

Muddles and struggles of a trainee researching race and culture: implications for family therapy training

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As part of my MSc in Systemic and Family Psychotherapy I undertook a small research project which reflects my specific interest in exploring the experiences of minority ethnic family therapists. Being a family therapy trainee in the UK, born and brought up in Italy where I moved from nine years ago, I have been on a personal journey in trying to understand how I can use my cultural self in therapeutic encounters. The culturally specific responses and multiple layers of meanings that I have experienced in the therapeutic process have intrigued me.

Given the increasing interest in cross-cultural issues and the emerging centrality of therapists' use of self in family therapy, my research study focused on gaining an understanding of the experiences of minority ethnic therapists and how they make sense of the ways they use their cultural self in therapy.

Although I have used cultural lenses i.e. focusing primarily on cultural difference, I have adopted a definition of culture, which highlights the fluid and complex nature of simultaneous memberships to different cultural contexts. According to Falicov (1995) the "ecological niche" is the combination of multiple contexts and partial cultural locations to which people belong to as a rich and endless possible combination of age, gender, family configuration, education, language, race, ethnicity, religion, socio-economic status, and sexual orientation.

Amongst qualitative methods, I chose Interpretative Phenomenological Analysis (IPA) as it seemed to offer the possibility of a more detailed and rich exploration of meanings attached to the experiences of minority ethnic therapists, enhancing their own self-reflexivity and validating their self-interpreting accounts. I have interviewed four family therapists from various cultural backgrounds. They were all female, maybe reflecting the gender imbalance amongst ethnic minority family therapists. Let us hear their voices through their own self-definition of cultural identity (Names have been changed to ensure anonymity):

Jenny is a Family therapist/supervisor, working in a CAMHS (Child and Adolescent Mental Health Service) clinic.

"I describe myself as being of dual heritage....maybe the best term would be 'mixed heritage'.....Nigerian father, English mother brought up in England by my mother and step-father who is from Trinidad...."

Geeta is 49, a family therapist since 1998 with a social work background, working in a CAMHS clinic.

"I am mixed race background, my mother is English, my father was from Guyana in South America but originally his family would have been from India through the indentured labour process."

Maxine is in her 40s, a family therapist since 1993, working as a therapist and trainer in her private practice.

"It depends where I am but if I am asked to, I start with African and Guyana to locate me in the Country I come from, so African Guyanese".

Rahila is a family therapist with a social work background, currently working in a CAMHS setting. (To protect her anonymity and ensure confidentiality her ethnic background has not been disclosed.)

key findings

The key findings of the study can be summarised as follows:

1. The multiple and fluid nature of cultural identities highlights a tensions between an internal and external sense of identity and it is reflected in the complexity of different aspects of difference intersecting with one another and being activated in therapy.
2. Visible and invisible differences may become the embodiment of power inequality in the wider society and play a crucial role in cross-cultural therapy and how ethnic minority therapists are constructed in teams.
3. The pervasive and covert nature of racism and the power of language in constructing identities based on dominant discourses are reflected in therapy and professional contexts.
4. Race and culture can be silenced or marginalised in professional contexts and family therapy training, hence the need to promote a culture of trust and openness, the importance of personal and collective risk taking and self-reflexivity.

For the purpose of this paper, I would like to focus on the participants' experience of these issues in relation to their personal and professional development, in particular drawing attention to their experiences of cultural difference in family therapy training and their workplace.

family therapy training: 'mixed experiences of difference'

All participants acknowledged the importance given to 'race and culture' in their family therapy training, crucially complemented by the presence in the group of trainees from various cultural backgrounds which they felt helped to validate their own cultural identity. Rahila stated:

"I found some of the teaching on race and culture really interesting...we had an incredibly mixed group of students which makes all the difference..."

Geeta talked about how issues of culture and race were addressed in her family therapy training compared to her social work training:

"I remember thinking I was quite impressed...I thought they handled it very well".

A different view was clearly expressed by Jenny:

“...my experience of difference in the training was not very well handled and it wasn't only my experience...I don't think it's sufficiently embedded in training, in trainers, to be able to discuss these things...so when it comes up, it comes up in terms of being quite an intense difficulty or intense issue that they then struggle to resolve...”

Less positive views of training experiences seemed less explicit or more difficult to express for other participants. For example Maxine, being a trainer, compared how these issues have been addressed during her training and now:

“I don't think there is anything different to the way it is nowadays, we are still grappling with these ideas...” She added: *“It was much more personalised and individualised...and the emotions of it polarised people and I think it still happens...”*

“raising the issue” and being an “expert of difference” in professional contexts

All participants highlighted the challenges they face in their work context in relation to their cultural difference.

Maxine stated:

“That is such a big question and I am thinking ‘where do I start?’ because it's something... it's difficult not just for me, it's difficult for the people around me”

The participants' experiences of cultural difference seem to highlight the contradiction of their position within teams. On the one hand, working in a predominantly white environment creates the need to raise cultural awareness as an outsider i.e. raising cultural awareness with colleagues; on the other hand, minority ethnic therapists may become constructed as “experts of difference” as an insider, when their expertise is used to promote a more culturally sensitive service. Geeta, who works in an overwhelming white area and service, stated:

“God...here we go again...it's my responsibility”

Geeta also recalled when she was asked to redraw a form in relation to ethnic categories. She said:

“I remember noticing you know, ‘this is hundred years old, this is rubbish’ and mentioning it to my manager and ‘oh this is very exciting’ kind of ‘can you redraft it all?’ or whatever...but it's like suddenly I'm an expert...[laugh]”

The dilemma whether or not “raising the issue” can be associated with concerns about how participants were perceived by colleagues and their fear of not being heard or understood, as highlighted by Jenny:

“...sometimes I do, sometimes I don't and...I think about why I don't...I always think about these moments when I don't...I also think about...Well...how would it be perceived if somebody's always doing it and why do I have to? All of that sort of stuff...and...I say things but I don't know whether it's understood or heard...”

race and culture as marginalised voices in family therapy: implications for training and clinical practice

The findings highlight how the constructions of cultural identities in professional contexts and wider society are based on dominant discourses and power dynamics which are mirrored in therapy. The idea of therapy as a meeting of cultures (Pare', 1996) and the need for culturally sensitive practice brings dilemmas and challenges to be addressed both at training and professional levels and are receiving increasing attention.

Findings suggest mixed views about experiences of cultural difference within the training context, so that whilst race and culture are included as subjects, discussions about these issues are still difficult and cause intensity of feelings. Singh (2004) argues that in family therapy training there is not enough focus on issues of race and culture, whilst others

have suggested that they can still be seen as an “add on” (Nolte, 2007).

Falicov (1995) advocates that issues of culture should become part of mainstream thinking and family therapy training. Hardy and Lazsloffy (1995) argue that there has been more emphasis on cultural awareness e.g. learning about various cultural groups, than cultural sensitivity, which emerges from personal experiences of culture. They also suggest using cultural genograms as a training tool to highlight issues of pride and shame related to one's own cultural origins, cultural biases and their impact on oneself as a therapist.

Nolte (2007) rightly points out at the importance of cultural awareness for White therapists too as Whiteness can hide issues of privilege and power, hence the need to deconstruct Whiteness. However, this is a personally challenging process, which typically brings anxiety and discomfort. In fact, Karamat Ali (2007:371) claims: “Respect and trust are vitally important since trainees tend to take a very cautious stance which can result in an avoidance of thinking about these issues” [race and culture]. Mason (2005) advocates personal risk taking to promote trust and openness in talking about issues of race and culture. Similarly, collective risk taking in professional contexts can promote sharing prejudices, personal dilemmas and challenges of working cross-culturally with colleagues (Khan, 2002).

The marginalisation of race and culture within family therapy training is also evident in clinical practice. Some have highlighted the powerful influence of dominant discourses on power relations in society, including race relations and how these are reflected in the therapeutic process. Hare-Mustin, (1994) in particular, claims that family therapy may serve the dominant culture agenda and perpetuate inequality in the ‘mirrored room’ if dominant discourses are not unveiled and challenged in therapy. Sinclair (2007), in reviewing the effects of her radical claim in the last decade, advocates discursive practice and therapist's self-reflexivity to name hidden patterns of oppression, and acknowledge the powerful influence of dominant discourses and elicit alternative discourses in therapy.

some reflections

I am enormously grateful to my participants for sharing their stories, at times infused with painful memories and experiences of differences; the richness of their accounts and depth of their reflections have greatly inspired my personal and professional journey.

The marginalisation of issues of race and culture in professional and training contexts emerged as a clear finding in this study. My aim, in fact, was to give a small contribution in letting some marginalised voices be heard in family therapy training context. However, this journey was more ‘bumpy’ than expected and I found myself working through muddles which I could not anticipate. In fact, as I became increasingly aware of my influence on the research process given my interest in the topic, I realised that researching ethnicity and race is “messy work” with its specific dilemmas, ambiguities, and the challenges of “a treacherous bind” i.e. working “against”, yet inevitably “with” existing research categories (Gunaratnam, 2003).

I also became increasingly aware of the dangers of perpetuating social and racial discrimination, for example taking for granted, socially constructed ethnic categories like Black and White, which participants described as “pigeon holes”. Furthermore, choosing “minority ethnic therapists” as a research category led to question my initial assumptions of being a minority. In fact, whilst I started situating myself

alongside minority ethnic therapists as if I was one, towards the end, I became aware that my own Whiteness plays a part in constructing cultural identities as dominant and marginalised, hence revealing my own blindness to the disturbing effects of covert racism in my own thinking, analysis and interpretation.

Gorrell Barnes (2002) states: "Racism is multi-layered, multi-positioned, and liable to hit you from any angle when you least expect it". When I was "hit", I tried to "listen differently", allowing myself to be included in the category of oppressor rather than defending myself (McGoldrick, 1998).

Cross-cultural therapy is an emotional and intellectual minefield for both therapist and clients (Khan, 2002) and can lead to a challenging and painful process for everybody concerned. Following Nolte's argument that "White is a colour too" (2003), I would argue that White therapists should turn the mirror towards themselves to make White invisibility more visible and challenge its embedded and embodied privilege and sense of superiority and dominance. This may go some way to challenging the often secretive and unspeakable nature of racism, unveiling the effects of dominant discourses and promoting a safer conversational space where negative constructions of racial identities can be deconstructed in the hope of promoting more equal racial relationships across personal, professional and socio-political domains.

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