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**Using Intersectionality to Understand Psychological Therapists' Stories of Professional
Development**

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Abstract

This narrative inquiry explores counselling psychology and psychotherapy's understanding of professional development through the lens of intersectionality, a term first coined by Kimberlé Crenshaw who drew on black feminist thought. This study aimed to address a gap in understanding of the wider social context of professional development within the psychological therapies, by examining the complexity of multiple developmental *and* social processes and influences on professional development.

Multiple interviews were conducted over a period of three to six months with three qualified psychological therapists who had at least five years' experience of providing face to face therapy. These were analysed using a voice-centred relational method alongside intersectionality as a heuristic tool.

The findings show the individual narratives and intersectional analysis of each therapist. Three overarching key messages emerged from the findings. First, there was only partial acknowledgment of the influence of social divisions even when they appeared to play a significant role in therapists' professional development. Secondly there were multiple mechanisms through which development took place. This included growth following adversity and clinical failure, harnessing of differences with resilience and creativity, identifying as a wounded healer, and mutual affect regulation with clients. The third is that through these mechanisms, the growth of therapists' developmental selves mirrored the same growth in their social identities. These findings therefore suggest that the personal experience of professional development occurs at an intrapsychic, interpersonal, and social level.

These findings add nuance to the dialogue around diversity, equality, and inclusivity by moving away from single axis frameworks towards relational intersectional reflexivity, so that we can use language that better reflects the rich intricacies of this area. The findings also challenge the profession to acknowledge that all therapists are on an unequal playing field and offers recommendations for how training organisations, membership bodies, regulatory bodies, supervisors, and therapists themselves can better support their professional development and ethical practice.

Contents

INTRODUCTION	1
Origins and Context: An Autobiographical Introduction	1
Research Aims, Questions and Rationale	4
LITERATURE REVIEW	10
Introduction	10
Individual Model of the Self.....	10
Diversity Research.....	12
Identity and Culture	14
Limitations of Single Axis Frameworks	14
Intersectionality	17
Limitations of Intersectionality	18
Intersectionality Research in Counselling Psychology	19
Intersectionality and Anti-Opressive Practice	21
Professional Development of Psychological Therapists	23
METHODOLOGY	26
Philosophical Foundation	26
Why Narrative? Intersectionality and Narrative Methodology	29
Research Methods	32
My Assumptions of Relational Selves and Identities	32
The Listening Guide (Voice-Centred Relational Method)	33
Participant Criteria, Sampling Technique and Recruitment Process	33
Interview Process and Collaborative Data Gathering	35
Data Analysis	37
Transcription	37
Stages of Listenings / Initial Analysis	38
Stage One - Listening to the Plot and My Response to the Interview	38
Stage Two - Listening for I-Poems.....	39
Stage Three - Listening for Contrapuntal Voices	39
Stage Four – Heuristic Tool of Intersectionality.....	40
Representing the Narratives and Intersectional Analysis	40

Quality and Trustworthiness.....	43
Reflexivity.....	44
Verisimilitude and Aesthetic Merit	46
Impact and Transformation	46
Ethical Considerations	47
FINDINGS - NARRATIVE REPRESENTATIONS AND INTERSECTIONAL ANALYSIS	51
John – Narrative Representation.....	51
Transformative Power of Education and Therapy	51
Surviving and Making Sense of Adversity: A Great Triumph.	53
Becoming a Better Therapist	59
When Narratives Collide	62
Endings. A Moment of Transition.	65
John – Intersectional Analysis	68
Will – Narrative Representation.....	73
Taking Perspective	73
Rupture and Repair	74
Becoming an Adult.....	75
Being Seen.....	75
Increasing Confidence.....	79
Addressing Difference.....	84
Will – Intersectional Analysis	87
Yirah – Narrative Representation.....	93
Spirituality and Validation from Clients	93
Reciprocal Healing.....	94
I Honour my Dreams	97
Being Mindful of What I Represent	99
Wanting to Make a Difference	100
Becoming a Fusion of Flavours	101
This Journey is not for the Swift but for those who can Endure	104
Yirah – Intersectional Analysis	107
DISCUSSION	113
Key Findings in Detail	114
Partial Acknowledgement of the Influence of Social Divisions.....	114

Mechanisms of Development	117
Multiple Layers of Growth	124
Contribution and Implications	126
Implications for Training Institutions.....	127
Implications for Therapists	128
Implications for Supervisors.....	129
Implications for Regulatory and Membership Bodies - HCPC / BPS / UKCP / BACP	129
Strengths and Limitations of the Research	130
Breadth and Depth / Complex Methodology	130
Non-Directive Approach / Uneven Spread of Data.....	131
Diverse Participant Stories / Limited Transferability	131
Future Research	132
Conclusion	132
REFERENCES	134
APPENDICES	171
Appendix 1 - Recruitment Advertisement	171
Appendix 2 – Individual Recruitment Email	172
Appendix 3 – Participant Information Sheet.....	174
Appendix 4 – Verification Form.....	179
Appendix 5 – Example of Stage One Listening (Plot and my Response).....	180
Appendix 6 – Example of Line by Line Stage 2 Listening (I-Poem)	182
Appendix 7 – Example of Line by Line Stage 3 Listening (Contrapuntal Voices)	183
Appendix 8 – Example of Stage 4 Listening (Intersectionality as Heuristic Tool).....	184
Appendix 9 – Mind Map of Themes for Discussion.....	185

INTRODUCTION

Origins and Context: An Autobiographical Introduction

I am an Integrative Psychotherapist and Integrative Psychodynamic Counsellor who grew up in a multicultural part of London, and I identify as a thirty-seven-year-old British born Chinese woman. My parents immigrated to the UK from Hong Kong in the 1970s and experienced the violent racism that was prevalent at the time. My mother suffered from 'the baby blues' after having me, and I internalized my mother's internalized racism, as well as actual racism from others growing up. As a result, I felt I had to prove myself worthy of being a British citizen, whilst not feeling I could fully identify or belong to either a Chinese or English culture. I felt split and fragmented and managed my relationships to myself and others in a push-pull way.

My draw towards an integrative training and my reason for doing this research is to understand and integrate these splits in myself. I studied psychology and sociology for my undergraduate degree and was a political activist from the age of sixteen against many social and structural injustices including racism and violence against women. Alongside my doctorate I worked for an independent grant making organization that aimed to financially support UK civil society to innovate social change for the benefit of those who are disadvantaged. Being both a grant maker and a psychotherapist I wanted to understand how to affect change at multiple levels; the structural, the interpersonal and the intrapsychic, and I found it impossible to understand these in isolation from each other.

However, during my training, tutors and fellow trainees would comment on my Chinese heritage, gender, or youth when it came to my intersubjective process with clients. This 'or' mirrored my struggle with splitting on a personal level, as I felt it was being recreated on a professional one. I did not feel I could separate out my ethnicity, gender, and youth, and I could not fully relate to the discourse around difference, particularly ethnicity, as it was so heavily embedded in oppression. I found myself feeling oppressed in my professional training by the very discourse that was attempting to empower people from ethnic minority communities. Through further therapeutic engagement, I realized that the construct of 'and' rather than 'or' was more useful when it came to my social identities, as it allowed me to acknowledge and understand how they intersected and overlapped with one another within multiple systems of division and power.

For example, during my training, my understanding of my identities as a young trainee psychotherapist, a daughter, an ethnic minority in the UK, a Westerner, and an atheist all shifted in both profound and subtle ways over a series of moments with a client I will call Amna (pseudonym). This client was a qualified psychotherapist, which daunted me as a trainee psychotherapist at the time. When she arrived, she was highly distressed and begging me to help her. I felt both powerful through her complete faith in me, and powerless in not knowing how I could possibly help. Even though she was old enough to be my mother she presented as a very young child. The three intersecting elements of my identity, being a trainee, being young, and being a daughter, expressed themselves through an enactment in our relationship where I felt powerless and fearful in the face of my own helpless mother and forced to be her pseudo-therapist from a young age. This recognition helped me to continue separating as a daughter from my mother and helped me to grow into my authority as a therapist.

Another challenge to my identity with Amna was my idea of what it meant to belong to an ethnic minority community within a British context. Having grown up in multicultural London I felt I could relate to others who had experienced racism and therefore shared a common, unspoken understanding with other people from ethnic minority communities. Amna however, seemed terrified of me judging her as a terrorist as she was South Asian and Muslim; I then realised that the discourse of multiculturalism had shifted since the 7/7 attacks. This meant that my ethnic difference was safer and therefore more privileged, at that point in time, than her ethnic difference due to the political discourse of the 'war on terror'. This was one of the relatively rare times that I felt more privileged as an ethnic minority, and it changed the way I understood and applied that term to myself. It also allowed me to understand that this was another way for her to put me in a more powerful position to herself.

As an atheist I regarded Amna's religious beliefs as a part of her identity and therefore important to respect and work with from the distance that my postmodern philosophy would allow. Six months into our work together, during one of our sessions when she felt particularly distressed, I experienced a disorientating moment where my vision became blurry due to bright white flashes of light. I regained my composure and carried on the session without voicing this to her, especially, as she appeared not to have noticed. I had never experienced anything like this before (or since) and put it down to perhaps being overtired even though I had felt fine before and after the session. The following week, she reported feeling more at peace and said to me, 'you know... I see auras, and sometimes I see a really bright white aura around you when you are most powerful at healing'. I was astounded and too afraid to share my own experience of

the previous week as I could not make sense of it. I shared this with my supervisor who suggested that we were both highly attuned to each other in that moment. Perhaps this was a transpersonal moment (Clarkson, 2008), something I had never really understood in my training and therefore could not incorporate into my practice. This has been particularly surprising given my parents' belief in village folk religion; a part of my cultural heritage I had dismissed due to a sense of internalised oppression from the Western part of my identity (hooks, 1995). Not long after this my grandmother died, and I made a conscious decision to spend five days in Hong Kong taking part in religious rituals to ensure her spirit could make its way home.

This moment with Amna allowed me to embrace my parent's folk beliefs more fully, and helped me begin to understand the transpersonal, which has deepened my appreciation of spiritual beliefs. I understood this as Amna feeling more at peace through the reclamation of her power as a psychotherapist, a mother, and a spiritual being through our mutual shared exchange.

My clinical journey with Amna illustrates how the complex intersections of identities based on familial position, ethnicity, race, cultural beliefs, spirituality, and socio-political discourses changed and played out between us in the therapeutic relationship, enhancing my personal and professional development. Each client I work with brings out different aspects of my intersecting identities as they flow between fore and ground as the work progresses (Latner, 1986). They continually challenge how I grow and understand myself as a person and as a psychological therapist. This led me to be curious about other psychological therapists' personal experiences of professional development within their own wider social contexts.

Research Aims, Questions and Rationale

Research Aims

My study aims to address the gap in our understanding of the social as well as developmental dimension of professional development.

It aims to do this by exploring and offering stories and reflections of personal experiences in professional development of psychological therapists. It also aims to examine the importance of intersectionality in professional development as I would argue that this is an essential component for ethical practice. While the importance of understanding diversity is recognized by the British Psychological Society (BPS), the Health and Care Professions Council (HCPC) and training institutions; single axis frameworks still dominate the profession. My research therefore aims to add nuance to the ongoing dialogue around diversity and inclusivity so that we can use language that better reflects the complexity of this area.

It aims to do this by integrating intersubjective and intersectional reflection so that as therapists we can avoid falling into essentialist and polarized language when describing our personal experiences of professional development. By being able to understand and articulate our own intersecting experiences, it will help us to better support our clients to do the same.

Research Question

My research question is therefore:

How can psychological therapists' narratives of their personal experience in professional development be understood through the lens of intersectionality?

Rationale

Professional Development

I believe my research question is an important one given that professional development is mandated by the BPS and the HCPC.

The BPS Practice Guidelines (2017) states under 1.3 Reflective Practice that:

‘One of the key processes that should be encouraged for psychologists is having a complex understanding of self in the context of others’

The HCPC Standards of Proficiency (2015) for Practitioner Psychologists states:

‘Standard 5: Be aware of the impact of culture, equality and diversity on practice’

‘Standard 6: Be able to practice in a non-discriminatory manner

For Counselling Psychologists only:

‘Standard 11.5: Be able to critically reflect on the use of self in the therapeutic process’

McLeod & McLeod (2014) define professional development as

‘an enduring, career-long commitment to engage in cycles of collaborative reflection on both life experience and practice, leading to new ways of understanding and active experimentation with new ways of being with others, for the purpose of being able to be as useful as possible to the clients, patients or service users with whom one works.’

(p. 9)

Professional development is widely acknowledged to be important to effective therapeutic practice across all theoretical orientations. The literature is wide-ranging, and there are two strands to development. The first is professional development planning with a strong emphasis on skill development and theoretical progression. The second is how one’s personal experiences are integrated with professional development with a focus on one’s past and history. Neuhaus (2011) suggests that professional development requires a holistic and

dynamic perspective that includes both the present and the past. There is also a consensus around the influential role of reflective practice, supervision, personal therapy, and family dynamics on therapist development (Klein, Bernard, Schermer 2011, Bager-Charleson, 2012, McLeod 2014).

As I delved further into this wide-ranging literature it became clear that even though there is some encouragement for therapists to reflect on their own cultural and political values, little attention is paid to the social identities of practitioners and how processes of power influence their professional development. I am concerned that in an increasingly diverse society, this lack of attention leaves a gap in how therapists continue to develop and work effectively within social, historical, political, economic as well as developmental and familial contexts.

Psychological trainings, literature and research do attend to these issues but only in a limited way, and often through single axis frameworks. Single axis frameworks are where social identities such as race or gender are considered as independent and mutually exclusive categories (Crenshaw, 1989/1993). I experienced this in my own training as outlined in my autobiographical introduction above. The training I experienced with working with diversity was limited to one module, and that one module prioritized race. Very little was reflected on as a group, and I ended up seeking specialist support for ethnic minority therapists outside of my institute to further my own development. However, the support I found left me feeling worse due to its own rigid framing of oppression and use of racial identity models. Espín (1993) makes the point that common counselling theories often erase the experiences of multiply marginalized people. Indeed, with my main training and specialist training I felt reduced to simply being a member of an oppressed racial group which I did not solely identify with.

Intersectionality

There have been more recent calls for a deeper, broader, and more complex understanding of such issues. Moodley (2007) argues that psychological trainings in working with diversity are hampered by a lack of research and sophisticated debate, as well as a focus on superficial differences and the creation of identity development models. A small number of theorists and researchers propose that it is time psychology move away from single axis frameworks, and

towards intersectionality (Burman, 2004; Diamond & Gillis, 2006; das Nair & Butler, 2012; Cheshire, 2013).

The term intersectionality was first coined by Crenshaw (1989) as part of her critique that the experiences and challenges facing black women are often overlooked in both anti-racist and feminist discourse. She draws on black feminist thought and coined the concept of intersectionality to describe the various ways in which race and gender interact to shape the multiple dimensions of black women's employment experiences in the US. The term has since developed, and Chadwick (2017) points out that intersectionality is still an evolving framework, with much debate amongst scholars and researchers about its definition and research application. However, there is broad consensus that the principles of intersectionality include a focus on social inequality, power, relationality, social context, complexity, and social justice. For this study, and its most usefulness in answering my research question, I use the seminal scholars, Collins and Bilge's (2016) broad definition of intersectionality as:

'a way of understanding and analyzing the complexity in the world, in people, and in human experiences. The events and conditions of social and political life and the self can seldom be understood as shaped by one factor. They are generally shaped by many factors in diverse and mutually influencing ways. When it comes to social inequality, peoples' lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other. Intersectionality as an analytic tool gives people better access to the complexity of the world and of themselves.' (p.2)

This definition provides a framework for exploring how social identities are mutually constitutive, and how marginalization is experienced within interlocking systems of privilege and oppression at an individual, interpersonal and structural level (Brah & Phoenix, 2004; Shields, 2008). It is an inclusive framework that aims to illuminate and transform social inequality through the dismantling of such systems (Crenshaw, 1989; May, 2015; Shin et al., 2017).

I agree with Dhillon-Stevens' (2005) argument that therapists need to be aware of their own multiple oppressions and privileges to work effectively in the therapy room. I also agree with Cheshire (2013) that for therapists to better understand their clients multiple and intersecting identities it is important for therapists to understand their own as these inevitably interact and

influence the therapeutic process. This is a neglected area to date within the professional development literature and is important to address given its importance in effective therapeutic practice.

Intersectionality in counselling psychology is sparsely used, possibly because as a framework it is still evolving and does not yet offer an explicit and definitive research methodology (Salem, 2016). This study contributes to this limited but growing body of intersectional research in counselling psychology by offering a more socially aware and multilayered understanding of professional development.

My research question is also a timely one, as the recent movements of 'me too' and 'black lives matter' have created a resurgence of public outcry against systemic misogyny and racism, and a need for accountability and transformational change in various industries, including our own. Professional development is mandated by the BPS and HCPC and both guidelines state that a complex, critical understanding of the use of self in working in a non-discriminatory manner is key. Therefore, from an ethical point of view I believe we must have an intersectional awareness of professional development because without it, we run the risk of bringing harm to our clients through unconscious oppressive systems of practice.

Clarification of Terminology and Semantics

For this study I focus on how psychological therapists' personal experiences, particularly their pasts and histories, are integrated into their professional development (Neuhaus 2011). I understand and use the term *development* in this study not just to refer to learning new skills and gaining new qualifications, but also in reference to the internal changes of the emotional and psychological world of the therapist. I understand development as an ongoing process of change that never ends and is therefore always in a state of emergence with others.

Change is a broad and ambiguous concept. As therapists we work in the business of change, however, it can be hard to know whether it is ever really happening especially when working with the implicit and neurobiological. It has been suggested that change is an embodied feeling that is known implicitly as it exists within the relational unconscious realm (Schoore, 2003; Stern, 2004; Cozolino, 2006; Porges, 2009 and Bromberg, 2011). This can make our experience of internal change difficult to articulate even when we know it has happened or is happening.

My research question is interested in this experiential process of change rather than the outcomes of change. I am interested in tracking the explicit and implicit reality of the social and political within the implicit relational process of therapist development. Given the complexity of my research question and my aim to use Collins and Bilge (2016) broad definition of intersectionality as a heuristic analytic tool, I decided the phenomenological approach of narrative would be best suited to capture the fluidity and implicit essence of embodied knowing.

LITERATURE REVIEW

Introduction

This review focuses on literature and research mainly from the UK and the US, as this has formed the basis of my doctoral training. I have conducted an extensive search and used search engines including PEPweb, psychinfo and research gate. I present a critical review of the literature where I have included an analysis of relevance and quality rather than simply description (Grant & Booth, 2009). Rather than a mapping or systematic review, I have instead presented the literature in a narrative format in which the references tell the story of how ideas have developed through the literature, as this is a more coherent fit with narrative methodology (Grant & Booth, 2009). I present how my initial research question was impacted by this existing literature and how it evolved to its final form.

I start by discussing how counselling psychology has conceptualized the self, which I discuss in relation to social identity categories. I offer a critique of the use of single axis frameworks and discuss more complex theories including anti-oppressive practice and intersectionality. I discuss the limitations and potentials of these, and the current field of intersectional research in counselling psychology. I then discuss this in relation to the professional development of therapists. I conclude by highlighting the gap in literature around understanding the professional development of therapists through a social as well as developmental lens.

Individual Model of the Self

The self in psychological models has historically been seen as an essential, separate, self-contained mechanistic individual entity with biological intrapsychic drives and motivations (Shotter, 1975). With the development of object relations (Winnicott, 1965), attachment theory (Bowlby, 1979), intersubjectivity (Atwood & Stolorow, 2014) and contextualism (Orange, Atwood & Stolorow, 1997) underpinned by child development and neuroaffective research (Beebe & Lachmann, 1998; Stern, 1998; Siegel, 1999; Schore, 2003), the self has become a more relational subjective entity. This relational stance has focused on the developmental milestones of the self through the continual process of mutual regulation, particularly within a familial context.

However, despite these recent developments, I believe there is still a strong emphasis on an essentialist and biological individual model of self, rather than the idea of socially constructed selves and identities. This is reflected in the terms that are used. The term *self* is usually used in a developmental sense, whereas *identity* is used as something that is socially constructed and learned. In therapist trainings there is little emphasis on helping clients see how their sense of selves and identities have been shaped by the events and eras they have lived through, and the socio-economic, historical, and political contexts in which both client and therapist have been formed (Crossley, 2000; Kareem & Littlewood, 2000; Kölb, 2002). Therefore, psychological interventions continue to be based on this individual model of the self, along with an overemphasis on human agency at the exclusion of social context. Counselling psychology has faced criticism for continuing to rely on individual interventions to address emotional distress, even though systemic and institutional problems may be the primary cause of the psychological and social difficulties experienced by members of marginalized groups (Shin et al., 2016; Vera & Speight, 2003; Totton, 2006).

This study adheres to Morrall's (2008) assertion that individual psychological interventions can act to pathologize marginalized groups. For example, whilst I was working as a counsellor at an IAPT (Improving Access to Psychological Therapies) national health service, new regulations for disability welfare benefits came into force in 2016 which reassessed many disabled people as now fit for work. Their benefits were cut, and they were forced to sign on for job seekers allowance. Unable to travel to strict appointments or fulfill criteria to show they were spending thirty hours a week job hunting, their physical and mental health deteriorated, and they were sanctioned with no financial support.

An additional 'package of support' in the form of IAPT counselling was offered to get them into employment. As a service, we found that this disproportionately affected working class men in their sixties who were close to retirement age. I experienced these men as proud, having laboured most of their lives in jobs which had led to physical health problems in later age. They already felt ashamed for accepting disability welfare benefits, and with these new regulations and sanctions, many refused to tell their children they could not afford to eat or heat their homes as they had traditionally held the role of breadwinners. This shame was compounded when they were 'sent' for counselling, as it left them with the additional stigma of having a mental health problem rather than the more socially acceptable narrative of a physical health problem.

I found it very difficult to provide psychological interventions, except to simply acknowledge that their feelings of depression and anxiety were normal reactions to their structural problems. This was validating for them, but counselling was hardly effective in alleviating their emotional distress in the face of such ongoing difficulty. Within our service, I sometimes heard attitudes that these 'patients' were 'deliberately not getting better' with our interventions because they were invested in being 'sick', so that their disability benefits could be reinstated. They were therefore seen as 'difficult' as they 'affect our recovery targets'. I felt that I was part of an interlocking system of oppression, with government austerity cuts leading to the pathologisation and demonisation of working-class men for not responding to our therapeutic interventions. A national audit office report has now been published linking at least 69 suicides to these benefit changes, and a serious case panel is being set up for further investigation (National Audit Office Report: Information held by the Department for Work and Pensions on deaths by suicide of benefit claimants, 2020).

My understanding of intersectionality made me curious about the context surrounding this client group. It made me question whether the psychological therapist's attitudes were specific to this situation, and how they understood and continued their professional development under these circumstances, and within what I perceived to be an oppressive system.

Diversity Research

When wider social context is taken into consideration in counselling psychology, most of the theorisation and research relies on single axis frameworks. I will outline some of these theories and research paradigms here, and then discuss their limitations.

Moodley (2005) noted seven big stigmatised social categories in psychology, and named these as race, gender, sexual orientation, class, disability, religion, and age. Most of these have their own specialised forms of trainings with their own literature and research, but with limited dialogue between each other, and with mainstream counselling psychology literature (Lago, 2011a). For example, cultural, sexual orientation, and disability identity development models continue to be fairly dominant (Sue & Sue, 2003; Carroll, 2010; Gill, 1997). These models are taught as a way for therapists to understand where a client is in their identity development, and how this is impacting on the therapeutic alliance (Lee & Na, 2011).

In terms of research, the Essential Research Findings publication by the British Association of Counselling and Psychotherapy (Cooper, 2011) demonstrates several studies using single axis frameworks to look at the effectiveness of therapy for clients. For example, Clarkin & Levy (2004) found that research in general shows that the age and gender of clients does not affect therapeutic outcomes. They also found that in general, clients from different ethnicities do equally well as each other in therapy. However, there is some research which shows that clients from ethnic minority backgrounds tend to attend fewer sessions, drop out earlier and use fewer therapeutic services than white clients (Zane et al., 2004; Bieschke, Owen & Hayes, 2015). Similar outcomes are found with clients of lower socio-economic class (Beutler et al., 2006; Clarkin & Levy, 2004). In terms of sexual orientation, lesbian, gay and bisexual clients have been found to respond equally well to therapy as heterosexual clients (Beutler et al., 2006).

Therapist identities have also been researched in this way, with findings that show there is little difference in clinical outcomes when it comes to gender or age, even when matched on these attributes or not (Beutler et al., 2006). When it comes to sexual orientation, King et al. (2007) found that therapist's attitudes, practice, and knowledge of LGB issues was more important than their sexual orientation, although there was some evidence to show that matching had a slight positive effect. Burckell & Goldfried (2006) also found that LGB clients placed great importance on being seen as a whole person rather than simply their sexual orientation. Beutler et al's (2004) meta-analysis found no difference in client outcomes for therapists of different ethnicities however, therapist-client matching did seem to lead to lower dropout rates, and improved outcomes (Farsimadan, Draghi-Lorenz & Ellis, 2007). Zane et al. (2004) also found that ethnic minority clients' experiences of therapy were better with therapists who had been on cultural sensitivity programmes.

Overall, this type of diversity research within the parameters of single axis frameworks shows that client and therapist identities do not make a significant difference when it comes to outcomes. What is more important is client preference to be seen as a whole person, and that therapist attitudes, knowledge and clinical skills are key in achieving positive therapeutic experiences rather than their perceived social identity attributes.

Identity and Culture

Identity is also treated as something that is bound up in cultural differences, and various therapeutic models based on this have emerged as ways to tackle the power imbalance that exists in these differences. These have included multicultural therapy (Sue & Sue, 1999; Ponterotto et al., 2001) which argues that therapists should be aware of their own cultural heritage which biases their world view, and aware of potential differences in the world views of their clients. Kareem & Littlewood (1992) propose an intercultural approach to tackle colour blindness and suggest that therapists pay attention to relationships between cultures and within cultural groups. Transcultural approaches such as Lago (2011b) and d'Ardene & Mahtani (1989) argue that therapists must transcend their own cultural reference points to be empathic to clients, and to recognise therapy as a reciprocal process. In line with this, McKenzie-Mavinga's (2009) research into the developmental needs of black trainees, proposes a framework for working with black issues in the therapeutic process. She advocates the provision of a shared space for black issues to be explored and discussed, with an understanding of racism and its effects on both black and white trainees.

Limitations of Single Axis Frameworks

Lago's (2011a) handbook of transcultural counselling and psychotherapy includes fifteen chapters, out of thirty-one, on the 'effects' of coming from certain cultural heritages. This is to help therapists understand and work with clients' cultures which are different from their own. I am of Chinese heritage, but when I read that chapter (Wu, in Lago 2011a) I found myself identifying with very little, if not the opposite, of what had been presented. It was a snapshot of a very particular type, time and place of Chinese culture (people from China who live traditional and middle-class lives). However, most Chinese people currently in the UK came from Hong Kong which is much more westernized due to UK colonization, and who immigrated in the 50s and 60s when immigration borders were being permanently closed. Therefore, in current circumstances, Chinese clients are more likely to be first generation who have been brought up and acculturated to British values and belief systems, international students from other colonized countries such as Australia, or as refugees from China. Also, Wu's chapter does not consider differences between people of Chinese heritage, such as gender, sexuality,

religion, and status (both in a Western sense, but also in terms of familial and immigration status). This chapter was also not informed by any research-based evidence.

I believe this highlights a general issue when it comes to being an authority of any particular culture. Culture is often held as timeless, maybe even romanticized, but this only serves to narrow the understanding of both wider context and general sensitivities towards clients and their uniqueness. This argument against homogeneity is well made by hooks (1982) in her deconstruction of white middle-class feminism. More contemporary theorists such as Burman (2004) and Diamond & Gillis (2006) build on this argument by suggesting that identity specific ideology can, in and of itself, perpetuate and lead to implicit racist, ableist, sexist and heterosexist discourses. This is because the homogenization of single identities can act to constrain people to only identify with these single identity groups whilst ignoring and silencing the intersecting, interacting, constitutive elements of multiple identities. I would argue that it also serves to keep social identity and the relational development of the self as separate discourses. For instance, if a multicultural therapist relies on cultural identity models, there is an implicit philosophical assumption that a particular identity is a fixed and objective construct that can undergo specific stages of transformation into what they define as a healthy sense of sexual orientation or racial identity with the help of their therapist. This then positions the therapist as a powerful expert, who knows what the client's identity should look like, and influences the therapist to relationally position themselves in a certain way to elicit these stages in the client and therefore oppresses not only their own unique creative personal development but also their potential intersecting identities.

Diamond & Gillis (2006) criticise these identity models as they are contextualised within a modernist framework and conceptualised from dominant white heterosexual gendered identity understanding, therefore reinforcing the essentialist and binary position of what it is to be black or white, homosexual or heterosexual, male or female. Dalal (2002) makes a careful argument for how racialisation occurs within the context of colonisation and the importance of categories in dividing and maintaining power.

Pon (2009) also makes the argument for why cultural competency can itself be considered the 'new racism', or implicit, covert racism. This is through the way culture is treated as neutral and outside the realm of power, rather than acknowledging the preferential treatment of certain cultures over others through the process of demonisation. I would also add that culture can be reified and given protected status so that institutions are not to be seen as racist. This can be

seen in the collective failure of social services and the police force to appropriately investigate the sexual exploitation of underage female victims in Rochdale by men of South Asian origin. I believe that they collectively privileged one 'marginalized' group over another as they did not want to be seen as 'racist', which allowed the perpetrators to groom, rape and exploit young girls who were under the legal age of consent. I believe there was a failure to see the intersectional nature of ethnicity, culture, gender, age, and multiple social problems of dysfunctional family environments which made these girls vulnerable, and how the intersubjective process of power, control and subjugation occurred with their perpetrators. The effect of 'colour blindness' around the narrative of race was placed as a priority over gender, age, class, disability and the law (Rochdale Borough Safeguarding Children Board Overview Report: Serious Case Review, 2013).

Check lists are sometimes used in the mental health provision of marginalised groups to ensure sensitivity to their needs. However, Pon (2009) argues that these tend to perpetuate essentialist notions. This is because they can be loaded with cultural assumption, can reify cultural conflict as inevitable, and positions certain therapists as 'cultural experts'. They homogenise cultural groups without recognizing the individuality of members' experiences. There is a danger then that therapists can oppress through cultural competency itself, if a critical understanding of power is not applied to their unique intersubjective relationships with clients, and the organisations or conditions under which they practice.

Another critique of the multicultural approach is the way it tackles oppression through equality (Diamond & Gillis, 2006). There is an assumption that if Western institutions integrate knowledge of different cultures then this can achieve equality. However, this again only serves to reinforce the notion of discrete cultures and identities which often engage in power struggles against each other in a jostle for resources and audiences. This can lead to a defensive stance where multicultural psychologists such as Sue & Sue (2009) and Lago (2006) are uneasy with expanding a broader definition of multiculturalism in case this dilutes and therefore avoids addressing concerns such as racism. This is shown in the latest Lago edited handbook from 2011, with its omission of his previous edited handbook's intersectionality chapter, and the substantial increase in chapters devoted to certain cultures.

Where there is dialogue between different discourses of social identities, identity categories are treated in an additive and hierarchical form. For example, within the LGBTQI discourse, sexuality may be seen first or at least considered the organizing identity, before ethnicity or

class. This continued privileging of one over the other as opposed to an interweaving of identities, limits psychology's analysis of power inequalities and any potential transformation (Burman, 2004).

Intersectionality

Diamond & Gillis (2006) are critical of the use of single axis frameworks, and instead advocate the use of intersectionality to deconstruct these through post-structural analysis. Burman (2004) also calls for psychologists to move away from the limited framework of 'difference' to one of intersectionality to transform the profession's thinking around power. Intersectionality can be understood as a theory, concept or heuristic, but for the purposes of this study and its greatest usefulness to the psychological therapy profession, I understand it as a theory and a heuristic analytical tool.

As previously outlined in the rationale section, Collins & Bilge (2016) offer a broad definition of intersectionality. They define it as a way of understanding and analyzing complexity in the world by recognizing that the social and political life of the self is shaped by many factors and social divisions in diverse and mutually influencing ways. It provides a framework for exploring how social identities are mutually constitutive, and how marginalization is experienced within interlocking systems of privilege and oppression at the individual, interpersonal and structural level (Brah & Phoenix, 2004; Shields, 2008). It is an inclusive framework that aims to illuminate and transform social inequality through the dismantling of such systems (Crenshaw, 1991; May, 2015; Shin et al., 2017).

Intersectionality has its roots in American black feminism with many activists and scholars also identifying as lesbian or queer. Influential writers including bell hooks (1981), Patricia Hill Collins (1989), Angela Davis (1983), Audre Lorde (1984), and the Combahee River Collective (1977/1983) developed the ideas of interlocking oppressions and privileges with a view to dismantling these systems of power. Even though these concepts have been around for about forty years, intersectionality as a term was initially coined by Crenshaw in 1989 (Moradi & Grzanka, 2017).

Many sectors, particularly in academic disciplines such as the humanities, cultural studies and human rights have embraced intersectionality (Cho et al. 2013; Carbado, 2013). However,

psychology has been slower on the uptake for several possible reasons. Riggs & das Nair (2012) suggest this might be due to the difficulty of defining the concept, particularly as it is still an evolving approach (Chadwick 2017).

Kareem & Littlewood (2000) have observed that historically, psychology has treated issues of difference as a form of critique of mainstream theories, and therefore peripheral to the profession rather than explicitly and implicitly embodied within its core. I would argue that as intersectionality is not just a critique, but a theoretical framework in its own right (Collins & Bilge, 2016), this requires a philosophical shift from issues of diversity to one of inclusivity. The implication of this being that issues of diversity would have to be embodied in mainstream theories.

Intersectionality may also be difficult to incorporate due to the profession's continued emphasis on individual internal process and therefore individual level interventions, at the exclusion of systems level thinking and social action. Indeed, Moradi & Grzanka (2017) have highlighted the tendency for intersectionality to be depoliticized within counselling psychology. Intersectionality is sometimes thought of as a theory of identity, especially because it came out of US identity politics. Therefore, it tends to be merely 'mentioned' to explain multiple identities and within group differences, rather than really 'used' to critically challenge power dynamics of oppression and privilege.

Limitations of Intersectionality

On this issue of being understood as a theory of identity, intersectionality especially in the last few years has faced its critics. One criticism is that it does not get far away enough from identity politics and its associated problems, which I have already critiqued above. It simply reinforces single identity ideology through its theorization of interlocking matrices of oppression and privilege. Garry (2011) makes the point that intersectionality does not offer any solutions to the problems it critiques, it actually makes identity more messy, fluid and complex which creates more and more subgroups making equality harder to achieve in the long run.

It has also faced criticism for not offering a coherent methodology of knowledge production, therefore leaving it up to individual scholars to interpret (McCall, 2005). With this vacuum of methodological coherence, intersectionality has been seen as the new 'buzz' word, with a wide

range of interpretation having been applied (Davis, 2008; Else-Quest & Hyde, 2016). This has led to a proliferation of 'intersectionality-lite' approaches and studies where the theory has been watered down (Grzanka & Miles, 2016). This is especially true in counselling psychology where intersectionality has been used as a synonym for multiple identities or intersecting identities, thereby again, only concentrating on individual experience rather than offering a critique of structural inequalities that create complex relationships between privileged and marginalized social identities (Cho, Crenshaw & McCall, 2013; Shin et al., 2017). Indeed, it has faced criticism from Marxist feminists, such as Salem (2016) who argue that intersectionality individualizes struggle and therefore takes away from the universality of class struggle. At the same time, others argue that intersectionality does not consider all contextual information needed for accurate analysis, including Singh (2015) who points out the absence of religious agency within intersectional studies. Some of these limitations have been recently acknowledged by Collins and Bilge (2016) and Moradi & Grzanka (2017), who have now attempted to offer 'responsible stewardship' on intersectionality to show how it can be useful in theory, knowledge production and social justice.

Intersectionality Research in Counselling Psychology

Despite increasing calls for a move towards a more critical understanding of working with diversity through an intersectional framework, there is very little research that has done this to date, most likely because of the lack of coherent research methodology.

There is more theorizing rather than research in intersectionality, such as das Nair & Butler's (2012) book on *Intersectionality, Sexuality and Psychological Therapies*. The authors start with sexuality and each chapter is an intersection of other identities including gender, class, race and ethnicity, health, disability, and age. They provide compelling insights on the power relations between identities. However, I found it lacked deeper theorizing on how this might translate through the intersubjective process.

In terms of intersectional research, Van Mens-Verhulst & Radtke's (2008) analysis of intersectionality in mental health research found a limited number of studies and were critical of their shortcomings. These included the tendency to focus on two identity categories rather than the interweaving of many, the lack of focus on power and how privilege and discrimination can

intersect, and the loss of similarity and differences within identity groups and therefore the perpetuation of essentialist and unpacked terms. This was particularly salient in quantitative research which treated social identity as an independent variable and intersection as statistical interaction. A year later, Cole (2009) proposed a way for the psychology profession to use the framework of intersectionality in research. However, this has still not really been adopted, and I believe her framework of asking three questions in any psychology research is itself limiting as it starts from the presumption of a single category group. These three questions being 1) who is included in this category? 2) what role does inequality play? and 3) where are there similarities?

A more recent review of intersectionality was conducted in 2017 by Shin et al. They conducted a content analysis of counselling psychology articles that used the framework of intersectionality or identity intersections. Out of 6,715 theoretical and research articles in two prestigious American Psychological Association journals they found forty that used these frameworks. They categorised twenty-eight as 'weak', as these articles only noted the intersections; eight were 'strong' as they analyzed the interlocking nature of oppression, but only four were 'transformational', as they also called for the dismantling of such systems. Interestingly, the authors point out that this might be because editors had asked them to tone down calls for provocative critique and transformative action due to potential discomfort, however they do not expand further on this. Most of these articles looked at the intersection of race, ethnicity and gender, or race, ethnicity, and sexuality, and hardly any addressed ability and class. This focus on race and gender at the exclusion of others echoes previous multicultural research in counselling psychology over the past fifty years (Lee, Rosen & Burns, 2013). Shin et al. (2017) also found that these articles only focused on interlocking systems of oppression, rather than interlocking systems of both oppression and privilege. Only five were qualitative studies, and eight focused on the enhancement of psychological therapists' skills.

I noted that none of the research studies focused on the intersectional identities of the psychologists themselves, simply their skills, and that none focused on the psychological therapists' professional growth and development. A gap in knowledge that my study aims to meet.

These studies demonstrate the minimal attention counselling psychology has paid to multiple identities, and when they were paid attention to, not only were they restricted to two social categories, but they were also weak in their use of intersectionality, dominated by quantitative methodologies, and did not prioritise the intersubjective relational process of counselling

psychologists themselves. Most of these studies only used intersectionality as a platform to investigate the outcomes of associated membership of multiple social identity categories, which has served to strip it of its analytic and political potency (Dhamoon, 2011; Grzanka & Miles, 2016) and this is what I believe has left intersectionality open to criticism.

Van Mens-Verhulst & Radtke (2008) argue for more plurality in research to realise the transformational potential that intersectionality offers. Salem (2016) notes that what has been difficult in intersectional research is how to capture the fluidity of identities, so that they are not treated in essentialist terms. This is particularly challenging for positivistic methodologies which employ quantitative approaches. Indeed, Dill & Kohlman (2012) argue that rigid and narrow conceptions of methodology create weak approaches to intersectionality, and some have argued that qualitative and mixed method studies are more appropriate to capture these complex interactions (Bowleg 2008; Shields 2008; Syed 2010; Else-Quest & Hyde, 2016).

It seems to me that intersectionality is still attempting to establish its credibility, and that counselling psychology is still grappling with how to use it, especially given intersectionality's incompleteness as a research methodology (Salem, 2016). However, despite these limitations, I still think it can be useful as a theory and heuristic tool, as it can possibly offer counselling psychology a way to integrate a more systems-level approach to its current individual level understanding of psychological therapist development. I see the lack of explicit methodology in intersectionality not as a limitation, but as an invitation to be part of the research conversation in how I explore its use in this narrative study.

Intersectionality and Anti-Oppressive Practice

With the criticism that intersectionality has faced, some disciplines have moved away from intersectionality towards anti-oppressive practice.

Within counselling psychology, Dhillon-Stevens (2005) has argued for an anti-oppressive practice approach based on a multiple oppression model, rather than one based on cultural differences, to address the limits of multicultural therapies. This is where identities that are oppressed are each recognised in their own historical, socio-economic, and political context, but are also considered in relation to one another in the therapy room and how they play out through the intersubjective process. I believe this has contributed greatly to the complexity of

the debate, as it offers a practical approach to recognising intersecting oppressions and how to avoid oppressing clients. It is a practice that I incorporate into my own integrative framework, but, like intersectionality, it is not widely taught.

I agree with Dhillon-Stevens' (2005) argument that therapists need to be aware of their own multiple oppressions and privileges to work effectively in the therapy room. I also agree with Cheshire (2013) that for therapists to better understand their clients intersecting identities it is important for therapists to understand their own as these inevitably interact and influence the therapeutic process. Cheshire argues that the currently minimal and limited training that exists on lesbian, gay and bisexual issues could be vastly enhanced through the teaching of intersectionality. Sexuality could then be seen not just as an individual difference but as mutually constituted, interacting, and interconnected with other social and personal identities.

Butler (2015) makes the point that even though family and systemic psychotherapies tend to embrace context and power dynamics, the usefulness of intersectionality has still not been fully explored or taught on trainings. Although, family therapists such as Watts-Jones (2010) and Ecklund (2012) have begun to discuss the importance of using intersectionality in their clinical practice. Riggs & das Nair (2012) also argue that using intersectionality and relationality helps therapists to understand the broader context in which identity and culture exists. It allows for the acknowledgment of the social position of the therapist and client and the groups or cultures they belong to, and how this affects in and out group dynamics which are always negotiated within wider social hierarchies and power relations. This more recent literature on anti-oppressive practice and intersectionality gives psychological therapists useful frameworks to work with, as it encourages therapists to be aware of their intersecting identities so that they can understand the complex power relations that determine the therapeutic encounter with their clients. Riggs & das Nair (2012) suggest that power relations are inevitable, so the purpose is not to do away with power, but to be aware of our own thoughts and actions which may oppress our clients and, with that, damage the work.

Professional Development of Psychological Therapists

Given these calls for therapists to consider their social identities and how they intersect as part of their professional development, there is very limited literature and research in this area. This is despite the widespread acknowledgment of its importance to effective therapeutic practice across all theoretical orientations.

There are two stands to professional development in counselling psychology, the first focuses on skill development and theoretical progression, and the second focuses on how one's personal experiences are integrated with professional development (McLeod & McLeod, 2014; Neuhaus, 2011). As previously discussed, my study is aligned with the second strand.

There is also broad consensus on the influential role of reflective practice, supervision, personal therapy, and family dynamics on professional development (Klein, Bernard, Schermer 2011, Bager-Charleson, 2012, McLeod 2014). Client work also plays a significant role, as noted by Orlinsky, Botermans, and Rønnestad's (2001). Their survey of five thousand psychotherapists found that client work was considered the most important contribution towards professional development, regardless of therapist ethnicity or theoretical orientation.

However, much of the existing professional development literature focusses on developmental and interpersonal change rather than social and structural ones. For example, there are several psychological therapists who have focused on how their personal experiences are integrated with their professional development. Jung (1966) talked about the wounded healer, Yalom (2002) wrote candidly about his feelings towards clients, and there are also personal anecdotes and memoirs such as Callahan & Dittloff (2007) and Marzillier's (2010). Kahn & Fromm's (2001) book *Changes in the Therapist* focuses on both personal and professional change in therapists who predominantly use hypnosis in their work. A third of those chapters focus on 'changes in perspective of the self' including emotional ability, viewing themselves as rescuers, gaining tolerance and compassion and the ability to appreciate interdependent working. There was only one therapist who focused on the impact of her physical disability. This was UK based psychologist, Phyllis Alden (2001), who wrote movingly on fully accepting her own blindness after listening empathically to a paraplegic patient, with the patient herself able to experience a profound sense of relief in being heard.

Kottler & Carlson (2005) interviewed prominent North American therapists about their positive transformations due to client work, and many of these changes were both personal and professional. However, again, I found it interesting that only one therapist, Ken Hardy (2005), discussed his change in terms of his professional *and* racial identity, specifically as a black man, which was starkly brought to light by the racism he faced from his clients and his colleagues.

Hatcher et al. (2012) also note the lack of research around professional development, and for their study, they interviewed sixty-one North American therapists on what they had learned from psychotherapy clients and the effect this had on their personal and professional lives. Using open ended questions, they asked specifically about what they had learned from clients about life-lessons, relationships, ethical decision-making, coping, courage, wisdom, psychopathology, personality, cultural differences, and lifespan development. They took an objective and interpretivist approach to their thematic analysis. The questions that garnered the most powerful responses were the ones where therapists reflected on their own childhood development and relationships. On the issue of cultural differences, respondents talked about the difficulty of it and how they had learned to respect other's cultures, but they did not expand on how it had changed them and their own relationship to their cultures. They also referred to culture in other areas including psychopathology and life span development, so that race or any other social categories along with power dynamics were not asked about nor taken into consideration in their answers. This highlights the tendency for professional development to be considered through developmental and interpersonal lenses rather than social and structural ones.

From this literature, it is notable that limited attention is paid to the socio-economic background of practitioners and how this influences their professional development. I have found that therapist change is often framed in an individualistic light, and devoid of wider social context unless this marks them out as different from and less powerful than their peers. There is hardly any self-reflection from therapists of their privileged social identities and how this influences their professional development. There is some encouragement for therapists to reflect on their own cultural and political values in the literature (Samuels, 2001), however, little attention is paid to the social identities of practitioners and how processes of power influence their professional development (Dhillon-Stevens, 2005; Cheshire, 2013). Psychological trainings, literature and research rarely attend to these issues, and when they are, it is often through limited single axis frameworks. I am concerned that in an increasingly diverse society, this lack of attention leaves

a gap in how therapists continue to develop and work effectively within social, historical, political, economic as well as developmental and familial contexts.

As previously noted, the meta-analysis of intersectional research in counselling psychology conducted by Shin et al. (2017) found that only eight of forty focused on psychological therapists' skills but not their personal experience of professional development. This, I believe, sadly creates a fragmented and split experience of professional development. I do not wish to create further dichotomies by suggesting that professional and social identities are separate, but I think the importance of social identities has been neglected to date.

When I originally conceptualized my study, my first tentative research question was: How do psychological therapists experience change in their personal and professional identities when working with clients?

I thought this would allow for clinical reflection, and that social divisions would organically emerge as I would pay close attention to them. However, the more I delved into the existing literature, the more I realized that even though clinical work has been cited as the most influential to professional development, it is not the only factor. I decided that I would not restrict professional development to simply client work, but instead widen it out to include all influences that the therapists themselves deemed important. I also narrowed the question down to focus on the personal experience of professional development, and I decided to explicitly name intersectionality as the lens of understanding as this concisely refers to my interest in social division and power. It also felt appropriate to offer stories and reflections of psychological therapist's professional development given the lack of these stories in existing literature.

I therefore arrived at my final research question:

How can psychological therapists' narratives of their personal experience in professional development be understood through the lens of intersectionality?

METHODOLOGY

In this section I start with how narratives make sense to me as a form of knowledge creation. I discuss how my personal experiences have led me to engage with this study from several philosophical positions, and in particular intersectionality. I then explain my research methods, and how I gathered, analysed and represented the narratives. Following this I address issues of quality and trustworthiness in relation to narrative research and intersectional principles and conclude with a discussion of ethical considerations.

Philosophical Foundation

I read avidly when I was little as stories helped me make sense of the world. They allowed me to escape reality and gave me a language to articulate my emotions. I discovered new worlds and lives which enhanced my mentalisation and empathy for others. At the age of eleven, armed with other people's stories and my own ever-growing vocabulary, I began to keep a diary. I articulated confusing, difficult feelings and everyday events through stories, poems, and drawings. I reflected on new ideas and different viewpoints which comforted me as it allowed me to question racist stereotypes and 'objective truths' I had learned about myself from others. Others who would confusingly position me as worthless, shameful, disappointing, as well as submissive, exotically sexualized, or a geek that was naturally gifted at math and music. I continued writing until the age of twenty-three when I started long-term personal therapy as part of my psychotherapy training. I no longer needed to rely on my diary to help me make sense of myself in the world, as I now had a safe and responsive human being to do that with.

Narrative has become its own therapeutic approach (Epston & White, 1990). It is also a method of research dating back to the 1960s (Andrews, Squire & Tamboukou, 2013). Even though narrative research has grown in recent decades, mainstream psychology places strong academic value on research conducted from a modernist, positivistic ontological and epistemological position (Gergen, 1973; Burr, 2015). This emphasis on essentialism, and acceptance that reality is readily perceivable and therefore objective, tends to locate social processes within the individual which can perpetuate pathologising and oppressive practice.

For this study I reject the notion that reality is knowable in this objective way, and instead locate myself philosophically from a social constructionist, constructivist, post-modernist and feminist

position. Within academia, feminism during the 1970s and 1980s was instrumental in challenging positivistic research. They argued that the dominance of men in the processes of knowledge production led to research that was androcentric and incomplete, under the guise of objective truth. Haraway (1988) talked about this as the male scientists' assumption of their 'God's eye view' on the social world whilst denying their own contribution to it. For me, and for this study, I agree with Haraway that the researcher must make clear their situatedness and position to reverse this false objectivity.

With this growing global collective of women fighting against the oppression of patriarchy, it quickly became apparent that within this there were also different and sometimes competing approaches towards female liberation. For example, Western feminists, having identified as being oppressed by men, became defensive at the thought that they too could be oppressors towards non-Western women (Mohanty, 1988; Mama, 1995). To address this, I agree with Haraway (1988) and Harding (1991) that epistemic privilege in research be conferred for those who are the least powerful in society. Collins (1986) makes the point that black women, due to their outsider-within status, possess a unique 'standpoint' on their experiences. Narayan (1989) argues that this is an epistemic advantage, as non-Western women often inhabit more than one context simultaneously, which members of dominant or mainstream groups do not. Therefore, the lived experiences of researchers conducting intersectionality studies are not considered something that would 'bias' or 'distort' the data, but are actually the very foundation of analysis that has explanatory power (Collins, 1986; May, 2015; Cho et al., 2013). Therefore, critical self-reflexivity is an essential component in all research, and in particular to qualitative and narrative research (Moustakas, 1990; Etherington, 2004; Morrow, 2005; Hesse-Biber & Piatelli, 2012).

I believe that each person interprets and makes sense of their reality through their own personal belief systems, but that every person develops within a complex interrelated world situated within structures of power. Reality is constructed between people through an ongoing and dynamic process of interaction, and this construction of knowledge has historical, cultural, and linguistic specificity (Gergen, 1985). I agree with Merleau-Ponty (2002) and his notion of embodied intersubjectivity, where there is no division between the mind and body, and that this reversibility means that we affect one another in ways that we cannot fully understand or know. He therefore rejects dualism and values phenomenological enquiry, as he sees all human life as intricately intertwined in a complex, ambiguous and precarious fashion (Orange, 2010). I therefore see the person not as an essentialist stable unit, but as a plurality of selves and identities where meaning and form emerge between people in the unique dialogic environment

in which they find themselves (Bruner, 1986; Gergen 1985; Etherington, 2004; Reissman 2008). Loots, Coppens & Sermijn (2013), inspired by Deleuze and Guattari, describe this as a 'rhizomatic perspective' which allows the self to be studied as 'continuously and multifariously constructed and reconstructed in and through the stories someone tells about her/himself' (p.111).

I allow myself to meet others in the space that Buber (1970) describes as the 'I-thou', where both are acknowledged and touched by the other through inclusion and confirmation. The concreteness of each person's uniqueness in the world and the change that occurs for both, sits in contrast to the necessary 'I-it', where each reduces the other to an object. As well as striving to stay open to these 'I-thou' moments I also draw from Gadamer's (1991) work on hermeneutics to embrace emergent and self-correcting understanding, whilst keeping myself always open to surprise through the refusal of authoritarian communication and interpretive expertise. This constant everyday interaction and engagement means that knowledge is changeable and variable, not objective, and it is necessary for me to take a critical stance towards our everyday assumptions about the world (Gergen, 1985). This is a position shared by post-modernists who recognize that knowledge and 'truth' are multiple, and that the dialogic context in which these truths are formed determine which hold more power over others (Foucault, 1967; Frie, 2003).

I accept from Buber's (1970) view that relating to the other as object is necessary and inevitable. For example, I deem it necessary to develop observable themes from my therapists' narratives, but I also reject the notion that what I observe is objective truth, it is simply what I see in my current circumstances and contextual situatedness. In this way I hold the tension between Buber (1970) and Gadamer (1991) through the embrace of responsibility, criticality, complexity, and compassion.

To conclude, even though there are many overlaps between these philosophical positions, intersectionality moves beyond social constructionism, constructivism, and post modernism. Intersectionality as a theory and heuristic analytic tool, encompasses standpoint theory and takes a stance in examining social constructs and identities through multiply oppressed and privileged systems of power whilst also granting epistemic privilege to marginalized voices (Mohanty, 2013). It goes beyond the other philosophical positions by calling for action in the dismantlement of these systems. It also makes the case that the lived experiences of researchers are the very foundation of analysis that has explanatory power.

I have therefore chosen intersectionality as it has the potential to add a more nuanced and critical understanding of psychological therapist's professional development. It also allows for the dialogic, as I believe that all knowledge and truths should be held lightly within constantly evolving relationships and contexts.

Why Narrative? Intersectionality and Narrative Methodology

As my research aims were explorative in nature, I decided that a phenomenological approach would best allow me to delve into the lived experiences of therapists' professional development. Given that the feeling of change is difficult to articulate even when we know it is happening, I decided that a narrative approach with evocative story telling would best capture this dynamic movement and implicit essence of embodied knowing (Parry & Doan, 1994; Speedy, 2008). As one of my aims was also to use the lens of intersectionality, narrative research with its historical links with political movements, social justice, feminism, and focus on power dynamics rendered it a good fit (Squire et al, 2014; Livholts & Tamboukou, 2015).

McCall (2005) has pointed out that intersectional research first began with feminist and critical race studies, where researchers attempted to capture complexity using personal narrative essays or case studies. She describes their approaches as either anti-categorical where all categories are rejected, or intra-categorical where the focus remained on the neglected intersection of particular social groups. In the latter, categories were still considered important, but the focus was on the heterogeneity of them, and the process by which they were experienced, as well as produced, reproduced, and resisted in everyday life. McCall herself proposed an inter-categorical approach, which is now more commonly used with quantitative research. This is where categories are used strategically to determine the complexity of relationships among multiple social groups, both within and across analytical categories in a comparative form. I decided to use an intra-categorical approach as this seemed the most appropriate to answer my research question. Taking this approach meant that I did not reject categories but focused on how they were experienced and continually redefined across categories. I could therefore engage with and interrogate the categories by focusing on how they were (re)produced and experienced in everyday reality for the individual therapists themselves.

Narrative methodologies continue to be used by intersectional researchers (Prins, 2006; Cole, 2009; Mirza, 2013) however, as previously discussed in the literature review, there is no unitary or agreed upon approach to how intersectionality is applied (Chadwick, 2017). There are many narrative approaches, and a substantial body adheres to a realist meta-theoretical frame where the content of stories are seen to be a coherent reflection of the concrete reality of each individual story teller with little exploration of how these stories are embedded in broader cultural contexts or systems of power (Mischler, 1995; Chadwick, 2017). There is also the structural approach, which is more sociological in nature. This focusses on the micro-analytics of language and the way the narratives themselves are constructed based on the work of William Labov (Mischler, 1995; Squire et al. 2014).

In the context of my research aims, the approach I use is a dialogic one, specifically a voice centred relational method. I believe the concept of the dialogic self is useful for intersectional research, as it assumes that the self is a collective of voices representing multiple layers of identity and power (Buitelaar, 2006; Chadwick 2017). The voice-centred relational approach outlined by Gilligan et al (2003) uses this concept of the dialogic self to listen for these collective of voices and how history, culture and language have shaped these over the course of their professional development. I expand on this further in the next section titled my assumptions of relational selves and identities.

One criticism of some narrative approaches is that they are often preoccupied with the individual's specific experience. I therefore considered other analytic methods including grounded theory particularly as it focusses on social processes and may therefore lend itself well to intersectionality (Strauss and Corbin, 1998). However, as the main premise is to develop a new theory where there is a lack of theoretical knowledge, I did not feel this was the most appropriate to meet my research aims which were more phenomenological in nature. Given the current lack of knowledge of social division and structural dynamics on the development of psychological therapists in the literature, it seemed more conducive to conduct a phenomenological study to explore what emerged in the narratives, and to demonstrate the uniqueness and variety of contributors' experiences.

As a phenomenological study, I also considered interpretative phenomenological analysis or IPA (Smith, Flowers & Larkin, 2009). There are overlaps between narrative inquiry and IPA as both are interested in the examination and interpretation of detailed experiences and can complement an intersectional framework. However, I chose narrative inquiry for several

reasons with the first being philosophical compatibility. The type of narrative inquiry I have chosen takes a relativist ontological position, which is more compatible with my study's foundation of post modernism, social constructionism, and feminism, whilst Reid, Flowers and Larkin (2005) themselves have acknowledged that IPA is more broadly realist in nature.

The second is political compatibility with intersectionality as narrative inquiry is traditionally used as a form of social justice to represent marginalised voices. It emphasises the relationship between individual experience and cultural context, particularly implicit narratives of power. Therefore, interpretations can take place outside the terms of the text and through intersectional domains of power. IPA on the other hand, usually focusses on the internal phenomenological experience of individuals, and as an inductive method, interpretation tends to only take place within the terms of the text (Riley & Hawe, 2005). Following on from this, given the consideration around power and relationality, I also chose narrative inquiry over IPA and grounded theory because narrative interviews are co-constructed, rather than structured or semi-structured. The narrative researcher travels alongside the participant who then has the freedom to shape their own narratives. This therefore gives more power to the research participant to structure the interviews how they like (Reissman, 2008).

The third is that even though IPA can complement an intersectional framework, it usually involves pulling stories apart to document different themes arising at different stages of development, which is the balance between the idiographic and commonality. As my research question was focused on development and progression, it felt more appropriate to hold the narratives together as whole stories. The integration of time and context in the construction of meaning is a distinct narrative inquiry feature which allowed me to track the ongoing experiential nature of intersectional development over time. In this way, intersectionality and narrative best preserved the messiness and integrity of participants' whole stories. So even though IPA is also an idiographic approach, it tends to get to the essence of the complexity of experiential data through rigorous and systematic analysis into themes as outcomes. Whereas narrative inquiry as a highly idiographic approach allowed me to honour and retain the complexity of stories of intersectional growth with minimal fragmentation as its own outcome (Etherington, 2009; Riessman, 2008; Speedy, 2008).

Research Methods

My Assumptions of Relational Selves and Identities

As I have previously referred to, there are two schools of thought in narrative research concerning the conceptualization of subjectivity and selfhood. The first is the Western person-centred approach that assumes the narrative of the singular unified coherent, organized, and essential subject who can tell a story which is considered linear and complete (Bruner, 1986; Polkinghorne, 2004). And the second is the post-modern culturally orientated approach which argues that narratives be understood within their wider socio-cultural context, with narrative selfhood constituted through positioning, audience, and performance (Reissman, 2002; Andrews et al. 2004).

This latter concept of the dialogic self fits well with intersectionality, and so for the purpose of this study I integrate the concept of social identity with the concept of the intersubjective self. This is so I can understand how change occurs for psychological therapists on both these levels as I do not believe they can be split off from each other. In line with my philosophical understanding, I therefore understand identities and selves as dialogic, socially positioned and shaped by familial, neuro-developmental, neuro-affective, socio-economic, political, and historical discourses which are organized by, but also organizing of power relations. I believe they are mutually constituted and mutually influenced through structural, interpersonal, and intrapsychic interactions (Reissman, 2008; Squire et al. 2014).

In my choice of a voice-centred relational method, specifically the listening guide (Gilligan et al 2003), this type of rhizomatic narrative research has become more popular as a way of addressing the tensions in conceptualizing subjectivity and selfhood (Loots, Coppens & Sermijn, 2013). It allows me to understand the personal meanings and experiences of the individual, including how they see themselves, how they want others to see them, their emotional responses and how they interpret their realities (Mischler 1995; Polkinghorne 2007). It also allows me to see the individual not as a unitary essentialist notion, but as a multi vocal plurality of selves or identities where meaning and form emerge between people in the socio-economic, political, and cultural environment they find themselves (Buitelaar, 2006; Chadwick, 2017).

The Listening Guide (Voice-Centred Relational Method)

The listening guide was systematically developed by Gilligan, with her colleagues and students, in the 1980s and 90s (Gilligan et al., 2003). During the 1970s women's movement in the US, Gilligan was concerned about the lack of women's voices in public domains and discovered a propensity for women's self-silence to remain in relationship with others. Out of this, she published the then seminal text on women's psychological development 'In a Different Voice' (1982). She and her colleagues shared the assumption of relational psychologists, including Aron (1996), Miller (1976) and Tronick (1989) that human development is always in relation to others and within the cultural frameworks they grow up in. They also shared the assumption of psychoanalytic ideas (Fairbairn, 1944; Mitchell, 1988; Winnicott, 1965) that every person has a psyche or inner world that is multilayered and expressed in a polyphony of voices. These voices are dependent on their relationships to their audiences, just as our sense of self develops in relation to others and the cultures that we live in and continually co-create.

The listening guide allows me to tune in to each therapists' multiplicity of selves and identities by setting out a relational and systematic way to listen for these expressions of multiple selves or 'contrapuntal voices' and how history, culture and language have shaped these. Contrapuntal voices are taken from the musical theory of contrapuntal motion. This is the general movement of two or more independent voices or expressions of selves in relation to one another in a single narrative. This method, therefore offered me a systematic way of hearing and understanding different layers of the therapists' personal experience of professional development. Consistent with the ethnographic encounter it also allows me to acknowledge and position myself as a researcher who co-creates my narrators' stories with my own intersecting selves and identities that are both influencing and influenced by my narrators.

Participant Criteria, Sampling Technique and Recruitment Process

I believe that the framework and heuristic tool of intersectionality can be applied to any psychological therapist's personal experience in professional development. I therefore set out to recruit any therapist who fulfilled my criteria of being:

- A UK-based psychological therapist, which includes counselling psychologists, psychotherapists and counsellors who work relationally and are currently practicing

- Qualified and fully accredited and will have provided one-to-one, face-to-face individual therapy with adults (above 18 years) for at least five years
- Have experience of working with clients who have influenced their understanding and experience of their own sense of selves and identities
- Able to reflect on these experiences and how this in turn affects their clinical work

I attempted to recruit therapists from the British Psychological Society (BPS) and the British Association for Counselling and Psychotherapy (BACP). I posted recruitment notices to their online research message boards and included my recruitment notice to research email circulars (Appendix 1 & 2). However, I received no responses.

I then decided to directly email psychological therapists who were offering their services on lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI) directory lists, and black, minority, ethnic (BME) directory lists. I decided on these, as they seemed to be the two most prominent identity-specific psychological therapy services that are offered to the public. I received four expressions of interest from therapists who worked privately and in the charitable and public sector. Three were from LGBTQI lists, and one was from a BME list. I ended up including three therapists in this study. I will discuss why I did not include the fourth therapist in the ethics section.

I decided on this purposeful sampling (Patton, 1990) because I also wanted to privilege the 'epistemic advantage' (Collins, 1986; Narayan, 1989) of therapists who chose to publicly identify with a minority position. I wanted to gather information-rich narratives of personal experiences in professional development, and I assumed that therapists who publicly identify with a minority position and offer professional services to minority groups might be more likely to be engaged with issues of identity and diversity and were therefore more likely to engage in research interested in identity and professional development. This may be why I received expressions of interest from these therapists, and not those from BPS and BACP, although it might also have been the effect of the method of recruitment, as receiving a direct email tends to be more engaging than seeing a research advert on a circular or a notice board.

Interview Process and Collaborative Data Gathering

Once contributors expressed an interest in taking part in my research, I sent them the participant information sheet (Appendix 3) and answered any further questions they had. When they were happy to go ahead, we negotiated a suitable time and venue for the first interview to take place. Two took place at their practices, and one took place at their home. In all cases, I let a friend know where and when the interviews were taking place and checked in with them to let them know I was safe after each one.

I conducted two research interviews with each contributor and fed back my initial analysis to contributors after each interview. The interviews were two to three months apart and lasted between 50 minutes and 1 hour and 40 minutes. This process of multiple interviews with multiple rounds of feedback allowed me to work more collaboratively with contributors and their stories, thereby lessening the imbalance of power between us. It was a form of member checking so that they could elaborate and provide further valuable data on my initial analysis (Bloor, 2001; Loh, 2013). It also allowed for further validity of the data through deeper reflections and richer narratives (Polkinghorne, 2005). Each of my participants responded differently to this style of interviewing and it served to open up richness in their narratives.

As narrative research necessitates the inclusion of longer segments of data in its representation than other methodologies and given my goal of using multiple layers of narrative analysis, I decided that six interviews would be enough to allow for the richness of the data to emerge, and for the scope of this study (Riessman, 2008).

As a researcher I do not discover my contributors' identities in their narratives, instead I participate in their co-creation through narrative interviews and feedback. I co-construct their narratives as an 'engaged' audience to their many fluid performative identities, and through a dialogue of multiple interviews and feedback.

The purpose of narrative interviewing is to generate rich, in-depth detailed accounts. Kvale (1996) identified that short interview questions elicited longer answers and narratives, so for the first interview I decided to ask my contributors to tell me about a time when a client had changed their sense of who they are. I followed their extended narratives closely to see what emerged, and I continued with short phenomenological questions in each interview to elicit further depth. I used my therapeutic skills of active engagement in listening and empathic responsiveness to

create a respectful and safe working alliance to facilitate their story telling (Finlay & Evans, 2009; Josselson, 2013).

I felt a tension between simply following my contributor's narratives and wanting to ask specific questions about their social identities. This was because I was concerned that they might not reflect on their social identities without prompts from me. Other intersectional researchers have also grappled with this including Yoder & Aniakudo (1997) and Bowleg (2008). In their studies they specifically framed their questions along the lines of race, gender, and sexual orientation. However, their participants found these divisions meaningless and irrelevant to their experiences as they could not separate them out from one another. I also grappled with whether I should define identity for my contributors or let them self-define. I concluded that if I define then I am limiting them to a particular framework and potentially just reinforcing what already exists in the literature. If I let them self-define then this has the potential to uncover intersections not just between identity 'differences' but also between mainstream discourses of psychotherapeutic thinking, including the intersubjective concept of the 'self'. It also allowed contributors to reflect on multiple selves and identities without restriction.

I decided to take a relational and contextualised psychoanalytic stance as articulated by Orange, Atwood & Stolorow (1997). In line with this intersubjective stance, I decided to follow the flow of associations of my contributors by not defining their identities but following their self-defined ones, and acknowledging that I am active in the research and therefore co-constructing my narrators' stories through my responses and by being multiple parts of their audience. I had to give up that control and sit with the uncertainty of what emerged. I kept my voice to a minimum during the interviews themselves by not structuring the interviews with set questions, but by following their narrations, and spontaneously responding to elicit further, deeper reflection, particularly when they referred to any social divisions. This hopefully lessened the disparity of power between us, as I tried to minimize the imposition of my thinking or voice over theirs, and instead attempted to be present, attentive, and engaged, which is what a reflexive and voice-centred relational method encourages.

Having used dialogic analysis in this study, it brought to light both the obvious and more subtle ways that structures of inequality and power were deeply embedded in relational processes of change. If I had structured the interviews with specific social identity questions, I may have missed the organic unfolding of these inequalities at work on multiple levels. Occupying the space between the insider and outsider researcher was also useful in eliciting open, honest, and

more deeply reflective narratives as my contributors knew that they were speaking to a peer, or at least someone who understands their professional world and clinical practice (Dwyer & Buckle, 2009)

I also offered my initial analysis to my contributors for their comment and reflection after both their interviews. I will explain the full analysis in detail below, but for now I will outline what and how I fed back to contributors.

The initial analysis took the form of the interview transcripts demarcated by chapter story titles. It also included a table containing what I had identified as their contrapuntal voices and example quotes. In the second interview itself, after discussing this feedback, I then introduced the I-poems I had created from the first interview. I invited contributors to read them out loud or quietly to themselves, and then to reflect on and add to them if they wished. This was so I could capture their immediate responses with an invitation to collaborate creatively with me for further data validation. None took up the offer to add to the poetry.

This ongoing dialogue then continued after the second interview. After two months I sent them the interview transcript with chapter story titles, a table of contrapuntal voices and the I-Poems. I invited their final comments through a face-to-face final feedback interview, or written correspondence. One contributor took up the offer of a final feedback interview which was audio recorded for my own process of analyzing the data, and therefore not transcribed or fed back. The other two contributors responded with written correspondence.

Data Analysis

Transcription

I audio recorded and transcribed each interview to immerse myself in the narratives. In line with my underlying assumption that identity and narrative are co-constructed, I included my verbal contributions to the dialogue to ensure accuracy and precision. I anonymized identifying information, and included sighs, laughter, and pauses to make it as accurate as it could possibly be through a written transcript. Even though I had already gained written consent from each

contributor to take part in this study, I also gained further written agreement that what I had transcribed was an accurate record of the interviews that had taken place (Appendix 4).

Stages of Listenings / Initial Analysis

In line with the voice-centred relational guide, I followed each stage whilst tailoring each layer of analysis to make it fit appropriately with my research question (Gilligan et al., 2003). In the final analysis stage, I also incorporated the use of intersectionality as a heuristic tool (Collins & Bilge 2016). This took a total of four stages.

I decided to use several software packages to help me create, store, and analyse the data, including WORD, Excel, and MAXQDA, a specialist qualitative software tool. I decided to use MAXQDA as it allows for the user to code the same text multiple times with different codes, which lends itself usefully to my multiple steps of analysis and aided my ability to see relationships between contrapuntal voices.

Stage One - Listening to the Plot and My Response to the Interview

For each interview I listened for the stories that were being told, and the contexts that these stories were embedded in. I also listened for repeated images, metaphors, dominant themes, contradictions, and absences. I divided the interview up into chapters which in my opinion demarcated certain stories within the whole interview.

I also listened for my own responses to the stories, so that I could identify, explore, and make explicit my own emerging thoughts, feelings, and associations. This was so I could acknowledge my counter transferential feelings, which enabled me to fully hear their narratives and see how I might be contributing to them through my own intersecting identities in the intersubjective space between us. (See appendix five for an example)

I only fed back to contributors the plotlines as chapter story titles in the interview transcripts.

Stage Two - Listening for I-Poems

The next step was to compose I-poems. The point of an I-poem is to stay as close as possible to the narrator's first-person voice, to hear how this person speaks about themselves whilst minimizing details, which stops me from distancing myself from them in an objectifying way.

I-poems are composed by choosing a particular passage in the interview, and within that passage selecting every first person 'I' along with the verb and any seemingly important accompanying words. Maintaining the sequence and order in which each 'I' phrase appears, I then place them into separate lines and stanzas like a poem. The I-poems readily fell into stanzas that reflect a shift in meaning, change in voice, or start of a new breath. I selected different passages to reflect how the narrators talked about themselves in relation to different clients and social locations. Some of the I-poems also illustrate changes or turning points, and I often chose passages according to the chapters. I include some of these I-poems in the representations. Stanza representations have recently become more popular in psychotherapy research (see Gee 1986; McLeod & Balamoutsou, 1996; Etherington, 2000, 2004). (See appendix six for an example of an I-poem creation)

Stage Three - Listening for Contrapuntal Voices

This step involves listening for distinct contrapuntal voices in each interview. This offers a way of hearing and understanding different layers of the contributor's experience of change. I believe there is a strong similarity here with Bakhtin (1981) and Reismann's (2008) view of polyphonic voices, and so for the purpose of this study I have chosen to understand my contributor's contrapuntal voices as the internal processes, expressions and performances of their selves and identities. In line with my philosophical approach, I decided I would not attempt to define identity for my contributors, instead I would let them self-define by seeing what emerged from the interviews. Along with their self-definitions, I also listened for the repeated expressions and performances of their internal intersubjective process. I used in vivo coding to label each self-defined voice, and there are no set number of voices for each contributor.

This was a systematic and iterative process, where I began with an idea for a possible voice from the first step of the analysis. I then created an initial definition with coding criteria, and continually assessed and fine-tuned the definition with repeated listenings. I placed these

voices and example quotes in a table reflecting the prominence of each voice during their narratives, which I fed back to the contributors. In the feedback I decided to omit the criteria in how I heard the voices, so that the second interview was not bogged down in data, and instead simply reflected their own words and voices back to them. I explained to my contributors that these voices were expressions of selves and invited feedback on what I had identified. (See appendix seven for an example of line-by-line coding of contrapuntal voices.)

Stage Four – Heuristic Tool of Intersectionality

In the final stage, I took into consideration the principles of intersectionality which include social inequality, power, relationality, social context, complexity, and social justice. I focused on social divisions as categories of analysis, including race, ethnicity, nationality, class, gender, sexuality, and religion, as these shaped the fluid identities of my contributors. I considered these within four interconnected domains as outlined by Collins & Bilge (2016).

These domains include the interpersonal, disciplinary, cultural, and structural, and I also include a fifth domain, the intrapsychic. The interpersonal domain of power encompasses how people relate to one another, and who is advantaged or disadvantaged in their social interactions. The disciplinary domain involves the organization of power, and how different people are treated differently depending on which rules apply to them and how they are implemented. The cultural domain refers to the ideas that provide explanations for social inequality and fair play. The structural domain refers to how intersecting power relations of social divisions shape the institutionalization and organization of psychological therapy. I believe that the intrapsychic domain of power is also important to consider, in terms of how the previous domains shape how the therapists related to themselves. (See appendix eight for example)

Representing the Narratives and Intersectional Analysis

The narrative representations and intersectional analysis of each therapist comprise the findings from these stages of listenings.

Narrative Representations

Narrative inquiry treats stories themselves as products of knowledge. These stories convey the person's life and experience with depth, richness, and texture (Etherington, 2004). They convey what Clandinin & Connelly (2000) call the messiness of narratives and are a way of 'thinking with stories' (Frank, 1995).

I grappled with how to represent the narratives as I had a huge amount of data with various levels of 'listenings'. I grappled with how to present all of this in a way that met my validity criteria of verisimilitude and aesthetic merit. Having done the analysis in the ways that I did, I felt I had broken the narratives up and interrupted their flow and that I somehow had to put it all back together to address my research question and aims. I also found it difficult to know how to include my 'voices'. There were so many, including the words I spoke in the interviews, my critical reflexive voice, and my own contrapuntal voices. In the end I decided to omit my voices for the representations, as my previous attempts to include them were disruptive to the flow. I wanted to preserve the integrity and coherence of each contributor's story so that you as the reader can empathically enter each narrative (Crossley, 2000; Bleakley, 2005).

For the narratives themselves, this is necessarily selective, so I have chosen only to include quotes that directly speak to their personal experiences in development and the multiple social divisions at which they interfaced. This is so that I can evidence how my own interpretations in this moment in time are grounded in the lived experiences of the therapists (Morrow, 2005). I also chose what I felt to be the most powerful and evocative passages. I put them together using a combination of my summaries and their own words in italics, and I also interspersed some of the I-poems.

As a therapist your sense of identities are familiar to you, and I hope this narrative knowledge offers an opportunity to see the world as 'newly strange' as it 'rescues it from obviousness' (Bruner, 1986: p24). I use this mixture of evocative and poetic expression to represent the therapists' narratives to engage you, to see what resonates, to encourage an openness to your own embodied responses, to see how you situate your reactions within your own lived experiences of change (Parry & Doan, 1994).

Intersectional Analysis

What follows each narrative is an individual intersectional analysis. This is my analytic interpretation of the social divisions and structures that have shaped the narratives, in the form of intersectional themes and contrapuntal voices.

I use both anti-oppressive practice to reflect on our differences and similarities, and intersectionality to connect what happens between us to wider social structures and the counselling psychology profession itself. For the intersectional themes that arise in the narratives I explicitly name the social divisions as well as the contrapuntal voices, otherwise known as, the selves and identities of the narrators. I indicate which ones are self-defined by putting them in quotation marks. I occasionally add extended extracts from the interviews to better illustrate some of the analysis. In this way, I offer another layer of knowledge, and again, I invite you to reflect on how you hear this from your own historical, socio-economic, ethnic, and cultural position and experience of professional development.

I have presented their representations and analysis in the order of which I first interviewed them.

Thinking about Stories

After this process I conducted a mind map to locate the key messages that emerged from the narratives and intersectional analyses. I discuss these key messages in the discussion in relation to my research question and literature review.

Even though I offer this paradigmatic mode of knowledge, I do so not in the form of 'objective truth'. Instead, I offer my 'thinking about stories' (Frank, 1995) and how I make sense of them through my own intersecting identities and theoretical understanding.

Quality and Trustworthiness

Sparkes & Smith (2009) make the point that there are differing and sometimes competing claims about what could be considered good quality work within the field of qualitative research. They argue that there are no set criteria from which all qualitative work should be judged, but that researchers should set out their research processes and products so that each can be judged in a way that is internally consistent with its own structures and purposes. Polkinghorne (2007) writes that 'different kinds of knowledge claims require different kinds of evidence and argument to convince readers that the claim is valid' (p.474). To make my narrative knowledge claims persuasive and presentable I will make my processes clear so that you, as reader, can judge the degree of validity and believability of my knowledge claims (Reissman, 2008).

Narrative research makes claims about the human condition. It shows how people understand others and themselves, and how they make meaning out of life events (Polkinghorne, 2007). For my study, I make claims about how therapists' personal experiences in professional development are shaped within the context of social division and power. I do this by 're-presenting' each of the therapists' narratives which show their experiences and illuminate the intersectional nature of their professional development. I follow these representations, with an analysis of each narrative, and I discuss the key messages that emerge from them to show how the particulars of experience can also be contextualised and transcended (Okely, 1992). As this is an in-depth qualitative study, the number of participants is necessarily small to do justice to the richness and complexity of my representations (Patton, 1990).

Reflexivity and transparency are tools to ensure the trustworthiness of this research. It is important I acknowledge that truth or trustworthiness is co-created and situated in context and will therefore invite different interpretations at different times and readings from myself, my narrators, and other audiences, including you, the reader. You will bring your own fluid identities into the interpretative process of how you make sense of this study and the narratives I represent. The way you respond to these narratives based on your culturally positioned identities will be different to the next reader, and each reading will bring something different as time, circumstance, and perspectives change.

With this in mind, I outline below my validity criteria which I have drawn from narrative research writers including Etherington (2004), Polkinghorne (2007), Reissman (2008) and Speedy (2008).

I have also drawn from the work of Moradi & Grzanka (2017) who have offered responsible stewardship on intersectionality.

Reflexivity

Etherington (2004, 2009) writes that reflexivity is an important tool in narrative research as it is the ability to be critically self-aware of our responses to the world and those around us, which we use to inform and direct our conduct, interpretations, and representations of research stories.

As I see the person as a plurality of selves or identities where meaning and form emerge between people in the particular dialogic environment they find themselves, this required me to be reflexive and transparent so that through the heuristic nature of this research (Moustakas 1990, 1994) I can demonstrate how my own fluid intersecting selves and identities influenced my methodological choices, how I represented these therapists' narratives, and how I made my claims of knowledge.

I will outline here how my reflexive positioning impacted the research and the reflexivity mechanisms I used to manage this.

Research Supervision

My first mechanism was research supervision, which allowed me to critically reflect on my blind spots. For example, I realised during my interviews with John that I had not explicitly followed up on his relationship to his ethnicity and religion even though there were opportunities to do so. The impact this had was that I did not gain a similar level of data to John that I did with my other contributors. When I discussed this in research supervision, I realised that the reason for this was my deeply embedded sense of cultural filial piety. This awareness then had the further impact of informing one of my overarching key messages from the findings, which was the partial acknowledgment of social divisions which I then discuss in terms of my research question and overall literature.

Peer meetings

The second mechanism was meeting regularly with a group of peers who were also conducting narrative studies. They allowed me to critically reflect on my blind spots and allowed me further space to talk through my feelings which may have impacted how I understood the stories and social dynamics. I also checked with them how best to present the stories in ways that were the most evocative to ensure verisimilitude and aesthetic merit.

Journaling

The third mechanism was keeping a reflexive research journal throughout the whole process of the research. I included discussion, research dilemmas I grappled with, decisions and inferences I made which kept me aware of their ongoing impact, and thereby leaving an audit trail.

Transparency

Transparency allowed me to be held accountable for my knowledge claims and to be critically aware of how I represented the stories. I chose to represent the therapists' narratives by including as many of their own words as possible, so that I can evidence how my own interpretations in that moment in time are grounded in the lived experiences of the therapists (Morrow, 2005). I also added context of how I came to these interpretations through my own subjectivity and intersecting identities

Collaborative Data Gathering

Etherington (2007) argues that narrative research must be ethical and moral, and part of this includes being aware of the power imbalances between researcher and participants. This is also fundamental to intersectional research. The position I take in this study is one of visibility so that I can be held accountable for my interpretations and knowledge claims.

Collaborative data gathering allowed me to be held accountable to my participants, as I shared my initial analysis with them for their feedback. This form of member checking (Loh, 2013) had the direct impact on my research of leading to more in-depth data. For example, with Will, he was most effected by my I-poem on his sexuality, and in the second interview I could invite him

to talk further with me about his sexuality, which led to a deeper discussion around sexuality, gender, his relationship to his mother, and wanting to be more himself.

I also worked collaboratively with my contributors to ensure they had control over their narrative representations, and I used anti-oppressive practice (Dhillon-Stevens, 2005) and intersectionality to reflect on the processes of power between myself and my contributors within the wider social contexts that we were embedded in, which formed the basis of the intersectional analyses.

Verisimilitude and Aesthetic Merit

Connelly & Clandinin (1990, 2000) cite the importance of verisimilitude in judging the value of narrative inquiries. This is where the writing seems alive and real so that audiences can vicariously experience how it was for the participants in the study. It must resonate and seem believable to be trustworthy (Blumenfeld-Jones, 1995; Creswell & Miller, 2000; Loh, 2013). This can be achieved through creativity and aesthetic merit (Speedy, 2008) and 'thick description' (Geertz, 1973). I attempt this through poetry and selected the therapists' words which I felt were the most powerful and evocative for the representations. I also involved a peer who was engaged in her own narrative research to member check different versions of the representations to see how aesthetically pleasing and emotionally engaging they were (Loh, 2013). I have also chosen to tell my own stories to embed myself at all stages not only to ensure reflexivity and transparency, but also to develop a relationship with you as the reader.

Impact and Transformation

Impact and social justice are at the heart of intersectionality (Moradi & Grzanka, 2017), and narrative research is considered an agent of social change (Riessman, 2008; Andrews, Squire & Tamoukou, 2013). This narrative study is intended to be part of an ongoing dialogue around how counselling psychology can better integrate relational and intersectional ways of understanding professional development to ensure that we are a diverse and inclusive profession with effective and ethical practitioners.

Ethical Considerations

I conducted this research following the British Psychological Society's ethical guidelines, particularly in relation to avoiding any harm towards participants (BPS Code of Ethics and Conduct, 2018). I gained ongoing informed consent from each contributor and ensured that they understood the nature of the research. Riessman (2008) and Clandinin (2013) argue that narrative research should be approached as an entirely ethical exercise, and I outline below how I address the ethical issues that arose from my study.

As my research involved analyzing social divisions and wider context within personal narratives, this had the potential of uncovering a level of incongruence in the contributors' conscious understanding of their identities. I addressed this by sending my transcriptions and initial analysis to the contributors for comment and for what Riessman (2008) calls a second chance at informed consent.

This incongruence occurred with one contributor, Will, around his reaction to an I-poem I had created based on his reflections working with a client around gender and sexuality. He described it as 'controversial' and was surprised at how ambivalently he came across. I felt anxious about not causing offense, and nervous that I had somehow misunderstood and misrepresented him, thereby abusing my power by taking an expert interpretative position on his gender and sexuality rather than listening more attentively to how he wanted to come across. To address this power imbalance, whilst at the same time respecting both our subjective positions, I responded by being transparent about how I came to create this I-poem, so I explained the passage I had taken it from. I also invited him to add to the I-poem so that it reflected more accurately how he felt about his gender and sexuality. He said he remembered the passage and that he did not want to add to it as it '*interprets something*' and '*tells its own story*'. He did not want to break up the flow, and instead wanted to reflect on what it had brought up for him, and that he would read these I-poems out loud to his husband and therapist. I felt moved when he told me that he liked the I-poems and that he would share them with his husband, telling him '*this is me*'. I used my therapeutic skills to ensure the research interview ended in an emotionally contained way. Will was left feeling relaxed and reflective after the interviews and was not distressed. This was confirmed in his final written feedback.

Another ethical consideration was that of confidentiality. I kept the contact information of contributors separate from the data to ensure its security. However, anonymity is more

complicated with narrative, because unlike other qualitative methods, it necessitates the inclusion of larger segments of data to illustrate the narratives themselves. This can potentially make it harder to conceal the identities of narrators as well as their clients' identities. It was therefore important that I addressed this by choosing pseudonyms in agreement with contributors and omitted or altered any personally identifying information such as names of people, locations, and services. However, as my analysis considers social context, I refer to broader detail to preserve these elements. I was also very selective in what I included in the narrative representations to ensure I answered my research question and illustrated my analysis whilst preserving confidentiality. To ensure that contributors had control and confidence over how I represented them, I asked them to review their narratives in our last correspondence before completion of this study. I wanted to ensure that this was a collaborative process, and that I remained accountable to them. All three were fine with my representations and the preservation of their anonymity.

I asked my contributors to verify that the interview transcripts I wrote up were accurate from their recollection, and all three were happy to verify the accuracy. When my primary research supervisor asked me to include the full interview transcripts for one contributor in the appendix for the purpose of verification, this brought up an ethical concern for me. I felt I could not include this, as I had not gained explicit consent for this from my contributors. Our discussions had been around my listenings and how I represented their narratives to best answer my research question. Also, I believe that providing two entire interviews would make it much harder to protect confidentiality due to the amount of context and detail, which I had already carefully omitted for the representations themselves. Even though I do not believe that narrative research studies can be objectively verified by others, in hindsight, perhaps I could have discussed with contributors whether I could include their full interviews for the appendix of the study with heavy redaction. This is so I could have provided an audit trail with raw material, which may have complemented how I attempted to meet my quality criteria in the study itself. Instead, I have included example segments of each layer of listening for one contributor in the appendix.

Another ethical dilemma I faced was how far I was willing to go with accountability, collaboration, and transparency with my contributors, which highlighted the issue of power between us. I had asked them to review their individual narrative representations. However, I grappled with whether to ask them to review my intersectional analysis which includes me taking an interpretative position based on my personal responses to them. I realized that at

some point collaboration would have to end to complete the study, and I had already been transparent from the beginning in the participant information sheet about the limits of this collaboration. However, a part of me wanted to share the intersectional analyses so that they had a chance to respond to my personal responses and interpretations before submission as I did not want them to feel they had been misrepresented or to be offended at anything I had written. I felt anxious about this, as I know from personal and professional experience that explicitly commenting on social divisions can provoke strong emotional responses. However, it took me a year to write up the narratives and analysis so asking them to re-engage with their narratives and my interpretations a year after the interviews would certainly have changed the stories I had already gathered and would lead to further data which I did not have capacity to include due to the limited scope of the study. Also, I know that it would have been impossible to offer full control over how I represented all our interactions for the discussion as these were my personal interpretative responses across all three narratives. I would have had to have sent the entire dissertation for their comment, including the other contributors' narratives at a stage when they were not finalized.

I therefore decided that due to the existing richness of the data and narratives I had already gathered, and the limit of what I could include, and having already set out from the beginning the limits of what we would collaborate on, it was best to only share my representations of the narratives themselves to ensure they were happy with these. In making this decision, I recognise that even though I tried to be as collaborative as possible to ensure contributors were represented in the way they wished, I ultimately held more power which was a difficult tension.

Another ethical issue that arose was around the inclusion of one of my original contributors. I had initially recruited four, however, after transcribing the first interview with one, I decided it would not be in their best interest to continue with their participation. This was because I suspected they might be distressed by my initial analysis and feedback. They had also asked me at the end of the interview to change a significant amount of their transcript beyond the regular protection of confidentiality. I therefore thought that I might cause harm by putting their experiences and my analysis out into the public domain given their reluctance. I spoke about it with my supervisory team who agreed it would be in their best interest to discontinue. I dealt with this by expressing appreciation for their time and letting them know that my research was developing in a certain direction and no longer required their participation. They stated they were fine with this.

As a psychological therapist I used my therapeutic skills to inform my role as a researcher. However, it was also important that I held the boundary between these two roles when one of my contributors asked whether I could be her personal therapist during the study. I had enjoyed our interviews and felt a mutually strong connection. However, in agreement with my clinical and research supervisor, I decided that as we had a specific pre-existing relationship this would not set either of us up well for a contained therapeutic relationship, as the dual nature of our relationship would make the boundaries too blurred. I therefore informed her that I was unable to take her on as a client. We had a face-to-face final feedback interview where she was able to discuss this with me. I did not provide a name of a therapist, as she had been searching for a new therapist for a while, and knew the appropriate avenues to find one, and therefore did not need any further assistance from me.

FINDINGS - NARRATIVE REPRESENTATIONS AND INTERSECTIONAL ANALYSIS

John – Narrative Representation

John responded to an email I had sent inviting him to be part of my research study. I had found his details on a LGBTQI list of psychological therapists, where he positively identified as gay. We agreed to meet at his affluent residence.

Transformative Power of Education and Therapy

John came from a white working-class background where his father was a labourer and his mother a part-time cleaner. He described this as a background *'...of people who had lived very small lives, who were very unsuccessful, who are very frightened of the world, who didn't like thinking and feeling, you know, my mother as a child used to punish me for reading books, she used to say what are you doing reading, get out in the sunshine like a normal child... I used to have to take the books to bed as a child and read them under the covers with a torch because I wasn't allowed to read... for me reading, feeling and thinking has always been incredibly important, it was my, I suppose, my challenge, my rebellion'*

Through his love of reading, art, and imagination he pursued higher education. He described himself as coming from a lucky generation, as in the 1970s he could borrow books from his local library, and his first degree was paid for with a full government grant. *'I'm one of those very annoying people every time they try and threaten the cuts to my local library I write furious letters to my MP because I believe in libraries, that's how I got out of poverty'*. He went on to train in a *'high status'* profession, psychotherapy, and he chose the best training he could, which was more than he could afford.

Driven

I grew up poor

I was aware

When I did my training

I was the youngest

I was unusual

I was male

I was

I went to

I mean it was quite tough

I had absolutely no money

I had to live in a basement flat

I think

Because I

I come from relative poverty

I'm quite driven

I needed and wanted to make my training work

I didn't have it

There are people who I trained with who were older than me

They were the age I am now

I imagine

I'd be business like about it

I had to make it work

'When you come from nothing, when you've come from poverty, and you've had to really struggle, you're either buried by that adversity, because most people are buried by it, adversity doesn't make you stronger it can just ruin your life, I think, but... if you can make sense of the adversity and you can struggle and see it as a motivator then of course it can actually lead you to be successful'

John did become successful which for him is full of meaning and power. *'That therapists earn that amount of money must be quite unusual'*

After twenty years, the longer he works with clients the stronger his identity as a therapist becomes. *'I've got a strong identity as a therapist because that is what I do. I've spent most of my life being a therapist.'* *'I think if I wasn't a working therapist I would have a very vivid interesting sort of social life, which I don't have, so that's a kind of loss or sacrifice... that is your life... there's not much room for everything else'.* His husband is respectful of his work. *'I think if I had a messy life, I didn't have support... I don't think I could work like this, you've got to have a functioning successful life, in a personal way I think'*

He reflects on his success and what people think of him now:

'When they hear me speak, and they meet me and I live here, and I work in ... street I think they think I'm upper, upper middle class and posh, but I come from nothing... and I think that's a really very profound source of identity... To come from nothing, because I was the first person in my family that went away to university and then I've got three degrees, so that's been really important for me too, it's a great triumph of my life actually.. I would say, to find something I can do that I enjoy, and that gives me that, that status, but more importantly I think that further education, study, when you do your MA and your doctorate, of course it transforms you, you become somebody different, I'd become somebody different even when I did my first degree, my BA in English, you know, and so I think I believe in the transformative power of education and also of course I believe in the transformative power of therapy'

Surviving and Making Sense of Adversity: A Great Triumph.

However, money and status are not the only things that continue to motivate him to work as hard as he does. *'I'm speaking personally, but I think it's true of a lot of therapists, that most of us are wounded helpers'.* The real fee for John is the healing, his intense relationships with clients.

John believes being a therapist is the one thing he is good at as he can *'barely function'* in the rest of his life, so being a psychotherapist *'gives me that meaning, gives me that sense that I'm doing something important and useful, that I'm healing myself at the same time, because as I said, that's the fee, the fee I work for is the constant kind of validation of being useful'.* He is good at sitting with people in distress with his intensity of presence, attentiveness, and passion

for the work. He works hard to give something to his clients, which is why they choose to stay with him for a long time.

John believes that 'clients' narratives have helped me deal with my own narrative... my own disappointments in life... you can't live a full life without... people letting you down, betraying you, losing people through death, bereavement, mess, I mean it's just, if you have a full life you've got to feel it... And I think that therapy and the clients help me manage that, resolve it'

His clients' stories subtly change and alter him. 'Of all the hundreds and hundreds of people I've worked with... they become part of who you are as a professional, and they become part of who you are as a person... you just take this stuff in and you can't remember it all, but some of the things are just, become a kind of sediment I think... There's a sedimentation, you become, a sediment that settles within you, as a person I think... You know... all the stories, all the issues of childhoods... those moments I think where clients sometimes reach a moment of pain or connection and I think... I think they stay with you, those moments, those revelatory almost erm (intake of breath) they are almost moments of connection or meeting I think... Where somebody says something that's so raw, so powerful, so painful sometimes, or so true, they kind of, you just know it, it's a kind of moment'

He thinks of therapy as 'the attempt to be truthful with oneself in the world, which isn't easy, it's not easy to be truthful, and it's not easy to own your own woundedness; it's not easy to face, face one's own shame, which we have to sometimes.. I do that, my clients help me face the shame of something, but the shame is complicated, you know, it might not be your fault that you were sexually abused, that you're parents divorced or that you were bullied, but we often feel it, it stays with us, and we've got to kind of face those experiences and I've had to do it, and that's the inspiration for helping other people to face things, you know, I had a terrible childhood, frankly a miserable childhood, and that was of course extremely helpful, you know, how much better, what's the best training you can have, I think to be a failure at school, to be bullied, to be rejected, to come from a really terrible family, it's a really good training to be a therapist'

In the I-poem below John reflects on his relationship to his sexuality and heading up a psychotherapy team during the 1980s AIDS crisis, when many of his friends died.

Sexuality

I think it's part of the wounded helper

I have no family

I have no family left

I

I

I grew up

I

I got

I graduated

I got a job as the head of psychotherapy

I managed a team

I worked with people those days that were dying

I had a department

I

I love

I love

I would go out and train people

I did a lot of work

I'd often be

I'd work with

I had seventy people

I'd have to take them through

So I do that work

I was

I did that

I set up

I think

I mean

I'm a psychotherapist that just happens to be gay

I'm not a gay psychotherapist

I, my sexuality is just a part

Of who I am

I do work with

I'd say

I work with everybody

I think

I mean

I survived

I was lucky

I was lucky

I survived

I mean things have got easier now

I mean

I'm married to a doctor

I have a successful

I think

I mean

I've always said

I do

I work a high volume

I married somebody who is very respectful of that

Because I'm not here

I'm in the clinic

I have a very boring stable home

I think

Working like I do

Even though John knows things are easier now and he has gained great success he is still very driven by his fear of poverty, struggle, and powerlessness.

Resilience

I think

I know it's still a fear that drives me

I also think

I also recognize that it's nonsense

I could do it again

I know

I could

I probably

I'm quite resilient

I'm quite resilient!

I could do it again

I wouldn't need to

I suspect

But I could do

I've always felt

If I have access to books

I think

If I was, if the politics changed

I was a political prisoner

I probably

I think

I suspect

I would cope very well

If I could get to a prison library

I'd definitely be fine but even without it

I've still got something inside me

Which I think is the process of a life

Becoming a Better Therapist

John has become a better therapist through failure in his client work. He reflects on an early piece of work with a couple where he admitted to them that he was stuck and they subsequently left therapy.

'It's a long time ago and I remember, I remember that they recognized that I was, I was stumped, I was basically deskilled... I think it sort of robbed my confidence, but it led me to become even more skilled, to read more... to take more of that kind of failure to supervision... because when you work with hundreds and hundreds of people you can't be effective all the time... you've got to accept that there are things that don't work, I find it difficult, but... we have to accept that it's complicated stuff this therapy... and we sometimes don't get it right, sometimes we make a mistake or we get it wrong, or the client just won't get any further, I mean all sorts of things happen and we've got to realise that we are, we've got to realise our own limitations'

Along with this acceptance of his limitations, he also makes a *'profound commitment'* to helping his clients and so is prepared to go back to his books to learn and to change for them. In the I-Poem below John reflects on his work with a child with a phobia, and how he had to adapt his usual way of working as they only had a brief number of sessions to resolve her problem.

The Child

I worked with a child

I work with children

I erm

I

I think

I've only got

I erm

I knew

I hadn't actually worked

I did

I read

I thought

I got to get this right

I wanna help

I did

I'd never

I was flying

I thought

I need

I've only got

I

I need

I did

I used

I hadn't

I hadn't

I don't

I don't use it

I needed to help her

I got her

I who

I involved

I said

I said

I need

I got her mum

I said

I want

I suppose, my experiment

I think

I'm not a CBT therapist

I read up

I've got to do

I've got to

I've got to learn

I need

I change

When Narratives Collide

Clients have also taught him to be challenging, more courageous, to bide his time, and that he is *'only fifty percent of the relationship'*.

His work is mostly long term *'I think when you work with people over a longer period of time obviously as I said, your narratives collide, you know because in that time you move house, you meet people, you develop relationships, you get older (laughter) I think that... I mean... I think there's that, but equally I think there are some short-term clients who leave you with something... I don't think it's about longevity necessarily although it has a particular place I think when you work with people over eleven years every week, I mean, you know, obviously some of those clients I work with for a long time, long term, I mean I see them more than I see anybody else, much more than I do any friends or family and, you know, it's that sort of sense isn't it, for every week for years I mean it's, you know, you see them more than anybody else in your life really and it's the intensity of those sessions, some of those sessions where somehow you connect, somehow you do or say something which the client needs or can use'*.

He reflects on two of these clients who are more vivid than others, and how their lives and narratives stayed with him. The first is Robert.

You can't forget somebody you've sat with every week for eleven years and I suppose I wonder what's happened to him... I think he taught me, it changed me, because it taught me skills, he taught me compassion, he taught me paying attention, you know, we learn from our clients and it's a well-known cliché, you know as a young therapist you can learn so much from your training, you can learn so much from books but of course obviously we all learn from our work with clients, and they are our trainers and teachers, they are the ones who really hone our skills and I think turn us into what I hope is a good therapist, or good enough therapist, so I think that he is one of those people that helped me with key skills, as well as leaving me with a sense of his life over eleven years'.

Robert

I saw him

I saw

I saw

I suppose

I think

I've never forgotten

I did training

I was a supervisee

I brought him

I had finished work

I talked

I think

I hadn't recognized

I had to go through grief

I worked

I suppose

I

I suppose

I wonder

I think he taught me

I think

I hope

*I think
I*

I sometimes wonder

I'll ever bump into him

What would I say?

What would I say?

I mean

I've changed

I have changed physically

I've got

I look older

I wonder

I know

I think

I suppose

John reflects on growing older as a therapist and how it has made him see the psychological in the political.

'We're all a bit wonky and flawed and... when you get older, as a therapist and when you get older as a person you become more aware of that I think... the flawed, the fears, the anxieties, the denial, you know all of that... and the things you can't see.... I think you become more secure and more unsettled at the same time, it's a curious mixture of things... I think you become a more rounded person... You look at current events or people, I mean whether it's Brexit or whether it's Trump, or whatever political thing is going on, I suppose you looking at them, or I look at them with a number of different eyes, including a therapeutic eye... and

thinking we're in the age of anxiety and fear, for all sorts of reasons, and this is why people are looking to certain decisions, whether it's Brexit or whether it's Trump and, you start to kind of use your therapeutic skills to try and understand why your fellow citizens are behaving in a certain way or what the fear is, what the anxiety is'

Endings. A Moment of Transition.

The second client who vividly stays with him is presented in the next I-Poem. He worked with her intermittently over a period of nearly twenty years before she died of an illness in midlife. *'She's one of those vivid clients that just teaches you something that you don't realise until afterwards'*. He recently attended her funeral, and felt like the *'keeper of secrets'* as he knew all about her life and her relationships to her family who he saw there. He described her as an extraordinary woman who made it to be a successful executive despite her extremely difficult upbringing of physical and sexual violence, drug abuse, her confusion over her sexuality, and an eating disorder. He remembers *'I reacted with a sense of care for her and needing her to understand that I understood about this life, erm, and it was this dissonance, because she was describing the most awful kind of childhood and life and yet she presented this incredible, I mean she was incredibly beautiful'*

The Executive

I remember

I mean

I think

I think

I think

I suppose

I think

I think

I think

I think

I'd seen

I'd never

I knew

I knew

I knew

I knew

I suppose

I think it's

I think it's stayed with me

I think again

I

I

I was saying something

I think

I think

I've worked

I don't know

I was any good

I don't know

I made any difference

I don't know

I

I think

I think

I went

I remember

I

I somehow

I said

I named it

I think

I remember

I mean

I was

I mean

I mean

I'm not often lost for words

I was lost for words

The untimely death of this client, and my initial analysis, makes John reflect on his own mortality and endings, as he contemplates semi-retirement. He believes he will give up his day job but has no intention of stopping with clients soon.

'I have such a strong identity... What do you do with that identity when you are not doing it anymore... you're not doing the work, who are you then? So that's a moment of transition'

John – Intersectional Analysis

Social Divisions: Class, Age, Ethnicity, Gender, Professional Status

Contrapuntal Voices: 'Strong Identity as a Therapist', 'Lecturer/Supervisor', 'Triumph'

Before I met John I remember approaching his residence with some trepidation. I felt intimidated by the grandeur, wealth, and power both he and his residence held. John is a white man in his fifties, and in line with his received projections, I assumed he was upper class and 'posh'. My parents were poor immigrants to this country and lived for many years in poverty. However, through hard work and sacrifice they were able to provide us later with what could be considered a middle-class upbringing. I have previously worked as an administrator for white British upper-class gentry, and therefore, during the interviews with John I felt a mixture of deference and inferiority in what I perceived as our differences in age, ethnicity, gender, class and professional ability. I also felt envious, but also inspired and reassured that if he can make such a successful living as a therapist with the adversity he has faced, then potentially I can too. I expand more on the impact of our social differences in the section on what is not said.

Social Divisions: Class, Gender, Sexuality

Contrapuntal Voice: 'Being Unusual'

John grew up in a working-class family where he was '*bullied*', '*punished*' and '*rejected*'. He described himself as '*being unusual*'. In his family he did not fit in with the norm of working-class culture. '*I come from a background where you work with your hands and I can't do anything with my hands*'. This indicated to me that there also seemed to be a strong preference for gender and sexuality norms, with an expectation that boys and men worked with their hands, were rough and tumble, hyper-masculine, dominant and heterosexual (das Nair and Butler,

2012). I noted that John was born during a time when homosexual acts were still against the law, with it only becoming decriminalized in his late childhood in 1967. However, even after this decriminalization, there were still many laws that discriminated against non-heterosexuals. It was still considered a mental illness and only declassified as a disorder from DSM III in 1972, when John would have been in his mid-teens, and it was declassified from ICD 10 in 1992 after much political campaigning, especially from gay psychiatrists (Burton, 2009; Carroll, 2010). John would have been in his thirties at that point, during which there was continued persecution of gay men. At the intersection of class, gender, and sexuality, it appeared that John was rejected for not meeting male working-class norms, as well as suffering from homophobic bullying and violence growing up.

Local libraries and a government grant enabled John to take advantage of his love of reading and to gain a degree which acted as his springboard for further training as a psychotherapist. He says *'arguably I'm from a lucky generation where we could go to university for free and I feel very angry and very sorry now that young people are leaving university for their first degree with forty fifty thousand pound debt, I think it's outrageous... it makes me really angry because I think on a personal level I can see how that would put a lot of people off from my background'*. It angers him that opportunities for social mobility no longer exist for the current generation, and it leads him to speak up politically against austerity measures such as the closure of his local libraries.

Social Division: Sexuality, Ability, Professional Status, Class, Religion, Law

Contrapuntal Voices: 'Wounded Helper', 'Strong Identity as a Therapist', 'Being Unusual', 'Triumph'

I asked John about his relationship to his sexuality and client work, and I include his response in the I-poem entitled *Sexuality*. From what I understand, he seems to have managed the adversity of homophobia, discrimination, and loss of friends during the 1980s AIDS crisis by gaining a powerful position as a psychological therapist in an organization that helped others through this tragic period of history.

Currently John positively identifies as gay on his therapist profile, adding to the diversity of choice that private clients have in selecting their therapists. He positions himself in a particular

way to the gay community, as he makes clear that he is a psychotherapist who just *'happens to be gay'*, he is *'not a gay psychotherapist'*. I notice that John did not talk about his relationship to his sexuality until I explicitly asked him about it. For John it seems that even though his sexuality is an important part of his identity it is only one part that he has integrated into his strongest identity, which is that of being a psychotherapist. I wonder whether this is because becoming a successful psychotherapist in a high-status profession has helped to transform his wounds of homophobic attack and historical oppression. Even though his family of origin still reject him for being gay, for John, it was a marker of success in his personal life to marry his husband: *'quite a big step isn't it from coming from a background where there's no books and your dad works in a building site, to marrying the doctor'*. Marrying the doctor was another important marker of social mobility which helped to transform the adversity of his working-class roots, with its idea of hyper-masculinity and homophobic culture (das Nair & Butler, 2012).

Even though there is increasing cultural acceptance of non-heterosexual identities, there are still challenges within the therapeutic profession. Conversion therapy in the UK is still available although the government have made a commitment to ending it (Government Equalities Office, 2018). This type of therapy assumes that one sexual or gender identity is preferable over another, and attempts to convert people to that preferred identity, which is usually heteronormative or heterosexual. It has only been in the last few years that the NHS and therapeutic regulatory bodies have taken a stand towards ending conversion therapies, by publishing a memorandum of understanding on conversion therapy in the UK in 2015, with a more recently updated second version in 2017 (UKCP). I note that for John, it was only in his fifties that he was able to convert his civil partnership to marriage due to the legalization of gay marriage in 2014. The tension between the intersection of sexuality, religious beliefs and the law have shaped John's ability to choose how to live his personal life.

Social Divisions: Class, Professional status, Gender, Age

Contrapuntal Voice: 'Being Unusual'

John made strategic choices to escape his life of smallness, poverty, and violence. To ensure he was ahead of his competition he chose a *'high status'* profession and trained at the most prestigious institute of that time despite its expense. Again, he was the *'unusual'* one among his

fellow trainees who were mainly middle-class women in their late fifties. He described himself as this *'oik'*, a middle-class slur that encompasses gendered, ageist, and lower-class contempt as he sat in what I interpreted as multiple sites of cultural and financial disadvantage. I wonder whether this self-definition might also be a possible expression of John's internalized classism or a proud badge of honour. I say the latter because despite his sexuality and working-class background, he also held the more privileged positions of being young, white, and male and I wonder whether this was also helpful alongside his prestigious qualification in becoming successful. He describes the importance of this *'status... twenty years ago of being young and having an MA'*.

He describes, what I understand as his competition: *'people who I trained with who were older than me, they were middle aged, they were the age I am now, and they were comfortable, for them it was, you know, a second career, they probably I imagine... maybe the kind of people who work from home and see three or four people a week, and for me it was about having career change and having a career and making it work as a source of identity but also a source of being... quite clear that you know that I'd be business like about it'*. John acknowledged that *'males are only 16% of the profession'*, and in the 1970s with gender inequality skewed in men's favour in the workplace, I perceive this as helpful for John in achieving his success.

Social divisions: Class, Professional Status, Sexuality, Ability, Law

Contrapuntal Voices: Internal Supervisor, 'Strong Identity as a Therapist', 'Triumph', 'Wounded Helper' 'Lecturer/Supervisor'

Even though he has achieved huge upward social mobility in terms of earnings, professional status and lifestyle, a fear continues to drive him to work hard and stay ahead of his competition. His internal supervisor knows that he is still being driven by his past, with his fear of ending up back at his multiple sites of oppression, suffering homophobia, poverty, class discrimination and powerlessness. He makes a profound statement in the I-poem *Resilience*, where he describes how he could survive as a political prisoner today, as all those narratives of healing have made him resilient. I heard this as a compelling statement about the intertwined marker of success at the intersection of class, sexuality, and the law.

His clients have given him a '*strong identity as a therapist*', and, along with that, its high social status and upper middle-class lifestyle. I understand John to be generous with all the communities he works with across a diverse range of age, ethnicity, sexuality, and class.

Even though John did not share with me his motivation for taking part in this study, I believe it might have been a way of affirming his '*strong identity as a therapist*'. I realized I was bearing witness to his life story of class mobility and '*triumph*' over homophobia when he told me he would keep the interview transcripts in his vast library of books he had collected over his lifetime. I felt positioned as a student learning from him as a 'lecturer' and senior clinician with over twenty years of experience.

In his last written feedback for this research he wrote '*this interview and transcript has drawn out memories of previous clients and reflected on aspects of my identity I was only partially aware of. Clients, and working as a therapist has changed who I am and how I place myself in the world. I am surprised and grateful for this research as it has drawn out many issues for me that were only partially conscious*'.

It is a life trajectory he is very proud of, as he has transformed his multiple sites of difference, and both oppression and privilege into one of immense privilege and power. This adversity has made him a '*better man*' and a '*better therapist*'.

Will – Narrative Representation

Will responded to an email I had sent out to psychological therapists who were advertising their services on a LGBTQI counselling directory list where he positively identifies as gay. Both interviews took place at his private practice in a business district.

Taking Perspective

Will has gone through a lot of personal and professional change over the last decade. During this time he married his husband and they adopted their son. He also decided to leave his career to work solely as a psychological therapist. Working with clients and hearing their stories has changed the way he looks at life now.

‘Being in this line of work where you deal with real life issues that people struggle with, I think that’s really had an impact on me and how I look at life and problems, and I thought those things were not problems really, I couldn’t take them seriously anymore’. This applied to his OCD type behaviour as well as his previous career.

Working therapeutically with clients helped him to see what was important in life, and he has no regrets about changing his career.

‘I feel happy I guess that I’ve been able to help someone else... I’ve felt productive, and I think that’s always been important to me. So in my previous work, productivity meant output and this line of work it’s not necessarily a tangible output but for me I can see change, my impact on others, I can see change, and I think that’s what is satisfying for me, that I’ve been able to help someone move along in life’. Instead of leaving work feeling shattered and annoyed, he now leaves feeling energized, satisfied and much more positive than before. *‘That’s helped me in my process of being a person, being a human being... being a partner, being a father, I think all of that has an impact on what I take with me to go back home.’*

He believes that without going through the psychotherapeutic training or hearing his clients’ stories, his own relationship with his husband *‘maybe.. would not have worked out’.* As he helps his clients go through the process of understanding themselves and others through open communication, he also decides to apply this to himself. *‘I’ll walk away from a... session where*

a client has had either a massive argument with their partner or they receive absolute silent treatment and they walk away with a lot of frustration, and I go home and I put a child to bed and it's like right, I need to talk to you about something where I can just talk in a very kind of adult to adult way rather than just assuming it's going to be a row, an argument or you said no, I said that, and these kind of things... so it's helped me overcome my fear I guess of confrontation'

Client work has also affected the way he raises their child

'I think just my knowledge and my experience in this line of work has really changed my view of how to raise a child regarding attachment theory... especially because he is adopted, so there's a lot of attachment issues already there from the word go in his life so it really is important to give him the best help and support that he needs rather than what I need from this relationship with him.. so I think that's made me think either from a different angle or maybe from both angles, so looking at it from a father, but also looking at it from his potential point of view'

As a result of this he has now become a more 'chilled', 'gentler', 'kinder' and 'friendlier' person as he is less 'feisty', 'angry', 'frustrated' and 'narrow minded'. 'Client work helped me to relax in life, therefore, enjoy life more'.

Rupture and Repair

However, client work can also be a struggle as he can sometimes carry negative, heavy, and uncomfortable feelings. A client recently stormed out of a session which left him feeling bad as if he had done something wrong or misjudged the situation. He took this to his own therapy to process his difficulty with confrontation and not being good enough. Through this he was able to think about it with his '*therapist hat on*' and he was able to understand what was going on in the relationship and use it to positive effect a few weeks later.

'Now I'm obviously much better at confrontation, much better at silence, much better at when people storm out, knowing that they will come back and knowing that we will be able to work through it and if not, if they don't come back then I can now tell myself that they were probably not ready for this relationship or I'm not the right therapist, or they are not the right client, or all these things rather than saying, point all the arrows at myself like gosh, you're such a bad person, like how could you ever have done that, so I can think with different hats and in different layers.. I think that's what helps me with my self-confidence, my self-esteem, my self-belief, I

think all of these, that it's helped with all of that... hhm.. it's actually really good to have this conversation, kind of putting, kind of just thinking about this and putting this thinking out loud and understanding what, and evaluating and processing what's actually happened and because, I guess sometimes I just take it for granted and you go to work and you come back home but actually a lot more happens with this line of work which we not always think about or we not always understand how it impacts me.'

Becoming an Adult

As Will is trained in transactional analysis, he helps his clients work on their ego states, which he also has to process for himself. He reflects on a time when a client said to him *'you've become an adult when you can forgive your parents... and that really kind of sat with me and you're like wow, that's actually quite powerful because... parents aren't perfect and yes, they have a massive influence in your life but how long are you, can you blame them for that, for all the things that have gone wrong or that you struggle with, how much can you blame, how long can you blame them for that, and actually, they're looking at it from a different angle and actually seeing it for what they've done... they did it because it was the right thing to do for them at that time... but now times have changed, things are different, and I can, I'm in charge of my own person now, and my own choices and you don't have to be led by the past or by them anymore... and I think that's... also empowered me'*.

Being Seen

Will has also been changed in how he experiences his nationality and class through his training, client work and recent conversations with his husband over Trump and Brexit. Will grew up in a small village in Europe and moved in his early twenties to the UK. *'Why I wanted to move countries and come to [city] I think, was one, I wanted to find myself, but I think I wanted to step away from, physically step away from a symbiotic relationship with my mother'*. When he arrived in the UK he wanted *'to blend in, to settle in and kind of disappear in the crowd and be not anyone specific'*, so he worked hard to hide his accent, and identified with those he found around him as middle-class.

Blending in and Standing out

When I came here

I didn't feel completely alien

I guess

What I wanted to do

I wanted to be

I've found

I was like ok

Who do I define myself?

Where I come from

So I'm like right

Who do I want to identify with?

When I came here

I want to blend in

I also want to fit in

I had

I wanted to change

I was

I had

I used

I decided

I've had enough

I want to be kind of me

I want to be different

I want to stand out

I want to be proud

Of who I am

I was happy

I wanted to be seen again

I was ready to

I found difficult

I could have easily just again

I've

I've said actually no

I don't want this

I want something different

I want to

I want to be seen

I want to be happy with myself

I think

I needed to

I wanted to be

What I thought the other person wanted me to be

I'm much more myself

I guess

I think

I've

I find myself

I guess

I'm happy

Where I am

I'm becoming more and more ok

That I

I'm not English

I am not British

I am

I am

Before I tried so hard for people not to know

I guess

It is who I am

It's where I was born

Where I was raised

I don't have to run away

I think

I've accepted the past

When he decided he wanted to train as a psychological therapist he decided *I wanted to be seen again, I was ready to, because sitting in that chair (gestures at therapist chair) is being very seen (laughter) by your clients'*

Increasing Confidence

Will's increase in self-confidence, and wanting to be seen, also includes him being ok with his sexual orientation. *'Yes I was gay but I wasn't necessarily announcing it to the world, erm... whereas now, I know being out and about with my husband and my, our son, I couldn't in way care less what people would think... whereas before I would have been more ok 'we can't hold hands or no we can't be seen in this shop''*

He reflected on how he thought about this with a client he worked with years ago who had requested a male counsellor.

'I've had a client before when I was still working at [mental health charity] when I did my voluntary work there, there was a woman who had difficult relationship with men, and I think because the relationship and the trust that we built gave her a different experience, a positive experience with a man, and I think that would have been, maybe, I was going to say detrimental but that's a bit of a strong word but I'll go with it, a bit detrimental to our relationship if she would have found out that I was gay, because actually, that that didn't really solve her problem, it didn't really work the way I wanted it to work, so I think sometimes it's positive, sometimes it's not, sometimes it's irrelevant, er... and I guess I can.. maybe I can, I'm confident within myself that I can either use it to my advantage or, or not I guess, it depends, for me it's more what is in the client's interest, is it good for them to know, is it not, does it matter, most of the time it doesn't, but yea, so I guess that's why, that's where I, how I bring in myself from this angle'.

He reflects further on it and that perhaps this was his own process of a fear of failing the organization and the clients, rather than her process.

'She asked specifically to see a male counsellor to work through those issues and maybe actually thinking about it, maybe it was my insecurity at the time... that I wasn't going to be potent or helpful enough... erm... or couldn't give her what she needed... to provide a positive relationship for her with a man and kind of set that base so she could work from maybe it's that... like I said, maybe I would do it differently, maybe I would feel like actually it doesn't matter because a positive relationship is a positive relationship and it doesn't matter if it's gay straight or whatever'

When he read this portion of the interview back through the I-poem I had created, he was surprised at how ambivalent he sounded. I have included this I-poem below.

Gender and Sexuality

I'm sure

I guess

I guess

I guess

I

Yes I was gay

I wasn't necessarily announcing it

I know being out and about

I couldn't in a way care less

Before I would have been

I would be much more worried

I think

I guess more confident

I guess

I guess

I am

I guess

I've had

I was still working

I did

I think

I think

I was

I'll go with it

I was gay

I wanted

I think

I guess

I can

Maybe I can

I'm confident within myself

I can either use

Or not I guess

I guess

That's where I

How I bring in

I don't think

I had to

That I couldn't be myself

I think

I remember

I remember

It's not that I

I

I felt I had to be someone else

I wasn't

I don't think

I think

I can remember

I think

I said

I guess

Maybe now I would do it differently

I don't know

I don't know

I don't know

I remember

I wasn't

I said

Maybe I would do it differently

Maybe I would feel like actually it doesn't matter

I'd like to think

I don't know why

I think maybe

I would be very self-critical

I think

I am much happier and content

I guess with myself

Where I can

I can understand

I would

I'd failed

I'd failed

I worked

I failed myself

I'd go

I think that's changed

I can be very critical of myself

I just ask myself

He responds to the above I-poem below:

'I didn't think I was ambivalent towards my own gender and sexuality, and there it is, I don't know what to make of that, yea, but I guess what comes to mind is how my mother sees me and my partner, so they don't necessarily see us as a stereotypical gay couple, coz my mum always said well you don't behave like a stereotypical gay person or gay couple, which she then means very flamboyant, outgoing, like wanting to be noticed I guess as, or identifying as gay, and then on reading this, I'm thinking, does this happen, am I doing that on purpose? To not do that, and to come across as more straighter behavior than I am, or that I want to, or I don't know, that's what made me think of that, do I not express myself because I don't want to be classified as a very stereotypical gay person and therefore behave and act more as a straight man, I don't

know, that kind of thinking comes to mind also, and then maybe I should, maybe I should be more true to myself, maybe I should dance around in the streets, which I'm not going to do, but that free child will come out, maybe this gives me some sort of mission to be even more myself'

Addressing Difference

In the interview I ask him about his relationship to his ethnicity and clinical work. He reflects on his husband's comment that he and his family are colour blind.

'I think I'm... again maybe there's a part of me just blending into society I'm just I think I'm being almost put in a box, of your white European... but when I kind of hear that, that comes with a status or a privilege or (sigh)... and almost something, it should be positive, but it kind of feels negative, my husband is from (South Asian country) erm, and having seen what the white man has done to those parts of the world, that doesn't make me feel very proud to be white... and I think in the here and now it's almost like well why do we all have to be different still, why can't we just all kind of work together and be supporting each other where it's, it's all very much still east against west, and with all the different divides you can, you can name and put in there, so sometimes ethnicity... upsets me perhaps'

'So from my husband's point of view... his generational trauma about white people I guess has not been very positive, and yet he's moved here and he married me, so there's something in that that sometimes confuses me where I, I don't know, we seem to talk about that a lot at the moment and I guess especially because of Brexit and Trump happening at the moment, I think all of these things come up a lot, and where I just go, well we're all just people, I, I am colour blind I think I don't see people as that different.. but as a practitioner I think I am aware that sometimes, there is a difference, and that you, I can sometimes miss elements of that where, and things are projected on me because I am white European and therefore people project stuff on me.. but if I don't see that, then I miss something, so I think in the work it is important to acknowledge and to know that and I think again through this line of work I've become more and more aware of my ethnicity and what that means'

He previously worked for a charity providing low cost and free therapy in a predominantly South Asian community where he frequently received projections of being a White Doctor who could fix them with medicine which he found frustrating.

What People Potentially See

I guess

I'm being boxed in

I've been labelled

I think

I worked

I had those feelings

I worked

I wasn't able to fix

I couldn't prescribe

I think looking back

I found that frustrating

I found that quite frustrating

Do I see or don't see

I don't see different

I think that is neglecting

I think for me it's made me look

What do I do with that?

What do I?

How do I respond?

Do I address it?

I started to address it

I think by addressing

I had

I have

I kind of keep in mind

I represent that stereotype

I don't know

I know

He reflects on his ethnicity, gender, and age with a current client

'And then I started to address it with my clients, especially if we were different, and I think by addressing that with my clients it almost felt like its opened another door... at the moment I have a lady who works around here and she's from [African Country] who finds it very difficult to work in a predominantly white middle aged environment, and she talks to me about that, that she feels she has to wear shorter skirts and make up and heels to get on in business, and then I kind of keep in mind well actually, I represent that stereotype, so what does that mean, how does she see me, what does she feel she has to do in this room to impress me, to I don't know, but to keep that in mind, and then she went to travel to [South Asia] but I acknowledged that, that I'm sure it wasn't easy for a woman whose black to go to [South Asia] and tell people there what to do, and by acknowledging that I think something shifted in her and it feels, sort of seeing each other, there is more to happen between us, but I felt like, because I was able to see that and acknowledge it and name it.. something, something happened, it's almost like, she felt maybe understood by me on a different level'.

Will – Intersectional Analysis

Social Divisions: Professional Peers, Ethnicity, Socio-economic status

Contrapuntal Voices: What Other People See, Wanting to Be Seen

I felt very comfortable when interviewing Will. I think this was because I had presumed, we were similar in age, and I felt like we were peers. At the beginning of our interviews, we had noted our common experience of transcribing tapes for exams, and he told me his motivation for taking part was to help him prepare for his next clinical viva. He also physically positioned us in the room so that we were sitting opposite each other, without him being in his therapy chair. I felt positioned as a peer, and that we were equals, helping each other get to another level of qualification.

Midway through our first interview, Will had also asked me whether there was anything specific I wanted to know, and this allowed me to feel comfortable and uninhibited enough to ask about his relationship to particular social divisions, including his ethnicity. I did not acknowledge our ethnic difference when I asked this, however, given our visible difference I felt unsure of how this would be taken by Will. As I included in his narrative, part of his initial response was *'maybe there's a part of me just blending into society... I'm being almost put in a box, of your white European.... why can't we just all kind of work together and be supporting each other where it's, it's all very much still east against west'*. Based on these responses and my own feelings of concern in that moment that I had caused offense, I wondered whether Will as a white man felt attacked by me as an ethnic minority who could be understood as someone from the 'east'. Perhaps by asking this question, Will might have felt that we could no longer blend together as peers anymore as I was raising a visible difference between us, something that is very current for him and his husband who is South Asian. Tan (1993) explores how both therapist and patient can hide from issues of difference, in particular racial difference, by taking refuge in similarities. However, Will continued to reflect on his ethnicity and I admired his honesty especially because it seemed to be uncomfortable for him.

He then described what I understood as a complex intersection of ethnicity, intergenerational trauma, and historical colonial oppression in the differences between him and his husband

which sometimes confused him. He then marked a division between his personal self in not seeing people as that different, to his professional self where his training has challenged him to acknowledge difference, otherwise he can potentially miss the projections it brings.

Will became more aware of his ethnicity when he started working as a psychological therapist at a placement with a predominantly socio-economically disadvantaged South Asian client group. From what I understood, he could not blend in with this client group by consciously changing his behaviour, language, or accent as he was visibly different in terms of his skin colour. I include Will's response more fully here: *It's coming back to that I'm being boxed in, I've been labelled with something and that's not always necessarily a good thing or labelled with positive things, and also sometimes I think clients and especially for clients that I worked with in the charity so who didn't have to pay for it, or couldn't pay for it, because of the situation they were in, they erm, put you in some sort of pedestal, oh but you're a white doctor and therefore you can fix me, I had those feelings quite a lot.. when I worked in a very South Asian area in my placement.. and I wasn't able to fix them in the way that they wanted, I couldn't prescribe them some medicine they needed to take, what things that needed to do necessarily to get them fixed there and then, so I think looking back on that I found that frustrating actually, I found that quite frustrating with, with kind of people thinking that, or because that's what you look like or that's what you represent.*

Fanon (1967) discusses the collective internalized effects of oppression on both black and white groups, and I believe that this is illustrated here in Will's experience. In the historic roles of the colonial oppressor and the colonially oppressed, the power dynamics between the two are played out through a reenactment of these historical traumas. Dalal (2002) argues that the purpose of division is the exercise of power, and that anything that divides and categorizes us is etched into our psyches. This experience left Will feeling frustrated and upset, and much more aware of his ethnicity. When he considers his ethnicity, he goes through the feelings of guilt, anger, discomfort, and confusion that Tuckwell (2002) suggests often accompanies white racial awareness. She notes how enmeshed these feelings become when it comes to white attitudes and responses towards the black 'other', which makes it harder for white people to acknowledge and make sense of. She also advocates the importance of white psychological therapists developing a racially aware practice through emotional engagement and a willingness to push outside of their understanding and comfort zone, which is a long and difficult process.

As it was a placement, I assume that Will was in a relatively healthy financial position to be able to provide free therapy for his socio-economically disadvantaged South Asian clients, and they therefore saw him as a white benevolent power who could fix them. I therefore also understand the occurrence of this reenactment at a structural level through a form of neocolonial dependence (Dos Santos, 1970). This is where the economy of one country is conditioned to be dependent on another through its development and expansion which perpetuates financial inequality between countries, and I assume the individual members of these countries who migrate.

Social Divisions: Nationality, Migration, Accent, Ethnicity, Class, Sexuality

Contrapuntal Voices: 'Blending in', What Other People See, Wanting to be Seen

Will described growing up in a small village in Europe and having a '*symbiotic relationship*' with his mother that made him want to leave so that he could '*find*' himself. When he first arrived in the UK he was '*happy with blending in, and not being seen*'.

He described working hard to hide his accent and working out the UK class system to consciously identify with those around him as '*middle-class*'. He also actively avoided public displays of affection with his husband. I understood this as Will's attempt as a European migrant to assimilate into his new home country by identifying what the 'norm' was in the UK. Assimilation is where it gets to the point where there is no distinguishable difference between migrants and the host society. This can be a two-way process, although more often the migrant assimilates into the host society. This takes the form of social, cultural, structural, residential, ethnic, and socio-economic assimilation (Park & Burgess, 1925; Alba & Nee, 2003) and was generally seen to go hand in hand with upward social mobility (Rumbaut, 1997). To me it seemed that Will was trying to assimilate to the 'norm' of being a middle-class heterosexual English man. This is so he could pass as 'normal' and avoid being rejected and stigmatized (Goffman, 1963). When he had had enough and wanted to be seen again, he also decided to become a psychological therapist. He chose a profession which he described as '*being very seen by your clients*'. It seemed that his training, personal therapy, supervision, and client work all helped him feel more comfortable with being seen, as he described becoming '*more and*

more ok' with not being English or British, and no longer caring if people judged him for holding hands with his husband and adopted son.

Even though theories of assimilation are contested and originally theorized for American immigration, I think the premise can be applicable to all migrants across the world even though each host country and culture is unique (Schneider & Crul, 2010). More recent theories around segmented assimilation are useful here in how I understand Will's intersecting identities and the changes he experienced. Portes & Zhou (1993) and Portes & Rumbaut (2001) observed that assimilation can follow different paths, as they recognise that there are different segments of society that can be assimilated into, with some people assimilating easier than others. What influences these assimilation outcomes are factors such as ethnicity, socio economic status, social capital, gender, and family cohesion (Farley & Alba 2002; Hirschman, 2001; Nagasawa, Qian & Wong, 2001; Rong & Brown, 2001; St-Hilaire 2003; Waldinger & Feliciano, 2004). Therefore, groups or individuals with strong physical, cultural, social, and economic capital find it easier to follow an upward trajectory of assimilation.

I see Will as occupying multiple sites of oppression, that of being gay and a foreign national, and how this also intersects with his privilege of being white, and male with a career which enabled him the choice to assimilate or integrate. I believe that even though Will was a foreign national, his physical capital of being white allowed him to ethnically blend in, allowing him to hide his immigration status which lessened the likelihood of racism. McIntosh (1988) and Goodman (2011) discuss how white privilege in Western societies automatically gives people invisible advantages and a sense of being 'normal' and therefore feeling better than people who do not fit this norm. This entails a lack of self-consciousness about whiteness along with entitlement. There is a privilege of being visible as white as enjoyed in the media, and the invisibility of whiteness, as it is often not used to describe someone in Western society. This can facilitate a denial and avoidance of oppression.

I believe Will also had strong cultural capital as he was already good at speaking English before he arrived, so he could also hide his nationality by assimilating his accent. He already had an established corporate career before he arrived, which I assume meant he had strong economic capital which allowed him to identify as comfortably middle class. I see Will as suffering from discrimination based on his sexuality, which led him to alter his behaviour, however I also see him as privileged in that he was able to make a choice about when to stop hiding this publicly due to the invisibility of whiteness. I therefore understand that despite Will's multiple sites of

oppression, his multiple sites of privilege gave him the choice of upward assimilation, and then ultimately integration, when he wanted to be seen again.

Social Divisions: Sexuality, Gender, Masculinity and Professional Status

Contrapuntal Voices: What Other People See, 'Blending in', Wanting to be Seen

Will is surprised at how ambivalently he comes across regarding his sexuality when he talks about a former client who requested a male counsellor. For Will at the time, the intersection of gender and sexuality norms mapped onto each other as he assumed her request for a male therapist also meant a heterosexual therapist. He used this to form a positive base for the therapeutic relationship, as he was concerned that if she knew he was gay this would have been '*detrimental*' to the work. The work took place many years ago at a voluntary placement which perhaps passively accepted a culture of heteronormativity, where heterosexuality was reinforced, legitimized, and privileged to such an extent that it became a social norm and prejudice towards other sexualities went unnoticed (Warner, 1991).

I wonder whether this had become intertwined with Will's fear that he would fail the client and the organization by not being potent enough for her and them as a beginner therapist, with his potency lying in the positive base of a heteronormative and cis gender man. The dominance and privileging of these cultures seemed to have had an impact on Will's three intersecting identities of masculinity, sexuality and being a less experienced therapist in the clinical and professional space of the placement, as it influenced his clinical decisions and approach to the work at that time. To me, it seems he chose to consciously blend in with the cultural norm of the placement, which for him felt like the right thing to do at the time as he feared he would not be potent enough for her at these three intersections. This is in stark contrast to who he is now as a more experienced and confident therapist in private practice, openly and affirmatively identifying as gay. He reflects that in hindsight he might now work differently with his previous client.

He also reflects on why he comes across so ambivalently in the I-poem *Gender and Sexuality*, even though he does not consciously feel this, and wonders whether he is possibly behaving and acting more as a '*straight man*' for his mother to not be classified as a '*stereotypical*' gay man. Butler (1990) from a poststructuralist position argued that biological sex and gender are

not essentialist notions, and instead are performed through repeated acts of behaviour to produce what appears to be a fixed sex and gender. This gives the illusion of coherence, whilst hiding contradictions, variance, and individuality. The act of me putting together an I-poem from his words does something to his perceived sexual and gender identity. I understand this as Will viewing his identity from a 'newly strange' position having read the I-poem out loud (Bruner, 1986). When I invited him to complete it to fit his conscious experience better, he refused, saying it was its own story, and wanting to reflect on this. Esgalhadó (2003) reminds us that text and identity are always partial, emerging and in the process of reconstitution. Here, I understand Will's sexual and gender identity to be in the process of reconstitution and emergence between us.

For Will, his performance as a '*straight man*' despite being gay could be another possible example of how powerful heteronormativity is within his family culture at controlling and constraining Will's behaviour. Given how pervasive heteronormativity is, in hindsight I wondered how this might have affected our relational dynamic in the interviews. Our ethnic difference was visible, however, we did not talk about our differences in sexuality, and given Will's mindfulness, he may have correctly assumed that I am predominantly heterosexual, perhaps mirroring this assumption of heterosexuality with his client. Looking back over our interviews, I realized that Will referred to his '*partner*' until I asked him directly about his sexuality where he then switched nouns to his '*husband*'. He talked about their adopted son after this too. I assume, due to heteronormativity, he was being mindful, either consciously or not, with his words to hide his non hetero identity until it felt ok to openly talk about.

Yirah – Narrative Representation

Yirah responded to an email I had sent out to psychological therapists who were advertising their services through a counselling directory service that lists therapists from black minority ethnic (BME) backgrounds. We agreed to meet at her business.

Spirituality and Validation from Clients

The more Yirah works with people in distress the more spiritual she becomes as she realizes there is something bigger, there is a purpose, a calling. She feels profoundly moved, humbled, and validated by her clients when she sees them change and grow. She understands this through her Christian principles but finds it challenging to talk about within a psychotherapeutic context.

'The challenge with psychotherapy is a lack of active involvement, when I think about my training... and maybe it's because I've been bruised, but there's a lack of openness about how spirituality works, so for what I do, the longer I do it, I realise that this, all of this, is not about me, this happens through me but it's not about me, so the more I can get out of my own way the more my ego is reduced, is the more I see that I am able to assist people and they are able to assist me, and I do think if there is something about human involvement there is a process of giving to others and what that does for you in a reciprocal way, that spirituality helps me to understand and to go beyond myself to move out of my own way to understand that they are also holding me up'

She had to sacrifice and struggle for her psychological training, but she is grateful to have completed it. Her clients validate her sacrifices as they let her know she is on the right path. They also keep her going when she begins to doubt herself. *'It's hard to beat up on yourself when people hold you so highly'*.

'Sometimes my deepest relationships come through my clients, my validation can sometimes come from my clients, while my family still hold certain values about me, they still see me in a particular way, because those attitudes are difficult to shift and if you try then you've already lost, you know, changing their perception is a challenge, so you leave them, you know, you leave them, you know, but you know, I know, here, I'm valued, I'm regarded.. people wanna

hear what I have to say, they appreciate it, they come back, not for me, I believe they come back because they wanna know more about themselves but it's through me'

She is mindful about saying she feels validated by clients in therapeutic circles. She believes it makes her look vulnerable, fragile, and insecure as she is not supposed to have an external locus of evaluation, even though she knows she is good at what she does. She is also mindful about talking about her spirituality *'I notice that there's more regard, more respect from people who are same sex, the way that I noticed when you mention Christianity in my training... I used to think to myself if a gay person was talking about being gay we wouldn't, we wouldn't talk to them like that, but there's such a disrespect towards Christianity'*. It is not seen as *'scientific, evidence-based practice, can't put it in a box, can't tick tick tick'*

She does not have spiritual conversations with clients if she knows they do not have that spiritual *'muscle'* which she respects. She is also careful not to let her beliefs seep out as it would make her vulnerable to complaint, so she must hold it secretly. This means she is only able to connect with people so far, and ends up becoming *'an anomaly, so then you have to do the lonely walk'*

There are ramifications and she must protect herself, so she questions whether she should talk about it in supervision. *'Where can I talk about that, I wouldn't even go to talk to my supervisor about that, they'll be like, what are you on?... What are you on?... Like really, what's happening? We're worried about you, probably report me'*

Despite her concerns, she has recently started to talk about her Christianity in her work as she senses that her new supervisor shares her beliefs.

Reciprocal Healing

She recently attended a conference for BME psychological therapists and left feeling frustrated as she thought the value of adversity was missing. *'I've started to notice in my clients more as I journey, that gratitude for what they've been through, as they begin to rise up from despair'*.

She values free will and finds solace with those who accept and make the best of what they have despite being dealt a raw card. She herself is grateful for what she has been through as it has made her who she is today, and she is able to harness that pain to help others.

'Statistically I'm supposed to be on the scrap heap... I'm a single mum, kids, left school with no education, all of that, statistically I'm not supposed to be here... supposed to be in a council flat somewhere on the umpteenth floor, signing on... how do you change that? My tutor used to say, your clients won't go where the therapist hasn't been. The clients won't go where the therapist hasn't been, that's good [slight laughter] I'm well equipped to serve.'

She sees herself as a wounded healer and as having the gift of a sensitive soul. Her hunch is that we become therapists to heal our own pain. *'Actually it's about me too, you know, actually I could deliver a message, normally I can walk by my message, or it's actually a message for me [laughter] ... we acquire so much knowledge and actually it can be through some, through yourself, you probably know, sometimes I can hear myself communicating to clients, and sometimes it feels like it comes from beyond me, I'm thinking damn that was good, but those are very, I think they are states of flow, there are very few moments when they happen'*

She uses her spiritual principles to go through her own change for clients. *'The work I do on me directly impacts on my clients, I don't think it's no coincidence that I'd been on a retreat and then my clients that I saw that week were making radical steps, that's no coincidence, that is directly related to the investment I made in myself'*

As she grows spiritually she becomes *'more aware of when I'm in my ego, and I'm more aware when I'm coming from my higher self, when I come from my higher self, I can say things to people I don't even know sometimes where it comes from'*

Client with a God Presence

I met him

I thought hhm

I don't want the work

I could just see a god presence in him

I trusted that

I'm still with him

I get trance like states with him

He's so pro I'm gonna feel bad

I'm so pro the other way

I see the subtle shifts

I illuminate that

What I've seen

I can see

I can see

I just make it clear

I had a client

I said

I can get

I can get that

I just made him laugh

I can see what brings out that light

I just work with that

I would like to think

I welcome them in all their breadth

I will

I think sometimes

I wish

I would have had a therapist like me

I Honour my Dreams

Yirah has not only experienced personal struggles, she has also experienced challenges in her career. She left her job in criminal justice due to a lack of progression, despite being more qualified than her colleagues. She puts this down to not doing '*group think*' and choosing instead to follow what spoke to her. She is also frustrated and critical of the '*elder black heads*' with their '*token*' projects in the NHS who did not create a legacy for the younger generation of black therapists coming through. Having managed to get through a challenging training, and feeling excluded from the employment market, she had to be creative and entrepreneurial. Yirah talked about not having a spare room she can clear out like many of her middle-class peers who own their homes.

Creating my Business from Dust and Despair

I'm so blessed

I'm living the dream

I say it

They think I'm joking

I've got

I can make people laugh

I've got that way

They think I'm joking

I am not joking

I created my business from dust

I created my business from despair

I kept getting declined

I didn't do

I chose to do

I chose to do

I almost eradicated myself

I wouldn't

I can't

I couldn't

I think

I was training

I worked

I was

I think

I didn't do group think

I am working

I feel

I know

I am making an impact

I know

I'm now

I know

I can see the change

Being Mindful of What I Represent

In her business she is mindful about which clients she works with as she is not here to help people cope; she believes she is here to 'revolutionalise' their lives. She is 'passionate about growth' and 'highly attuned to seeds of hope' so she refers clients on to other professionals if they are too clinically unwell. This is also because she is risk averse and needs the 'worried well' because 'the political stuff impacts' on her business. She has already had a complaint that was not upheld, and if it had been Yirah feared that she would have been 'named and shamed' in her regulatory body publication, which leaves her feeling that the profession persecutes rather than supports its practitioners. She is therefore mindful of what she represents and she has to protect her energy.

'What do I represent? So look what I've created, I'm not from the power dominant group, I'm not white, I'm not middle class, had someone come to my door the other day, she'd come to do a viewing and I opened the door, she's like I'm looking for the person, I've come here for a viewing, I've come to meet the owner, it's me, she said, no I've come to meet the person for viewing, she said it twice, and when somebody says that twice it reminds me of when I was at my dad's house... he's got a big house and a woman came to the house and she was like a midwife, I had my child, and she wondered if the house was split into flats, like, what you doing... oh is it flats, do you have a flat upstairs, it's a house, oooohh, just wondered why, ooh, I thought it would be a flat, I thought it was some flats upstairs, she could not conceive that a brown woman with a brown baby was in a big house and it wasn't split into flats, it was perplexing to her, so that quick exchange, so I'm very mindful of that... you know, I now have a PA and there are things I have to protect myself with, so when she does my invoices, I don't let the PA send the invoices to [criminal justice organization], I do work for them still, I don't let her send them out to them because I don't want them thinking, remember I'm the underdog... You see I'm the one they wouldn't give the job to, I'm the one that was underestimated'

When she reflects on this dynamic of 'Who does she think she is?' she says

'I'm mixed, I'm used to it, I grew up with it, I've a black mum and white dad, this is nothing different from what I've grown up with, I have, I do it without... It's easily, I do this when I have to go to my white side of my family, there's aspects of it I have to be mindful of when I go to the black side of the family, I have different classes, my dad's middle class, my mum's working

class, it's rote, it's only in exposing it and talking about it that I become so aware of what I do without even.... It just is'

Wanting to Make a Difference

Another political pressure that Yirah finds herself under is her work with prisoners. *'I don't do this to just work with middle class people, I wanted to make a difference at the coalface'*. She has connected with these men, but now her criminal justice work no longer want to pay her and expect her to work for free.

'How dare you not want to pay me for my work.. I'm brown, I'm mixed race, you don't want to pay me that's slavery.. you call it what you want to call it, it's slavery.. my friends, black women on the front line in [criminal justice] it reminds me of the cornfields, you have the white people at the top in the comfortable offices who make the decision and the policies, and then filter it down, you put your token black person as a manager, who comes, gets wheeled out for photo opportunities who is then like the house nigger who then delivers all the fuckeries to the people who are working the cane fields, that's what it feels like... I'm talking about, he's a white boy, you know, it's not coz I just got a thing that I only wanna help... [name] is a white boy, and he reminds me of my dad, my dad can barely read, and my dad whose middle class and lives in a house.. my dad labored, to get where he is, my dad can barely read, so you see, it's that, there's my dad, that could be my dad, and then here you are, slavery mentality, expecting me to work for free, how dare you'

Criminal Justice Work

I'm not a burnt out facilitator

I come in fresh

I'm so happy

I have a connection

I said

I'm in a double bind

How do I do that?

How do I?

I don't

I wanted to make a difference

So how do I?

How do I reach?

I will reach on my own terms

I'll get there

Look where I am now

I don't have a business plan

I have god's plan

I've got god's plan

I've got this far

Becoming a Fusion of Flavours

Out of her challenges and struggle has come creativity, as she has had to be creative to make a living, both with her business, and with who she is.

'Being a council estate kid is, it's like do I call myself mixed race, I don't, I call myself a fusion of flavours, and everybody laughs but they keep changing the name for sure, so that's one way of empowering myself... but it also takes into account class'.

Class plays a huge role for Yirah, and she performs her working- or middle-class identity by adjusting her appearance, clothing, manner, tone and speech depending on whether she is working with her middle-class clients or her working class prisoners. She presents the physical space of her business in a particular way to appeal to middle class clients who can afford to pay to make her business a success. Even though she has now decided to step away from criminal justice because of the funding cuts, she still wants to reach people who do not traditionally present for psychological therapies and has found another creative solution to do so.

Class also influenced how she responded to academics at the BME conference, as she talks about how she mocked and rejected the *'posh black folk'* for their long words that keep psychotherapy away from the *'average joe'*. At the same time however she loved the extended vocabulary that used and knows that she needs to work with them for her own evolution. *'There are paradoxes all over the shop, but my life, I'm mixed race anyway, so I had to deal with that anyhow, holding bipolar opposite views'.*

'What I realise with black therapists, with her as my supervisor is you can't hide... you cannot hide with your black therapists, what I've realized is with the adversity... if they can get through that damn training... decent training, not some shit course at some porta cabin on a layby somewhere, but a proper establishment, if they can get that, they get good folk around them, they get robust supervisors, that adversity really prepares us well and I think having [name of supervisor] has made it clear what I need to do for the next part of the journey, I need those wise women around me... wise sisters to help me with the next leg, I need to shed this skin, shed this skin, I'm a child of god, ah, you know, walk in that power, walk in that power, and I think that's the next part of the journey and potentially bringing that more into my therapeutic work, I been scared to, because of rejection, because of people's fears.'

Push Pull

I have to

I love

I love

I love

I can't talk

I wouldn't get

I don't know what my issue is

I know

I've got one

I've not quite worked it out

I want

I feel

I'm excluded

I've done everything

But I'm not there

I'm not in that group

I don't have a house

I'd say

I'm surviving

I'm getting by

I get enough

I'm not in Waitrose

I'm in Aldi

I don't know

I suppose

That's where I'm at

I think

I'm open

I need

I don't want

I know

I don't know

If I want

I don't know

I still need

I don't need

I'm gonna need

The whole push pull thing I'm going through

This Journey is not for the Swift but for those who can Endure

She also wonders how much of her struggle she is recreating by framing her experience in this way. *'People are precious about their suffering, maybe like me, you know, want to hold onto it, vehemently, I have to struggle, I have to fight, I have to push, don't want to let it go, so if you let it go then who are you now?'* For Yirah it is *'cultural, black women, the struggle, the fight, be*

strong, the marginalized group, council estate kid trying to make something of yourself'. She is trying to let go of that, it is the new chapter that is looming, but one that she feels she must go through alone, as she would not share this sentiment with other black therapists for fear of becoming a target.

A New Chapter

I think that's the new chapter

I get that

If I spend

Am I making my own struggle?

I mean

I mean

I know

I'm part of the system

I know that

I'm learning to let go

I'm learning to let go

I think

I think

I'm at the cusp

If I choose

If I make that choice

I walk in that conviction

That's why I am

Where I am

Would I say?

I would never say

*I think
I'd be attacked*

I think

I'd get venom

I think

I'd get told

I'm shutting down

I'm trampling

I don't know

Her new chapter is embedded in her spiritual principles of hope, trust and belief as she wants to start walking in her truth. However, *'it's a challenge isn't it when you are a truth teller, people like the notion of telling the truth but they don't like the reality of it, so I just try to hold it down in order to keep going'*. For Yirah she is caught between these two places, it is her ongoing challenge but she knows that *'this journey is not for the swift, but for those who can endure'*

Yirah – Intersectional Analysis

Social Divisions: Race, Ancestry, Religion

Contrapuntal Voices: 'Wounded Healer'

I would like to include here a brief dialogue at the end of my second interview with Yirah as a demonstration of what Bamberg and Georgakopoulou (2008) would describe as a small story. This demonstrates how I helped shape this conversation and narrative.

Y: So where are you from Swee?

S: From London

Y: Oh I like that one, what you trying to say!? Do you think that all people...

S: (Laughter)

Y: (Laughter) Ok, sorry! Sorry!

S: (Laughter) It wasn't that! It's always the preface to the next bit, which is, that my parents are from Hong Kong

Y: Yea, where're your parents from, I love that one

S: (Laughter)

Y: I love it (laughter) the one that I always gave was, coz both my parents were born here, so erm, which one is brown!?

S: (Laughter) Which one is brown!

Y: (Laughter) Which one is brown, I'll say it for you babe, don't worry, which one is brown, I think there is a great power in laughing at stuff though

S: Yea

Y: At the right time, not before the healing, at the right time

S: Hmm... you've got to, I think

Y: I think so, I think so

I believe that this brief interaction is telling in our shared implicit understanding of who we are with each other at the intersection of race and ancestry. There was much laughter in our interviews, and I found myself identifying with Yirah's implicit need to adjust to whoever she is with depending on which group she was attempting to belong to at any given moment. During one of the interviews, I asked Yirah how she felt about talking with me about her spirituality, given her reluctance to do so in other areas of her professional life. She responded that it was '*bizarre*' as she has no one to talk to, and she expressed appreciation for the reciprocal nature of support these research interviews had provided. Our relationship to our religious backgrounds is different. Yirah discovered Christianity during her work with those who were suffering, whereas I was born into an ancestral lineage which was partly lost through intergenerational migration. In the second interview, Yirah acknowledges that she does not know whether I believe or not and jokes that I better agree with her as she continues to share her thoughts and feelings. I feel comfortable in this position, as I hold a respectful but ambivalent relationship to my beliefs about my own ancestral folk religion. I am therefore able to hold believing *and* not believing in divinity which I think Yirah may have picked up on and which allowed her to speak more freely. I also believe that this research interview was another opportunity for her to continue being more congruent with her beliefs with another therapist.

I believe that sharing a similar social location of different non-whiteness helped Yirah to feel comfortable talking to me about the aspects of her identity that she usually keeps hidden from others, including her frustration with black women's cultural narrative of struggle, her spirituality, and the continually implicit adjustment to belong.

Social Division: Class, Single Mother, Race, Age, Gender, Professional Status

Contrapuntal Voices: Struggle and Challenge, 'The Ultimate Paradox', 'The Underdog'

Yirah described how she occupies multiple sites of oppression and has always been implicitly conscious of these intersections of class and race which influence her decision making.

Coming from a working-class background, as a single mother, Yirah's economic circumstances meant she had to sacrifice and struggle to become a therapist. She described how she strategically trained at a highly regarded psychological therapy institute in a middle-class environment to ensure upward social mobility. In choosing this institute she deliberately surrounded herself with middle-class people to reassure herself that she could belong to this group. Yirah talked about her constant implicit adjustment to whoever she is with to fit in as she straddles being mixed race and mixed class. This is so implicit that she only becomes consciously aware of her behavior when she openly reflects on it. This seems to cause an internal tension and a push-pull dynamic to play out as she describes herself as *'the ultimate paradox'* holding *'bi-polar opposite views'*. This dynamic plays out through her attendance at workshops and events aimed at BME therapists. She seeks support from them; however, she does not feel they fully meet her needs. To me it sounds as though she carries a metaminority status at these events (Butler, das Nair & Thomas, 2010). She is not part of a homogenous culture of black therapists, and at the conference she therefore continues to be the *'underdog'*. This happens at two levels: - The first is that she wants to be in the *'power dominant group'* through upward social mobility, however, she simultaneously rejects the *'posh black folk'*, as she feels validated by her working-class clients. The second is that she is beginning to question the narrative of holding onto suffering and struggle.

A recent study conducted by the Social Market Foundation (2017) showed that even though universities in Britain have made progress in recruiting students from diverse backgrounds, black students, who were also likely to have parents who worked in low level occupations, were 1.5 times more likely than White and Asian students to drop out of university. This also fits the trend that is seen in psychological training, with Watson (2004), McKenzie-Mavinga (2009) and Dhillon-Stevens (2011) all having highlighted the issues that black trainee therapists have experienced, which I believe can lead to disproportionately higher dropout rates. I believe it is also important to note the intersection of class with race here, and how it acts as a double disadvantage, as highlighted in Yirah's experience.

The intersection of race and class not only impact on her and shape changes within herself, but they also impact on *who* she works with and *how* she works with clients. Even after qualifying she still felt excluded from the employment market. Employment opportunities for psychological therapists in the public sector of the National Health Service (NHS) and criminal justice in the current climate tend to privilege those with cognitive behavioural therapy qualifications. Yirah felt disadvantaged by her training qualifications, and doubly disadvantaged by her race. This is borne out in research by the Health and Social Care Information Centre in 2013 showing that BAME individuals make up only 9.6% of psychologists in comparison to 13% of the population (Office of National Statistics, 2018).

Having managed to get through a challenging training, and feeling excluded from the employment market, and not having the same opportunities as her middle-class peers of setting up private practice in her home, she created her own business. As she feels on her own, she sought out allies in the form of '*system sisters*', particularly black female supervisors, possibly to help her to navigate successfully through the discrimination she has experienced. As a result of the overlap of her class and race, it seems that she has had to work much harder than her peers to become a therapist and to make a living from it.

As a result of this hard work Yirah is protective of her business and selective with whom she works. The baseless complaint she received has made her risk averse, and fearful of receiving punishment rather than support from her professional body. She puts the complaint down to what she represents, which she interestingly describes in terms of what she is not. She tells me she is not from the power dominant group, she is not white, and she is not middle class. The language she uses to convey her multiple sites of oppression reflect both how she thinks and how she adjusts herself to those who are in privileged positions. The complaint and her client work have reaffirmed some of what she has grown up with and strengthened her identity as '*the underdog*'. Occupying a position of less power means she must protect herself from racism and class discrimination, so she believes she must be more mindful and cautious about her work than therapists who hold more privilege in the '*power dominant group*'. She does not explicitly use the word racism throughout the interviews, and she explains that she uses the term '*power dominant group*' instead so that others cannot accuse her of having a chip on her shoulder. McKenzie-Mavinga (2009) found that this was a common accusation against black therapists whenever the issue of racism was raised, which can act as a form of dismissal and silencing. Using the term '*power dominant group*' is also a way for Yirah to encompass various intersections, including her class.

She also described several incidents which I understand to be gendered racial microaggressions with her professional colleagues (Lewis et al., 2016). Alongside not being middle-class or white, I also believe gender plays a role in how Yirah is perceived as a boss. As the recent government audit on the gender pay gap (BBC, 2018) has shown, men dominate top level positions in large companies, and they also enjoy the privilege of more pay than women for equal work. In my opinion, I believe that in this economic and patriarchal climate, it is likely that Yirah is not automatically afforded the authority of a traditional boss because she is a woman and mixed race, as can be evidenced in the racial microaggression she described with the person viewing her premises. She has had to work hard to become privileged as a business owner, and she continues to work hard to protect and maintain her power due to implicit racial, class and gender discrimination.

Social Division: Race, Class, Gender, Religion

Contrapuntal Voices: 'The Underdog', Spiritual

Yirah continues to work for criminal justice, and it is here where she talked powerfully about the historical intersection of race, slavery, and the intergenerational transmission of trauma that is recreated in her current circumstances as a '*brown woman*' working therapeutically with prisoners (DeGruy-Leary, 2005; Reid, Mimms & Higginbottom, 2005; Thomas, 2016). I believe this external oppression has woken up Yirah's 'internal oppressor', what Alleyne (2004) describes as the 'inner tyrant' that carries difficult intergenerational wounds, particularly post slavery, that influence how black people relate to white others, and can lead to silent, invisible rewounding of the self. At a time when criminal justice in the UK is undergoing severe funding cuts due to government austerity measures, Yirah feels this rewounding, and turns to her spirituality for resilience to continue her work with a particular white working-class boy who reminds her of her father, without being exploited. Again, there is a reaffirmation of her identity as '*the underdog*' as the austerity cuts affect her and her client, both of whom hold relatively very little power in society.

Social Divisions: Religion, Sexuality

Contrapuntal Voices: 'Underdog', Spiritual, 'Anomaly' 'Evolution'

Even though Christian principles and spirituality are integral to her work as a therapist, Yirah feels that openly sharing her religious beliefs will lead her to become a target. I wonder whether this hesitancy is due to the long-lasting impact of the complaint she received, and how it may have fueled her concern for both religious and racial discrimination. Her first experience of this was during her training where discussions around religion were either absent or not afforded the same respect as same sex relationships. This highlights the hierarchical placing of reflecting on difference in trainings (Burman, 2004).

This gap in addressing religious and spiritual diversity in psychological trainings, with a preference given to other types of diversity was acknowledged by Schulte, Skinner, & Claiborn (2002) and Crook-Lyon et al. (2012). Even though these studies were based on American trainings, I believe they parallel British trainings.

For Yirah this had a significant impact, as she felt she could not talk openly with her peers or even her supervisors for fear that they will think she is unfit for practice and report her. This isolates her from valuable support, and it also means she does not have the language or theory to further develop her integration of spirituality and therapeutic work. This along with her fear of being judged for needing validation from her clients means she ends up being an '*anomaly*'.

Even though her spiritual voice shapes how she understands her work with clients as well as her own reciprocal increase in spirituality, it is one that she must silence until she knows the other person is open to a spiritual conversation. It is her clients who validate her beliefs as she is profoundly moved by their progress. For Yirah this has forced her to look outside the profession to move to the next level, and her spirituality is evolving to the point where she is now starting to risk talking with her supervisor, but it has taken a long time for her to feel confident and comfortable enough to do so. The complex structural dynamics around religion have both supported her, but also prevented her from achieving the growth and change she desires as a therapist and person.

DISCUSSION

My study set out to address the gap in our understanding of the social as well as developmental dimension of professional development.

When we consider how personal experience in professional development can be understood through the lens of intersectionality, three overarching key messages emerged from the findings. First, there was only partial acknowledgment of the influence of social divisions even when they appeared to play a significant role in therapists' professional development.

Second, the findings tell us that there were multiple mechanisms through which professional development took place. This included a process of growth following adversity due to multiple social oppressions which occurred with the working through of personal and structural wounds, and clinical failures. This led to an increase of resilience and the ability to harness differences creatively, which also enhanced their capacity to be more compassionate wounded healers. A further mechanism of development included a reciprocal process of mutual affect regulation with clients which implies that therapists are always in a continual state of emergence.

The third message is that through these mechanisms of development, my findings imply that therapists' growth in their developmental selves mirrored the same growth in their social identities. These multiple layers of development at an intrapsychic, interpersonal, and social level are important to acknowledge.

I will discuss these in more detail alongside the findings and existing literature below. I will then discuss the implications of this research and how professional development might be better supported. Finally, I will discuss the strengths and limitations of this study and future research.

Key Findings in Detail

Partial Acknowledgement of the Influence of Social Divisions

Self-censorship

The therapists discussed the impact of certain social divisions on their development, but they had to be prompted to reflect on some more than others despite their significant influence. This self-censorship is in keeping with existing literature where there is a tendency towards silence when it comes to social divisions and structural dynamics in comparison to other aspects of development.

In the interviews with John, for example, he introduced the social divisions of class, age and gender but did not reflect on his sexuality until I explicitly asked him about it. He positions himself in a particular way to the gay community, as he makes clear that he is a psychotherapist who just *'happens to be gay'*, he is *'not a gay psychotherapist'*. And yet his choice of work during the AIDS crisis and his I-poem entitled Resilience perhaps shows there is still an influence and fear of political persecution due to his sexuality.

I realised that there were opportunities for me to ask about further social divisions which I did not pursue. For example, when John referred to his client, the executive, as mixed race because her mother was African, and that she attended a faith school, I did not enquire further about the difference between them or his own relationship to race or religion. Reflecting on my reluctance to ask, even though opportunities were there, I think I felt intimidated on several levels. John acknowledged that people think he is *'upper class and posh'*, an identity he has carefully crafted for himself. This was certainly my impression of him during the first interview. I therefore experienced him as more powerful than me, an older white upper-class man with a distinguished career, and me as a less qualified, younger, middle-class woman from a minority ethnic background. With my perception and feeling of difference in power, along with my cultural Chinese background of filial piety that requires my deference, respect, and appeasement for elders, I was worried that he would be offended if I asked further about race and religion. I felt it would be an uncomfortable challenge to his power and privilege, assets he

acknowledged he was fearful of losing. In hindsight, I realise that both our fears interlocked in that interview space, and whether he would have felt offended if I had asked, I do not know. Perhaps if we had had further interviews together over time, I would have eventually felt more comfortable in asking about these religious and racial aspects of his identity.

With Will, I invited him to talk about his sexuality, class, ethnicity, and ability due to his practice being in an affluent business district. He reflected deeply on the first three, where he started to refer to his *'husband'* rather than his *'partner'*, and his own feeling of upset at the term ethnicity, where he then expanded into how these intersect with his nationality and his immigrant experience. He did not reflect on ability, and I assume this is because it did not feel pertinent for him.

Yirah spoke freely about how social divisions impacted her life and how she managed this. She spoke about religion, class, gender, and race despite not using the word 'race'. She did not speak about age, sexuality, or ability, which I again assume was because they were not as pertinent for her, however as I had not asked specifically about these particular social divisions I do not know for certain.

It appeared then that race and sexuality were highly influential in development, and yet there was an element of self-censorship on these issues until I specifically invited them to reflect with me. This is in keeping with the observations I made from the existing professional development literature, that even when asked about cultural differences there is limited reflection on this in comparison to life span development (Kahn & Fromm, 2001; Kottler & Carlson, 2005; Hatcher et al. 2012). It is also in keeping with the general tendency towards minimization of the realities of privilege and oppression by avoiding topics such as racism, homophobia, and classism (Bryant-Davis & Tummala-Narra, 2017). It also supports McKenzie-Mavinga's (2009) observations that there is a tendency towards silence when it comes to reflecting on social divisions unless a safe space is provided, modelled, and facilitated.

Minimal Reflection in Trainings

I would argue that this reflects the lack of acknowledgment and importance paid to the impact of social divisions in existing trainings. The findings suggest that prominent social divisions

seemed to have been largely unaddressed in mainstream trainings, and when they were, they were considered as single issues in a hierarchical form rather than intersecting ones.

For example, Will stated that it was his husband and clients who challenged his 'colour blindness' and not his therapeutic training, but he was able to use his training to reflect on the impact of this on his clinical work. This shows that even though there has been some movement towards addressing issues of race in mainstream British psychotherapy trainings since McKenzie-Mavinga's (2005) research, there is still not enough adequate challenge and support. This is also shown with Yirah who had to attend specialist conferences aimed at black therapists and sought out black supervisors. This coping mechanism of seeking support outside of mainstream trainings was first identified by McKenzie-Mavinga who found that therapists were doing this in the 80s, 90, and 00s to address and process black issues. This coping mechanism was also true for Yirah in terms of her religious beliefs. Yirah compared conversations about sexuality and religion, and how same-sex relationships were afforded more respect in her clinical trainings, reflecting a hierarchy of oppressions rather than an intersection of privilege and oppressions which acts to silence Yirah's religious beliefs. This supports Burman's (2004) criticism of different discourses of social identities being treated in a hierarchical form. This continued privileging of one over the other as opposed to an interweaving of identities limits psychology's analysis of power inequalities and any potential transformation. I would also argue that it limits the professional development of therapists and can actively discriminate against them.

All three talk about class and how it affected their development, clinical work, and even their ability to become therapists, and yet by omission, none talk about this as an issue that was openly addressed in their trainings despite the alienation that John and Yirah experienced due to poverty and their working-class backgrounds. By omission, John does not talk about the explicit discussion of sexuality or class in his trainings, either as individual issues or as intersecting ones, despite the huge significance it played in his life. This is in keeping with the existing literature that despite the importance of class issues on professional development, there is virtually no or very little training, literature, or research in this area and it was again left up to therapists to seek out support and process these issues for themselves (Appio, Chambers, Mao 2013). This theme backs up Reimers & Stabb's (2015) content analysis of counselling psychology publications over the past fifteen years which showed how limited research is on class, particularly at the intersection of gender and race.

Mechanisms of Development

The second key message is that when viewed through an intersectional lens, the narratives suggest that professional development seemed to take place through multiple mechanisms.

There was a process of growth following adversity due to personal wounds and multiple social oppressions but only if this could be worked through. The working through of these personal and structural wounds, as well as clinical failures led to an increase of resilience and the ability to harness differences creatively, and the identification of the wounded healer. There was also a reciprocal process of mutual affect regulation with clients which implies that therapists are always in a continual state of emergence. I will discuss these mechanisms in more detail below.

Adversity and Growth

Research into trauma often shows that adversity is associated with negative psychological outcomes. These include anxiety, depression, post-traumatic stress and meaninglessness, and that therapists' who are not resilient are susceptible to vicarious trauma and burn out (Pearlman & Saakvitne, 1995; Rothschild, 2006, Farber; 2017).

My findings challenge this and instead adds to the growing body of research showing growth following adversity. There are several ways this can be conceptualised, with the most prominent being post traumatic growth (PTG) as coined by Tedeschi & Calhoun in 1996 (Tedeschi et al. 2018). Even though my research does not use PTG measures, the process and outcomes appear to run through the therapists' narratives. PTG explicitly recognises that individuals can be positively transformed by their struggle with traumatic or highly challenging life experiences. This struggle includes a fundamental shift in their core beliefs which leads to deeper emotional connection with others, personal strength, greater appreciation of life, the recognition of new possibilities, and spiritual and existential change. However, it does not necessarily mean a lessening of psychological distress (Tedeschi & Moore, 2021). It can include a painful rewriting of one's history and imagined future, to create a better life narrative and identity (Rendon 2015; Farber, 2017).

For the therapists' it seems that working through their experiences of personal struggle and discrimination led to resilience. This is shown in John's narrative of early bullying, family

rejection, homophobia, and loss of friends during the AIDS crisis. He was able to make sense of all the adversity he faced through his love of reading and art, and his personal therapy and therapeutic trainings. He believed in the *'transformative power of education.. and therapy'* and described it as his *'greatest triumph'*.

For Will, his therapeutic training, personal therapy, and supervision challenged his core beliefs, and through these reflective spaces he worked through his insecurities and fears of being separate and seen for who he really is in terms of his sexuality, gender, nationality, and ethnicity. This helped him feel more confident, deepened his relationship with his husband, given him new perspectives, and allowed him a greater appreciation of life.

For Yirah, the racism and class discrimination she has encountered, along with the trauma of not belonging are painful challenges she continues to grapple with. Her PTG includes the embracing of spirituality that help her recognise new paths for herself and the writing of a new narrative where she does not want to see herself as a victim of circumstance but *'a child of god'*.

Clinical Ruptures

The findings imply that clinical ruptures were another mechanism of professional development. All three talked about how challenging and painful they were but also how they led to further learning.

For John, it forced him to realise his limitations and questioned his confidence, however it also motivated him to become more skilled, to understand these in supervision due to his *'profound commitment'* to his clients. Will also questioned his ability as a therapist and taking his ruptures to personal therapy and supervision helped him to *'think in different layers'*. This allowed him to grow in self-confidence as he became less afraid of confrontation, in both his therapeutic and personal relationships. It also allowed him to overcome his sense of self-blame and begin to repair ruptures which helped him grow in self-belief. Safran & Muran (2000) discuss the importance of the process of rupture and repair for clients if these can be successfully negotiated in a good-enough working alliance with their therapists.

Bateman & Fonagy (2006) argue that with severe ruptures therapists need to be inquisitive and empathic, to quickly regain their mentalising capacity and be open about this temporary loss to

lessen further confrontation and conflict. I agree with this position, however, discriminatory attitudes towards therapists have not been considered. For Yirah, she talked about a complaint that was not upheld by her regulatory body. Having formal proceedings against her served to reinforce her risk aversion and the necessity to be mindful of what she represents as '*the underdog*'. It reinforced her sense of not belonging to the power-dominant group. I understood this to mean that she feels forced to spend more time than majority therapists being even more highly skilled at minimizing ruptures due to the higher risk of complaint she might receive due to discrimination. I made requests to the membership and regulatory bodies UKCP, BACP, HCPC, and BPS to ascertain the demographics of therapists who have had complaints made against them and whether they are upheld. I discovered that this information is not collected by any of these bodies (personal correspondence). I would argue that without this monitoring and statistical information we are left without an understanding of whether there is any disproportionality in complaints against minority therapist, and therefore without the capacity to investigate whether there are any underlying discriminatory reasons.

Resilience and Harnessing Differences

The findings also suggest that therapists navigate multiple social divisions and clinical failures in their own unique ways. They seemed to do this by turning the very differences causing them to struggle into assets they could harness for their professional development. This supports das Nair & Butler's (2012) proposal that there is the possibility of power and agency because of rather than despite their intersectional identities. Shin et al. (2017) in their content analysis of intersectional research, observe that framing marginalized identities as a protective factor was the least common research theme. My findings therefore provide a counternarrative to most existing intersectional research by showing that occupying multiple positions of oppression can also lead to resilience, adaptability, and creativity, which can be harnessed for continued development.

For John, his 'unusual' love of reading for which he was punished, was his act of rebellion as he did not want to follow in his dad's footsteps of becoming a labourer. He turned his 'unusual' love into an asset against his family and working-class hyper masculine culture, which enabled him to excel academically and become the first person in his family to go to university. He continued to use his differences at the intersections of being a young male '*oik*', a slur against

working-class men, as motivation during his training to take a business-like approach which ultimately led to his upward social mobility and highly qualified status.

Will blended in to hide his differences so that he could avoid conflict and judgement. However, when he became more proud of who he was, he started to embrace his differences in nationality, ethnicity, and sexuality, which made him a bolder and better therapist. He went from being a person who did not want to be seen holding his partner's hand in public, to openly identifying as gay in his professional life.

For Yirah, in the face of systemic inequality and lack of opportunity due to race, class, and gender, she discovered and strengthened her spirituality. However, whilst this gives her strength, she also feels discriminated for it which leaves her feeling alone. When Yirah finds herself being an '*Anomaly*' at these multiple sites of oppression, she uses her positivity garnered from her spirituality to creatively produce a third space where she is both in and outside the margins of the black-, white-, working- and middle-class groups to which she belongs. Yirah is attempting to find a social position that accommodates all of her identities at these intersections in a new, ever evolving identity where she describes herself as a '*fusion of flavours*'. This description of herself is a powerful act of repositioning (Squire et al, 2004) as it allows her to harness her own differences rather than allowing herself to be reaffirmed by others as '*the underdog*'.

I would argue that this supports Fisher's (2003) suggestion that individuals with metaminority identities and positions use their hyphenated identities, or the in-between to weave together a combination of cultural elements appropriate for that moment, whilst simultaneously protecting their desire to reposition themselves along a trajectory of social locations for each new moment in the future. I believe that Yirah is doing this intrapsychically, interpersonally, culturally, and institutionally as she moves in and out, between identifying as the '*ultimate paradox*' and her more integrated '*fusion of flavours*'. This is demonstrated by how she adjusts her appearance and speech depending on who she is working with, her middle-class clients or working-class prisoners. Being a therapist, she has found a space where she can sit within the privilege of her middle-class position whilst also honouring her working-class roots.

Wounded Healers

Many psychological therapists have traumatic histories and become wounded healers as a result (Pope & Feldman-Summers, 1992; Sodeke-Gregson et al, 2013; Kjellenberg et al, 2014). Stone (2008) describes the wounded healer as a person who is aware of and continues to attend to their own wounds, either healed or in the process of healing, which allows them to relate to and support the wound healing of others. Jung (1966) first compared psychotherapists to the archetype of the wounded healer, saying that the therapist's own hurt gives the measure of their power to heal. Paying attention to and working through our own emotional and psychological wounds gives us the ability to be empathic and compassionate towards human suffering. Healing is considered not in a curative sense, but in the sense of emotional and psychological renewal and restoration of the self and as the ability to use this renewal and restoration for the benefit of clients.

All three talk about how they make sense of this identity through their respective theoretical orientations. For Will, even though he does not explicitly refer to himself as a wounded healer, this seemed to come across implicitly. He described becoming more confident and proud through the process of personal therapy and supervision and continues to attend to his own insecurities which he uses in turn to better attend to his clients' wounds. Will understands this through his training in transactional analysis and working through ego states to reach a more empowered adult ego state (Berne, 1961).

Both John and Yirah directly refer to themselves as wounded healers in using their experiences of adversity to support their clients. John continues to attend to his own wounds in the service of clients when he states that *'it's not easy to own your own woundedness; it's not easy to face one's own shame, which we have to sometimes.. I do that, my clients help me face the shame of something'*. He seems to understand this through broadly humanistic and existential terms as he describes his own development and how he works, particularly when he talks about emotional resonance and presence with his long-term clients (Mearns & Cooper, 2005; Spinelli, 2007).

Yirah also acknowledged that *'the work I do on me directly impacts on my clients'*, and how she wants to use her experience to make *'a difference at the coalface'*. She understands human relationships, reciprocity and change through her Christian principles as she believes this has given her and her clients strength to grow. This is illustrated in the I-poem *Client with a God*

Presence where something powerful is created between them. Yirah understands her professional development in both spiritual and person-centred terms, her theoretical orientation, as she seeks to 'revolutionalise' her clients' lives by helping them to self-actualize (Rogers, 1961).

However, John and Yirah also speak explicitly of needing clients as they provide them with validation. For John, he sees his clients more than anyone else in his personal life, which is a sacrifice he has consciously chosen. He talks about his work providing him a '*constant validation of being useful*'. For Yirah, '*my validation can sometimes come from my clients, while my family still hold certain values about me*'. They meet her needs and validate her spirituality in ways that her fellow therapists and sometimes supervisors do not.

There is a difference here between the wounded healer identity and using clients to fulfil their own needs. This meeting of emotional need for validation could be considered not a healing process but a repetition of their wounds. They are not being wounded healers in the sense of using their own wounds in the wound healing of others, but instead in a wounded place of getting their own emotional needs met which have not been fully acknowledged or attended to yet. Alayarian (2007) argues that practitioners who are motivated by unconscious desires to repair their own relational traumas are at particular risk of falling into these kinds of enactments. What the findings highlight is that there is a fine line between being a wounded healer and a practitioner with unchecked omnipotence that arises from a personal need for fulfilment (Blackwell, 1997).

Mutual Affect Regulation

Beebe & Lachmann (2002) and Schore (2003) argue that human beings are inherently contact-seeking, with the self actively developing in relation to the other. They focus on the therapist's role in supporting clients to work through their enactments, which are the powerful manifestations of the intersubjective process and expressions of complex and largely unconscious self-states and relational patterns (Zanocco, De Marchi, & Pozzi, 2006). With the right brain to right brain implicit process of attunement, misattunement and reattunement, this mutual affect regulation reorganises clients' mental processes which allows for new narratives and different relational ways of being (Schore, 2010).

This is evidenced in neuro-affective research which demonstrates the existence of mirror neurons and other mirroring mechanisms. This is where the same neural substrates in two human brains are activated at the same time when expressive acts are executed by one and perceived by the other (Rizzolatti et al., 1996). This activation of shared neural circuitry is what Gallese (2009) terms 'embodied simulation', where we have the capacity to share intention, meaning, emotions and feelings with others not just through intersubjectivity, but also through 'intercorporeity'. This connects us with one another through our empathy and social identification. This literature tends to focus on the regulating effect therapists can have on clients, and on therapist self-care to ensure minimal vicarious trauma (Schore, 2010; Rothschild, 2006; Rothschild & Rand, 2006). However, I would argue that my findings show that therapists can also grow from this process of mutual affect regulation with clients.

For John, his emotional resonance with clients could be understood as this shared embodied simulation. He revisits his own emotional wounds and emotional healing repeatedly with his clients, as he empathises with both their pain and their resilience in the shared therapeutic space of 'we-ness' (Gallese, 2009). He talks about it being impossible not to change when sitting with someone every week for eleven years, and how his clients teach him important therapeutic skills, such as patience, timing, and compassion without him even realizing it until afterwards. He describes the process as '*a sedimentation... a sediment that settles with you*'.

For Yirah, she sometimes feels '*trance like states*' with her clients, especially when she feels there is a spiritual connection. She has been inspired by her clients who are '*rising up from despair*'. The mutual affect regulation she experiences with clients helps her to question what she describes as the cultural narrative of being a black woman holding onto suffering and struggle. Being with her clients helps her to seek a different narrative in which to frame her experiences of adversity and change her relationship to her intersecting identities as a mixed race, working class, single mum.

Will also talks about the implicitness of this process when he states that '*I guess sometimes I just take it for granted and you go to work and you come back home but actually a lot more happens with this line of work which we not always think about or we not always understand how it impacts*'. When we consider this in terms of the intersection of ethnicity, gender, age and socioeconomic status, Will's relationship to these social identities is constantly shifting and continually emerging through a process of mutual affect regulation.

This can be seen in his reflection of his work with his client who is a professional black woman. Whilst attuning to her concerns, he questions how he might be seen by her and starts to address their differences in the room with an empathetic response where he considered not only her ethnicity, but also her gender and age within the specific context of her professional status and culture in a South Asian country. This led to a bodily shift in them both where he met her on another level. Will seems to be using anti-oppressive practice whilst deeply attuning to her on a moment-to-moment basis. This has allowed Will to grow in his confidence as he embodies a different way of being as a white male therapist.

My findings therefore support Diamond and Gillis (2006) criticism of the usefulness of single axis linear models of development which may have acted to constrain Will's capacity to attune to his client in a reflective and empathic way if he had been too narrowly focused on a single aspect of an essentialist identity. This also aligns with my argument in the literature review, that what is more important is client preference to be seen as a whole person, and that therapist attitudes, knowledge and clinical skills are key in achieving positive therapeutic experiences rather than the perceived social identity attributes of the therapist alone, which is what existing research predominantly focusses on.

It also highlights the importance of therapists' own self-awareness and examination of their social identities and potential unconscious biases and lack of knowledge, to ensure we do not oppress our clients through the powerful relational mechanism of enactments (Dhillon-Stevens, 2005).

The findings suggest that the selves and social identities of each therapist seemed to be in a continual state of reconfiguration and emergence with others through the process of mutual affect regulation. It therefore extends our understanding of how it can benefit therapists' professional development, alongside the precautions against vicarious trauma.

Multiple Layers of Growth

The third key message from my findings is that through these mechanisms of development, the growth of therapists' developmental selves mirrored the same growth in their social identities.

This can be heard in the parallels between their small and big stories. Bamberg and Georgakopoulou (2008) define small stories as the everyday interactions which we use to construct ourselves whilst big stories are the autobiographical representations of who we are. As I listened to their narratives, I heard small stories of professional development within their wider representational life stories. I would argue that these could be considered enactments upon enactments at the level of intrapsychic, interpersonal, and structural dynamics leading to further professional development.

Will's relational pattern involved moving from the self who blends in, to the self who sees what other people see, then to the self who wants to be seen for who he is. I understand this as a relational pattern of symbiosis to individuation which originated with his relationship to his mother. Even though this pattern started at a developmental level it also seemed to persist at a social level with how he related to his sexuality, gender, class, ethnicity, and clinical work. He reflected that client work allowed him to be seen and helped him put things into perspective. He learned to wear '*different hats and think in different layers*'. This pattern also appeared in the research interviews where we initially blended in as peers until our differences became more apparent. He then responded with ambivalence about his sexuality in the interviews which moved him to want to become even more visible.

John's relational pattern involved personal and social mobility. His '*being unusual*' in his working-class family of origin allowed him to navigate a successful upward trajectory at the intersections of class, sexuality, gender, and professional status. He continues to fear the multiple oppressions he faced growing up and uses his growth to continue making sense of his own and others adversity in a reciprocal 'fee' of healing. This, along with the money he earns and the status he maintains, continues his upward trajectory of success as he moves further away from the personal and structural wounds of his past. His '*strong identity as a therapist*' is so essential to who he is that he sacrifices his personal life to continue this role. In our interviews, I felt positioned as a student with much to learn from him, as I bore witness to his '*triumph*'.

For Yirah, her relational pattern is one where she moves from being the '*underdog*', to the '*ultimate paradox*', to the 'anomaly' and then to a '*fusion of flavours*' in a repeated cycle to integrate her challenging paradoxes to live a more congruent life. This started in her family of origin where she had to constantly adjust in terms of race and class depending on whether she was with her mum or dad's side of the family. This constant repositioning continued at a social

level through her training and work as she tries to protect herself from racism, gender, and class discrimination. Finding spirituality has given her great resilience, however her fear of religious intolerance means she is having to integrate this quietly and in isolation as 'the underdog'. The same is true in her questioning of what she describes as the cultural narrative of a struggling black woman. Her relational dynamic can also be seen in our research interviews. By revealing the dilemmas and conflicts of her intersecting identities and acknowledging this as a '*lonely walk*' this leads her to request me as a personal therapist, so she achieve integration and congruence.

My findings seem to show that social divisions and power dynamics permeate all relational processes of professional development at an intrapsychic, interpersonal, and structural level. This supports Blackwell's (2005) theory that there are numerous layers, including the political, cultural, inter and intrapersonal that shape the ideological landscape of the consulting room. It also supports Altman's (2010) theory from a relational psychoanalytic and group process view that the patient and analyst create enactments that reflect aspects of what is happening on a macrocosmic level, as both they, along with institutional, community and societal contexts constantly influence and define each other in a circular fashion. These include psychic wounds and personality structures that create enactments and enduring patterns of relating which as therapists we constantly revisit and work through in the search for change for ourselves and our clients as wounded healers.

Contribution and Implications

My study set out to address the gap in our understanding of the social as well as developmental dimension of personal experience in professional development.

From the discussion above the narratives in this study showed there was only partial acknowledgment of the influence of social divisions despite the significant impact they appeared to have on professional development. There were several mechanisms through which professional development took place which included the working through of personal and structural wounds and clinical failures which led to creativity and resilience. This enhanced the therapists' abilities as compassionate wounded healers. In continuing to attend to their own wounds and through personal therapy, supervision, and mutual affect regulation with clients,

growth in the therapists' developmental selves often mirrored growth in their social identities. My findings therefore suggest that through these mechanisms, professional development occurs at an intrapsychic, interpersonal, and social level.

This study therefore challenges the profession to acknowledge that we are all on an unequal playing field as psychological therapists and that this can have a profound effect on our professional development. It has questioned the existing way that diversity is taught in mainstream trainings and has highlighted the need for regulatory guidelines to be revised to reflect the complexity of intersectional identities. It has provided a counternarrative by showing that difference can be a creative asset which enhances our ability to be compassionate wounded healers but only if this can be well supported. It has added nuance and a greater sense of complexity to professional development that encompasses layers of repetitive developmental and social processes. This has therefore given us a greater understanding of what it is to be ethical practitioners.

As a result, there are implications for all sectors of the counselling psychology and psychotherapy profession, from training organisations, therapists, supervisors, and regulatory and membership bodies in how professional development can be better supported when viewed through the framework of intersectionality. I will outline these implications for each sector below.

Implications for Training Institutions

- Training institutions could provide a safe space for multiple and intersecting social divisions to be reflected on
- Training institutions could consider expanding on the range of therapist interventions to include intrapsychic, interpersonal and systems level thinking
- Training institutions could encourage critical consciousness, defined as the ability to assess and act on social, political and economic elements of oppression in society (Friere, 1970)
- Training institutions could commission external inclusivity audits and act on the recommendations

- Course syllabuses could be amended so that 'difference' is not considered through a single module, but as an intersectional attitude throughout all modules of training
- Course syllabuses could incorporate the work of diverse theorists to make trainings more inclusive
- Tutors could be trained to model and facilitate anti-oppressive practice and intersectional thinking in an open, non-defensive, non-shaming, and emotionally contained way
- Tutors could be trained to bring into consciousness dominant group norms and how these can act to deprive minority groups from privileges enjoyed by dominant groups
- Tutors could be trained to guide and support trainees to have difficult dialogues, and encourage them to take responsibility in confronting fear and discomfort when discussing topics that implicate them in being oppressors
- Organisations specializing in single identity therapeutic provision could come together for dialogue and reflection on how these might intersect and how they may influence professional development

Implications for Therapists

- Therapists could use personal therapy to recognise, challenge and work through their blind spots of social privilege and oppression
- They could reflect on and work through both familial and structural wounds and become critically self-aware of how these have shaped and continue to shape their ongoing development
- They could reflect on the reciprocal nature of growth in their personal, professional and social selves and identities
- They could sit and work through the uncomfortable process of recognising and changing their own oppressive behaviour
- They could acknowledge and reflect on their own unique experiences of change and how they are both similar and different to others' experiences

Implications for Supervisors

- Supervisors could provide a safe space for multiple and intersecting social divisions to be reflected on
- They could engage in their own personal therapy to explore their own privileges and oppressions and support their supervisees to do the same
- They could be trained to model and facilitate anti-oppressive practice and intersectional thinking in an open, non-defensive, non-shaming and emotionally contained way
- They could actively encourage creativity, dialogue and challenge to therapists' comfort levels, particularly in terms of their privilege
- They could support minority therapists by actively exploring difference as creative assets and not just as disadvantages, without negating any difficult accompanying feelings
- They could become self-aware of the power differentials with their supervisees and embody anti-oppressive practice

Implications for Regulatory and Membership Bodies - HCPC / BPS / UKCP / BACP

- Regulatory and membership bodies could commission external inclusivity audits and act on recommendations
- Guidelines could be rewritten with more specific language to better reflect the complexity of intersecting oppressions and privileges
- They could mandate CPD requirements that focus on anti-oppressive practice and intersectional reflexivity
- They could consider how counselling psychology and psychotherapy as a profession can remove barriers to inclusivity
- They could consider providing financial support to minority therapists to be recruited and retained
- They could collect adequate data on demographics of therapists to see if there are any trends of discrimination, and to be transparent about this data
- They could support minority therapists if there is a disproportionate rate of complaints made against them

Strengths and Limitations of the Research

Breadth and Depth / Complex Methodology

A strength of the project was my use of narrative research to integrate the intersectional and intersubjective through illuminating the political in the personal.

Using intersectionality was a challenge, especially given its incompleteness as a research methodology (McCall, 2005; Salem, 2016). In understanding the criticisms of existing intersectional research in counselling psychology, I addressed these by using narrative inquiry which allowed me to capture the fluidity of identities so that they were not treated in essentialist terms. I also chose not to restrict the number of social categories participants could consider. I used intersectionality as a heuristic tool to explore how both privilege and oppression interlock, not just the experience of oppression. I worked collaboratively with my contributors to ensure they had control over their narrative representations. I used anti-oppressive practice and intersectionality to reflect on the processes of power between myself and my contributors within the wider social contexts that we both occupied. I saw myself as both an insider and outsider (Dwyer & Buckle, 2009) sharing some similarities and differences with my contributors which I make explicit throughout the study.

There is a concern that some psychologists may see intersectionality as a tool to be applied to individual narratives, and as such, disregard the wider structural inequalities that exist, especially given the weakness of existing intersectional research (Cho, Crenshaw & McCall, 2013; Salem, 2016). I addressed this by using Collin's & Bilge's (2016) particular definition of intersectionality as a heuristic tool with its domains of power which allowed me to connect the personal stories to the wider field and the structural contexts within which they were embedded. A strength of my research then was the rich complexity of data I gained where I had to find a way to balance the breadth and depth of my findings. In hindsight I think I chose a complex way of working with narrative and there might have been a simpler way of doing it.

Non-Directive Approach / Uneven Spread of Data

Another aspect of the project which required a critical eye was how I questioned the contributors about the role that social divisions played in their development. In the initial research design, I made the decision not to explicitly ask about social divisions. Taking this non-directive approach is in keeping with narrative methodology and it allowed intersubjective intersections to organically emerge, but it sometimes needed prompting from me. And so, during the interviews I ended up asking about some social divisions and not others. The strength of this choice meant that I could hear what stood out or not about aspects of their identities and how they experienced their oppressions and privileges, which also allowed me to see what was not said. However, the limitation was the uneven spread of data about their relationships to their social divisions and their range of intersectional identities. In hindsight I wonder whether I would have gathered richer narratives if I had asked directly about these social divisions based on Moodley's (2005) identification of the seven big stigmatized identities of race, gender, sexual orientation, class, disability, religion, and age in the second interview. This way, I could have allowed the space for changes in self-defined identities to emerge in the first interview, and then followed up with these social divisions in subsequent interviews.

Diverse Participant Stories / Limited Transferability

Another strength of the study is the diversity of stories which fills a gap in the existing literature. The contributors occupied multiply oppressed positions which lends itself to intersectionality. I had initially tried to recruit from the BPS and the BACP, however I received no responses. A limit to this study then is the potential limit of transferability to therapists who hold majority status. I think it would have made for a more inclusive study if I had at least one contributor whose narrative included multiple locations of privilege rather than oppression.

Future Research

I think further research looking into the counternarrative of multiple marginalized identities as a source of resilience and protection in professional development would be an interesting avenue to pursue, particularly given how little attention is paid to this in intersectional research (Shin et al 2017). I also think further intersectional research into the professional development of practitioners who hold majority status dominant groups would also be another interesting avenue of research.

I also think that further research looking at the wider impact of intersecting structural divisions on how the profession recruits and supports its practitioners would be useful. This would be particularly interesting given the observations made by John and Yirah about the impact of coming from working-class backgrounds, and the danger of current austerity cuts on maintaining and growing the profession's diversity of practitioners.

Conclusion

In recent years, and in light of the 'me too' and 'black lives matter' movements, there is now more prominence and space given to social issues and how we reflect on our professional development. This is reflected in the recent National Counsellor's Day conference run by BACP this year (2021) which focused on intersectionality and social justice; the BPS's Chief Executive Sarb Bajwa admitting that 'we are institutionally racist' (The Psychologist, 2020); and the UKCP's recent creation of their Equality Diversity and Inclusion Taskforce (New Psychotherapist, 2021).

This is an exciting time for intersectional ideas and new practices to emerge. For example, Belkin and White (2020), Dwight Turner (2021) and Miriam Taylor (in press) who delve deeply into intersecting environmental, social, interpersonal, and intrapersonal processes, are exciting new voices in the field of intersectionality and psychological therapies.

This study is just one way of attempting to incorporate intersectionality into the counselling psychology profession. I believe it has shown how important it is to think both deeply and widely about how our personal experiences affect our professional development with relational intersectional reflexivity.

It has also shown the importance of uncomfortable conversations about who we are, the historical legacies we carry in relation to others, and that social divisions and differences are not just about power dynamics, but also about resilience and creativity if the pain of this can be embraced and well supported.

Through these narratives, I hope to have shown how we as therapists are constantly navigating how we are all different to each other, not just those who are considered 'different' from the norm. I believe it is about understanding that every person is unique, and so we as therapists have to be critically aware of our own intersecting identities and how these manifest in our relationships with ourselves, our clients, our colleagues, and the social divisions and structures that we continually exist in and co-create.

As Moradi & Grzanka (2017) write

'...intersectional scholarship is an iterative and cumulative project of the collective 'we' using diverse methods, rather than the purview of a single perfect study or a single perfect measure. These projects of theoretical integration and construct and measurement innovation resist the erasure that Harper (2000) described when multiple minority experiences are deemed unintelligible if they do not fit into pre-existing theories and frameworks.' (p.506)

This is simply my study which has contributed to this collective 'we'.

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APPENDICES

Appendix 1 - Recruitment Advertisement

A Narrative Analysis of Moments when Clients Change Who We Are

By Swee Tsang

As part of my doctoral research I am conducting a study exploring the experiences of psychological therapists who feel they have been changed by their clients.

The research literature on identity is often treated separately from the literature on relational and reciprocal processes of change. My study aims to understand how these interact for the psychological therapist when working with clients.

Participation will involve two interviews about 2 months apart, which will later be transcribed and analysed using narrative methodology. You will have a chance to review and verify the accuracy of the transcripts and analysis.

I am looking for participants who are

- Qualified and accredited as counselling psychologists, psychotherapists or counsellors
- Currently practicing
- Have at least five years of clinical experience working relationally with adults in a one to one setting
- Have experiences of working with clients who have changed your sense of who you are and how you understand yourself

For further information please contact me on xxx or xxx

This research has received ethical approval from The Metanoia Institute and Middlesex University, and is being supervised by xxx who can be contacted at xxx

Appendix 2 – Individual Recruitment Email

Dear Therapist

My name is Swee and I am a Counselling Psychology and Psychotherapy doctoral student with the Metanoia Institute and Middlesex University.

I am conducting a study entitled:

A Narrative Analysis of Moments when Clients Change Who We Are

The research literature on identity is often treated separately from the literature on relational and reciprocal processes of change. My study aims to understand how these interact for the psychological therapist when working with clients.

Would you be interested in taking part?

It will be an opportunity to have the time and space to reflect deeply on how client work has changed you throughout your life. Participation will involve two interviews about 2 months apart, which will later be transcribed and analysed using narrative methodology. You will have a chance to review and verify the accuracy of the transcripts and analysis.

I am looking for participants who are

- Qualified and accredited as counselling psychologists, psychotherapists or counsellors
- Currently practicing
- Have at least five years of clinical experience working relationally with adults in a one to one setting
- Have experiences of working with clients who have changed your sense of who you are and how you understand yourself

This research has received ethical approval from The Metanoia Institute and Middlesex University, and is being supervised by xxx who can be contacted at xxx

If you are interested in taking part, or would like further information, my email is xxx and my number is xxx

Thank you for taking the time to read this.

Appendix 3 – Participant Information Sheet

A Narrative Analysis of Moments when Clients Change Who we Are

This research is part of my professional doctorate in Counselling Psychology and Psychotherapy, a joint doctoral programme with the Metanoia Institute and Middlesex University

This Study has been reviewed by the Metanoia Research Ethics Committee

You have received this information sheet because you have expressed an interest in taking part in my research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like further information. Take time to decide whether or not you wish to take part.

This information sheet will explain:

- The purpose of this study
- What will happen if you decide to take part
- What it might mean for you to be a participant in this study
- Your right to refuse to be documented

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time up to the point of research publication and without giving a reason.

What is the purpose of the study?

I am interested in understanding the experiences of psychological therapists who feel they have been changed by their clients. I'd like to talk to you about what that was like, how it influenced your sense of who you are and your clinical work.

I would like to talk to counselling psychologists, psychotherapists and counsellors who work relationally and are engaged in self-reflection.

You can work in any setting, just as long as you are qualified, are currently practising, and have at least five years of clinical experience working with adults.

What will happen if I take part?

If you decide to take part, the research study will involve attending two interviews, with the potential for follow up correspondence.

I will contact you by email or telephone to arrange a convenient time and location for the interviews to take place. This will also be an opportunity for you to ask any questions you may have. The interviews will most likely take place in London, and I anticipate that they will last around an hour but no longer than two hours. The two interviews will be about two months apart.

The interviews will be audio recorded, transcribed and analysed using narrative / dialogic analysis. This type of analysis means that I will be analysing what has been said, how it has been said, why it has been said, and how change might be occurring through the interviews themselves.

The purpose of the second interview is to reflect on what emerged from the first interview. To encourage this process I will send you the transcript of the first interview with my initial analysis ahead of the second interview. This is for your verification of accuracy as well as for your reflection.

After the second interview I will send you the subsequent transcript and initial analysis for your verification of accuracy. This will be an opportunity for you to send me your final comments, or if you wish, to meet with me again to discuss anything further.

In summary, your participation will most likely last between 2 to 4 months, and include at least two interviews with reviews of transcripts and analysis.

What are the possible benefits of taking part?

You may find it useful to have the time and space to reflect in depth on how client work has changed you throughout your life.

Although the interviews and analysis are not meant to be therapeutic or supervisory, you may find the space beneficial in developing personal and professional insight. However this cannot be guaranteed.

What are the possible disadvantages and risks of taking part?

During this study we will be discussing how client work has affected you and changed who you are. This may potentially be distressing in ways you might not have anticipated. You may find that the interviews and follow up transcript and analysis provoke difficult feelings and thoughts.

Some people may feel exposed when reading about themselves in the transcript and analysis, so it is important that you let me know if you feel really uncomfortable with anything that I have written. The second interview and follow up correspondence will be an opportunity to explore this further, and if you feel distressed afterwards for whatever reason, you may wish to consider further support. This may include seeking supervision or personal therapy. If you do not have any contacts, then I can provide contact details for private psychotherapists upon request.

Will my taking part in this study be kept confidential?

Yes. All information that is collected about you during the course of the research will be kept strictly confidential. Any information about you which is used will have your name and address removed so that you cannot be recognised from it. I will also change elements to preserve confidentiality.

All data will be stored, analysed and reported in compliance with the Data Protection legislation of the UK.

What will happen to the results of the research study?

The research will be published as a doctoral dissertation in the Middlesex University Research Repository within the next two years. I will send you a copy of the final dissertation if you wish to read it.

I will seek your permission in advance of any potential republication of the study in the form of articles or books which will be more widely available than the dissertation. I will not use your data in any republication without your expressed consent.

After deciding to take part, will I be able to withdraw from the research?

Yes. Your participation is completely voluntary, so you can withdraw without the need for explanation at any stage of your involvement up until the point of publication. I will let you know the date of publication by email closer to the time. This will include at least one month's advance notice.

You can withdraw by emailing me to let me know that you wish to withdraw. You can also let me know by email what you would like to happen to any data that you have already provided.

Who has reviewed the study?

The Metanoia Research Ethics Committee has reviewed this study.

Please note that in order to ensure quality assurance and equity this project may be selected for audit by a designated member of the committee. This means that the designated member can request to see signed consent forms. However, if this is the case your signed consent form will only be accessed by the designated auditor or member of the audit team.

Contact for further information

If you have any questions or require more information about this study, please contact me (the researcher) using the following contact details:

Swee Yee Tsang, Counselling Psychologist and Psychotherapist in training

Email: xxx

Phone: xxx

If you have any complaints or confidential concerns regarding this study please contact:

xxx

Address: xxx

Email: XXX

Phone: xxx

Thank you for reading this information sheet.

Version 2 Date 28.11.16

Appendix 4 – Verification Form

VERIFICATION FORM

Title of Project:

A Narrative Analysis of Moments when Clients Change Who We Are

Name of Researcher: Swee Yee Tsang

I verify that this transcript (Version , Completed) is a valid record of the interview that took place on

Name of Participant

Signature

Date.....

Researcher.....

Signature.....

Date.....

Appendix 5 – Example of Stage One Listening (Plot and my Response)

Chapter 7: Blending in and Standing out

The Plot

I ask him if there are any other ways he feels he's been changed by client work? He says he is sure there are lots but he can't think of anything in particular apart from client work he has used for essays which are incorporated in what he's talked about. He asks me whether I have any topics to ask him about. I tell him I'm interested in identity and difference and ask about class, ethnicity or ability.

He tells me that he wanted to move countries to find himself, to step away physically from his symbiotic relationship with his mother, needed to do something drastically different, could easily keep doing this but didn't want to. Liked speaking English, so didn't feel completely alien coming to London, wanted to blend in with the London crowd, be invisible, not in spotlight or be responsible, blend in but also fade away, looking for himself. He found himself in a different class system, and he asked who I define myself then, as where he is from everyone is middle class. He said when he first arrived he had a strong American accent which he wanted to change so a friend helped him with this to help him disappear, but then decided no, want to stand out, be different, sounds strange but to be proud of who he is as a person. Wanted to be seen again because he was ready, because sitting in that chair is being very seen. To look at himself through a microscope, which was difficult and coming from the opposite end of blending in. No want to be happy with himself. Before he wanted to be what he thought the other person wanted him to be, now much more himself, more knowledge, stronger equipped, so found self in middle class society, happy with this, and more ok with not being English, British, but (European) and that's fine, whereas before tried so hard for people not to know that. Now part of who he is, born raised, family still live, don't run away from it anymore accepted past, and actually beneficial, living and working and travelling in different countries, coming from a little village, narrow minded, so that has changed a lot. All that from class.

Multiple contexts that these stories are embedded in. Including me and the participant and my feelings

I love that even when I'm really specific about what I ask, he talks wider and more contextually about himself. This isn't really about class, this is about relocation, national identity, and how that is intimately linked with family, and being able to choose his class in the wider psychological context of blending in, fading away, and then standing out. He is able to choose. Not everyone is able to choose. I identify with some of his struggles of blending in and standing out, and it's nice to hear him feel so proud, I wish I could get there in a positive way like him rather than feeling like my skin is raw and burned from standing out. So much envy. I cannot choose, I cannot hide.

Appendix 6 – Example of Line by Line Stage 2 Listening (I-Poem)

The screenshot displays the MAXQDA 12 software interface. The title bar shows the file path: C:\Users\cindy\OneDrive\Documents\Research\Data Gathering\P31\MAXQDA P31.mxl2 - MAXQDA 12 (Release 12.3.5). The menu bar includes Project, View, Documents, Codes, Variables, Analysis, Mixed Methods, Visual Tools, Reports, and Help. The main window is titled 'Document Browser: P3 Transcript RTF'. The transcript content is as follows:

215 Hhm mm

216 Aspects, I wonder whether things like, I know you talked about your sexual orientation and gender, but I'm wondering if there are other things in there as well like erm, class or ethnicity or anything like that, or ability erm, that has kind of changed the way you see or understand, or how you identify with some of those terms, I suppose.

217 Hhm mm erm... that made me think of... going back kind of in a way, I think the way or why I wanted to move countries and come to London I think was one I wanted to find myself, but I think I wanted to er, step away from physically step away from a symbiotic relationship with my mother, where.... Erm I think I was..., I think where at that point, that's it, I need to do something drastically different because I could just easily, just keep doing this but I don't, I can't, and I don't want to anymore, so I came to London because I, well first of all I guess I really... liked er English and speaking English, I was always very good at it at school, so when I came here I didn't feel completely alien I guess, but what I wanted to do, I wanted to be a person that would just blend in with the London crowd, would just be invisible, amongst everyone and not being either in the spotlight or being responsible for things, just kind of, blend in but also fade away at the same time in in journey almost of finding myself and looking for myself something like that and in London I've found the different, as you mentioned class earlier, different class system, and I was like ok then who do I then define myself then, because in where I come from, everyone is been seen as middle class if you had to put a label to it, but here, it's very different, and so I'm like right, who do I want to identify with, erm

218 Which country did you move from sorry?

219 From [European country], yep. So when I came here, so that was kind of the first thing, ok I want to blend in I also want to fit in, because I had a very strong American [European] accent which stood out so that was the first thing I wanted to change, so I was like right, I had a good friend of mine kind of helped me pronounce things but also used the wrong, or correct me when I used the wrong words or phrases which were American, or translated from [European language] into English, which was also bad, erm, so that helped me a lot to blend in, to settle in and kind of disappear in the crowd and be not anyone specific, erm, but then when I decided to do this course, no actually I've had enough of that, I want to be kind of me, I want to be different, I want to stand out, I want to... almost be, this sounds very strange, be proud of who I am, as a person

220 Hhmm

221 And that didn't mean that I was happy with being blending in, and being not being seen, erm, so I wanted to be seen again, I was ready to, because sitting in that chair (gestures at therapist chair) is being very seen

222 Hhmm

223 (laughter) by your clients, erm but also go through this process, means you have to look at yourself through a microscope which was, which was always, which I found difficult yet coming, almost at the other end of it, very very important to have done that because I could have easily just again, just gone along blending in with the mix and not really doing or

The interface also shows a coding query at the bottom: Simple Coding Query (OR combination of codes). The transcript text is highlighted in yellow, and various coding markers (blue and red) are visible on the left side of the text.

Appendix 7 – Example of Line by Line Stage 3 Listening (Contrapuntal Voices)

The screenshot displays the MAXQDA 12 software interface. The title bar shows the file path: C:\Users\cindy\OneDrive\Documents\Research\Data Gathering\P31\MAXQDA P31.mxl2 - MAXQDA 12 (Release 12.3.5). The menu bar includes Project, View, Documents, Codes, Variables, Analysis, Mixed Methods, Visual Tools, Reports, and Help. The main window is titled "Document Browser: P3 Transcript RTF".

The transcript content is as follows:

215 Hhm mm

216 Aspects, I wonder whether things like, I know you talked about your sexual orientation and gender, but I'm wondering if there are other things in there as well like erm, class or ethnicity or anything like that, or ability erm, that has kind of changed the way you see or understand, or how you identify with some of those terms, I suppose.

217 Hhm mm erm... that made me think of... going back kind of in a way, I think the way or why I wanted to move countries and come to London I think was one I wanted to find myself, but I think I wanted to er, step away from physically step away from a symbiotic relationship with my mother, where... Erm I think I was..., I think where at that point, that's it, I need to do something drastically different because I could just easily, just keep doing this but I don't, I can't, and I don't want to anymore, so I came to London because I, well first of all I guess I really... liked er English and speaking English, I was always very good at it at school, so when I came here I didn't feel completely alien I guess, but what I wanted to do, I wanted to be a person that would just blend in with the London crowd, would just be invisible, amongst everyone and not being either in the spotlight or being responsible for things, just kind of, blend in but also fade away at the same time in in journey almost of finding myself and looking for myself something like that and in London I've found the different, as you mentioned class earlier, different class system, and I was like ok then who do I then define myself then, because in where I come from, everyone is been seen as middle class if you had to put a label to it, but here, it's very different, and so I'm like right, who do I want to identify with, erm

218 Which country did you move from sorry?

219 From [European country], yep. So when I came here, so that was kind of the first thing, ok I want to blend in I also want to fit in, because I had a very strong American [European] accent which stood out so that was the first thing I wanted to change, so I was like right, I had a good friend of mine kind of helped me pronounce things but also used the wrong, or correct me when I used the wrong words or phrases which were American, or translated from [European language] into English, which was also bad, erm, so that helped me a lot to blend in, to settle in and kind of disappear in the crowd and be not anyone specific, erm, but then when I decided to do this course, no actually I've had enough of that, I want to be kind of me, I want to be different, I want to stand out, I want to... almost be, this sounds very strange, be proud of who I am, as a person

220 Hhmm

221 And that didn't mean that I was happy with being blending in, and being not being seen, erm, so I wanted to be seen again, I was ready to, because sitting in that chair (gestures at therapist chair) is being very seen

222 Hhmm

223 (laughter) by your clients, erm but also go through this process, means you have to look at yourself through a microscope which was, which was always, which I found difficult yet coming, almost at the other end of it, very very important to have done that because I could have easily just again, just gone along blending in with the mix and not really doing or

The left sidebar shows a list of codes with their corresponding colors and vertical bars indicating their application to the transcript lines:

- Wanting to be seen (red)
- Blending In (blue)
- Wanting to be seen (red)
- What other people se (yellow)
- Blending In (blue)
- Wanting to be seer (red)
- Perspective Taking (purple)
- Blending In (blue)
- Wanting to be seer (red)
- Perspective Taking (purple)
- Wanting to be seer (red)
- Blending In (blue)

The bottom status bar shows "Simple Coding Query (OR combination of codes)".

Appendix 8 – Example of Stage 4 Listening (Intersectionality as Heuristic Tool)

Identity Change	Intersection of Social Divisions and Categories	Interpersonal Domain Clients / Supervisors / Professional Peers / Colleagues / Family / Me	Disciplinary Domain Regulatory Bodies Employment Opportunities Further Training	Cultural Domain Cultural ideas of profession which promote inequality, or at least explain social inequality and fairness	Structural Domain How intersecting power relations shape the institutionalization and organization of psychological therapy	Contrapuntal Voices. Selves and Identities
Taking Perspective Rupture & Repair Becoming an Adult	Gender Sexuality Fatherhood Adoption	More confident and less 'ocd' type behaviour. Feels he is doing something more meaningful as a therapist, helps him be a father and husband. Blends with clients, uncomfortable ruptures, <u>separateness</u> .	Will seem to go from voluntary placement to private practice, which suits him, and he finds satisfying.	Some psychological theories focus on mother / baby, as well as gender normative Maternal / Paternal functions.	Empowering stance on being a son, husband and <u>father</u> of an adopted son, as psychological theories have helped. Explicit commitment to equal opportunities helps Will feel more confident. Anti-oppressive stance.	Perspective Taking Different Hats and in Different Layers
Nationality & Class	Nationality Class	Chooses to blend in with others when arrives in the UK. Then becomes more confident and is proud of not being English. Class, <u>he</u> identities with those around him, and it appears to fit his financial circumstances, as he continues to identify as middle class. This is Will's second career. Being seen by clients	As Brexit looms, and Will is from Europe, this may affect his future legal status in the UK. He does not explicitly talk about this impacting his future though.	Psychological therapy is considered a high status middle class profession? Assimilation into norm of UK culture	Training to be a relational psychological therapist is expensive, can cut out people from working class backgrounds. Does not seem to be a problem for Will.	Blending In Wanting to be Seen

1

Gender & Sexuality	Gender Sexuality	Chooses to use if and when he feels it is useful with clients. Not his sole identity. Homophobia from others makes him hide relationship with husband, but goes through process of feeling proud of who he is, and happy to be seen. Heteronormativity with client, assumption being male means he is heterosexual. Internal supervisor – reflects that he might do it differently now. Assumption of heteronormativity between us? Relationship with mother – symbiotic. Stereotypical views of gay men and what straight behaviour is.	Heteronormativity in his placement as a beginner therapist, and shift to a positively affirmed therapist on a LGBTQI directory list.	Heteronormativity. Homophobia Gender norms	Continued existence of <u>conversion</u> therapies. Clear memorandum to end it came out in recent years. Need for specialist directories in order to offer services.	Internal Supervisor Blending in What Others See Wanting to be Seen
Ethnicity	Ethnicity Gender	Husband is from South Asia, challenges his <u>colour</u> blindness, which he engages with in his professional life with clients Starts to see how others see him Separation and visible difference. Uneasy and uncomfortable. With me, east against west?	Voluntary Placement. Provision of free therapy for poor South Asian community. Will has resources to volunteer.	<u>Colour</u> Blind. Benevolent colonialism? Will is uncomfortable with this intergenerational legacy. Anti-oppressive practice Equal opportunities	Therapists must have resources to be able to train and volunteer in this profession.	What Others See Blending in Wanting to be Seen Internal Supervisor Different Hats and in Different Layers

Appendix 9 – Mind Map of Themes for Discussion

