stating that ‘everyone was White’ before realising the error. Participant 2 acknowledged seeing my advert and originally dismissing it, thinking it was “for people from black and ethnic minority groups”. The disavowal of alterity and social identity vulnerability, to attribute it to more visible, non-normative identities reflects a struggle to relate to one another and ourselves in the wake of the intergenerational processes which trainings can reproduce.

Interrelated identity-based questions, as to ‘who is who’ and ‘what belongs to who’, with the aim of maintaining a connection with social reality, take on great significance in the wake of ideological pressure to disavow that reality. The question of who, in any given moment, we consider social identity to pertain to, especially when it entails vulnerability can clearly lead to doubts and confusion. Such insecure experience manifested itself or was referred to during ten interviews in the form of self criticism about doing the interview ‘right’ (Participants 1, 2, 5, 11); describing training experiences of feeling inadequate or like an ‘imposter’ (Participants 2, 3, 7, 11, ); descriptions of a ‘persecuting’ inner voice which found them at fault for struggles with experiences of social identity-based invalidation, discrimination or exclusion (Participant 2); or confusion about whether their perception of a sense of discouragement or absence of opportunity for thinking about social identity was due to their own lack of vocalness, their fear, over-demandingness, or merely their imagination (Participants 2, 4, 5, 6, 7, 8, 11, 12):

P5: ..sometimes I can think it’s all just in my head.. maybe it’s just not important..  
But I have noticed that it.. becomes a difficult area to talk about, in the Tavistock context..

P7: I felt so glad to be on the training.. it gives you a lot..

..it's very hard then to.. push up against that and know about some of the frustrations.. Or the difficulties of it.

..I would very easily.. think of that always in relation to 'oh it's my dilemma, it's my difficulty, it's my problem'..

## **Part 2 – How much is this thinking and talking going to cost me?**

### **Subthemes:**

*Improvement since they trained; hopeful or optimistic contemporary focus*

*Silent trainee/participant*

*Silent training; difficulty/discomfort about speaking*

*Fear, risk, safety*

*Prejudice as a barrier to thinking about social identity*

*Gendered selfhood – femaleness*

*Genteel habitus, cultural capital*

Another set of subthemes that signalled an ambivalent role concerned the idea of 'silence' which appeared in every interview. This occurred latently via interview dynamics: participants reporting 'nothing to say about social identity', avoiding questions, not remembering or withholding experiences such as Participant 1 referring to cohort conversations with "mysterious bits" by declining my declaration of curiosity. 'Silence' applied explicitly regarding experiences of areas or ideas where participants felt little or nothing was said, among them: social identity as a whole, power, a peer's Indian ethnicity, racist stereotyping in a theoretical paper, sexual orientation, transgender identity, social class, religion; and Islamophobia and Prevent mandates.

Various examples were given both of keeping silent *about* the lack of opportunities to think about social identity, and *during* the awkward opportunities that were mandated. Participants reported needing to be silent about racialised offspring; religious needs; sexual orientation; and invalidating theoretical references, written and spoken, about religious faith.

I privately interpreted certain silences as being fearful, during unusually long pauses to answer questions; following long, 'political' kinds of answers; and when opting to talk about other topics. Eleven participants explicitly referenced fear around talking about social identity, whether in the profession, training or interviews. Ideas included fear about challenging their supervisor, conflict over 'differences', not being sufficiently 'politically correct', discussing 'race', being pathologised as obsessed with 'race', being identified from the interview and exposed or subjecting others to this, not being permitted to train, not completing/'surviving' training, and an especial need for a sense of safety in therapeutic work. The clearest articulations of fear about being identified came from those racialised as non-White, feeling in "a really vulnerable position" (P4) and holding a "fundamental worry about 'what if I lose my job?' [laughs] which sounds really dramatic" (P8).

One source of all this fear was prejudice, perceived in various locations: in the profession and being punished or labelled deficient for naming it; prejudice in me, the researcher perpetrating misrepresentations; in those of normative identities exposing prejudice in themselves; in others exposed by those of non-normative identities. Activities focusing on social identity, including the interviews, represented a dangerous space where prejudice would inadvertently get revealed.

There was significant variety in the way that given forms of prejudice were discussed and where the source of prejudice might be seen as primarily operating from: society or psychoanalytic theory. Discussions about anti-working class prejudice among colleagues involved a sense of confidence and relative safety (P6 & P8). Where the source of prejudice was felt to be closer to psychoanalytic texts, accounts were fewer and seemed more careful or diplomatic (P11).

Beyond ample references and concern about males being in a numerical minority in trainings, gender, and especially misogynistic prejudice, was absent bar one exception:

P2: ..some of our theories can be misused. So, say, a feminist position, might, quickly turn into a castrator [laughs]..

..our theory, can, can get used in all sorts of complicated ways..

..I've been in.. settings where.. women who are quite strident have been called 'phallic women'.

The question of a legacy of using psychoanalytic theory to police women's expressions was raised by three participants' discussions of particular prescriptions of normative femaleness:



P3: I had this impression.. it grew, as I went through the training, that child psychotherapists were all.. neat.. thoughtful, considered, middle-class women..

(later)

..[a] tutor laughed and said ‘..it’s like that’s the child psychotherapist’s uniform, these pretty scarves that people wear in different knots..’

..I remember thinking ‘oh my god, I’m never going to wear a scarf again’ [laughs] ..it was too much of an identification, with.. something.. I didn’t want to be in-, identified as a homogenous..

..group of women in pretty scarves. It felt really uncomfortable..

P6: I feel quite allergic to the ACP.

..I do value it obviously.. but I do find them...: petite bourgeoisie.

..‘oh do these saucers go with these cups’.. very fussy. Very ‘mmm, mmm, you can’t’..

The tense combination of silence, fear and prejudice recalled the idea of disavowal and a possible suspicion that an authentic, shared engagement with social identity will lead to more trouble than is justifiable. Eight participants described a lack of confidence in peers or staff hearing or tolerating thinking with links to prejudice:

P[Redacted]: ..it was a weird group.. there was a lot of.. underlying aggression that wasn’t.. expressed so we’re all very polite with each other and very.. appropriate. I think me and the other [ethnically minoritised person].. were more open and honest with each other and we were the Black ones, I don’t know if that had something to do with it..

..we were all very well behaved [laughs].

These comments point to the sense of risk involved for ‘non-White’ participants in speaking from this experience and becoming ‘the group irritant’ in face of the normativity of Whiteness.

Associated ideas about behaving and fitting in, to ‘survive’ training relate to a lack of confidence in the ‘listening’ abilities of those who identify as White:

P4: I do think that’s important that, like, brown kids see brown therapists.

More generally, a total of six participants raised a question about the capacity of themselves, their peers or their colleagues to work with their own prejudice and when it comes to social identity.

The aspect of skin colour, however, relates to the way that ethnicity and gender are often seen as distinct from religion and sexual orientation due to ideas about visibility which gets attached to them. Four participants referred to this phenomenon with comments that centred around the racialised, Black/White dichotomy.

P4: ..it takes a certain amount of emotional work.. that thing about being invisible and hyper visible at the same time.. Which I think is the struggle within.. psychotherapy as a Black mixed-race woman.

This idea of work or labour, which includes being the objects of prejudice, again returns us to the idea of burden and the sense that certain minoritised groups can get designated as the ‘rightful’ sites of alterity or otherness which gets disavowed by groups that can associate with or outright define normativity:

P5: ..that’s the whole point.. part of having analysis, so that we can understand some more about ourselves and what we bring to the room.

..but we then don’t look at, we don’t take that seriously..our identities and our assumptions.. we think about difference as someone else, *their* difference, *that* minority person, and therefore ‘what do we need to consider about them because they’re different’, instead of thinking: ‘what are we bringing’.. what the kinds of

unconscious bias or assumptions or really trying to get in touch with that as far as we can.. how that might impact the work.

These dynamics seem to overshadow activities focused on social identity which feel much needed by non-normative trainees, yet also provoke a renewed sense of suspicion or opposition. The sense of 'triumph' or perhaps relief, for those who identify as White, at encountering 'non-White' individuals, points to potential expectations around avoiding responsibility for labour in the area of social identity:

P5: ..there's.. a kind of pressure put on people.. in a minority, to be the one.. the, mouthpiece for oppression and prejudice..

..but I think we were kind of lucky to have some kind of diversity in that sense in the [Diversity workshop] group..

..certainly.. that was really, really good.. that there were people there that could give such a personal.. expression of their experiences, in terms of discrimination and prejudice and, and so on but I kind of, I was really aware that, how uncomfortable that is to have to do.. although I feel personally, I really learnt a lot.. from hearing it and being stirred up by it..

In deferring the burden of emotional labour to those most visibly marked for difference, to bear the cost of being the location of alterity and vulnerability for the group, something frightening might be temporarily avoided, but opportunities are lost consequentially. The prospect of making mutual links across social identity groupings, by sharing one's own sense of implicatedness, experience of minoritisation and socio-political vulnerability (particularly as a product of patriarchy) may be lost amidst widespread disavowal.

More immediately, resentment breeds from these choices. Four participants referred to a sense of unevenness in this area: typecasting, over-work, fatigue, being taken advantage of; being vulnerable, only to then be pathologised:

P[Redacted]: It's then 'who are we going to ask to do it' ['diversity' sessions], then. And I think no one puts themselves forward to teach or think about this. Or there's just a handful of people who do and the same people get wheeled out every time. Like Fakhry Davids..

..it was tiring... I just feel tired..

..something needs to reinvigorate how.. we look at diversity. How we think about it, it should be part of our everyday thinking about patients. And it shouldn't be tagged on.

I: When you say you're tired.. it took me back to.. the beginning when you made reference to Black Lives Matter..

..you kind of seemed to roll your eyes.. a sense of cheesed-offness..

P[Redacted]: Yep.

I: ..which maybe links up with the tiredness.. ..how [one] makes sense of why it is the way it is..

P[Redacted]: [exhales and makes a 'lip trill' sound]

P4: ..I'm wary about what you will do with [the interview] even though I think you got all good intentions [laughs]..

..which sounds absolutely bizarre but, you know what I mean. [laughs]

(later)

[regarding] supervision and tutors.. there was only one person that I would talk to.. about race and identity, which was the head of training..

..even after training and qualifying. I would go and speak.. if I needed to..

..[otherwise] it just didn't feel safe enough to do it.. it's the same theme as well – I didn't know what they were going to do with it. Would they have taken my experience or.. my clinical material and turned it into something else..

..being in the room with kids and you're trying to work out what's yours and what isn't yours. Same as being in training.. groups, seminars, everything, you're trying to work out what's your and what isn't yours so I was just too worried that they would say this is all yours, take it to analysis.

The disenchantment and frustration expressed here was not unique to the racialised context. In addition, other participants highlighted their resistance to disavowing social identity's role in their training, practice and selfhood. Three described a struggle to engage others in thinking about it, followed by resorting to various means or attitudes which could be described as antagonistic, hostile and contemptuous due to an expectation or experience of defensiveness, dismissal or disengagement, stemming from perceived prejudice:

I: Have you had any discussions about Prevent at the Tavistock?

P5: ..no.. Maybe because we think we're above it all.

The idea of defensiveness about prejudice arose in several interviews in relation to invalidating references in theoretical literature to social identity groups where explanations or experiences of explanations were described. These centred on dating this literature, stressing the therapeutic, altruistic or emancipatory aims of the literature to mitigate against criticism:

P11: ..there are other aspects that seem rooted in a certain view, that may be a prejudiced view or a discriminatory view and one that we would disagree with now..

P12: ..I remember when we read, erm, Doubly Deprived.. and I sort of challenged it and I remember the tutor saying well you know this paper was written in the 1970s.  
..at the beginning I think.. not really being aware if this was really going to be spoken about, you know or if this was a very White middle-class profession that I was going into and... just feeling quite concerned..

P5: [regarding prejudice] ..we don't wanna get our hands dirty – we don't wanna admit that they are. And that's hard to think about.

A cleaner task than meaningfully engaging our awkward past, is to embrace 'the economic case for diversity'. This ubiquitous discourse, across institutions, also entails compliance with equalities legislation:

P11: ..there's also a need to reflect on that theory, in the light of, the way that that then, creates a position for psychoanalysis in relation to, the people who are interested in either becoming analysts, or taking part in psychoanalysis..

..so a question like.. does the Tavistock..training accept gay people to train..?

.. [and] encourage people.. with lots of different social and cultural diverse qualities.. to join child psychotherapy?

Recent messaging clearly aims for a resounding 'YES', by pointing to the profession's improvements in demographic 'diversity'. To varying degrees, ten participants, including those who stressed deficiency in this area, made reference to increases here and in the role of social identity in training since they trained. This focus on the profession's hopeful contemporary situation was a significant part of many narratives:

P9: ..White Scots, ..White Irish, ..White English, ..American, um.. and people who came up from London, they might be European, White European.. White South African.. so yes a mix of people..

..more latterly.. a range of people from mainland Europe.. but we've only had one or two who are, um, their skin colour is, very different.

The participants who most explicitly lacked this air of optimism might also be said to have skin colour which is ‘very different’:

I: ..when you say ‘moan’.. there’s a sense that.. raising the issue.. will be taken negatively?

P8: Yeah, I always feel I.. spend ages thinking, I mean days, weeks, thinking, about how to talk about this to other people?

..because I want to be constructive, I want to offer suggestions. I don’t want it to be, I raise it and people go ‘Oh.’, and then that’s it. I want something to happen, I want something to be activated, I want to see a change.

..I don’t know what else to say really. I do feel tired.. that’s just my overall feelings.. something needs to feel authentic..

..not just lip service or acknowledgements of ‘oh, George Floyd died so now we’re gonna say sorry and..’ But what are you gonna actually do? What are we doing? Yeah, I just.. I don’t know what else to say..

P4: ..basic things like.. we didn’t read any theory by any black or brown, or anybody who is an Other. [laughs] We never did any reading.. lots of people that come to give talks at the training school, there was never anybody of any difference that came. It wasn’t thought about at all, or recognised.

..I don’t think it has changed.. listening to.. people saying, you know they were qualified 20 years ago and the same thing was still happening.

These and other participants voiced frustration at a long-standing aversion to engaging in a more creative, critical, pluralistic, open relationship between psychoanalytic thinking and social identity. Rather than acknowledging an idea of our profession having epistemic vulnerabilities like these, several participants offered the proposition that a working relationship between psychoanalytic thinking and social identity *could never previously have occurred* due to a historical absence of

demographic heterogeneity and consequent absence of dedicated, published literature in this area (a outlook which is contradicted by the literature – see Chapter 2):

P11: ..a lot of the students coming into the course, *expect* to think about [‘sameness and difference and cultural diversity’], and talk about them.

I: ..presumably for them and for you, [social identity] was in the reading.

P11: [6 seconds of silence] ...er..

Well it.. depends what we’re talking about as to what was in the reading.. Freud’s Three Essays was in the reading..

..but.. a paper that takes a more reflective stance on the relationship between psychoanalysis.. and, for instance.. a suggestion that there’s a [hetero]normative line of sexual development.. isn’t something that I had in a theory seminar.. I’m not really very sure that there *are* very many papers that have been written about that, until very recently.

A more material area of demographic change has been social class and a shifting political economy of psychoanalytic training. Five participants made this link in terms of the significance of NHS-funded places to the social identities that can access training. Whether this process has exposed psychoanalytic training to the contemporary ‘bottom-up’ demands of ‘diverse students’ or more so to the ideological pressure of market forces is debatable. What *is* clear, are the profound epistemic tensions at play. These tensions and the ambivalent role of social identity in training are articulated by the call for “something.. authentic” (P8 above) and scepticism about *apparent* widespread Damascene conversions to ‘EDI’:

P4: ..they want to talk about it clinically or do something about it but actually they haven’t spoken about it previous to that so there’s been a silence and then all of a sudden ‘oh I’m interested in this and blah blah blah’..



In this context, social identity takes on an invidious role even for those who see it as a means of mental survival or harm-reduction during their training. It attracts widespread fear: over being pulled into something that will either expose the prejudices and jeopardise the treasured innocence of normative identities or subject non-normative ones to an inauthentic, one-sided spectacle that exploits pain and suffering with the aim of ticking an institutional box.

On one hand, according to the participants, ‘diversity’ is increasing and improving. Yet what minoritised trainees may experience is harder to be confident about:

P5: [Islam]’s linked to the fear and the whole narrative about terror.

..you don’t hear about born again Christians being denigrated for doing anything pretty awful.

I: Violence.

P5: ..it’s almost as though [Islam]’s quite a convenient container for all kinds of anxieties about violence, sexism, sexual violence..

..homophobia..

In the absence of ‘something authentic’, something which can tolerate the vulnerability of both alterity and the reality of social and psychoanalytic prejudice, there is a risk that what can’t be faced, what has been disavowed in a historical and contemporary sense, gets located elsewhere, such as in the more visible social identity groups, like Muslims, in the above example.

This sense of opportunistic convenience, in line with ‘the economic case’, contrasts with the hard, tiring work described by several participants whose statements reflected a need for an ethical case for engaging with social identity which centres an ethic of care.

Such an undertaking compels increased accountability and a meaningful reckoning with where we come from and what we work in the wake of. It requires humility:

P2: ..these kinds of, like maternal and paternal function: we *have* to update this language. You know, it’s not ok, to gender.. boundary setting.. it’s not ok to do these things any more, I think. But it’s complicated because when you try, and a lot of

people do want to update.. you know but it's, it's so *hard* not to, you know [laughs], it's *really hard* not to use those terms.

..You know I've set my s-, you know, I've tried to do it for years and I, I *struggle*. Still.

## **Conclusion**

The three main themes which constitute these principle findings only partly answer the full question which represents the main aim of this research: "How have child and adolescent psychoanalytic psychotherapists experienced and understood the role of social identities in training, and how might this relate to their practice?" Although several participants were relatively open about how social identity related to their therapeutic practice while training, there was a distinct lack of data about post-qualification practice.

A reason for this lack, which was suggested by the research data, relates to an additional aim of this research which was also partly fulfilled. The aim of investigating to what extent issues involving social identity are considered or experienced as personal problems of the individual rather than manifestations of a wider context, resulted in some participants suggested that this prospect was a significant fear in their training experiences while not directly experiencing it. However, in the case of both these inadequately fulfilled aims, several participants voiced before, during and after their interviews concern about being identified and this directly harming their careers. In this context, the risks involved in speaking about current therapeutic practice in an area as fraught as social identity or speaking about incidents of conflict within their training, seemed to shutdown wider or fuller findings.

Finally, the additional research aim of providing an opportunity for exploration of the intersection of Whiteness and femaleness; and how gender politics may be implicated in racialised politics was fulfilled. However, no data directly addressed this issue.

## **Chapter 5: Discussion and Conclusion**

### **Aims of the Research Project and Research Question**

The central aim of this research project has been to explore the meanings of social identity for ACP members in relation to their training, via the research question: ‘How have child and adolescent psychoanalytic psychotherapists experienced and understood the role of social identities in training, and how might this relate to their practice?’

As discussed in the conclusion of the previous chapter, this central aim and several additional aims of this project (see Appendix 16), were only partly achieved through the data generated by the original research. To address this deficit, space within the literature review, which comprehensively achieved the research aim of highlighting the gap for child psychotherapy in the existing literature, was utilised. Through this method, wider post-qualified therapeutic practice could be better considered along with the unachieved aim of investigating how gender politics may be implicated in racialised politics by attending to the intersection of Whiteness and femaleness. The silence in my data regarding these issues raises ethical questions for the profession and is therefore contrasted by the historicised context within the literature review. Similarly, accompanying secondary data from the wider therapy context provided substance for fears reported within the original data regarding how issues involving social identity can end up considered or experienced as personal problems of the individual rather than manifestations of a wider institutional context, the investigation of which was an otherwise unfulfilled additional research aim.

This particular utilisation of the literature review was crucial to enabling the main aim’s accompanying aim to be fulfilled. By addressing these ethical dimensions of therapeutic practice and training in historical context, this research project succeeds in enhancing understandings of psychoanalytic training; providing insight into the heterogeneity of psychoanalytic culture and potentially alleviating confusion or distress of past, present and future trainees. This intended act of care towards fellow peers is returned to in the concluding section to this chapter.

### **Interview findings**

In answering the research question, I have found that child and adolescent psychoanalytic psychotherapists have experienced and understood the role of social identities in training in three broad ways. The first two ways are opposed and correlate strongly to participants’ social identities

and the degree to which they held normative and conforming identifications in the areas of gender, religious faith, ethnicity, sexual orientation *as well as* racialisation, social class and political perspectives.

Of the twelve participants, eight foregrounded in their responses the importance of their non-normative or non-conforming social identities or identifications to their training. These were predominantly ethnic in three cases, religious in one, sexual orientation in three, social class in one; among other intersecting identifications. All reflected experiences and understandings about social identity having an insufficient role in their training.

While the remaining four participants acknowledged or openly stressed little training experience of thinking about social identity, they reflected understandings of this role being sufficient in relative terms. They placed much less significance on their own social identities or identifications which were normative or conforming (ethnic in all four cases plus, expressedly, sexual orientation in two; among other intersecting identifications which did include non-normative or non-conforming identifications such as religious and social class).

This perspective may invite a reductive division of trainees into normative and non-normative categories which would recapitulate the long-standing failure to acknowledge mutual experiences of alterity and social vulnerability. The third way the research question can be answered resists this temptation to be demographically reductive as well as escaping an insufficient/sufficient binary. The perspective that social identity has an ambivalent role in all participants' trainings, highlights variation and heterogeneity within social identity groups as well as within individuals' understandings and experiences of adjusting to and navigating training, on account of their social identities.

How these three roles have related to participants' therapeutic practice was generally much less explicit. While nine participants referred to practical needs for more thinking in this area, I inferred from three participants that psychoanalytic technique, employed by themselves and their peers in the course of training, overcame the tensions and challenges that social identity factors can pose. Conversely, for those of non-normative ethnic identities or identifications, the prospect of overcoming or transcending social identity was depicted as either not possible or not desirable to their practice. More broadly, these participants suggested that their practice, in working with social identity, had to be developed in a sense of seclusion or separation from their wider training due to a perceived lack of safety or opportunity.

## Findings in light of literature

The production of my literature review was an iterative process, originally generated by clinical training experience which spanned a period of four years. Its most significant evolution and its finalisation was carried out after writing the results chapter. Consequently, there is insufficient space to detail the abundance of *intended* congruence between interview findings and reviewed literature.

Fleming's (2017) findings resonated perhaps most strongly with my interview data. The concept of a 'profession in peril' was present in my results particularly for participants training at a distance from the psychoanalytic metropole. Tensions between the social realm and psychoanalytic ideologies also corresponded, involving the internal/external dichotomy, aspirations to neutrality, purity and the legacy of an unresolved relationship with the alterity (or 'difference') that one's social identity almost inevitably produces in the face of the task of developing or upholding a normative psychoanalytic/'professional' identity.

Participants echoed experiences of loss, invalidation, precariousness and fear reported by Ciclitira & Foster (2012) and Ryan (2017) in describing these tensions and dilemmas about what aspects of themselves, both embodied and epistemic, they felt compelled to discard. As illustrated by references to 'surviving' training, individuals whose aspects of non-normative identity were most visible – or least concealable – expressed the clearest experiences of vulnerability. Clinical Psychology and counselling training literature (Watson, 2004; Rajan and Shaw, 2008; Shah, 2010), combined with the wider literature regarding 'White body supremacy' (see Menakem, 2017; Taylor, 2021; Hunter, 2021) demonstrates how some of the subtle dynamics at play in participants' 'colour blind' trainings overlie, and are not unique to, the psychoanalytic realm.

Participants variously exhibited, or described from experience, the phenomenon that Bowden-Howl (2021) and the cross-disciplinary literature depict which involves the way training activities, focused on social identity, can be approached ambivalently, evasively or exploitatively by those of normative social identities, particularly in the area of ethnicity. Drescher's (1995) analysis of practitioners' anxiety about one's personal and professional prejudices being exposed causing potential damage to one's self- or public-image, was matched by participants' accounts. This ambivalent disjuncture between image and praxis, also featured both semantically and latently.

## **Limitations and further research**

An additional research aim that highlighted a data limitation and need of further research, was gender and its intersections with racialisation. This replicated literature review findings (for example the researcher's general repulsion from gender in Fleming, 2017) and my pre-clinical experience of being expected to talk about the experience of racialised discrimination while the rest of the group engaged in abstinence from thinking about the reality of non-normative gendered oppression. In the face of this apparent convention of disavowal, only one participant expressed an explicit interest in this area and concern about attendant harm. Another two made reference to a sense of the normative performativity ('homogenous', 'genteel', 'well-mannered', 'neat') of this non-normative identity (femaleness) which labours in the wake of its fundamental and enduring psychoanalytic (and wider social) invalidation (most recently explored in Chamberlain, 2022).

A second additional research aim with the same need for further research concerned social identity tensions being considered or experienced as personal problems of individuals ('location of disturbance' or scapegoating dynamics). This is particularly relevant to the potential for non-normative and non-conforming trainees who may dissent or voice critical thinking. Unlike in the literature and personal accounts external to this research, explicit data was virtually absent. Instead there was an instance of conflict reported which was later redacted due to fears of being exposed, an air of caginess or silence in this area with allusions made, such as to the need to avoid 'squabbling'. Conflict was acknowledged as a fear and reference was made to 'underlying aggression' regarding one participant's cohort.

I attribute these limitations to acute fears which contribute to the ambivalent role social identity has in training. These fears pose significant ethical challenges to researchers in terms of the imperative of confidentiality and protection for participants. Several individuals in this study either articulated or effectively demonstrated fears about being exposed and suffering professionally for effectively whistleblowing about harmful conduct or publicly acknowledging difficulties in their own therapeutic practice relating to social identity.

In relation to the above issues, another limitation that further research could remedy is the implicit exclusion of those 'attrition cases' who were unable to complete training and the role that social identity may play in that.

My findings have inherent limitations owing to the sample size, lack of generalisability and the role of partiality (see Chapter 3). Ideologically, I view these limitations as ethical and epistemological

strengths. Methodologically, the study is over-determined by my subjectivity to which I have sought to apply ‘participant objectivation’ as a particularly substantive form of reflexivity.

Significant ways in which my partiality, subjective experiences of training and research choices have shaped the study include a literature review which foregrounds critiques of authoritarian and exclusionary practices in order to highlight their historical context. The framing and posing of the interview questions, how participants perceived and responded to my social identities and status and how I related to theirs, all influenced the process in very particular ways. The recruitment of participants and the narratives they shared, representing the profession according to their personal perspectives and motivations, while in dialogue with my own directionality, created a unique dynamic. My coding choices including some interpretations of ‘latent’ meanings; my prioritising as relevant extra aspects of identity such as social class, ahead of age(ism) or ablism; and my selections over which voices appear the most (for example, one more than six times more than another) all reflect partiality and unevenness.

With these limitations in mind, my findings constitute knowledge in the sense of being meanings co-constructed and situated by a particular set of contexts.

### **Implications and conclusion**

The primary implication of this research concerns providing trainees – past, present and future – with a potentially sustaining means of making better sense of their training experiences, their profession and their practice in working with social identity.

The literature review highlights long-standing but little-recognised thinking about psychoanalytic training and culture. The research findings address the gap in this literature for child and adolescent psychoanalytic training. As I have established, this area of fear, silence, confusion and distress – particularly for those of non-normative or non-conforming social identities – may benefit from my analysis of a broad range of trainees’ accounts.

While I don’t imagine the findings’ three themes or ideas that social identity has a marginal, subordinate or insecure role in training will represent anything revelatory, I believe the constitutive subthemes and narration, in combination with the historicisation and contextualisation provided by the literature review will be of value. This may involve otherwise susceptible trainees being forewarned and therefore potentially less likely to experience a sense of being disarmed of their ‘capacities as knowers’. As identified by the participants, this devaluing comes as part of a process

of minoritisation, marginalisation and burdening of those most susceptible to the ongoing culture of disavowal in relation to the fundamental impact that social identity, alterity and vulnerability have upon psychoanalytic thinking.

More widely, this study may promote reflection for individuals – particularly for those who uphold normative or conforming social identifications – on training dynamics and their choices in the areas of conduct and practice. This may involve various reflections, and further research, on the following examples relevant to accounts and literature reported here: the ways in which non-normative identifications like gender, may be expediently or opportunistically drawn on in order to avoid accountability for normative identifications like Whiteness; the ways in which individuals may attribute alterity, vulnerability and the burden of social identity work to thus-minoritised Others; the roles one takes up in training dynamics where the tensions raised by non-normative or non-conforming trainees and thinking become apparent; experiences of playing *bystander* or accomplice to symbolic violence and how this may relate to the ideology of neutrality; the challenges involved in resisting the appeal and safety of harmful normative ideologies; experiences of disavowal and the way they manage their social identity-based vulnerabilities in training group settings.

A widespread commitment to the task of engaging reflexively and reckoning with these ethical implications of social identity in our work, might represent ‘change that feels authentic’ for those of non-normative and non-conforming identities. However, it is necessary to be realistic about the generations of opposition to change in this area that partly define our profession. Within it, positions can be as polarised just like outside of it, given what the literature reports about backlash politics mobilised against the looming spectre of political correctness. As the literature and the participants established, despite the background of one’s personal analysis, the psychoanalytic healer identity can disconnect us from a more mutual identity, as implicated subjects. The harmed and harmful bits can get disavowed for the public performance of secure, unprejudiced, professionalism.

For practitioners who embrace a training in this broadly disavowing stance, and then encounter difficulties where social identity is a particular factor in work, there is one reliable place to point to as an explanation. A range of well-worn pathologisations, stereotypes, essentialisms, including the theory of ‘the primitive’ itself, are all available to bolster one’s perception of fallibility, passivity, apathy or an unwillingness to work which may be given as the cause of stuckness and repetition. Since training takes place within a profession which is itself unwilling to work – to not discourage trainees to think in this area – certain conclusions are to be expected.



The accounts of this study point to how poorly this bodes for the prospects of productive therapeutic relationships developing between those of normative and non-normative social identities. Where possible, the seemingly magical solution of ‘matching’, usually along racialised lines, may be seized to ensure business as usual. Otherwise, ‘diversity’ initiatives typically aspire towards the accumulation of ‘competency’ in working with alterity, fundamentally assumed to be a problem, or rather, someone else’s problem, *someone else’s ‘difference’*. This precludes doing anything reflexive that might instigate sacrifice, whether political or ideological. The idea that the problem of alterity might actually stem from the practitioner’s prejudice, fear, intolerance, vulnerability etcetera occurs like vapour: there one moment, then gone without a trace.

These largely secretive issues of practice, while raising ethical questions which weigh up help and harm, also concern epistemic questions regarding our relation to social reality and the degree to which we can know about it. A key implication of this study is how it highlights, via participants accounts and the literature, the sheer weight of disavowal that has been integral to our profession since its founding. This significant source of vulnerability for our collective reputation and capacity to communicate, is masked with hubris which, for many including participants here, is neither convincing or appealing. The role of social identity in training and practice, divulges to them how we do not do what we say we are about: engaging with, bringing awareness and thinking to what is disavowed; promoting the re-integration of what could not be faced; free-thinking; working with what faces us in the moment instead of either opting for something more familiar or comfortable; overcoming the impulse to judge, dismiss or trivialise challenging issues or people as deficient.

The theme of ambivalence looms again, as though the role of social identity disorients us but can offer no space to think about it; leaving us unsure which master we should serve. Learning psychoanalytic theory is a prime example here. The opportunity to learn about the value of free association comes with the condition of ritualistically constraining one’s thinking for fear that it strays into areas that might feel threatening. The prevailing ideological relation to social context epitomises this threat – *too personal, not scientific*. We become constrained and prevented from doing what we say we’re about. The idea of applying psychoanalytic ideas to their mythologised creators seems inconceivable, as though they might crumble to dust. We don’t learn about their vulnerability and what insight that might provide us about our own. Their transcendent authority must be shielded, lest our own, via identification, be diminished.

In this context, as participants described, critique takes on an air of sacrilege or heresy. We learn of a reality principle which appears to now be applied so selectively and partially. We are subtly trained to avoid thinking about the social identity issues staring back at us in the text. Generation

after generation, supremacist, bigoted ideology is dealt with by turning a blind eye or with the 'wo/man of his times defence'. As though what matters most is defending the individual's innocence rather than thinking about their vulnerability and susceptibility to the violent ideas they reproduced in the name of healing; ideas which uphold and are paralleled by the ongoing physical violence targetted upon those of non-normative and non-conforming identities in wider society.

The final implication, connected to the issue of disavowal, concerns development and the struggle for psychoanalytic institutions to assert sufficient authority to reckon with the ideologically-burdened versions of social reality that trainings continue to uphold. Such a reckoning would entail integrating an approach that subjects these ideologies to critical accountability and exploration in a way that links their historical context to the contemporary training. This could represent a dutiful return to psychoanalysis' multidisciplinary roots, albeit in a way less slavish to socio-political normativity.

A greater tolerance for plurality would represent a shift from learning environments where trainees' prior, 'non-scientific' knowledges, particularly those of non-normative and non-conforming identities, undergo delegitimisation. As one participant reported, this can result in consequent expending of disproportionate energy, to find *just the right way* to phrase something – which will, regardless, be deemed unworthy of regard. These current relations enable the punitive, authoritarian impulses that have remained entrenched in psychoanalytic culture, echoing its disavowed socio-political traumas of dehumanisation, still casting those who have truths that are difficult to tolerate, as problematic nails to be, at best, delicately hammered down.

Departing from these disturbing customs may initiate a new, more reflexive, relation to social identity where the threat it is felt to carry, is posed only to the equilibrium of psychoanalytic normativity: the delicate balancing act of doing our jobs while disavowing so much. This amended relation to social identity may lessen the impulse to scrutinise the minoritised bodies and minds who are too often suspected as 'diversity hires', as described in the literature and my personal account. This amended relation may remove from its leash, what I am arguing is the intrinsic curiosity and challenging essence of psychoanalytic thinking. It may enable a critical focus on the normative ideologies that produce the policies, initiatives, agendas, assumptions, and pronouncements ('now we are listening/thinking', 'let's begin the conversation') that firmly reject any commitment to reflexivity and any prospect of accountability for what preceded and what will reliably be perpetuated. These things reflect a stance which I am arguing is extrinsic to psychoanalytic thinking in any meaningful or credible sense.

In conclusion, the combined findings of this study, along with my own subjective experiences of successfully surviving training as a minoritised individual, lead me to advocate for a new, less-leashed, less restrained era of psychoanalytic thinking. Rather than being 'divisive', a commitment to permitting social identity harbourage in training contexts would promote an acknowledgement of our mutual interdependence and accountability to one another. Working in this comparatively collaborative spirit, may deliver a means of highlighting and psychoanalytically investigating the edifice of disavowal that keeps us from more authentic engagements with our work. It would therefore be a sustaining source of ethical and epistemic development for psychoanalytic theory and practice.

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## Appendices

### **Appendix 1 – Database Search for Systemic Literature Review**

What follows are the details of the reproducible database search for the systematic literature search. For thoroughness, this extensive data base search to establish any qualitative investigations into this area that have already taken place, was carried out at several stages, the most recent being in July, 2021.

Articles were located and accessed via the EBSCOhost database system which was accessed via Tavistock and Portman Library.

#### **Database Search update 2021**

1 TI train\*

410k

English

empirical

2019-2021

= 3104

2 psychotherap\*

575k

= 13k

= 3k with limiters – empirical and English Lan

421 in last 2 years – 0

1 TI train\*

410k

English

empirical

2019-2021

= 3104

3

TI

gender\* = 44

new 185

sex\* = 140  
new = 282

ethni\* = 7 – 0  
new = 20

racial\* = 13  
new = 25

religi\* = 32 = 1  
new = 16

religi\* = 176 – 41  
racial = 208 - 47  
ethni\* = 257 - 62

gender = 317 - 93  
sex\* = 600 – 158

40 as is = 0  
623 + semi-structured interviews = 19  
623 + interviews = 102

-----  
3 psychotherap\*  
2.2k  
Methodology limiters: 407

INTERVIEW  
qualitative

4 child & adolescent  
303 = 1

5 psychoanalytic  
63 = 0

6 relation to clinic\* practice  
29 = 0

7 role  
11 = 0

2.2. Review  
a) research studies

training focused  
Gender  
Religion 1  
Ethnicity 5  
Sexual orientation

## Appendix 2 – Recruitment

### Recruitment advertisement (email to gatekeeper)



**The Tavistock and Portman**  
NHS Foundation Trust

Version 2, date 25.04.2020  
TREC ID:  
Identity Research  
Nicholas Frealand

Greetings,

My name is Nicholas Frealand, I am Child and Adolescent Psychotherapist in doctoral training at the Tavistock and Portman NHS Trust on clinical placement at Harrow CAMHS (Child and Adolescent Mental Health Service) from 2017-2021.

I am contacting the ACP as a trainee member, in the hope of recruiting respondents from its qualified members for my qualitative research project. Its title question is: “What was the role of identity in the training of child and adolescent psychoanalytic psychotherapists and what is its relation to their clinical practice?”.

With this question I aim to explore in semi-structured interviews, how clinicians have experienced different aspects of their identities (specifically: ethnicity, gender, religion and sexuality) as relating to their training and their professional experiences since qualifying.

This research study has received formal approval from the sponsor and host of the research, the Tavistock and Portman Trust Ethics Committee (TREC). I believe this research could potentially represent a contribution towards the ACP’s key objective of improving diversity in the profession. It could do this by promoting thinking and understanding about learning, teaching and clinical roles and what role the diversity of our identities might play in promoting or impeding a wider professional demographic.

I will carry out the research and conduct the semi-structured interviews lasting one hour each. I am aiming to interview up to 12 participants people and have attached a Participant Information Sheet and Participant Consent Form for your information.

If you might be able to help with this, by disseminating my Participant Information Sheet and Participant Consent Form among your already-qualified members, that would be much appreciated. If you would like more information about the project or would like to discuss it further – please let me know via any of the contact details below.

Best wishes,  
Nicholas

Nicholas Frealand M.A.  
Child and Adolescent Psychotherapist in Doctoral Training,  
Harrow CAMHS, Ash Tree Clinic, 322 Northolt Rd, Harrow HA2 8EQ  
020 8869 4500  
[nicholas.frealand@nhs.net](mailto:nicholas.frealand@nhs.net)



## Recruitment advertisement



*In your professional role, do you ever reflect upon how the themes of ethnicity, gender, religion or sexuality impacted upon your training? Would you consider participating in a study to discuss experiences of identity during and post-training?*

### Could you help?

I am a third year student on the Tavistock Centre's clinical doctorate programme (M80) with an interest in the role of identity in our profession. Do you have particular experiences or views about this? If so, I would like to speak with you.

***"What was the role of identity in the training of child and adolescent psychoanalytic psychotherapists and what is its relation to their clinical practice?"***

Seeking Child and Adolescent Psychoanalytic Psychotherapists to take part in a study.

This study is open to all qualified members of the ACP. There are no restrictions in terms of location, demographics or viewpoints. All that is needed is an interest in the subject of identity.

### Getting involved

Participation is through an interview of 1 hour, audio recorded.

We can arrange an interview mode (in person, Zoom or phone) and time that suits you.

Participant details will be made anonymous and confidentiality will be a priority in order to minimise the risk of any participant being identified.

A pre-interview conversation will be held to establish your expectations and my responsibilities.

I will also provide you with a Post-interview Confidentiality Form alongside a transcript of your interview so that you can decide how you would like your data to be handled.

If you are interested in hearing more about the study or wish to discuss taking part in the interview, please contact me at:

**Nicholas.Frealand@nhs.net**

### Researcher Details

The researcher is Nicholas Frealand, Child and Adolescent Psychoanalytic Psychotherapist in Doctoral Training at the Tavistock Centre.

The project is being supervised by Dr Lucia Genesoni.

This project has been approved by The Tavistock and Portman Research Ethics Committee (TREC).

## Appendix 3 – Public Facing Documents



# The Tavistock and Portman

NHS Foundation Trust

Version 3, date 15.07.2020

TREC ID:

Identity Research

Nicholas Frealand

## Participant Information Sheet

ProfDoc research project title: *“What was the role of identity in the training of child and adolescent psychoanalytic psychotherapists and what is its relation to their clinical practice?”*

Researcher: Nicholas Frealand

Thank you for expressing an interest in participating in this qualitative research study which will form part of my professional doctorate. This information sheet describes the study and explains what will be involved if you decide to take part.

The aim of the research is to learn from clinicians who are qualified members of the ACP about the ways in which identity (specifically: ethnicity, gender, religion and sexuality) was a factor or played a particular role in their training and how this has since related to their subsequent clinical practice.

### Who am I?

Nicholas Frealand, a Child and Adolescent Psychotherapist in Doctoral Training at the Tavistock and Portman NHS Trust and on placement at Harrow CAMHS. I am the principal investigator of this study and I have designed the research study and will conduct the interviews and data analysis.

### What is the purpose of this study?

The purpose of this research is to understand more about the ways in which identity can play a role in the teaching and learning to become a psychoanalytic psychotherapist and how this may shape one's ongoing professional experiences. This may serve to identify how themes of identity can be relevant to the ways in which future trainees are recruited, trained, supervised and professionally developed. This has significance for clinical practice, clinical effectiveness, the therapeutic alliance and the wider profession itself.

### What are the possible benefits of taking part?

I believe that your participation in this study will provide a significant contribution to knowledge in this otherwise neglected area of study. Your contribution has the potential to enhance insight about learning, teaching and organisational dynamics in relation to the diversity of identities held by practitioners and patients).

Having a dedicated opportunity to reflect upon and share your views about the theme of identity in psychotherapy, may be beneficial in a professional field where opportunities to think about these matters can be experienced as limited or even absent.

Your participation may fulfil or enlarge a personal interest and may aid your self-development. Your participation may also potentially contribute to professional requirements around CPD hours.

**What will participating in this study involve?**

An interview lasting one hour to take place during the coming 6 months: if you agree to participate, I will arrange a convenient time to interview you about your experience of training, the role that identity played within it and how this may have been relevant to your subsequent professional practice. In the context of the COVID-19 crisis, it may be necessary that this interview is conducted via Zoom video conference rather than in person.

I will also provide you with a Post-interview Confidentiality Form and Debrief Letter which will provide specific information and serve to secure your privacy.

**What will happen to what I say in the interview?**

The interviews will be audio-recorded using a voice recorder which I will use to playback and transcribe in full at which point the recording will be destroyed by recording over. I will anonymise and analyse your transcript in order to complete the write-up of the research study.

Your name and personal details will be stored separately from the transcript in accordance with the University of Essex Data Protection Policy and the General Data Protection Regulations 2018 (GDPR, see below). This means that all electronic data will be digitally encrypted and stored on a password protected computer which only I will have access to. Any paper copies will be kept in a locked filing cabinet in my office. All data will be destroyed no later than 3 years after the study has been written up for academic submission.

**What risks are there?**

Since this is a small-scale study, within a relatively small profession, focused on the topic of identity, there are limitations to the level of confidentiality I can guarantee. Although I will aim to ensure confidentiality, when discussing your data, there is a risk that you could be identified through me making relevant references to aspects of your identity when reporting on your accounts. In light of this, as well as us having the opportunity to discuss confidentiality before your interview in terms of your expectations and my responsibilities, I will also provide you with a Post-interview Confidentiality Form. This will enable you to provide additional feedback on how you prefer to have your data handled and what level of attention you feel your data will need in terms of making you identifiable to the reader.

In order to guard against the risk of you being identified, I will consult with you to ensure you are fully informed about the proposed use of data and I will share the extracts from your interview used in the write up of the study with you prior to academic submission to ensure that you are comfortable and aware of what potential risks of identification may result from publication.

I will strictly adhere to the above assurances about confidentiality unless disclosure of imminent harm to self and/or others may occur. In such cases I, The Tavistock and Portman NHS Foundation Trust or the University of Essex may be obliged to contact relevant statutory bodies/agencies.

Since the subject matter of this study is of such obviously personal relevance there is a risk of emotional upset or discomfort. However, you can stop the interview at any time and I would aim to conduct the interview with the utmost sensitivity and non-judgemental respect for the strong feelings that can be stirred up in matters relating to identity. In case of any upset or concerns that may arise through the interview process, I will endeavour to make myself available for follow-up conversations and I will provide to all participants the details of sources of support.

**What will happen with the results of the study?**

The documented results of the study will form my doctoral thesis and may also form an academic paper and feature in relevant published academic articles, books and/or presentations.

### **Do I have to participate after I agree?**

No: participation in the study is entirely voluntary. Although your contribution would be invaluable, if you agree to take part but then change your mind, you can decide to withdraw and withdraw any unprocessed data previously supplied from the study up to two weeks after the initial interview has taken place without needing to give me a reason.

### **General Data Protection Regulation (2018) arrangements**

The Tavistock and Portman NHS Foundation Trust is the sponsor for this study based in the UK. I will be using information from you in order to undertake this study and will act as the data controller for this study. This means that I am responsible for looking after your information and using it properly. I will keep identifiable information about you from this study for 2 years after the study has finished.

Your rights to access, change or move your information are limited, as I need to manage your information in specific ways in order for the research to be reliable and accurate. To safeguard your rights, I will use the minimum personally identifiable information possible. I will use your name and your contact details only to contact you about the study. I am the only person who will have access to information that identifies you. I may be assisted in the analysis of this information by senior colleagues, but they will not be able to identify you and won't be able to find out your name or details.

You can find out more about the legal framework within which your information will be processed by contacting the sponsoring Trust's Clinical Governance and Quality Manager, Irene Henderson: [IHenderson@tavi-port.nhs.uk](mailto:IHenderson@tavi-port.nhs.uk)

### **What approval has been gained to protect you, and information about you, in the research study?**

This research study has received formal approval from the sponsor of the research, the Tavistock and Portman Trust Ethics Committee (TREC). These processes ensure I conduct the study within legal and ethical standards. If you have any concerns or queries regarding my conduct you may contact Simon Carrington, Head of Academic Governance and Quality Assurance, Tavistock and Portman NHS Foundation Trust ([academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk)).

Additional accountability is provided by the study sponsor for this project, Mr Brian Rock, Director of Postgraduate Studies, Tavistock and Portman NHS Healthcare University Foundation Trust, 120 Belsize Lane, London NW3 5BA, ([BRock@Tavi-Port.ac.uk](mailto:BRock@Tavi-Port.ac.uk)).

### **Contact details:**

I am the main contact for the study. If you have any questions about the study, please do not hesitate to ask. My contact details are:

Nicholas Frealand, Harrow CAMHS, Ash Tree Clinic, 322 Northolt Rd, Harrow HA2 8EQ - 020 8869 4500 - [nicholas.frealand@nhs.net](mailto:nicholas.frealand@nhs.net)

You can also contact my research supervisor Dr Lucia Genesoni - [luciagenesoni@gmail.com](mailto:luciagenesoni@gmail.com)

**Thank you for considering taking part in this study and taking the time to read this information. If you are willing to be interviewed for this research project, please complete the accompanying consent form.**

## Appendix 4 – Public Facing Documents



# The Tavistock and Portman

NHS Foundation Trust

Version 1 date 04.01.2020

TREC ID:

Identity Research

Nicholas Frealand

### Participant Consent Form

ProfDoc research project title: *“What was the role of identity in the training of child and adolescent psychoanalytic psychotherapists and what is its relation to their clinical practice?”*

Principal Investigator: Nicholas Frealand

*Please put your initials in the boxes on the right below to all that apply:*

<p>1. I confirm that I have read the information sheet version number 2 dated 25.04.2020, which provides details of the nature of the research and how I will be asked to participate. I have had the opportunity to consider this information and ask any questions that I might have. I understand what is being proposed and the procedures in which I will be involved have been explained to me.</p>	
<p>2. I understand that my interview, lasting one hour, will be recorded, transcribed and analysed for the purposes of the study.</p>	
<p>3. I understand that my name and personal information linked to my participation in this project will be anonymised and held securely by the researcher.</p>	
<p>4. I understand that all data which I contribute will be destroyed no later than 3 years after the study has been written up.</p>	
<p>5. I understand that there are limitations to the level of confidentiality that can be guaranteed in this study.</p>	
<p>6. I understand that I will have opportunities to discuss confidentiality before and after my interview and that I will receive a Post-interview Confidentiality Form which will enable me to provide feedback about how I want my data to be handled and presented to the reader in the final write up.</p>	
<p>7. I understand that the above assurances about confidentiality will be unheld except in the case of any disclosure of imminent harm to self and/or others occurs.</p>	

8. I understand that my agreement to participate is voluntary and that I am free to withdraw it and to withdraw any unprocessed data and information without giving a reason up until to two weeks after my interview takes place.	
9. I understand that the extracts of my interview used in the write-up of the study will be shared with me prior to academic submission to ensure that I am aware of and comfortable with any potential risks of identification.	
10. I understand that my contribution to the research findings may be published as part of an academic submission.	
11. I understand that my contribution to the research findings may feature in other publications, books or presentations produced for the professional doctorate and that I will be consulted with regarding the proposed use of my data.	
12. I understand that interviewing about personal matters involves some risk of emotional upset or discomfort, that I can stop the interview at any time and that I will be provided with the details of sources of support.	
14. I confirm that I have understood all of the above and what is required of me. I consent to participate in this study.	

Participant's name (BLOCK CAPITALS):

Signature:

Date:

Researcher's name (BLOCK CAPITALS):

Signature:

Date:

**Thank you for agreeing to take part in this study. Your contribution is very much appreciated.**

Nicholas Frealand M.A., Child and Adolescent Psychotherapist in Doctoral Training,  
Harrow CAMHS, Ash Tree Clinic, 322 Northolt Rd, Harrow HA2 8EQ  
020 8869 4500 - [nicholas.frealand@nhs.net](mailto:nicholas.frealand@nhs.net)

**This research project has been formally approved by the Tavistock Research Ethics Committee.**

## Appendix 4B – Public Facing Documents



# The Tavistock and Portman NHS Foundation Trust

Version 1 date 04.01.2020

TREC ID:

Identity Research

Nicholas Frealand

### Post-Interview Information and Debrief Letter

ProfDoc research project title: *“What was the role of identity in the training of child and adolescent psychoanalytic psychotherapists and what is its relation to their clinical practice?”*

Principal Investigator: Nicholas Frealand

Thank you very much for taking part in my study.

I hope that through your invaluable contribution, this study will help to enhance understandings of training of child and adolescent psychoanalytic psychotherapists. Additionally, I hope your insights may be of help to future trainees and practitioners, enabling them to better understand their experiences while training and beyond.

Unforeseen questions or concerns may arise for you now your part in the study has ended. If you would like to speak with someone, please do contact The Association of Child Psychotherapists, who will help or signpost you:

By telephone: 020 7922 7751

By email: [admin@childpsychotherapy.org.uk](mailto:admin@childpsychotherapy.org.uk)

By post: The Association of Child Psychotherapists, CAN Borough, 7-14 Great Dover Street, London, SE1 4YR

If you have any concerns about my conduct over the course of this interview or any other aspect of this research study, you can discuss this with me ([nicholas.frealand@nhs.net](mailto:nicholas.frealand@nhs.net) - 020 8869 4500), my supervisor Dr Lucia Genesoni ([luciagenesoni@gmail.com](mailto:luciagenesoni@gmail.com)) or Simon Carrington, Head of Academic Governance and Quality Assurance, Tavistock and Portman NHS Foundation Trust ([academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk)).

Thank you again,

Nicholas Frealand M.A.  
Child and Adolescent Psychotherapist in Doctoral Training,  
Harrow CAMHS, Ash Tree Clinic, 322 Northolt Rd, Harrow HA2 8EQ  
020 8869 4500  
[nicholas.frealand@nhs.net](mailto:nicholas.frealand@nhs.net)

## Appendix 5 - Indicative Interview Schedule



# The Tavistock and Portman

NHS Foundation Trust

Version 3, date 19.08.2020

TREC ID:

Identity Research

Nicholas Frealand

### Indicative Interview Schedule

ProfDoc research project title/question: *“What was the role of identity in the training of child and adolescent psychoanalytic psychotherapists and what is its relation to their clinical practice?”*

Researcher: Nicholas Frealand

*Semi-structured interview schedule for qualified child and adolescent psychotherapists in the ACP, exploring the role of identity in their training and its relation to their clinical practice.*

#### Introduction

*The following aims to provide a sense of the areas I am most interested in but it is only a guide. My approach is exploratory as I aim to follow participants' lead in terms of the experiences and areas of identity they feel to have been most relevant to their training and subsequent practice. I have no expectation or need for all these questions to be answered: how the participant interprets and chooses to answer the research question is what I'm most interested in.*

*My aim is to answer the deeper question of how did child and adolescent psychoanalytic psychotherapists **experience and understand** identity in their clinical training and how does this relate to their clinical practice?*

#### **Part 1 – Preliminaries**

Confidentiality - starting recording; charting the time frame of the interview

This research study, impressions and motivation.

Context: when and where (training centre, clinical training post/s).

#### **Part 2 – Identity in Training - Reflections on experience and points of view- ‘What was it like?’ What was/is your opinion?**

**Initial answer/impressions** of the question - What was the role of identity in the training of child and adolescent psychoanalytic psychotherapists and what is its relation to their clinical practice?

General **place of identity** - in terms of gender, religion, ethnicity and sexuality [GRES] - in clinical training - what stands out?

**Demographics** of clinical training: year group, staff/teachers/supervisors, management and directors?



Were GRES particularly **prominent** or **relevant** to your experience?

When was identity made a **primary focus**? Which aspects of identity were involved?

**When did identity come up?** What were the **usual circumstances** when GRES would become a cause for discussion during your clinical training?

Was there ever a sense that thinking about identity was **encouraged or discouraged**? Which aspects of identity were involved?

How were themes involving identity encountered and negotiated in the **various settings** of your clinical training?

When it came to your **year-group cohort** with whom you had seminars, did it feel like **'group process'**, group dynamics, in-group competition was impacted upon by these aspects of identity?

When it came to identity did you find there were **struggles** within the group? Did you experience particular difficulties or struggles around identity that you became aware of in the group?

What about the role identity played in one-to-one supervision?

Did identity feature particularly in the **Group Relations Conference**? Did this impact upon your overall experience of training?

### **Part 3 – Identity in Practice – Experience since qualifying - 'What's it been like?'**

#### **General experiences of working with identity in clinical practice:**

Current and previous **role since qualifying – where?** For how long?

In what ways has identity been a significant factor in your **professional experiences** since qualifying? How has the role of identity in your work as a trainee **contrasted** with its role in your qualified-work? Have there been contrasts between post-training jobs and training post? Have you felt like your **training equipped you with sufficient skills** in this area?

How has identity been encountered and negotiated in the various **settings** of your work? Have any of **GRES been more/less challenging** in your work?

Have you needed to make **alterations in your technique** to adapt to patient-identity demographics?

#### **The place for identity**

What is your view of **having or developing a 'psychoanalytic identity'** as it might relate to GRES?

### **Part 4 – Ending**

Feeding back: are there any aspects of your experiences and views in relation to identity in psychotherapy training and practice that have **not been covered** in this interview?

Thank you very much for helping me and giving up your time.

Next steps: post-interview information, follow-up, transcription, post-interview confidentiality form with transcript.

## Appendix 6 - Post-interview Confidentiality Form

Version 1, date 04.01.2020  
TREC ID:  
Identity Research  
Nicholas Frealand



### Post-interview Confidentiality Form

**The Tavistock and Portman**  
NHS Foundation Trust

ProfDoc research project title: “*What was the role of identity in the training of child and adolescent psychoanalytic psychotherapists and what is its relation to their clinical practice?*”

Principal Investigator: Nicholas Frealand

It is my aim and duty to use the information that you have shared responsibly. Now that you have completed and seen the transcript of your interview, I would like to give you the opportunity to provide me with additional feedback on how you prefer to have your data handled.

Please tick the box next to one of the following statements:

*You may share the information just as I provided it; however, please do not use my real name. I realize that others might identify me via the information despite my name being absent.*

*You may share the information I provided; however, please do not use my real name and please change details that might make me identifiable to others. In particular, it is my wish that the following specific pieces of my data not be shared without first altering the data so as to make me unidentifiable (describe this data in the space below):*

---



---



---

You may contact me if you have any questions about sharing my data with others by using the following details:

Nicholas Frealand M.A., Child and Adolescent Psychotherapist in Doctoral Training,  
Harrow CAMHS, Ash Tree Clinic, 322 Northolt Rd, Harrow HA2 8EQ  
020 8869 4500  
[nicholas.frealand@nhs.net](mailto:nicholas.frealand@nhs.net)

Respondent's signature \_\_\_\_\_

Date \_\_\_\_\_

Investigator's signature \_\_\_\_\_

Date \_\_\_\_\_

## Appendix 7 – Example of transcript text tagged with multiple codes via ‘Taguette’ software

I: ..so, you know, how much does this get explicitly, erm thought about, talked about and worked with in the group?

P: ..... We certainly were not given a space, which is different now, er led by somebody either from within the training organisation or brought in to enable a training group or training year to reflect on issues within the group and um various areas of er, of whatever areas need to be thought about.

**Document:** Interview 0[REDACTED] **Tags:** Improvement since they trained; hope; contemporary focus, Group Rivalry, Competition, Tension, Experiential/Group learning

---

within that, our particular group at the time, there was... no, that, that issue um, that one student came up to me and asked me about um was done very privately.

I: Yeah.

P: And um, you know, issues of um, gender and sexuality, and um race, and um difference in that regard, was really, really not taken up.

**Document:** Interview 0[REDACTED] **Tags:** Not speaking [P] about ID , Deficit in ID role - insufficient, ID as a personal (analysis) issue, ID kept Private, Silence [T]; difficulty/discomfort about speaking, ID which burdens minorities without mutuality

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P: now I think in part that may be overlaid by, if you are in an area where there is so much emphasis on trying to establish, er, a profession.

I: Mm.

P: Or a, the survival of trying to establish it. [REDACTED]. And when there is such a sense of vulnerability, of the, you know ‘is this viable?’

I: Mm.

P: ‘Is it going to survive?’ that type of thing, I think that, um, these, if you like, these differences, um, all become a, if you like, difference, um, they get ignored within the group because there is so much of a struggle looking outside the group, in terms of the viability of the profession and that sort of thing.

I: Mm hm. I think..

P: Does that make sense?

I: It does, yeah, I, it brings to mind a sense of, like in contemporary political discourse around social identity, that people can often say, you know, say for example, ‘there’s no need to bring race into it’ for examp-, as one of these aspects, and that to do so is divisive.

P: [very softly] Mm, yes. [much louder] Don’t, and actually don’t look at it, and don’t address the differences, which there were vast differences between people um really very comfortably off within the group, um compared with other people [REDACTED]

I: Mm hm.

P: Um, or people were [REDACTED] with all the worry and concern about that. Um so there were, and all of that was I think um a ‘no, no, no, let’s concentrate on the academic or the clinical or the whatever and, not to go there’. I don’t think it was encouraged. Um..

I: Yeah.

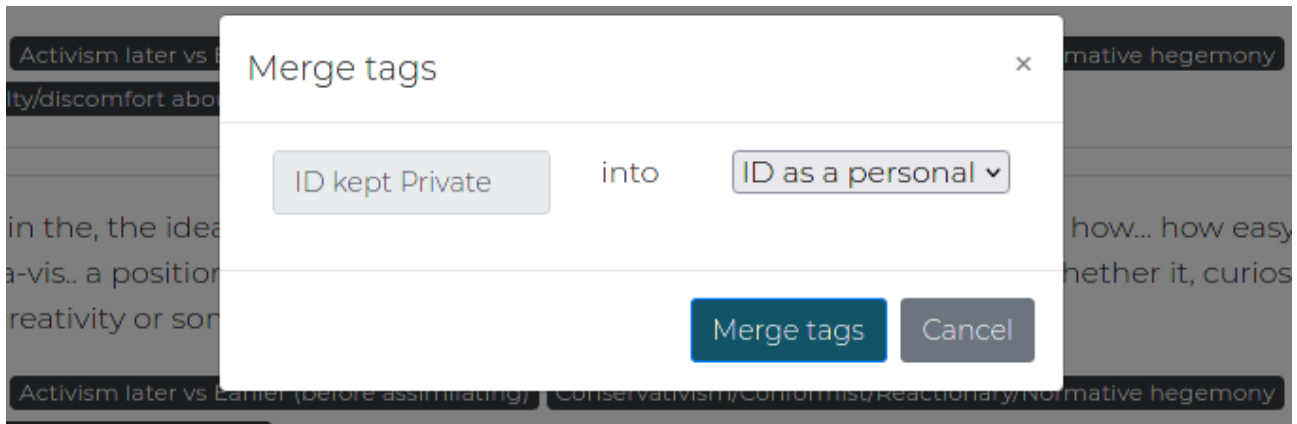
P: ..within the organisation.

I: And so in terms of erm, I guess your understanding of that, would that be because to go there would potentially weaken the solidarity of the group? Or the functioning of the group somehow, that’s, you know there might be a fantasy that things will break down, if you go into those areas.

P: ...in a way we can’t have difference and we can’t, we mustn’t, we mustn’t think about the differences, yes a great fear of that. And presumably um because if we start squabbling too much um it’s the whole place um, if you like, [?the?]attempt at establishing child psychotherapy will be completely undermined, yes

**Document:** Interview 0[REDACTED] **Tags:** Not speaking [P] about ID , Hostile Environment and stance towards minoritised PA, Power, Institutional Authority, Hierarchy, Outgroup Cohort Rivalry, Competition, Tension, Fear, Risk, Safety, Silence [T]; difficulty/discomfort about speaking, ID as distraction - Avoid, Shun, Resent, stiffling ID/GW, ID as subordinate to Clinical/Theoretical realm, ID as not relevant (valueable, worthy, belonging) or present

## Appendix 8 – Image of merging codes in ‘Taguette’ software



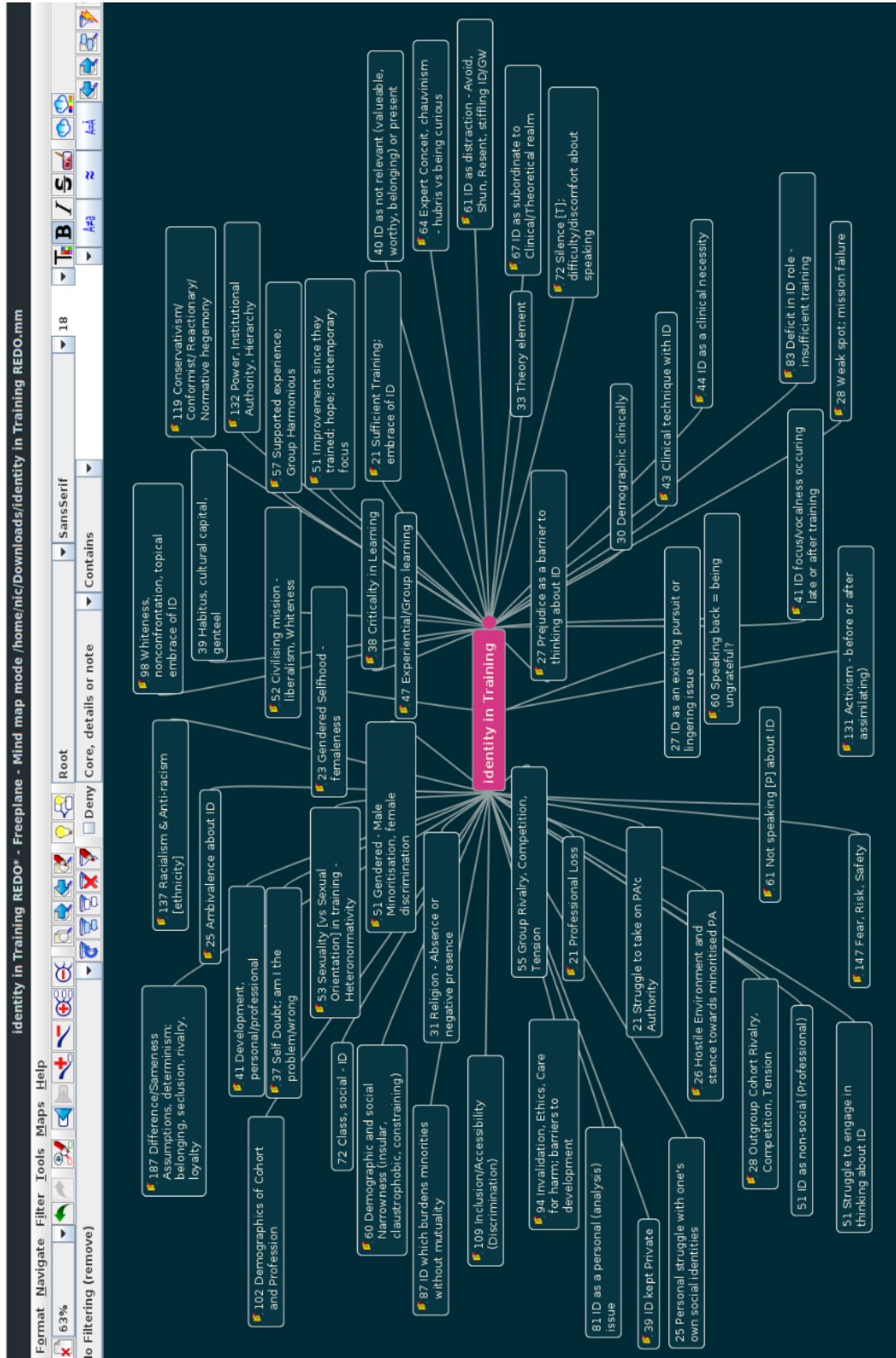
# Appendix 9 – Images of thematic mind-mapping

‘View Your Mind’

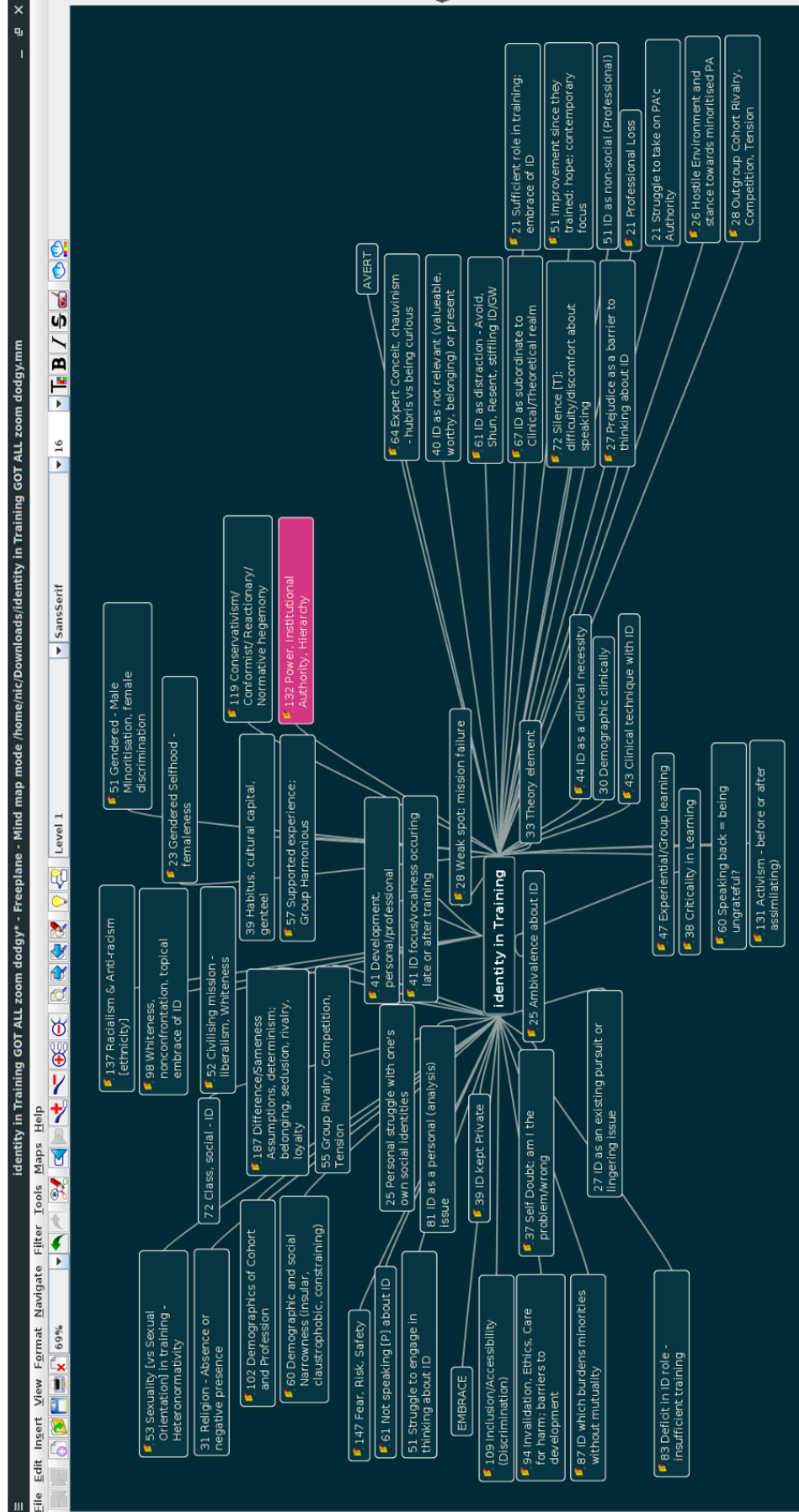
YVM - View Your Mind

54 CODES MAPPED.vym X  
Tree Editor

- Role of Identity in Training
- 21 - Struggle to take on PAC: Author...
- 21 Professional Loss
- 21 Sufficient Training: embrace of ID
- 23 Gendered Selfhood - femaleness
- 25 Ambivalence about ID
- 25 Personal struggle with one's ow...
- 26 Hostile Environment and stance
- 27 Prejudice as a barrier to thinking...
- 27 ID as an existing pursuit or ling...
- 28 Weak spot; mission failure
- 28 Outgroup Cohort Rivalry, Compe...
- 30 Demographic clinically
- 31 Religion - Absence or negative p...
- 37 Self Doubt; am I the problem/wr...
- 41 Development, personal/profession...
- 39 Habitus, cultural capital, genteel
- 23 Gendered Selfhood - femaleness
- 51 Gendered - Male Minoritisation, female discrimination
- 53 Sexuality vs Sexual Orientation) in training - Heteronormativity
- 31 Religion - Absence or negative presence
- 102 Demographics of Cohort and Profession
- 72 Class, social - ID
- 60 Demographic and social Narrowness (Insular, claustrophobic, constraining)
- 87 ID which burdens minorities without mutuality
- 109 Inclusion/Accessibility (Discrimination)
- 94 Invalidation, Ethics, Care for harm; barriers to development
- 81 ID as a personal (analysis) issue
- 25 Personal struggle with one's own social identities
- 61 Not speaking [P] about ID
- 147 Fear, Risk, Safety
- 119 Conservatism /Conformist /Reactionary /Normative hegemony
- 132 Power, Institutional Authority, Hierarchy
- 51 Improvement since they trained; hope; contemporary focus
- 40 ID as not relevant (valuable, worthy, belonging) or present
- 21 Sufficient Training: embrace of ID
- 38 Criticality in Learning
- 47 Experiential/Group learning
- 55 Group Rivalry, Competition, Tension
- 53 Civilising mission - liberalism, Whiteness
- 27 Prejudice as a barrier to thinking about ID
- 27 ID as an existing pursuit or lingering issue
- 30 Demographic clinically
- 43 Clinical technique with ID
- 44 ID as a clinical necessity
- 60 Speaking back = being ungrateful?
- 131 Activism later vs Earlier (before assimilating)
- 28 Weak spot; mission failure
- 64 Expert Conceit, chauvenism - hubris vs being curious
- 61 ID as distraction - Avoid, Shun, Resent, stifling ID/GW
- 67 ID as subordinate to Clinical/Theoretical realm
- 72 Silence [T]; difficulty/discomfort about speaking
- 98 Whiteness, nonconfrontation, topical embrace of ID
- 57 Supported experience; Group Harmonious
- 137 Racism/anti-racism (ethnicity)
- 39 Habitus, cultural capital, genteel
- 23 Gendered Selfhood - femaleness
- 51 Gendered - Male Minoritisation, female discrimination
- 53 Sexuality vs Sexual Orientation) in training - Heteronormativity
- 31 Religion - Absence or negative presence
- 41 ID focus/vocalness occurring late or after training
- 21 Professional Loss
- 21 - Struggle to take on PAC: Authority
- 51 ID as non-social (Professional)
- 26 Hostile Environment and stance towards minoritised PA
- 28 Outgroup Cohort Rivalry, Competition, Tension
- 51 Struggle to engage in thinking about ID
- 39 ID kept Private
- 102 Demographics of Cohort and Profession
- 147 Fear, Risk, Safety
- 132 Power, Institutional Authority
- 137 Racism/anti-racism (ethnicity)
- 147 Fear, Risk, Safety
- 187 Difference/Sameness Assumpti...



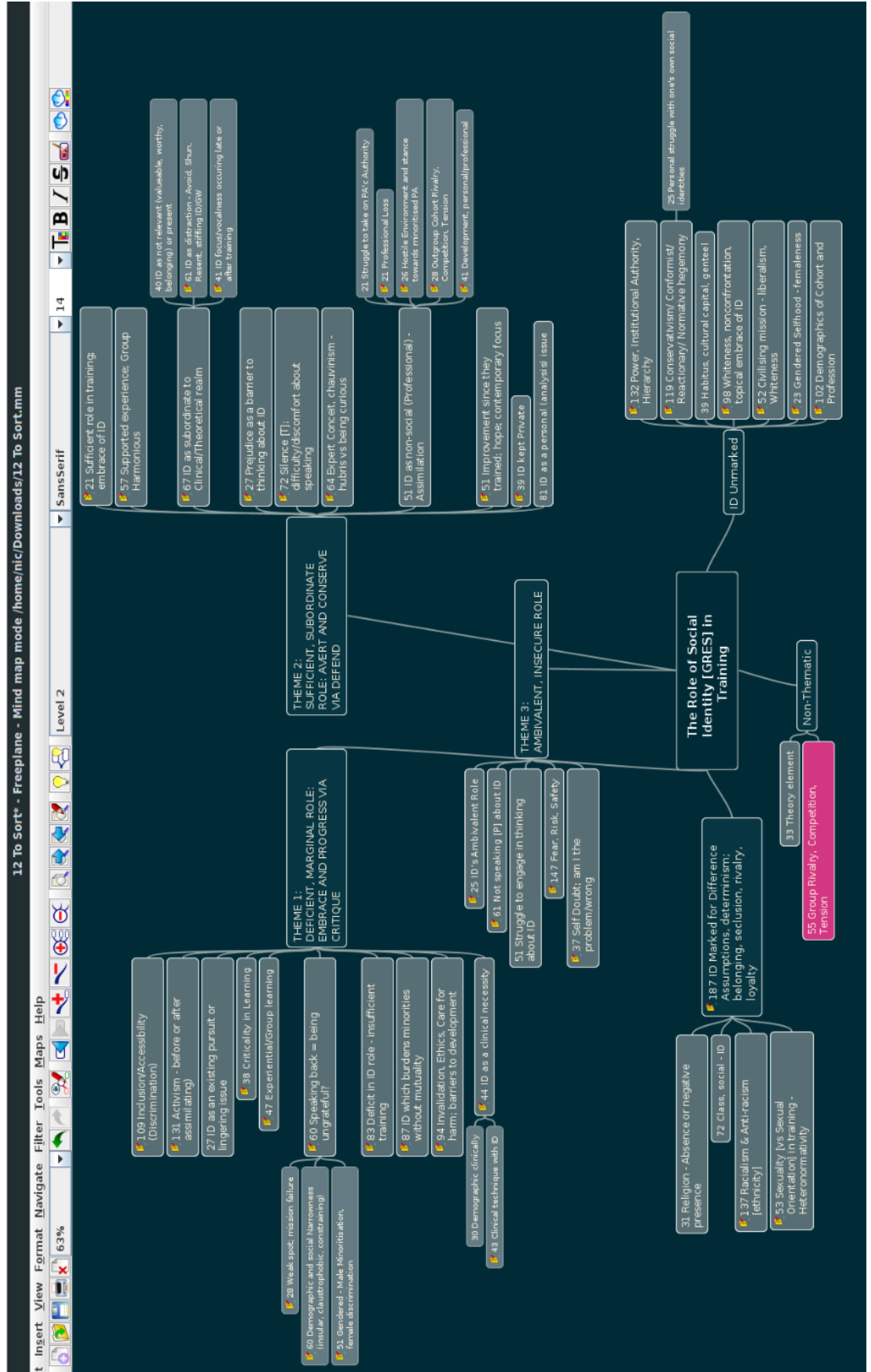
# Appendix 10 – Organising Subthemes

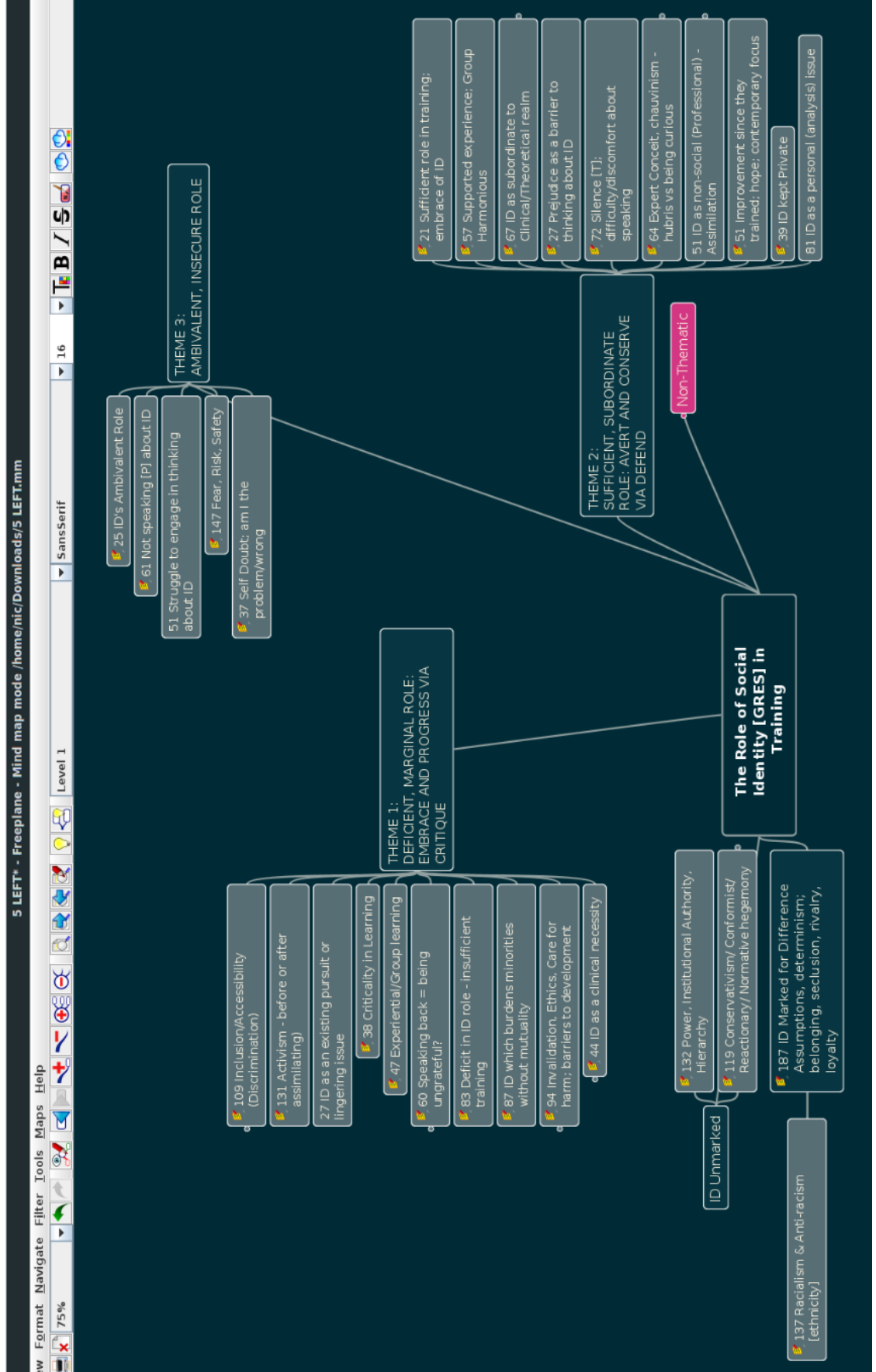


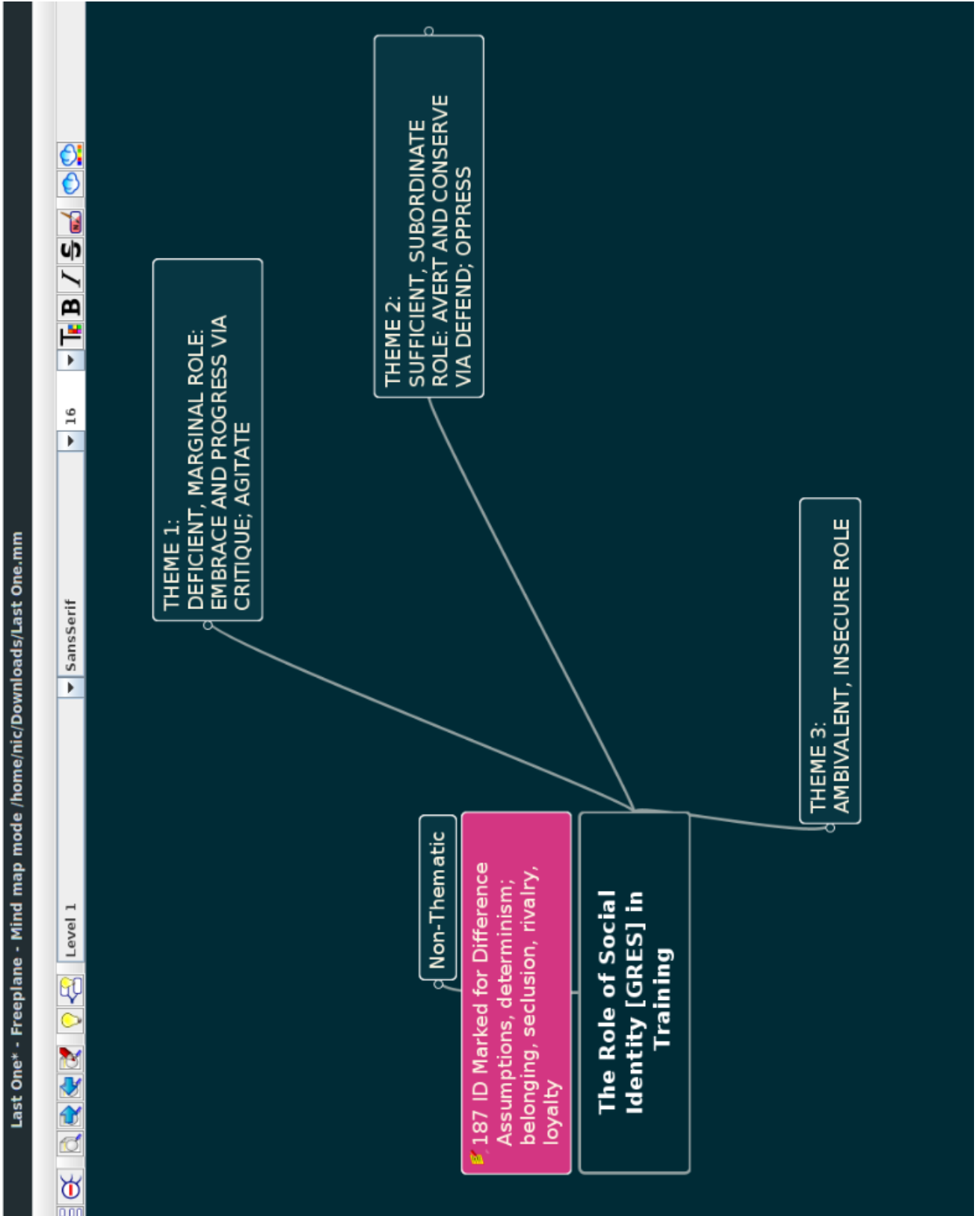




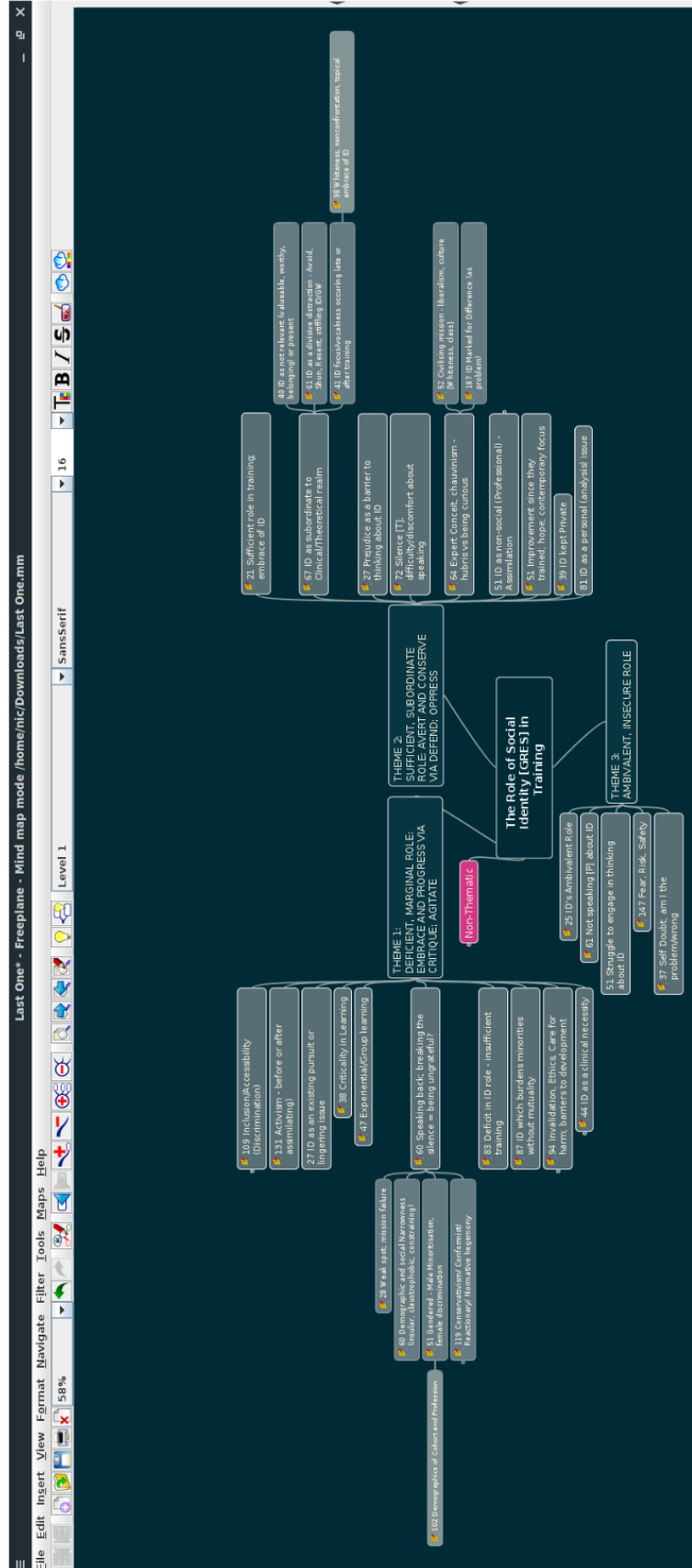
Appendix 11 - Reviewing Themes and Subthemes







# Appendix 12 - Defining Themes

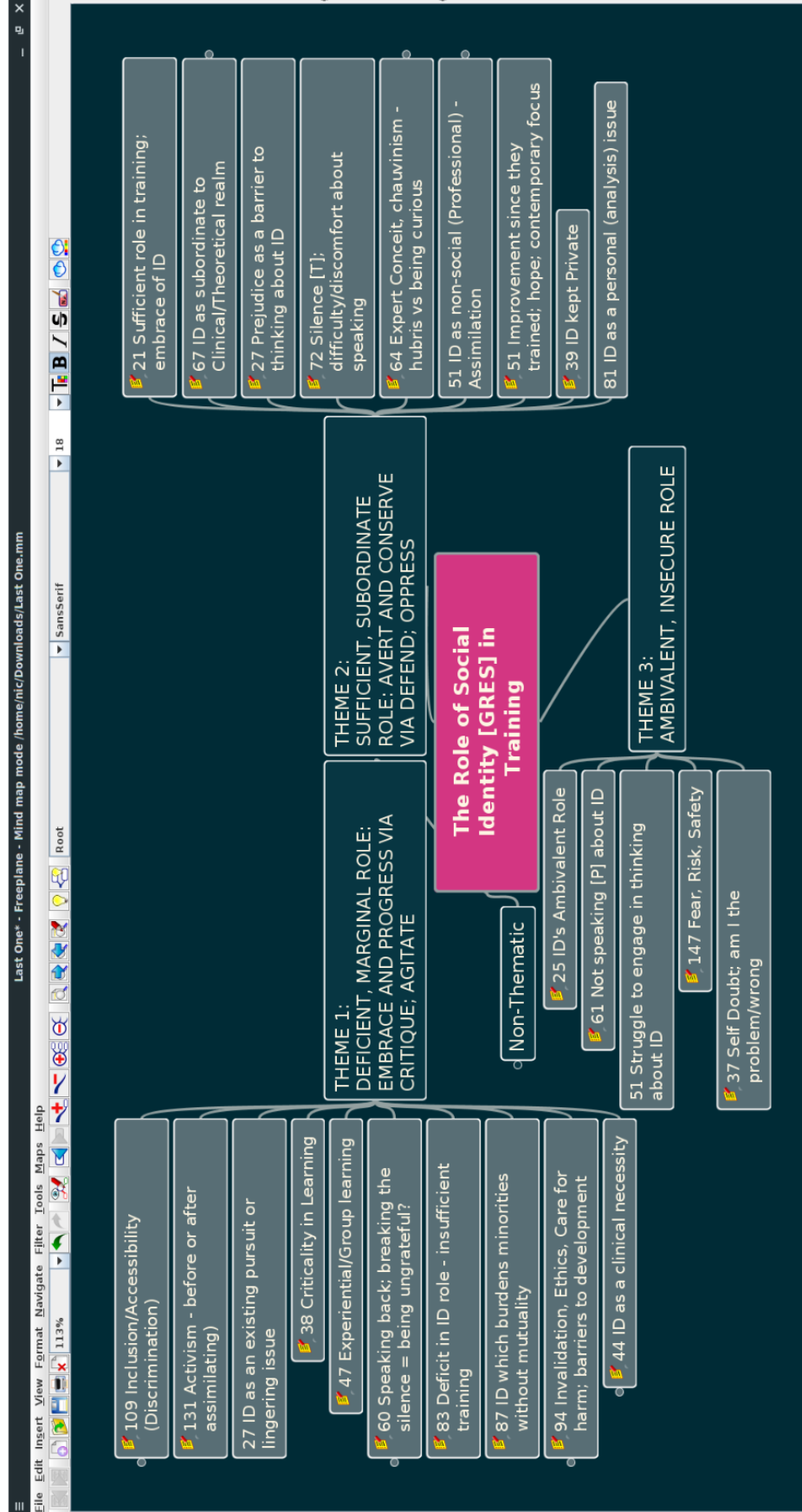


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### The Role of Social Identity [GRES] in Training

#### THEME 1:

DEFICIENT, MARGINAL ROLE: EMBRACE AND PROGRESS VIA CRITIQUE; AGITATE

- 109 Inclusion/Acceptability (Discrimination)
- 72 Class, social - ID
- 131 Activism - before or after assimilating
- 27 ID as an existing pursuit or lingering issue
- 38 Criticality in Learning
- 47 Experience (Group learning)
- 60 Speaking back; breaking the silence = being ungrateful?
- 28 Workshop: mission failure
- 60 Demographic and social hierarchies (insular, classophobic, core training)
- 51 Gendered - Male Minimization, female discrimination
- 102 Demographics of Cohort and Profession
- 119 Conservatism of Conformity Reactionary Romantic hegemony
- 83 Deficit in ID role - Insufficient training
- 87 ID which burdens minorities without mutuality
- 94 Invalidation, Ethics, Care for harm; barriers to development
- 31 Religion - Absence or negative presence
- 53 Sexuality & Sexual Orientation in training - Heteronormativity
- 44 ID as a clinical necessity
- 30 Demographic clinically
- 43 Clinical techniques = kh ID

#### Non-Thematic

#### THEME 3:

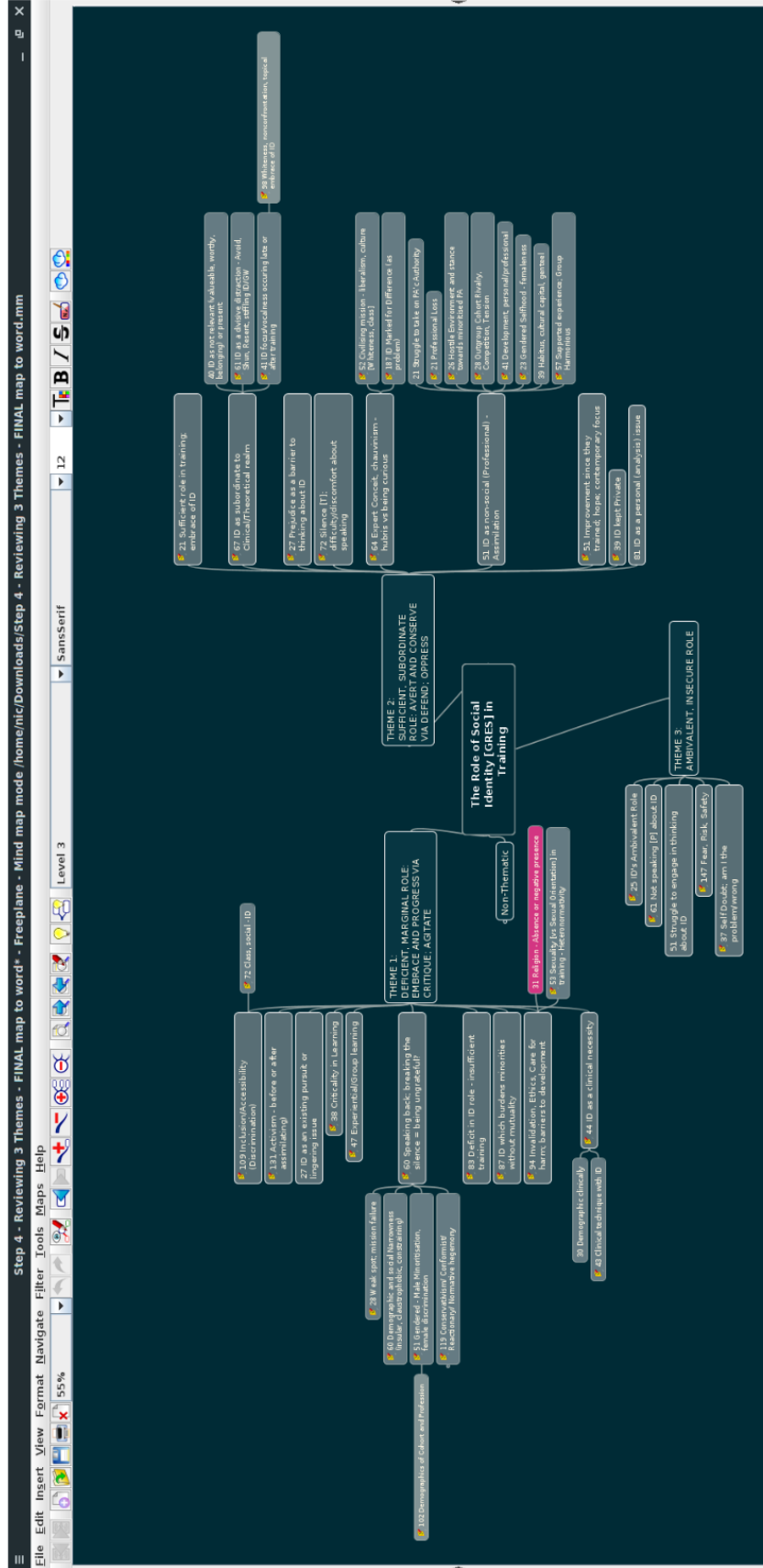
AMBIVALENT, INSECURE ROLE

- 25 ID's Ambivalent Role
- 61 Not speaking [P] about ID
- 51 Struggle to engage in thinking about ID
- 147 Fear, Risk, Safety
- 37 Self Doubt; am I the problem/wrong

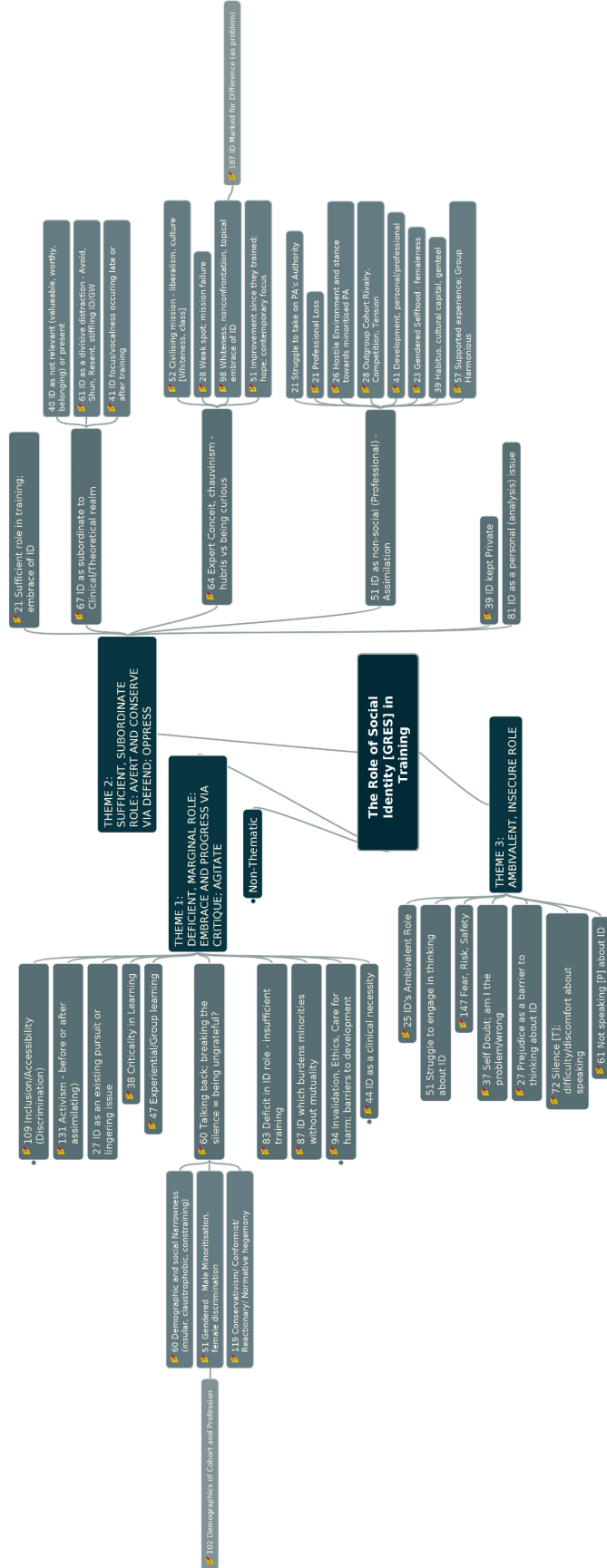
#### THEME 2:

SUFFICIENT, SUBORDINATE ROLE: AVERT AND CONSERVE VIA DEFEND; OPPRESS

- 21 Sufficient role in training; embrace of ID
- 67 ID as subordinate to Clinical/Theoretical realm
- 46 ID as not relevant/valuable, worthy, belonging or present
- 61 ID as a divisive distraction - Avoid, Shun, Resent, suffering ID/OWN
- 41 ID focus/visibility occurring late or after training
- 36 Whiteness, nonconfrontation, topical embrace of ID
- 27 Prejudice as a barrier to thinking about ID
- 72 Silence (T); difficulty/discomfort about speaking
- 64 Expert Conceit, chauvinism - hubris vs being curious
- 52 Critiquing mission - liberalism, culture of Whiteness, class
- 187 ID Marked for Difference / as problem
- 51 ID as non-social (Professional) - Assimilation
- 21 Struggle to take on PR's Authority
- 21 Professional Loss
- 26 Hostile Environment and stance towards minoritized PR
- 26 Outgroup Cohort Rivalry, Competition, Tension
- 41 Development, personal/professional
- 23 Gendered Selfhood - femaleness
- 33 Habitus, cultural capital, gender
- 57 Supported experience: Group Harmonious
- 51 Improvement since they trained; hope; contemporary focus
- 39 ID kept Private
- 81 ID as a personal (analysis) issue





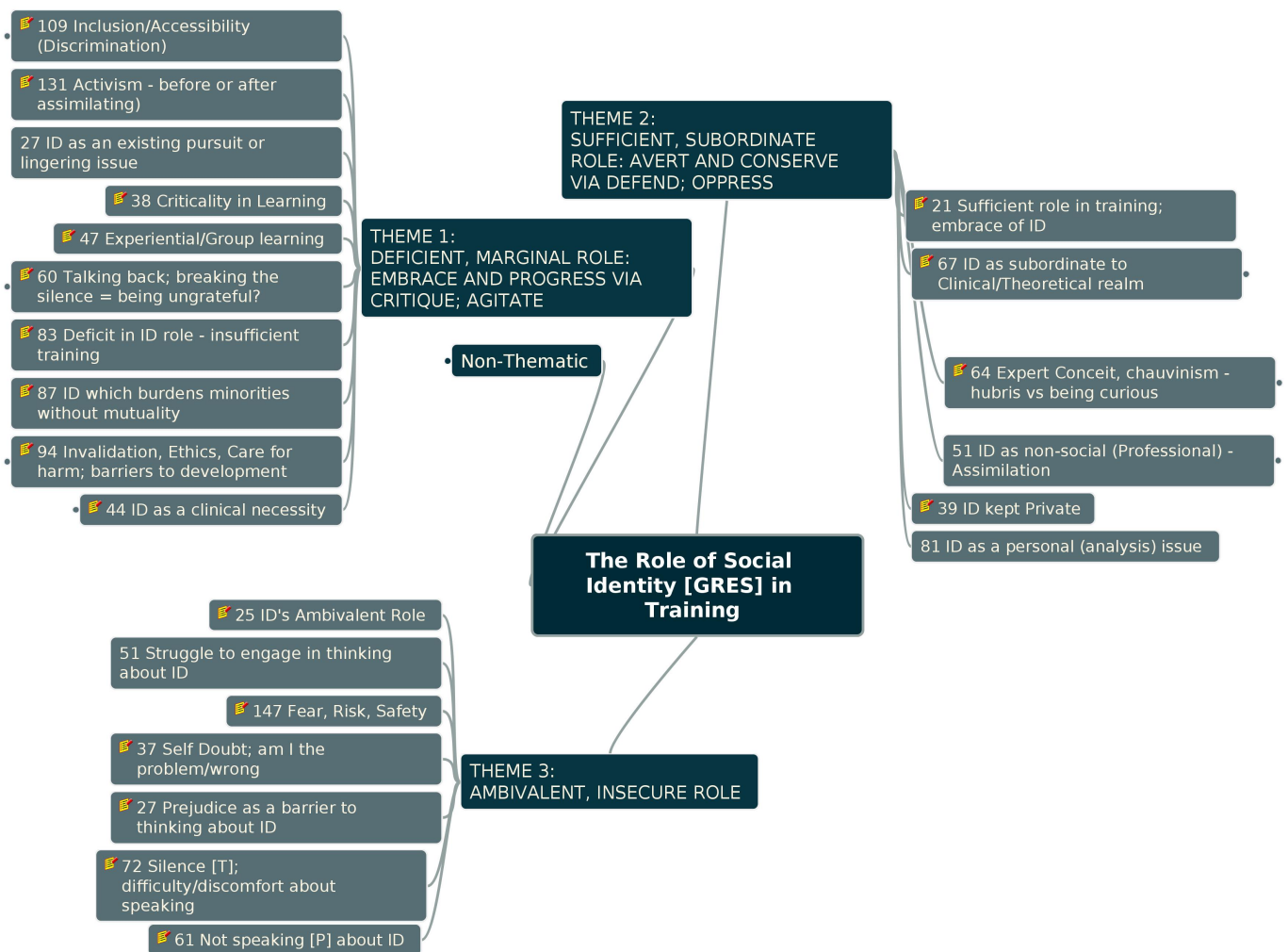


### Appendix 12b – Final Thematic Mindmap

This displays the final 3 themes and 23 of the 54 sub-thematic codes, arranged thematically with their quantity of occurrence (how many times the code was used – or ‘tagged’ to a data extract) to the left of each sub-thematic code.

It is important to note that quantity of occurrence is not an accurate reflection of the data since coding was done freely and is a more biased representation of the data due to my particular perspective and the mix of semantic and latent coding.

The most accurate representation of quantity of occurrence is between participants – this information is given for each subtheme in the results narrative in Chapter 4.



## Appendix 13 – Final Themes and Subthemes - Pre-write up

#MindMapExport FreeplaneVersion:freeplane 1.9.0

1 The Role of Social Identity [GRES] in Training

1.1 THEME 1: DEFICIENT, MARGINAL ROLE: EMBRACE AND PROGRESS VIA CRITIQUE;  
AGITATE

1.1.1 109 Inclusion/Accessibility (Discrimination)

1.1.1.1 72 Class, social - ID

1.1.2 131 Activism - before or after assimilating)

1.1.3 27 ID as an existing pursuit or lingering issue

1.1.4 38 Criticality in Learning

1.1.5 47 Experiential/Group learning

1.1.6 60 Talking back; breaking the silence = being ungrateful?

1.1.6.1 60 Demographic and social Narrowness (insular, claustrophobic,  
constraining)

1.1.6.2 51 Gendered - Male Minoritisation, female discrimination

1.1.6.2.1 102 Demographics of Cohort and Profession

1.1.6.3 119 Conservatism/ Conformist/ Reactionary/ Normative hegemony

1.1.7 83 Deficit in ID role - insufficient training

1.1.8 87 ID which burdens minorities without mutuality

1.1.9 94 Invalidation, Ethics, Care for harm; barriers to development

1.1.9.1 31 Religion - Absence or negative presence

1.1.9.2 53 Sexuality [vs Sexual Orientation] in training - Heteronormativity

1.1.10 44 ID as a clinical necessity

1.1.10.1 30 Demographic clinically

1.1.10.2 43 Clinical technique with ID

1.4 THEME 2: SUFFICIENT, SUBORDINATE ROLE: AVERT AND CONSERVE VIA DEFEND;  
OPPRESS

1.4.1 21 Sufficient role in training; embrace of ID

1.4.2 67 ID as subordinate to Clinical/Theoretical realm

1.4.2.1 40 ID as not relevant (valueable, worthy, belonging) or present

1.4.2.2 61 ID as a divisive distraction - Avoid, Shun, Resent, stiffling ID/GW

1.4.2.3 41 ID focus/vocalness occuring late or after training

1.4.3 64 Expert Conceit, chauvinism - hubris vs being curious

1.4.3.1 52 Civilising mission - liberalism, culture [Whiteness, class]

1.4.3.2 28 Weak spot; mission failure

1.4.3.3 98 Whiteness, nonconfrontation, topical embrace of ID

1.4.3.3.1 187 ID Marked for Difference (as problem)

1.4.3.4 51 Improvement since they trained; hope; contemporary focus

1.4.4 51 ID as non-social (Professional) - Assimilation

1.4.4.1 21 Struggle to take on PA's Authority

1.4.4.2 21 Professional Loss

1.4.4.3 26 Hostile Environment and stance towards minoritised PA

1.4.4.4 28 Outgroup Cohort Rivalry, Competition, Tension

1.4.4.5 41 Development, personal/professional

1.4.4.6 23 Gendered Selfhood - femaleness

1.4.4.7 39 Genteel habitus, cultural capital

1.4.4.8 57 Supported experience; Group Harmonious

1.4.5 39 ID kept Private

1.4.6 81 ID as a personal (analysis) issue

1.3 THEME 3: AMBIVALENT, INSECURE ROLE

1.3.1 25 ID's Ambivalent Role

1.3.2 51 Struggle to engage in thinking about ID

1.3.3 147 Fear, Risk, Safety

1.3.4 37 Self Doubt; am I the problem/wrong

1.3.5 27 Prejudice as a barrier to thinking about ID

1.3.6 72 Silence [T]; difficulty/discomfort about speaking

1.3.7 61 Not speaking [P] about ID

1.2 Non-Thematic

1.2.1 33 Theory element

1.2.2 55 Group Rivalry, Competition, Tension

1.2.3 143 Racism & Anti-racism [ethnicity]

1.2.4 153 Power [latent and semantic], Institutional Authority, Hierarchy

1.2.5 25 Personal struggle with one's own social identities

## Appendix 14a - Final Themes and Subthemes - Post-write up – Table Format

<u>Theme 1 – Insufficient Role</u>	<u>Theme 2 – Sufficient Role</u>	<u>Theme 3 – Ambivalent Role</u>
<b>Subthemes:</b> Deficit in role of social identity - insufficient training Inclusion/accessibility (discrimination)	<b>Subthemes:</b> Sufficient role in training; (conditional) embrace of social identity Identity as a non-social task of professional assimilation Struggle to take on psychoanalytic authority or identity-based	<b>Subthemes:</b> Social identity's ambivalent role Struggle to engage in thinking about social identity Self doubt; ‘am I the problem/wrong?’
Social class identity	Development, personal/professional	Hostile environment or stance towards minoritised psychoanalytic work; without mutuality
Invalidation, Ethics, Care for harm; barriers to development	Professional loss	Out-group rivalry, competition, tension
Social identity as something which burdens minorities in the absence of a sense of mutuality	Social identity as a personal (analysis) issue; personal struggle with one's own social identities	Improvement since they trained; hopeful or optimistic contemporary focus
Social identity as a clinical necessity	Social identity as something to keep private	Silent trainee/participant
Clinical demographic	Social identity as subordinate to clinical or theoretical realm	Silent training; difficulty/discomfort about speaking
Clinical technique with social identity	Social identity as not relevant (valuable, worthy, belonging); or not present	Fear, risk, safety
Social identity as marked for problematic difference	Social identity as a divisive distraction; an area of thinking to be avoided, shunned, resented or stifled	Prejudice as a barrier to thinking about social identity
Activism	Social identity focus/vocalness occurring late or after training	Gendered selfhood – femaleness
Talking back; breaking the silence	Supportive or harmonious group experience	Genteel habitus, cultural capital
Conservative/ Conformist/Reactionary politics; normative hegemony (‘elitism’)	Expert conceit; chauvinism; hubris – as a barrier to thinking or ‘being curious’	
Demographics of cohort or profession; social narrowness (insular, claustrophobic, constraining)	Weak spot; mission failure	
Gendered identity - male minoritisation, female discrimination	Civilising mission - liberalism, culture [Whiteness, class]	
Experiential/Group learning	Whiteness; non-confrontation; topical embrace of social identity	
Criticality in Learning		

## Appendix 14b - Final Themes and Subthemes - Post-write up – Text Format

### Theme 1 – Insufficient Role

#### Subthemes:

Deficit in role of social identity - insufficient training  
 Inclusion/accessibility (discrimination)  
 Social class identity  
 Invalidation, Ethics, Care for harm; barriers to development  
 Social identity as something which burdens minorities in the absence of a sense of mutuality

Social identity as a clinical necessity  
 Clinical demographic  
 Clinical technique with social identity  
 Social identity as marked for problematic difference

#### Activism

Talking back; breaking the silence  
 Conservative/ Conformist/Reactionary politics; normative hegemony ('elitism')  
 Demographics of cohort or profession; social narrowness (insular, claustrophobic, constraining)  
 Gendered identity - male minoritisation, female discrimination

Experiential/Group learning  
 Criticality in Learning

### Theme 2 – Sufficient Role

#### Subthemes:

Sufficient role in training; (conditional) embrace of social identity  
 Identity as a non-social task of professional assimilation  
 Struggle to take on psychoanalytic authority or identity-based  
 Development, personal/professional  
 Professional loss  
 Social identity as a personal (analysis) issue; personal struggle with one's own social identities  
 Social identity as something to keep private

Social identity as subordinate to clinical or theoretical realm  
 Social identity as not relevant (valuable, worthy, belonging); or not present  
 Social identity as a divisive distraction; an area of thinking to be avoided, shunned, resented or stifled  
 Social identity focus/vocalness occurring late or after training  
 Supportive or harmonious group experience

Expert conceit; chauvinism; hubris – as a barrier to thinking or 'being curious'  
 Weak spot; mission failure  
 Civilising mission - liberalism, culture [Whiteness, class]

Whiteness; non-confrontation; topical embrace of social identity

### Theme 3 – Ambivalent Role

#### Subthemes:

Social identity's ambivalent role

Struggle to engage in thinking about social identity

Self doubt; 'am I the problem/wrong?'

Hostile environment or stance towards minoritised psychoanalytic work; without mutuality

Out-group rivalry, competition, tension

Improvement since they trained; hopeful or optimistic contemporary focus

Silent trainee/participant

Silent training; difficulty/discomfort about speaking

Fear, risk, safety

Prejudice as a barrier to thinking about social identity

Gendered selfhood – femaleness

Genteel habitus, cultural capital

## Appendix 15 – Ethical Approval

The Tavistock and Portman   
NHS Foundation Trust

Quality Assurance & Enhancement  
Directorate of Education & Training  
Tavistock Centre  
120 Belsize Lane  
London  
NW3 5BA

Tel: 020 8938 2699  
<https://tavistockandportman.nhs.uk/>

Nicholas Freeland

By Email

13 February 2020

Dear Nicholas,

**Title:** "What was the role of identity in the training of child and adolescent psychoanalytic psychotherapists and what is its relation to their clinical practice?"

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

**Please be advised that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.**

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Best regards,



**Paru Jeram**

Secretary to the Trust Research Degrees Subcommittee

T: 020 938 2699

E: [academicquality@tavi-Port.nhs.uk](mailto:academicquality@tavi-Port.nhs.uk)

cc. Course Lead, Supervisor, Research Lead



### Change to Doctoral Research Protocol 2019/20

Student name	Nicholas Frealand
Date	25-4-20
Doctoral programme	Professional Doctorate in Child & Adolescent Psychoanalytic Psychotherapy (D.Ch.Psych.Psych.)
Supervisor(s)	Lucia Genesoni
Has ethical approval been granted?	Yes, via TREC on 13 February 2020
Please include process (TREC/UREC/IRAS) and date	courtesy of Paru Jeram Secretary to the Trust Research Degrees Subcommittee.

Please state clearly and simply the proposed changes to your project (methods of data gathering, changes to design etc)

Due to the current COVID-19 health emergency, I am submitting a request of change of data collection to TREC in order to add the possibility of conducting interviews by Zoom video conference rather than in person. This is the only change I am requesting.

I am submitting this request with the following enclosed: all documents previously approved by TREC which pertain to the above change edited via the 'track changes' tool in Word.

All of these updated and attached forms have received the approval of my supervisor who is copied in to this correspondence.

Please return this form as directed by your supervisor or course lead  
You **must** ensure any changes are also approved by your ethical approval body before you start work

## **Appendix 16 – Aims of the Research Project**

### **Main Aim:**

Answer the research question: “How have child and adolescent psychoanalytic psychotherapists experienced and understood the role of social identities in training, and how might this relate to their practice?”

### **Accompanying Aims:**

Enhance understandings of psychoanalytic training, provide insight into the heterogeneity of psychoanalytic culture and alleviate confusion or distress of past, present and future trainees.

### **Findings from Main Aim:**

Three themes with accompanying subthemes provide a range of different meanings for the role of social identity in training.

### **Additional Aims:**

- 1 Highlight the gap in the existing literature in the context of child psychotherapy.
- 2 Share information about the historical context of psychoanalytic training.
- 3 Investigate to what extent issues involving social identity are considered or experienced as personal problems of the individual rather than manifestations of a wider context which may also have implications for therapeutic practice.
- 4 Investigate how gender politics may be implicated in racialised politics by attending to the intersection of Whiteness and femaleness.

### **Findings from Additional Aims:**

- 1 Literature review provides outcomes of multiple comprehensive literature database searches.
- 2 Literature review provides broad discussion of the roles of relevant aspects of social identity in historicised context.
- 3 Original research findings suggest this prospect was a significant fear in some participants’ training experiences but was not experienced. Literature review research findings

demonstrate this as a reality for non-normative and non-conforming trainees of various psychological therapies.

- 4 There was a lack of explicit insight into this area which would benefit from further research.